The Good, The Bad, and The Ugly

“Sunshine is delicious, rain is refreshing, wind braces us up, snow is exhilarating; there is really no such thing as bad weather, only different kinds of good weather.” - John Ruskin

Ok, Oklahoma might be the extreme exception to this quote, but so much of it is true. Maybe minus the earthquakes, tornadoes and flash floods, all kinds of weather can be a good thing.

Sun energizes us, helps feed the trees and plants that clean the air and give us oxygen. It also helps to stimulate Vitamin D production, which, in short intervals, can help reduce the mortality risk of certain cancers.

Rain cleans the earth and helps plants to grow. Fresh water is also essential to sustaining human life.

Even fire can be beneficial. It cleans the forest, nourishes the soil and kills diseases and insects that prey on trees. It also helps to create new generations among those plant and tree species that are fire dependent.

So what does appreciating the weather have to do with healthcare? That’s a great question that we’ll attempt to answer here.

Just as the weather can be a point of contention, perspective and situation, changes in health care can be cause for debate, concern and deliberate care. According to former Assistant Secretary of Health Howard Koh, “E-cigarettes are a double-edged sword. While they could potentially advance smoking cessation, currently they are a disruptive product of unknown safety and efficacy.”

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In May 2011, Thomas J. Glynn, PhD, American Cancer Society’s Director of Cancer Science and Trends and International Cancer Control, wrote that “e-cigarettes have been described both as a miracle answer to the devastating effects of cigarette smoking and as a grave danger to the public health. They are a source of controversy, and we need to put science to work and obtain solid, independent, objective data.” In 2015, four years later, we’re still in the same situation.

The level of disagreement over e-cigarettes is the most serious source of disagreement in the 50 years that public health has come together around a profound need to end cigarette smoking and the death and disease that tobacco causes.

Additionally, e-cigarettes are evolving faster than the health sector can keep up, creating the concern that “when a ruling is made on one product, it may or may not apply to other or newer products.”

Despite the divide, there are a few things that the public health community can agree on. One of those is that e-cigarettes should not be marketed, sold to, or used by children and youth.

Youth Concerns

Youth who use e-cigarettes are more likely to become regular smokers of traditional cigarettes. Adolescents who used both e-cigarettes and traditional cigarettes were less likely to quit.
According to the National Youth Tobacco Survey (YTS), the number of high school students using e-cigarettes tripled from 2013 to 2014. Use among middle school students nearly quadrupled.

More than 76% of youth e-cigarette users reported smoking conventional cigarettes as well.

According to a study out of the University of California San Francisco, the findings suggest that e-cigarette use is worsening the tobacco epidemic among young people and calls into question claims that e-cigarettes are an effective quit-smoking aid.

Mitch Zeller, director of the Center for Tobacco Products at the FDA points out that “Nicotine is very harmful to the developing child and adolescent brain. Parents should take no comfort in the fact that their kids are using an e-cigarette rather than a burning cigarette because of the presence of nicotine.”

Quit Smoking Aid?

While we all have heard stories about how a family member, friend or acquaintance quit smoking using an e-cigarette, the research is showing mixed results. While e-cigarettes may eventually become a useful tool to help people quit smoking, we can’t commit to this notion until the FDA regulates them and extensive research on success and long-term impacts can be determined.

The Mixed Bag of Research

Some research seems to point to the potential for e-cigarettes to be used as a cessation tool, but no more so than nicotine patches which are a commonly used and physician-recommended cessation tool backed by years of testing and research.

Other studies indicate that smokers who also use e-cigarettes (dual users) often have a harder time successfully quitting.

Ultimately, until the FDA and scientific research can provide users with more consistent evidence that e-cigarettes are a safe and effective quit-smoking aid, people should stick to an FDA-approved quit smoking medication, says Glynn.

If there is a silver lining in the vaping cloud, it may be that the debate on e-cigarettes has pointed the spotlight on the harmful effects of all cigarettes. “Too often the public thinks that the tobacco problem has been solved, but in the US, we still have over 1,000 people dying a day from tobacco addiction. E-cigarette use can be a means to bring urgent new attention to the ongoing complexity of this tremendous addiction,” says Koh.

Educational Research & CME Opportunities

The American Academy of Pediatrics Richmond Center, dedicated to the elimination of tobacco and secondhand smoke, has created a webpage offering pediatricians resources about electronic nicotine delivery systems (ENDS), or e-cigarettes. Included on this page are fact sheets, presentations, and information about the Academy's advocacy activities.

Are E-Cigs a Gateway to Smoking? May 12, 2015 Lots of questions remain about the effects that using electronic cigarettes have on adolescents, including whether they are a “gateway” drug to regular cigarettes.

In 2014, U.S. poison control centers received over 3,800 calls regarding e-cigarettes and liquid nicotine. To combat growing concerns, the Tobacco Control Legal Consortium has developed a fact sheet on e-
cigarettes and the health concerns with their liquid nicotine refills titled Policy Approaches to Prevent Liquid Nicotine Poisonings.

“If we do not act decisively today, 100 years from now our grandchildren and their children will look back and seriously question how people claiming to be so committed to public health and justice allowed the tobacco epidemic to unfold unchecked.”

Dr. Gro Harlem Brundtland, former World Health Organization Director-General

Until next week,
Oklahoma Hospital Association
Hospitals Helping Patients Quit: Advancing Tobacco Treatment Initiative

Jennifer W. Roysdon, MS
Tobacco Treatment Systems Coordinator

Eric Finley, MPH
Tobacco Treatment Coordinator

“There is no clinical treatment available today that can reduce illness, prevent death, and increase quality of life more than effective tobacco treatment interventions.”

-Treating Tobacco Use and Dependence, US Public Health Service, US Dept. of Health and Human Services