E-Cigarettes

Not just smoke and mirrors

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John, 34, a florist, has applied for life and disability insurance. A smoker for many years, he started to also use e-cigarettes three years ago. John states that he quit smoking one year ago, but he still uses e-cigarettes. He has no other medical concerns.

Virginia, 27, a healthy pathology technician, has applied for life and disability insurance. Four years ago she began using e-cigarettes, but after a year and a half of use, she decided to quit them.

Hypothetical Underwriting Outcomes

John continues to use e-cigarettes, and therefore would be rated as a smoker for both his life and disability policies. He may qualify for Preferred Smoker rates for his life policy.

Virginia stopped using e-cigarettes two and a half years ago. She may qualify for Preferred Nonsmoker rates for her life policy, and Nonsmoker rates for her disability policy.

What Are E-Cigarettes?

Electronic cigarettes, or e-cigarettes, are a form of electronic nicotine delivery system that simulate the visual and behavioral aspects of smoking using “vape,” instead of smoke. The older versions resemble cigarettes. Newer versions (eGos, mods, personalized vapors, etc.) are larger, tank-style devices with refillable cartridges with alterable contents. They have stronger, rechargeable batteries that can create high temperatures, allowing inhalation of a high amount of high-potency vapor. They aerosolize water, propylene glycol, glycerol, flavorants (over 7,500 available) and nicotine.

There are over 460 brands of e-cigarettes manufactured by over 200 companies, which advertise them as high-tech, glamorous, and a way to get around anti-smoking rules.

Ads imply that e-cigarettes are harmless, but:

• Heating the liquid may produce carcinogens or otherwise toxic substances. Food flavorants have been evaluated for safety for ingestion, not inhalation. Although e-cigarettes don’t contain the numerous chemicals and carcinogens produced by tobacco, their long-term safety is unknown, and may not be known for years.

• It is possible that, without adequate regulation, e-cigarettes and the marketing and unrestrained use of them may have an overall negative impact on public health.

• Engineering differences may affect nicotine contents, which are not always as labeled – nicotine has been detected when labels indicated none was present.

E-cigarettes reduce the desire to smoke, but as tools for smoking cessation, their long-term effectiveness is unknown. Though testimonials suggest they are useful, medical studies have not proven e-cigarettes help smokers to quit. They are not also approved by the U.S. Food and Drug Administration (FDA). But even if e-cigarettes led to fewer cigarettes being smoked by dual users, any reduction would not result in an equal reduction in cancer risk. This would likely depend on the duration of smoking.
There is concern that e-cigarettes may encourage smoking:

• In current smokers, they may be used simply to reduce cravings when smoking is not possible and may delay quitting or deter use of proven smoking cessation methods.

• In former smokers, they may create an urge to smoke again.

• In those who have never smoked, they may serve as a gateway to smoking and encourage transition to cigarettes.

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To date, the FDA has only proposed (still under review) e-cigarette regulations. Several states and cities are considering, or have passed, laws which include age or advertising restrictions and bans on their use in indoor workplaces or public spaces, on flavorings, or regarding online sales. Many have advised avoidance due to health risks.

Urinary testing for nicotine (cotinine) does not distinguish its source, and so testing positive will result in smoker rates. But even with negative testing, e-cigarette users are underwritten as smokers. This is largely out of concern that they may begin or revert to smoking. Cigarettes are the cause of over 480,000 deaths every year in the US. They account for about 1 in 5 deaths annually; and this is probably an underestimate. Less than 6% of those who try to quit without assistance have succeeded as of one year later, and there is a substantial relapse rate after one year. There is also concern about significant long-term risks that may be associated with inhalation of e-cigarette-associated toxins.

Questions to ask clients about e-cigarettes:
• Is your client using e-cigarettes?
• If not, did they use them in the past and if so, when did they quit?

2 http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

These cases presented are hypothetical. Actual underwriting decisions will be based on a review of the complete medical history and all other underwriting requirements.