BACKGROUND
- Since 2003, electronic cigarettes (e-cigs) have grown in popularity.
  - They are battery operated devices that can look like a traditional cigarette or appear as a USB flash drive.
  - Aerosolized a nicotine-containing solution, to which glycol and flavoring agents are added.
- E-cigs use has risen as they are often marketed as a safer, healthier alternative to smoking traditional cigarettes or as an aid for smoking cessation.
- WHO has suggested that there is a negative health impact of nicotine contained in e-cigarettes.
- Additionally, regulation was lacking in terms of manufacturing, sale to minors, advertising, and health promotion.
- Ultimately, the risks and benefits of e-cig use, as well as the beliefs that influence use or avoidance, are poorly understood.

METHODS
- A thirteen question survey regarding nicotine and e-cig use was distributed to English-speaking adult patients at Aurora St. Luke’s Family Practice Clinic, during August 2015-January 2016.
- Questions assessed (See E-Cigarette Survey):
  - Patient demographics
  - Smoking history
  - Knowledge and opinions of e-cigs
  - Descriptive statistics were used to describe patient characteristics.
  - Associations between patient characteristics and beliefs were analyzed using chi-squared tests and Fisher’s exact test, as appropriate. Significance was associated with p <0.05.

RESULTS
- Across respondents (N=100), patients were more likely to be female (60%) and aged 45-54 years.
- Most patients heard about e-cigs through advertisements (48.9%) or by word of mouth (36.9%).
- Many believed that e-cigs could help others quit smoking (47.6%) and were a healthier smoking option over regular tobacco (47.5%).
- Only 21.7% of patients had ever tried e-cigs.
- Age, sex, and race/ethnicity were not associated with trying e-cigs.
- Those who identified as ever-smokers were more likely to have tried e-cigs than never-smokers (p=0.044).
- Additionally, current smokers were more likely to have tried e-cigs than former or never smokers (p=0.017).
- Smoking status was not associated with education and race/ethnicity.
- Views regarding cost and whether e-cigs were a good choice for cessation were also not associated with smoking status.

CONCLUSIONS
Smoking status significantly affects whether a patient has tried e-cigs, with current smokers being most likely to have ever tried them.

Demographic characteristics were not associated with use or opinions of e-cigs. Future studies should be done to assess use and attitudes in other clinic settings, as well as use within our adolescent patient populations.

REFERENCES