

Indoor E-cigarette restrictions increase prenatal smoking

6 December 2017, by Jennifer French Giarratano



Credit: Georgia State University

Laws that prohibit the use of e-cigarettes in private workplaces, bars and restaurants may increase cigarette use by as much as 30 percent for pregnant women, according to research published in the *Journal of Health Economics* by Georgia State University economist Michael Pesko.

"Pregnant women are highly motivated to quit smoking cigarettes and may believe e-cigarettes are a safe way to do so," said Pesko, an assistant professor in the university's Andrew Young School of Policy Studies.

The study points to the possible danger of indoor e- substantially higher. cigarette restrictions that could increase smoking by reducing quitting. "Governments should be studyed in the studyed increase smoking and increase smoking by reducing quitting.

According to the U.S. Centers for Disease Control and Prevention, 55 percent of women who smoke cigarettes three months before becoming pregnant quit smoking during their pregnancy. Despite this high rate of success, few pregnant women use Food and Drug Administration-approved smoking cessation methods to quit. Many may be trying ecigarettes instead.

Pesko and his colleague, Ph.D. candidate Michael Cooper (University of California, Santa Barbara), developed a panel model using U.S. birth record data for seven million pregnant women living in places that had already banned the indoor use of traditional cigarettes. They estimated how an indoor e-cigarette restriction affected the rate at which cigarette use declines as pregnancy progresses. Places with indoor e-cigarette restrictions slowed the downward trend in tobacco cigarette use by 30 percent compared to places with no e-cigarette restrictions.

"Indoor e-cigarette restrictions may reduce the attractiveness of vaping by requiring the user to make an additional time investment to use their devices, either outdoors or in non-regulated indoor areas," said Pesko. "This added inconvenience may reduce e-cigarette use and increase tobacco use for those who otherwise prefer to smoke cigarettes."

Cooper added, "These indoor e-cigarette restrictions also may lead to more smoking by increasing the perceived risk of e-cigarettes."

This belief may not be misguided. For a non-pregnant person, e-cigarette use is unlikely to exceed five percent of the risks associated with traditional cigarette use. However, because nicotine – found in most e-cigarettes – is a threat to the developing fetus, the risks for pregnant women are substantially higher.

"Governments should be cautious on the messaging they send, through regulations, on the relative risks of different smoking cessation products," said Pesko. "Ideally, products should be regulated proportionate to their level of risk."

More information: Michael T. Cooper et al. The effect of e-cigarette indoor vaping restrictions on adult prenatal smoking and birth outcomes, *Journal of Health Economics* (2017). DOI:



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