

Harry Chen, MD, Commissioner of Health  
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## **E-cigarettes may be safer than cigarettes, but they are not proven to be safe.**

- Currently E-cigarettes are not regulated. So, for any particular product we don't know the concentration of nicotine, chemicals or other possibly toxic ingredients. FDA (2014)
- Nicotine is addictive and almost all e-cigarettes contain it. (American Lung Association).
- Long-term use of nicotine can have health consequences. Even smokers who want to use nicotine replacement therapy (FDA-approved patch, gum or lozenge) to quit should first consult with their doctor.

## **E-cigarettes do not emit harmless water vapor.**

- E-cigarettes give off aerosol containing particulates of toxic chemicals, including propylene glycol, formaldehyde, acetaldehyde, and heavy metals such as lead (Williams et al. 2013).
- The concept of "secondhand smoke" applies to e-cigarettes, too. Used indoors, e-cigarette aerosol can expose others to chemical levels considered hazardous by the national group that develops standards for clean indoor air (ASHRAE).
- E-cigarette aerosol has been found to contain at least 10 chemicals on the California Proposition 65 list of toxic chemicals.
- One study found that more than 75% of flavored e-cigarettes contained diacetyl, a flavoring chemical that when inhaled, has been linked to severe respiratory disease, or "popcorn lung" (Allen et al. 2015).

## **States are moving to incorporate e-cigarettes into tobacco control laws.**

- CDC, the World Health Organization, the American Academy of Pediatrics, and the American Public Health Association all call for restricting sales to youth, and for including e-cigarettes into clean indoor air laws.
- Eight states now include e-cigarettes in their clean indoor air laws. More than 475 local jurisdictions (including New York City) have restricted their use in workplaces, restaurants and bars.
- In 2012 the Vermont legislature restricted sales to youth. In 2014 the legislature restricted use of tobacco substitutes in schools and licensed childcare facilities – but not in indoor public places, workplaces, or motor vehicles with young children.

### **Support for H.171**

- By prohibiting the use of tobacco substitutes where lit tobacco products are currently prohibited, H.171 will strengthen the social norm of no smoking, and protect workers and the public.
- Indoor use of tobacco substitutes is one of most common complaints received by the Health Department's Tobacco Control Program. These complaints currently are unenforceable including in state buildings.
- BGS and DHR supports including e-cigarettes in clean indoor air legislation for clarity to reduce employee confusion and protect health.
- VDH also has gotten questions from business owners and municipalities asking if and when the State will ban the indoor use e-cigarettes. Some employers have adopted their own policies to restrict e-cigarettes, but others are unwilling to act without a uniform statewide policy.

**H. 171 will also help protect Vermont youth from initiating use of e-cigarettes.**

**Youth use of e-cigarettes is high, and rising rapidly. Advertising is aimed at youth.**

- 15% of Vermont high schoolers used e-cigarettes or other vapor products in the past 30 days (YRBS 2015). Use of e-cigarettes is now higher than the

youth smoking rate of 11%, and even slightly higher than the national average. This is despite prohibition of sale.

- CDC reported that current use of e-cigarettes among middle and high school students tripled in one year, from 2013 to 2014 (MMWR, 2015). Approximately 2.5 million youth reported using e-cigarettes on at least one day in the past 30 days.
- With over 7,000 flavors available for e-cigarettes, many of them appealing directly to youth, they attract youth who have not tried cigarettes.
- 24% of Vermont high school aged youth reported having used a flavored tobacco product, including e-cigarettes, in the past 30 days.

It is illegal in Vermont to sell cigarettes or e-cigarettes to minors. Both are dangerous to youth.

### **E-cigarettes expose youth to nicotine and increase intention to smoke regular cigarettes.**

- Nicotine is a neurotoxin, dangerous to the adolescent brain. Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction (CDC Key Facts, July 2015).
- Youth who use e-cigarettes are twice as likely to have intentions to smoke regular cigarettes (Burrell et. al., 2014).
- E-cigarettes are not regulated and the nicotine level varies greatly. There has been a 215% increase in monthly e-cigarette exposure calls to poison centers. More than half of calls involve children under the age of 5 (MMWR, April 2014).

**Adult use is also increasing.**

- Adult use in Vermont rose from 12% in 2013 and 15% in 2015 (Vermont Adult Tobacco Survey). Many e-cigarette users are trying to quit cigarettes. While some adults do quit with e-cigarettes, many do not.
- The evidence shows that e-cigarette users are 39% less likely to quit smoking than smokers who did not use e-cigarettes (Glantz, 2014 - longitudinal and population-based studies).
- Therefore, it's common for smokers to use both e-cigarettes and cigarettes. Three out of four adults who use e-cigarettes are also smoking cigarettes (RTI, 2014). Dual use, not cessation is the norm.

### **Aggressive e-cigarette advertising influences youth and adult use.**

- E-cigarette advertising is everywhere: in TV, movies, magazines, and in stores. Studies cite that advertising influences youth perception and use of e-cigarettes.
- Marketing spending on E-cigarettes has gone from \$6.4m in 2011 to \$115m in 2014.
- Vermont's CounterTools audits found that e-cigarettes were more than twice as likely to be placed on counters as other tobacco products.
- The Health Department has also received complaints about misleading advertising in stores and pharmacies – that e-cigarettes are proven cessation tools. They are not. Proven cessation tools are counseling and Nicotine Replacement Therapy the State provides through 802Quits, 24/7, by phone, in-person and online.

### **H.171 addresses youth exposure and access to tobacco and tobacco substitutes.**

- Current Vermont law does not require tobacco or tobacco substitutes to be in locked cases, and current exceptions mean that cartons, multi-packs, cigars, and pipe tobacco do not need to be clerk-assisted.

- H.171 calls for restricting the placement of tobacco products and substitutes on retail counters, and requires them to be displayed behind the sales counter or in a locked container, not on the sale counter.
- Provisions that get e-cigarettes behind the counter or in a locked container are recognized as effective. They reduce brand recognition among youth, which decreases a youth's odds of smoking, and reduces cravings and cues to smoke (countertobacco.org).
- The Health Department recommends removing exemptions for unopened cartons and multi-pack containers, cigars and pipe tobacco. A **uniform** approach is needed that includes *all* tobacco products – cigarettes, other tobacco products and tobacco substitutes.
- Reducing youth access to tobacco products and performing youth compliance checks are important for addressing illegal sales and maintaining strong tobacco-free norms. Tobacco substitutes need to become a part of Vermont's youth compliance check system. DLC has indicated it will start incorporating e-cigarettes in a pilot approach.

#### **H.171 supports smoke-free and tobacco-free norms.**

- Decades of tobacco control efforts have led to the creation of smoke-free policies that have diminished social acceptability of smoking and have set a healthy clean indoor air standard. Reducing access to tobacco products by youth is a key strategy.
- Restricting tobacco substitutes in workplaces and public places is consistent with this standard and protects the public from aerosols containing toxic chemicals produced by e-cigarettes.
- E-cigarettes represent a significant public health concern especially to our youth. I support H-171 which takes important steps to address it.

Don't forget the date