

Questions Asked During Live Webinar Broadcast on 03/23/2016



If your sound did not work for the short video I played about e-cigarette giveaways, I have posted it on my website:

<http://visleight.com/youtube-videos.html>

On the very bottom of that same page is a link for the BBC documentary I mentioned: "Death in the West". The quality is very poor but well worth the time if you haven't seen it.

"Flavoring" as I know it is still an artificial chemical compound...NO one uses pure plant oils. Any statistics on just the possible effects of ingesting artificial flavors (among other chemicals) used in e-cigs? Our bodies usually can't break them down, and there are side effects just from something as simple as an "artificial flavor" compound.

A: The artificial flavors used in e-cigarettes are not new chemicals but ones that are already being used in food products. They are often approved for "ingesting" (eating) and are GRAS (generally recognized as safe) when used in food products by the Flavoring Extract Manufacturers Assn. (FEMA) as single substances. It is this designation that e-cigarettes are using to say their product is safe. The problem becomes when these chemicals are inhaled. The one example I used in my presentation was about cinnamon—certainly "safe" when ingested but not when inhaled.

From FEMA:

"The Expert Panel of FEMA is the primary body for the safety evaluation of food flavoring for the flavor industry and the public through its "generally recognized as safe" (GRAS) assessment of flavoring substances."

<http://www.femaflavor.org/>

One of the concerns from the vaping community is that if the FDA deeming rules are passed, that every single chemical and combination of chemicals would require a PMTA (pre-market tobacco product application) as to the health effects of inhaling the chemical even if it already has a GRAS designation for food ingestion:

<http://www.fda.gov/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM273425.pdf>

How do E-Cigarettes affect people with asthma issues? Any lung issues?

A: There are some incidences reported to the FDA of exposure to vapor setting off asthma attacks. As I mentioned in the presentation, we don't know if these are individual occurrences or the top of the iceberg. It may be one or a combination of chemicals that exacerbate the issue and it could be different for every asthmatic. Some may react to one chemical and not another and someone else may have the opposite experience.

On a side note, one of the comments to the FDA regarding their deeming rules was from a woman with asthma. She was unable to smoke cigarettes due to her asthma but found that using e-cigarettes did not set it off. She did not want any regulation so she could continue to enjoy getting nicotine from vaping.

Is dual smoking more prevalent in adult smokers or youth smokers?

A: I have not seen dual use broken down by age. It was at this FDA broadcast that information about dual use was given, sorry I don't have the specific page earmarked:

<http://www.fda.gov/tobaccoproducts/newsevents/ucm428317.htm>

Here are the statistics from England on dual use being 60%:

<http://www.independent.co.uk/life-style/health-and-families/health-news/e-cigarettes-used-by-891000-people-to-quit-smoking-study-shows-a6905281.html>

Are there any data on over the counter NRT being used recreationally?

A: I posed this question on the listserv for ATTUD (Assn for the Treatment of Tobacco Use and Dependence) and one response was that some of his former clients will periodically use the nicotine patch at night because they enjoy the dreams. His clientele are mainly in the entertainment industry.

Those of us in tobacco treatment all know of people who have used nicotine gum for years. I'm not sure if I would consider their use "recreational" or medicinal. Here is an interesting opinion piece on that:

http://www.nytimes.com/2016/03/06/opinion/sunday/can-nicotine-be-good-for-you.html?emc=edit_tnt_20160305

My clients ask about my vaporizer that I use and I answer their questions the best I can. I also state that it up to the user

A: Have you considered that your use is a form of indirect endorsement for their use regardless of what you say? Would you give the same advice to alcoholic if they asked about your drinking habits?

The question always comes back to –are you using it short term for smoking cessation and to wean off nicotine or are you continuing to use it to use nicotine recreationally? As I mentioned I do believe that it might be a worthwhile public health discussion whether smoke-free includes being nicotine-free.

Please remind listeners that Public Health England and the California Association for Alcohol & Drug Educators (CAADE) consider vaping an evidence-based tool for smoking cessation.

A: I did mention that Public Health England endorses their use for cessation. I would dispute that their decision is "evidence-based". Here is their paper on it:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf

Here is the original study that they have based their decision:

<http://www.karger.com/Article/FullText/360220>

I'm not sure that CAADE resolution about e-cigarettes is evidence-based either since they are relying on the statements issued by CASAA—which is not impartial since they are the organization who represents electronic cigarette manufacturers. All their resolution states is that they support the development of harm reduction tools, including e-cigarettes.

http://caade.org/sites/default/files/CAADE_Resolution_FAQ_Ecigs_12-2012.pdf

http://casaa.org/About_CASAA.html

CAADE resolution: Resolved October 13, 2012: The California Association for Alcohol/Drug Educators (CAADE) supports efforts by the addiction treatment community to utilize its treatment expertise in developing tobacco cessation tools that include both abstinence-based and harm-reduction models including the use of electronic cigarettes.

Please point out that we have a treatment center that hands out vaping products and has seen an 80% reduction in smoking

A: I find it ironic that addiction treatment centers historically have not embraced nicotine addiction more as part of addiction treatment. I remember when the Betty Ford Center would not allow the use of caffeine but did allow smoking.

I do believe there is a place for e-cigarettes in cessation once some of the safety issues are addressed. Has combination NRT been tried instead? Most of the time when I heard that someone used XXX cessation medication and it didn't work—the reason is that they were under dosed. Do you have a TTS on staff specially trained in the use of cessation medications to address the specific concerns about nicotine addiction? What criteria do you use for the product that is given out? Who pays for the product?

What consequences do you think would happen if one were to explode while one of your patients was using it? – In the county where I live, a woman was awarded 1.9 million dollars when her e-cigarette exploded—named in the lawsuit was the wholesaler, the retailer and the manufacturer. If a healthcare professional had also endorsed their use, I'm sure they would have been named in the lawsuit as well.

Would e-cigarettes be less harmful if it were only smoking of just water? What info is there on impact of smoking cannabis oil?

A: I'm not sure I understand the question. If the liquid was only water—what would be the reason for using it? People vape for the nicotine and/or the enjoyment of the flavors. I do believe that it is possible that eventually there will be an electronic cigarette device with some form of liquid that will be as safe as other nicotine replacement products. No product will ever be 100% safe.

BAT (British American Tobacco) in the UK has a nicotine inhaler on the market in England called, "voke". They have been granted a license by Englands equivalent of the FDA to produce an e-cigarette which will be called, "e-voke".

<http://uk.reuters.com/article/uk-health-bat-ecigarette-idUKKBN0UI1FV20160104>

My expertise is on smoking tobacco and not cannabis oil. I have seen research on smoking marijuana, but not specifically on cannabis oil. The use of "phoenix tears" (cannabis oil) for medicinal use for cancer is through ingestion and not smoking it. I did have one friend who used cannabis oil to treat her cancer as a last resort when traditional medicine had failed to stop the spread of her cancer of the mouth. She used a small drop a day and gradually increased the amount. Unfortunately, it did not work and she did die.