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Word count: 499
Running head: Commentary on Farsalinos et al. (2016)

Authors’ contribution
Author FTF conducted the data analysis. AAL and VG contributed to the interpretation of the data and edited the manuscript.

Declaration of interest
None.
The interest in the use of e-cigarettes is growing, and population surveys, such as the Eurobarometer (1) can be extremely helpful in assessing both the current situation and trends over time. Having also examined some of these issues using the Eurobarometer data we read the analysis by Farsalinos et al. with great interest (2, 3). While the paper provides interesting data, we feel that there are alternative interpretations of some of the main findings.

For example, the authors found that younger age was associated with ever e-cigarette use and hypothesise that this “may have significant beneficial effects because… few young smokers try or seek assistance to quit and many relapse”. This may be true, but it does somewhat gloss over concerns regarding e-cigarette use among young people (4, 5). Interpretation of the finding could consider potential risks of use in the young, and more accurately reflect the fact that while there is some data that e-cigarettes promote quitting, uncertainty around their effectiveness in comparison to other cessation methods persists (6-8).

One important finding is that only 0.8% of respondents reported that the first tobacco product they used was an e-cigarette and the authors conclude that this “makes the gateway-to-smoking effect highly unlikely” (2). The age profile of the survey presents some questions about this view. As more than 80% of the Eurobarometer sample is ≥30 years old, they most likely first experimented long before e-cigarettes existed; hence this figure risks grossly underestimating the current situation. Using the publicly available Eurobarometer dataset (1) and following the method used in the paper to extrapolate findings to the European population (2), we estimated that 34.5% of those who reported that the first tobacco product they used was an e-cigarette (which is equivalent to 566,449 people), characterised themselves –in another question- as current or former smokers of cigarettes, cigars, cigarillos or pipe. The dataset is not the most suitable to draw conclusions regarding progression to smoking because it is cross-sectional and the confidence intervals for these
calculations are wide, but the numbers above highlight the discrepancies which may arise in using secondary data to answer specific questions.

Finally, the estimate that “6.1 million Europeans have quit smoking with the use of e-cigarettes, while a further 9.2 million have reduced their smoking consumption” is based on self-reported outcomes, which might be biased in many ways. These numbers should be interpreted with caution. If we were to take these self-reports face value, we should also consider that, based on responses to the same question, 1.6 million people are estimated to have increased their cigarette consumption following e-cigarette use, which would of course be of great public health significance.

In conclusion, while we believe that the paper addresses important questions, we feel that the interpretation of some of the main findings and the mix of studies cited in the paper do not fully reflect the different views expressed in the literature. We hope that our comment will contribute to a more rounded discussion of these issues.
REFERENCES


