

## **Medical Officer of Health Report March 2017**

### **E-cigarettes**

Electronic or e-cigarettes are a recent phenomenon with a Chinese pharmacist being credited with making the first one in 2003. E-cigarettes vaporise a flavoured liquid which usually also contains nicotine. The main constituents of the liquid are propylene glycol, glycerine and flavourings.

Debate continues about the value of e-cigarettes. Theoretically, they are a safer alternative for an individual compared to regular smoking of tobacco products. E-cigarettes are a potential quit aid for addicted smokers although their quit success rate is unclear. However, even if e-cigarettes are not great at assisting quit attempts they may still be useful as part of a harm reduction strategy. Although the long term effects of inhaling e-cigarette vapour are unknown they are likely to be far less harmful than those associated with regular smoking. So for an individual who is already addicted to nicotine, converting to an e-cigarette and vaping for “nicotine maintenance” is probably a good idea. However, there is a potential downside to e-cigarettes at a population level as they will renormalise smoking, perpetuate the apparent glamour of smoking, and therefore attract some to start smoking who otherwise would have remained smokefree.

In late March the Government announced it is going to change the law to legalise the sale of e-cigarettes to over 18 year olds, to allow open product placement and advertising of e-cigarettes at retail premises, and for retailers to be able to offer e-cigarette discounts, free samples and loyalty schemes. Unfortunately, there will not be a licencing regime for retailers. Vaping will be prohibited in work places and all smokefree areas currently covered by the Smokefree Environments Act (eg schools). Nicky Wagner, the Associate Minister of Health, said if an e-cigarette got approved as a stop-smoking medicine under the Medicines Act the Government may consider subsidizing it.

Tobacco use probably started in the Americas several thousand years ago. However, evidence suggests it was used for medicinal and religious ceremonies and was never smoked every day. Tobacco was one of the first cash crops grown by settlers in America in the early 1600s, but even then its use was very different to what it later became. Explorers took tobacco leaves and seeds back to Europe where it was soon grown extensively. The principal reason for its popularity was due its alleged healing and pain-relieving properties. It was chewed, smoked in pipes (as Native Americans had for centuries) or in hand rolled cigarettes and cigars. By the 1800s smokers in North America consumed the equivalent of about 40 cigarettes each per year ie less than one per week.

Then in the late 1800s commercial production of hand-rolled cigarettes started, and within a few years billions of packaged and branded cigarettes were produced each year. Tobacco use was pretty much the exclusive domain of men until the early 20th century when tobacco companies started actively marketing to women. During both the first and second world wars soldiers received a daily allocation of free cigarettes. By the mid 1940s American cigarette production was up to 300 billion per year. During the 1950s researchers confirmed the link between smoking and a range of illnesses and in 1964 the US Surgeon General published the report “Smoking and Health”.

Given the unfortunate history of tobacco, and of the companies that produce and market them, we should embrace e-cigarettes with extreme caution.

**Dr Phil Shoemack**  
Medical Officer of Health