



“The Hill is a top US political website read by the White House and more lawmakers than any other site—vital for policy, politics, and election campaigns.”

Vaping isn't smoking, it's a disease prevention method

By **Robert Sklaroff, Bill Godshall, and Stephen F. Gambescia**, opinion contributors - 03/17/17 04:00 PM EDT



The Surgeon General recently joined tobacco control groups to condemn vaping, claiming this was another attack on public enemy number one.

This time, however, public health advocates need to assess and reject the mission-creep by these federal and nonprofit agencies.

And, as the new Administration pledges to slash many harmful regulations, it should include the Food and Drug Administration's (FDA) recent vapor product regulation, which was touted as another important measure to protect children from Big Tobacco and nicotine.

Over the years, clinicians, behavioral scientists, and researchers have offered a sundry of ways to help addicted smokers to cut down on or, ideally, to quit smoking. Other than promoting price hikes and indoor smoking bans, those approaches have had humbling levels of success.

While not an elixir, a smoking reduction and abatement kit has come along — in the form of vaping — that satisfies the addiction by delivering nicotine, but sharply reduces the harm caused by inhaling cigarette smoke dozens or hundreds of times every day.

Because smoking is physically and psychologically addictive, some researchers think e-cigarettes satisfy both needs by mirroring the ritual of handling a nicotine-delivery device. Studies have found vaping to be more effective than other cessation techniques (drugs, counseling, psychotherapy, hypnosis, etc.) because of its capacity to yield sustained remissions.

Since 2009, adult cigarette smoking has declined by [25 percent](#) and, since 2011, youth smoking has plummeted by [50 percent](#), due in part to vaping. But [27.6 million](#) daily adult-smokers remain addicted to cigarettes.

Meanwhile there is no evidence that all other tobacco products combined cause more than minuscule levels of morbidity, disability, mortality and healthcare costs related to tobacco-related illnesses.

This is pivotal, for these other tobacco products are used by a total of [51 million adults](#) in America (as of 2013-2014): E-Cigarettes (16.7 million), Cigars (13.2 million), Hookah (10.5 million), Smokeless Tobacco (8.6 million) and Pipes (2.0 million).

The 2015 National Health Information Survey found that 2.5 million adult vapers had quit smoking, and 5 million vapers were still smoking. In addition to helping many smokers quit, vaping has also emerged as the best strategy for sharply reducing cigarette consumption by smokers who continue to smoke.

Concomitantly, the risk associated with vaping e-cigs is negligible, save for a few reports of battery fires, largely due to consumer ignorance or negligence that can be reduced by better consumer education and repeal of the FDA's regulation that has banned sales of all new safer vapor products in the U.S. since August.

Since cigarette smoking causes virtually all tobacco-linked diseases and deaths, it was counterintuitive that health groups lobbied President Obama's FDA to extend cigarette regulations to vapor products. Vaping advocates rightly suspect that these nonprofits have exhibited mission-creep, as they abandoned their public health goals by lobbying to ban vaping and vapor products.

These rules protect deadly cigarettes and smoking cessation drugs from future market competition from e-cigs.

As a result, this double-edged empowerment sword emboldened the FDA to issue a Deeming Regulation that will ban the sale of virtually if not all vapor products to U.S. adults on Aug. 8, 2018, unless overturned by the Courts, repealed by Congress, and/or rescinded by the new Administration.

Even the Surgeon General's report acknowledged "among adults, e-cigarettes are considered a far less harmful alternative because, unlike traditional cigarettes, they do not rely on combustion, which leads to inhalation of deadly carcinogenic particles, and 480,000 deaths each year."

In explaining the potential harm of vaping, government entities cite animal experiments that claim nicotine can alter development of the cerebral cortex and the hippocampus in adolescents, and they suggest the flavoring-additives and combustion-products could also prove harmful.

But there are no human studies supporting either assertion.

Flavorings vary widely among e-cigs and are ubiquitous in retail products, and the basic science literature does not corroborate worry about nicotine, which is available over-the-counter (as are gum, patch and lozenges) and by-prescription (as nasal-sprays and inhalers).

Just published by the American College of Physicians is a report concluding that [e-cigarette users may be exposed to fewer carcinogens and toxins than smokers](#).

Seemingly forgotten in the war on vaping and tobacco is the fact that nicotine is recognized by the human body as a neurotransmitter, for the two main cholinergic receptors are nicotinic and muscarinic; these nerves are firing — constantly, automatically, physiologically — regardless of how much nicotine is absorbed from the environment.

Simply put, vaping delivers nicotine, but neither cancer-causing tar nor artery-clogging carbon-monoxide. Instead, it creates flavored water-vapor and can become the focus of consumer-protection oversight just as may other consumable products.

Furthermore, the Surgeon General found no proof that e-cigs serve as a gateway to smoking cigarettes.

To the contrary, government statistics find teens have largely replaced cigarette smoking with vaping.

We should be reminded that public health measures remain well-grounded in the biomedical and behavioral sciences, with cigarette smoking remaining [public health enemy number one](#), the major cause of preventable disease, disability and death in America.

Rather than pursue reflex-action to demonize, ban, regulate and/or tax, vaping should be recognized as a disease prevention public health intervention.

There are many serious health problems the FDA and Surgeon General can guard Americans against. Lifesaving vapor products are not one of them.

Robert Sklaroff, M.D., medical oncologist; **Bill Godshall, M.P.H.**, executive director of Smokefree Pennsylvania; and **Stephen F. Gambescia, Ph.D.**, professor at Drexel University have been active tobacco control advocates at the local, state, and national levels for 35 years.

The views of contributors are their own and are not the views of The Hill.