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In Reply

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While our analysis¹ of the National Youth Tobacco Survey focused on electronic cigarettes (e-cigarettes), we agree with Delnevo et al that e-cigarettes are not the only alternative nicotine product youth are using, either alone or with cigarettes. The Delnevo et al finding that e-cigarettes remained significantly associated with cigarette smoking even after adjusting for use of other tobacco products indicates that the relationship between e-cigarette use and smoking holds true even after adjusting for dual use of other tobacco products (besides e-cigarettes).

Contrary to the Farsalinos and Polosa letter, our cross-sectional study made no claims about causation; drawing such conclusions requires longitudinal data. Our conclusion that the “[u]se of e-cigarettes does not discourage, and may encourage, conventional cigarette use among US adolescents” is based on observations that among teens who had ever tried a cigarette, even a puff, ever e-cigarette users were more likely than never e-cigarette users to have become regular cigarette smokers (smoked 100 cigarettes) and e-cigarette use was positively associated with cigarette smoking and smoking intensity and negatively associated with smoking abstinence among adolescents. If e-cigarettes were helping youth stop smoking, we would have found the opposite.

Farsalinos and Polosa reported that in the 2011 National Youth Tobacco Survey, use of smoking-cessation aids was associated with lower odds of abstinence from smoking, higher odds of ever and current smoking, and higher smoking frequency and intensity; they used these associations to argue that “[d]espite these results, it would be inappropriate to conclude that use of pharmacologic or nonpharmacologic smoking-cessation interventions do not discourage and probably encourage smoking among US adolescents...[Dutra and Glantz’s] conclusion that adolescents using e-cigarettes are transitioning to smoking is clearly not appropriate.” Farsalinos and Polosa assume that nicotine-replacement therapy is beneficial for teens despite the fact that pharmacological cessation aids are not approved for adolescents by the US Food and Drug Administration² owing to the lack of efficacy evidence for teens.^{2–4} Farsalinos and Polosa simply confirm that the Food and Drug Administration acted appropriately.

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Both nicotine-replacement therapy and e-cigarettes are more likely to be used by regular youth smokers. This result does not diminish our findings of a significant positive association between e-cigarette use and becoming an established cigarette smoker among youth who had ever tried smoking (cigarette experimenters) or the negative association between e-cigarette use and smoking abstinence. Our findings are precisely what one would expect to find given that e-cigarette advertising targets youth frequently and models and glamorizes smoking behavior, not abstinence.^{5–7}

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References

1. Dutra LM, Glantz SA. Electronic cigarettes and conventional cigarette use among US adolescents a cross-sectional study [published online March 6, 2014] *JAMA Pediatr*. doi:[10.1001/jamapediatrics.2013.5488](https://doi.org/10.1001/jamapediatrics.2013.5488).
2. Karpinski JP, Timpe EM, Lubsch L. Smoking cessation treatment for adolescents. *J Pediatr Pharmacol Ther*. 2010;15(4):249–263. [PubMed: 22477813]
3. Adelman WP. Nicotine replacement therapy for teenagers: about time or a waste of time? *Arch Pediatr Adolesc Med*. 2004;158(3):205–206. [PubMed: 14993074]
4. Stanton A, Grimshaw G. Tobacco cessation interventions for young people. *Cochrane Database Syst Rev*. 2013;8:CD003289.
5. Grana RA, Ling PM. “Smoking revolution”: a content analysis of electronic cigarette retail websites. *Am J Prev Med*. 2014;46(4):395–403. [PubMed: 24650842]
6. Cho JH, Shin E, Moon SS. Electronic-cigarette smoking experience among adolescents. *J Adolesc Health*. 2011;49(5):542–546. [PubMed: 22018571]
7. Yamin CK, Bitton A, Bates DW. E-cigarettes: a rapidly growing Internet phenomenon. *Ann Intern Med*. 2010;153(9):607–609. [PubMed: 21041581]