A team of London researchers, led by Professor David Nutt of London’s Imperial College, performed a study to determine which drugs were most harmful, based on their addictive properties. That study was duplicated by Dutch scientists, who developed a “dependency rating”, that measures the addictive potential of drugs, based on a precisely calibrated scale of 0 to 3. The findings were that nicotine is one of the most addictive substances available, second only to Heroin and Crack Cocaine.

For this reason, many people are strongly addicted to nicotine, making the process to quit smoking very difficult. Smokers will often report trying to quit many times, with many different aids and processes, and are left looking for other alternatives.

One of the newer devices on the market, but quickly gaining public exposure and popularity, is the use of Electronic cigarettes – also referred to as ‘e-cigarettes’, ‘personal vaporisers’ or ‘PV’s, and the act is referred to as “vaping”.

Battery operated electronic cigarettes work by heating a liquid containing common food additives and turning it into a water vapour or aerosol mist. They are also available with and without nicotine additives. Many e-cigarettes look like a “real” cigarette, being the same shape and diameter, having similar colourings, and the tip of the cigarette lights up to simulate the glowing end of a cigarette, in addition to the smoke-like vapour that is exhaled from the user’s mouth.

An electronic cigarette contains a plastic cartridge that serves as the mouthpiece and a replaceable cartridge or reservoir for liquid (containing miniature electronics), an “atomizer” that vaporises the liquid turning it in to an aerosol mist activated by the inhaling action of the user by “taking a puff”, and a battery.

The sale of e-cigarettes increased to over $1 billion last year, but the benefits and risks of electronic cigarettes are uncertain among health organizations and researchers. Limited studies have been performed, and the debate is ongoing.
The earliest e-cigarette can be traced to Herbert A. Gilbert who patented a “smokeless, non-tobacco cigarette”. Gilbert described his device by “replacing burning tobacco and paper with heated, moist flavoured air”. His device did not include nicotine. Gilbert was approached by manufacturing companies, but it was never commercialized and disappeared from public record in 1967.

Hon Lik, a Chinese pharmacist, is credited with the invention of the first generation of electronic cigarettes. In 2000 he came up with the idea of using an ultrasound emitting element to vaporise a pressurized jet of liquid containing nicotine diluted in a propylene glycol solution. His design produced a smoke-like vapour that can be inhaled, and delivers nicotine into the bloodstream via the lungs. He also proposed using propylene glycol to dilute nicotine and place it in a disposable plastic cartridge, which serves as a liquid reservoir and mouthpiece. These are the basis of electronic cigarettes manufactured today. The company Hon Lik worked for changed its name to Ruyan (literally means “resembling smoking”), began exporting products in 2005-2006 and received its first patent in 2007.

In Canada, products that do not contain nicotine may be legally sold but e-cigarettes containing nicotine are illegal. In March, 2009, Health Canada issued an advisory against the use of electronic cigarettes that stated “Although these electronic smoking products may be marketed as a safer alternative to conventional tobacco products and, in some cases, as an aid to quitting smoking, electronic smoking products may pose risks such as nicotine poisoning and addiction.” Canadian Customs now confiscates any parcel containing e-cigarettes with nicotine and notifies the receiving party.

Companies wishing to sell products containing inhaled doses of nicotine are considered new drugs, and fall under the “Food and Drugs Act”. Under the Act, before any new drug can be imported, marketed, or sold in Canada, Health Canada must grant market authorization following a review of scientific evidence demonstrating the safety, quality and efficacy of the products.

So what is the debate?

There appear to be two sides to the issue – those who support the product believe electronic cigarettes present a “clean” delivery device that can both deliver nicotine and satisfy the hand-to-mouth/oral gratification desires of smoking even if nicotine is not added, helping people who smoke to quit or reduce the number of cigarettes they smoke. They believe e-cigarettes cannot be as harmful as
cigarettes because there is not a long list of chemicals and additives compared to cigarettes, as it is not the nicotine that is potentially causing harm, rather the smoke.

Those opposed to e-cigarettes feel they should be treated like any other product containing nicotine – their sale should not be permitted until clinical trials have proven their safety and efficacy in helping smokers quit. There is concern that the promotion of e-cigarettes will “un-do” the work done by anti-smoking lobbyists for years, by ‘normalizing’ smoking behaviours in public again. Also, since e-cigarettes are advertised openly, and touted as being ‘low-risk’, they may be attractive to youth, leading to a progression of smoking actual cigarettes, with tobacco use and nicotine addiction.

Anna Maria Tremonti recently carried an informative debate on “The Current” program on CBC radio. The program reviewed the fact that cigarette ads have been banned for decades, but now ads aimed at smokers advertising electronic cigarettes have been broadcast on radio and television. Ads describe e-cigarettes as having the look, feel and flavour of the real thing, there is no ash nor offensive odour, they only produce vapour and can be enjoyed anywhere.

Melodie Tillson, Policy Director representing the Non-Smokers Rights Association, was interviewed. Concerns expressed were that these products are not regulated. Products with nicotine are “banned” in Canada, yet are quite available in different strengths and levels of nicotine. Health Canada has produced a statement stating e-cigarettes with nicotine should be recognized as a drug, yet they have not been approved nor tested for quality or safety, but are available everywhere including major pharmacy chains. When questioned if e-cigarettes present less harm, she agreed yes, there is less harm to individual health. However, in considering the overall impact on smoking rates – the availability and widespread ads could lead to individuals switching to regular cigarettes or starting to smoke – in turn increasing harm. There are basically no research studies regarding the effectiveness or safety of the products. She suggested that if individuals are already smoking, they should use products such as Nicotine Replacement Therapy (NRT) that have already been studied and proven effective in helping smoking cessation efforts, and individuals should not start using e-cigarettes if not already smoking. She believes in order to prevent re-normalizing smoking, these products should not be sold in public places and they should not be sold in flavours like bubble gum, reeses peanut butter cup, snicker doodle, etc. as this entices youth to use the product. E-cigarette products should not be sold with nicotine added, as they are just as addictive as cigarettes.

Dr. Preet Rai, a family doctor representing ‘Smoke NV’, owns and operates the second fastest growing company in Alberta advertising the sale of “nicotine and tobacco-free Ecigarettes”, also weighed in on the discussion.

He agreed that no proper studies have been done to prove the benefits of e-cigarettes, but there are plans to set up research studies. E-
News & Views

E-Cigarettes (cont’d from page 3)

rettes, he explained, are a ‘harm reduction tool’ that can help someone looking to reduce smoking cigarettes by using the e-cigarette as an alternative, versus ‘smoking cessation tools’ that have trials proven in studies to have an effect in keeping a person from smoking from 3-6 months or more (e.g., Nicorette® gum, nicotine patch, or prescription medications, i.e., bupropion or varenicline). He also agreed e-cigarettes should be used only for smokers looking to reduce or quit, not by non-smokers to start using. Regarding the concern about re-normalizing smoking, Dr. Rai said there is no comparison – cigarettes have chemicals and one of the most addictive substances known to man, versus e-cigarettes which are a product that helps eliminate or reduce cigarette use.

From a clinical point of view, patients who are attempting to quit smoking report they do find the e-cigarette helpful, as they can “draw in” on it, more like a cigarette, versus nicotine replacement inhalers that provide the hand-to-mouth oral gratification, but can merely ‘puff’ on to draw out the nicotine.

Others report liking the fact the e-cigarette is more realistic compared to actual cigarettes with a similar shape, size, and weight, which they feel helpful as they work through the process of quitting smoking.

The fact that the tip of the e-cigarette lights up, and the vapour is exhaled, is also reportedly helpful to some who enjoy the visual effects of smoking.

Many use the e-cigarette in combination with nicotine replacement products, to help provide these factors that other NRT products do not offer.

Smoking cessation is a difficult process that many struggle with, and for those who have tried many, many times to quit, e-cigarettes may provide some benefits that current nicotine replacement products do not offer. Further studies should be completed to weigh the risks versus benefits of a tool touted as an aid in the smoking cessation process.

What do you think? Letters to the Editor are welcome on this or any other topic.

The Canadian Lung Association’s Position Statement on Electronic Cigarettes (E-Cigarettes)

Based on the current scientific evidence and recommendations from the World Health Organization, Health Canada, the U.S. Food and Drug Administration, the Canadian Lung Association has determined electronic cigarettes (e-cigarettes) are potentially harmful to lung health and are NOT an approved smoking cessation aid. There are many Health Canada approved therapies to help someone quit smoking; the e-cigarette is NOT one of them.

The Canadian Lung Association is calling for:

- More research into the potential health effects of e-cigarettes.
- Legislation to prohibit the sale of e-cigarettes until e-cigarettes are properly researched and receive Health Canada approval.
- All laws related to smoke-free areas should include e-cigarettes.

The complete position statement can be found at http://www.on.lung.ca/document.doc?id=1519
Laughter, the Best Medicine

YOU LOOK SO MUCH THINNER!

THANKS! I HAD MY APPENDIX REMOVED...

Where's all the coffee?

We were mugged!

YOU WERE RIGHT...
People don't land on their feet...

IN CASE OF FIRE, TAKE STAIRS

Thanks to all the Forum members who post funny pictures on Friday!
Travelling with Oxygen
One Senior’s Viewpoint

I was diagnosed some years ago with COPD, and was awarded home oxygen support more recently through my provincial government. I continue to be physically active and live independently in my own detached home. It has taken a while to adjust to using a backpack when shopping and doing chores. However, the main shock of relying on home oxygen was when I had opportunities to travel outside Canada.

All travel health insurance plans contain a clause establishing coverage of pre-existing conditions. However, on a closer inspection, the vast majority of travel health plans do not offer coverage for travellers reliant on home oxygen, regardless of how long you have been “stable” or how much you are prepared to pay. We have all heard horror stories about finding out too late that medical expenses were not covered as a result of a “pre-existing conditions” exclusion buried in small print.

Many popular travel insurance policies offered by major travel organizations do not offer ‘away from home’ coverage for clients who need home oxygen. From what I have found out, the medical underwriters for Medipac (Snowbirds), RBC, and AMA (I believe they all rely on Manulife) do not offer home oxygen users coverage for pre-existing conditions regardless of how long you have been stable; I was also told that Allianz Global was unable to help me.

I have used an insurance broker for the past years who has been able to locate policies that will cover my pre-existing condition, particularly as I had been stable for 6 months prior to requesting it. Now that I’m 70, the price for my travel health and cancellation insurance is an even greater part of my travelling expenses.

I would be interested in hearing from other home-oxygen users how they have handled this “pre-existing condition” exclusion, and if there is any one policy which seems to be more receptive to our needs to live life fully—which means travelling for me. As more of us become seniors still able to enjoy travelling even if reliant on oxygen, it would be wonderful if there were an insurance provider willing to develop a group policy.

Anne Purves

SWEET AND SOUR MEATBALLS
WITH CURRIED RICE

Submitted by Carolyn Hains

This is great for guests or to take to a pot luck as well as easy and tasty for family. From a long time ago friend who got this from her mother-in-law.

Meatballs
1 pound Ground Beef
2 cups Dry Bread Crumbs
1 cup Milk
2 Eggs
1 medium Onion, chopped
1 tsp Salt

Combine and form meatballs, and place in casserole dish.

Sauce
1 ½ cups Brown Sugar (Mix with Dry mustard)
¼ cup vinegar

¼ cup Water
1 tbsp Dry Mustard (2 ½ tbsp prepared Mustard)
¼ cup Onion, chopped

Pour over meatballs. Bake in oven at 325F for 1 hour.

Curried Rice
1 cup uncooked Rice
4 tbsp Butter (Marg)
1 medium Onion, chopped
½ tsp Garlic
1 Tbsp Currie
1 cup Consommé (Beef Broth)
½ cup Water Salt and Pepper to taste.


(Photograph not provided.)
There are currently only six people remaining on the Board. One member has tendered their resignations effective the end of December and two others are set to follow suit unless further assistance is obtained. A tentative agreement has been reached on developing a new related website, linked to the current one. However, without additional board members or volunteer support coming forward, future work will likely be put on hold indefinitely.

If you are interested in volunteering to work on this new project, or in serving as a board member, please send a note as soon as possible to dmcnevin@copdcanada.ca.

INTERESTING FACTS

The human lungs contain approximately 2,400 kilometers (1,500 MI) of airways and 300 to 500 million hollow cavities, having a total surface area of about 70 square meters, roughly the same area as one side of a tennis court. Furthermore, if all of the capillaries that surround the lung cavities were unwound and laid end to end, they would extend for about 992 kilometers. Also, your left lung is smaller than your right lung to make room for the heart.