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- Promotion of electronic cigarettes: tobacco marketing reinvented?
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- Twin dilemma
What will the ending of targets on numbers of multiple births for UK fertility clinics mean for patients and the NHS? Sophie Arie reports
- Screening propaganda
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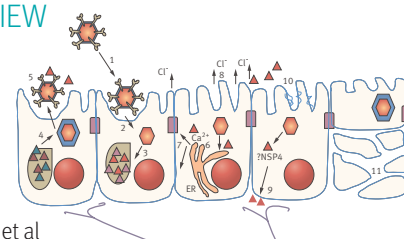
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PICTURE OF THE WEEK

Patrons of “vaporiums,” e-cigarette lounges sprouting up in New York and other US cities, can indulge in their choice of more than 90 flavours of nicotine infused vapour, ranging from bacon to bubble gum. The growing popularity of electronic cigarettes has not escaped the notice of the tobacco industry’s critics, who have stepped up calls for new regulations, including in New York city, whose council last week voted to ban e-cigarette devices from public indoor spaces, including restaurants, bars, theatres, and sports arenas (see News *BMJ* 2013;347:f7677).

● ANALYSIS, p 15

RESPONSE OF THE WEEK

I agree that we are medicalising unhappiness and over-prescribing antidepressants.

I would be very happy to withhold pharmacotherapy if quick access to talking therapies became a reality.

However, when local mental health services are almost full to capacity managing the serious end of the case-load, what else can we as GPs offer apart from empathy, kindness, and time to do the healing?

Until then I shall continue to feel helpless and be guilty of prescribing antidepressants or hypnotics as options to ease my patients’ distress.

Richard Ma, general practitioner, London, UK, in response to “Medicalising unhappiness: new classification of depression risks more patients being put on drug treatment from which they will not benefit” (*BMJ* 2013;347:f7140)

BMJ.COM POLL

This week’s poll asks:

“Should other places follow New York’s lead and ban e-cigarettes from public places?”

▶ [BMJ 2013;347:f7677](#)

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MOST READ

The survival time of chocolates on hospital wards: covert observational study

Were James Bond’s drinks shaken because of alcohol induced tremor?

Saturated fat is not the major issue

Raised inflammatory markers

Being right or being happy: pilot study



EDITOR'S CHOICE

Hold the line against tobacco

While e-cigarettes will help some smokers to quit, they also threaten to blur battle lines and reverse hard won gains in tobacco control

How should we view e-cigarettes? As a safe and effective way to quit tobacco? (There is some evidence in support of these claims for harm minimisation.) Or as a grave risk to public health because of their potential to renormalise and glamourise smoking, especially among young people? New York's mayor Michael Bloomberg has made his own view clear. In one of his final acts before leaving office, he has banned the smoking of e-cigarettes in indoor public places (*BMJ* 2013;347:f7677).

Bloomberg's track record on public health has been extraordinary. Although his critics charge him with failing to tackle New York's rampant social inequalities, there is no doubt he has provided global leadership in public health. His administration's moves against tobacco, trans fats, and sugary drinks, and for promoting physical activity and calorie counts on menus, are credited with improving life expectancy among New Yorkers—now two years higher than the US national average. But just as importantly, his clarity and courage has helped administrations around the world take a firmer line against industries and behaviours that harm the public's health.

Will others copy his decision on e-cigarettes? Scotland may be one place to watch. As Katherine E Smith and Jeff Collin say in their editorial (p 7), Scotland has good reason to claim public health leadership within the United Kingdom. As well as being the first place in Britain to ban smoking in public places, the Scottish government endorsed standardised cigarette packaging and held firm on a minimum price for alcohol, in stark contrast to the UK government's equivocations.

It aims to make Scotland "smoke free" by 2034. Success in this may depend on taking a firm stance on e-cigarettes. While e-cigarettes will help some smokers to quit, they also threaten to blur battle lines and reverse hard won gains in tobacco control. In their Analysis article, Marisa de Andrade and colleagues warn that commercial exploitation of e-cigarettes is undermining any potential public health benefits (p 15). The industry claims that e-cigarettes are all about harm minimisation. But it is developing and promoting products for first time users and encouraging long term use among existing smokers. E-cigarettes also legitimise the industry, buying tobacco companies a seat as "partners" at the health policy table.

With figures from the World Health Organization showing an increase in the number of young smokers, now is the time to tighten tobacco controls. The authors conclude that e-cigarettes should be regulated not as medicines but as tobacco products, and that the tobacco industry should be excluded from the policy making arena. And, I would add, from the funding of medical research, since this is another way in which industry seeks to legitimise itself. The *BMJ* and its sister journals recently announced that we would no longer publish research funded by the tobacco industry (*BMJ* 2013;347:f5193). Unsurprisingly, tobacco company researchers are unhappy with this decision. In a letter this week, Christopher Procter calls the new policy "antiscience" and invites the *BMJ* to reconsider its decision (p 24). We have no such plans.

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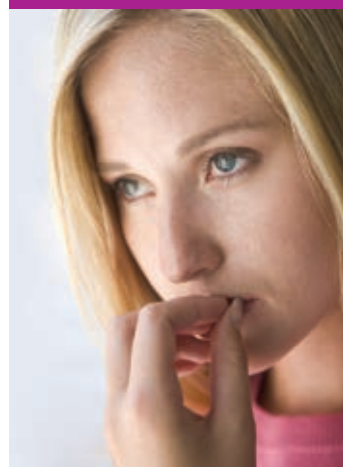
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