

## **\$10 e-cigs and condoms are not prudent public health policy**

Condoms, e-cigs and cannabis products share some common characteristics. They are available in various flavors and colors, marketed as having certain health benefits and condemn by some as medically and socially unsafe and harmful. The confusing – and often amusing – issue is how they are addressed quite differently by public health policy gurus, politicians and the press – all claiming “science”, not ideology, is on their side.

From a medical education perspective, it is easy what to advise a young adult inquiring about casual sex with strangers or smoking/vaping/ingesting various tobacco, cannabis or related substance. The “gold standard” prescription is “just say no” behavioral conduct.

However, if one is engaged in reducing high risk pregnancies, unwanted and abused children, HIV/Aids, hepatitis C, venereal diseases, lung cancer, and other serious medical conditions, such a sole approach is inadequate. Thus, accepting the fact that “behavioral control” will always be limited in a free society, we search for “harm reduction” strategies in situations where high risk behaviors persist.

None of these strategies are without “risks” and “unintended consequences”. There is always the possibility that just making a “harm reduction” product available will entice a few individuals to engage in high risk behavior rather than “just say no”.

Any pill or device (e.g., contraception, HIV-AIDS PEP and PrEP drugs, condoms, e-cigs, cannabis) have potential side effects and unintended consequences. For instance, condom use decreased when “morning after” HIV prevention and treatment drugs became available; to a degree, the same occurred in the case of female contraception. Not unexpectedly – but unintendedly – the rate of venereal disease increased, a serious problem in an era of increasing antibiotic resistance. Providing clean needles to opiate addicts theoretically can contribute to continuing or increasing drug use. Vaping nicotine free flavored substances “theoretically” might entice an individual to try vaped nicotine (e-cig) or cannabis products –or even a cigarette – although there is no sound scientific evidence it occurs frequently, if at all.

Public health policy is a balancing act - ideally based upon the best scientific evidence and population analysis available, not ideology and politics. However, the recent treatment of e-cigs (Electronic Nicotine Delivery Devices – ENDS) and vaping devices suggest something is amiss.

Regulations advocated by various groups, including the CDC and FDA, would make it so onerous to “approve” e-cigs as a “harm reduction” strategy that – even if approved – they would likely cost \$10 or more per use, encouraging tobacco smokers to stick to cigarettes. Banning the use of these devices in public venues where they emit essentially the same substances as normal respirations - and far less than certain cooking, grilling and commercial processes – makes little sense scientifically. Theoretical risk of explosion or release of certain toxins at exceptionally high temperature are exceedingly rarely reported and could be easily controlled by engineering changes and safety regulations.

However, one of the biggest arguments for requiring extensive testing and restricting use through taxes and other means is that the colors and flavoring can attract children and poison individuals. I agree, but so can colored, flavored condoms (aspiration and “latex allergy”) be dangerous to children. How about brightly colored, flavored cannabis laced gummy bears and lollipop? How much testing and approval is FDA requiring for these dangerous “medical” products? Childhood product safety requirement, as applied to any other product, should suffice.

As an early warrior in the HIV/AIDS wars, I am thankful condoms were on the market before the beginning of the epidemic. Those opposed to condom use – because it allegedly promoted behavior they found immoral or repugnant – would have required years of expensive testing for safety and efficacy. The cost of any approved condoms would have made them unaffordable for most. How many preventable illnesses and deaths would have occurred? Other than education, needle hygiene, and bath house restrictions, condoms were all we had.

Many states provide virtually unfettered access to “medical” and recreational cannabis – often in brightly colored and flavored candies and vaping devices. The CDC and FDA are MIA on regulating the safety and efficacy of these products, while insisting non-nicotine or nicotine vaping products must be regulated and controlled. Perhaps eating THC gummy bears leads to vaping THC that leads to tobacco use. Why not restrict THC until we can study that theory?

From a scientific and public health perspective, the policy treatment of e-cigs and vaping makes little sense, especially in the context of the treatment of other substances, practices and harm reduction strategies. Either an ideological (e.g., opposition to the act of smoking/vaping per se) or financial motive is likely driving the process. We need to insist on an answer before preventable tobacco related illness and deaths occur because of e-cig policy.

**Copyright Notice – Copyright 2016 James D. Felsen, MD**

Published in February 9, 2016 *Charleston Gazette-Mail* as “Public health hang-up on e-cigs makes little sense (Gazette)