REGULATING ELECTRONIC CIGARETTES

Since the U.S. Surgeon General Report of 1964, the U.S. has initiated a series of public health-driven policies that have dramatically reduced the use of tobacco products. Yet cigarette smoking continues to be a major public health concern, killing approximately 500,000 Americans each year. The introduction of electronic cigarettes and their increasing penetration of the market have led to a variety of public policy responses—from their banning in some countries to, effectively, their tacit acceptance as a safer alternative to smoking in others. In the U.S., public policies toward the sale and use of electronic cigarettes are still in play. (See, for instance, a summary of the evidence on their health consequences and recommendations for their regulation by the American Heart Association, Bhatnagar et al., 2014).

This Point/Counterpoint provides two alternative views of the public policies that flow from the known scientific evidence on electronic cigarettes, guided by the following three questions:

1. What public policy options should be considered regarding electronic cigarettes?
2. What is the best way to frame the benefits and costs of these policy options?
3. Based on the best evidence now available, what public policies should be enacted regarding electronic cigarettes?

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Kurt M. Ribisl (Professor, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill), one of the authors of the 2014 American Heart Association report on electronic cigarettes, together with Andrew B. Seidenberg and Elizabeth N. Orlan (Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill) provide one response to these framing questions. Donald S. Kenkel (Joan K. and Irwin M. Jacobs Professor, Department of Policy Analysis and Management, Cornell University) provides the other.

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