

Dear Policymaker,

I am writing out of concern that the flavored tobacco ban being proposed in the legislature could have unforeseen and dangerous consequences for some of our region's most at-risk citizens.

As a licensed physician, I have spent the past 40 years working to improve health outcomes for our fellow New Englanders. I have been certified in the field of Smoking Cessation, help manage six convenient care centers in Vermont, and have co-founded the Concord Hospital Recovery Clinic in Gilford, New Hampshire. This clinic takes a holistic approach to treating people struggling with addiction, relying both on counseling services and medication treatment.

Many of our patients suffer from nicotine addiction and most of those patients ingest nicotine through combustible cigarettes. This cigarette usage is troubling because while nicotine is highly addictive, we know that the inhalation of tobacco smoke is by far the most dangerous part of smoking. While it is the nicotine that draws people to cigarettes, it is the tar and chemicals within the cigarette that can kill them. In fact, the U.S. Food and Drug Administration has acknowledged that nicotine products exist on a "continuum of risk" with some products – like cigarettes -- posing significantly higher risks than others.

In my own work, I have witnessed the important role that new and alternative nicotine products can play in helping those struggling with addiction. While quitting cold turkey is the best approach, it is also rarely possible for patients to do so. Traditional medications on their own are also little help. The efficacy rate of treatments such as the patch, gum or lozenges alone is laughably low. Furthermore, prescription medications, such as Chantix work in less than 10% of those who use them, and the side effects can include psychosis and suicidal ideation.

Just as people are unique, so are the approaches we use to help them fight addictions. At our clinic, we have been successfully helping patients with a combination of methods that can include the use of flavored nicotine pouches such as Zyn. Nicotine pouches like Zyn, which are placed between the cheek and gum, give the user a nicotine experience without tobacco or smoke. The absorption of nicotine through the gums provides a significantly better experience without some of the side effects that come with other medications.

Flavors play an important role in getting patients to embrace the substitution of cigarettes for nicotine pouches. Just as all adults appreciate variety in what they eat, drink or otherwise ingest, flavor options increase the likelihood of patients finding a product they will accept as a substitute to smoking cigarettes—which is the ultimate goal.

While I appreciate concerns about the potential for flavors to appeal to youth, the good news for physicians like myself— and society in general — is that youth tobacco usage is now at the lowest recorded levels in our history. On balance, our concerns should be on the thousands of adult smokers in our region who need more and better options to overcome their own addictions.

Unfortunately, there is a glaring blind spot in the policies being sought by many organizations advocating for greater tobacco control. They choose to ignore the significant benefits that could be achieved by switching smokers to nicotine products with substantially less risk. Such an approach can help keep cancer-causing chemicals out of people's lungs, thus improving health outcomes and lowering

government health care costs. Removing all flavored nicotine products from store shelves would be throwing away the proverbial baby with the bathwater, taking away tools that I need to help people quit smoking. What they view as a public policy win would actually be a public health loss.

A blanket flavored tobacco ban would set back public health efforts in our region. On behalf of those working to help people battling addictions, I hope you will oppose such efforts.

Sincerely,

Dr. Paul Racicot