

Letters to the Editor

The journal publishes both invited and unsolicited letters.

COMMENT ON WEST, SHAHAB & BROWN (2016): 'ESTIMATING THE POPULATION IMPACT OF E-CIGARETTES ON SMOKING CESSATION IN ENGLAND'

The effort by Dr West and colleagues to quantify the contribution of e-cigarettes to smoking cessation [1] is admirable. The debate about the public health implications of e-cigarettes suffers from a dearth of good evidence, either pro or con, a reflection in part of the novelty of this product category. Efforts such as this one advance the debate towards a more rational, empirically grounded one. (I use the term e-cigarettes to refer to all electronic nicotine delivery systems. My observations apply equally to other next-generation products, including novel heat-not-burn devices [2].)

The authors' estimate that e-cigarettes produced a net increase of 16–22 K quitters in England in 2014 (22–28 K by their second method) will satisfy precisely no one—neither e-cigarettes' detractors, including those who conclude that e-cigarettes are reducing quitting among smokers [3], nor enthusiasts, one of whom believes that the 'disruptive technology' of e-cigarettes will outsell cigarettes by 2023 [4]. (The stated mission of NJoy, a major independent producer of e-cigarettes, is 'to obsolete cigarettes' [5].)

The potential of e-cigarettes as an alternative to smoking, at least for a subset of smokers, seems self-evident. Nicotine replacement therapies (NRTs) remove the behaviors associated with smoking addiction while providing users with slowly delivered nicotine. As such, they have little appeal and limited effectiveness [6]. By mimicking smoking, but without delivering the 7000 chemicals in cigarette smoke, e-cigarettes deliver the addictive drug along with smoking-like behaviors. Hence their appeal. ('Different strokes for different folks' clearly applies here.)

The authors' analysis is a snapshot at a particular, fairly early point of time in the history of e-cigarettes. As scientific knowledge develops, as the technology itself evolves, as regulations emerge and as communications about the products spread via formal and informal channels, the role of e-cigarettes in smoking cessation, and in tobacco control more generally, will morph into something unpredictable today. The role of policy is critical [7]: whether e-cigarettes are treated as medicines or consumer products; whether flavors are regulated; whether the use of e-cigarettes is permitted in venues in which smoking is not permitted; if and how they can be advertised; whether or not they are taxed; and, in particular, how they are taxed relative to the far more dangerous combusted tobacco products, especially cigarettes [8].

The answer to the ultimate question with regard to e-cigarettes—what their net public health impact will be—depends upon developing scientifically sound answers to more specific questions, as well as the policy response to those answers. The questions: how risky are e-cigarettes compared to smoking; are they 95% less dangerous than cigarettes, as the recent Public Health England report concluded [9] or is the number closer to 90 or 80 or 70%; will e-cigarettes addict significant numbers of young people to nicotine, with a subset then migrating to smoking (how many?); and, of course, how many adult smokers will quit smoking specifically as a result of the availability of e-cigarettes?. We are indebted to West and colleagues for an early answer to the last question.

Declaration of interest

None.

Keywords Cigarette smoking, electronic cigarettes, epidemiology, research, smoking cessation.

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