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Jacob Sullum, Contributor
I cover the war on drugs from a conscientious objector's perspective.

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CDC Belatedly Reveals That Smoking By Teenagers Dropped While Vaping Rose

(Image: FIN e-cigarette ad)

Last September the CDC noted with alarm that the percentage of teenagers who had tried electronic cigarettes doubled between 2011 and 2012. "Many teens who start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes," CDC Director Tom Frieden worried. In a *Medscape* interview a few weeks later, Frieden suggested that fear had already materialized, asserting that "many kids are starting out with e-cigarettes and then going on to smoke conventional cigarettes." Yet the CDC's data, which came from the 2012 National Youth Tobacco Survey (NYTS), did not support that claim. In fact, nine out of 10 high school students who reported vaping in the previous month were already cigarette smokers, suggesting that the increase in e-cigarette consumption might signal successful harm reduction. Last week the CDC reported additional NYTS data that further undermine Frieden's claim, showing that smoking among teenagers *fell* as vaping rose.

Between 2011 and 2012, when the share of middle school students who reported using e-cigarette in the previous month rose from 0.6 percent to 1.1 percent, the share reporting past-month consumption of conventional cigarettes fell from 4.3 percent to 3.5 percent. Among high school students, past-month e-cigarette use rose from 1.5 percent to 2.8 percent, while past-month consumption of tobacco cigarettes fell from 15.8 percent to 14 percent. Although these trends do not necessarily mean e-cigarettes are responsible for the decline in smoking, the numbers hardly seem consistent with the story

Frieden is eager to tell: that the availability of e-cigarettes is leading to more smoking than would otherwise occur.

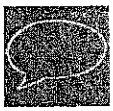
Since the numbers showing an increase in vaping come from the very same survey as the numbers showing a decrease in smoking, it is puzzling that the CDC decided to highlight the first trend two months before the latter one, especially since the smoking data suggest Frieden's fear, which was repeated and amplified by various activists and politicians pushing for strict e-cigarette regulation, is misplaced. But the omisision is puzzling only if you assume the CDC is mainly interested in the truth, as opposed to scientific-sounding justifications for an irrational anti-vaping prejudice. Boston University public health professor Michael Siegel, who sees e-cigarettes as a valuable harm reduction tool, comments:

> This decline in cigarette smoking was not reported in the earlier CDC report on the increase in electronic cigarette use, nor was it mentioned in any of the multitude of interviews or news articles regarding the increase in youth e-cigarette use....
>
> The opportunity to see the data on trends in cigarette smoking would have helped the public to see that there was no scientific support for the CDC's conclusion. I thus find it curious that these important data were not reported until weeks after the media [had] already disseminated the conclusion that e-cigarettes are a dangerous gateway to cigarette smoking. The CDC officials certainly had plenty of opportunity to let the public know that there was no discernible increase in cigarette smoking among youth concomitant with the observed increase in e-cigarette use. It seems to me that this is a critical finding to report.
>
> My impression remains that there is, for some reason (perhaps related to ideology), a pre-determined conclusion that e-cigarettes are evil. Instead of fairly reporting all of the evidence, only the evidence that supports the pre-determined conclusions [is] being shared.

Does the gateway effect Frieden fears—a switch from e-cigarettes to conventional cigarettes among people who otherwise would never smoke—show up after high school? Not according to a recent survey of college students, in which only 3.3 percent said e-cigarettes were the first form of nicotine they'd tried. Of those, only one (2.3 percent) later started smoking conventional cigarettes. "It didn't seem as though it really proved to be a gateway to anything," the lead researcher said.

[cross-posted at *Hit & Run*]

Forbes



Capital Flows, Contributor
Select commentary curated by the Opinions editors

OP/ED | 10/11/2013 @ 8:00AM | 63,698 views

Why Is The FDA Shielding Smokers From The Good News About E-Cigarettes?

By Gilbert Ross, M.D.

A variety of electronic cigarette flavors are viewed for sale at Vape New York. (Image credit: Getty Images via @daylife)

Any clear-thinking health professional would agree that cigarette smoking is without question the most devastating and preventable public health risk that we need to address in this country. And now, four-plus years after the Food and Drug Administration (FDA) was given legal authority over tobacco products, the regulatory agency faces arguably its most important public health decision in its history. The time has come to confront their responsibility to smokers trying to quit and their families.

The worldwide death-toll of cigarette smoking is reliably predicted to hit one billion this century. Despite this depressing fact, the measures implemented by the FDA thus far, ostensibly to reduce the toll of smoking, have been almost entirely lip service, without making any real impact. A relatively new method of helping addicted smokers quit has been adopted by millions of smokers – many of whom are now ex-smokers — over the past few years. I refer of course to electronic cigarettes (e-cigarettes). Concurrent with the dramatic spike in sales of this device comes word of historic declines in the sale of real cigarettes.

E-cigarettes work by delivering a potent "hit" of nicotine in water vapor, with flavorings and propellants of no significant health concerns — neither to the "vaper" (as they call themselves), nor to bystanders. Most of them resemble cigarettes — which is both their blessing, and their curse.

Astoundingly, this nascent public-health miracle has been met with something between derision and hysteria by anti-tobacco groups worldwide: globally, the WHO, health-oriented NGOs, the British regulator

MHRA, and many nations are sparing no effort to discourage smokers from trying them, employing misleading (even false) alerts and dire website warnings, phony surveys, and exaggerated concerns about youth being led astray. Unfortunately, and embarrassingly for science-based public health policy, our FDA and CDC have been willingly complicit in this widespread disinformation campaign. Meanwhile they purposely ignore studies that indicate the benefit of e-cigarettes for helping smokers quit. I ask, "How could this be?"

The possible explanations are not pretty: willful ignorance, dogma based on experiences garnered in the 20th century, or greed.

I accuse those responsible for impeding truthful communication about the real risks of e-cigarettes of collaborating in a "cigarette-protection campaign," whose effects will be to discourage smokers from quitting, leading to more dead smokers. Consider this: those who stand in the way of acceptance of e-cigarettes are acting from motivations that are far removed from public health. The nonprofit groups in the forefront of anti-e-cigarette activism are also heavily funded by pharmaceutical companies in the business of selling near-useless cessation drugs — a fact which they conveniently neglect to disclose. If tobacco companies carried on the same way, they would be hauled into court by the FDA in a heartbeat. Meanwhile, the net result of the official campaigns: cigarette markets protected, worthless cessation aids promoted. Who profits? Not addicted smokers.

Despite the pervasive anti-smoking campaigns, a handful of marginally successful cessation drugs and the "denormalization" measures, the addictive drumbeat goes on. In our country alone, cigarettes exact an annual sacrifice of about 450,000 prematurely dead. Another 8 1/2 million people and their families suffer lingering ills thanks to smoking. And still, near twenty percent of our population continues to smoke, with little change over the century's first decade.

While smoking rates did come down after the Surgeon General's report in 1964, the sick and the dead pile up anyway: nothing can be done about this, since the damage was done decades ago, thanks to the nefarious, deceptive manipulation by the cigarette companies — experts in selling their deadly product to credulous, impressionable youngsters. But something must be done **now** to save future generations from the loss of life and health that continues to ravage those who were addicted last century.

Quitting cigarettes is extraordinarily difficult — most smokers want to quit, but of the millions who try each year, less than one in ten succeed for long. This abysmal result is improved only minimally by the currently available FDA-approved therapies. Despite these undeniable facts, the officials at our CDC and the FDA continue to tell smokers to stick with the "approved" products, and warn them against e-cigarettes — based on hypothetical fears, while perversely ignoring the body count.

The recently-appointed head of the FDA's tobacco center, Mitch Zeller, has indicated that this is the month that the FDA will issue its ruling as to whether or not it will "deem" e-cigarettes to be tobacco products, in the same regulatory framework as cigarettes. If that is the decision, dire consequences will inevitably follow. The time has come, indeed well past time now, to deal

with the problem of smoking-related disease with an eye toward the future, not the past.

Time is running out for the FDA. The law requires them to decide how to regulate novel tobacco products (a 2011 Federal court ruled that e-cigarettes are tobacco products, thanks to the nicotine they deliver). If the regulators flout all the science and squeeze e-cigarettes into the same framework as cigarettes, millions of ex-smokers will revert to toxic deadly cigarettes, or they'll find them on the Internet (the black market) — and many more will die with a cigarette in hand. One thing is certain: this genie will not go gently back into the bottle.

But if the FDA's Zeller decides to interpret the law flexibly — there are provisions in the law to allow it — and exempt e-cigarettes from such stringent regulation, while enforcing sound manufacturing practices, valid product labeling and a ban on sales to minors, a revolution in public health may transpire. Listen, to everyone's surprise, the European parliament did just that! Those of us devoted to public health now have reason to hope that our FDA will hear the lesson from the EU, and flout the hysterics and rent-seekers whose messages would lead to more needless smoking-related death.

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This article is available online at:
http://www.forbes.com/sites/realspin/2013/10/11/why-is-the-fda-shielding-smokers-from-the-good-news-about-e-cigarettes/

TABLE 1

Average Cost of Proposed Rule as a Percentage of Food Sales, by Farm Size

	Very Small	Small	Large	All Farms
Farm size by annual sales	< $250,000	$250,000 – $500,000	> $500,000	
Average annualized compliance cost for the proposed rule (over a seven-year period)	$4,697.19	$12,972.36	$30,566.23	$11,429.70
Average annual monetary value of food sold	$75,279	$320,696	$2,638,384	$656,108
Compliance cost as a percentage of value of food sold	6%	4%	1%	2%

SOURCE: Food and Drug Administration, "Analysis of Economics Impacts—Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption," 2013, Table 133.

costs (over a seven-year period) for farms of different sizes. "Large" farms (which the agency defines as having sales of more than $500,000 per year) have average food sales of $2.6 million. Their compliance costs—$30,566—constitute only 1 percent of their annual sales. For "very small" farms (sales less than $250,000 per year) and "small" farms (sales between $250,000 and $500,000 per year), the FDA expects compliance costs to consume a higher share of the farms' annual food sales—6 percent and 4 percent, respectively.

According to the FDA's analysis, its preferred version of the proposed rule, which would exempt farms with annual food sales of less than $25,000, would produce $411 million in annual net benefits. However, of all the exemption thresholds the FDA considered in its analysis, this proposed option offers the lowest net benefits. Net benefits are maximized by exempting all farms with produce sales less than $100,000, which would increase the annual net benefits of the rule by $115 million, to $526 million annually. Over a 10-year timeframe, exempting farms smaller than $100,000 would increase the rule's anticipated net benefits by more than $1 billion above the estimated benefits of the FDA's preferred version.

Given that the FSMA specifically directs the agency to "provide sufficient flexibility to ... small businesses" and gives the FDA both the discretion to exempt small farms from the standards in this proposed rule and to determine what constitutes a "small farm," the agency's proposed exclusion threshold is too low. Given the requirements of the statute and the instructions in EOs 12866 and 13563, the FDA cannot justify limiting its proposed exemption to farms smaller than $25,000.

Better regulation | The FDA's multiple extensions of the comment period suggest it recognizes that its proposed regulation could be improved and is open to public input on how to do so. There are a number of improvements the agency can make. First, the FDA needs to gather better information on both the prevalence of food-borne illnesses attributable to farm-grown produce and the potential for different requirements to reduce the incidence of food-borne illnesses. Second, the agency estimates that some of the standards it is proposing have high costs relative to their benefits, and thus the agency should shift its focus toward standards that are likely to reduce more tangible risks. Third, the FDA should provide small farms with additional flexibility and work to maximize the net benefits of its rule, as directed by the executive orders. The exemption threshold proposed in this rule neither provides small farms with this flexibility nor maximizes net benefits. Based on the agency's own analysis, exempting all farms with annual sales less than $100,000 would maximize net benefits while also providing additional flexibility for small farms.

Given the uncertainty in its estimates of the effectiveness of the rule, the FDA should commit to retrospectively measure efficacy of the standards at two-year increments following implementation of the rule, measured as percent reductions in food-borne illnesses. This information will tell both the agency and the public how accurate the FDA's impact estimates were and will provide information for future rulemakings on how to tailor standards to achieve desired outcomes. In addition, retrospective review efforts may be able to provide information on whether the small business exemption was appropriate for maximizing net benefits. If the retrospective reviews indicate that the FDA's standards were ineffective, the agency should consider a rulemaking to change the standards to best reflect the lessons learned. R

Electronic Cigarettes at a Regulatory Crossroads

BY THOMAS A. HEMPHILL

In 2000, a Chinese pharmacist named Hon Lik invented the modern electronic cigarette, or e-cigarette. The product uses a piezoelectric ultrasound-emitting element to vaporize a pressurized jet of liquid containing nicotine diluted in a propylene glycol solution. The "smoker" inhales the vapor through his mouth, simulating smoking. Though nicotine is addictive, e-cigarettes are thought to be much less of a health hazard than their combustible tobacco cousins, for both smoker and bystanders.

In 2011, retail e-cigarette sales in the United States reached

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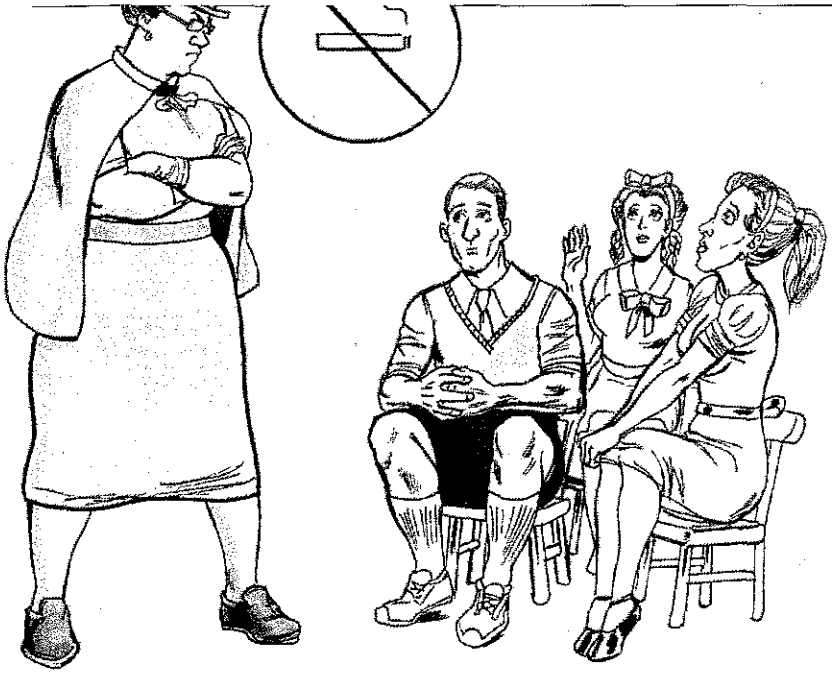

ILLUSTRATION BY KEVIN TUMA

$500 million, according to a recent *Wall Street Journal* article. Industry experts expect 2013 sales to reach $1 billion.

E-cigarettes are not without their critics, who see them as "gateway" products to eventual tobacco use and nicotine addiction. Many of the critics want e-cigarettes to be tightly regulated or removed from the marketplace altogether.

FDA weighs in | In 2009, the U.S. Food and Drug Administration's Division of Pharmaceutical Analysis tested 19 varieties of e-cigarettes manufactured by two vendors, NJOY and Smoking Everywhere. The scientists found that tobacco-specific nitrosamines, known cancer-causing chemicals, were detected in all of the cartridges of one brand, and two of the cartridges from the other. In July of that year, the FDA announced that it would publicly discourage the use of e-cigarettes and raised concerns that they could be marketed to youth and that they did not have appropriate health warnings.

Critics of the FDA study responded that the detected harmful chemicals were measured by researchers at levels approximately one-millionth of the concentrations believed to be relevant to human health. Further, according to the results of a 2010 study by researchers at Boston University's School of Public Health, the levels of carcinogens in e-cigarettes are upwards of 1,000 times lower than tobacco cigarettes, had a level of toxicity similar to existing nicotine replacements (e.g., the nicotine patch, nicotine gum), and were found to be "much safer" than tobacco cigarettes.

Federal control | Nonetheless, the federal government has attempted to tightly control access to e-cigarettes. On June 22, 2009, the Family Smoking Prevention and Tobacco Control Act was enacted into law. An amendment to the venerable Food, Drug, and Cosmetic Act of 1938, the 2009 law gives the FDA authority to regulate products that are "made or derived from tobacco." E-cigarettes' nicotine is typically derived from the tobacco plant, so the legislation put the product under FDA authority.

Under the law, the FDA initially labeled some e-cigarettes as unapproved drug/medical device combination products, a designation that gave the agency considerable authority to control the product's availability. The FDA thus detained or refused to allow e-cigarettes to enter the United States.

One e-cigarette manufacturer, Sottera, challenged the FDA's action in court. In December of 2010, the U.S. Court of Appeals for the D.C. Circuit issued a 3–0 decision striking down the FDA's authority to regulate e-cigarettes as a drug/medical device. The U.S. Circuit Court subsequently held that e-cigarettes and other products made or derived from tobacco can be regulated by the FDA as "tobacco products," which limits the FDA's ability to suppress the devices. In January of 2011, the D.C. Appeals Court declined to review the circuit court's decision and the FDA decided not to appeal the decision further.

As a result of the *Sottera* decision, in April 2011 the FDA announced that it planned to take the following steps to institute regulatory mechanisms for all "tobacco products" and all other products made or derived from tobacco:

- The FDA intends to propose a regulation that would extend the agency's "tobacco product" controls under Chapter IX of the Food, Drug, and Cosmetic Act to other categories of tobacco products, as well as to the pre-market review requirements for "new tobacco products" and "modified-risk tobacco products."
- The FDA had previously issued draft guidance on products made or derived from tobacco regulated under the Tobacco Control Act (excluding those "marketed for therapeutic purposes"). The agency announced that it was considering whether to issue a guidance document and/or regulation on the "therapeutic" claims of e-cigarette manufacturers.
- The FDA intends to finalize already-issued draft guidance on prohibiting the marketing of "tobacco products" in combination with other FDA-regulated products.
- The FDA has already developed draft guidance explaining how manufacturers can request a determination from the agency that a "tobacco product" is "grandfathered" under Chapter IX requirements (i.e., marketed as of February 15, 2007), thus excluding the product from being subject to pre-market review as a "new tobacco product."

The FDA is moving its planned e-cigarette regulatory agenda forward. Last September, the agency issued an advanced notice of rulemaking ("Non-Face-to-Face Sale and Distribution of Tobacco Products and Advertising, Promotion, and Marketing of Tobacco Products") on possible regulation. The comment period closed in December. As of this June, the FDA's rule ("Tobacco Products Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the

Family Smoking Prevention and Tobacco Control Act") is in the "Proposed Rule Stage." In the above mentioned *Wall Street Journal* article, Mitch Zeller, director of the FDA's Center for Tobacco Research, justified these steps by characterizing the present e-cigarette marketplace as the "wild, wild West" in terms of federal regulations.

Possible regulation | E-cigarette regulatory policy options enacted by state and local governments generally consist of the following:

- Bans or restrictions on e-cigarette marketing to minors, or making unsubstantiated marketing claims
- Prohibiting e-cigarette smoking in public places
- Prohibiting e-cigarette sales to minors

At the state and local level, there appears to be little resistance to public policy restricting the sale or marketing of e-cigarettes to minors. Through 2012, 13 states had passed legislation prohibiting such sales. Several state and local governments have amended laws and ordinances against smoking in public places to include e-cigarettes, and that push is certain to continue.

Wrong time for federal regulation? | The federal regulatory environment for e-cigarettes is evolving, but it has been bounded by *Sottera*: e-cigarettes are legally considered a "tobacco product." The FDA will thus likely attempt to regulate e-cigarettes in a fashion similar to tobacco cigarettes, and restrictions or bans will be initiated in the marketing and advertising of e-cigarettes. But the extent of this regulation needs to be carefully crafted, as the health impacts of e-cigarettes remain in scientific question. Beyond that, there is the question of what authority the FDA would have over e-cigarettes that do not derive their nicotine from tobacco—these products, after all, would not be "tobacco products."

The FDA will likely attempt to regulate e-cigarettes in a fashion similar to tobacco cigarettes, and restrictions or bans will be initiated in their marketing and advertising.

Without a sound body of scientific knowledge to draw on, regulations requiring federal government warnings on e-cigarette packaging and restricting advertising and variety of flavors are problematic. In the aforementioned *Wall Street Journal* article, Richard Carmona, former U.S. surgeon general and a previous supporter of an outright ban on the consumer use of tobacco products, argues that it is important to explore alternatives to traditional cigarettes because "initial information certainly suggests there is significant potential for harm reduction" associated with e-cigarettes.

For those reasons, it is premature for the FDA to move forward with a regulatory agenda, if such regulatory policies discourage tobacco smokers from switching to potentially "less harmful to their health" e-cigarettes. In June, the Centers for Disease Control and Prevention reported that the percentage of U.S. adult smokers had declined to 18 percent in 2012, down from 20 percent in 2011 (and the previous seven years). A safer alternative to traditional tobacco-based products, if technologically feasible, should be encouraged by regulators for the benefit of those who choose to continue smoking and wish to reduce the adverse health effects from their use of tobacco. R

More Economic Freedom, More Jobs

BY LAUREN R. HELLER AND E. FRANK STEPHENSON

There is much variation in the unemployment rate across the states. Barely 3 percent of North Dakotans who are looking for work do not currently have a job, yet more than 9 percent of Mississippians, Illinoisans, and Nevadans who want a job do not have one.

There are many reasons why unemployment can vary across states. Unemployment varies across demographic groups—younger people and black people have higher unemployment rates than older people and white people, respectively. As a result, demographic differences across states can be associated with interstate variation in unemployment.

Likewise, there can be state-specific effects that lead to unemployment differences. For example, part of Nevada's high unemployment rate is likely a hangover from the housing bust in Las Vegas. On the other hand, the oil and gas boom in North Dakota has pushed down that state's unemployment rate.

It is also possible that the variation in labor market conditions across states is partly attributable to differences in economic freedom. This is the question we examine in a paper that will appear in this October's *Contemporary Economic Policy*.

Economic freedom means that workers and entrepreneurs can engage in mutually beneficial dealings without interference from high taxes, big government, and heavy regulation of labor markets. Conveniently, the Fraser Institute's Economic Freedom of North America (EFNA) reports provide an annual index of economic freedom for each state dating back to 1981. Each state is rated on a scale from 1 to 10, with a higher EFNA rating indicating more economic freedom.

Before turning to a summary of our paper's statistical analysis, consider Figure 1, which depicts each state's EFNA rating and its unemployment rate. (The data are for 2010, the most recent year the economic freedom index is available.) As the plotted line indi-

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The New York Times

December 8, 2013

The Case for Tolerating E-Cigarettes

By AMY L. FAIRCHILD and JAMES COLGROVE

DEBATE over e-cigarettes — battery-powered cigarette look-alikes that heat liquid nicotine but emit a harmless vapor — is raging. New York City and Chicago are considering adding e-cigarettes to their bans on smoking in bars, restaurants and parks, and Los Angeles is moving to restrict e-cigarette sales, even though e-cigarettes don't generate smoke and, while not proved to be entirely safe for users, are undoubtedly less hazardous than tobacco cigarettes.

The evidence, while still thin, suggests that many e-cigarette users, hoping to kick the habit, use e-cigarettes as a safer alternative to tobacco. Research also suggests that e-cigarettes may be better at helping to sustain smoking cessation than pharmaceutical products like nicotine patches or gums.

No one believes nicotine addiction is a good thing, and our qualified support for e-cigarettes is not one we reach lightly. Although some e-cigarette manufacturers have no links to the tobacco industry, Big Tobacco is consuming an ever-greater share of the e-cigarette market. It is hard for public health advocates like us to look favorably on anything the industry wants. But history shows that harm reduction — the doctrine that many risks cannot be eradicated and that efforts are best spent on minimizing the resulting harm — has had an important place in antismoking efforts and suggests that regulation is better than prohibition.

It's been only a half-century since the federal government took an interest in making tobacco products safer. In 1964, Surgeon General Luther L. Terry issued a watershed report definitively linking smoking with lung cancer. But

he also described research into new kinds of cigarettes as "a promising avenue for further development." In the early 1970s, the government spent some $6 million a year to try to develop safer tobacco products. Even the health secretary Joseph A. Califano Jr., who called smoking "Public Enemy No. 1," saw, in 1978, a place for "research aimed at creating a less hazardous cigarette." As late as 1981, the surgeon general advised smokers who couldn't or wouldn't quit to switch to low-tar and low-nicotine brands.

The American Cancer Society, while worried that the development of less hazardous cigarettes might derail efforts to deter people from smoking or getting them to quit, supported "frank scientific discussion about the possibilities of developing cigarettes that will be less harmful and still satisfying to smokers."

This effort came to a halt in the 1980s, when stunning revelations from high-profile court cases demonstrated that the tobacco industry had lied about the dangers of smoking for decades and even manipulated the levels of nicotine in its products to ensure that smokers stayed hooked. The magnitude of the deception made it nearly impossible to consider the possibility of a "safer" tobacco product. It inspired, among advocates, opposition to anytl than total cessation.

This new stance was supported by the availability of over-the-cou nicotine replacement therapies and a focus on protection of bystar secondhand smoke. As the head of the American Heart Association put it in 2000: "There is no such thing as a safer cigarette."

The irony is that, during these same years, AIDS prompted public health advocates to support needle exchange for users of intravenous drugs, a harm-reduction approach that also drew fire from those who favored complete elimination of drug use. Fears that such programs would lead to greater illicit drug use have been definitively put to rest.

Of course the analogy is not exact: Unlike clean needles, which present no independent harms to injecting drug users, less risky alternatives to smoking, like smokeless chewing tobacco and the moist tobacco product known as snus, carry a grave risk: oral cancers.

E-cigarettes potentially overcome that barrier. Most experts consider nicotine harmful only at extremely high doses. Tobacco control advocates tolerate the long-term use of therapies like the nicotine patch and nicotine gum despite their approval only as temporary smoking-cessation aids. In 2000, the chairman of a Public Health Service panel called tobacco dependence a "chronic condition that warrants repeated treatment," even if that meant treating smokers "for the rest of their lives."

Advocates fear that e-cigarettes will serve as a gateway to deadly cigarettes — or sustain smokers in public settings where lighting up is banned. "Waiting to act," New York City's health commissioner, Thomas A. Farley, said, "is a risk we should not take."

But there is a price to such rigidity. Emotion should not rule out harm reduction, even if eradication of smoking is the ultimate goal. Banning vaping in public won't help. Instead, e-cigarettes should be regulated by the Food and Drug Administration as products "sold or distributed for use to reduce harm or the risk of tobacco-related disease." The industry can't be trusted to provide safer products. The historical mistake was not the pursuit of a safer cigarette, but championing that cause with dishonest partners.

If e-cigarettes can reduce, even slightly, the blight of six million tobacco-related deaths a year, trying to force them out of sight is counterproductive.

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