

# **KNOWN HEALTH EFFECTS OF E-CIGARETTE USE**

**Vaping Popularity Concerns Experts** 

# Introduction

On September 12, 2018, U.S. Food and Drug Administration (FDA) Commissioner Scott Gottlieb, M.D., said the use of e-cigarettes by U.S. teenagers had reached epidemic proportions. The first of a two-part series highlighted the increased use among teens and adults as well as regulatory action at the federal and state levels, <a href="bit:bit.ly/ECigUseInKansas">bit.ly/ECigUseInKansas</a>. This issue brief, the second in the series, examines the latest research concerning the health effects of e-cigarettes.



Electronic cigarettes, commonly known as e-cigarettes, are battery-powered devices that provide nicotine and other additives to the user in the form of an aerosol. Using an e-cigarette also is referred to as "vaping." E-cigarettes entered the U.S. market in 2007 and initially were marketed as a smoking cessation tool for adults and a "safer" alternative to conventional cigarettes. Within five years, policymakers at the federal, state and local levels began enacting laws and ordinances to ban the sale and use of e-cigarettes to minors, limit their use in public



places, and impose taxes similar to those on conventional cigarettes.

The e-cigarette industry has grown in size and organizational complexity in recent years, most notably with the entry of major tobacco companies and the proliferation of vape shops. JUUL, an e-cigarette device launched in 2015 that resembles a USB drive, has become especially popular among teens and young adults as it can be used discreetly, has a high nicotine content, and comes in flavors such as mint, mango and fruit. Juul pods, as advertised, are manufactured in 5 percent (59 milligrams of nicotine per milliliter of liquid) and 3 percent (35 milligrams of nicotine per milliliter of liquid) formulations. However, it's the presumed rate of absorption reported by JUUL that sets it apart - the company suggests the pattern of nicotine levels in the blood over time mimics that of

# KEY POINTS

A 2018 report by the National Academies of Science, Engineering, and Medicine (NASEM) concluded there is substantial evidence e-cigarette use increases the risk of ever using conventional cigarettes among youth and young adults.



The NASEM report also found:

- Moderate evidence that more frequent use of e-cigarettes is associated with an increased likelihood of cessation of conventional cigarettes,
- Limited evidence that e-cigarettes may be effective aids to promote smoking cessation,
- Conclusive evidence that e-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels,
- Conclusive evidence that most e-cigarette products, in addition to nicotine, contain and emit numerous potentially toxic substances, and
- Evidence on short-term exposure to e-cigarettes and health effects exists, but is not conclusive.



cigarette smoking due to the use of nicotine salts in their formulation. A 2-pack of JUUL pods costs about \$10. JUUL Labs holds nearly three-quarters (72.8 percent) of the e-cigarette retail market in the U.S. as of September 2018 and sold over \$1.29 billion in vape kits and nicotine pods during the 12 months ending August 2018.

# Health Effects of E-Cigarette Use

In early 2016, published research on the safety or long-term health effects of e-cigarette use was very limited. Back then, there were studies indicating that the vapor emitted by e-cigarettes was less harmful than conventional cigarette smoke but evidence suggesting that e-cigarettes were an effective smoking cessation tool was lacking. Public health officials also were starting to suspect that teen e-cigarette use was associated with higher intention to smoke and one study had concluded that teens who try e-cigarettes are more likely to try other tobacco products, including conventional cigarettes.

At the request of the FDA Center for Tobacco Products, which regulates e-cigarettes as tobacco products, the National Academies of Sciences, Engineering, and Medicine (NASEM) convened a committee of experts to conduct a review of the emerging evidence about the health effects of e-cigarettes. The committee conducted a comprehensive review of the scientific literature about e-cigarettes regarding the key constituents (chemical components), human health consequences, effects on initiation and cessation of conventional tobacco cigarette use, and harm reduction. In 2018, the committee released a report, bit.ly/NASEMReport, providing a comprehensive analysis of 800 peer-reviewed studies about the health effects of e-cigarettes. The results of the NASEM study were released as a set of conclusions on each topic.

# **Chemical Components**

E-cigarettes contain liquids (referred to as e-liquids or vape juice) that are converted to an aerosol when the device is used. The e-liquids burned in e-cigarettes typically contain nicotine (although some users prefer e-liquids without nicotine), flavorings and humectants (for moisture retention). It is well-established that nicotine causes dependence and addiction.

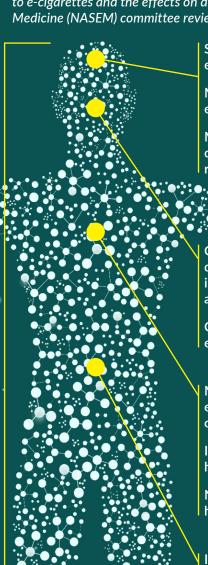
While most flavorings in e-liquids are designated as generally safe by the FDA for oral consumption in food, those designations do not apply to flavorings used in e-cigarettes as most have not been studied for toxicity when inhaled. The primary humectants — propylene glycol and glycerol — are widely used for other purposes and have been the subject of significant scientific study.

In reviewing the literature about the chemical components in and exposures from e-cigarettes, the committee found:

- Conclusive evidence that e-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels;
- Conclusive evidence that exposure to nicotine from e-cigarettes is highly variable and depends on the characteristics of the device, the e-liquid used and how the device is operated;
- Conclusive evidence that in addition to nicotine, most e-cigarette products contain and emit numerous potentially toxic substances;
- Conclusive evidence that, other than nicotine, the number, quantity and characteristics of potentially toxic substances emitted from e-cigarettes are highly variable and depend on the characteristics of the device, the e-liquid used and how the device is operated;
- Substantial evidence that nicotine intake from e-cigarette devices among experienced adult users can be comparable to that from conventional cigarettes;
- Substantial evidence that under typical conditions of use, exposure to potentially toxic substances from e-cigarettes, except for nicotine, is significantly lower compared with conventional cigarettes; and
- Substantial evidence that e-cigarette aerosol contains metals. The origin of the metals could be the metallic coil used to heat the e-liquid, other parts of the e-cigarette device or the e-liquids.

## **Human Health Effects From Short-Term Exposure to E-Cigarettes**

While the serious health risks posed by the use of conventional cigarettes are well-documented, the relatively short history of e-cigarette use makes comparisons to those risks very difficult. However, some evidence on short-term exposure to e-cigarettes and the effects on disease symptoms does exist. The National Academies of Sciences, Engineering, and Medicine (NASEM) committee reviewed this evidence, bit.ly/NASEMReport, and found:



Substantial evidence that e-cigarette use results in symptoms of dependence on e-cigarettes;

Moderate evidence that the risk and severity of dependence are lower for e-cigarettes than conventional cigarettes;

Moderate evidence that variability in e-cigarette product characteristics (nicotine concentration, flavoring, device type, and brand) is an important determinant of risk and severity of e-cigarette dependence;



Conclusive evidence that intentional or accidental exposure to e-liquids (from drinking, eye contact, or skin contact) can result in adverse health effects including but not limited to seizures, anoxic brain injury, vomiting and lactic acidosis;

Conclusive evidence that intentionally or unintentionally drinking or injecting e-liquids can be fatal;

Moderate evidence for increased cough and wheezing in adolescents who use e-cigarettes and an association with e-cigarette use and an increase in shortness of breath, coughing, wheezing and chest tightness associated with asthma;

Insufficient evidence that e-cigarette use is associated with long-term changes in heart rate, blood pressure and cardiac function;

No available evidence whether or not e-cigarettes cause respiratory diseases in humans;

Insufficient evidence whether or not maternal e-cigarette use affects fetal development;

No available evidence whether or not e-cigarettes affect pregnancy outcomes;

Conclusive evidence that e-cigarette devices can explode and cause burns and projectile injuries. Such risk is significantly increased when batteries are of poor quality, stored improperly, or modified by users;

Substantial evidence that some chemicals present in e-cigarette aerosols (e.g., formaldehyde, acrolein) are capable of causing DNA damage, suggesting that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes; and

Limited evidence that long-term e-cigarette use could increase the risk of cancer and no available evidence from adequate long-term animal studies to inform cancer risk.

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### **Initiation and Cessation**

On the effects of e-cigarette use on initiation and cessation of conventional cigarette use, the NASEM found:

- Substantial evidence that e-cigarette use increases risk of ever using conventional cigarettes among youth and young adults;
- Moderate evidence that e-cigarette use increases the frequency and intensity of subsequent conventional cigarette smoking among youth and young adult e-cigarette users who ever use conventional tobacco cigarettes;
- Moderate evidence that more frequent use of e-cigarettes is associated with an increased likelihood of cessation of conventional cigarettes;
- Limited evidence that e-cigarettes might be effective aids to promote smoking cessation; and
- Insufficient evidence about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to other FDA-approved smoking cessation treatments.

### **Harm Reduction**

When reviewing the evidence on what is known about e-cigarette exposure and health effects compared with conventional tobacco cigarettes, the committee found:

- Conclusive evidence that completely substituting e-cigarettes for conventional cigarettes reduces user exposure to numerous toxic substances and carcinogens present in conventional cigarettes; and
- Moderate evidence that secondhand exposure to nicotine and particulates is lower from e-cigarettes than conventional cigarettes.

### **Conclusion**

With the rising use of e-cigarettes, especially among youth, research is expanding rapidly as researchers gain new insights and access to data about the long-term use of this product. It will be critical for policymakers, public health officials and health policy advocates to remain up-to-date as additional studies emerge detailing how these products affect health.

### **ABOUT THE ISSUE BRIEF**

This brief is based on work done by Linda J. Shennard, L.D., and Hina B. Shah, M.P.H. It is available online at khi org/policy/article/19-15

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