

Key Questions and Answers on Vaping Product Use

What risk does e-cigarette use pose to youth and young adult users?

- According to [CDC](#):
 - The use of e-cigarettes is unsafe for kids, teens, and young adults.
 - E-cigarettes can contain other harmful substances besides nicotine.
 - Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.
 - The brain keeps developing until about age 25, and nicotine can harm the developing brain.
 - Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.
 - Each time a person creates a new memory or learns a new skill, stronger connections—or synapses—are built between brain cells. Young people’s brains build synapses faster than adult brains, and nicotine changes the way these synapses form.
 - Using nicotine in adolescence may increase the risk of future addiction to other drugs.

“While the negative effects of vaping and related products are yet to be fully understood, what we are certain of is that vaping and e-cigarettes are unequivocally detrimental to the health and wellbeing of adolescents and anyone who has never smoked tobacco. Nicotine is highly addictive, more so for the youngest of vape users.” —Testimony of Dr. Ngozi Ezike (SHO-IL)

Should we be overregulating e-cigarettes (e.g., with statewide flavor bans) if they can help adults quit smoking?

- [E-cigarette aerosol](#) can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.
- E-cigarettes are not currently approved by the FDA as a smoking cessation aid.
- The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive healthcare, has concluded that evidence is [insufficient](#) to recommend e-cigarettes for smoking cessation in adults.
- Removing flavored e-cigarettes from the shelves will make initiation and ongoing use less appealing to youth:
 - According to FDA, [96.1 percent](#) of youth who initiated e-cigarette use between 2016 and 2017 did so with a flavored e-cigarette product.
 - According to 2018 National Youth Tobacco Survey data, [67.8 percent](#) of current high school e-cigarette users reported using a flavored e-cigarette product in the last 30 days.

“The long-term health effects or efficacy of e-cigarettes for smoking cessation have not been properly evaluated, so any assertions that these products are safe, healthy, or part of a smoking cessation program are not scientifically confirmed.” —Testimony of Dr. Joneigh Khaldun (SHO-MI)

What should FDA do to protect people from the harms of e-cigarette use?

- On Sept. 11, HHS [announced](#) that it intends to remove all flavored e-cigarette products from the market until e-cigarette manufacturers file FDA premarket tobacco product [applications](#). FDA should move up the deadline for e-cigarette manufacturers to submit these applications to before the current court-ordered May 2020 [deadline](#) so that it can remove any unsafe products from the market as soon as possible.
- FDA needs to exercise its full regulatory authority under the [2016 Deeming Rule](#) to review the safety of e-cigarette products, all of which are currently on the market without FDA approval.

Could FDA have done more to regulate vaping products before the rise in underage use and the outbreak of severe lung disease?

- During his House testimony under oath, FDA Acting Secretary Dr. Ned Sharpless shared that FDA should have [acted sooner](#) to regulate e-cigarettes on the market.
- FDA originally planned to require premarket tobacco product applications from all e-cigarette manufacturers by 2018, but that deadline got [pushed back](#) to as late as 2022 before the federal court ruling that brought it back up to May 2020.
- FDA [accepted public comments](#) for a proposed rule that would potentially move to restrict flavored tobacco products. However, this comment period closed in June 2018, and FDA has not formally moved to enact permanent restrictions of any flavored tobacco products since then.

What should states do to reduce e-cigarette and other vaping product use among youth and young adults?

- As the federal government moves ahead with its own regulatory plan, all states should continue to consider their own bans on flavored e-cigarette products through executive action or legislation.
- States may also take the following actions to reduce e-cigarette use:
 - States can implement or increase e-cigarette taxes and pass comprehensive clean indoor air laws that prohibit e-cigarette use in public indoor spaces.
 - States may implement pricing strategies that have been shown to make tobacco products [less appealing](#) to younger consumers.
 - States with [tobacco policy preemption](#) in effect should lift those restrictions to empower localities to implement the tobacco control policies that will best serve their communities.

“A combination of federal and state policies may decrease access to and demand for e-cigarettes for youth. Increase funding can promote adoption of evidence-based state and local tobacco use prevention and cessation interventions.” —Testimony of Dr. Elizabeth Cuervo Tilson (SHO-NC)

“I am proud of what we are doing in Massachusetts to combat the youth vaping epidemic. But we recognize that there is more to be done. Under current law, vape products are not taxed, making it hard to determine who is really selling these products in our communities. These are topics and tools for

preventing youth tobacco initiation that we will continue to discuss as a state.” —Testimony of Dr. Monica Bharel (SHO-MA)

*“Kansas is committed to combating the issue. We are actively reviewing policy options to address this epidemic, which includes options to ban flavored e-cigarette products through executive action or passing of legislation as the federal government moves ahead with its own regulatory plan.”
—Testimony of Dr. Lee Norman (SHO-KS)*

How should public health leaders be discussing the vaping lung illness outbreak alongside the continued increases in youth vaping?

- According to [CDC](#):
 - The latest findings from the investigation into lung injuries associated with e-cigarette use, or vaping, suggest that products containing THC play a role in the outbreak.
 - No single product or substance has been linked to all lung injury cases. More information is needed to know whether a single product, substance, brand, or method of use is responsible for the outbreak.
- Because of the role THC appears to have in the lung disease outbreak, it is recommended that stakeholders not conflate the lung disease outbreak with the ongoing rising youth use of nicotine-containing e-cigarette products. These are two ultimately separate public health challenges warranting different public health actions at the national, state, and local levels.

How do you explain findings from the U.K. that e-cigarettes are 95 percent safer than combustible cigarettes, and that e-cigarettes are an effective smoking cessation method?

- In 2015, Public Health England determined that e-cigarettes are 95 percent safer than combustible cigarettes. This is not based on longitudinal health data, but is an [estimation](#) based on the exposure of toxicants in e-cigarettes compared to combustible tobacco.
 - The U.K. e-cigarette market is very different from the U.S. market; e-cigarette products are [regulated](#) in terms of total volume, e-cigarette concentration, packaging, health warnings, and by banning certain additives.
 - Almost all e-cigarette users in the U.K. are [current or ex-smokers](#) of combustible tobacco, with fewer than 1 percent of youth and young adult non-smokers using e-cigarettes.
- A *New England Journal of Medicine* [study](#) of 886 smokers in the U.K. found that e-cigarettes helped 18 percent of participants quit smoking, while nicotine replacement therapy helped 9.9 percent of participants quit smoking. Critics have [argued](#) that the use of behavioral therapy in both treatments might help explain these findings.
- It remains true that e-cigarettes are not an approved smoking cessation [therapy](#) in the United States, and that overall research shows limited evidence that they’re effective at helping smokers quit.