

Statement on Electronic-cigarettes

E-cigarettes are harmful to health and are not safe

E-cigarettes or electronic nicotine delivery systems (ENDS) are harmful to the users, pregnant women, minors and adult non-smokers, and potentially bystanders who are exposed to secondhand aerosol. Because most e-cigarettes contain nicotine, their use by youth can lead to addiction and can harm the developing adolescent brain, disrupting attention and learning. Also, nicotine in e-cigarettes can have serious adverse effects on the development of the foetus, via the mother, during pregnancy. Whilst nicotine itself is not a carcinogen, it may function as a "tumour promoter" and has a role in degeneration of nerve cells. In addition to nicotine, e-cigarette aerosols can contain heavy metals, ultrafine particles and toxicants that may increase the risk of cancer, pulmonary and cardiovascular disease.

E-cigarettes put young people at risk of lifelong nicotine addiction. Non-smoking young people should be prevented from using e-cigarettes.

A recent global systematic review concluded that children and adolescents that use ENDS are more than twice as likely to use conventional cigarettes. Another study among young adult Americans aged 18-30 years found that e-cigarettes users at the start of the study were 6.8 times more likely to smoke conventional cigarettes within 18 months than non-users. Thai youths are using e-cigarettes— a joint survey, by the Ministry of Public Health, Ministry of Education and WHO found that use of e-cigarettes among Thai school children (aged 13 - 15 years) increased from 3.3% in 2015 to 8.1% in 2021. Therefore, everything should be done to prevent young people from taking up the use of e-cigarettes, given that most tobacco use is established at an early age.

There is currently insufficient scientific evidence to conclude that e-cigarettes help smokers quit

The evidence for the effectiveness of e-cigarettes as a method for quitting tobacco smoking of low quality and low certainty to make credible conclusions at this point. Most longitudinal studies have found no cessation benefit associated with the use of e-cigarettes, and only a few studies have found that the use of e-cigarettes under specific conditions may help some smokers to quit smoking. Moreover, ENDS could hinder cessation in some individuals by prolonging or increasing addiction to nicotine. A notable proportion of smokers continue to smoke while they use e-cigarettes. Tried and tested interventions, such as brief advice from health professionals, national toll free quit lines and cessation interventions delivered via mobile text messaging is recommended. Where economically feasible, governments should also consider promoting nicotine replacement therapies and non-nicotine pharmacotherapies for cessation.

WHO advises regulation of e-cigarettes, appropriate to the national context

The Seventh Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control urges Parties to consider applying regulatory measures including "to prohibit or restrict the manufacture, importation, distribution, presentation, sale and use of e-cigarettes, as appropriate to their national laws and public health objectives". Also, the sixty-eighth session of the Regional Committee (official governing body of the WHO consisting of Health Ministers from 11 countries) of WHO South-East Asia Region calls upon countries "to develop and adopt policies and new regulations on electronic nicotine delivery systems, including, as appropriate, the banning or restricting of sales, promotion, advertising and sponsorship of e-cigarettes".

Asian countries that have banned the sale of e-cigarettes, include: Singapore, Sri Lanka, Timor Leste, Thailand, Cambodia, several States of India, Democratic Republic of Korea, and Brunei Darussalam.

The use of tobacco products kills approximately 71,000 people in Thailand every year and costs the economy an estimated 93 billion Thai baht. These deaths and costs are completely avoidable.. Therefore, every effort should be made to prevent individuals, especially youths, from using tobacco products and to protect all Thais, especially non-smokers, minors and pregnant women from the harmful effects of tobacco use.

References:

- 1. Leventhal A, Strong D, Kirkpatrick M et al. Association of Electronic Cigarette Use With Initiation of Combustible Tobacco Product Smoking in Early Adolescence. JAMA 2015;314:700. doi:10.1001/jama.2015.8950
- 2. Primack B, Soneji S, Stoolmiller M et al. Progression to Traditional Cigarette Smoking After Electronic Cigarette Use Among US Adolescents and Young Adults. JAMA Pediatrics 2015;169:1018. doi:10.1001/jamapediatrics.2015.1742
- 3. Yoong SL, Hall A, Leonard A, McCrabb S, Wiggers J, Tursdan d'Espaignet E, et al. Association between electronic nicotine delivery systems and electronic non-nicotine delivery systems with initiation of tobacco use in individuals aged <20 years a systematic review and meta-analysis. PLOS One 2021: 16(9): e0256044. https://doi.org/10.1371/journal.pone.0256044
- 4. Conner M, Grogan S, Simms-Ellis R et al. Do electronic cigarettes increase cigarette smoking in UK adolescents? Evidence from a 12-month prospective study. Tobacco Control 2017;tobaccocontrol-2016-053539. doi:10.1136/tobaccocontrol-2016-053539
- 5. Primack BA1, Shensa A2, Sidani JE2, Hoffman BL2, Soneji S3, Sargent JD4, Hoffman R5, Fine MJ6. Initiation of Traditional Cigarette Smoking after Electronic Cigarette Use among Tobacco-Naïve U.S. Young Adults. Am J Med 2017; 31185-3. doi: 10.1016/j.amjmed.2017.11.005
- 6. Soneji S1,2, Barrington-Trimis JL3, Wills TA4, Leventhal AM3, Unger JB3, Gibson LA5, Yang J6, Primack BA7, Andrews JA8, Miech RA9, Spindle TR10, Dick DM10, Eissenberg T10, Hornik RC5, Dang R2, Sargent JD1,2. (2017, August 1). Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-analysis. Am J Med 2017;1185-3. doi: 10.1016/j.amjmed.2017.11.005.
- 7. Kalkhoran S, Glantz SA. E-cigarettes and smoking cessation in real-world and clinical settings: a systematic review and meta-analysis. Lancet Respiratory Medicine. 2016;4(2):116–28.
- 8. Komonpaisarn T. Economic cost of tobacco smoking and secondhand smoke exposure at home in Thailand. Tob Control. 2021 Feb 25: tobaccocontrol-2020-056147. doi: 10.1136/tobaccocontrol-2020-056147. Epub ahead of print. PMID: 33632807.