

Testimony: H.171

Health; tobacco; tobacco substitutes; electronic cigarettes

Statement of purpose of bill as introduced: This bill proposes to prohibit the use of electronic cigarettes in the same places in which the use of lighted tobacco products is banned. It would also prohibit cigarette and electronic cigarette displays on store counters.

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I am speaking in support of Bill H.171, which applies to tobacco substitutes the same restrictions imposed on tobacco with respect to display in stores, workplace restrictions on indoor use, and use in cars when children are present. I generally agree with the bill as it applies to electronic cigarettes but hope that the word “tobacco substitutes” could not be construed to apply to medicinal nicotine such as nicotine gum or patch. I would disagree with a workplace restriction on the use of medicinal nicotine because it would undermine the purpose of these products. My comments will be restricted to electronic cigarettes. I will address how their use might affect disease risk, how their use might affect cessation of cigarette smoking, and how their use might affect adolescent smoking.

The electronic cigarette is a relatively new product not currently regulated by the Food and Drug Administration. The electronic cigarette delivers an aerosol of nicotine, propylene glycol, glycerol, and flavorings. Since its introduction in the United States several years ago, e-cigarettes have become widely popular. E-cigarettes are theoretically safer than cigarettes because they greatly reduce exposure to cancer causing agents and other toxins contained in tobacco smoke. However, we do not know from first hand observation how substitution of e-cigarettes for cigarettes affects tobacco disease risk. Until we know more, we should treat e-cigarettes in the same way we treat cigarettes.

Although proponents commonly tout e-cigarettes as a quit smoking aid, it is not known whether these products actually help smokers quit cigarettes. Most of the data suggest that when smokers adopt e-cigarette use, that they continue to use both products. Although risk of cancers might be reduced by a reduction in smoking, just a small amount of cigarette smoke increases risk for heart attacks, and that finding is the basis for our indoor smoking laws—because passive exposure to cigarette smoke increases risk for disease. Until we can definitively show that smokers can effectively and fully substitute e-cigarettes for their cigarettes, we should not give the impression that these products are markedly different from cigarettes. HB.171 takes steps to do that.

Use of e-cigarettes has increased markedly among adolescents. We know that adolescents are drawn to these products because they are novel, because they are advertised without restriction (for example on television), and because adolescents are attracted to the flavors. We know also that 90 percent of

adolescent users of e-cigarettes are also using other tobacco products, and that if you sum up those products, the rates of tobacco use are much higher than they seem when you look only at cigarettes. In fact, use of e-cigarettes is now higher than use of cigarettes in most states. Finally, studies suggest that the small number of adolescents who start their tobacco use with e-cigarettes are 2-3 times more apt to transition to cigarettes compared to non-users. E-cigarette and multiple product use are undercutting our work in combating tobacco use among adolescents.

E-cigarettes deliver nicotine, just as cigarettes do. Nicotine is a highly addictive substance. Of initial users, roughly one-third will become lifetime daily users. This has adverse health and economic implications for individuals who become addicted. In my view, an adolescent who becomes addicted to nicotine using e-cigarettes is as big a tragedy as one who becomes addicted using cigarettes. HB.171 is good in that it restricts access to these products in stores and decreases the normalization of e-cigarette use in public buildings.

But HB.171 does not go far enough to protect children and adolescents from e-cigarettes. It should also impose advertising restrictions. It should require e-cigarette companies to adhere to the same marketing restrictions that the major cigarette companies agreed to in the Master Settlement Agreement. The most important would be restrictions on e-cigarette marketing in the Vermont television market.

In summary, HB.171 takes important and necessary steps to regulate the use of e-cigarettes in Vermont, but it does not go far enough.