ADDRESSING PUBLIC HEALTH CONCERNS OF ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDs)

Call for advocacy, research, health education and promotion activities directed to affected populations and other parties.

Adopted by the SOPHE Board of Trustees
August 12, 2015

WHEREAS, in 2007, electronic cigarettes and other electronic nicotine delivery systems (ENDS) entered the worldwide market as devices that do not burn or use tobacco leaves but instead vaporize a solution that is inhaled by the user. In addition to nicotine, when nicotine is present, the solution contains propylene glycol, with or without glycerol and flavoring agents; and

WHEREAS, ENDS devices are marketed and referred to as e-cigarettes, vape sticks, hookah pens and personal vaping units and other terms familiar to, or within the vernacular of youth; and
WHEREAS, there is growing attention to the regulation, safety and health effects of direct and second-hand exposure to the vapors produced by ENDS; and

WHEREAS, the use of ENDS has risen dramatically among youth and adults (Bunnell et al., 2015; Choi & Forster, 2013; King, Patel, Nguyen, & Dube, 2015; Lee, Hebert, Nonnemaker, & Kim, 2014; Pearson, Richardson, Niaura, Vallone, & Abrams, 2012). The percentage of adults using e-cigarettes has increased between 2010-2013, with significant increases among former smokers and current smokers (10% and 37% respectively) (King et al., 2015); and

WHEREAS, 47% of smokers and ex-smokers have tried e-cigarettes in the United States of America (Giovino, Lewis, & Delnevo, 2014); and

WHEREAS, there is a growing perception that ENDS are safer products than traditional tobacco products
(e.g. cigarettes) (Wackowski & Delnevo, 2015); and

WHEREAS, minors have been shown to easily purchase e-cigarettes over the internet, because of an absence of age-verification measures used by Internet e-cigarette vendors (Williams, Derrick & Ribisi, 2015).

WHEREAS, given the toxicity some ENDS solutions and emissions, there are concerns about health effects of direct and second-hand exposure to the vapors, particularly for children and adolescents, pregnant women, and women of reproductive age (Bahl et al., 2012; Bam et al., 2014; Grana, Benowitz, & Glantz, 2014; World Health Organization, 2014). There has been a dramatic rise in the number of calls to poison centers due to childhood poisonings linked to ENDS, especially for children under the age of 5 years (Chatham-Stephens, Law, Taylor et al., 2014); and

WHEREAS, many ENDS manufacturers do not adhere to labeling guidelines and have inconsistencies between actual and labeled amount of nicotine (Cameron et al., 2014; Goniewicz, Kuma, Gawron, Knysak, & Kosmider, 2013; Hadwiger et al., 2010; Trehy et al., 2011); there are inconsistencies in the amount of nicotine actually delivered by these products (Goniewicz et al., 2013); and little is known about the cytotoxicity of these products (Bahl et al., 2012); and

WHEREAS, there are 466 known brands of ENDS available worldwide with 7764 unique flavors (Zhu et al., 2014); and that $3 billion was spent worldwide on the purchase of ENDS in 2013 with sales being forecasted to increase (World Health Organization, 2014); and

WHEREAS, the manufacturers of ENDS (primarily large tobacco companies), market these as an alternative to or substitute for conventional tobacco cigarettes and as smoking cessation aids; and they have been rapidly spending on promotion of ENDS through all media, including TV with advertising budgets doubling each year from 2011-2013 (Food and Drug Administration, 2014; Grana et al., 2014; Hajek, 2013; Kornfield, Huang, Vera, & Emery, 2014); and

WHEREAS, there is strong debate in the scientific community about the use of ENDS as a tool for smoking cessation and whether it is more likely to create or induce people to become tobacco smokers than quit (Grana et al., 2014; Hajek, 2013;Ramo, Young-Wolff, & Prochaska, 2015); and

WHEREAS, the Food and Drug Administration (FDA) has proposed regulations that would deem ENDS to be subject to the Family Smoking Prevention and Tobacco Control Act, which regulates cigarettes and other tobacco products ("Family Smoking Prevention And Tobacco Control And Federal Retirement Reform Act," 2009; Kirshner, 2011), and

WHEREAS, SOPHE has a strong history of adopting policy statements and advocating for tobacco prevention and control efforts (SOPHE 2014; SOPHE 2011; SOPHE 1997),

THEREFORE BE IT:

RESOLVED that SOPHE appeal to its members, chapter members and other health education specialists, as well as primary care providers, oral health providers, allied health practitioners, clinical social workers, and media to be informed about the facts concerning the safety, marketing and risks/benefits of ENDS; and be it further

RESOLVED that SOPHE and its chapters continue to build upon the legacy of the landmark 1964 report Smoking and Health: Report of the Advisory Committee of the Surgeon General of the Public Health Service and the 2014 The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General as well as SOPHE Resolutions related to tobacco prevention and control, by supporting and advocating for the adoption, implementation and enforcement of additional public and private policies, practices, or regulations at the federal, state and local levels to bring about further reductions in nicotine addiction, tobacco use/exposure, and tobacco related morbidity and mortality, across all segments of the US population; and be it further

RESOLVED that SOPHE urges federal, state, and local government agencies, city and state health departments, U.S. Public Health Service, HRSA, CDC, NIH, SAMHSA and the FDA:

- To fund and/or conduct health research to examine the composition and health impact of direct and second-hand exposure to the vapor produced by ENDS;

- To fund and/or conduct research to determine the usefulness or effectiveness of ENDS as tobacco cessation tools or nicotine maintenance program;
- To fund and/or conduct research related to the surveillance, marketing and use of ENDS by various segments of the population; and be it further

RESOLVED that SOPHE advocate with its national partners, coalitions and chapters to assure that the FDA asserts its rightful control over the regulation and control of ENDS, control that should, at a minimum, be on parity with tobacco controls including, but not limited to:

- Prohibit sales to minors;
- Prohibit marketing to youth through media or through the introduction of products that would have an appeal to young people, such as bubble gum or candy flavored nicotine;
- Limit advertising of ENDS to the same level and restrictions as tobacco;
- Place warnings on ENDS regarding the addictive nature of nicotine;
- Prohibit claims that are not scientifically sound;
- Require an accurate and verifiable ingredient list on all liquid nicotine cartridges; and be it further

RESOLVED that SOPHE advocate with its national partners, coalitions and chapters to urge state and local governments to:

- Implement a tax on liquid nicotine cartridges and bottles used in ENDS, similar to taxes assessed on cigarettes;
- Prohibit sales to minors absent a federal rule;
- Implement and enforce clean air provisions similar to those in place for tobacco in recognition that the effects of second hand exposure to ENDS vapor is still uncertain; and be it further

RESOLVED that National SOPHE and its chapters provide increased professional and public education, particularly youth, concerning ENDS and the potential risks and likelihood of nicotine addiction; and be it further

RESOLVED that SOPHE advocate with its national partners, coalitions and chapters to urge Congress to amend the Prevent All Cigarette Trafficking Act of 2009 to include ENDS, thus assuring that minors do not have internet access to easily purchase these devices and that taxes on such products may be enacted and properly collected.

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