

Many adults who smoke cigarettes wrongly think that vaping is worse for them, say researcher, FDA director

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There are no safe tobacco products. But different products have different levels of risk. Cigarettes and other smoked tobacco products



are the most harmful, while products like e-cigarettes may be lower-risk alternatives for adults who already smoke.

Unfortunately, that message seems to have gotten twisted in the public's mind. A recent survey published in the journal *Addiction* found that only about 20% of the respondents thought that e-cigarettes had fewer harmful chemicals than cigarettes. This misperception even exists among some health care providers who may not realize where each product sits on the continuum of risk.

"It breaks my heart that I've met with a lot of well-intentioned physicians who say to me, 'Vaping is worse than smoking.' And I say, 'No, that's not true,'" said MUSC Hollings Cancer Center's Benjamin Toll, Ph.D., director of the MUSC Health Tobacco Treatment Program and codirector of the Lung Cancer Screening Program.

In response to <u>personal experience</u> and the recent survey describing some of these misperceptions, Toll teamed up with Brian King, Ph.D., M.P.H., director of the Center for Tobacco Products (CTP) at the U.S. Food and Drug Administration (FDA), to write a commentary published in the journal *Addiction*.

The commentary explains that public health professionals should keep two goals in mind. First, it's important to educate adults who smoke about the relative risks of different tobacco products. But it's equally as important that any outreach effort is developed and implemented while keeping in mind the second goal—to prevent youth use of any tobacco products.

"I want to be crystal clear that I am very opposed to vaping by minors," Toll said. "Youth use of any tobacco product is unsafe, and outreach strategies must not inadvertently make it seem like e-cigarettes are okay for youth to use."



As for adults who smoke and are trying to quit, the commentary first recommends that they use FDA-approved medications and/or tobacco treatment counseling to quit the habit.

But for adults who've tried these methods and still can't stop smoking, transitioning completely to e-cigarettes could be a less harmful—though not completely safe—route to quitting. "Completely" is the key.

To achieve the best benefit, it's important for adults who use e-cigarettes to make a clean break from cigarettes. Some research has found that people who both vape and smoke have similar levels of toxins in their bloodstream as people who smoke only cigarettes. Because no tobacco product is safe, the eventual goal should always be quitting all tobacco use, including e-cigarettes.

The harms of combustible cigarettes are well known—smoking cigarettes can cause a dozen type of cancer as well as heart disease, stroke, diabetes and chronic obstructive pulmonary disease. But Toll's fear is that well-meaning doctors are advising patients to move from ecigarettes to combustible cigarettes, wrongly thinking that e-cigarettes are the more harmful option.

It is true that long-term data on e-cigarettes don't yet exist and that e-cigarettes are not FDA-approved smoking cessation devices, but as a class of products, e-cigarettes generally contain fewer harmful chemicals than combustible cigarettes.

The commentary calls upon the public health community to use evidence-based approaches in its existing channels to educate adults who smoke about the relative risks of different tobacco products. But it stresses that any effort must go hand in hand with efforts to prevent youth tobacco use; to encourage adults trying to quit smoking to first try FDA-approved cessation therapies; and, for adults who both smoke cigarettes and use e-



cigarettes, to reinforce the importance of completely transitioning away from cigarettes.

More information: Commentary on Wackowski et al.: Opportunities and Considerations for Addressing Misperceptions About the Relative Risks of Tobacco Products among Adult Smokers, *Addiction* (2023). DOI: 10.1111/add.16296

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