

Intelligence MEMOS



From: Ian Irvine
To: Canadians Concerned about Vaping
Date: December 4, 2019
Re: **THE VILIFICATION OF VAPING**

The emergence of vaping and e-cigarettes worldwide poses a twin challenge to health policy making.

Most vaping involves the inhalation of nicotine – some involves cannabis or simply flavoured e-juices. Since nicotine is an addictive substance, e-cigarettes are simultaneously a potential entry vehicle to nicotine dependence on the part of teens who choose to experiment with them, and a potential exit from the health horrors associated with smoking conventional cigarettes.

Vaping has been termed an epidemic, most prominently by medical researchers at the Centers for Disease Control and Prevention in Atlanta, who cite a high frequency of teen experimentation in the activity. Moreover, on the cannabis front, about 40 deaths and 2,000 illnesses in North America have been caused by contaminated THC-based cannabis e-liquid.

The unfortunate consequences of these events is that health authorities are advising the community at large to steer clear of vaping, at a time when it has the potential to reduce harm.

This comes on top of provincial laws that treat e-cigarettes as if they are as dangerous as conventional cigarettes.

Contrast this with the [approach](#) in the U.K.

Public Health England and the Royal College of Physicians have each assertively supported efforts to move smokers to vaping, to such an extent that some UK hospitals now house vape shops. Public Health England estimates that e-cigarettes contain no more than 5 percent of the toxins found in conventional cigarettes.

Without minimizing the consequences of long-term dependence on nicotine products, consider the current ‘epidemic’ of teen vaping in the context of teen smoking. In the late nineties, approximately 35 percent of high-school kids smoked cigarettes daily, and cigarettes are at least a factor of 10 times more dangerous. Today about 3.5 percent of such kids vape daily, meaning that teen smoking in the nineties was 100 times, or two orders of magnitude, more dangerous than today’s vaping.

Yes, teen vaping is still a menace, so let’s adopt measures to minimize the flow of vaping products to them: let’s not sell to minors, let’s do frequent age checks at point of sale, let’s not glamorize vaping to minors through advertising, let’s get the message out on social media that nicotine is highly addictive,

The drop in cigarette sales illustrates the vaping upside. In the most recent 12-month period, Statistics Canada [data](#) illustrate that cigarette sales from Canadian producers are down 7.5 percent from the preceding 12 months. On a per capita basis (since our population increases by about 1 percent per annum), this is a decline of 8.5 percent. This is at least 6 points below the long-term downward trend, and cannot be explained by any noticeable price increases in tobacco during the period.

Harm reduction is the keystone. To this end, and to ensure that the downward trend in cigarette sales continues, policymakers need to enact measures that will simultaneously limit access to teens and induce smokers to switch to vaping products.

Findings in the research literature on the effectiveness of e-cigarettes as a quit-smoking device are not uniform. Opponents of a switching policy claim (correctly), that cigarette-quit success rates, following a switch to vaping, are low. Researchers favouring the use of e-cigarettes point to the fact that successful quit rates are low for all devices, and that e-cigarette-based smoking quits are generally higher than, say, patch-based smoking quits. Researchers who are unfavorably disposed to e-cigarettes point out that smokers who adopt vaping frequently continue as joint users. To which those favourable to e-cigarettes counter that if vaping takes the place of some of a smoker’s smoking, then the adoption of a vaping device represents a health improvement for the smoker. An uncountable number of refereed journal articles develop these issues.

Good policy is about harm reduction, and harm reduction means balancing the hazards from teens becoming dependent upon nicotine as a result of easy access, with the health benefits associated with replacing smoking with vaping.

E-cigarette policy is challenging, and a focus upon the benefits of switching alone, or the dangers of teen adoption alone are unlikely to increase population health. As is frequently the case, a manic focus upon just one element does not lead to a broad understanding of the issues that must motivate a measured and balanced set of public policies.

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