

E-Cigarettes as Consumer Products

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Balfour et al.¹ argued for balancing the risks and benefits of e-cigarettes, based on the value of e-cigarettes as cigarette smoking-cessation aids for adult smokers. In particular, they cited our meta-analysis of e-cigarettes and smoking cessation² to support their statement, "Other researchers have found regular and frequent e-cigarette use to be associated with increased smoking cessation, while infrequent use was not."^{1(p1663)}

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Like the discussion by Balfour et al. of the health effects of e-cigarettes, including the effects of nicotine on children,³ this statement is a highly selective reading of our article.

Specifically, although it is correct that we found that daily e-cigarette use was associated with significant increases in cigarette cessation (odds ratio [OR] = 1.529; 95% confidence interval [CI] = 1.158, 2.019), we also found that nondaily use was associated with significantly less quitting (OR = 0.514; 95% CI = 0.402, 0.656). Most importantly, among all users, there was no significant association between e-cigarette consumer product use and quitting (OR = 0.947; 95% CI = 0.772, 1.160), the key conclusion in our article.

Balfour et al. ignored this primary conclusion and instead focused on criticizing our earlier meta-analysis,⁴ which was superseded by the new article² that was based on more than twice as many studies and was specifically designed to address the limitations of the earlier work.

We did find that the randomized controlled trials of free e-cigarettes provided in smoking-cessation trials (often combined with counseling) were associated with increased cessation.² As Balfour et al.,¹ Samet and Barrington-Trimis,³ and we² recognized, randomized controlled trials are relevant for assessing

medicines, not consumer products. Indeed, Balfour et al. recognized, "Noteworthy is the lack of trials by e-cigarette manufacturers in pursuit of regulatory agency approval to use e-cigarettes for smoking cessation, likely reflecting the profitability of selling e-cigarettes as consumer products, rather than medicinal devices."^{1(p1663)} These randomized controlled trials are not, however, relevant to the US Food and Drug Administration Center for Tobacco Products' decision of whether to authorize sale of e-cigarettes as consumer products in the United States.

Balfour et al. ignored our primary conclusions: "As consumer products, in observational studies, e-cigarettes were not associated with increased smoking cessation in the adult population" and, so, "E-cigarettes should not be approved as consumer products."^{2(p.e1)}

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CONFLICTS OF INTEREST

The author reports no conflicts of interest.

REFERENCES

1. Balfour DJK, Benowitz NL, Colby SM, et al. Balancing consideration of the risks and benefits of e-cigarettes. *Am J Public Health*. 2021;111(9):1661–1672. <https://doi.org/10.2105/AJPH.2021.306416>
2. Wang RJ, Bhadriraju S, Glantz SA. E-cigarette use and adult cigarette smoking cessation: a meta-analysis. *Am J Public Health*. 2021;111(2):230–246. <https://doi.org/10.2105/AJPH.2020.305999>
3. Samet JM, Barrington-Trimis J. E-cigarettes and harm reduction: an artificial controversy instead of

evidence and a well-framed decision context. *Am J Public Health*. 2021;111(9):1572–1574. <https://doi.org/10.2105/AJPH.2021.306457>

4. Kalkhoran S, Glantz SA. E-cigarettes and smoking cessation in real-world and clinical settings: a systematic review and meta-analysis. *Lancet Respir*

Med. 2016;4(2):116–128. [https://doi.org/10.1016/S2213-2600\(15\)00521-4](https://doi.org/10.1016/S2213-2600(15)00521-4)

Balfour et al. Respond

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Stanton Glantz writes that “the key conclusion” in his and his colleagues’ meta-analysis was that “among all [e-cigarette] users, there was no significant association between e-cigarette consumer product use and quitting [smoking].”¹ This finding derives from the authors combining daily e-cigarette users, who show significantly increased smoking cessation rates, with nondaily users, who have significantly lower quit rates. We consider it illogical to merge the two. In our article,² we say that the difference in quit rates could reflect self-selection: daily e-cigarette users may be

more motivated to quit smoking, whereas some infrequent vapers may use e-cigarettes as a temporary nicotine source where smoking is prohibited. The point is that people who want to quit smoking and use e-cigarettes frequently exhibit a statistically significantly increased odds of quitting, just as with daily versus infrequent adherence to nicotine replacement therapy.³ We suggest that regular vaping may help a subset of smokers—not all smokers—to quit. We see e-cigarettes, properly regulated, as representing a potentially important addition to the

armamentarium of smoking cessation treatments and policies.

On the basis of their key conclusion, Glantz and his colleagues drew a second “principal conclusion,” namely, that “E-cigarettes should not be approved as consumer products.”^{1(p.e1)} We disagree. First, as noted, the key conclusion on which this second conclusion rests inappropriately merges the experiences of daily e-cigarette users with those of nondaily users. Second, approval of e-cigarettes as consumer products should derive from review of all the evidence. In our article, we enumerate four distinct types of evidence that, combined, resulted in our conclusion that e-cigarettes likely increase smoking cessation. We consider the evidence strong, if not definitive (as stated in the article). One of those types of evidence is randomized clinical trials, which, Glantz acknowledges, find e-cigarettes more effective for quitting smoking than Food and Drug Administration–approved nicotine replacement therapy products. However, Glantz considers RCTs not relevant to the use of e-cigarettes as consumer products. We disagree. Although not sufficient on their own, randomized clinical trials can provide valuable evidence regarding product safety, use patterns, and the impact on other tobacco product use, among other things.

Unlike Glantz, many of us have never taken a position on e-cigarettes. Indeed, we have diverse views on the range of e-cigarette issues. Our article reflects our collective review of the evidence and many conversations about its interpretation. [AJPH](#)