Are electronic cigarettes good for Tobacco Control in Ireland?

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Dublin, Ireland

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Smoking is the most important preventable cause of disease
Tobacco and Health Effects

- Sickness and Disease
- Poverty and Disadvantage
- Addiction and Inequality
Diseases Related to Smoking

- Coronary Heart Disease
- Cancer
- Chronic Obstructive Pulmonary Disease
- Cerebrovascular Disease (Strokes)
- Abdominal Aortic Aneurysm
- Atherosclerosis
- Pneumonia
- Respiratory Effects in Uteri
- Respiratory Effects in Childhood

US Surgeon General’s Report, 2004
Diseases Related to Smoking

- Reproductive Effects:
  - Fetal Death and Stillbirths
  - Reduced Fertility
  - Low Birth Weight
  - Pregnancy Complications

US Surgeon General’s Report, 2004
Cancers Related to Smoking

- Lung
- Bladder
- Cervix
- Esophagus
- Kidney
- Larynx
- Acute Myeloid Leukemia
- Oral Cavity and Pharynx
- Pancreas
- Stomach

US Surgeon General’s Report, 2004
Diseases Related to Smoking

Other Effects:
- Macular degeneration
- Cataract
- Diminished Health Status
- Hip Fractures
- Low Bone Density
- Peptic Ulcer Disease

US Surgeon General’s Report, 2004
Passive smoking: mortality

Over 19,000 non-smoker deaths are attributable annually to passive smoking in Europe

Are ecigs good for —WHO FCTC

Articles 5,8,13
Article 5.3 of the WHO FCTC,

There is a “fundamental and irreconcilable conflict of interest” between the tobacco industry’s interests and public health’s interests
Conventional tobacco control policies

WHO, World Bank, others

- Price and tax increases
- Restrict advertising/other promotion
- Public awareness/health promotion
- Labelling/health warnings
- Cessation programmes
- Restrictions on supply to children
- Smokefree public places
- Product regulation
Figure 2. Contribution of Tobacco Control Policies Implemented by 2010 to the Reductions in 2010 Ireland Male Smoking Prevalence

- Price, Tax and CPI: 45%
- Complete Smoke Free & Enforcement: 25%
- Comprehensive Ad Ban & Enforcement: 16%
- Health Warnings: 4%
- Youth Access: 9%
- High Intensity Tobacco Control Campaign: 1%
An estimated 26% of people aged 15 years and older in the EU, or about 100 million people, are current daily smokers.
Conventional tobacco control policies
WHO, World Bank, others

- Restrict advertising
THE ONLY E-CIGARETTE THAT FEELS REAL

STYLISH AND MADE TO SATISFY

SOFT SQUEEZABLE TIP
Cosain leanaí: ná cuir iallach orthu do chuid deataigh a análú

Protect children: don’t make them breathe your smoke

Benson & Hedges
Conventional tobacco control policies
WHO, World Bank, others

- Smokefree public places
Smokefree Ireland

➢ It has helped change the culture of Smoking in Ireland and globally

➢ It has improved public health and saved lives

➢ It has cost nothing and is hugely popular
ENDS emissions:

Several toxic substances in the environment that cause harm to health, including: ultrafine particles, propylene glycol, tobacco-specific nitrosamines, nicotine, volatile organic compounds (VOCs) and carcinogens and reproductive toxins, including benzene, lead, nickel.
Conventional tobacco control policies
WHO, World Bank, others

Labelling/health warnings
HENLEY

PREMIUM VAPOR CIGARETTES.
CRAFTED FOR USE ANYTIME, ANYWHERE.

NO SMOKE.
NO ASH.
NO TAR.
NO ODOR.

NOW SOLD HERE

"THE MOST AUTHENTIC AND SATISFYING
ELECTRONIC CIGARETTE ON THE MARKET."

ONLY $9.95 +tax
Marketing Aspect of Electronic Cigarettes

• E-cigarette brands are employing a number of marketing strategies used by tobacco companies
• Among them:
  • fun flavors, endorsements using kids and celebrities
TAKE BACK YOUR FREEDOM

with blureCigs®, the smart alternative to cigarettes.

- Smoke Virtually Anywhere
- No Tobacco Smoke, Only Vapor
- Flavors Made in the U.S.A.
Cosain leanai: ná cuir iallach orthu do chuid deataigh a anáilú

Protect children: don’t make them breathe your smoke

Silk Cut
King Size

Smoking contains benzene, nitrosamines, formaldehyde and hydrogen cyanide

Cuimsionn deatach beinséin, nitreasaimini, formalidead agus cianid hidrigine
Conventional tobacco control policies
WHO, World Bank, others

- Cessation programmes
Unless Current Smokers Quit, Tobacco Deaths will Rise Dramatically in the Next 50 years

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies

The mechanism of tobacco dependence

Medial Forebrain Bundle

- Prefrontal cortex
- Septum
- Nucleus accumbens
- Amygdala
- VTA

MFB
Smoking Model: Evolution of Tobacco Users

Population  |  Initiation  |  Ever Smoker* Not quit  |  Current Smoker**

Not initiate  |  Not initiate  |  Cessation (quit)  |  Relapse

Never Smoker  |  Ex-Smoker  |  ** Usually as smoked some or all days

* Usually as smoked 100 cigarettes lifetime ** Usually as smoked some or all days
Percentage bold change for the control, ex-smoker and smoker groups

a) the left posterior cingulate cortex (PCC)/BA30 (smoker<control, p<0.05 and ex-smoker, p=0.01 across conditions; b) the left dorsolateral prefrontal cortex (DLPFC) small volume correction (smoker<control, p<0.05 and ex-smoker, p=0.01 across conditions); c) the right anterior cingulate cortex (ACC)/BA32 (ex-smoker>control and smoker, p<0.001 across conditions) and d) the right insula/BA13 (ex-smoker>control, p<0.05 and smoker, p<0.01 across conditions). (Fig 5) Data expressed as means±SEM. (Fig 2)
Table: Descriptive statistics for the E-cigarette survey.
Average age: 16.5

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Response Categories</th>
<th>Frequency</th>
<th>Valid Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
<td>399</td>
<td>49.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>412</td>
<td>50.8</td>
</tr>
<tr>
<td><strong>Socioeconomic status</strong></td>
<td>Attending disadvantaged school</td>
<td>229</td>
<td>27.9</td>
</tr>
<tr>
<td></td>
<td>Attending non-disadvantaged school</td>
<td>592</td>
<td>72.1</td>
</tr>
<tr>
<td><strong>Birth Region</strong></td>
<td>Ireland / UK</td>
<td>685</td>
<td>83.4</td>
</tr>
<tr>
<td></td>
<td>Eastern European Country</td>
<td>63</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td>Elsewhere</td>
<td>73</td>
<td>8.9</td>
</tr>
<tr>
<td><strong>Personal Tobacco Use</strong></td>
<td>Current Smoker</td>
<td>151</td>
<td>18.4</td>
</tr>
<tr>
<td></td>
<td>Ever Smoker</td>
<td>240</td>
<td>29.2</td>
</tr>
<tr>
<td></td>
<td>Never Smoker</td>
<td>430</td>
<td>52.4</td>
</tr>
<tr>
<td><strong>Family Tobacco Use</strong></td>
<td>Smoker in immediate family</td>
<td>396</td>
<td>48.4</td>
</tr>
<tr>
<td></td>
<td>No smoker in immediate family</td>
<td>423</td>
<td>51.6</td>
</tr>
<tr>
<td><strong>E-Cigarette Use</strong></td>
<td>Ever smoked e-cigarettes</td>
<td>196</td>
<td>23.9</td>
</tr>
<tr>
<td></td>
<td>Never smoked e-cigarettes</td>
<td>625</td>
<td>76.1</td>
</tr>
</tbody>
</table>
## E-Cigarette use among young people sorted by tobacco use

<table>
<thead>
<tr>
<th></th>
<th>Never Tobacco Smokers (N = 431)</th>
<th>Ever Tobacco Smokers (N = 239)</th>
<th>Current Tobacco Smokers (N = 150)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Never E-Cig Users</strong></td>
<td>413 (95.8%)</td>
<td>167 (69.9%)</td>
<td>46 (30.7%)</td>
</tr>
<tr>
<td><strong>Ever E-Cig Users</strong></td>
<td>16 (3.7%)</td>
<td>64 (26.7%)</td>
<td>88 (58.7%)</td>
</tr>
<tr>
<td><strong>Current E-Cig Users</strong></td>
<td>2 (0.5%)</td>
<td>8 (3.4%)</td>
<td>16 (10.6%)</td>
</tr>
</tbody>
</table>
MARKETING HEALTH
Smoking and the Discourse of Public Health in Britain, 1945–2000

VIRGINIA BERRIDGE
WHO Chan – letters from TC voices from all over the world