

Responses to chat questions from May 14th Collaborative Conference Call, **Electronic Cigarettes – Posing New Challenges for Clinicians**, *presented by:* Jonathan Foulds, PhD, Professor of Public Health Sciences and Psychiatry, Penn State University College of Medicine, Hershey, PA.

- Do they [e-cigs] have the same marketing that they do in the US? **YES, MUCH THE SAME IN UNITED KINGDOM.**
- Do individuals who use e-cigs as an aid to stop using tobacco products ever stop using the e-cig or does the e cig just become an alternative? Would you categorize e-cigs as smoking? **SOME DO STOP USING THE E-CIG AFTER A WHILE, BUT IT IS MUCH MORE COMMON TO USE AN E-CIG LONG TERM (>6MONTHS) THAN NRT. NO, I WOULD NOT CATEGORIZE ECIGS AS SMOKING AS IT CLEARLY IS NOT. THERE IS NO SMOKE. IT IS BEST REFERRED TO AS VAPING.**
- What do you tell someone who has been thinking of starting smoking e cigs even though they don't currently smoke tobacco cigarettes. **FIRSTLY, PEOPLE DON'T "SMOKE" ECIGS. BUT I WOULD SUGGEST THEY ARE MARKEDLY INCREASING THEIR RISK OF BECOMING (RE-?)ADDICTED TO NICOTINE, HAVING THE EXPENSE OF A LONG TERM HABIT, AND POSSIBLY UNKNOWN HEALTH RISKS WHEN THEY COULD EASILY AVOID THOSE RISKS. IT WOULD NOT BE A HEALTHY DECISION....BUT WE ALL ARE ENTITLED TO MAKE OUR OWN DECISIONS WITH OUR EYES OPEN.**
- Can you talk about the unknown toxins + documented cases of poisoning by drinking the liquid - smoking is just a slower form of ingesting the toxins – logically a slower display/results of the x-ingredients. Lots of thought provoking articles online (US-side) - i.e. <http://healthyliving.msn.com/health-wellness/nicotine-e-liquids-a-serious-health-threat-experts> **ONE POTENTIAL BENEFIT OF REGULATION (WHEN IT OCCURS) IS THAT SUPPLIERS OF E-LIQUID OR E-CIGS THAT DELIVER UNNECESSARY TOXINS SHOULD BE IDENTIFIED AND REMOVED FROM THE MARKET. RIGHT NOW MOST OF THE EVIDENCE I HAVE SEEN SUGGESTS THAT THE LEVELS OF UNNECESSARY TOXINS IN E-CIG VAPOR ARE MUCH LOWER THAN IN CIGARETTE SMOKE. THERE ARE SOME DOCUMENTED CASES OF POISONING BY DRINKING THE LIQUID...SOME INTENTIONAL SUICIDE ATTEMPTS AND OTHERS ACCIDENTAL CASES IN YOUNG CHILDREN. THE FIRST THERE IS NOT MUCH ANYONE CAN DO ANYTHING ABOUT AND THE SECOND CAN BE MINIMIZED BY CHILD-PROOFING LIQUID CONTAINERS AND INFORMING USERS MORE CAREFULLY OF THE RISKS FROM THE LIQUID. BUT TO PUT THE NUMBERS OF THESE CASES IN CONTEXT, MANY TIMES MORE ARE POISONED BY REGULAR CIGARETTES AND PERHAPS HUNDREDS TIMES MORE ARE POISONED EACH YEAR BY COMMON CONSUMER GOODS SUCH AS MAKEUP. SO THESE ISSUES CAN BE COVERED BY THE SAME CONSUMER SAFETY PRACTICES THAT GOVERN THE USE OF ANY COMMON CONSUMER PRODUCT.**
- What are the effects of e-cig on the brain. I have heard that affects the brain and the never system? Is that true? **E-CIG VAPOR TYPICALLY CONTAINS NICOTINE, AT LOWER LEVELS THAN CIGARETTE SMOKE. SO THE EFFECTS ON THE BRAIN ARE LIKELY QUALITATIVELY SIMILAR TO THAT OF CIGARETTES, BUT QUANTITATIVELY LESS, BECAUSE THE SPEED AND TOTAL AMOUNT OF NICOTINE DELIVERY IS PROPORTIONATELY LESS THAN CIGARETTE SMOKE. SO THAT WOULD BE A GENERAL "ACTIVATION" OF THE BRAIN, MORE SIMILAR TO CAFFEINE THAN ALCOHOL. ANY DIRECT EFFECTS OF PROPYLENE GLYCOL ON THE BRAIN ARE UNKNOWN.**
- Do we have US numbers similar to Britain's? **THE NUMBERS ARE LOWER IN UK AS IT IS A SMALLER COUNTRY (POPULATION MORE SIMILAR TO CALIFORNIA), BUT THE PROPORTIONS OF E-CIG USERS IN UK IS IN THE SAME BALLPARK AS USA.**

- Is there any thought about requiring an RX to obtain an e-cig, so the physician/provider can use the device to manage the pt and titrate/wen the pt off the e-cig?? I DON'T SEE ANY GOOD REASON TO MAKE A LESS HARMFUL PRODUCT (IE AN E-CIG) ONLY AVAILABLE ON RX, WHILE LETTING THE MUCH MORE DANGEROUS/HARMFUL PRODUCT IT IS DESIGNED TO REPLACE (CIGARETTES) BE FREELY AVAILABLE IN EVERY CORNER STORE. IN ADDITION, NO E-CIG MANUFACTURERS ARE CURRENTLY MAKING EXPLICIT THERAPEUTIC CLAIMS. IF THEY DID, FDA COULD REQUIRE THEM TO SEEK APPROVAL VIA THE CENTER FOR DRUG EVALUATION AND RESEARCH AT FDA AND AT THE END OF THAT PROCESS FDA WOULD DECIDE IF OTC OR RX STATUS WAS MOST APPROPRIATE. BUT AS NONE ARE CURRENTLY SEEKING APPROVAL FOR THERAPEUTIC CLAIMS, THAT QUESTION DOES NOT ARISE.
- Has the financial comparison been examined? I'M NOT SURE IF THIS IS A COST COMPARISON FOR CONSUMERS VERSUS CIGARETTES OR VERSUS NRT. I BELIEVE IT MAKES MOST SENSE FOR PUBLIC HEALTH AND STATE TAX REVENUES TO INCREASE THE COST (VIA TAXATION) ON THE MOST HARMFUL PRODUCTS AND TO MINIMIZE THE TAX BURDEN FOR CONSUMERS FOR LOW RISK PRODUCTS.
- If you wanted your daughter to quit smoking, which method would you try first? IF MY DAUGHTER WAS A PACK-A-DAY CIGARETTE SMOKER WHO WANTED TO QUIT SMOKING, I WOULD RECOMMEND THE BEST TREATMENT AVAILABLE: EITHER COMBINATION NRT (PATCH PLUS 4MG MINI-LOZENGE) OR VARENICLINE (HER CHOICE), PLUS WEEKLY GROUP SUPPORT, QUITLINE CONTACT AND USE OF GOOD WEBSITES LIKE SMOEFREE.GOV. ALL OF THESE SHOULD BE CONTINUED UNTIL SHE FEELS VERY CONFIDENT THAT HER RISKS OF RELAPSE BACK TO SMOKING ARE VERY LOW, HOWEVER LONG THAT TAKES.