



## What is an e-cigarette?

E-cigarettes work by vaporising nicotine liquid. They consist of a battery, a cartridge (disposable, replaceable or refillable) with e-liquids and an atomiser which heats the cartridge ingredients to create a vapour that is inhaled by the consumer ('vaper'). They do not contain tobacco and there is no combustion, no smoke and no odour. E-cigarettes are used like cigarettes: when the user draws on an e-cigarette, visible vapour is produced and an LED may light up to mimic the glow of a real cigarette. Vapers report that the sensation ('nicotine hit') is similar to that of using tobacco cigarettes. As described by the US Food and Drugs Administration (FDA), e-cigarettes "turn chemicals, including highly addictive nicotine, into an aerosol that is inhaled by the user."

### *The Ingredients*

The liquids used in most e-cigarettes are often sold in a bottle or in pre-filled disposable cartridges, and may include nicotine, water, glycerol, propylene glycol and flavourings. Most "contain large concentrations of propylene glycol, which is a known irritant when inhaled. The testing of some of these products also suggests the presence of other toxic chemicals, aside from nicotine." According to a June 2013 EU briefing, these e-liquids contain nicotine concentrations between 0 and 48 mg/ml, more typically 18 mg/ml.

More than 200 flavours are available. While some e-cigarette makers are limiting offerings to tobacco and menthol flavours, others are selling bubble gum, cherry or strawberry, even though the latter are prohibited for use in regular cigarettes because of concerns that such flavours appeal to children.

E-cigarettes differ widely but the *POST Note* outlines three characteristics of e-cigarettes: effectiveness at nicotine delivery, resemblance to tobacco cigarettes and the potential to customize. The *POST note* also distinguishes two types of e-cigarettes:

- **Cig-a-Likes** (first generation products) resemble tobacco cigarettes. They generally deliver low concentrations of nicotine to the user (though nicotine delivery efficiency is improving). They can be disposable. Availability is widespread. Retailers display the products either on tobacco counters or with pharmacy products.
- **Bespoke products** (second or third generation products) do not look like tobacco cigarettes. Some can be personalised by mixing components, allowing user control of battery size, nicotine concentration and flavour. They are a niche market often used by experienced vapers, purchased online or in specialised shops.

<http://www.tobaccotactics.org/index.php/E-cigarettes>

## Using E-Cigarettes to Quit Smoking.

Right, let's get to the point here. **You want to quit smoking.** You are sick of trying patches that don't work, nicotine gum that gives you hiccups within five minutes of chewing it, and weird inhalers that don't give you quite the hit you need to make it through the stressful ten minutes without a "real" cigarette.

You have decided that you now want to try your hands at electronic cigarettes, mostly because you've seen other people using them, and some of your friends have actually managed to quit smoking by using them. I'm glad you've finally come over to the "light side"... Life is very different over here. I don't stink like an ashtray for one!



<http://ecig-reviews.net/using-e-cigarettes-quit-smoking/>

## A Hot Debate Over E-Cigarettes as a Path to Tobacco, or From It

By SABRINA TAVERNISE, *New York Times*, FEB. 22, 2014

Dr. Michael Siegel, a hard-charging public health researcher at Boston University, argues that e-cigarettes could be the beginning of the end of smoking in America. He sees them as a disruptive innovation that could make cigarettes obsolete, like the computer did to the typewriter.

But his former teacher and mentor, Stanton A. Glantz, a professor of medicine at the University of California, San Francisco, is convinced that e-cigarettes may erase the hard-won progress achieved over the last half-century in reducing smoking. He predicts that

the modern gadgetry will be a glittering gateway to the deadly, old-fashioned habit for children, and that adult smokers will stay hooked longer now that they can get a nicotine fix at their desks.

These experts represent the two camps now at war over the public health implications of e-cigarettes. The devices, intended to feed nicotine addiction without the toxic tar of conventional cigarettes, have divided a normally sedate public health community that had long been united in the fight against smoking and Big Tobacco.

The essence of their disagreement comes down to a simple question: Will e-cigarettes cause more or fewer people to smoke? The answer matters. Cigarette smoking is still the single largest cause of preventable death in the United States, killing about 480,000 people a year.

Dr. Siegel says e-cigarette pessimists are stuck on the idea that anything that looks like smoking is bad. “They are so blinded by this ideology that they are not able to see e-cigarettes objectively,” he said. Dr. Glantz disagrees. “E-cigarettes seem like a good idea,” he said, “but they aren’t.”

Smoking is already undergoing a rapid evolution. Nicotine, the powerful stimulant that makes traditional cigarettes addictive, is the crucial ingredient in e-cigarettes, whose current incarnation was developed by a Chinese pharmacist whose father died of lung cancer. With e-cigarettes, nicotine is inhaled through a liquid that is heated into vapor. New research suggests that e-cigarettes deliver nicotine faster than gum or lozenges, two therapies that have never quite taken off.

Public health experts like to say that people smoke for the nicotine but die from the tar. And the reason e-cigarettes have caused such a stir is that they take the deadly tar out of the equation while offering the nicotine fix and the sensation of smoking. For all that is unknown about the new devices — they have been on the American market for only seven years — most researchers agree that puffing on one is far less harmful than smoking a traditional cigarette.

But then their views diverge.

Pessimists like Dr. Glantz say that while e-cigarettes might be good in theory, they are bad in practice. The vast majority of people who smoke them now also smoke conventional cigarettes, he said, and there is little evidence that much switching is happening. E-cigarettes may even prolong the habit, he said, by offering a dose of nicotine at times when getting one from a traditional cigarette is inconvenient or illegal.

What is more, critics say, they make smoking look alluring again, with images on billboards and television ads for the first time in decades. Dr. Glantz says that only about half the people alive today have ever seen a broadcast ad for cigarettes. “I feel like I’ve gotten into a time machine and gone back to the 1980s,” he said.

Researchers also worry that e-cigarettes could be a gateway to traditional cigarettes for young people. The devices are sold on the Internet. The liquids that make their vapor come in flavors like mango and watermelon. Celebrities smoke them: Julia Louis-Dreyfus and Leonardo DiCaprio puffed on them at the Golden Globe Awards.

A survey from the Centers for Disease Control and Prevention found that in 2012, about 10 percent of high school students said they had tried an e-cigarette, up from 5 percent in 2011. But 7 percent of those who had tried e-cigarettes said they had never smoked a traditional cigarette, prompting concern that e-cigarettes were, in fact, becoming a gateway.

[http://www.nytimes.com/2014/02/23/health/a-hot-debate-over-e-cigarettes-as-a-path-to-tobacco-or-from-it.html?\\_r=0](http://www.nytimes.com/2014/02/23/health/a-hot-debate-over-e-cigarettes-as-a-path-to-tobacco-or-from-it.html?_r=0)

# E-cigarettes: no indoor smoking ban planned in England despite WHO call

Denis Campbell, health correspondent

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Ministers will not ban e-cigarettes indoors in England, despite the World Health Organisation urging governments to do so to combat the threat posed by the growing popularity of vaping.

5 The Department of Health (DH) made clear that it does not plan to outlaw the use of the increasingly popular gadgets in enclosed public spaces in England.

10 The DH ruled out making e-cigarettes subject to the same “smoke-free” controls that have applied to normal cigarettes since 2007. Smoking is currently banned in pubs, restaurants and workplaces across the UK.

15 The department did so despite the United Nations’ health agency recommending such prohibition as part of tougher regulation of products it said were dangerous to children.

20 Lobbyists and official watchdogs are divided on how to respond. The British Medical Association, which represents most of Britain’s doctors, said it backed a ban.

25 But the anti-smoking group Action on Smoking and Health has opposed such a move. E-cigarettes could help smokers quit, it said.

30 The WHO said that e-cigarettes should be subject to much tighter restrictions on their use, sale, content and promotion, in a major statement that again highlighted key differences of opinion among medical groups as to whether they will ultimately increase or reduce the number of people addicted to nicotine.

35 The global health watchdog accepted that e-cigarettes are less harmful than conventional ones. But it argued that the risk they pose to people passively inhaling their vapours means they should not be allowed to be used indoors.

40 The organisation’s long-awaited report on the public health issue also noted with concern that much of the fast-growing electronic cigarettes industry is in the hands of established global manufacturers of conventional cigarettes.

45 The DH said it was already tightening regulation, just as the WHO wanted. For example, it is outlawing the sale of e-cigarettes to under-18s by 2016 and introducing the European tobacco products directive in the same year. It will set a legal limit on the

50 amount of nicotine such products can contain, except for those which are classified as medicines that might help smokers who want to quit the habit. These are already regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

55 The new European rules will cover lower strength products, ban most advertising, as well as setting standards for their ingredients, labelling and packaging, a DH spokeswoman said.

60 Regulation of e-cigarettes, still in its infancy in the UK, is done mostly on the basis that they are consumer products. “More and more people are using e-cigarettes and we want to make sure they are properly regulated so we can be sure of their safety and quality,” she added.

65 The WHO also recommended that vending machines stocking e-cigarettes be removed from “almost all locations” and that such products should be controlled in order to “minimise content and emissions of toxicants”. It also wants a ban on e-cigarettes which contain fruit, sweet or alcoholic drinks flavours, in order to reduce consumption.

70 The WHO wants governments to prevent e-cigarette manufacturers from making claims about their products’ capacity to improve people’s health by helping them quit unless and until they provided “convincing supporting scientific evidence and obtain regulatory approval.”

75 There is still only limited evidence that e-cigarettes do help people quit, which “does not allow conclusions to be reached” on that point, it added.

80 The BMA and other groups fear that e-cigarettes may prove a gateway to people – especially under-18s – trying, and starting to use, normal cigarettes.

85 Dr Ram Moorthy, deputy chair of the BMA’s board of science, said: “Tighter controls are needed to ensure their use does not undermine current tobacco control measures and reinforce the normalcy of smoking behaviour.”

90 In its report on what it called electronic nicotine delivery systems (ENDS), the WHO said: “The fact that ENDS exhaled aerosol contains on average lower levels of toxicants than the emissions from combusted tobacco does not mean that these levels are acceptable to involuntarily exposed bystanders.”

<http://www.theguardian.com/society/2014/aug/26/e-cigarettes-no-indoor-smoking-ban-england>