Vaping: Are E-Cigarettes More Than Smoke and Mirrors?

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Smoking tobacco is the leading preventable cause of mortality, and is related to more than two dozen diseases and conditions including chronic obstructive pulmonary disease, numerous cancers, and cardiovascular disease. Electronic cigarettes (ECs) are aggressively being promoted as smoking cessation aids however, ECs have not been approved as a smoking cessation aids for good reasons.

Electronic cigarettes (ECs) have gained popularity as a smoking cessation aid despite of not being approved. ECs are battery-powered devices, often similar in appearance as cigarettes that vaporize a solution containing nicotine and propylene glycol in refillable cartridges. FDA’s analysis from two leading brand of cartridges detected small amounts of carcinogenic tobacco-specific nitrosamines as well as diethylene glycol which is toxic to humans in 1 of 18 cartridges. There are also concerns with nicotine variability per puff between manufacturers.

Most ECs are used as tools for smoking reduction/cessation. However, evidence is lacking in support of ECs as an effective smoking cessation aids. Studies have shown high rates of concurrent ECs and cigarette use which may negatively impact attempts to quit smoking. There are unanswered questions with regards to the long-term effects of ECs. There is concern that flavor and appearance of ECs may encourage nonsmokers and young adults who would otherwise not use nicotine products. There are concerns that ECs may glamorize and or normalize the act of smoking. Currently in Canada, there are no provinces have legislation or regulations in place to restrict ECs use, however, as of August 2014, the City of Toronto banned ECs in their workplaces.

There are evidenced-based approaches that care providers could utilize to help their clients stop smoking including behavioural counseling and pharmacological therapy. The use of 5As (Ask, Advise, Assess, Assist, Arrange) are an effective counseling approach. Cardiovascular nurses are in prime position to advocate for and use evidence-based smoking cessation aids and able to counsel clients related to the risk and benefits of the use of ECs.
Bibliography:


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