Electronic Cigarettes

Blu is the market leader in e-cigarette sales. It is heavily marketed by celebrities.

NJOY is a top seller and seeks to mimic the feel of smoking.

More advanced e-cigarettes can be filled with e-juice and have a charger.

WHAT ARE ELECTRONIC CIGARETTES?

Electronic cigarettes, or e-cigarettes, are battery-operated devices that contain a mixture of liquid nicotine and other chemicals. The device heats this mixture, called e-juice, producing a nicotine aerosol that is inhaled. E-cigarettes are also called e-hookahs, e-pipes, vape pens, hookah pens or personal vaporizers.

E-CIGARETTES ARE NOT PROVEN SAFE.

There is currently no evidence that using e-cigarettes or inhaling the secondhand emissions from an e-cigarette is safe. Studies have found nicotine, heavy metals, toxins, and carcinogens in e-cigarette aerosol.[1, 2, 3, 4]

FDA NOW REGULATING E-CIGARETTES.

The Food and Drug Administration (FDA) began a two-year process in 2016 to establish basic regulations for e-cigarettes. Before this, e-cigarettes were completely unregulated.

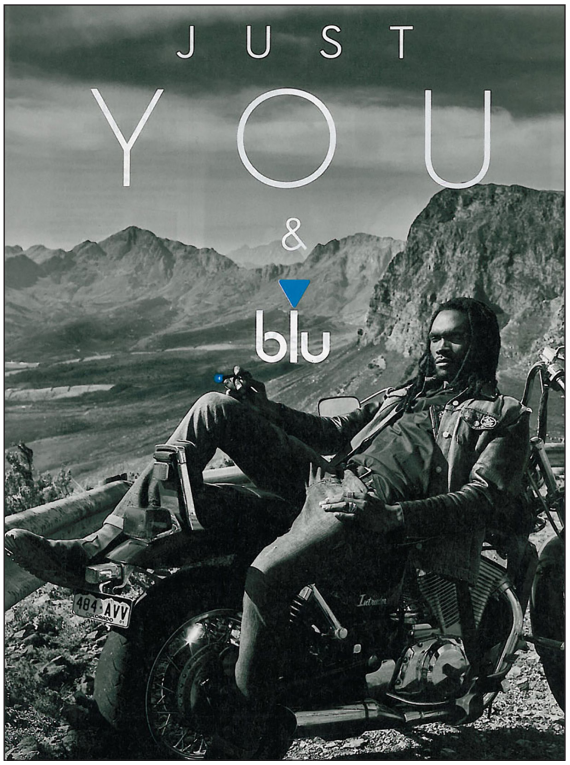
These regulations:

- Prohibit free samples of e-cigarette liquid made or derived from tobacco.
- Require a thorough review process for any product marketed after Feb. 15, 2007.
- Prohibit sales to minors.
- Require manufacturers of e-cigarettes, liquid, or components and parts of electronic cigarettes to register with the FDA.
- Prohibit the sale of e-cigarettes from vending machines, unless in an adult-only facility.
- Prohibit sellers from claiming that their products are less hazardous than smoking unless they provide sufficient evidence to the agency.
- Require manufacturers to submit a list of ingredients for e-cigarette liquid.
- Place warning labels on products.

These new rules will go into effect over two years, and still do not fully regulate e-cigarettes like other tobacco products. For example, while federal law prohibits flavored cigarettes, there is no such rule in place for electronic cigarettes. Additionally, the FDA rules do not prohibit the sale of these products online.[5]

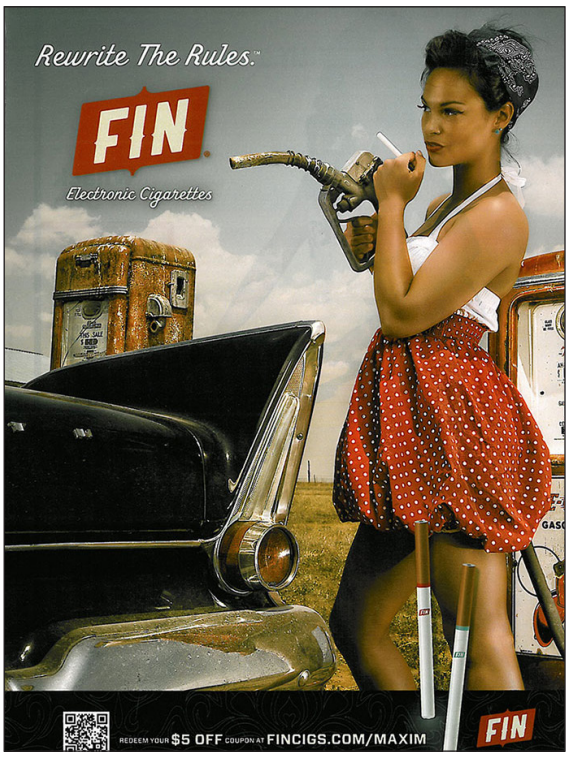
MINNESOTA HAS TAKEN STEPS TO REGULATE E-CIGARETTES.

Minnesota law prohibits e-cigarette use in public schools, hospitals, clinics and government-owned buildings, including city and county buildings, and licensed daycare facilities during hours of operations. Minnesota law requires e-cigarette liquids and systems to be sold in child-resistant packaging. Additionally, federal law requires e-juice containing nicotine be sold in child-resistant packaging and prohibits sampling. E-cigarettes cannot be sold from movable places of business, such as mall kiosks or community events, or self-service displays. Retailers are required to obtain a tobacco license before selling these products and ensure these products are only sold to those who are 18 years of age or older. Many counties and cities have included e-cigarettes in their local clean indoor air policies, meaning e-cigarette use is prohibited in all places where smoking is also prohibited.



Source: Trinketsandtrash.org

This Blu ad encourages customers to be rebellious. Their advertising centers around smoker independence and using Blu anywhere they want.



Source: Trinketsandtrash.org

This FIN ad features an image of a woman at a vintage gas station smoking an e-cigarette. It encourages customers to "rewrite the rules," which is a common theme of e-cigarette ads.

USE HAS INCREASED AMONG YOUTH.

E-cigarette use is increasing rapidly among youth. Use of e-cigarettes more than doubled from 2011 to 2012 among middle and high school students, according to the Centers for Disease Control and Prevention.[5] In 2015, 16 percent of high school students reported using e-cigarettes in the past 30 days.[6]

E-CIGARETTES ARE MARKETED TO YOUTH.

E-cigarettes come in a variety of flavors, such as gummy bear, fruit punch, chocolate, cherry crush and piña colada. Flavored tobacco products and e-cigarettes appeal to young people.[7]

E-CIGARETTES ARE NOT EFFECTIVE FOR QUITTING SMOKING.

E-cigarettes have not been proven safe or effective in helping people quit smoking.[8,9] Research indicates current smokers are more likely to use e-cigarettes than former or never smokers.[10,11] Some smokers are using e-cigarettes where they cannot use traditional cigarettes, which can deepen their addiction to nicotine. Some e-cigarettes are marketed with the tagline "smoke anywhere." For those wanting to quit, there are many FDA-approved quit aids, such as gum, patches and lozenges, available at little or no cost through insurance companies or Minnesota's statewide QuitPlan® service (www.quitplan.com).

NICOTINE IS A POTENT DRUG.

E-cigarettes usually contain nicotine, an extremely addictive stimulant. High amounts of nicotine can be fatal, especially to small children. Nicotine side effects include increased blood pressure, bronchospasms, joint pain, insulin resistance, heart arrhythmias and coronary artery constriction.[12,13] Evidence suggests that exposure to nicotine during adolescence may have long-term effects on brain development.[14]

SOURCES

1 FDA (2009). Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted By FDA. http://www.fda.gov/newsevents/publichealthfocus/ucm173146.htm

2 Trehy ML, Ye W, Hadwiger ME, et al. (2011). Analysis of electronic cigarette cartridges, refill solutions, and smoke for nicotine and nicotine related impurities. Journal of Liquid Chromatography & Related Technologies.

3 Williams M, Villarreal A, Bozhilov K, et al. (2013). Metal and silicate particles including nanoparticles are present in electronic cigarette cartomizer fluid and aerosol. PLoS ONE.

4 Schripp, Markewitz, Uhde, & Salthammer. (2013). Does e-cigarette consumption cause passive vaping? Indoor Air.

5 FDA.gov (2016). Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS). http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm

6 CDC (2013). Notes from the field: Electronic cigarette use among middle and high school students — United States, 2011–2012. Morbidity and Mortality Weekly Report.

7 US Surgeon General (2012). Preventing tobacco use among youth and young adults. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.

8 Vickerman KA, et al. (2013) Use of electronic cigarettes among state tobacco cessation quitline callers. Nicotine & Tobacco Research.

9 Popova L & Ling PM (2013). Alternative tobacco product use and smoking cessation: A national study. American Journal of Public Health.

10 Pearson JL, Richardson A, Niaura RS, Vallone DM, Abrams DB. (2012). E-cigarette awareness, use, and harm perceptions in US adults. American Journal of Public Health.

11 CDC (2011). About one in five U.S. adult cigarette smokers have tried an electronic cigarette. http://www.cdc.gov/media/releases/2013/p0228_electronic_cigarettes.html

12 Drugs.com (2014). Nicotine Side Effects. http://www.drugs.com/sfx/nicotine-side-effects.html

13 MedicalNewsToday.com (2014). What is nicotine. http://www.medicalnewstoday.com/articles/240820.php

14 Dwyer, J.B., R.S. Broide, and F.M. Leslie, Nicotine and brain development. Birth Defects Res C Embryo Today, 2008. 84(1): p. 30-44.

The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.
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2395 University Avenue W, Suite 310, St. Paul, MN 55114
651-646-3005 | www.ansrmn.org

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