**The ERS Approach to e—cigarettes is entirely rational**

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The call for the ERS to change their e-cigarette and vaping policy, from honourable people with decades of experience fighting the evils of tobacco, is unfortunately misconceived [1]. The three issues of greatest concern are acute toxicity, chronic toxicity and, most importantly, the effects on children and young people (CYP). The efficacy of e-cigarettes as an adjunct to smoking cessation are out with the expertise of paediatric specialists, but we would ask for assurances that any benefits really do outweigh the risks to CYP . Our comments on these key issues are as follows:

1. *Acute toxicity*: e-cigarette or vaping induced acute lung injury (EVALI) is an increasingly common entity [2] with near- or actual fatalities reported [2, 3]. The mechanism is unclear. Many but not all reported EVALI cases are related to the addition of cannabinoids. The abuse by CYP of the hardware used for vaping, of itself, also gives rise to important safety concerns. It is wrong to assert that the acute toxicity of e-cigarettes *per se* is less than that of tobacco.

1. *Chronic toxicity*: the absence of tar and carbon monoxide from e-cigarettes is unequivocally to be welcomed [4]. However, *in vitro* data demonstrate that vaping liquids have their own unique toxicities in addition to those that overlap with tobacco [5]. There are now tens of thousands of ‘legal’ fluids on the market containing a myriad of ingredients and the numbers are growing rapidly. For example, 7764 flavour labels were available on websites in 2013-14 by 2016-2017 numbers had more than doubled to 15,586 [6]. Some products are known to contain substances that are toxic to the respiratory tract and are in breach of European tobacco legislation [7]. Indeed, medium term toxicities of e-cigarettes are already emerging [8]. It took decades for many of the harmful effects of conventional cigarettes to be elucidated and new concerns continue to arise. The important lesson from cigarette smoking is that it is impossible to make a rational assessment about the long-term risks of e-cigarettes.
2. *The effects on CYP*: Our biggest concern is the public health emergency of e-cigarette uptake by CYP. This is a child protection issue that the UK is failing to confront. As argued elsewhere [4], whether e-cigarettes are a gateway to smoking is irrelevant; they are a journey’s end for nicotine addiction, with all the adverse effects of that chemical. E-cigarette uptake by CYP has grown exponentially in the USA [9]. Their highly positive social media profile outstrips warnings against their use [10, 11]. E-cigarette manufacturers have been found guilty of deliberately targeting young people by the FDA [12]. The UK is not the USA, but it would be foolish to ignore what is happening there. We welcome the focus of the next world Tobacco day on preventing children being exposed to all forms of nicotine. If adult physicians continue to advocate for vaping as a means of harm reduction in adults, there must also be a coherent policy in place for protecting children.

The ERS policy aligns with those of the Federation of International Respiratory Societies, the American Academy of Paediatrics and many other bodies. We believe its current statements are absolutely correct and should not be changed.

**References**

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