



Policy Statement on E-cigarettes

Policy Recommendation:

The American College of Preventive Medicine advocates for policies on e-cigarettes that encourage regulation of Electronic Nicotine Delivery Systems (ENDS), prohibit access and marketing to children and adolescents, regulate the ingredients and chemicals included in products, and limit exposure in public and high-risk environments.

Key Issues:

1. Given the potential population effects of widespread availability and appeal of Electronic Nicotine Delivery System (ENDS), particularly to youth, ENDS should be regulated.
2. Policies should be adopted to prohibit access as well as exposure to marketing for ENDS, to anyone under the age of 21.
3. Regulations should require standardization of ENDS products, including labeling and nicotine content and delivery, and flavorings should only be included if known to be non-toxic.
4. All environmental restrictions on combustible cigarette smoking, such as smoke-free workplaces, should equally apply to ENDS.
5. ENDS are a potential environmental occupational hazard, and regulatory authorities should limit or eliminate their presence in high-risk environments.

Supporting Evidence:

Recommendation 1. E-cigarettes are such a recent phenomenon and federal regulations are still in development. Little evidence is available that specifically examines the impact of policies on e-cigarette consumption. Therefore, ACPM's policy recommendations are based on a review of the evidence-based literature that is currently available on ENDS and on expert consensus. Given that ENDS have no known health benefits outside of potentially being useful as a cessation aid, their recommended use should be generally limited to those who may benefit, such as smokers attempting to quit.

Recommendation 2. ACPM recommends restricting e-cigarette access to youth based on recent data² showing a remarkable increase in youth uptake of e-cigarettes, surpassing combustible cigarette use among youth. There is no known benefit of e-cigarettes for youth and the potential exists for nicotine addiction.^{2,3} There have also been case reports of harm to children including poisonings from e-cigarettes.⁴ Marketing should be limited for both adults and youth to decrease uptake, especially because advertisements about ENDS often have misleading claims.³

Recommendation 3. Variability exists in the components of e-cigarettes and discrepancies between labeling and actual ingredients exist.⁵ Ensuring standardization of nicotine content, and particularly excluding toxic flavorings will help to improve safety of ENDS.

Recommendation 4. Smoke-free workplaces are an effective tool to decrease combustible cigarette smoking.⁶ If e-cigarettes were permitted in areas that have been designated smoke-free, this would potentially undermine norms around smoking policies. There is also some evidence that while

second hand exposure to vaping appears generally less toxic than to combustible cigarettes, there are still chemicals that are measurable in the second hand vape that could have health effects on bystanders.^{7,8}

Recommendation 5. A number of cases of explosions and burns have resulted from ENDS use.^{4,9} Given this risk, they should be limited in high risk environments. Examples of high-risk environments include airplanes, laboratories, mines, and gas stations.

References:

1. Ebell MH, Siwek J, Weiss BD, Woolf SH, Susman J, Ewigman B, et al. Strength of Recommendation Taxonomy (SORT): a patient-centered approach to grading evidence in the medical literature. *Am Fam Physician* 2004;69:549-57.
2. U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. December 2016. Retrieved from: https://ENDS.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf
3. Glasser A, et al. 2017. Overview of Electronic Nicotine Delivery Systems: A Systematic Review. *American Journal of Preventive Medicine*, Volume 52, Issue 2, e33 - e66.
4. Hua M, Talbot P. Potential health effects of electronic cigarettes: A systematic review of case reports. *Preventive Medicine Reports*. 2016;4:169-178.
5. Pisinger C and Dossing M. A systematic review of health effects of electronic cigarettes. *Preventive Medicine*. Volume 69, December 2014, Pages 248-260.
6. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — 2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
7. Hess IMR, Lachireddy K, Capon A. A systematic review of the health risks from passive exposure to electronic cigarette vapour. *Public Health Res Pract*. 2016;26(2):e2621617.
8. Fernández, E., Ballbè, M., Sureda, X. et al. Particulate Matter from Electronic Cigarettes and Conventional Cigarettes: a Systematic Review and Observational Study. *Curr Envir Health Rpt* (2015) 2: 423.
9. Rudy SF, Durmowicz EL. Electronic nicotine delivery systems: overheating, fires and explosions. *Tobacco Control* 2017;26:10-18.
10. Food and Drug Administration <https://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm>
11. National Governors Association. Health Investments That Pay Off: Taking a Comprehensive Approach to Tobacco Control. August 2016. Retrieved from: <https://www.nga.org/files/live/sites/NGA/files/pdf/2016/1608HealthInvestmentsTobacco.pdf>
12. U.S. Preventive Services Task Force. Final Recommendation Statement: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. November 2016. Retrieved from: <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>
13. Public Health England. ENDS: a developing public health consensus. July 2016. Retrieved from: <https://www.gov.uk/government/publications/ENDS-a-developing-public-health-consensus>

14. Public Health England. ENDS: an evidence update A report commissioned by Public Health England. 2015. Retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/ENDS_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf
15. World Health Organization (WHO). 2014. Electronic nicotine delivery systems. Conference of the Parties to the WHO Framework Convention on Tobacco Control. Available at:
http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10Rev1-en.pdf?ua=1