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C2

Why vaping is not as safe as you think

I watched a talent show on TV last weekend, in which one of the semifinalists showed his talent at making all sorts of hazy circles and figures from smoke exhaled from his vaping device.

There's no question about the young adult's talent, earning him the moniker "Vaping Master." I understand he already has several million viewers on YouTube. He was second among seven semifinalists.

This made me wonder how many of those who voted for him were children or adolescents, or young adults who might have thought vaping is cool and a safe alternative to smoking.

Vaping surely got huge mileage from that show. I'm just glad that at least two of the three judges didn't vote for him.

I found it quite ironic that the talent show allowed such a display, despite the prohibition of all smoking advertisements on television and other mass media.

Vaping is still smoking. We especially don't want the youth to be lured into it, which can eventually lead them to tobacco smoking and other substances.

At the very least, the program should have had a disclaimer that the show advises the youth not to engage in vaping, which may be potentially harmful. If they do that for dangerous stunts performed by some of the talents so the children do not imitate them at home, they should have done the same for vaping.

Liquid nicotine

I have stated in previous columns that I approve of my smoking patients' use of e-cigarettes or vaping to eventually get them off smoking completely, but I'm strongly against adopting it as an "alternative lifestyle" indefinitely, as vaping enthusiasts promote it.

E-cigarettes heat liquid nicotine from cartridges, converting the addictive substance into inhalable vapor. Hence, it's also called "vaping."

Supposedly, it does not contain tar and other chemicals found in traditional cigarettes, but nicotine by itself is carcinogenic.

It may be true that its cancer-producing risk is lower compared to cigarette smoking, but it is still addictive. Smoking, in any form, is a behavioral and psychological problem, and the seemingly benign perception of vaping by the youth makes them vulnerable to this "alternative lifestyle," which can be a portal for other types of addiction in the future.

The jury is still out on whether vaping is safe or not. But it's true that there are some credible researchers and scientists who say that the worst-case scenario is that it's at least less hazardous than actual smoking.

Last year, researchers from the Georgetown University Medical Center in Washington published a paper suggesting possible favorable gains from a strategy that would substitute smoking with e-cigarettes.

Some researchers and scientists are hypothesizing that e-cigarettes carry only five percent of the overall health hazards of tobacco smoking, so shifting all smokers to vaping could translate to millions of lives saved every decade.

I'm not convinced that vaping is only five percent as risky as cigarette smoking. Nicotine cartridges contain different concentrations of nicotine, and if one adopts it as a permanent alternative to actual smoking, without a serious intention to lick the vice, the nicotine addiction remains, and the tendency is to keep on increasing the dose of nicotine. This would put the vaper in the exact risky place he or she was before shifting to vaping.

So, again, I have no strong objections if patients ask me if they could use e-cigarettes to help them quit smoking, but I emphasize that it should only be a temporary tool to help them stop smoking completely.

Three-month rule

I usually set a three-month deadline. I advise them that I still think that a nicotine patch or gum is more advisable, because this also stops the smoker's habit of lighting a cigarette, holding it in one's fingers, and lifting it to one's lips to suck in the smoke or vapor.

Smoking is a dominantly behavioral problem. Using e-cigarettes is still smoking—holding a sleek device, puffing and blowing off the smoke. For an effective smoking cessation regimen to work, one must also avoid the behavioral simulation of the vice—like the act of

Vape

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holding a cigarette, or what looks like it, and inhaling the smoke.

I think there's a vaping explosion in the country and many parts of the world. I was convinced of this after seeing the immense popularity of the vaping talent on television. Since its use by a big number is apparently unavoidable, our Food and Drug Administration should at least make sure that the available devices and solutions are really safe.

The vaping solutions should be treated like nebulizing solutions given to people with asthma, bronchitis or other respiratory problems. The manufacturers should register them, and they should be made available only in legitimate drug outlets, and not in any *sari-sari* store or stalls in malls.

In short, vaping solutions should be treated as drugs, i.e. substances with potential side-effects which are pleasurable in the short term, but potentially serious and deadly in the long term. INQ