Why a health policy banning e-cigarettes is an act of prudence

On June 9, two academics argued in these pages that a ban on e-cigarettes is not good policy. Here, another health expert offers a different view.

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For The Straits Times

Fierce ongoing debate between smokers and authorities on the benefits and risks of e-cigarettes demonstrates how contentious the topic of e-cigarettes can be. Professor Ted Henig and Muhammad Ali Al-Amin recently weighed in on the range of policy responses to e-cigarettes globally, and concluded that the arguments to keep smoking and e-cigarettes and shape policies vary with the lack of evidence, and what was clear was that there was not a consensus on how an e-cigarette ban may be the best policy.

The authors have raised several excellent points. To summarise their observations and other ongoing public health debates, we currently know the following about e-cigarettes:

- Short-term data shows that e-cigarettes are less harmful than regular cigarettes to current smokers — that is, those smokers who are partially or completely addicted to cigarettes. This is based on ‘short-term’ because the available evidence is less than 10 years, as the commercial sale of e-cigarettes started only in 2004, and the majority of formal human studies on the health effects are less than seven years old.

- Although a harm reduction innovation, e-cigarettes fundamentally still deliver nicotine in a delivery system that leads to addiction.

- Along with delivering nicotine, e-cigarettes also release the user to a range of chemicals whose long-term health effects are currently not understood. They include heavy metal contaminants like formaldehyde.

- E-cigarettes cause a ‘gateway effect’ — young people who use e-cigarettes are more likely to move on to smoking regular cigarettes.

The gateway effect is an increasing and widely discussed study and national study in Canada, Britain and in the United States. For example, the Compass study in Canada, which looked at more than 90,000 students from at least 66 secondary schools, showed that e-cigarette use increases the risks of initiating daily smoking. There remain many questions without definitive answers to what can help determine the most appropriate public health response to e-cigarettes in Singapore. What is the long-term health impact of e-cigarettes? What is the size and impact of the gateway effect of e-cigarettes in Singapore? What is the trade-off between the reduction in harm to current smokers and the risk of starting smoking among non-smokers experimenting with e-cigarettes? How many effective are e-cigarettes as a smoking cessation tool?

Prof Pring and Mr Al-Amin also asked the first three questions in their article, and subsequently concluded that in the light of these unknowns, the ‘right policy response is simply not an easy task’.

I disagree. For public health, the formulation of public health policy must be straightforward. There are conclusions about best practices and not about scientific evidence, effectiveness and social acceptability, and more about how smoking is a public health problem and the impact on improving population health.

Moreover, evidence can help guide the adoption of policies for smoking control. There is an important role for evidence-based decision making.

Consequently, policymakers should not be mindless and fail to keep current with these new developments. Vosoughi debate may still be about how to provide public health benefits to populations exposed to e-cigarettes and health systems in those countries that offer the vaccine to the people. Subsequent data confirmed that the vaccine can control the symptoms of smoking infection for those who were not previously exposed to the virus. Singapore’s Ministry of Health assured that it will continue to expand access to the vaccine, thereby meeting a public health crisis.

Many people today do not realize that cigarette and tobacco products were popularized 60 years ago as health promoting products, and were even endorsed by doctors, with posters in clinics highlighting the health benefits of smoking. Today, many proposed health claims were made after short-term and anecdotal observations, and took well-designed, long-term studies to debunk the health claims and properly assess the negative health impact of smoking.

While I agree that our current understanding of e-cigarettes does not preclude the possibility that e-cigarettes can be of value, it is not clear that the reality is that much about the health benefits of e-cigarettes still remains unknown. There is no evidence that e-cigarettes help the majority of smokers stick to their new habits.

I support the conclusion of the Straits Times that governments should consider a move of reducing tobacco products rather than the presence of e-cigarettes. This is supported in the light of what we currently know about e-cigarettes:

- While e-cigarettes provide a harm reduction strategy, there is no evidence that e-cigarettes can replace smoking.

- E-cigarettes now only find limited and evidence on e-cigarettes, and the evidence that exists is limited to short-term studies.

However, in situations where such evidence is not available, policymakers may need to consider different policy options. Consequently, policymakers should be mindless and fail to keep current with these new developments.

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