



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

## HOUSE COMMITTEE ON HEALTH

### SB2495,SD3, RELATING TO ELECTRONIC SMOKING DEVICES

Testimony of Linda Rosen, M.D., M.P.H.  
Director of Health

March 12, 2014  
8:30 am, Room 329

1 **Department's Position:** The Department of Health (DOH) strongly supports this measure to protect  
2 public health and defers those provisions relating to licensure, permitting, and taxation to the  
3 Department of Taxation (DoTax).

4 **Fiscal Implications:** None for DOH.

5 **Purpose and Justification:** SB2495,SD3 proposes to amend Chapter 245, Cigarette Tax and Tobacco  
6 Tax Law, Hawaii Revised Statutes (HRS), to include "electronic smoking devices" within the definition  
7 of "tobacco products" and establishes regulations for electronic smoking device (ESD). This measure  
8 provides DoTax with the authority to issue licenses and permits, and also tax ESDs.

9 The DOH strongly supports this measure as it is currently amended. It addresses the  
10 proliferating sales, the increased popularity among youth, and the lack of regulatory authority for ESDs.  
11 The DOH appreciates the use in SB2495,SD3 of the definitions for "electronic smoking device,"  
12 "smoke" or "smoking," and "tobacco products" for Chapter 328J-1, HRS. These definitions were vetted  
13 through the Attorney General's Office. The United States Court of Appeals for the D.C. Circuit, in  
14 *Sottera, Inc. v. Food & Drug Administration*, 627 F.3d 891 (D.C. Cir. 2010), issued a decision with  
15 regard to e-cigarettes and other products "made or derived from tobacco" and the jurisdictional line that

1 should be drawn between “tobacco products” and “drugs,” “devices,” and combination products, as  
2 those terms are defined in the Food, Drug and Cosmetic Act. The court held that e-cigarettes and other  
3 products made or derived from tobacco can be regulated as “tobacco products.”

4 The DOH supports the provisions in this measure which subject wholesalers/dealers and retailers  
5 of ESDs to the same licensure and permitting requirements as for cigarettes and other tobacco products.

6 ESDs and their components are manufactured without regulatory oversight or quality control.  
7 The DOH is concerned about potential health risks which include the distribution of toxic nicotine  
8 solutions (including the need for childproof packaging), the impact of additives and flavorings used, the  
9 lack of manufacturing standards, and the long-term effect of inhaling electronic cigarette vapor. The  
10 “e-liquids” sold to refill ESDs may contain enough nicotine to be potentially lethal to adults and  
11 children. Several published studies indicate that ESDs also emit air particulates and nicotine. Since  
12 these products are not regulated, the DOH cannot with confidence assure the public that these products  
13 are safe.

14 Regulatory authority must be assumed by the State to protect the public health. In doing so,  
15 Hawaii would join three other states that restrict ESDs where smoking is banned. At least 110 counties  
16 restrict the use of ESDs, most recently New York City, Los Angeles and Long Beach, passed ordinances  
17 that include e-cigarettes in their clean indoor air laws.

18 Thank you for the opportunity to testify.

NEIL ABERCROMBIE  
GOVERNOR



BARBARA A. KRIEG  
DIRECTOR

LEILA A. KAGAWA  
DEPUTY DIRECTOR

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**  
235 S. BERETANIA STREET  
HONOLULU, HAWAII 96813-2437

March 10, 2014

**TESTIMONY TO THE  
HOUSE COMMITTEE ON HEALTH**

For Hearing on Wednesday, March 12, 2014  
8:30 a.m., Conference Room 329

BY  
BARBARA A. KRIEG  
DIRECTOR

**Senate Bill No. 2495, S.D. 3**

**RELATING TO ELECTRONIC SMOKING DEVICES**

**WRITTEN TESTIMONY ONLY**

TO CHAIRPERSON BELATTI AND MEMBERS OF THE COMMITTEE:

The purpose of S.B. 2495, S.D. 3 is to amend the Hawaii Revised Statutes (HRS) to create a new chapter, "Electronic Smoking Devices", to regulate such devices. The measure's Section 4 further amends Chapter 328J-1, HRS, to prohibit the use of electronic smoking devices in places open to the public and places of employment, and clarifies that the sale, distribution, and display of electronic smoking devices is restricted in the same manner as cigarettes and other tobacco products.

**The Department of Human Resources Development supports Section 4 of the bill**, whereby electronic smoking devices would be subject to the same statutory requirements for cigarettes and the use of electronic smoking devices would be prohibited in all enclosed and partially enclosed places open to the public and places of employment. We believe the regulation of electronic smoking devices would enhance the health of employees, including our State employees.

Thank you for the opportunity to provide testimony on this measure.

NEIL ABERCROMBIE  
GOVERNOR

SHAN TSUTSUI  
LT. GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF TAXATION**  
P.O. BOX 259  
HONOLULU, HAWAII 96809  
PHONE NO: (808) 587-1530  
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FREDERICK D. PABLO  
DIRECTOR OF TAXATION

JOSHUA WISCH  
DEPUTY DIRECTOR

**LATE**

To: The Honorable Della Au Belatti, Chair  
and Members of the House Committee on Health

Date: Wednesday, March 12, 2014  
Time: 8:30 a.m.  
Place: Conference Room 329, State Capitol

From: Frederick D. Pablo, Director  
Department of Taxation

Re: S.B. No. 2495, S.D. 3, Relating to Electronic Smoking Devices

The Department of Taxation (Department) appreciates the intent of S.B. 2495, S.D. 3, and provides the following comments for the Committee's consideration.

S.B. 2495, S.D. 3, applies to the Cigarette and Tobacco Tax to electronic smoking devices at an unspecified rate of the wholesale price of each device sold after October 1, 2014. This measure also makes other amendments not directly related to taxation.

The Department defers to the Department of Health with respect to the effect taxing such devices would have on the State's health and wellness.

The Department provides the following technical considerations for the Committee's consideration. First, the Department notes that the definition of "electronic smoking device" in this measure includes "cartridges" and "other components of the device." Based on Section 1 of this bill, the intent appears to be to tax each individual device, cartridge, refill, etc., whether sold separately or sold in conjunction with devices themselves. If it is the Legislature's intent such components be taxed when sold separately, as opposed to taxed merely when sold in conjunction with devices themselves, the Department recommends changing the term "electronic smoking device" to "electronic smoking product" and amending the definition as follows:

"Electronic smoking [~~device~~] product" means any electronic product that can be used to vaporize and deliver nicotine or other substances to the person inhaling from the device, including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, or electronic pipe, and also includes any

cartridge or other component of ~~[the]~~ such device or related product, whether sold separately or sold in conjunction with the device.

The Department cautions that without clarifying language such as this, the measure as currently written may apply the tax only to devices upon their initial sale, and would not apply any tax to refill cartridges or other supplementary items purchased at a later date.

Along with the change to the definition, the Department further recommends the following change to the proposed new Section 245-3(a)(14), Hawaii Revised Statutes:

- (14) An excise tax equal to \_\_\_\_ per cent of the wholesale price of each ~~[electronic smoking device kit, electronic smoking device nicotine cartridge, or electronic smoking device nicotine refill]~~ electronic smoking product sold, used, or possessed by a wholesaler or dealer on or after ~~[October 1, 2014]~~ January 1, 2015, whether or not sold at wholesale, or if not sold then at the same rate upon the use by the wholesaler or dealer.

Second, the Department recommends the changes to Section 245-3(a)(12), HRS, be deleted as they would impose the tax retroactively on sellers of electronic smoking devices and products.

Lastly, as noted in the recommended change to Section 245-3(a)(14), HRS, above, the Department requests this bill be amended to apply the tax to sales occurring on and after January 1, 2015, to provide the Department sufficient time to make the necessary changes to the forms and instructions.

Thank you for the opportunity to provide comments.



To: Representative Della Au Bellati, Chair, Representative Dee Morikawa, Vice Chair  
Members of Health Committee

Hrg: Wednesday, March 12, House Health Committee @ 8:30am, Room 329

Re: **Testimony in STRONG SUPPORT of SB 2495, SD3 “Relating to Electronic Smoking Devices”**

By: Valerie Chang, JD, Executive Director  
Hawaii COPD Coalition, [www.hawaiicopd.org](http://www.hawaiicopd.org)  
733 Bishop Street, Suite 1550, Honolulu, HI 96813  
(808)699-9839  
[copd.hawaii@yahoo.com](mailto:copd.hawaii@yahoo.com)

Thank you for this opportunity in STRONG support of SB2495, regarding the appropriate regulation of electronic smoking devices in the state of Hawaii. This topic is very important to our organization, as we help those who suffer the awful ravages of long-term exposure to tobacco, those with emphysema and chronic bronchitis. I support this measure because regulation of these products is URGENTLY needed in our State.

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema and chronic bronchitis. COPD is now the third leading cause of death in the US and second leading cause of disability. Over 46,015 people in Hawaii have already been diagnosed with COPD and it is estimated that at least 46,015 more people may suffer from COPD but remain undiagnosed. Many of these COPD patients were seduced by tobacco when they were very young and unable to quit the addiction for decades, causing irreparable harm. There are over \$55.9 million in COPD ER and hospital charges in Hawaii each year.

These electronic smoking devices are sold at lower and lower price points, as low as approximately \$10 for a holder and nicotine for it. These devices are also sold in a huge array of flavors, including bubblegum, and many candy and other flavors. These devices are allowed to be sold in numerous flavors that are illegal for tobacco. At a recent Cessation Advisory Group meeting, one of the Tobacco Treatment Specialists shared that he was at a mall with **his three-year old daughter** who was attracted by the brightly colored display. To the father's horror, the seller offered to let the three year old try the electronic smoking device that the seller had for sale! Other specialists present indicated that many of the high school students on all islands that they work with indicate they have electronic smoking devices and have no trouble purchasing them.

Other tobacco treatment specialists at the meeting indicated that some of their clients shared that they use the electronic smoking devices to consume illegal substances (including “ice”). There is no information about how commonly the electronic smoking devices are used/misused in this manner, but it points out additional dangers.

One of the other big problems is that **NO ONE** knows what chemicals are in the vapors exhaled from the fumes of these electronic smoking devices (which can include high amounts of the poison, nicotine, and other substances, as well as many other additives), which are currently being used in a variety of enclosed and indoor spaces (including stores, restaurants and food preparation areas). This is big concern for people with compromised lungs, as vapors can be a strong irritant and inhaling the vapors given off by others can cause serious breathing problems. **No one** should have to be subjected to unknown vapors from others that they do not choose, which will continue to occur unless regulations to prohibit such exposure are passed now.

Thanks for the opportunity to testify about this issue that is so vital to the health of Hawaii. This issue is very important to our state and our Hawaii COPD Coalition is very glad that this committee has taken a leadership role in addressing this important matter. **Please vote in favor of SB 2495, SD1 to appropriately regulate electronic smoking devices.** Thank you.



Executive Officers:  
Stanley Brown, ConAgra Foods - Chairperson  
John Schilf, RSM Hawaii - Vice Chair  
Derek Kurisu, KTA Superstores - Treasurer  
Lisa DeCoito, Aloha Petroleum - Secretary  
Lauren Zirbel, Executive Director

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TO:  
HOUSE COMMITTEE ON HEALTH  
Rep. Belatti, Chair  
Rep. Morikawa, Vice Chair

FROM: HAWAII FOOD INDUSTRY ASSOCIATION  
Lauren Zirbel, Executive Director

DATE: March 12, 2014  
TIME: 8:30am  
PLACE: Conference Room 329

RE: SB 2495

Position: Comments

The Hawaii Food Industry Association is comprised of two hundred member companies representing retailers, suppliers, producers and distributors of food and beverage related products in the State of Hawaii.

A new regulatory and tax structure on electronic cigarettes will be costly for wholesalers and retailers, and those costs will be passed on to consumers. We believe it is important to make sure this is the right action to take for these products before imposing new taxes and licensing requirements.

Electronic smoking devices do look similar to cigarettes and do contain nicotine. However, like many smoking cessation products, which also contain nicotine, electronic smoking devices do not actually create smoke. We would like to be involved in the conversation going forward and we believe that it may be possible to take a more nuanced approach to this issue rather than simply imposing the regulatory structure of one product onto another based on superficial similarities.

Thank you for the opportunity to testify.

# TAXBILLSERVICE

126 Queen Street, Suite 304

TAX FOUNDATION OF HAWAII

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: TOBACCO, Electronic smoking devices

BILL NUMBER: SB 2495, SD-3

INTRODUCED BY: Senate Floor Amendment

EXECUTIVE SUMMARY: Subjects electronic smoking devices to the tobacco tax of 70% of their wholesale price until September 30, 2014 and \_\_\_% thereafter. While such devices contain nicotine, there is no tobacco being consumed with these electronic smoking devices, so it is questionable why this particular product should be placed under the tobacco tax.

BRIEF SUMMARY: Amends HRS section 245-3 so an excise tax of 70% shall be imposed on the wholesale price of each electronic smoking device kit, electronic smoking device nicotine cartridge, or electronic smoking device nicotine refill sold, used, or possessed by a wholesaler or dealer on or after September 30, 2009. An electronic smoking device shall be subject to an excise tax of \_\_\_% of the wholesale price of each electronic smoking device kit, electronic smoking device nicotine cartridge, or electronic smoking device nicotine refill sold, used, or possessed by a wholesaler or dealer on or after October 1, 2014.

Amends HRS section 245-1 to add a definition of “electronic smoking device” as any electronic product that can be used to vaporize and deliver nicotine or other substances to the person inhaling from the device, including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, or electronic pipe, and any cartridge or other component of the device or related product.

Makes other nontax amendments to provide that electronic smoking devices shall be subject to the anti-smoking laws and the laws regulating the sale, distribution, or display of such devices similar to cigarettes and other tobacco products.

EFFECTIVE DATE: July 1, 2050; sections imposing the excise tax shall take effect on January 1, 2015.

STAFF COMMENTS: While traditional cigarettes have been proven to be a health hazard, electronic smoking devices appeared on the market in 2004. Even though such devices contain nicotine, they do not produce other hazardous substances associated with a traditional cigarette. Given the fact that there is no tobacco being consumed with these electronic smoking devices, it is questionable why this particular product should be placed under the tobacco tax. While it may be a substitute for a tobacco product, so are other products like nicotine gum. How should these latter products be taxed, if at all? As noted many times before, if the health department believes that products such as cigarettes, chewing tobacco, and other forms of tobacco consumption are bad for the community’s health, then those products should be banned altogether. Apparently, lawmakers do not want to give up the revenues they reap from the heavy taxes imposed on these products.

Digested 3/10/14





American Cancer Society  
Cancer Action Network  
2370 Nu'uuanu Avenue  
Honolulu, Hawai'i 96817  
808.432.9149  
[www.acscan.org](http://www.acscan.org)

House Committee on Health  
Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair  
Members of the Committee



Hearing: March 12, 2014; 8:30 a.m.

**SB 2495 SD3 – RELATING TO ELECTRONIC SMOKING DEVICES**

Cory Chun, Government Relations Director – Hawaii Pacific  
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of SB 2495 SD3, which requires persons engaged as wholesalers and dealers of electronic smoking devices and retailers of electronic smoking devices to obtain a tobacco sales license; increases fees for permits and licenses; implements an excise tax on electronic cigarettes; amends Hawaii's smoke-free laws to prohibit the use of electronic smoking devices in places open to the public and places of employment; and clarifies that the sale, distribution, or display of electronic smoking devices is restricted in the same manner as cigarettes and other tobacco products.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

ACS CAN is supportive of licensing requirements for electronic smoking devices retailers, in order to create consistency with tobacco retailers. Licensing requirements provide a level of oversight over these unregulated devices.

ACS CAN also supports also supportive of prohibiting the use of electronic smoking devices in public places and workplaces. The use of e-cigarettes in public places normalizes the act of smoking and undermines Hawaii's successful efforts to create a smoke-free environment that models healthy behavior, especially for a new generation of young people. This simulation of smoking also makes enforcement of the current smoke-free workplace law difficult because of the similarities between the two.

Thank you for the opportunity to submit testimony on this matter.



**LATE**

**Testimony in SUPPORT of SB 2495,  
“Relating To Electronic Smoking Devices”**

The American Heart Association supports SB 2495, SD 3, “Relating to Electronic Smoking Devices.”

The American Heart Association is dedicated to supporting state and local action to protect the public from the dire effects of tobacco. As you are undoubtedly aware, tobacco use is one of the leading preventable risk factors for cardiovascular diseases. As we’ve learned through our policy efforts to restrict smoking in public and work places, such policies not only reduce exposure to non-smokers of deadly environmental tobacco smoke, but also have the added benefit of changing the public norms regarding tobacco use.

The emergence of e-cigarettes threaten to reverse those advances in de-normalizing tobacco use. The science around the safety of use of e-cigarettes has not yet been fully studied, and because e-cigarettes are not yet regulated by the U.S. Food and Drug Administration the nicotine levels and chemicals in the various brands being marketed vary. In addition, there is inadequate evidence to support the use of e-cigarettes as a smoking cessation strategy. In fact, it should be noted that one of the concerns about expanded and increased use of e-cigarette products in the general population is the dual use of cigarettes and e-cigarette products. The AHA recommends that clinicians should continue to discourage use of all tobacco products and emphasize prevention of tobacco initiation and tobacco cessation as primary goals for tobacco control.

Legislators are encouraged to support SB 2495, SD 3 to help reduce the exposure of e-cigarette particulate- and nicotine-laced aerosol by non-users, and to continue to denormalize socially nicotine addiction.

Respectfully submitted,

Donald B. Weisman  
Hawaii Government Relations/Community Relations Director

Serving Hawaii since 1948

**Mission Statement:**  
“Building healthier lives, free of cardiovascular diseases and stroke.”

For more information on the AHA’s educational or research programs, visit [www.heart.org](http://www.heart.org) or contact your nearest AHA office.

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To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health  
From: Tiffany L. Gourley, Policy & Advocacy Director  
Date: March 11, 2014  
Hrg: House Committee on Health; Wed., March 12, 2014 at 8:30 a.m. in Rm 329  
Re: **Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices**

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Thank you for the opportunity to offer testimony in **strong support of SB 2495 SD 3**, which regulates electronic smoking devices (ESDs).

The Coalition for a Tobacco Free Hawaii (Coalition) is a program of the Hawaii Public Health Institute working to reduce tobacco use through education, policy and advocacy. Our program consists of over 100 member organizations and 2,000 advocates that work to create a healthy Hawaii through comprehensive tobacco prevention and control efforts.

**The Coalition supports SB 2495 SD 3 as a way to regulate ESDs to reduce youth access, initiation, and experimentation.**

Youth groups have contacted the Coalition requesting help to deal with ESDs. Reports of youth as young as 2<sup>nd</sup> grade are using ESDs, and staff are unsure of how to address this. The Centers for Disease Control and Prevention reports that between 2011 and 2012, e-cigarette experimentation and recent use doubled among middle and high school students in the United States.<sup>1</sup> 43% of Hawaii college students reported having used ESDs, and 18.4% of students who had never smoked had used ESDs at least once.<sup>2</sup>

**The Coalition supports including definitions of “electronic smoking device” and “tobacco products” under Hawaii Revised Statutes (HRS) section 245-1 and requiring ESD wholesalers and dealers to obtain a license and requiring ESD retailers to obtain a permit under HRS section 245-3.**

Currently, ESDs are not regulated at any level; therefore all emissions and chemicals released in exhalation are also unregulated. ESDs do not emit harmless water vapor, but emit an aerosol that contains nicotine, ultra-fine particles, volatile organic compounds, and other toxins.<sup>3</sup> The U.S. Food and Drug Administration (FDA) has not found consistent control processes within the manufacturing of ESDs.

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<sup>1</sup> Centers for Disease Control and Prevention, “Notes from the Field: Electronic Cigarette Use Among Middle and High School Students—United States, 2011-2012.” Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm>.

<sup>2</sup> Pokhrel, Pallav, University of Hawaii Cancer Center (2014).

<sup>3</sup> Americans for Nonsmokers’ Rights, “Electronic (e-) Cigarettes and Secondhand Aerosol”, available at <http://no-smoke.org/pdf/ecigarette-secondhand-aerosol.pdf>.



Manufacturers and retailers acknowledge that ESDs contain nicotine, are addictive and habit-forming, are intended for committed smokers, and should not be used by women who are pregnant or persons with an elevated risk of any medical condition, including, but not limited to, heart disease, diabetes, high blood pressure or asthma.<sup>4</sup>

The first step to regulating these potentially harmful devices is to treat them similarly to other tobacco products and to know who is selling them. To provide consistency within the HRS, ESD wholesalers and dealers should be required to obtain similar licenses as tobacco product wholesalers and dealers, and ESD retailers should be required to obtain similar permits as tobacco product retailers.

**The Coalition supports including ESDs in HRS section 328J-1, which will provide for further consistency and protection in the workplace.**

SB 2495 SD 3 adds and amends important definitions of the law, which are critical to allowing consistency among all of Hawaii's smoking laws. Confusion of smoking prohibitions results without such definitions in place. Furthermore, emerging research shows dual use where cigarette users switch to ESDs in locations they are not permitted to smoke.<sup>5</sup> Allowing the use of ESDs in locations where smoking is prohibited is problematic in that ESD use threatens the social norm, creates distractions in the workplace, and undercuts years of progress by tobacco control groups.

**The Coalition supports establishing an excise tax on ESDs and recommends an excise tax of no less than fifty per cent (50%) of the wholesale price of the item containing nicotine in order to maintain consistency among tobacco products.**

The Coalition supports establishing an excise tax on ESDs treating them similarly to other tobacco products. Currently, the excise tax on other tobacco products, other than large cigars, is seventy per cent of the wholesale price. Large cigars are currently taxed at fifty per cent of the wholesale price.

ESDs are sold in various forms, including ESD kits that include "starter kits" or "starter packs" and single use disposable e-cigarettes. ESD kits can contain cartridges that can be changed or refilled. Refill liquid, also referred to as "e-juice" or "e-liquid" or "smoke juice", comes in separate containers that can then be poured into the cartridge. When containing nicotine, the liquid should be treated similarly to a tobacco product and taxed at the same rate.

Following Minnesota, the only state to have passed an ESD tax, the Coalition supports taxing the various ESD items separately. If a wholesaler sells the cartridge with nicotine separately and can

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<sup>4</sup> <http://www.ejuiceusa.com/warnings---read-me.php>; [www.vapedudes.com/](http://www.vapedudes.com/); <http://www.vaportokers.com/>; <http://www.virginvapor.com/>; <http://www.volcanoecigs.com/about-us>

<sup>5</sup> Centers for Disease Control and Prevention (CDC). Notes from the field: electronic cigarette use among middle and high school students -- United States, 2011-2012. MMWR Morb Mortal Wkly Rep. 2013;62:729-730. Available at

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm?s\\_cid=mm6235a6\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm?s_cid=mm6235a6_w)

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*\*The Coalition for a Tobacco-Free Hawaii is a program of the Hawaii Public Health Institute*



isolate the cost of the product, the Coalition supports imposing the tax only on the nicotine based cartridges or liquid nicotine in a bottle. Otherwise, the sales price of a whole kit or content of an e-cigarette package will be taxed. The tax is due and is determined on whatever format the product is brought into the state.

Studies have shown that even ESDs claiming to not contain nicotine contain low levels of nicotine,<sup>6</sup> and the burden should be placed on the manufacturer to show that the cartridge does not contain nicotine to be exempted from these regulations and taxes. Due to overseas manufacturing and ingredients not written in English, the Coalition also recommends amending SB 2495 SD 3 to include language that requires the wholesaler or dealer to prove the item does not contain nicotine in order to be exempted.

SB 2495 SD 3 comprehensively provides regulation around ESDs. We respectfully ask you to pass this measure to ensure the safety of everyone. Thank you for the opportunity to testify on this matter.



Tiffany L. Gourley, esq.  
Policy and Advocacy Director

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<sup>6</sup>Available at <http://northcoastalpreventioncoalition.org/wp-content/uploads/2013/11/E-Cigarettes-Fact-Sheet.pdf>.

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*\*The Coalition for a Tobacco-Free Hawaii is a program of the Hawaii Public Health Institute*

March 11, 2014



TO: Members, House Committee on Health

RE: SB2495: Relating to Electronic Smoking Devices – **SUPPORT**

Date: Wednesday, March 12, 2014

Place: Conference Room 329

FROM: Stormy Dodge, Blane Garcia and Abigail Sy, University of Hawaii Student Health Advisory Council

The University of Hawaii Student Health Advisory Council strongly supports the efforts of State of Hawai'i Legislative session 2014, to pass SB2495 and include electronic smoking devices within the definition of "tobacco products" under chapter 245, Hawaii Revised Statutes.

The Student Health Advisory Council is a student advisory council that plays a pivotal role in the development and implementation of the health policies and programs that impact the UH System campuses. We remain deeply committed to the mission of improving the public health environment and reducing the use of tobacco products including electronic smoking devices among the adolescent and young adult population.

The adoption of SB2495 would prohibit the use of electronic smoking devices in a place of higher learning. Electronic smoking devices, just like other tobacco products, have no place in classrooms, libraries, study lounges, and lecture halls. These devices pose not only a public health concern, but are also a detrimental distraction to the learning environment. Therefore, the Student Health Advisory Council strongly urges the Legislature to pass SB2495.

*Mahalo mui loa*, for your efforts to create a healthier place for thousands of students, faculty and staff to learn and work.

Aloha on behalf of the Student Health Advisory Council,

Stormy Dodge, Blane Garcia and Abigail Sy, Chairs



**UNIVERSITY OF HAWAII SYSTEM**  
Legislative Testimony

**LATE**

Written Testimony Presented Before the  
House Committee on Health  
March 12, 2014 at 8:30 am  
by  
Michele Carbone, MD, PhD  
Director  
and  
Thaddeus Herzog, PhD  
Associate Professor (Researcher)  
Cancer Prevention and Control Program  
University of Hawai'i Cancer Center  
University of Hawai'i at Mānoa

SB 2495 SD3 – RELATING TO ELECTRONIC SMOKING DEVICES

Chair Belatti, Vice Chair Morikawa, and Members of the Committee:

The University of Hawai'i Cancer Center supports this bill.

The UH Cancer Center is one of only 68 institutions in the U.S. that hold the prestigious National Cancer Institute (NCI) designation, and is the only NCI-designated center in the Pacific. The NCI designation provides greater access to federal funding and research opportunities. More importantly, it gives the people of Hawai'i and the Pacific region access to innovative and potentially life-saving clinical trials without the necessity of traveling to the mainland.

Our consuming passion at the UH Cancer Center is to be a world leader in eliminating cancer through research, education and improved patient care. Because tobacco consumption is a leading preventable cause of cancer, we take all issues related to tobacco in Hawai'i very seriously. Whereas the UH Cancer Center always has supported strong tobacco control measures in Hawai'i, the recent emergence of e-cigarettes presents new challenges for tobacco control and tobacco-related legislation.

The UH Cancer Center perspective on e-cigarettes is informed by the scientific literature, including original published research by our own faculty. Despite the complexities of the larger debate regarding e-cigarettes, we believe this bill represents reasonable legislation that balances the rights of adults to use e-cigarettes in appropriate venues while restricting the use of e-cigarettes in public places where conventional cigarettes also are banned. We also support the prohibition of the sale of e-cigarettes to minors, and we support the provisions in this bill that enhance the ability of authorities to enforce these laws.

As scientific research on e-cigarettes progresses, we will have a stronger basis to adjust laws according to evidence. At the present time, however, caution is warranted. As others have noted, the FDA currently does not regulate e-cigarettes, and thus the consumer has no assurances regarding e-cigarette ingredients. Further, because of the novelty of e-cigarettes, the long term effects of using these devices are unknown. A further concern, not often discussed, is the potential for e-cigarettes to be used as drug delivery devices for substances other than nicotine.

For these reasons, we respectfully urge you to pass this bill.



**LATE**

# Cloud 50



Aloha Hawaii state senators. I would be honored if you would take the time to click on the link above containing information that may be very relevant to your upcoming decision on the pending legislation against electronic vaping devices.

If I may also state a few sentiments that may also have a small impact on your decision. I'll bullet point them so as to make it far quicker to reference as I know you are very busy with other matters.

Vaping has given me a healthy alternative to smokeless tobacco and cigarettes, which I used routinely for the last 20+ years. Aside from their ability to provide a source of nicotine (which is optional) they have nothing in common with conventional tobacco products.

I have read as much about the dangers of vaping as I can find. I do have concerns about specific items - Namely the types of metals being used in the portion of the device designated as the atomizer and with regard to the materials being used to make the coils, the types of batteries being used, the stipulations/quality control over ejuice manufacturing, and the legitimacy & knowledge of the businesses engaged in retail to the public.

As a business owner in Hawaii, I know for a fact that this industry is a strong one which will provide jobs. It also promises to stimulate the small business efforts for many local entrepreneurs like myself who find the cost of living here to be hard to palate at times. I do feel it is our responsibility as the leaders of this new industry to conduct our due diligence on the products we provide, while acting responsibly to enforce the underage limit. As with alcohol and tobacco, it has always been the retailers efforts (or lack thereof) which determines how accessible the product is. I take pride in every transaction we do, knowing that we have ID'd and confirmed our customers to be of age.

As a resident, I like to see the flow of cash being recirculated to local businesses that can help to keep Hawaii....well Hawaii. I also appreciate the provisions for employment that the industry affords. Many of those jobs are being filled by our young adults, who have found both a source of income, as well as a clearly healthier alternative to tobacco. I would be truly disappointed to see the industry suffer from over taxation/legislation, which may force both retailers/customers to seek less legitimate means of attaining/selling the products in addition to the likelihood that much of the circulation of money in our local economy would likely go stateside/overseas.

As a former smoker & user of smokeless tobacco, I applaud the efforts of those more informed about the benefits of electronic vaping devices as they fight for fair legislation and the perpetuation of this technology to the public. I know that I already reap the benefits of having abandoned traditional tobacco for this technology. I don't smell bad, or spit into a can all the time. My breath is better, my sense of both taste and smell have significantly improved. My wallet is not as light as it was.....thank god.

In conclusion, I strongly support the fair treatment of this new industry. I am against over taxation or taxation similar to traditional tobacco. This is a new technology. I am against the regulation/banning of flavors that are part and parcel to the users ability to wean themselves off of tobacco products. I am for regulation of the businesses in this industry to ensure that they are legitimate and providing quality product. I am for research on the various facets and medical impacts that vaping may have. I am against

# Cloud 50



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funding tobacco prevention, as I feel that this IS tobacco prevention, and perhaps one of the most effective methods to date. I urge you to read as many of the up to date articles relevant to this topic as possible, as I feel that your upcoming decisions on this industry will have long reaching effects which will be far more negative than positive.

Thank you for your time and consideration.



### Testimony in Strong Opposition to SB2495

Dear House Committee on Health,

The Hawaii Smokers Alliance STRONGLY OPPOSES SB2495 relating to attacks on the e-cigarette market.

A large number of anti-e-cigarette bills are currently being pushed at this legislature, many states on the mainland, and overseas. As the old saying goes, if you want to find out the truth about something – follow the money.

At first it was a little surprising to see the ant-smoking lobby oppose these products that are a safe alternative to tobacco products.

*Dr. Carmona, the Former Surgeon General from 2002-2006 recently made this statement. "I believe that it is essential that we provide adult smokers with high-quality, innovative alternatives to traditional cigarettes. The current data indicate that electronic cigarettes may have a very meaningful harm reduction potential, and NJOY [e-cigarettes] is committed to the further development of the science in this area. I look forward to working with NJOY in this important capacity."*

However all is not well for giant pharmaceutical companies such as GSK/Johnson and Johnson, Pfizer and so on. Their expensive, unenjoyable, and sometimes dangerous NRT products are getting hit hard in sales by e-cigarettes. Let us keep in mind that the lobbyist ring called "Tobacco Free Hawaii" lists Pfizer as a "Major Funder" for their group. Most of the rest came from the settlement and from tax payers via the health dept. Pfizer is the manufacturer of Chantix, which carries a "Black Box Warning" due to significant dangers being found.

*"Sophie Ragot, marketing manager at GSK laboratories [which markets J&J NRT products] confirms the latest figures, and adds that the situation of the NRT market in the last quarter alone is even worse. She claims sales in this time frame have dropped by 17% in general and 35% in the case of nicotine patches. The situation is very similar in other European countries as well, and I'm sure NRT sales in the US aren't what they used to be either."*

<http://vaperanks.com/how-e-cigarettes-are-killing-the-nicotine-patch-market-in-europe/>

Take for example this article pinning down what's going on from the Oklahoma Constitution newspaper.

*"The funds that our state receives each year from Tobacco Master Settlement Agreement is invested and managed by Tobacco Settlement Endowment Trust or TSET. So far, the tobacco Master Settlement Agreement has provided \$1.04 billion in payouts to Oklahoma and 75% of those funds go directly to TSET.*

*TSET uses the profits from its investments of MSA money to fund a range of endeavors including the Oklahoma Tobacco Helpline. According to a 2006 Tobacco Cessation Leadership Network document featuring the tobacco control accomplishments of TSET, the purpose for integrating the anti-tobacco policies (higher taxation, public prohibitions and insurance coverage for pharmaceutical cessation products) with smoking cessation service is to increase demands for these services and to create new demand for them. According to TSET, Oklahoma has systematically integrated its anti-smoking policies with tobacco cessation promotion. TSET also funds the Oklahoma Insurance Department, Oklahoma Hospital Association, Oklahoma Dept. of Mental Health and Substance Abuse, and Oklahoma Healthcare Authority.*

*The smoking cessation drug market has been a lucrative one for the pharmaceutical companies, but the popularity of electronic cigarettes has them worried. Already in England, electronic cigarettes have surpassed conventional cessation product sales. I could write a book on the pervasive pharmaceutical influence present throughout our state's public health system, but it's not necessary because you can see it plain enough in our state and local anti-tobacco policies. However, if you'd like to further investigate their role in Oklahoma health policy, start with the Oklahoma Turning Point Initiative and the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation is one of Johnson & Johnson's largest shareholders. Johnson & Johnson just happens to own or manufacture a variety of pharmaceutical drugs including some of the very same smoking cessation products promoted by the state through the Oklahoma Tobacco Helpline." <http://www.oklahomaconstitution.com/ns.php?nid=534&commentary=1>*

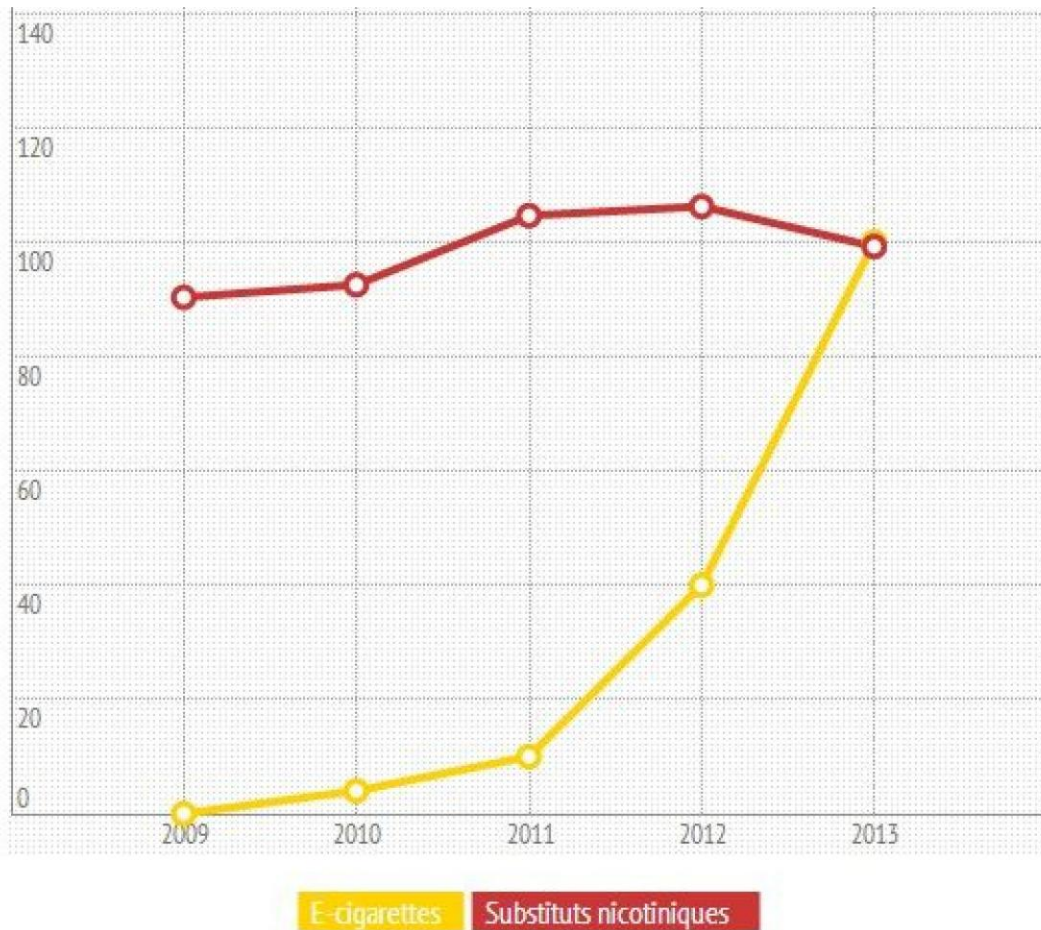
And From the Washington Examiner: Nov 19<sup>th</sup>, 2013.

*"E-cigarette manufacturers, of course, lobbied like crazy to block the proposal, and it seems they won. But the drugmakers fought for stricter regulations, for obvious reasons: E-cigarettes compete with prescription drugs that are supposed to help people stop smoking.*

*GlaxoSmithKline sells Nicorette gum and Johnson & Johnson manufactures nicotine patches. The New York Times reported these companies helped lead "strong opposition" to e-cigarettes.*

*In the U.S., the Food and Drug Administration is about to announce new proposed rules on e-cigarettes. Big Pharma's shadow hangs over the rule-making."*

<https://www.google.com/search+pharmaceutical+companies+behind+e-cigarette+bans>



This graph in millions of Euros shows the point where e-cigarette sales overtook NRT sales in France. Clearly the big pharma companies are pushing the anti-smoking groups they fund to crack down on the e-cigarette competition using legislation. Clearly this bill is an abuse of the free market system and the State legislative process.

The banning of E-cigarettes without proven research against the product is unfair and prejudicial. To be viable and not conjecture, the research MUST HAVE REGULATORY WEIGHT by a regulatory authority. For example the FDA would need to say that ABC brand e-cigarettes is harming non-smokers based on data from studies one, two, and three and provide a complete report including full funding disclosure. By not doing this, is the legislature trying to set a new precedence that all new products are to be deemed unsafe until proven otherwise? This is a very scary, neo-phobic attitude to have in a nation that previous prided itself on progress and innovation. **Should the legislature's new motto be guilty until proven innocent?**

For example this how the FDA handle “health supplements:

- *“Manufacturers and distributors of dietary supplements and dietary ingredients are prohibited from marketing products that are adulterated or misbranded. That means that these firms are responsible for evaluating the safety and labeling of their products before marketing to ensure that they meet all the requirements of DSHEA and FDA regulations.*
- *FDA is responsible for taking action against any adulterated or misbranded dietary supplement product **after it reaches the market.**”*  
(<http://www.fda.gov/Food/Dietarysupplements/default.htm>)

Or for new cosmetic that could potentially contain harmful chemicals:

*“Under the law, cosmetic products and ingredients do not need FDA premarket approval, with the exception of color additives. However, FDA can pursue enforcement action against products on the market that are not in compliance with the law, or against firms or individuals who violate the law.”*

Or new flavors or type of alcoholic beverages provided they are not adulterated or mislabeled.

Without a doubt, e-cigarettes are being targeted for taxes and bans to destroy the competition for alternates to tobacco smoking. As this bill is currently written, it is now plainly obvious that the only tobacco alternates the drug companies want on the market is their products.

Would the legislature say yes to distilled spirits companies for example claiming without any solid evidence that wine and beer *might* be much more dangerous than distilled spirits and insisting that only beer and wine be banned from hospitality establishment and slapped with a high tax? Would this legislature believe that it was “just a coincidence” and the beer companies in no way were trying to crush the competition, that it was only “about public health”? And it was also just a coincidence that they made large contributions to anti-beer and wine advocacy groups pushing bills to that end?

Sincerely,

Michael Zehner, Co-chair of the Hawaii Smokers Alliance.

808-952-0275

Hawaiismokersalliance.net

**LATE**

March 11, 2014

The Honorable Della Au Belatti  
Chair, House Committee on Health  
Hawaii State Capitol, Room 331  
Honolulu, Hawaii 96813

The Honorable Dee Morikawa  
Vice Chair, House Committee on Health  
Hawaii State Capitol, Room 310  
Honolulu, Hawaii 96813



HEARING      Wednesday, March 12, 2014  
                    8:30 a.m.  
                    Conference Room 329  
                    State Capitol, Honolulu, HI 96813

**RE:      SB2495 SD3 – Electronic Smoking Device; Tobacco Products; Excise Tax; Smoking**

Dear Chair Au Belatti, Vice Chair Morikawa and Members of Committee,

On behalf of the Retail Merchants of Hawaii (RMH), thank you for the opportunity to provide testimony in opposition to S.B. 2495, SD3 which proposes to impose new taxes and licensing requirements on electronic smoking devices.

Retail Merchants of Hawaii (RMH) is a not-for-profit trade organization representing 200 members and over 2,000 storefronts statewide. The retail industry is one of the largest employers in the state, employing 25% of the labor force; totaling nearly 200,000 jobs related to the retail industry. As the largest single generator of general excise tax revenue, the retail industry poses an enormous impact on the State's economy and we are committed to continue this growth.

RMH has specific concerns of the current language in SB 2495, SD3 which we hope will be reviewed and further dialogue will be implemented with multi-agency partners prior to moving this measure forward. RMH's concern is the fact that the Food and Drug Administration (FDA) has not released its scientific findings regarding these products and therefore could be premature for the State of Hawaii to enact such legislation.

It is important for state and local lawmakers to give the FDA sufficient time to conduct its research. Congress understood that the FDA would support their actions with science and verifiable evidence when they approach e-cigarette regulations. RMH believes that a new regulatory and tax structure on electronic cigarettes will be costly for wholesalers and retailers, and those costs will be passed on to consumers.

We believe it is important to make sure this is the right action to take for these products before imposing new taxes and licensing requirements. RMH respectfully request members of the committee to please oppose any excise taxes or restrictions on e-cigarettes until which time the FDA has presented its conclusions regarding these products.

Thank you for your consideration and the opportunity to comment. Should you have any questions, please feel free to contact Sheri Sakamoto at (808) 592-4200 or [ssakamoto@rmhawaii.org](mailto:ssakamoto@rmhawaii.org).

Sincerely;

*Sheri N. Sakamoto*

Sheri N. Sakamoto  
President



**LATE**

March 11, 2014

To: The Honorable Della Au Belatti, Chair  
Members, House Committee on Health

From: Cory Smith, VOLCANO Fine Electronic Cigarettes®  
CEO and Owner

**RE: SB2495 SD3 – oppose.**

Thank you for the opportunity to submit testimony.

VOLCANO Fine Electronic Cigarettes® is the largest manufacturer and retailer of electronic cigarettes and vaping accessories in the State of Hawaii and is widely considered one of the fastest growing companies in the state. We currently own and operate 11 locations statewide and employ over 100 full-time workers to support sales of our products not only here in Hawaii, but to all 50 states as well as Japan and the UK. We stand in opposition to SB2495 SD3 for the following:

## **I. Hawaiians Are Taxed Enough -- Why Punish Smokers Looking to Quit?**

- SB2495 SD3 attempts to levy an undetermined tax on all vapor products (which include e-cigarettes) and components by classifying these products as “electronic smoking devices,” although the products contain no tobacco and produce no smoke.
- The Food & Drug Administration’s Center for Tobacco Products has yet to issue any regulations exerting control over vapor products. In fact, a proposed regulation to do has thus far not gained approval by the Office of Management & Budget of the White House. Preliminary reports suggest that one issue that has created conflict in approaching regulations are the distinct differences between tobacco products and vapor products.
- For the purposes of a tax bill, SB2495 SD3’s definition of what constitutes an “electronic smoking device” is overly broad. In addition to nicotine-containing cartridges and liquid, SB 2495 SD3 seeks to tax “kits,” but does not define what constitutes a “kit.” While we oppose taxation of our product category in general, we note that the only state that does tax e-cigarettes, Minnesota, only taxes products that contain nicotine.
- An electronic cigarette is made up of many different common electronic components such as batteries, buttons, heating elements, cartridges, metal tips, charging components, etc. All of these





items are sold separately or as a kit. Many of the components can actually be used in conjunction with many other standard electronic devices such as cellphones and cameras. In fact, nicotine, which may or may not be derived from a tobacco source, is not contained in the majority of products we sell. Only approximately 20% of our monthly orders are for products that contain nicotine.

- The existing tobacco tax was put into place for two reasons: (1) as a way to drive up the cost of cigarettes and spur quit attempts by smokers; and (2) to generate revenues for the State to offset medical expenditures incurred in treating smoking-related diseases amongst the population. However, considering that our products are estimated by many respected public health professionals to be approximately 99% less hazardous than smoking and are being used as alternatives to cigarettes, how can the State justify imposing tobacco taxes on their sale? Since our founding, VOLCANO's goal has been to provide smokers with a smoke-free alternative that is satisfying enough that they will want to quit smoking and switch to our product. Our mission is consistent with that of this Legislature and many public health organizations: to get people off of tobacco cigarettes.
- The general cost of a fully functioning reusable electronic cigarette kit is upwards of \$70, much higher than that of a pack of combustible cigarettes. Even most one-time use electronic cigarettes are priced comparable to, or higher than tobacco cigarettes. Some smokers are already hesitant to try electronic cigarettes due to the high start-up costs involved. Levying excise taxes on electronic cigarettes that are in any way comparable to existing tobacco tax rates would only serve to further discourage current smokers from switching. Even worse, a dramatic increase in the cost of e-cigarettes may send some current users back to smoking. In order to make cigarettes obsolete, electronic cigarettes must be able to fairly compete on the market with traditional tobacco cigarettes.
- SB 2495 SD3 would put Hawaii-based electronic cigarette companies at a competitive disadvantage in the national market for electronic cigarette products. In Hawaii, many customers of our brick and mortar locations will turn to the Internet if faced with a sudden price increase. Additionally, our wholesale and retail partners on the mainland will undoubtedly scoff at price hikes and will turn to suppliers in the 48 states that do not tax electronic cigarettes. This could force us to either move out of state, taking the jobs and revenue with us, or close the business altogether. This would mean a loss of both jobs and GET tax revenues.
- Over the years that we have been in business in the state, we have provided a product that tens of thousands of customers use every day to greatly reduce their tobacco use or quit smoking altogether. This has improved the lives of tens of thousands of smokers and ex-smokers in this state alone. The removal of secondhand smoke has helped non-smokers as well. As it stands



now, Hawaii has one of the largest number of electronic cigarette users per capita due to availability. The adult smokers who have switched to our products now save anywhere from \$2000-\$4000 a year, which is money that citizens end up spending in the local economy.

- VOLCANO Fine Electronic Cigarettes is currently one of the largest electronic cigarette suppliers in the mainland U.S. We are also the number one FedEx shipper in the State of Hawaii. We bring money into the local economy from the mainland and have provided a much-needed boost to Hawaii by hiring local employees. Throughout the recession we have grown our business and our taxable revenues every year.

## II. No Evidence Supports Restricting Electronic Cigarette Use by Adults

- Several million smokers in the US have quit smoking or sharply reduced their cigarette consumption by switching to or substituting with smoke-free electronic cigarettes. **To date, there is no evidence that electronic cigarette usage has harmed anyone**, which is logical since the product emits a tiny amount of vaporized nicotine and flavorings (similar to nicotine inhalers that are marketed as smoking cessation aids). Numerous studies conducted on e-cigarettes have found that e-cigarettes emit no hazardous levels of any constituents, and that levels of nitrosamines in e-cigarettes are nearly identical (i.e. very little if any) to those in nicotine gums and patches. Those studies are attached to this presentation.
  - Burstyn, I. Peering through the mist: What does the chemistry of contaminants in electronic cigarettes tell us about health risks? *BMC Public Health*. January 2014. <http://www.biomedcentral.com/1471-2458/14/18/abstract>
  - Goniewicz ML, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control*. March 2013. <http://tobaccocontrol.bmj.com/content/early/2013/03/05/tobaccocontrol-2012-050859.abstract>
  - Siegel, M, et. al. Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes. *Journal of Public Health Policy*. December 2010. <http://www.palgrave-journals.com/jphp/journal/v32/n1/full/jphp201041a.html>
  - Trehy, et. al. Analysis of electronic cigarette cartridges, refill solutions, and smoke for nicotine and nicotine related impurities. August 2011. <http://www.tandfonline.com/doi/abs/10.1080/10826076.2011.572213>
- Although electronic cigarettes emit NO smoke, the bill **falsely defines vapor products as “electronic smoking devices” and deceptively redefines “smoking” to include the use of electronic cigarettes** in an attempt to restrict their usage in the same places as tobacco cigarettes. Vapor products contain no tobacco, produce no smoke, and have not been



demonstrated to have the detrimental effects of combustible tobacco products. In fact, the FDA has taken appropriate and proportional regulation seriously and to date has not issued regulations for the product because they seemingly understand the potential this product has to switch people over from actual tobacco, which kills 480,000 people per year. Further, Mitch Zeller, Director of the Center for Tobacco Products at the FDA recently stated:

- "If a current smoker, otherwise unable or unwilling to quit, completely substituted all of the combusting cigarettes that they smoked with an electronic cigarette at the individual level, that person would probably be significantly reducing their risk." (<http://thedianerehmsshow.org/shows/2014-01-21/new-health-risks-cigarette-smoking/transcript>)
- In sharp contrast to indoor smoke free policies/laws (which are largely self enforced because of broad public support), please note that **it is also impossible to enforce an e-cigarette usage ban** (since the products can be used discreetly without anyone else knowing). By simply waiting a few seconds before exhaling, no visible vapor is exhaled by e-cigarette users, and as such, nobody will know that anyone is even using an e-cigarette. Despite widespread usage in cities and states that have banned e-cigarette use where smoking is banned, there is no record of any fine or citation being given. **Enacting unwarranted and unenforceable regulations carries the risk of unintended consequences like sending former smokers back to combustible tobacco products; harming their health and undermining the mandate of the state to promote viable alternatives to known killers.**

### III. Requiring Face to Face Sales for Vapor Product Sales is Legislative Overreach

- By defining vapor products as “tobacco products,” SB2495 SD3 would prohibit our company from selling to customers through the Internet by requiring all sales of vapor products to take place in a direct, face to face transaction. **Enactment of this provision would at a minimum require us to move that portion of our business to the mainland, resulting in the loss of jobs here in Hawaii.**
- Safeguards are appropriate to ensure that minors are not able to acquire nicotine products through the Internet, but there are narrowly tailored laws already in place in states across the U.S. that would achieve this end without decimating an entire sector of our business. For example, Illinois, South Carolina, North Carolina and Ohio have recently required third-party age verification for Internet or other remote sales.<sup>1</sup>

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<sup>1</sup>Illinois’ requirement reads: “[F]or sales made though the Internet or other remote sales methods, performing an age verification through an independent, third-party age verification service that compares information



- All electronic cigarettes are not created equally. Certain models of electronic cigarettes may be available in convenience stores across Hawaii, but there are countless models that are only available in two places; speciality e-cigarette stores (of which there are none in certain places in Hawaii) and Internet retailers like our company. Under SB2495, Hawaiians who wish to purchase an electronic cigarette online will continue to do so, but they will not be permitted to purchase a product from a company that is creating jobs here in their home state.

#### **IV. The Bigger Picture: Electronic Cigarettes Are a Plus For Public Health**

- The available evidence indicates that all noncombustible tobacco / nicotine products (including e-cigarettes, nicotine gums, lozenges, patches) are about 99% less hazardous alternatives to cigarettes. **The concept of tobacco and nicotine harm reduction is being embraced by more public health professionals and academics each year.** Indeed, last year the FDA Center for Drug Evaluation & Research recognized that nicotine, disconnected from smoke, is not the killer in cigarette smoke when it voted to permit the makers of nicotine replacement therapy products to label their products for long-term use by smokers looking to quit.
- VOLCANO supports appropriate and proportionate regulation, and asks that Hawaii await guidance from the FDA on regulatory parameters for this product. The Tobacco Control Act of 2009 was enacted to counteract the known harm caused by combustible tobacco products and was never intended to cover vaporizing products like e-cigarettes.

Thank you for your time and consideration. If you have any questions, please feel free to contact me or Volcano's representative Celeste Nip at [Celeste Nip at \[celeste.nip@volcano.com\]\(mailto:celeste.nip@volcano.com\)](mailto:celeste.nip@volcano.com).

Sincerely,  
Cory Smith  
CEO and Owner  
VOLCANO Fine Electronic Cigarettes®

1003 Sand Island Access Rd. Suite #1260, Honolulu, HI 96813

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available from public records to the personal information entered by the person during the ordering process that establishes the person is 18 years of age or older." See Illinois Criminal Statutes, 720 ILCS 675.

## **morikawa2-Joanna**

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**From:** Helen Barrow <helenb@ccmaui.org>  
**Sent:** Tuesday, March 11, 2014 8:08 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Mahalo nui loa for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Helen Barrow  
M?lama I Ke Ola Health Center  
Wailuku, HI, HI 96768

## **morikawa2-Joanna**

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**From:** Forrest Batz <fbatz@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 7:56 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
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Mahalo.

Forrest Batz  
34 Rainbow Drive  
Keaau, HI 96749

## **morikawa2-Joanna**

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**From:** Karli Bergheer <karli@pacificcancerfoundation.org>  
**Sent:** Tuesday, March 11, 2014 7:47 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

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Mahalo.

Karli Bergheer  
221 Mahalani Street, Suite 99  
Wailuku, HI 96793

## **morikawa2-Joanna**

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**From:** Boyd, Manager Richard Boyd <boyd.mgr.mterrace@gmail.com>  
**Sent:** Tuesday, March 11, 2014 7:56 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
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Mahalo.

Boyd, Manager Richard Boyd  
250 Kawaihae St  
250 Kawaihae St  
Honolulu, HI 96825



## **morikawa2-Joanna**

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**From:** Clyde Nakashima <clyde@hawaii.rr.com>  
**Sent:** Tuesday, March 11, 2014 8:08 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strongly disagree with SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong opposition of SB 2495 SD 3. I disagree with regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

The FDA has yet to release any regulations over existing products. In fact, proposed regulation did not gain approval by the Office of Management & Budget of the White House.

The tax unfairly puts an increased cost to components of an ecig which do not contain nicotine such as: universal batteries, plastic tips, USB charging wires, etc. How can these universal items be taxed?

Imposing a tax on Hawaii retailers would put them at a disadvantage to compete nationally and turn Hawaii customers on to mainland based companies who would be able to offer product at a cheaper price with no tax.

Mahalo.

Clyde Nakashima  
1014 Kalikimaka Street  
Honolulu, HI 96817

## **morikawa2-Joanna**

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**From:** Dan Domizio <dand@punahealth.org>  
**Sent:** Tuesday, March 11, 2014 8:06 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; e establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Dan Domizio  
15-2662 Pahoia Village rd  
Suite 306, PMB 8741  
Pahoia, HI 96778

## **morikawa2-Joanna**

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**From:** Daria Fand <daria@hawaiiantel.net>  
**Sent:** Tuesday, March 11, 2014 7:33 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Mahalo.

Daria Fand  
1545 Kalakaua Ave., Apt. 709  
Honolulu, HI 96826

## **morikawa2-Joanna**

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**From:** pat fleck <pat.fleckconsulting@hawaiiantel.net>  
**Sent:** Tuesday, March 11, 2014 8:09 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

pat fleck  
75-5660 Kopico Street, Ste. C7-330  
kailua kona, HI 96740

## **morikawa2-Joanna**

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**From:** Katherine Freer <Kbfreer@gmail.com>  
**Sent:** Tuesday, March 11, 2014 8:04 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Katherine Freer  
1515 avon way  
Honolulu, HI 96822

## **morikawa2-Joanna**

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**From:** Chris Fukui <chrisfukuimd@gmail.com>  
**Sent:** Tuesday, March 11, 2014 7:29 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Chris Fukui  
380 Halaki St.  
Honolulu, HI 96821

## **Testimony**

### **SB2495 SD3 Relating to Electronic Smoking Devices**

**Health Committee March 12, 2014 8:30 am. Room 329**

### **Strongly Support**

Chair Belatti and committee members,

Mahalo for the opportunity to submit testimony in Strong Support of SB2495 SD3. I am writing with growing concerns about the escalating use of electronic smoking devices (ESDs) in Hawaii. The apparent absence of adequate quality control oversight during manufacturing of ESDs and solutions used in them is troubling (Food and Drug Administration, 2011).

Originally introduced as a tobacco harm reduction ploy, ESDs are marketed as less harmful alternatives to smoking (Farsalinos & Polosa, 2014). The FDA has advised smokers about the potential harm to health when using these products, now also being considered as drug delivery devices (FDA, 2011). There are growing numbers of teens that are using ESDs (CDC, 2012), and with the media emphasizing their attractiveness, the general public, particularly our youth are quickly becoming entrenched with this latest craze.

Aggressive marketing and substantial increase in the number of unregulated ESDs in Hawaii is disconcerting. The lack information of ESDs and the toxicity and combination of chemical solutions used in them poses a considerable public health risk (Chen, 2013). Currently ESDs and levels of chemicals inhaled through them are

unregulated (FDA, 2011) and validation of their safety is needed through clinical studies (Romagna, et. Al.,2012).

Legislation is needed that provides protection for the public while science continues to emerge with more information about ESDs, emissions, and chemicals inhaled and released from the vapor. Hawai'i should follow the lead of a growing number of state and local governments that are taking steps to regulate the sale, marketing, and use of electronic smoking devices. Please pass SB2495 SD1 that will prohibit the use of ESDs use in public places and places of employment and require licensing and permitting for wholesalers, dealers, and retailers of electronic smoking devices and supplies. This legislation will be a pivotal first step in regulating and monitoring this looming public health threat.

Lynda A Hirakami APRN FNP  
12-4265 Pahoia Kalapana Rd.  
Pahoia HI 96778

#### References

- Chen, I. (2013). FDA Summary of adverse events on electronic cigarettes. *Nicotine & Tobacco Research*, 15 (2) 615-116. Doi:10.1093/ntr/nts145
- Farsalinos, C., & Polosa, R. (2014) Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitute: a systematic review. *Therapeutic Advances in Drug Safety* 1- 20. Doi: 10.1177/2042098614524430 Available from <http://www.taw.sagepub.com>
- Food and Drug Administration*. Regulation of e-cigarettes and other tobacco products. Silver Spring, MD: Food and Drug Administration; 2011. Available from <http://www.fda.gov/newsevents/publichealthfocus/ucm252360.htm>
- Romagna, G., Alliffranchini, E., Bocchietto, E., Todeschi, S., Espositio, M., & Farsalinos, K. (2013). Cytotoxicity evolution of electronic cigarette vapor extract on cultured mammalian fibroblasts (Clear Stream-LIFE): Comparison with



tobacco cigarette smoke extract. *Inhalation Toxicology* 2013 25(6): 354-361

Doi: 10.3109/08958378.2013.793439

U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2013, September 6). Electronic cigarette use among middle and high school children United States, 2011-2012. *Morbidity and Mortality Weekly Report*, 62(35). Retrieved from [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).

## **morikawa2-Joanna**

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**From:** Cyd L. Hoffeld <cyd.hoffeld@gmail.com>  
**Sent:** Tuesday, March 11, 2014 8:22 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Cyd L. Hoffeld  
RR2 Box 4549  
Kalapana-Pahoa, HI 96778

## **morikawa2-Joanna**

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**From:** Kanani Kilbey <KilbeyKN@ah.org>  
**Sent:** Tuesday, March 11, 2014 8:20 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

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Mahalo.

Kanani Kilbey  
642 Ulukahiki Street  
Suite 105  
Kailua, HI 96734

## **morikawa2-Joanna**

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**From:** Michelle Kwock <michellek303@yahoo.com>  
**Sent:** Tuesday, March 11, 2014 8:28 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Michelle Kwock  
100 N. Beretania St.  
Honolulu, HI 96817

**Testimony of Professor Mark A. Levin *in strong support* for SB 2495 SD3**

**RELATING TO ELECTRONIC SMOKING DEVICES  
House Committee on Health  
March 12, 2014**

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*Chair Belatti, Vice-Chair Morikawa, and members of the Committee on Health:*

Aloha. In the 1950's, the tobacco industry fooled the world by marketing filtered cigarettes. These weren't safer, though millions of people died having been led to believe they were. Meanwhile tobacco smoke pollution brought down those around them as well.

In the 1970's, the industry scammed the public by marketing light and mild cigarettes. Once again, not safer but this too was a great boost to keep people addicted, and paying for it with wallets and lives. Secondhand death and disease continued too.

Finally, in the 1990's, lawmakers around the globe began stepping forward to right these wrongs. The work is incomplete, but in our State, our legislators, many of you among them, took important steps forward including our 2006 Smokefree Workplaces Law and with several significant tax increases.

Here we go again. New addictive vapor devices are pitched to be a route to safer use. Again these are simply a boost for the industry to keep people addicted *and even to hook new users among our youth*. But with Big Tobacco's deadly track record, in what right minds should we trust public health to the unregulated vapes of the latest devices?

Though you are getting much local testimony, addictive vapors are plainly Big Tobacco's 21<sup>st</sup> century hope. If these devices have therapeutic merit, let the sellers prove that to expert regulators in accordance with federal food and drug laws. But they haven't, won't, and can't.

In the meanwhile then, let's be smart, safe, cautious, and conservative by setting legal structures to be the same as for incendiary tobacco products. No sales or user incentives belong here; please pass SB 2495 SD3.

*Mahalo.*

Professor Mark A. Levin  
The William S. Richardson School of Law  
The University of Hawai'i at Mānoa  
2515 Dole St., Honolulu, HI 96822  
Tel: 1-808-956-3302

Affiliations are given for identification purposes only. Opinions presented here are personal views and not the official views of the University of Hawai'i or any other organization or entity.

**From:** Bryan Mih <bmih@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 8:27 AM  
**To:** HLTtestimony  
**Subject:** Support for SB 2495

To: The Honorable Della Au Belatti, Chair, Committee on Health

The Honorable Dee Morikawa, Vice Chair, Committee on Health

Members, House Committee on Health

Re: Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Dear Committee Members:

As a pediatrician in Honolulu and medical director of the HEALTHY Tobacco & Nicotine Cessation Program, I strongly support SB 2495.

Electronic smoking devices are clearly products meant to approximate the use of cigarettes and other tobacco products. The inclusion of electronic devices that vaporize nicotine is an important step in maintaining consistency in the laws. The definition of tobacco product and smoking must also include the use of these electronic smoking devices, which should be prohibited in the same places that smoking is prohibited, including smoke-free workplaces.

Electronic smoking devices take a mixture of chemicals, including nicotine, and vaporize it at high temperatures. These devices emit nicotine byproducts and a variety of other chemicals, and they have not been fully studied in regards to safety. E-cigarette vapor has been shown to include carci nogens and toxins including nicotine, nitrosamines, diethylene glycol, formaldehyde, and acetaldehyde. The U.S. Food and Drug Administration has exhibited concern regarding the safety of electronic smoking devices as well.

SB 2495 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. In the interest of public health, I urge you to pass SB 2495 and prevent electronic smoking devices from sneaking by current smoke-free laws.

Thank you for your consideration and support of this important measure.

Sincerely,

Bryan Mih, MD, MPH, FAAP

Pediatrician

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 6:09 PM  
**To:** HLTtestimony  
**Cc:** PHILLBO@MAC.COM  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Phill Moran	Individual	Support	No

Comments: As an individual who has used these products as a way of inhaling nicotine - they provide the same side effects as smoking a regular cigarette for nicotine. Nicotine causes high blood pressure. Method is irrelevant. There is no such thing as a safe cigarette. e-cigs should be banned / outlawed / removed from the market - if tobacco / nicotine were 'discovered' today it would be immediately banned. at the very least, tax them to the point of equalling the tax revenues of regular cigarettes / ban the advertising on TV / Print of the product and raise the minimum smoking age to 21... These products are bad - not regulated by the FDA and cause health issues. yes, I am a former smoker - this is not a cessation product....

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



## **morikawa2-Joanna**

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**From:** Ron Paik <paikr@aol.com>  
**Sent:** Tuesday, March 11, 2014 7:44 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Ron Paik  
1717 Mott Smith Drive, #2412  
#2412  
Honolulu, HI 96822

# E-cigarettes: new evidence on third-hand smoke risk

Monday 10 February 2014 - 8am PST

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**Scientists from the Roswell Cancer Park Institute in Buffalo, NY, have announced the findings of two studies respectively looking at evidence on "third-hand" exposure to nicotine from e-cigarettes and the accuracy of e-cigarette product labels.**

Sales of [e-cigarettes](#) ("electronic cigarettes") - where nicotine and other cigarette-associated substances are inhaled in a vapor through a battery-operated device - have doubled each year since 2008 in the US. E-cigarettes are not currently regulated by the US Food and Drug Administration (FDA).

Over the past couple of years, various studies have analyzed to what extent e-cigarettes may or may not be harmful to both the smoker and other people.

*Medical News Today* [reported on a 2012 study](#) finding that, although e-cigarettes contribute less to indoor air pollution than traditional tobacco cigarettes, they are "not entirely emission-free," and so bystanders may be exposed to the released vapor.

That study also criticized the labeling of e-cigarettes, commenting that the inadequate or vague information on the content of the products made it difficult for smokers to know the potential dangers of the contained substances.

## E-cigarettes and third-hand smoke risk

Examining the issue of bystanders' exposure to nicotine from e-cigarettes, the Roswell Park Cancer Institute (RCPI) researchers studied the extent to which e-cigarettes left a nicotine residue on indoor surfaces. This residue is often referred to as "third-hand smoke."

To do this, the scientists vaporized the contents of three different brands of e-cigarette inside a special chamber. The floors, walls, windows, wood and metal surfaces of the chamber were then individually checked for nicotine levels.

**In three out of four of these experiments, the researchers found varying but significant increases in nicotine residue, with the floor and windows of the chamber retaining the highest amounts of residue.**

## How accurate is the product labeling of e-cigarettes?

The second study from the RCPI team assessed how accurate the product labeling of e-cigarettes is. The researchers analyzed the contents of 32 e-cigarette refill solutions and compared their findings with the claims made by the product manufacturers in their labeling information.

*In e-cigarettes, nicotine and other substances are inhaled in a vapor through a battery-operated device.*

**They found that the nicotine concentration of 1 in 4 products differed by more than 20% from what the amounts advertised on their labels. Nicotine was also found in some refill solutions that were labeled as being nicotine-free.**

"Research conducted by Roswell Park scientists provides a valuable contribution and insight into the content and marketing of e-cigarettes," says Andrew Hyland, PhD, chair of RPCI's Department of Health Behavior.

"This science can inform health policy organizations as they determine e-cigarette regulations, which can and should include smoke-free policies and standards for accurate labeling," he adds.

"The public health community agrees that more scientific inquiry is needed to understand the potential health impact of e-cigarettes," adds Dr. Maciej Goniewicz, who presented the findings of both studies at the annual meeting of the Society for Research on Nicotine and Tobacco on February 8th, 2014.

Dr. Goniewicz adds:

"These studies add to the growing body of scientific evidence that will help to define and delineate a product that is broadly used indoors and is advertised and sold without restrictions."

**Written by** David McNamee

**Copyright:** Medical News Today

## **morikawa2-Joanna**

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**From:** Ron fleck <fleckconsulting@hawaiiantel.net>  
**Sent:** Tuesday, March 11, 2014 8:14 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

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I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Ron fleck  
75-5660 Kopiko Street, c7-330  
Kailua Kona, HI 96740

## **morikawa2-Joanna**

---

**From:** Paul Perretta <g3sea@hotmail.com>  
**Sent:** Tuesday, March 11, 2014 8:30 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Aloha

I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Paul Perretta  
1511 Punahou St Apt 208  
Honolulu, HI 96822

## **morikawa2-Joanna**

---

**From:** Nathan Kanale Sadowski <nkanales@gmail.com>  
**Sent:** Tuesday, March 11, 2014 8:04 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Nathan Kanale Sadowski  
45-715 Paepuu Street  
Kane`ohe, HI 96744

## **morikawa2-Joanna**

---

**From:** Valerie Yontz <vyontz@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 8:17 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

I appreciate your kind support of SB 2495 SD 3. Many thanks. Valerie Yontz

Valerie Yontz  
677 Auwina Street  
677 Auwina Street Kailua, HI 96734-3430  
Kailua, HI 96734

## **morikawa2-Joanna**

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**From:** Jessica Yuen <yuenj@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 7:40 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**To:** The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**Re:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**Hrg:** March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Jessica Yuen  
Puahiohio Way  
Kapolei, HI 96707



**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 11:48 AM  
**To:** HLTtestimony  
**Cc:** starjenchan@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jenny Chan	Individual	Oppose	No

Comments: This bill is an unfair ripoff and a nasty attack on safe e-cigarettes. This "bill" should never have even been introduced!

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 12:29 PM  
**To:** HLTtestimony  
**Cc:** mikenakas@hotmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael S. Nakasone	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 11:52 AM  
**To:** HLTtestimony  
**Cc:** mauimoonflower@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sabrina Spencer	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 10:48 AM  
**To:** HLTtestimony  
**Cc:** awatanabe67@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alan Watanabe	Individual	Oppose	No

Comments: E-cigs helped me quit smoking, and I haven't smoked tobacco for weeks now. I wouldn't have been able to quit if I had no ban or monetary incentive to do so. E-cigs bridged that gap. I have used the patch and gum before and it didn't work. E-cigs are good for health and quitting, this bill 2495 hurts people that want to quit and railroads them back to JUNK LIKE NICORETTE GUM THAT DOESN'T WORK!!!! Please don't pass this bill.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 12:27 PM  
**To:** HLTtestimony  
**Cc:** jjw333333@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jake J. Watkins	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 8:15 PM  
**To:** HLTtestimony  
**Cc:** queverb@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Quinn R. Allen	Individual	Oppose	No

Comments: There are many reasons for opposing this bill. This bill will cripple an industry that has brought hundreds of jobs to Hawaii, will bring hundreds more, and, most importantly, force the thousands of people who have successfully stopped smoking, and by that I mean actually lighting up a tobacco cigarette and inhaling the smoke caused by combustion, to go back to smoking. Its unfortunate that the term "electronic cigarette" caught on so quick, and that the ignorance of people who don't know, and haven't done any research, believe that the vapor blown out by people who vape, not smoke, but vape, is somehow harmful to them when all the research points to it not being harmful at all. For the first time in decades there is something that truly gives smokers a fighting chance to stop smoking and live a healthier life. How does a policy designed to help people that actually stops what is helping them, well, help them? Sadly, all this looks like is the state acting out of panic, ignorance, and greed. Panic, because the masses don't know what these devices are or just how much they will actually help to get people to stop smoking. Ignorance, because the committee who came up with this whole scheme has done no research and is attempting to label a device that has nothing to do with tobacco (even the nicotine used in electronic cigarette liquid is synthetic, the same as that which is used in nicorette, patches, etc.) as tobacco. And Greed. Greed by the state to tax a product an outrageous amount when it could save thousands of lives, brings money into the state, provides jobs and more businesses to the state, and increases the overall quality of life here. But the state wants a cut. Nearly 5 years, some of these businesses have been in operation, but now that some policy maker finally sees how incredible the growth for this industry has been they want to increase the taxes and take their cut. Even the proposed items to be taxed are preposterous! Cigarettes are all that get taxed, not lighters, lighter fluid, rolling paper, or matches. Why then should every part that goes into an electronic cigarette be taxed when it is only the liquid that MAY have nicotine, which in and of itself isn't only found in tobacco. People can purchase liquid with no nicotine, but by this proposed amendment that would be taxed as well. This whole thing is ridiculous. It saddens me that this is what the leaders of this state do. Our educational system is one of the poorest in the nation, our roads and traffic also one of the poorest in the nation, our economy relies too heavily on an industry that can be fickle and disappear in the blink of an eye, but you want to go after something that is actually making life better? I just don't get it.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 7:47 AM  
**To:** HLTtestimony  
**Cc:** sean@blacklavavape.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sean Anderson	Black Lava Vape	Oppose	No

Comments: Thanks for taking the time to read my testimony. My name is Sean Anderson, I own Black Lava Vape in Kona on the Big Island. I currently employ 8 employees (1 more since my last testimony). We will be opening a new location in Downtown Honolulu in the Royal Hawaiian Heritage Jewelers location by the end of this month(March). We plan on having 3 additional locations by the end of the year. All of my employees except for 2 are under 22 and started @ \$10 per hour. Simply put, I would either have to let most of my employees go, or even worse go out of business. These bills only hurt people. E-cigs dont only benefit Hawaiian residents that are trying to quit tobacco, but also their families that have wanted them to quit. The support for e-cigs is quite overwhelming, so to be honest I dont know how these bills have got so far. All I ask is that the committees listen the people, not who is making the most noise.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 6:54 PM  
**To:** HLTtestimony  
**Cc:** antonchris10@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chris Anton	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** Clyde Nakashima <clyde@hawaii.rr.com>  
**Sent:** Tuesday, March 11, 2014 7:53 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: We are AGAINST SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly oppose regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

Mahalo.

Clyde Nakashima  
1014 Kalikimaka Street  
Honolulu, HI 96817

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 10:25 PM  
**To:** HLTtestimony  
**Cc:** akwillis87@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robert Bills	Individual	Oppose	No

Comments: This seems ridiculous to me, it is NOT tobacco you should not be able to tax it SO HEAVILY. It's already very expensive to use anyway and it's a healthier alternative to smoking cigarettes. Also why restrict the use on them? The vapor is not harmful second hand, it's water. Please do not let this pass.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 8:37 PM  
**To:** HLTtestimony  
**Cc:** jchangworld@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jessica Chang	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 7:41 PM  
**To:** HLTtestimony  
**Cc:** petechiapperino@me.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Peter Chiapperino	Individual	Oppose	No

Comments: Dear Sir or Madam, My name is Peter Chiapperino I am an elected board member of the Nuuanu Punchbowl Neighborhood Board, and I do not support SB 2495. I believe the intention is a good one, however the bill itself is inadequate with the stated problem in the second sentence of paragraph two: "...the products are manufactured without regulatory oversight or quality control, and promoted, advertised, and sold without appropriate health warnings." Taxing electronic cigarettes devices and other products associated with it does not solve the stated problem. It actually makes the things worse. Electronic cigarettes is a great first step in the battle against tobacco addiction. It has helped me and countless others. These products encourage the cessation of smoking because they are more cost effective, and healthier than cigarettes. I agree that the products do need to be regulated. There should be a standardization of ingredients that could or should be used in the ejuice. I also agree that people under the age of 18 should not be allowed to purchase said products, and that they should not have warning labels. However, the industry has responded to the demands of its users already to self regulate. Health labels should be put on the product, however the research is not definitive yet and until it is, the government should just keep an eye on things first and not act too quickly. Thank you for your time.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 5:03 PM  
**To:** HLTtestimony  
**Cc:** regiedelacruz@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
regie dela cruz	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 3:47 AM  
**To:** HLTtestimony  
**Cc:** aalona73@me.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
EDWIN RAY A'ALONA DELA CRUZ	Individual	Oppose	No

Comments: IT'S A SHAME THAT HAWAII HOUSE AND SENATE WILL TRY TO BAN A PRODUCT THAT IS HELPING PEOPLE ALL OVER THE WORLD TO GET OFF THE BAD HABIT/ ADDICTION OF SMOKING. IS THIS REALLY BECAUSE OF HEALTH RISKS OR IS IT ABOUT MONEYS LOST IN THE TOBACCO TAX BECAUSE PEOPLE ARE SWITCHING FROM TOBACCO TO ECIGS. PASSING THIS BILL WILL SHOW HOW LOSS OF TAX MONEYS IS MORE IMPORTANT THAN THE HEALTHIER ALTERNATIVE TO SMOKING. I USED ECIGS TO QUIT SMOKING. OCTOBER 2008 WAS THE LAST CIGARETTE I SMOKED. I WAS A 2 PACK A DAY SMOKER. SO I AM LIVING PROOF THAT E-CIGS WORK. WHY BAN E-CIGS OR IMPOSE A TAX SO HIGH THAT IT WOULD MAKE IT A BETTER OPTION TO SMOKE CIGARETTES. I OPPOSE THIS BILL

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 6:54 AM  
**To:** HLTtestimony  
**Cc:** colorwhims@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
marisa garcia	Individual	Oppose	No

Comments: It is with my deepest plea that you do not punish those that are trying to get out of the tobacco industries grasp. Liquid and vapor are not cigarettes. It does not polute. It does not smell or create problems for others. In fact it is a quitting aid.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 2:42 PM  
**To:** HLTtestimony  
**Cc:** surfmaster008@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sean Higa	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 9:46 PM  
**To:** HLTtestimony  
**Cc:** jil@guthmann-guthmann.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jillian Inouye	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 8:40 PM  
**To:** HLTtestimony  
**Cc:** pamjenny23@hotmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
pam jenny	Individual	Oppose	No

Comments: My mom died of cancer...she tried very hard to stop smoking at different when i was growing up it never worked. How i wish she was still here and could try these wonder products that are not a tobacco chemical laced cigarette, or a drug from the drug companies that can make you crazy. I tried to stop myself multi times from free patches to the drugs, nothing worked for me till e cigs....wow after 40 years of smoking i have not smoked since the end of June (the first day i used a mod)...about 8 months chemical laced cigarette free. It is a amazing product (e cigs) that people with ulterior motive want to stop....Please don't let them. This is a wonder product, it may or may not contain nicotine but i can tell you after having stopped smoking nicotine was a very very small factor that keeps people addicted. Whatever those 1000's of chemical in cigarettes are(?) those are the real threat. Just walking through a parking lot with running cars i breath in worse than what i get from a e cig. Thank you for your time, i am not from Hawaii but i am a close friend in Alaska. Sorry about being a terrible writer....Pam

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 6:43 PM  
**To:** HLTtestimony  
**Cc:** wkeanufb@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
William Keanu	Individual	Oppose	No

Comments: Thank you for your time and attention to listen to the public. I am good citizen who has followed the law and trusted our government and when the law came to tax heavier on cigarettes and ban it from common areas I understand. However, there is no proof that ecig vapors are harmful in the manner as cigarettes. Eliquid is not a Tabacco product and cannot understand why our government is seeing it as such. Is it for the ability to get more tax paying dollars from hard working Americans like myself? I quit smoking because of the health risks but electronic cigarettes holds no proof of health risks and yet you wish to tax it more and classify it as tabacco? I agree with children under age should not be playing with these devices or using them for the simple fact is that hey are ill responsible with items that should be in their system like allergic reactions. Please do not allow this to pass simply to make our local government lazy with tax laws that are not justified. I request that this bill does not pass. Thank you.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 12:04 AM  
**To:** HLTtestimony  
**Cc:** kenlts@aol.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
ken .t	Individual	Oppose	No

Comments: I strongly oppose this bill. This is a punitive tax and goes against the good of the people who voted our legislators into office. The primary purpose of Electronic Cigarettes is to help people find an alternative to smoking and eventually quit. Studies show that the health risks are greatly diminished by discontinuing cigarettes and using Electronic Cigarettes. It is unreasonable to tax these at a rate up to 70% which will kill the industry and will disallow people to use these devices because of the substantial cost, likely rendering the tax ineffective. The true result will likely be that people will go back to cigarettes, which are already heavily taxed. Is it really your purpose to corner people back to cigarettes so that you can have increased revenue? Find another way. A government that wants its people to smoke is a government that won't last long and goes against society as a whole. Do the right thing. Stop this now.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 7:56 AM  
**To:** HLTtestimony  
**Cc:** kathyk323@hotmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathy Kim	Individual	Oppose	No

Comments: Senate Bill 2495 won't help people quit smoking, it will discourage quitting.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 11:25 PM  
**To:** HLTtestimony  
**Cc:** pipelinemax@outlook.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kimo Cruz	Individual	Oppose	No

Comments: I oppose sb2495. Let people be themselves.

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Chair Belatti, Vice Chair Morikawa, and Members of the Committee,

Please do not advance SB2495 SD3, relating to vaping (aka electronic cigarettes).

This bill could effectively destroy the vaping industry, which would be a public health disaster.

**Vaping is not smoking.** There is essentially no evidence of harm from vaping, both to the user and bystanders. This is a totally different thing from tobacco smoke and represents one of the greatest public health breakthroughs of our time. Classifying it as tobacco and trying to reduce its adoption is harmful to public health. The improvement in public health from smoking cessation would be a large benefit in the future; this benefit will be lost if the industry is devastated by this bill.

Please consider the conclusions of the attached independent, peer-reviewed study:

**(A)ny regulatory decisions should not compromise the variability of choices for consumers and should make sure that ECs are more easily accessible compared with their main competitor, the tobacco cigarette. Consumers deserve, and should make, informed decisions and research will definitely promote this. In particular, current data on safety evaluation and risk assessment of ECs is sufficient enough to avert restrictive regulatory measures as a consequence of an irrational application of the precautionary principle [Saitta et al. 2014].**

**ECs are a revolutionary product in tobacco harm reduction.** Although they emit vapor, which resembles smoke, there is literally no fire (combustion) and no 'fire' (suspicion or evidence that they may be the cause for disease in a similar way to tobacco cigarettes). Due to their unique characteristics, **ECs represent a historical opportunity to save millions of lives and significantly reduce the burden of smoking-related diseases worldwide.**

**E-cigarettes and vaping have the potential to solve the problem of tobacco.** To treat it as tobacco is simply bad policy. The underpinnings of SB2495 SD3 are not valid, and the bill needs to be scrapped. Rushing to overregulate is a bad plan.

Thank you for your time.

P. Kuromoto, Honolulu, HI



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## **Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review**

Konstantinos E. Farsalinos and Riccardo Polosa

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# Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review

Konstantinos E. Farsalinos and Riccardo Polosa

**Abstract:** Electronic cigarettes are a recent development in tobacco harm reduction. They are marketed as less harmful alternatives to smoking. Awareness and use of these devices has grown exponentially in recent years, with millions of people currently using them. This systematic review appraises existing laboratory and clinical research on the potential risks from electronic cigarette use, compared with the well-established devastating effects of smoking tobacco cigarettes. Currently available evidence indicates that electronic cigarettes are by far a less harmful alternative to smoking and significant health benefits are expected in smokers who switch from tobacco to electronic cigarettes. Research will help make electronic cigarettes more effective as smoking substitutes and will better define and further reduce residual risks from use to as low as possible, by establishing appropriate quality control and standards.

**Keywords:** electronic cigarettes, e-liquid, e-vapor, harm reduction, nicotine, safety, tobacco

## Introduction

Complete tobacco cessation is the best outcome for smokers. However, the powerful addictive properties of nicotine and the ritualistic behavior of smoking create a huge hurdle, even for those with a strong desire to quit. Until recently, smokers were left with just two alternatives: either quit or suffer the harmful consequences of continued smoking. This gloomy scenario has allowed the smoking pandemic to escalate, with nearly 6 million deaths annually and a predicted death toll of 1 billion within the 21st century [World Health Organization, 2013]. But a third choice, involving the use of alternative and much safer sources of nicotine with the goal to reduce smoking-related diseases is now available: tobacco harm reduction (THR) [Rodu and Godshall, 2006].

Electronic cigarettes (ECs) are the newest and most promising products for THR [Polosa *et al.* 2013b]. They are electrically-driven devices consisting of the battery part (usually a lithium battery), and an atomizer where liquid is stored and is aerosolized by applying energy and generating heat to a resistance encircling a wick. The liquid used mainly consists of propylene glycol, glycerol,

distilled water, flavorings (that may or may not be approved for food use) and nicotine. Consumers (commonly called ‘vapers’) may choose from several nicotine strengths, including non-nicotine liquids, and a countless list of flavors; this assortment is a characteristic feature that distinguishes ECs from any other THR products. Since their invention in 2003, there has been constant innovation and development of more efficient and appealing products. Currently, there are mainly three types of devices available [Dawkins, 2013], depicted in Figure 1. (1) First-generation devices, generally mimicking the size and look of regular cigarettes and consisting of small lithium batteries and cartomizers (i.e. cartridges, which are usually prefilled with a liquid that bathes the atomizer). Batteries may be disposable (to be used once only) or rechargeable. (2) Second-generation devices, consisting mainly of higher-capacity lithium batteries and atomizers with the ability to refill them with liquid (sold in separate bottles). In the most recent atomizers you can simply change the atomizer head (resistance and wick) while keeping the body of the atomizer, thus reducing the operating costs. (3) Third-generation devices (also called ‘Mods’, from modifications),

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**Figure 1.** Examples of electronic cigarette devices currently available on the market.

consisting of very large-capacity lithium batteries with integrated circuits that allow vapors to change the voltage or power (wattage) delivered to the atomizer. These devices can be combined with either second-generation atomizers or with rebuildable atomizers, where the consumers have the ability to prepare their own setup of resistance and wick.

Awareness and use (vaping) of ECs has increased exponentially in recent years. Data obtained from the HealthStyles survey showed that, in the US, awareness of ECs rose from 40.9–57.9% from 2010 to 2011, with EC use rising from 3.3–6.2% over the same time period [King *et al.* 2013]. In the United Kingdom, EC use in regular smokers increased from 2.7% in 2010 to 6.7% in 2012 [Dockrell *et al.* 2013]. Similar findings were obtained from the International Tobacco Control Four-Country Survey [Adkison *et al.* 2013]. A recent prospective study in Swiss army recruits showed that 12% of smokers who tried ECs progressed to daily use [Dauptcheva *et al.* 2013]. It must be noted that this increase in EC use has occurred despite the concerns raised by public health authorities about the safety and appropriateness of using these products as alternatives to smoking [National Association of Attorneys General, 2013; Food and Drug Administration, 2009; Mayers, 2009].

The popularity of ECs may be due to their ability to deal both with the physical (i.e. nicotine) and the behavioral component of smoking addiction. In particular, sensory stimulation [Rose and Levin, 1991] and simulation of smoking behavior and cigarette manipulation [Hajek *et al.* 1989] are important determinants of a product's effectiveness in reducing or completely substituting smoking. These features are generally absent in nicotine replacement therapies (NRTs) and oral

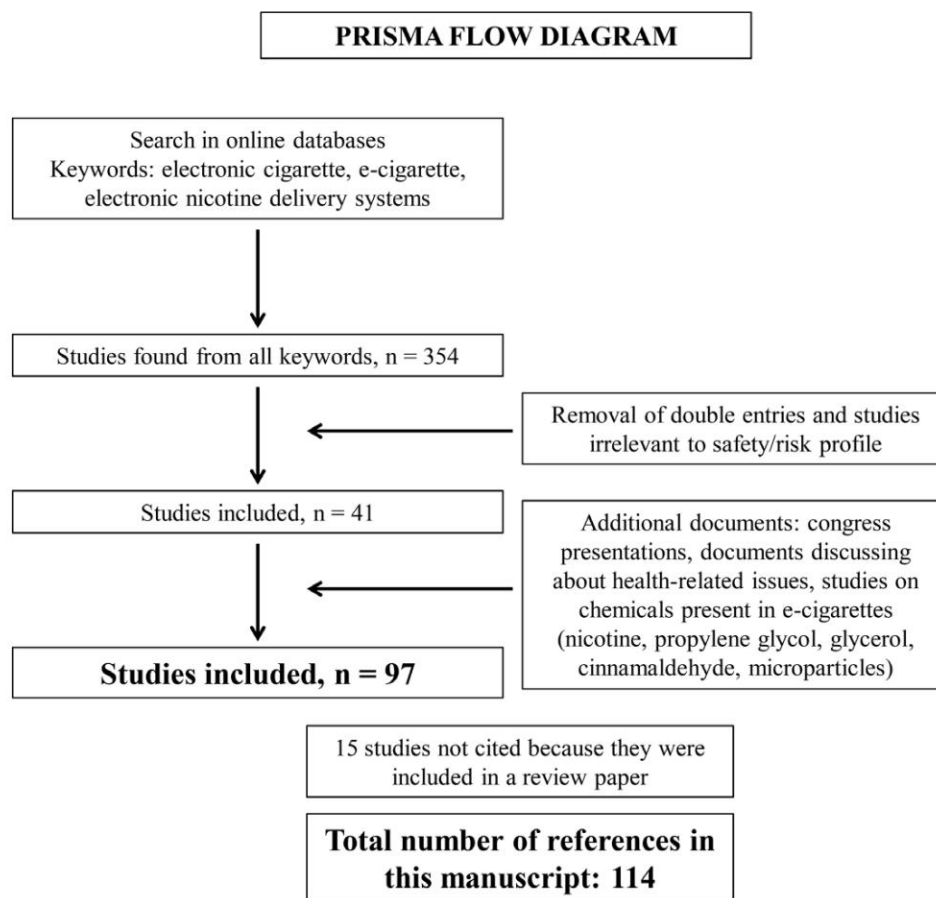
medications for nicotine dependence, whereas ECs are unique in that they provide rituals associated with smoking behavior (e.g. hand-to-mouth movement, visible 'smoke' exhaled) and sensory stimulation associated with it [Farsalinos *et al.* 2013b]. This explains why these products can be effective in reducing consumption of tobacco smoking [Bullen *et al.* 2013; Caponnetto *et al.* 2013b; Polosa *et al.* 2011] and are efficient as long-term substitutes of conventional cigarettes [Farsalinos *et al.* 2013b].

### Methods

For this systematic review (Figure 2), we searched the PubMed electronic database by using keywords related to ECs and/or their combination (e-cigarette, electronic cigarette, electronic nicotine delivery systems). We obtained a total of 354 results, and selected 41 studies we judged relevant to research on EC safety/risk profile. Reference lists from these studies were also examined to identify relevant articles. We searched additional information in abstracts presented at scientific congresses (respiratory, cardiovascular, tobacco control, toxicology), and in reports of chemical analyses on EC samples that were available online. We also looked for selected studies on chemicals related to EC ingredients (e.g. nicotine, propylene glycol, glycerol, cinnamaldehyde, microparticles emission, etc.), but not specifically evaluated in EC research. In total, 97 publications were found, from which 15 chemical analyses of single or a limited number of EC samples were excluded because they were discussed in a review paper [Cahn and Siegel, 2011]. In total, 114 studies are cited in this paper.

### Risk differences compared with conventional cigarettes and the issue of nicotine

Conventional cigarettes are the most common form of nicotine intake. Smoking-related diseases are pathophysiologically attributed to oxidative stress, activation of inflammatory pathways and the toxic effect of more than 4000 chemicals and carcinogens present in tobacco smoke [Environmental Protection Agency, 1992]. In addition, each puff contains  $>1 \times 10^{15}$  free radicals [Pryor and Stone, 1993]. All of these chemicals are emitted mostly during the combustion process, which is absent in ECs. Although the addictive potential of nicotine and related compounds is largely documented [Guillem *et al.*



**Figure 2.** Methodology for literature research and selection of studies.

2005], much less dissemination has been given to the notion that nicotine does not contribute to smoking-related diseases. It is not classified as a carcinogen by the International Agency for Research on Cancer [WHO-IARC, 2004] and does not promote obstructive lung disease. A major misconception, commonly supported even by physicians, is that nicotine promotes cardiovascular disease. However, it has been established that nicotine itself has minimal effect in initiating and promoting atherosclerotic heart disease [Ambrose and Barua, 2004]. It does not promote platelet aggregation [Zevin *et al.* 1998], does not affect coronary circulation [Nitenberg and Antony, 1999] and does not adversely alter the lipid profile [Ludviksdottir *et al.* 1999]. An observational study of more than 33,000 smokers found no evidence of increased risk for myocardial infarction or acute stroke after NRT subscription, although follow up was only 56 days [Hubbard *et al.* 2005]. Up to 5 years of nicotine gum use in the Lung Health Study was unrelated

to cardiovascular diseases or other serious side effects [Murray *et al.* 1996]. A meta-analysis of 35 clinical trials found no evidence of cardiovascular or other life-threatening adverse effects caused by nicotine intake [Greenland *et al.* 1998]. Even in patients with established cardiovascular disease, nicotine use in the form of NRTs does not increase cardiovascular risk [Woolf *et al.* 2012; Benowitz and Gourlay, 1997]. It is anticipated that any product delivering nicotine without involving combustion, such as the EC, would confer a significantly lower risk compared with conventional cigarettes and to other nicotine containing combustible products.

The importance of using nicotine in the long-term was recognized several years ago by Russell, indicating that the potential of nicotine delivery systems as long-term alternatives to tobacco should be explored in order to make the elimination of tobacco a realistic future target [Russell, 1991]. However, current regulations restrict the

long-term use of pharmaceutical or recreational nicotine products (such as snus) [Le Houezec *et al.* 2011]. In other words, nicotine intake has been demonized, although evidence suggests that, besides being useful in smoking cessation, it may even have beneficial effects in a variety of disorders such as Parkinson's disease [Nielsen *et al.* 2013], depression [McClernon *et al.* 2006], dementia [Sahakian *et al.* 1989] and ulcerative colitis [Guslandi, 1999]. Obviously, the addictive potential is an important factor in any decision to endorse nicotine administration; however, it should be considered as slight 'collateral damage' with minimal impact to vapers' health compared with the tremendous benefit of eliminating all disease-related substances coming from tobacco smoking. In fact, smokers are already addicted to nicotine; therefore the use of a 'cleaner' form of nicotine delivery would not represent any additional risk of addiction. Surveys have shown that ECs are used as long-term substitutes to smoking [Dawkins *et al.* 2013; Etter and Bullen, 2012]. Although consumers try to reduce nicotine use with ECs, many are unable to completely stop its intake, indicating an important role for nicotine in the ECs' effectiveness as a smoking substitute [Farsalinos *et al.* 2013b].

Nicotine overdose or intoxication is unlikely to occur with vaping, since the amount consumed [Farsalinos *et al.* 2013c] and absorbed [Nides *et al.* 2014; Dawkins and Corcoran, 2013] is quite low. Moreover, although not yet proven, it is expected that vapers will self-titrate their nicotine intake in a similar way to tobacco cigarettes [Benowitz *et al.* 1998]. Last, but not least, there is evidence suggesting that nicotine cannot be delivered as fast and effectively from ECs compared to tobacco cigarettes [Farsalinos *et al.* 2014]. Therefore, it seems that ECs have a huge theoretical advantage in terms of health risks compared with conventional cigarettes due to the absence of toxic chemicals that are generated in vast quantities by combustion. Furthermore, nicotine delivery by ECs is unlikely to represent a significant safety issue, particularly when considering they are intended to replace tobacco cigarettes, the most efficient nicotine delivery product.

#### Studies on the safety/risk profile of ECs

Findings on the safety/risk profile of ECs have just started to accumulate. However, this research must be considered work in progress given that the safety/risk of any product reflects an evolving

body of knowledge and also because the product itself is undergoing constant development.

Existing studies about the safety/risk profile of ECs can be divided into chemical, toxicological and clinical studies (Table 1). Obviously, clinical studies are the most informative, but also the most demanding because of several methodological, logistical, ethical and financial challenges. In particular, exploring safety/risk profile in cohorts of well-characterized users in the long-term is required to address the potential of future disease development, but it would take hundreds of users to be followed for a substantial number of years before any conclusions are made. Therefore, most research is currently focused on *in vitro* effects, with clinical studies confined into evaluation of short-term use or pathophysiological mechanisms of smoking-related diseases.

#### Chemical studies

Chemical studies are relatively simple and cheap to perform and provide quick results. However, there are several disadvantages with this approach. Research is usually focused on the known specific chemicals (generally those known to be toxic from studies of cigarette smoke) and fails to address unknown, potentially toxic contaminants that could be detected in the liquid or the emitted aerosol. Problems may also arise from the detection of the chemicals in flavors. Such substances, although approved for use in the food industry, have largely unknown effects when heated and inhaled; thus, information on the presence of such substances is difficult to interpret in terms of *in vivo* effects. In fact, chemical studies do not provide any objective information about the effects of use; they can only be used to calculate the risk based on theoretical models and on already established safety levels determined by health authorities. An overview of the chemical studies performed on ECs is displayed in Table 2.

Laugesen performed the first studies evaluating the chemical composition of EC aerosols [Laugesen, 2008, 2009]. The temperature of the resistance of the tested EC was 54°C during activation, which is approximately 5–10% of the temperature of a burning tobacco cigarette. Toxic chemicals such as heavy metals, carcinogenic polycyclic aromatic hydrocarbons and phenols were not detected, with the exception of trivial amounts of mercury (0.17 ng per EC) and traces of formaldehyde and acetaldehyde. Laugesen

**Table 1.** Types of studies performed to determine safety and to estimate risk from EC use.

Type of studies	Research subject	Advantages	Disadvantages
Chemical studies	Evaluate the chemical composition of liquids and/or aerosol. Examine environmental exposure (passive 'vaping').	Easier and faster to perform. Less expensive. Could realistically be implemented for regulatory purposes.	Usually targeted on specific chemicals. Unknown effects of flavorings when inhaled. No validated protocols for vapor production. Provide no objective evidence about the end results (effects) of use (besides by applying theoretical models).
Toxicological studies	Evaluate the effects on cell cultures or experimental animals.	Provide some information about the effects from use.	Difficult to interpret the results in terms of human <i>in vivo</i> effects. More expensive than chemical studies. Need to test aerosol and not liquid. Standards for exposure protocols have not been clearly defined.
Clinical studies	Studies on human <i>in vivo</i> effects.	Provide definite and objective evidence about the effects of use.	Difficult and expensive to perform. Long-term follow up is needed due to the expected lag from initiation of use to possible development of any clinically evident disease. For now, limited to acute effects from use.

evaluated emissions based on a toxicant emissions score and reported a score of 0 in ECs compared with a score of 100–134 for tobacco cigarettes (Figure 3). The US Food and Drug Administration (FDA) also performed chemical analyses on 18 commercially available products in 2009 [Westenberger, 2009]. They detected the presence of tobacco-specific nitrosamines (TSNAs) but did not declare the levels found. Small amounts of diethylene glycol were also found in one sample, which was unlikely to cause any harm from normal use. Another study identified small amounts of amino-tandafil and rimonabant in EC liquids [Hadwiger *et al.* 2010]. Subsequently, several laboratories performed similar tests, mostly on liquids, with Cahn and Siegel publishing a review on the chemical analyses of ECs and comparing the findings with tobacco cigarettes and other tobacco products [Cahn and Siegel, 2011]. They reported that TSNA levels were similar to those measured in pharmaceutical NRTs. The authors concluded that, based on chemical analysis, ECs are far less harmful compared with tobacco cigarettes. The most comprehensive study on TSNAs has been performed recently by a South Korean group, evaluating 105 liquids obtained from local retailers [Kim and Shin, 2013]. On average, they found 12.99 ng TSNAs per ml of liquid, with the amount of daily exposure to the users estimated to be similar to users of NRTs [Farsalinos *et al.* 2013d]. The estimated daily exposure to nitrosamines from tobacco cigarettes (average consumption of 15 cigarettes per day) is estimated to be up to 1800 times higher

compared with EC use (Table 3). Etter and colleagues evaluated the accuracy of nicotine labeling and the presence of nicotine impurities and degradation products in 20 EC liquid samples [Etter *et al.* 2013]. They found that nicotine levels were 85–121% of what was labeled, while nicotine degradation products were present at levels of 0–4.4%. Although in some samples the levels were higher than those specified in European Pharmacopoeia, they are not expected to cause any measurable harm to users.

Besides the evaluation for the presence of TSNAs, analyses have been performed for the detection of carbonyl compounds. It is known that the thermal degradation of propylene glycol and glycerol can lead to the emission of toxic compounds such as aldehydes [Antal *et al.* 1985; Stein *et al.* 1983]. Goniewicz and colleagues evaluated the emission of 15 carbonyls from 12 brands of ECs (mostly first-generation) [Goniewicz *et al.* 2013]. In order to produce vapor, researchers used a smoking machine and followed a regime of 1.8-second puffs with a very short 10-second interpuff interval, which does not represent realistic use [Farsalinos *et al.* 2013c]; although the puff duration was low, interpuff interval was remarkably short, which could potentially lead to overheating. In addition, the same puff number was used in all devices tested, although there was a significant difference in the design and liquid content between devices. Despite these limitations, out of 15 carbonyls, only 3 were detected (formaldehyde, acetaldehyde and acrolein); levels were

**Table 2.** Summary of chemical toxicity findings.

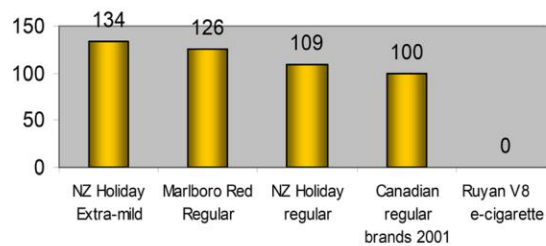
Study	What was investigated?	What were the key findings?	
		Liquid	Vapor
Laugesen [2009]	Evaluation of 62 toxicants in the EC vapour from Ruyan 16 mg and mainstream tobacco smoke using a standard smoking machine protocol.	N/A	No acrolein, but small quantities of acetaldehyde and formaldehyde found. Traces of TSNA (NNN, NNK, and NAT) detected. CO, metals, carcinogenic PAHs and phenols not found in EC vapour. Acetaldehyde and formaldehyde from tobacco smoke were 55 and 5 times higher, respectively.
Westenberger [2009]	Evaluation of toxicants in EC cartridges from two popular US brands.	TSNAs and certain tobacco specific impurities were detected in both products at very low levels. Diethylene glycol was identified in one cartridge.	N/A
Hadwiger <i>et al.</i> [2010]	Evaluation of four refill solutions and six replacement cartridges advertised as containing Cialis or rimonabant.	Small amounts of amino-tadalafil and rimonabant present in all products tested.	N/A
Cahn and Siegel [2011]	Overview of 16 chemical toxicity studies of EC liquids/vapours.	TSNAs levels in ECs 500- to 1400-fold lower than those in conventional cigarettes and similar to those in NRTs. Other chemicals found very low levels, which are not expected to result in significant harm.	
Pellegrino <i>et al.</i> [2012]	Evaluation of PM fractions and PAHs in the vapour generated from cartomizers of an Italian EC brand.	N/A	PM fractions were found, but levels were 6–18 times lower compared with conventional cigarettes. Traces of PAHs detected.
Kim and Shin [2013]	TSNAs (NNN, NNK, NAT, and NAB) content in 105 refill liquids from 11 EC brands purchased in Korean shops.	Total TSNAs averaged 12.99 ng/ml EC liquid; daily total TSNA exposure from conventional cigarettes estimated to be up to 1800 times higher.	N/A
Etter <i>et al.</i> [2013]	Nicotine degradation products, ethylene glycol and diethylene glycol evaluation of 20 EC refill liquids from 10 popular brands	The levels of nicotine degradation products represented 0–4.4% of those for nicotine, but for most samples the level was 1–2%. Neither ethylene glycol nor diethylene glycol were detected.	N/A
Goniewicz <i>et al.</i> [2013]	Vapours generated from 12 brands of ECs and a medicinal nicotine inhaler using a modified smoking machine protocol	N/A	Carbonyl compounds (formaldehyde, acetaldehyde and acrolein), VOCs (toluene and trace levels of xylene), trace levels of TSNA (NNN and NNK) and very low levels of metals (cadmium, nickel and lead) were found in almost all examined EC vapours. Trace amounts of formaldehyde, acetaldehyde, cadmium, nickel and lead were also detected from the Nicorette inhalator. Compared with conventional cigarette, formaldehyde, acetaldehyde and acrolein were 9–450 times lower; toluene levels 120 times lower; and NNN and NNK levels 380 and 40 times lower respectively.

(Continued)

**Table 2.** (Continued)

Study	What was investigated?	What were the key findings?	
		Liquid	Vapor
Williams <i>et al.</i> [2013]	Vapour generated from cartomizers of a popular EC brand using a standard smoking machine protocol	N/A	Trace levels of several metals (including tin, copper, silver, iron, nickel, aluminium, chromium, lead) were found, some of them at higher level compared with conventional cigarettes. Silica particles were also detected. Number of microparticles from 10 EC puffs were 880 times lower compared with one tobacco cigarette.
Burstyn [2014]	Systematic review of 35 chemical toxicity studies/technical reports of EC liquids/vapours.	No evidence of levels of contaminants that may be associated with risk to health. These include acrolein, formaldehyde, TSNAs, and metals. Concern about contamination of the liquid by a nontrivial quantity of ethylene glycol or diethylene glycol remains confined to a single sample of an early technology product and has not been replicated.	

Abbreviations. CO, carbon monoxide; EC, electronic cigarette; NAT, N-Nitrosoanatabine; NNK, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone; NNN, N-Nitrosornicotine; PAHs, polycyclic aromatic hydrocarbons; PM, particulate matter; TSNAs, tobacco-specific nitrosamines; VOCs, volatile organic carbons.



**Figure 3.** Toxic emissions score, adjusted for nicotine, for electronic cigarette and popular cigarette brands. [Reproduced with permission from Laugesen [2009]].

9–450 times lower compared with emissions from tobacco cigarettes (derived from existing literature but not tested in the same experiment). Formaldehyde and acetaldehyde were also emitted from the nicotine inhalator, although at lower levels. In addition, they examined for the presence of 11 volatile organic carbons and found only trace levels of toluene (at levels from 0.2–6.3  $\mu\text{g}$  per 150 puffs) and xylene (from 0.1–0.2  $\mu\text{g}$  per 150 puffs) in 10 of the samples; toluene levels were 120 times lower compared with tobacco cigarettes (again derived from existing literature but not tested in the same experiment).

Given that ECs have several metal parts in direct contact with the e-liquid, it is quite obvious to expect some contamination with metals in the vapor. Goniewicz and colleagues examined samples for the presence of 12 metals and found

nickel, cadmium and lead emitted [Goniewicz *et al.* 2013]; the levels of nickel were similar to those present in a pharmaceutical nicotine inhalator, while lead and cadmium were present at 2–3 times higher levels compared with the inhalator. Still, the absolute levels were very low (few nanograms per 150 puffs). Williams *et al.* [2013] focused their research on the presence of heavy metals and silicate particles emitted from ECs. They tested poor quality first-generation cartomisers and found several metals emitted in the aerosol of the EC, specifying that in some cases the levels were higher compared with conventional cigarettes. As mentioned earlier, it is not unusual to find trace levels of metals in the vapor generated by these products under experimental conditions that bear little relevance to their normal use; however, it is unlikely that such small amounts pose a serious threat to users' health. Even if all the aerosol was absorbed by the consumer (which is not the case since most of the aerosol is visibly exhaled), an average user would be exposed to 4–40 times lower amounts for most metals than the maximum daily dose allowance from impurities in medicinal products [US Pharmacopeia, 2013]. Silicate particles were also found in the EC aerosol. Such particles come from the wick material, however the authors did not clarify whether crystalline silica oxide particles were found, which are responsible for respiratory disease. In total, the number of microparticles (< 1000 nm) estimated to be inhaled by EC users from 10 puffs were 880 times lower compared



**Table 3.** Levels of nitrosamines found in electronic and tobacco cigarettes. Prepared based on information from Laugesen [2009], Cahn and Siegel [2011] and Kim and Shin [2013].

Product	Total nitrosamines levels (ng)	Daily exposure (ng)	Ratio <sup>4</sup>
Electronic cigarette (per ml)	13	52 <sup>1</sup>	1
Nicotine gum (per piece)	2	48 <sup>2</sup>	0.92
Winston (per cigarette)	3365	50 475 <sup>3</sup>	971
Newport (per cigarette)	3885	50 775 <sup>3</sup>	976
Marlboro (per cigarette)	6260	93 900 <sup>3</sup>	1806
Camel (per cigarette)	5191	77 865 <sup>3</sup>	1497

<sup>1</sup>Based on average daily use of 4ml liquid  
<sup>2</sup>Based on maximum recommended consumption of 24 pieces per day  
<sup>3</sup>Based on consumption of 15 cigarettes per day  
<sup>4</sup> Difference (number-fold) between electronic cigarette and all other products in daily exposure to nitrosamines

with one tobacco cigarette. Similar findings concerning microparticles were reported by Pellegrino and colleagues who found that, for each particulate matter fraction, conventional cigarettes released 6–18 times higher amounts compared with the EC tested [Pellegrino *et al.* 2012].

Burstyn has recently reviewed current data on the chemistry of aerosols and the liquids of ECs (including reports which were not peer-reviewed) and estimated the risk to consumers based on workplace exposure standards (i.e. Threshold Limit Values [TLVs]) [Burstyn, 2014]. After reviewing all available evidence, the author concluded that there was no evidence that vaping produced inhalable exposure to contaminants of aerosol that would warrant health concerns. He added that surveillance of use is recommended due to the high levels of propylene glycol and glycerol inhaled (which are not considered contaminants but ingredients of the EC liquid). There are limited data on the chronic inhalation of these chemicals by humans, although there is some evidence from toxicological studies (which are discussed later in this paper).

In conclusion, chemical studies have found that exposure to toxic chemicals from ECs is far lower compared with tobacco cigarettes. Besides comparing the levels of specific chemicals released from tobacco and ECs, it should be taken into consideration that the vast majority of the >4000 chemicals present in tobacco smoke are completely absent from ECs. Obviously, surveillance of use is warranted in order to objectively evaluate the *in vivo* effects and because the effects of inhaling flavoring substances approved for food use are largely unknown.

### Toxicological studies

To date, only a handful of toxicological studies have been performed on ECs, mostly cytotoxicity studies on established cell lines. The cytotoxicity approach also has its flaws. Findings cannot be directly applied to the *in vivo* situation and there is always the risk of over- (as well as under-)estimating the interpretation of the toxic effects in these investigational models. An ample degree of results variability is to be expected from different cell lines and, sometimes, also within the same cell line. Comparing the potential cytotoxicity effects of EC vapor with those resulting from the exposure of cigarette smoke should be mandatory, but standards for vapor production and exposure protocols have not been clearly defined.

Bahl and colleagues [Bahl *et al.* 2012] performed cytotoxicity tests on 36 EC liquids, in human embryonic stem cells, mouse neural stem cells and human pulmonary fibroblasts and found that stem cells were more sensitive to the effects of the liquids, with 15 samples being moderately cytotoxic and 12 samples being highly cytotoxic. Propylene glycol and glycerol were not cytotoxic, but a correlation between cytotoxicity and the number and height of the flavoring peaks in high-performance liquid chromatography was noted. Investigations were just restricted to the effect of EC liquids and not to their vapors, thus limiting the importance of the study findings; this is not a trivial issue considering that the intended use of these products is by inhalation only and that it is unlikely that flavoring substances in the EC liquids will still be present in the aerosol in the same amount due to differences in evaporation temperature [Romagna *et al.* 2013]. Regrettably, a set of experiments with cigarette smoke extracts as

comparator was not included. Of note, the authors emphasized that the study could have underestimated the cytotoxicity by 100 times because when they added the EC liquids to the cell, medium final concentration was 1%. However, cells were cultured for 48 hours with continuous exposure to the liquid, while in real use the lungs come in contact with aerosol instead of liquid, the contact lasts for 1–2 seconds per puff and most of the aerosol is visibly exhaled. Finally, Cinnamon Ceylon, the liquid found to be mostly cytotoxic in this study, was not a refill liquid but a concentrated flavor which is not used in ECs unless it is diluted to 3–5%.

Romagna and colleagues [Romagna *et al.* 2013] performed the first cytotoxicity study of EC vapor on fibroblast cells. They used a standardized ISO 10993-5 protocol, which is used for regulatory purposes of medical devices and products. They tested the vapor of 21 liquid samples containing the same amount of nicotine (9 mg/ml), generated by a commercially available EC device. Cells were incubated for 24 hours with each of these vapors and with smoke from a conventional cigarette. Only one sample was found to be marginally cytotoxic, whereas cigarette smoke was highly cytotoxic (approximately 795% more cytotoxic), even when the extract was diluted up to 25% of the original concentration.

The same group also investigated the cytotoxic potential of 20 EC liquid samples in cardiomyoblasts [Farsalinos *et al.* 2013a]. Vapor was produced by using a commercially available EC device. Samples contained a wide range of nicotine concentrations. A base liquid mixture of propylene glycol and glycerol (no nicotine and no flavorings) was also included as an additional experimental control. Four of the samples examined were made by using cured tobacco leaves in a steeping process, allowing them to impregnate a mixture of propylene glycol and glycerol for several days before being filtered and bottled for use. Of note, this was the first study which evaluated a limited number of samples with an EC device delivering higher voltage and energy to the atomizer (third-generation device). In total, four samples were found to be cytotoxic; three of them were liquids made by using cured tobacco leaves, with cytotoxicity observed at both 100% and 50% extract concentration, while one sample (cinnamon flavor) was marginally cytotoxic at 100% extract concentration only. In comparison, smoke from three tobacco cigarettes was highly cytotoxic, with toxicity observed even when the

extract was diluted to 12.5%. The samples made with tobacco leaves were three times less cytotoxic compared with cigarette smoke; this was probably due to the absence of combustion and the significantly lower temperature of evaporation in EC use. Concerning high-voltage EC use, the authors found slightly reduced cell viability without any of the samples being cytotoxic according to the ISO 10993-5 definition. Finally, no association between cell survival and the amount of nicotine present in the liquids was noted.

A recent study evaluated in more detail the cytotoxic potential of eight cinnamon-flavored EC liquids in human embryonic stem cells and human pulmonary fibroblasts [Behar *et al.* 2014]. The authors found that the flavoring substance predominantly present was cinnamaldehyde, which is approved for food use. They observed significant cytotoxic effects, mostly on stem cells but also on fibroblasts, with cytotoxicity associated with the amount of cinnamaldehyde present in the liquid. However, major methodological issues arose from this study. Once again, cytotoxicity was just restricted to EC liquids and not to their vapors. Moreover, the authors mentioned that the amount of cinnamaldehyde differed between liquids by up to 100 times, and this raises the suspicion of testing concentrated flavor rather than refills. By searching the internet and contacting manufacturers, based on the names of samples and suppliers mentioned in the manuscript, it was found that at least four of their samples were not refills but concentrated flavors. Surprisingly, the levels of cinnamaldehyde found to be cytotoxic were about 400 times lower than those currently approved for use [Environmental Protection Agency, 2000].

Few animal studies have been performed to evaluate the potential harm of humectants in EC liquids (i.e. propylene glycol and glycerol) when given by inhalation. Robertson and colleagues tested the effects on primates of inhaling propylene glycol vapor for several months and found no evidence of toxicity on any organ (including the lungs) after post-mortem examination of the animals [Robertson *et al.* 1947]. Similar observations were made in a recent study in rats and dogs [Werley *et al.* 2011]. Concerns have been raised in human use, based on studies of people exposed to theatrical fog [Varughese *et al.* 2005; American Chemistry Council, 2003] or propylene glycol used in the aviation industry [Wieslander *et al.* 2001]. Irritation of the respiratory tract was found, but no permanent lung injury or other

long-term health implications were detected. It should be reminded that, in these circumstances, nonpharmaceutical purity propylene glycol is used and in some cases oils are added, making it difficult to interpret the results in the context of EC use. Evidence for the potential harm of inhaled glycerol is sparse. A study using Sprague–Dawley rats found minimal to mild squamous metaplasia of the epiglottis epithelium in the high-dose group only, without any changes observed in lungs or other organs [Renne *et al.* 1992]. No comparative set of experiments with cigarette smoke was included, but it is well known that exposure to tobacco smoke in similar animal models leads to dramatic changes in the lungs, liver and kidneys [Czekaj *et al.* 2002].

In conclusion, toxicological studies have shown significantly lower adverse effects of EC vapor compared with cigarette smoke. Characteristically, the studies performed by using the liquids in their original liquid form have found less favorable results; however, no comparison with tobacco smoke was performed in any of these studies, and they cannot be considered relevant to EC use since the samples were not tested in the form consumed by vapers. More research is needed, including studies on different cell lines such as lung epithelial cells. In addition, it is probably necessary to evaluate a huge number of liquids with different flavors since a minority of them, in an unpredictable manner, appear to raise some concerns when tested in the aerosol form produced by using an EC device.

#### *Clinical studies and research surveys*

Clinical trials can be very informative, but they require monitoring of hundreds of users for many years to adequately explore the safety/risk profile of the products under investigation. Research surveys of EC users, on the other hand, can quickly provide information about the potential harm of these products and are much cheaper to run. However, self-reported data, highly self-selected study populations, and the cross-sectional design are some of the most common limitations of research surveys. Taken together, findings from surveys and follow-up studies of vapers have shown that EC use is relatively safe.

Polosa and colleagues followed up smokers for 24 months, after a 6-month period of intervention during which ECs were given [Polosa *et al.* 2013a]. Only mild symptoms such as mouth and throat

irritation and dry cough were observed. Farsalinos and colleagues retrospectively evaluated a group of 111 EC users who had completely quit smoking and were daily EC users for a median period of 8 months [Farsalinos *et al.* 2013b]. Throat irritation and cough were the most commonly reported side effects. Similar findings have been observed in surveys [Dawkins *et al.* 2013; Etter *et al.* 2011]. However, it is expected that dedicated users who have more positive experiences and fewer side effects compared with the general population participate in such studies, therefore interpretation should be done with caution. The only two existing randomized controlled trials have also included detailed EC safety analysis. The ECLAT study [Caponnetto *et al.* 2013b], a three-arm, controlled, randomized, clinical trial designed to compare efficacy and safety of a first-generation device with 7.2, 5.4, or 0 mg nicotine cartridges, reported clinically significant progressive health improvements already by week two of continuous use of the device, and no serious adverse events (i.e. major depression, abnormal behavior or any event requiring an unscheduled visit to the family practitioner or hospitalization) occurred during the study. The ASCEND study [Bullen *et al.* 2013], a three-arm, controlled, randomized, clinical trial designed to compare the efficacy and safety of a first-generation device (with or without nicotine) with nicotine patches, reported no serious adverse events in any of the three study groups.

Few clinical studies have been performed to evaluate the short-term *in vivo* effects of EC use in current or former smokers. Vardavas and colleagues evaluated the acute effects of using an EC for 5 minutes on respiratory function [Vardavas *et al.* 2012]. Although they did not report the results of commonly-used spirometry parameters, they found that a sensitive measure of airways resistance and nitric oxide levels in exhaled breath were adversely affected. Similar elevations in respiratory resistance were reported by other research groups [Palamidas *et al.* 2013; Gennimata *et al.* 2012], who also documented some bizarre elevation in exhaled carbon monoxide levels after EC use; this finding has been challenged by several other studies [Farsalinos *et al.* 2013f; Nides *et al.* 2014; Van Staden *et al.* 2013]. Schober and colleagues found that EC use led to elevated exhaled nitric oxide [Schober *et al.* 2013], contradicting the findings from Vardavas and colleagues [Vardavas *et al.* 2012]. Characteristically, none of the above studies performed any comparative tests after smoking tobacco cigarettes. Flouris and colleagues found

that only smoking had an acute adverse effect on respiratory function [Flouris *et al.* 2013]; no difference was observed after the group of smokers was exposed to active or passive EC use.

Two studies have evaluated the short-term effects of ECs on the cardiovascular system. Farsalinos and colleagues evaluated the acute effects of using ECs with an 11 mg/ml nicotine-containing liquid on hemodynamics and left ventricular function, in comparison with the effects of cigarette smoking [Farsalinos *et al.* 2012]. They found that EC use resulted in a slight elevation in diastolic blood pressure while, after smoking, both systolic and diastolic blood pressure and heart rate were significantly elevated. Obviously, this was due to the relatively low nicotine content of the EC (which is considered medium strength). Diastolic dysfunction was observed in smokers after smoking, which was in line with findings from previous studies. However, no adverse effects were observed in EC users after using the device *ad lib* for 7 minutes. Another study by the same group [Farsalinos *et al.* 2013], evaluated the acute effects of EC use on coronary flow. In particular, they measured the flow velocity reserve of the left anterior descending coronary artery by echocardiography after intravenous infusion of adenosine, representing the maximal ability of the artery to deliver blood to the myocardium. Smoking was associated with a decline in flow velocity reserve by 16% and an elevation in resistance to flow by 19%. On the contrary, no difference was observed in any of these parameters after using the EC. Blood carboxyhemoglobin levels were also measured in participants; baseline values were significantly higher in smokers compared with vapers and were further elevated after smoking but were not altered after EC use. Similar observations for carboxyhemoglobin levels were observed by Van Staden and colleagues [Van Staden *et al.* 2013].

A clinical case report of a smoker suffering from chronic idiopathic neutrophilia was published. According to that report [Farsalinos and Romagna, 2013], switching from smoking to EC use led to a reversal of the condition after 6 months. In addition, C-reactive protein levels, which were consistently elevated for more than 6 years, decreased to normal levels. Another case report of a patient with lipid pneumonia was published, with the condition attributed to glycerin-based EC liquids used by the patient [McCauley *et al.* 2012]. However, glycerin is an alcohol (polyol) and thus it is impossible to cause

lipid pneumonia. Only oil-based liquids could be the cause for this condition; such liquids should not be used with ECs.

One study evaluated the acute effects of tobacco and EC use on white blood cell count [Flouris *et al.* 2012]. Smoking one tobacco cigarette caused an immediate elevation in white blood cells, neutrophils and lymphocytes, indicating acute inflammatory distress. On the contrary, no differences were observed after using ECs.

In conclusion, clinical studies evaluating the effects of short-term EC use on selected cardiovascular and respiratory functional outcomes have shown that even if some harmful effects of vaping are reported, these are considerably milder compared with smoking conventional cigarettes. However, it is difficult to assess the prognostic implications of these studies; longer-term data are needed before any definite conclusions are made.

#### *Passive vaping*

Passive smoking is an established risk factor for a variety of diseases [Barnoya and Navas-Acien, 2013]. Therefore, it is important from a public health perspective to examine the impact of EC use on bystanders. Indirect data can be derived from chemical studies in vapor mentioned above, which show that the potential of any significant adverse effects on bystanders is minimal. In fact, since side-stream exposure is nonexistent in EC (aerosol is produced only during activation of the device, while tobacco cigarettes emit smoke even when no puffs are taken), such studies are undoubtedly overestimating the risk of environmental exposure.

Few studies have focused on second-hand vaping. McCauley and colleagues [McCauley *et al.* 2012], although mentioning indoor air quality in the title of their study and finding minimal health-related impact, did not in fact evaluate second-hand vaping because aerosol was produced from an EC device and was evaluated without previously being inhaled by any user. Moreover, there were some problems with cross-contamination with tobacco cigarette smoke, which made the results somewhat questionable, at least for some of the parameters tested. Schripp and colleagues [Schripp *et al.* 2013] evaluated the emissions from an EC by asking a volunteer to use three different EC devices in a closed 8 m<sup>3</sup> chamber. From a selection of 20 chemicals analyzed, only formaldehyde, acrolein, isoprene, acetaldehyde and acetic acid were

detected. The levels were 5–40 times lower compared with emissions from a conventional cigarette. For formaldehyde, the authors specifically mentioned that the levels were continuously rising from the time the volunteer entered the room, even before he started using the EC. Moreover, no acute elevation was observed when the smoker used the three EC devices, contrary to the acute elevation and spiking of levels when a tobacco cigarette was lit. The authors concluded that formaldehyde was not emitted from the ECs but was due to human contamination, since low amounts of formaldehyde of endogenous origin can be found in exhaled breath [Riess *et al.* 2010]. Romagna and colleagues [Romagna *et al.* 2012] evaluated chemicals released in a realistic setting of a 60 m<sup>3</sup> room, by asking five smokers to smoke *ad lib* for 5 hours and five vapers to use ECs *ad lib* for a similar period of time on two separate days. Nicotine, acrolein, toluene, xylene and polycyclic aromatic hydrocarbons were detected in room air after the smoking session, with the amount of total organic carbon (TOC) reaching to 6.66 mg/m<sup>3</sup>. In contrast, after the EC session, only glycerol was detected in minimal levels (72 µg/m<sup>3</sup>), while TOC reached a maximum level of 0.73 mg/m<sup>3</sup>. Characteristically, the amount of TOC accumulated after 5 hours of EC use was similar to the amount found after just 11 minutes of smoking. The study on heavy metals mentioned previously [Williams *et al.* 2013] could also be used to examine any potential risk of bystanders' exposure to toxic metals. The levels of heavy metals found in vapor were minimal, and considering the dispersion of these molecules in the whole room air, it is unlikely that any of these metals could be present in measurable quantities in the environment. Therefore, the risk for bystanders would be literally nonexistent. Contrary to that, Schober and colleagues [Schober *et al.* 2013] found that levels of aluminum were raised by 2.4 times in a 45 m<sup>3</sup> room where volunteers were asked to use ECs for 2 hours. This is a highly unexpected finding which cannot be supported by the findings of the study by Williams and colleagues [Williams *et al.* 2013]; because the levels found in the latter could not result in such elevation of the environmental levels of aluminum, unless nothing is retained in or absorbed from the lungs. Moreover, Schober and colleagues [Schober *et al.* 2013] found that levels of polycyclic aromatic hydrocarbons (PAHs) were raised by 20% after EC use. However, a major methodological problem of this study is that control environmental measurements were performed on a separate day and not on the same day of EC

use. This is a major limitation, because the levels of environmental PAHs have significant diurnal and day-to-day variations [Ravindra *et al.* 2008]; therefore, it is highly likely that the differences in levels of PAHs (which are mainly products of combustion and are not expected to be emitted from EC use) represented changes due to environmental conditions and not due to EC use. Bertholon and colleagues [Bertholon *et al.* 2013] examined the EC aerosol exhaled from a user, in comparison with exhaled smoke from a smoker. The authors found that particle size diameters were 0.29–0.033 µm. They observed that the half life of EC aerosol was 11 seconds compared with 20 minutes for cigarette smoke, indicating that risk of passive vaping exposure is significantly lower compared with passive smoking.

The recent findings by Czogala and colleagues [Czogala *et al.* 2013] led to similar conclusions. The authors compared the emissions of electronic and conventional cigarettes generated by experienced dual users in a ventilated full-sized room and found that ECs may emit detectable amounts of nicotine (depending on the specific EC brand tested), but no carbon monoxide and volatile organic carbons. However, the average ambient levels of nicotine of ECs were 10 times lower than those of conventional cigarettes ( $3.32 \pm 2.49$  versus  $31.60 \pm 6.91$  µg/m<sup>3</sup>).

In his review and comparison with TLVs, Burstyn found that emissions from ECs to the environment are not expected to pose any measurable risk for bystanders [Burstyn, 2014].

An issue that needs further clarification relates to the findings of microparticles emitted from ECs. In most studies, these findings are presented in a way implying that the risk is similar to environmental or smoking microparticles. In reality, it is not just the size but the composition of the microparticles that matters. Environmental microparticles are mainly carbon, metal, acid and organic microparticles, many of which result from combustion and are commonly called particulate matter. Particulate matter exposure is definitely associated with lung and cardiovascular disease [Peters, 2005; Seaton *et al.* 1995]. In the case of ECs, microparticles are expected to consist mostly of propylene glycol, glycerol, water and nicotine droplets. Metal and silica nanoparticles may also be present [Williams *et al.* 2013], but, in general, emissions from ECs are incomparable to environmental particulate matter or cigarette smoke microparticles.

Flouris and colleagues [Flouris *et al.* 2013] performed the only clinical study evaluating the respiratory effects of passive vaping compared with passive smoking. Researchers found significant adverse effects in spirometry parameters after being exposed to passive smoking for 1 hour, while no adverse effects were observed after exposure to passive vaping.

Although evaluating the effects of passive vaping requires further work, based on the existing evidence from environmental exposure and chemical analyses of vapor, it is safe to conclude that the effects of EC use on bystanders are minimal compared with conventional cigarettes.

### Miscellaneous safety issues

#### *Specific subpopulations: psychiatric and chronic obstructive pulmonary disorder patients*

A challenging population subgroup with unique smoking patterns is that of psychiatric patients and in particular schizophrenic patients. This subpopulation is characterized by a very high smoking prevalence [De Leon and Diaz, 2005] with an excess of smoking-related mortality [Brown *et al.* 2000]. Currently, only NRTs are recommended to treat nicotine dependence in this specific subpopulation, but in general they are not particularly effective [Aubin *et al.* 2012]. ECs could be used as an alternative to smoking products in this group. Caponnetto and colleagues performed a prospective 12-month pilot study to evaluate the efficacy of EC use in smoking reduction and cessation in a group of 14 patients with schizophrenia [Caponnetto *et al.* 2013a]. In 50% of participants, smoking consumption went from 30 to 15 cigarettes per day at 52 weeks of follow up, while 14.3% managed to quit smoking. Importantly, no deterioration in their psychiatric condition was observed, and side effects were mild and temporary. The results were promising although an outdated EC device was used in this study.

There is also anecdotal evidence that successful smoking cessation could be attained by using an EC in smokers with other psychiatric conditions such as depression [Caponnetto *et al.* 2011a]. Both patients described in this case series stated that EC use was well tolerated and no adverse events were reported.

Considering that first-line oral medications for nicotine addiction are contraindicated in such patients (prescribing information for bupropion and varenicline carry a 'black-box' warning for certain psychiatric conditions), ECs may be a promising tool in these challenging patient groups.

Another subpopulation that may benefit from regular EC use is that of respiratory patients with chronic obstructive pulmonary disease (COPD), a progressive disease characterized by a persistent inflammatory response to tobacco smoke that generally leads to decline in lung function, respiratory failure, cor pulmonale and death. Consequently, smoking cessation plays a crucial part in the management of COPD patients. However, the available evidence in the medical literature indicates that COPD patients who smoke respond poorly to smoking cessation efforts [Schiller and Ni, 2006]. To date, no formal efficacy and safety assessment of EC use in COPD patients has been conducted. There is only evidence from a case report of inveterate smokers with COPD and a documented history of recurring relapses, who eventually quit tobacco smoking on their own by using an EC [Caponnetto *et al.* 2011b]. Significant improvement in quality of life and reduction in the number of disease exacerbations were noted. EC use was well tolerated with no reported adverse events.

#### *Accidental nicotine exposure*

Accidental ingestion of nicotine, especially by children, or skin contact with large amounts of liquid or highly concentrated nicotine solution can be an issue. However, the historically referenced lethal dose of 60 mg has recently been challenged in a review by Mayer [Mayer, 2013]; he found that the lethal levels currently reproduced in every document originated from dubious experiments performed in the 19th century. Based on post-mortem studies, he suggested that the acute dose associated with a lethal outcome would be 500–1000 mg. Taking into account that voluminous vomiting is the first and characteristic symptom of nicotine ingestion, it seems that far higher levels of nicotine need to be ingested in order to have lethal consequences.

A surveillance system of adverse events has been developed by the FDA, which identifies safety concerns in relation to tobacco products. Since 2008, 47 adverse events were reported for ECs

[Chen, 2013]. Eight of them were serious events such as hospitalizations for pneumonia, heart failure, seizures and hypotension and burns. A case of second-degree burns was caused by a battery explosion, which is generally a problem observed in lithium batteries and has occurred in other products (such as mobile phones). The author emphasized that the reported events were not necessarily associated with EC use but may have been related to pre-existing conditions or other causes. No condition was characteristically associated with EC use.

A recent review of the California Poison Control System database from 2010 to 2012 identified 35 cases (14 children) associated with EC exposure (accidental exposure in 25 cases) [Cantrell, 2013]. A total of five patients were evaluated in an emergency department and all were discharged within 4 hours. Nausea, vomiting, dizziness and oral irritation were most commonly reported. Taken together, data from surveillance systems of adverse events suggest that short-term adverse effects and accidental exposures to EC cartridges are unlikely to result in serious toxicity.

Notwithstanding, avoiding preventable contact with highly concentrated nicotine solution remains important; this can be achieved by specific labeling of the products, child-proof caps and proper education of consumers. There is no evidence that nicotine-containing EC liquids should be treated in any different way compared with other consumer products used every day in households (such as bleach, washing machine powder, etc.).

#### *Electrical accidents and fires*

The electronic equipment of ECs may be the cause for accidents. ECs are mainly composed of lithium batteries. There have been reports of explosions of batteries, caused either by prolonged charging and use of improper chargers or by design defects. Similar accidents have occurred with batteries of other popular devices, such as mobile phones. Therefore, this does not occur specifically with ECs, however, quality standards of production should be used in order to avoid such accidents.

Smoking is a major cause of residential fires. Between 2008 and 2010, an estimated annual average of 7600 smoking-related fires occurred in residential buildings in the US [US Fire

Administration, 2012]. They account for only 2% of all residential building fires but for 14% of fire deaths. Since ECs are activated only when used by the person and there is no combustion involved, there is the potential to avoid the risk of smoking-related fires.

#### *Use by youngsters and nonsmokers*

Although beyond the scope of this review, it is important to briefly discuss the potential for addiction from EC use. It should be acknowledged that nicotine is addictive, although recent studies have shown that several other chemicals present in tobacco are associated with a significant enhancement of the addictiveness of nicotine [Lotfipour *et al.* 2011; Rose, 2006; Guillem *et al.* 2005]. Still, nicotine intake should not be recommended to nonsmokers. Smokers are already addicted to nicotine, thus ECs will be a cleaner form of nicotine intake, while at the same time they will maintain their sensory stimulation and motor stimulation of smoking; these are important aspects of the addiction to smoking. Regulatory authorities have expressed concern about EC use by youngsters or by never-smokers, with ECs becoming a gateway to smoking or becoming a new form of addiction. However, such concerns are unsubstantiated; research has shown that EC use by youngsters is virtually nonexistent unless they are smokers. Camenga and colleagues [Camenga *et al.* 2013] examined the use of ECs and tobacco in a group of adolescents, in a survey conducted in three waves. In the first wave of the survey (February 2010), 1719 adolescents were surveyed from which only one nonsmoker was found to be using ECs. In the second and third wave of the surveys, only five nonsmoking adolescents were using ECs. In fact, these are adolescents who reported first ever use of ECs in the past 30 days; therefore they were not necessarily regular or daily EC consumers. The increased prevalence of EC use from 0.9% in 2010 to 2.3% in 2011 concerned smoking adolescents, therefore it should be considered a positive finding that smokers are experimenting with the significantly less harmful ECs. Similarly, the Medicines and Healthcare Products Regulatory Agency (MHRA) found that less than 1% of EC users are never-smokers [MHRA, 2013]. Data from the Centers for Disease Control [2013] National Youth Tobacco Survey reported doubling in EC experimentation by 13–18 year old students from 1.1% in 2011 to 2.1% in 2012; however, 90.6% of them were smokers. From the whole population, only 0.5% were nonsmokers experimenting with ECs.

Once again, participants were asked about ever experimenting with an EC in the past 30 days, not regular or daily EC use. Recently, a survey of more than 75,000 students in South Korea was published [Lee *et al.* 2013]. Although they found that 12.6% of them were daily smokers (8.6% were using only tobacco cigarettes and 3.6% were using both tobacco and ECs), only 0.6% of nonsmokers had used ECs in the past 30 days. Although the above mentioned data have been used as arguments to support the fact that a new epidemic of nicotine addiction through the use of ECs is appearing, in reality they are showing that any experimentation with ECs is done by smokers. This is in fact a positive finding, and could lead to reduced smoking prevalence through adoption of EC use. Therefore, ECs could serve as gateway from smoking; on the contrary, there is no evidence indicating that they could be a gateway to smoking. It is promising to see that penetration of EC use in youngsters is virtually nonexistent, especially when you take into consideration that there is currently no official regulation in most countries to prohibit the access to ECs by youngsters.

### Conclusion

Existing evidence indicates that EC use is by far a less harmful alternative to smoking. There is no tobacco and no combustion involved in EC use; therefore, regular vapers may avoid several harmful toxic chemicals that are typically present in the smoke of tobacco cigarettes. Indeed, some toxic chemicals are released in the EC vapor as well, but their levels are substantially lower compared with tobacco smoke, and in some cases (such as nitrosamines) are comparable with the amounts found in pharmaceutical nicotine products. Surveys, clinical, chemistry and toxicology data have often been misrepresented or misinterpreted by health authorities and tobacco regulators, in such a way that the potential for harmful consequences of EC use has been largely exaggerated [Polosa and Caponnetto, 2013]. It is obvious that some residual risk associated with EC use may be present, but this is probably trivial compared with the devastating consequences of smoking. Moreover, ECs are recommended to smokers or former smokers only, as a substitute for conventional cigarettes or to prevent smoking relapse; thus, any risk should be estimated relative to the risk of continuing or relapsing back to smoking and the low efficacy of currently approved medications for smoking cessation should be taken into consideration [Moore *et al.* 2009; Rigotti

*et al.* 2010; Yudkin *et al.* 2003]. Nonetheless, more research is needed in several areas, such as atomizer design and materials to further reduce toxic emissions and improve nicotine delivery, and liquid ingredients to determine the relative risk of the variety of compounds (mostly flavorings) inhaled. Regulations need to be implemented in order to maintain the current situation of minimal penetration of EC use in nonsmokers and youngsters, while manufacturers should be forced to provide proof for the quality of the ingredients used and to perform tests on the efficiency and safety of their products. However, any regulatory decisions should not compromise the variability of choices for consumers and should make sure that ECs are more easily accessible compared with their main competitor, the tobacco cigarette. Consumers deserve, and should make, informed decisions and research will definitely promote this. In particular, current data on safety evaluation and risk assessment of ECs is sufficient enough to avert restrictive regulatory measures as a consequence of an irrational application of the precautionary principle [Saitta *et al.* 2014].

ECs are a revolutionary product in tobacco harm reduction. Although they emit vapor, which resembles smoke, there is literally no fire (combustion) and no 'fire' (suspicion or evidence that they may be the cause for disease in a similar way to tobacco cigarettes). Due to their unique characteristics, ECs represent a historical opportunity to save millions of lives and significantly reduce the burden of smoking-related diseases worldwide.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 5:15 PM  
**To:** HLTtestimony  
**Cc:** susanlarson78@gmx.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan Larson	Individual	Oppose	Yes

Comments:

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**Sent:** Monday, March 10, 2014 6:43 PM  
**To:** HLTtestimony  
**Cc:** tomboy501@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kelly Lenfest	Individual	Oppose	No

Comments: SB2495 puts ecigs in the framework of tobacco cigarettes for a product that contains no tobacco, produces no smoke, and has been found to have a modified risk profile in comparison to tobacco products.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 7:29 AM  
**To:** HLTtestimony  
**Cc:** timlemke20@yahoo.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tim Lemke	Individual	Oppose	No

Comments: I'm a non-smoker and I oppose sb-2495. I don't understand why a few people out there want to ban electronic cigarettes. There's no smell so it doesn't bother me and there are no cancer causing chemicals. I can't believe that health advocates aren't cheering for e- cigs. I haven't seen ANY evidence that a brand/brands of e-cigs is so "dangerous" to non- smokers to need a ban. Something is definately wrong with this picture why the anti-smoking advocates don't support it.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 5:50 PM  
**To:** HLTtestimony  
**Cc:** 4spiritnsoul@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Naomi C. Liu	Individual	Oppose	No

Comments:

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**Sent:** Monday, March 10, 2014 7:09 PM  
**To:** HLTtestimony  
**Cc:** jscottpanama@yahoo.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Mansfield	Individual	Oppose	No

Comments: People have quit smoking cigarettes due to e-cigs. Do not make it more difficult by passing this bill.

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**Sent:** Monday, March 10, 2014 7:56 PM  
**To:** HLTtestimony  
**Cc:** ryan.oswald@aol.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ryan Oswald	Individual	Oppose	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 1:38 PM  
**To:** HLTtestimony  
**Cc:** 808aprilpacheco@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
April Pacheco	Individual	Oppose	No

Comments: Where's the evidence that electronic cigarettes are dangerous? How come the guys trying to ban e-cigs ain't got any facts to stand on?

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 4:48 PM  
**To:** HLTtestimony  
**Cc:** jason.park1@aol.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jason Park	Individual	Oppose	No

Comments:

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These are the facts

FACT: There is NO evidence of any harm or illness, due to electronic cigarettes, since they have come on the world market in 2003-2004.

FACT: Testing by the FDA and independent labs has shown that electronic cigarettes do not have toxic levels of chemicals and contain no more carcinogens than FDA-approved smoking cessation products.

FACT: Electronic cigarettes are advertised to and largely used by ADULT committed smokers, the majority of whom have no intention of quitting nicotine use in the near future.

FACT: There is no verifiable evidence to show that children/teens are attracted to electronic cigarettes.

FACT: Accusations that electronic cigarette advertising is targeting children is based entirely on the false assumption that adult smokers would not be attracted to candy flavors or electronic "gadgets."

FACT: The overwhelming majority of electronic cigarette retailers already have implemented policies against sales to minors and anecdotal reports of minors purchasing electronic cigarettes are extremely rare.

FACT: Electronic cigarettes have been shown to be tens of thousands of times less toxic and less carcinogenic than traditional cigarettes.

FACT: The majority of electronic cigarettes users discontinue smoking traditional tobacco.

FACT: If electronic cigarettes are removed from the U.S. market, the majority of electronic cigarette owners will turn to ordering the devices from China or worse, return to smoking traditional cigarettes.

FACT: Electronic cigarettes pose little, if any, risk to the general public, yet their removal from the market would have a huge, negative impact on the hundreds of thousands of actual users of the devices.

Be on the up and up it's all about the money that you hope to gain by taxing electronic cigarettes, with more and more people switching to this you are losing more and more tax money. Have the courage to stand against this bill.

Donald W Patton

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 4:44 PM  
**To:** HLTtestimony  
**Cc:** ryusou@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Josh Reyes	Individual	Oppose	No

Comments: Please reconsider this bill. This would have a huge negative impact on the thriving business already established. These thriving business contributed to many people gain more years in living by making the switch to a healthier alternative. Why label electronic cigarettes as a "tobacco" product? When in fact there is NO tobacco at all in the making or in use for it. I can agree to limiting the use for it in places where people who are unaware about it. Again please reconsider this bill and not let it go forward, we the people of Hawaii have already moved forward by quitting a bad habit, dont let our effort go backwards. Mahalo Josh

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 6:50 AM  
**To:** HLTtestimony  
**Cc:** michrobins3@myself.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michelle Robinson	Individual	Oppose	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 9:46 PM  
**To:** HLTtestimony  
**Cc:** 143csantiago@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
caesare santiago	Individual	Oppose	No

Comments:

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Behavioral & Cognitive Therapies Clinic Inc.  
Sheri Sloggett-Shanks, Psy.D.

March 10, 2014

Honorable Senators and Congressmen

Re: #SB2495

Dear Sirs and Madams,

Please do not pass SB2495.

This bill will only cause harm to those it affects, and perhaps to those it only affects indirectly. I have many clients who have quit smoking regular tobacco and it may cause them to relapse should these very crippling taxes and laws be passed. To classify ecigs as tobacco products is inane, only if tobacco juice is used are any ecig users actually consuming tobacco. The majority of the juices are nicotine, not tobacco. Regulate that one flavor if you must, but nicotine by itself has not been proven to cause detrimental effects. Only tobacco by-products have been proven to cause illness, which are not in any e-juice except the tobacco flavor juice.

Vaporizing is NOT smoking, there is no proven second-hand effect and there is no proven detriment to any bystanders. Big tobacco is really at play here, trying to squash the up and coming competition! The American Psychological Association is studying the positive outcomes of people who have quit tobacco products and there will be studies that show how helpful ecig products are to the many who are trying to quit tobacco. I have first-hand knowledge of how ecigs have helped my clients tremendously, please do not pass a law that will cripple such a helpful industry.

Finally, it is already difficult for small businesses in Hawaii, please do not pass a law that will cripple this industry, hurting our economy even further. WE need to help people, not hurt them.

Sincerely,



Sheri Sloggett-Shanks, Psy.D  
Hawaii State Licensed Clinical Psychologist

4211 Waialae Ave. #206A  
Honolulu, Hawaii 96816  
808-735-2494  
808-735-2495 FAX

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 4:37 PM  
**To:** HLTtestimony  
**Cc:** konaking@live.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeff Stevens	Individual	Oppose	No

Comments: Topic: E-cigarettes. Q: How do you piss off 10,000's of constituents? A: Ban and tax the hell out of something they enjoy.

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**Sent:** Monday, March 10, 2014 7:05 PM  
**To:** HLTtestimony  
**Cc:** wwtanaka@aol.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wendell Tanaka	Individual	Oppose	No

Comments: Unfair rights to do the next best thing to smoking

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 5:59 PM  
**To:** HLTtestimony  
**Cc:** tinamoore@linuxmail.org  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tina	Individual	Oppose	No

Comments: E-cigarettes have improved my life and saved me money. It's help me cut back on my cigarette smoking. Now the legislature wants to end that! :( I've always voted democrat, but I can say one thing, nasty bills like this one make me want to rethink that. Please Della, don't let this bill pass.

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To whom it may concern,

I am submitting this document in direct opposition of Senate Bills 2212, 2222, 2495, 2572, and 2871. Additionally, I would like to note that I also am in opposition of House Bills 1788, 1791, 2079, and 2321.

I believe in the spirit of the law. I also truly believe that our government works to preserve the freedoms of each individual while addressing the needs of the community as a whole. I am hoping that my individual testimony is significant enough to be heard and considered.

I am a former smoker. I am currently a "vaper".

To be exact, I had been smoking for over twenty years before discovering vaping and I believe, amongst other factors, that its value is too great for its distribution, and use, to be so restricted by our lawmakers in an uneducated, knee-jerk reaction as those presented in the proposed House and Senate bills.

I, like many others, stopped smoking cigarettes with the help of an e-cigarette. I very much enjoyed smoking but I wanted to quit because of the negative effects it had on my health (respiratory ailments, continuously high blood pressure, and risk posed by proven carcinogens). I have tried all manner of smoking cessation products, and plans, with little success including nicotine replacement, pharmaceuticals (Zyban and Chantix), alternative/homeopathic (acupuncture), and personal coaching. None have had anywhere near the success as the e-cigarette. In fact, I had to stop using both my Zyban and my Chantix prescriptions as the side-effects were not only inconvenient, they were downright dangerous and directly endangered my health.

I do not think it is wise to ban, or highly restrict, the availability of such effective tool to smoking cessation. In fact, vaping is so different from smoking in its chemical composition, and observed effects, that it should not be grouped, nor regulated, in the same category as traditional tobacco products. Do not restrict its distribution to those similar to current tobacco products. Doing so will eliminate one of the biggest advantages vaping has in transitioning off of a smoking habit. A wide variety of pleasant-tasting flavors is one of the greatest benefits a vaper has to substitute for the satisfaction of smoking a cigarette and that ability to get satisfaction, as well as the light, sweet vapor, is far less unpleasant than the dense, lingering smell that a cigarette will leave behind.

I, personally, do not advocate the use of e-cigarette as a "healthy alternative" to smoking. However, I have done enough research to know that e-cigarette use is far less unhealthy than smoking. The benefits of e-cigarette use as a "harm reduction" method are significant. Generally, all of the components of e-liquid have been deemed "safe for use" by the FDA. Propylene glycol, vegetable glycerin, and food flavorings have been in use for decades and are contained in many of the products consumed by Americans on a daily basis – propylene glycol, in particular, is toxic only in very large, and very concentrated, quantities of which levels are not commonly found while vaping. In fact, one would be very hard-pressed to intentionally abuse vaping to generate an environment where this level of toxicity could be reached. Nicotine, like caffeine, has demonstrable health benefits when used moderately as well as health detriments when used in large quantities yet there are no caffeine regulations in place in any city, or state, in the United States today. Additionally, any additional compounds produced while vaping generally do not exceed, nor compromise, current air quality standards (such as EPA regulations). The exhaust of an average low-emission automobile contains far more harmful compounds than those contained in the vapor of an e-cigarette in heavy use. While the long-term use of the components in e-liquid are not known it is impossible to overlook the quantifiable benefits that vaping can provide – especially when there is no documented proof of its harm in the trace amounts that they appear in e-cigarette vapor. In fact, there is much in the way of recent scientific studies that prove just the opposite..

Speaking of regulation, I completely agree that e-cigarette manufacturing, distribution, and use requires some degree of regulation. HOWEVER, I DO NOT BELIEVE THAT IT IS A GOVERNMENT'S RIGHT, NOR RESPONSIBILITY, TO DICTATE MY FREEDOMS, CHOICES, AND ACTIVITIES, UNLESS THOSE ACTIVITIES INFRINGE ON THE FREEDOM OF OTHERS.

I believe that e-cigarette use needs to be regulated, and even prohibited, in most public indoor environments - but there should be exceptions to this rule and not be all encompassing. Passing a blanket rule (that will more than likely never be retracted) with little information is irresponsible. An electronic cigarette is not a cigarette and should not be classified, nor treated, as one.

I believe that there should be some sort of regulation and controls placed on the e-liquid that is being used. However, the State of Hawaii does not have the resources, or even the inclination, to pursue this. Leave it up to the FDA. You can require manufacturers to post calories, ingredients, and warnings and you will realize that there are more chemicals in a can of soda or your favorite cereal than in e-liquid. There should be regulation of the distribution e-liquid that contains nicotine. Make sure that they can only be sold to adults over the age of 18 - because humans obviously don't gain their freedoms or attain their potential for distinct cognitive function until we reach the chronological age of 18 years. An electronic cigarette is not a cigarette and should not be classified, nor treated, as one.

I believe e-cigarette devices and related paraphernalia should not be prohibited to anyone nor taxed at a ridiculously high rate. An e-cigarette consists of a battery, a heating device (coil of wire), a way of getting the e-liquid to the heat (wick, tank, drip, etc), and an e-liquid. Every component mentioned, with the exception of the e-liquid, is readily available anywhere - we just like to buy them in pretty packaging. An electronic cigarette is not a cigarette and should not be classed, nor treated, as one.

I believe that a tax on e-cigarettes may be warranted but the amount of tax that should be levied should be going into programs related to this class of recreational use and its administration. Putting an undertermined tax or even a tax that doubles the price of the product itself is irresponsible without doing for more research and measurement. Additionally, if a tax is to be levied to pay for its regulation and administration, all financial activity should be transparent, and of public record. An electronic cigarette is not a cigarette and should not be classified, nor treated, as one.

I believe that the aforementioned bills need to be withdrawn for rethought, reworking, and reintroduction. These bills infringe on MY freedom and does not seem to accomplish the good intent of what the spirit of the law really should be.

Sincerely,  
Lance Watanabe, Pearl City, HI

**morikawa2-Joanna**

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**Sent:** Tuesday, March 11, 2014 4:16 AM  
**To:** HLTtestimony  
**Cc:** csapamplin@yahoo.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
angela pamplin	Individual	Comments Only	No

Comments: I have been a smoker for 22 years and have now quit due to the e cig. Specifically the volcAno inferno, and know many people who have quit also. It is doing a big injustice to tax these items so much. I have seen commercials for quitting smoking , and now t hat we have a tool that works ,We need support to keep this available at a reasonable price for all.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**morikawa2-Joanna**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 10, 2014 10:21 PM  
**To:** HLTtestimony  
**Cc:** lincoln.vernon@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM

**SB2495**

Submitted on: 3/10/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
vernon	Individual	Comments Only	No

Comments: I think this so unfair. Ecigs helped me to quit smoking. There is no data that says ecigs are not good for you.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 8:37 AM  
**To:** HLTtestimony  
**Cc:** stephandjim@aol.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stephanie Austin	Individual	Support	No

Comments: Please support this bill! E-cigarettes are an effective path to nicotine addiction, although sold by manufacturer's as an 'anti- smoking' tool. Pure shibai! And many have told me that the exhaled breath of e-cigarette users are clearly not benign pure air - disgusting, toxic smelling fumes. Thank you. (I smoked heavily for 20 years, and know personally how very addictive nicotine is.)

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**morikawa2-Joanna**

---

**From:** Erin Bantum <ebantum@cc.hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 9:02 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Erin Bantum  
677 Ala Moana Blvd Suite 200  
Honolulu, HI 96822

**morikawa2-Joanna**

---

**From:** Kei-Lin Cerf <klcerf@ohanafoundation.com>  
**Sent:** Tuesday, March 11, 2014 8:47 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Kei-Lin Cerf  
68-3868 Paniolo Avenue  
#A201  
Waikoloa, HI 96738

**From:** Shirley David <shirleydavid@hawaii.rr.com>  
**Sent:** Tuesday, March 11, 2014 10:18 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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The neighbor children tell me how their intermediate school offer them these electronic smoking devises and how wrong they think it is to be exposed at school. Let's protect our children.

Mahalo.

Shirley David  
77-207 Hoowaiwai Place  
Kailua-Kona, HI 96740

**morikawa2-Joanna**

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**From:** Barbara Dinoff <dinoff@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 11:00 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Barbara Dinoff  
222 liliuokalani avel  
Honolulu, HI 96815

**morikawa2-Joanna**

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**From:** Jermy Domingo <jdomingo@papaolalokahi.org>  
**Sent:** Tuesday, March 11, 2014 10:15 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Jermy Domingo  
894 Queen St.  
Honolulu, HI 96706

**morikawa2-Joanna**

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**From:** Wendy Akita <wendywakita@yahoo.com>  
**Sent:** Tuesday, March 11, 2014 12:46 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Wendy Akita  
2960 Aukele St.  
Lihue, HI 96766

**From:** Rebecca Delafield <rdelafield@gmail.com>  
**Sent:** Tuesday, March 11, 2014 2:51 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Rebecca Delafield  
2346 St. Louis Dr.  
Honolulu, HI 96816



**morikawa2-Joanna**

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**From:** Marilyn Gagen <mgagen@gmail.com>  
**Sent:** Tuesday, March 11, 2014 11:13 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



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Mahalo.

Marilyn Gagen  
59-398 Ka Nani Drive  
N/A  
Kamuela, HI 96743

**From:** Michelle Gray <mmg2b@msn.com>  
**Sent:** Tuesday, March 11, 2014 12:56 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Michelle Gray  
430 Lanipuaa Street  
Honolulu, HI 96825

**morikawa2-Joanna**

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**From:** Laura Guluzzy <Writerlsg@gmail.com>  
**Sent:** Tuesday, March 11, 2014 10:59 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Laura Guluzzy  
75-202 Malulani Drive  
Kailua-Kona, HI 96740

**morikawa2-Joanna**

---

**From:** Michelle Kwock <nina2beach@yahoo.com>  
**Sent:** Tuesday, March 11, 2014 8:35 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Michelle Kwock  
814 Kinau St.  
Honolulu, HI 96813

**morikawa2-Joanna**

---

**From:** Tami MacAller <t\_macaller@hotmail.com>  
**Sent:** Tuesday, March 11, 2014 9:00 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



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Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Tami MacAller

Kailua-Kona, HI 96740

**From:** Nathaniel Mangoba <mangoba@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 9:17 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

**LATE**

Dear Honorable Della Au Belatti and Honorable Dee Morikawa,

Thank you for the opportunity to submit my testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

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Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. A 2009 FDA analysis of two leading ESD’s brands found that they contained carcinogens and other hazardous chemicals such as diethylene glycol, formaldehyde, acetaldehyde, lead and N-nitrosornicotine.

Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo and thank you for your time,  
-Nathaniel Mangoba

Nathaniel Mangoba  
3581 Koi Street  
Papaaloa, HI 96780

**morikawa2-Joanna**

---

**From:** Barbara Nosaka <barbrick@hawaiiintel.net>  
**Sent:** Tuesday, March 11, 2014 8:41 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Barbara Nosaka  
2216 Hoonanea Street  
Honolulu, HI 96822

**morikawa2-Joanna**

---

**From:** Anna Pickering <vigeland@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 8:31 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Anna Pickering  
701 Ilalo St. Room 330K  
Honolulu, HI 96813



**morikawa2-Joanna**

---

**From:** Tyler Ralston <dgkahalas@gmail.com>  
**Sent:** Tuesday, March 11, 2014 9:15 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Tyler Ralston  
PO Box 10528  
Honolulu, HI 96816

**morikawa2-Joanna**

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**From:** Howard Saiki <zhongxin51039@gmail.com>  
**Sent:** Tuesday, March 11, 2014 12:43 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Howard Saiki  
45-480 B Apiki Street  
Apt. D1202  
Kaneohe, HI 96744

**morikawa2-Joanna**

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**From:** Bernie Sakoda <sakoda@hawaiiink.net>  
**Sent:** Tuesday, March 11, 2014 12:03 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Mahalo.

Bernie Sakoda  
3630 Lala Rd  
Lihue, HI 96766

**From:** Sharon Shigemasa <sshigemasa@cc.hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 8:53 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Mahalo.

Sharon Shigemasa  
1006 Leomele Street  
Pearl City, HI 96782

**morikawa2-Joanna**

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**From:** Jasmine Staup <jstaup284@hawaiiintel.net>  
**Sent:** Tuesday, March 11, 2014 2:23 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Jasmine Staup  
P.O. Box 1249  
Kealakekua, HI 96750

**morikawa2-Joanna**

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**From:** Angela Sy <sya@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 12:21 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in support of SB 2495 SD 3. I support regulating electronic smoking devices (ESDs). I support requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

Including electronic smoking devices in the definition of “tobacco product” will also protect the public including decreasing distractions in the workplace. This will also reduce confusion within society about use of tobacco products and maintain the social norm of where smoking in public is minimal.

I also support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers.

ESDs are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” Failing to act may set us back decades from Hawaii's current progressive policies that protect the public from others' smoking habits.

Mahalo.

Angela Sy  
2600 Campus Rd.  
QLSSC #413, attn: Maile Goo  
Honolulu, HI 96817

## **morikawa2-Joanna**

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**From:** Rebecca Williams <rjwillia@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 8:35 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

**LATE**

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax ; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

Mahalo.

Rebecca Williams  
736 Hawaii St.  
Honolulu, HI 96817

**morikawa2-Joanna**

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**From:** Alvin Wong <anwprods@hotmail.com>  
**Sent:** Tuesday, March 11, 2014 9:18 AM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

I support treating ESDs similarly to other tobacco products through requiring a licensing process for wholesalers and a permitting process for retailers. ESDs should be taxed the same as other tobacco products and restricted to the same sale, distribution, and display requirements as cigarettes and other tobacco products.

Electronic smoking devices are currently unregulated and emit unregulated levels of chemicals into the air. Without regulations there is no evidence that the emissions are merely “harmless water vapor.” SB 2495 SD 3 must be passed to provide protection for the public while science continues to emerge with more information about the emissions and chemicals released from the vapor. Failing to act may set us back decades.

I'm still recovering from a quadruple bypass heart surgery from inhaling the ETS from these harmful products over the years. Please stop these products from harming other nonsmokers in the future.

Mahalo.

Alvin Wong  
Pearl City

Alvin Wong  
1163 Hooli Circle  
1163 Hooli Circle  
Pearl City, HI 96782



**From:** Dawn Pung <satsp@aol.com>  
**Sent:** Tuesday, March 11, 2014 9:04 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

Thank you for the opportunity to submit testimony in strong support of SB 2495 SD 3. I strongly support regulating electronic smoking devices (ESDs) by requiring licensing and permitting for sellers; establishing a tax; and prohibiting the use of ESDs in places open to the public and places of employment.

I support including “electronic smoking devices” in the definition of “tobacco product” and “smoke or smoking” in the smoke-free workplace law, and to prohibit the use of electronic smoking devices in the places where smoking is prohibited. Including electronic smoking devices will protect the public, reduce confusion within society, decrease distractions in the workplace, and maintain the social norm.

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Mahalo.

Dawn Pung  
645 Ainako Avenue  
Hilo, HI 96720

**LATE**

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking  
Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Jacqueline Tellei  
3662 Alani Drive  
Honolulu, HI 96822

**morikawa2-Joanna**

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**From:** Janelle Kubo <janeltk@hotmail.com>  
**Sent:** Tuesday, March 11, 2014 4:01 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Janelle Kubo  
2860 Waiialae Ave.  
Apt. 114  
Honolulu, HI 96826

**morikawa2-Joanna**

---

**From:** kim Ora-a <koraa8@yahoo.com>  
**Sent:** Tuesday, March 11, 2014 7:37 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



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Mahalo.

kim Ora-a  
2864 Liholani St.  
2864 Liholani St. Makawao  
Makawao, HI 96768

**From:** Nicole Chin <nchin2@hawaii.edu>  
**Sent:** Tuesday, March 11, 2014 7:05 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

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Mahalo.

Nicole Chin  
1814 Kaiao St  
Hilo, HI 96720

**From:** Paul Strauss <paul.strauss@doh.hawaii.gov>  
**Sent:** Tuesday, March 11, 2014 3:56 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Paul Strauss  
P.O. Box 1088  
Kealakekua, HI 96750

**morikawa2-Joanna**

---

**From:** Serenity Chambers <Schambers@lanaicommunityhealthcenter.org>  
**Sent:** Tuesday, March 11, 2014 4:37 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



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Mahalo.

Serenity Chambers  
PO box 631411  
Lanai city, HI 96763

**From:** Shelly Ogata <uglowgurl@gmail.com>  
**Sent:** Tuesday, March 11, 2014 4:27 PM  
**To:** HLTtestimony  
**Subject:** Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health



Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Shelly Ogata  
17468 N. Ala road  
Kurtistown, HI 96760



**LATE**

To: The Honorable Della Au Belatti, Chair, Committee on Health  
The Honorable Dee Morikawa, Vice Chair, Committee on Health  
Members, House Committee on Health

Re: Strong Support for SB 2495 SD 3, Relating to Electronic Smoking  
Devices

Hrg: March 12, 2014 at 8:30 a.m. in Room 329

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Mahalo.

Kauila Ho  
75-166 Kalani St  
Kailua-Kona, HI 96704

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 10:57 AM  
**To:** HLTtestimony  
**Cc:** cccsofhilo@aol.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leilani Anzai	electronic cigarette businesses	Oppose	No

Comments: I stongly oppose this bill. E-cig smokers are not harming the community, there is no smell, no litter associating with e-cigs. It is extremely unfair that they want to penalize/punish us by banning it indoors, taxing it so that the businesses can't support it. My doctor was very happy I quit cigarettes! I think it's ridiculous!!! I was a smoker for 30 yrs. Once I started vaping, I never went back and it's been almost a year now. We are not smokers and should not be categorized as such. E-cig businesses are helping smokers quit!

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 12:27 PM  
**To:** HLTtestimony  
**Cc:** robync1203@yahoo.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
robyn chandler	Individual	Oppose	Yes

Comments: THIS HELP ME QUIT SMOKING . I enjoy been smoke free . i enjoy not having to smoke in my clothes

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**LATE**

## Opposition to Hawaii SB 2495 SD3

My name is Jim Clement. I am a disabled combat veteran who served our country throughout the Vietnam and Gulf War era. I have resided in the State of Hawaii since 1986.

I am opposed to the passage of SB2495 SD3 relating to electronic smoking devices for the following reasons:

1. The bill seeks to “Establish an excise tax on electronic smoking devices of an unspecified per cent of the wholesale price of each electronic smoking device kit, electronic smoking device nicotine cartridge, or electronic smoking device nicotine refill sold, used, or possessed by a wholesaler or dealer on or after October 1, 2014”.
2. I am currently experiencing quite successful results ridding myself of my nicotine addiction using my vaping device.

Prior to passage of this bill into law, the State should determine and publish precisely what percentage the excise tax is to be. It seems quite unfair to enact an unspecified tax upon the businesses that market these devices and related supplies. These businesses will undoubtedly have to pass their higher cost of operation on to their customers. This would have the effect of forcing some of the smaller operations out of business due increased financial burden. Those forced closures would eliminate tax revenues paid to the state by those businesses.

While it is appropriate that the legislature should be concerned about the safety and impact of these products on public health, the legislature admits that there exists “relative lack of research data on electronic smoking devices”. Why is that? Prior to enacting a law that will penalize thousands of people who are legitimately using these devices to wean themselves off tobacco products, should not the legislature seek to have as many facts on their side as possible. The relative lack of research data is simply that. A lack of data that provides us with nothing useful. Could not the legislature commission that an open, honest study be done prior to passing a law that will have a negative impact upon thousands of people in Hawaii.

I began smoking in 1968 at the age of thirteen. I am currently fifty-eight years of age. I can well remember when television told us with great certainty that “More Doctors smoke Camels than any other Cigarette”.

I have twice been through the smoking cessation program at Tripler Army Medical Center. Treatment for me consisted of Nicotine Gum, Lozenges, Patches, and weekly

meetings with a Psychologist and Pharmacist. I experienced numerous problems with patches falling off while exercising, gum burning my tongue, etc. These problems rendered that program quite ineffective for me. Both times, I was never able to abstain from smoking for more than thirty days.

I bought my vaping device on November 29<sup>th</sup>, 2013. Since that time, I have been cigarette free. When I first began using my device, I was ingesting a 24 mg nicotine solution. As of this date, I am currently using a 4 mg nicotine solution. If my progress continues, I should be completely nicotine free by June 1<sup>st</sup> of this year. While I will be free from the physical addiction, the psychological cravings will still remain. The , Veterans Administration Mental Health Service has found that on average, it requires two years before the “urge to smoke” subsides to minimal levels. This is the area at which my vaping device proves to be the greatest benefit to me. It provides me with both manual and visual stimuli. My plan is to continue to vape using a Zero percent Vanilla vaping solution, then gradually increasing the time between my vapes, while reducing their frequency until I am certain that I have no urge to smoke.

How will the proposed law affect vaping solutions that contain zero percent nicotine? Are all vaping solutions to be classified and taxed as nicotine products in one pool, or will there be less tax for those solutions that are certified nicotine free?

I believe that there are far better measures that can be taken by the State Legislature to prevent more young people from joining the ranks of smokers. Age based tiered-taxation; stricter enforcement of existing laws regarding sales to those under the age of twenty-one, harsher mandatory penalties for offenders, etc.

The bill as currently written will leave gaping holes in the law that I predict will not withstand the court challenges that are sure to follow.

Thank You for your consideration of my words.

Respectfully,

Jim (James S.) Clement

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 2:52 PM  
**To:** HLTtestimony  
**Cc:** 1hawaii4me@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mark Dietrich	Individual	Oppose	No

Comments: I've heard the companies that manufacture quit products are behind this bill. That e-cigarettes compete for "their" market share.

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**From:** mailinglist@capitol.hawaii.gov  
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**To:** HLTtestimony  
**Cc:** billygebin@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Billy Gebin	Individual	Oppose	No

Comments: If the taxes are increased, much more people will go back to smoking cigarettes including kids. By raising taxes, no one is going to be interested in purchasing these products which is a much better alternative than cigarettes. Would people rather have teens smoking cigarettes or be vaping? There are thousands of chemicals in cigarettes while e-cigarettes, or more specifically "e-liquid" or "e-juice" only contain Vegetable Glycerin, and flavor concentrates or extracts, and for some people who need nicotine, there will be nicotine in the e-juice. There shouldn't be a restriction to using e-cigs in designated smoking areas because, there is no second-hand smoke, and also does not smell unpleasant. Vegetable Glycerin E-juice is NOT the same as cigarettes or tob acco. Therefore it should not be restricted. E-cigs should not be defined as a tobacco product, because it does not contain tobacco. e-juice is created with all natural substances. (Vegetable Glycerin & flavor concentrates or extracts). It absolutely does not contain tobacco, Therefore it should not be considered a tobacco product.

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March 11, 2014

To: The Honorable Josh Green, Chair  
Members, Senate Committee on Health  
The Honorable Rosalyn H. Baker, Chair  
Members, Senate Committee on Commerce and Consumer Protection  
From: Allyn Hiramoto X-treme Vapor LLC  
Owner

**RE: SB2495 – oppose.**

Thank you for the opportunity to submit testimony.

X-treme Vapor is a retailer of electronic cigarettes and vaping accessories in the State of Hawaii. We stand in opposition to SB2495 for the following:

### **I. No Evidence Supports Restricting Electronic Cigarette Use by Adults**

- Several million smokers in the US have quit smoking or sharply reduced their cigarette consumption by switching to or substituting with smokefree electronic cigarettes. **To date, there is no evidence that electronic cigarette usage has harmed anyone**, which is logical since the product emits a tiny amount of vaporized nicotine and flavorings (similar to nicotine inhalers that are marketed as smoking cessation aids). Numerous studies conducted on

ecigarettes have found that ecigarettes emit no hazardous levels of any constituents, and that levels of nitrosamines in ecigarettes are nearly identical (i.e. very little if any) to those in nicotine gums and patches. Those studies are attached to this presentation.

- Burstyn, I. Peering through the mist: What does the chemistry of contaminants in electronic cigarettes tell us about health risks? *BMC Public Health*. January 2014.

<http://www.biomedcentral.com/14712458/14/18/abstract>

- Goniewicz ML, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control*. March 2013.

<http://tobaccocontrol.bmj.com/content/early/2013/03/05/tobaccocontrol2012050859.abstr>

- Siegel, M, et. al. Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes. *Journal of Public Health Policy*. December 2010. <http://www.palgravejournals.com/jphp/journal/v32/n1/full/jphp201041a.html>

- Trehy, et. al. Analysis of electronic cigarette cartridges, refill solutions, and smoke for nicotine and nicotine related impurities. August 2011.

<http://www.tandfonline.com/doi/abs/10.1080/10826076.2011.572213>

Although electronic cigarettes emit NO smoke, the bill **falsely defines vapor products as “electronic smoking devices” and deceptively redefines "smoking" to include the use of electronic cigarettes** in an attempt to restrict their usage in the same places as tobacco cigarettes. Vapor products contain no tobacco, produce no smoke, and have not been



demonstrated to have the detrimental effects of combustible tobacco products. In fact, the FDA has taken appropriate and proportional regulation seriously and to date has not issued regulations for the product because they seemingly understand the potential this product has to switch people over from actual tobacco, which kills 480,000 people per year. Further, Mitch Zeller, Director of the Center for Tobacco Products at the FDA recently stated:

o "If a current smoker, otherwise unable or unwilling to quit, completely substituted all of the combusting cigarettes that they smoked with an electronic cigarette at the individual level, that person would probably be significantly reducing their risk."

(<http://thedianerehmshow.org/shows/20140121/newhealthriskscigarettesmoking/transcript>)

In sharp contrast to indoor smoke free policies/laws (which are largely self enforced because of broad public support), please note that **it is also impossible to enforce an ecigarette usage**

**ban** (since the products can be used discreetly without anyone else knowing). By simply waiting a few seconds before exhaling, no visible vapor is exhaled by ecigarette users, and as such,

nobody will know that anyone is even using an ecigarette.

Despite widespread usage in cities

and states that have banned ecigarette

use where smoking is banned, there is no record of any

fine or citation being given. **Enacting unwarranted and unenforceable regulations carries the risk of unintended consequences like sending former smokers back to combustible tobacco products; harming their health and undermining the mandate of the state to promote viable alternatives to known killers.**

## **II. Requiring Face to Face Sales for Vapor Product Sales is Legislative Overreach**

- SB2495 would prohibit our company from selling electronic cigarettes to customers through the Internet by requiring all sales of vapor products to take place in a direct, face to face transaction.

**Enactment of this provision would at a minimum require us to move that portion of our business to the mainland, resulting in the loss of jobs here in Hawaii.**

- Safeguards are appropriate to ensure that minors are not able to acquire nicotine products through the Internet, but there are narrowly tailored laws already in place in states across the U.S. that would achieve this end without decimating an entire sector of our business. For example, Illinois, South Carolina and North Carolina have recently required thirdparty age verification for Internet

or other remote sales. Bills pending in Mississippi and Ohio also have similar requirements.

- All electronic cigarettes are not created equally. Certain models of electronic cigarettes may be available in convenience stores across Hawaii, but there are countless models that are only available in two places; speciality ecigarette

stores (of which there are none in certain places in

Hawaii) and Internet retailers like our company. Under SB2495, Hawaiians who wish to purchase an electronic cigarette online will continue to do so, but they will not be permitted to purchase a product from a company that is creating jobs here in their home state.

## **III. Vapor Product Businesses Should Not Have to Obtain Additional Business Licenses**

- SB2495 puts in place the same regulatory framework for tobacco cigarettes for a product that

contains **no tobacco, produces no smoke, and has been found to have a modified risk profile** in comparison to traditional tobacco products. Enactment of this provision will result in unnecessary additional business costs and may result in consumers having easier access to combustible cigarettes than smokefree alternatives like electronic cigarettes.

- It is concerning that the responsibility of enforcing these undue restrictions would fall on the Department of Health, an agency that has become increasingly hostile to our business market in recent years.

- SB2495 would direct that all monies collected by the Department of Health as license fees be used to fund smoking cessation programs. These programs have not been proven to be effective and we object to our license fees being used to subsidize the purchase of products we compete with, namely the nicotine gum, nicotine patch, and nicotine lozenge.

- SB2495 places restrictions on promotional materials or advertisements regarding electronic cigarettes. Illinois' requirement reads: "[F]or sales made through the Internet or other remote sales methods, performing an age verification through an independent, thirdparty age verification service that compares information available from public records to the personal information entered by the person during the ordering process that establishes the person is 18 years of age or older." See Illinois Criminal Statutes, 720 ILCS 675.

cigarettes that includes public streets, parks and walkways. We believe this would amount to a violation of our First Amendment rights, especially in light of the dearth of evidence that the products we sell pose a threat to public health.

#### **IV. The Bigger Picture: Electronic Cigarettes Are a Plus For Public Health**

- The available evidence indicates that all noncombustible tobacco / nicotine products (including ecigarettes,

nicotine gums, lozenges, patches) are about 99% less hazardous alternatives to

cigarettes. **The concept of tobacco and nicotine harm reduction is being embraced by more public health professionals and academics each year.** Indeed, last year the FDA

Center for Drug Evaluation & Research recognized that nicotine, disconnected from smoke, is not the killer in cigarette smoke when it voted to permit the makers of nicotine replacement therapy products to label their products for longterm

use by smokers looking to quit.

- VOLCANO supports appropriate and proportionate regulation, and asks that Hawaii await guidance from the FDA on regulatory parameters for this product. The Tobacco Control Act of 2009 was enacted to counteract the known harm caused by combustible tobacco products and was never intended to cover vaporizing products like ecigarettes.

Thank you for your time and consideration. If you have any questions, please feel free to contact me or

Volcano's representative Celeste Nip at Celeste Nip at [nipfire@me.com](mailto:nipfire@me.com).

Sincerely,

Allyn Hiramoto

Owner

X-treme Vapor

98-138 Hila Place Unit PA05 Pearl City, HI 96782

My opposition to SB2495 is based on my personal experience with electronic cigarettes. I have been a smoker for over 30 years. Smoking cessation tools and programs I have attempted include: the Nicotrol Inhaler, nicotine patches, gum and lozenges, Wellbutrin medication, behavior modification and cold turkey. I have not been able to give up smoking cigarettes utilizing any of these techniques.

My mother passed away a few years ago due to complications of emphysema. Prior to her death she was on oxygen support 24 hours a day. This is my last attempt to become tobacco free.

I will celebrate one year of successfully being tobacco free in May of 2014. My accomplishment is due to the availability and affordability of electronic cigarettes.

Since quitting tobacco I have discontinued using medications for asthma and migraine headaches. I have reduced the amount of nicotine used in the electronic cigarette liquid over these months. My goal is to wean off nicotine completely.

We have been informed that tobacco cigarettes contain over 4000 chemicals. The liquid that I use contains 4 ingredients. I considered myself a responsible, considerate smoker. I did not smoke around children or non-smokers. My butts were not thrown on the ground. Currently, I do not use my electronic cigarette around children or non-smokers. It poses no hazard to others. There are no butts to dispose of and no smoke to bother others.

Please do not group electronic cigarettes with tobacco products. Please keep them as an affordable alternative to nicotine addiction for those who want this safer alternative. I have been told it's "all about the money". If this is true, then perhaps Hawaii could consider an increase of the tax on alcohol as it causes many more tragedies than using an electronic cigarette. Or, consider restricting and taxing colognes and perfumes which cause respiratory distress in many sensitive individuals. Or, legalize marijuana and tax that! Stop SB2495.

Respectfully yours,

Joann Novosel

Ewa Beach, HI

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 1:55 PM  
**To:** HLTtestimony  
**Cc:** jonorenstein84@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jon	Individual	Oppose	No

Comments: Aloha, I'm writing today to inform you of my opposition to sb2495. As a former tobacco smoker, I don't know if I would have been able to quit smoking without the assistance of ecigarette products. I have been tobacco free for over one year, and in the past I have tried nearly everything from nicotine patches to prescription medication to quit smoking without success. I have benefited tremendously from the use of ecigarettes. For years, I have suffered from asthma related to smoking. I would need to use an inhaler daily and could not leave the home without one. In less than a month from transitioning to ecigarettes, I have not needed to use my inhaler. As a consequence, I am saving myself as well as my insurance provider \$300/month by not needing an expensive inhaler. Over the past year, I estimate the savings to be over \$3600, and that number will continue to grow each month that I am tobacco free. I suspect there are others in similar situations, making the public health savings a significant number. Not only am I saving myself and my insurance provider money, but the people around me are happier. I no longer smell of cigarette smoke, and my friends and family, as well as myself, appreciate this. If I have a cigarette, even in an open area by myself, the smell will linger and offend others if afterwards I begin a conversation with someone or enter an elevator for example. The people around me would much rather me smoke an ecigarette in their company than to smoke tobacco away from them and return with the foul smell of cigarette smoke. It's a win for everyone. Furthermore, I oppose this bill because it unfairly targets ecigarette businesses and users. Ecigarettes are NOT the same as smoking tobacco. Taxes are added to products that have public health consequences in order to discourage the use of such products for the benefit of the public. In this case, there are no known public health consequences to smoking ecigarettes. Therefore we should not tax them as such. I can buy nicotine patches and gum without the burden of paying an additional excise tax, so why should ecigarettes be any different? They are nicotine supplements and should be treated as such. If this law is passed, I know that I (and many others) will go online to purchase ecigarettes and products. The state will lose money on the income tax revenues of these local businesses as well as from sales tax. Others may continue smoking if there isn't a financial incentive to transition to ecigarettes if costs are comparable. These people will indeed cost the state in the future through the health related expenses of treating smoking related illnesses. Furthermore, I will be watching my state senator (Sen. Galuteria) and will strongly consider his vote during the upcoming elections. I hope that this senate will keep in mind the best interests of the state, and will oppose sb2495. Sincerely, -Jon Orenstein

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**LATE**

Aloha,

My name is Kinohi Abaro from HI Vapor Emporium. By raising the taxes on vapor products and juices it will make it more difficult for people who are trying to rid themselves of the addiction that they have. As a former drug addict I know how difficult it is to quit a vice cold turkey. I know lots of people who are using Ecigarettes to quit either cigarettes or other drugs that they've been addicted to for years. I ask that you take this into consideration before making it more difficult for people to quit the vices that they've tried hard to quit for years.

Mahalo,  
Kinohi  
HI Vapor Emporium

**LATE**

I strongly opposed the passage of SB2495 and hope that you will too. I had been a cigarette smoker for about 42 years. I had tried a variety of ways to quit smoking but could never do it. I smoked about a pack a day of "Kool" filter kings or "killer kings" as most of my friends used to call them.

In January of 2013 I finally decided to try the e-cigarette and I have been "cigarette" free ever since. While e-cigarettes are not marketed as a smoking cessation program or device, it has helped me quit smoking tobacco products. I also understand that there are not enough studies or findings to determine whether electronic cigarettes are completely safe. Are caffeinated products really safe? They are not taxed through the roof. I understand that e-cigarettes "may not" be a totally safe alternative to regular cigarettes because of the lack of research but we do know quite "definitely" that regular cigarettes "ARE DANGEROUS" to use. As a person who has tried and failed to stop smoking many times and who has known people who have died from cancers related to smoking cigarettes, I'm willing to risk the "unknown" of e-cigs as a means of quitting the "known" deadly cigarettes. I don't suppose any non-smoker could really appreciate how difficult a habit that is to break. Yes, it was my choice but back when I started, smoking was socially acceptable and cigarette advertising glorified the use of tobacco products. So I got caught up in it. Should I be looked down upon now for what was so widely accepted back then?

Quite frankly, I did not try to stop smoking for health reasons. I mainly stopped because of the financial reasons. Using electronic cigarettes has saved me a significant amount of money. Should exorbitant amount of taxes be levied on these products, you would be de-incentivizing quitting for monetary reasons. I understand that the primary reason for quitting smoking should be health centered but realistically, any smoker will tell you that they were aware of the dangers of smoking when they started - so how can that in and of itself be a motivating factor? As I have stated before, I have been "smoke free" for over a year but don't think it hasn't been a struggle. I still crave a cigarette but the e-cig allows me to overcome those cravings because it helps take the edge off. Maybe it's the oral fixation - who knows? My point is, if you raise the taxes on e-cigarette products, I may as well go back to smoking regular cigarettes and experience the full sensation of regular tobacco products. Yes, that would ultimately be my "stupid" choice if I did that and you won't be held accountable for it.

If that is the case however - and you decide to pass this bill - then be honest about it and don't say it is in the interest of "public" health because former cigarette smokers who now use electronic cigarettes are a part of the "public" and you would not be serving their best interests.

I do believe that there should be some restrictions to electronic cigarettes such as no sale to minors. I am also amenable to restricting the use of e-cigarettes in public places. Increasing taxes always appears to be a money grab for legislators who cannot seem to be more creative than that to achieve a specific goal. It's easy to do what is easy but hard to do what is right!

Sincerely,

Milton Miyasato

Former cigarette smoker

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 10:37 AM  
**To:** HLTtestimony  
**Cc:** finance8-Danyl  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
danyl pang	Individual	Oppose	No

Comments: SB2495 I would like to thank you for the opportunity to testify in OPPOSITION to SB2495. I believe that implementing an excise tax on Electronic Cigarettes would be counter-productive. The whole concept is to help people quit their addiction to smoking, and raising the already expensive price would deter people away from that; and force consumers to keep smoking cigarettes. E-Cigs are currently priced in a way that's just affordable enough to buy in relation to cigarettes; If you impose excises taxes, local retail ers would be forced to raise their prices accordingly and therefore many people would rather spend less and keep smoking. If you take a look into Smoking Cessations, E-Cigs are by far the most effective way of quitting; more than nicotine patches or gum, neither of which require licensing or permitting requirements to be sold. Why hinder something that's actually effective in helping people move away from tobacco cigarettes??

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March 10<sup>th</sup>, 2014

To: Senate Committee on Health, Senate Committee on  
Commerce and Consumer Protection



From: Justin Wolery  
PC Gamerz, Inc  
Hawaii Vapers United  
(808) 348-1636

RE: Opposition to SB 2495 & 2496

### **Summary**

please reject the proposed e-cig indoor usage bans and regulations/taxes because it provides no public health benefits, but instead would protect cigarette markets by discouraging smokers from switching to lifesaving e-cigs, encouraging vapers to switch back to lethal cigarettes, and making it more difficult to reduce involuntary exposure to 2nd hand smoke (which is eliminated every time smokers use e-cigs instead of smoking).

In sharp contrast to fear mongering claims by e-cigarette prohibitionists, the scientific and empirical evidence consistently indicates that e-cigarettes:

- are 99% (+/-1%) less hazardous than cigarettes,
- emit similar trace levels of constituents as FDA approved nicotine inhalers, posing no risks to nonusers,
- have never been found to create nicotine dependence in any nonsmoker (youth or adult),
- have never been found to precede cigarette smoking in any smoker (youth or adult),
- are consumed almost exclusively (i.e. 99%) by smokers and by former smokers who quit by switching to e-cigs,
- have helped several million smokers quit and/or sharply reduce cigarette consumption,
- have replaced (reduced consumption of) more than 1 Billion packs of cigarettes in the US in the past five years, including more than 600 million packs in 2013,
- are at least as effective as FDA approved nicotine gums, lozenges, patches and inhalers for smoking cessation and reducing cigarette consumption, and
- pose fewer risks than FDA approved Varenicline (Champix).

### **Youth Usage Concerns**

While CDC's NYTS survey on teen use of e-cigs found that "past 30 day" use had doubled among teens from 2011 to 2012, its most important findings were that teen smokers were at least 20 times more likely than nonsmokers to report "past-30-day" use of an e-cig among both age groups in both years (i.e. Among high school students, 7.6% of smokers vs .36% of nonsmokers in 2011, and 15.7% of smokers vs. .7% of nonsmokers in 2012. Among junior high students, 7% of smokers vs. .3% of nonsmokers in 2011, and 20% of smokers vs. .4% of nonsmokers in 2012.)

CDC's survey (and all others) also found that the cigarette smoking rate among teens has continued to decline annually (to record lows) as e-cigs use has increased. Thus, CDC's survey found that e-cigs are gateways away from (not towards) cigarettes among teens (just as has been among adults).

Since CDC's survey didn't even inquire about weekly or daily use of e-cigs, no conclusions can be drawn from that survey about weekly or daily use of e-cigs by teens. But as has occurred among adults, it is very likely that 99% of all teen e-cig consumption is by cigarette smokers, and less than 1% by nonsmokers.

Unfortunately for public health, when lobbying for FDA e-cig regulations, CDC Director Tom Frieden and CDC OSH Director Tim McAfee grossly misrepresented CDC's survey findings to confuse and scare the public by falsely claiming that e-cigs are addicting youth and are gateways to cigarettes. CDC Online Newsroom | Press Release | E-cigarette use more than doubles among U.S. middle and high school students from 2011-2012

Another recently published survey of NY and CT high school students similarly found that smokers were 55 times more likely than nonsmokers to report past 30 day e-cig use.  
<http://www.sciencedirect.com/science/article/pii/S0306460313002736>

Besides, there is absolutely no justification to deny all adults of their/our civil rights (e.g. using an e-cig in their workplace or public place) just because a tiny percentage of teens engage in that same activity. What's next, banning adults from drinking coffee, beer, wine and spirits because some youth also drink those products? Banning adults from using I-phones because teen use has increased?

## **Air Quality**

In contrast to fear mongering claims by some e-cig prohibitionists that the vapor is hazardous to nonusers, extensive scientific research has consistently confirmed that e-cigarette vapor poses no harm or risks to nonusers.  
<http://publichealth.drexel.edu/~media/files/publichealth/ms08.pdf>

In fact, all of the following products and activities emit far greater levels of air pollutants (but are not banned in Hawaii workplaces or public places) than does an e-cigarette: every exhale by a smoker for at least an hour after smoking each cigarette, smoker's clothes and hair, plywood, other building materials, glues, paint, carpeting, furniture, appliances, cooking, printers, photocopiers, computers, cleaning products, dry cleaned clothes, hair sprays, perfumes, nail polish and nail polish remover, air fresheners.

## **Renormalize/Denormalize Smoking**

Some e-cig prohibitionists absurdly claim that allowing e-cig use in workplaces and public places will renormalize smoking (because e-cigs remind prohibitionists of cigarettes). But e-cigs have already denormalized smoking for several million smokers (who switched to vaping) and their families, friends and coworkers, while cigarette consumption continues declining faster as e-cig consumption continues to increase. E-cigs denormalize smoking just like automobiles denormalized horse and buggies.

## **Enforcement**

Some e-cig prohibitionists falsely claim that e-cigs make it more difficult to enforce existing smoking bans. But that's simply absurd since everybody can tell the difference between a smokefree e-cig and a burning cigarette.

In fact, e-cig use has made it easier and more economical for many employers and managements to comply with existing smoking bans (as workers don't waste their employer's time on outdoor smoke breaks, and bar customers don't have to wait outside).

Besides, while indoor smoking bans are easy to enforce, indoor e-cig usage bans are IMPOSSIBLE to enforce, as vapers can eliminate all visible e-cig vapor by simply holding their breath for two seconds (after inhaling the vapor) before exhaling. And since virtually nobody (except several e-cig prohibitionists) cares if other people vape in workplaces and public places, nobody complains, and there is no enforcement.

I am not aware of even one citation (and only one warning) being issued for illegally e-cig use in the many different jurisdictions that have banned e-cigs use (e.g. New Jersey since 2010, Seattle-King County and Utah since 2011, Boston and North Dakota since 2012). Far more people are vaping in those jurisdictions now than were doing so when their bans were enacted, demonstrating that e-cig usage bans are unenforceable

Thank you for the opportunity to submit testimony,

-Justin Wolery

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 11, 2014 2:56 PM  
**To:** HLTtestimony  
**Cc:** rimantas.s.vitkauskas.civ@mail.mil  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rimantas Vitkauskas	Individual	Oppose	No

Comments: I have been trying to quit smoking for many years and the current offering of Electronic Cigs has provided the best result. Although I have not yet tried the various flavors that are available, I would welcome the pleasant scents compared to the smell of regular cigarettes. Finally, as stated in numerous studies, there is no tobacco, and no smoke with the use of this product.

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**morikawa2-Joanna**

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**To:** HLTtestimony  
**Cc:** chevyriderhhh@gmail.com  
**Subject:** \*Submitted testimony for SB2495 on Mar 12, 2014 08:30AM\*



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chris Wells	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**Sent:** Tuesday, March 11, 2014 4:06 PM  
**To:** HLTtestimony  
**Cc:** anthony\_orozco@yahoo.com  
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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anthony Orozco	Individual	Oppose	No

Comments:

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**morikawa2-Joanna**

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**Sent:** Tuesday, March 11, 2014 4:32 PM  
**To:** HLTtestimony  
**Cc:** dustinandrewsoahu@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dustin Andrews	Individual	Oppose	No

Comments: WTF is wrong with the clown that introduced this crap? If Baker thinks I'm going to obey this shit as law, she once again is living in a F'ed up fantasy world.

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**LATE****SB2495**

Submitted on: 3/12/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ikaika Sarkissian	Individual	Oppose	No

Comments: Please. Electronic devices HELP me. They don't hurt. Raising costs would be terrible. I am in opposition for this bill.

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**LATE****SB2495**

Submitted on: 3/12/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jolyn M. Tenn	Individual	Oppose	No

Comments: Honorable Chair and Committee Members, I do not smoke electronic cigarettes; however, I feel it is imperative to stop this insane persecution that is being perpetuated on the adults of the State of Hawaii. Once again we have a case of the nanny state trying to run amok. Hmmm let's see... First you say Cigarettes are bad, let's have nonsmoking areas... We say, okay. Then, you say, second hand smoke is bad... We say, okay no smoking in work places. So to help smokers deal with all your new regulations, the folks at the world health organization developed a new method of nicotine delivery called the e-cig that proved to be an amicable solution to everyone involved. No smell, no noxious chemicals for others to have to breathe in, etc... Everyone, that is except for the fanatical anti-smoker crowd, who for whatever their reasons can't even stand to see a smoker, because now, that's what we are talking about. It's the reason they are attaching to this legislation, it's all about the visual impact, and that my friend equates to a level of dare I say legal insanity? If you are going to apply the same logic and laws to Electronic Cigarettes and all tobacco products, that they must be banned from the workplace, then you must also include nicotine patches and chewing gum, for they are also purely designed as nicotine delivery systems that we also developed by our dear friends at the world health organization. Please use you heads this time and stop the madness. It is ever so tiring that we citizens have to fight this battle every single year, because a tiny few, whether they be, simply fanatical, or the well paid, special interest groups have nothing better to do with their time. It is truly a sad state of affairs when one group of the population wants to make the lives of the average, everyday hard working adults in this State unbearable simply because of the way that they look. Respectfully and Sincerely, Jolyn M. Tenn

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**morikawa2-Joanna**

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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julien Foures	Individual	Oppose	No

Comments: Ecigs are a great alternative to smoking cigarettes. Cigarettes have been killing people for years and I don't understand why one would like to slow down or ban such a great alternative. It is probably the easiest way for someone to quit smoking. To Tax ecigs products as much as tobacco product would surely prevent a very large amount of people from making a smart change.

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**morikawa2-Joanna**

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**To:** HLTtestimony  
**Cc:** nguyenke60@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ke Nguyen	Individual	Oppose	No

Comments: People in the electronic cig. business in Hawaii will loose jobs because of this. This bill is no good.

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**LATE**

11 March 2014

Representatives,

I am in opposition of the Bill regarding Electronic Smoking Devices. I have often asked myself if the scrutiny would be different if the name did not include the word "cigarette" and was called a "Stop Smoking Device" because that is essentially what it has enabled me and many more to do, Stop Smoking. I would like to offer a personal account to how electronic cigarettes have helped me to improve my health. I had been a smoker for 32 years. My Doctor prescribed several methods, patches, nicotine gum, medication and counseling, to help me stop smoking and all failed. After I suffered a heart attack, I decided to try the electronic cigarettes. I have not smoke in over 2 years and my health is improving. My Doctor is impressed at the electronic cigarette's success in helping me to quit smoking. If the Legislature makes the cost of Electronic Cigarettes so costly that they are not an option to quitting tobacco products, I'm afraid that we will have done the opposite of what is intended.

The Bill indicates that one of the reasons for the legislation is to protect minors. In order to protect the rights of all people in Hawaii, I believe that a more appropriate method to protect minors is to pass laws that will limit the sale to persons of legal age. Taxing products and services to deter use by minors is a strategy that is ineffective and at the expense of legal aged residents.

It is not fitting to subject wholesalers and dealers of electronic smoking devices to the same licensing requirements as wholesalers and dealers of cigarettes and other tobacco products. Electronic Cigarette retailers are not selling a tobacco related product. They are selling a product that is a replacement of a tobacco product.

I respectfully request that you reconsider the Bill to levy taxes on electronic cigarettes that are equal to the taxes levied on tobacco products.

Respectfully,

Mr. Kenneth Robert Finchum  
Mililani, HI  
808-888-5604

**From:** mailinglist@capitol.hawaii.gov  
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**To:** HLTtestimony  
**Cc:** leigh.finchum@gmail.com  
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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leigh Finchum	Individual	Oppose	No

Comments: I was a heavy smoker since the age of 15. I am 47 now. I have attempted numerous times to quit. I have MS, a heart attack at 37, high blood pressure in other words I needed to quit! When I started using the E-Cig it was a Miracle. I have not picked up a cigarette since. My dr. Is amazed! I could not have done it without it! The flavor along with vapor is why I quit. They push quit smoking! Yet, you want to take away what works for me and so many others. As for taxation, ridiculous. I am off island now, or I would be protesting and testifying! Hawaii taxes everything and anything! A carton of cigarettes there for Marlboro is almost \$100.00. I am in Texas visiting they are \$55.00. This is an example. I wonder if this is all about money? A way to make money! I do not need nor desire someone else dictate to me on how, or why I should do something or not do it. I am not a child!

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**morikawa2-Joanna**

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**To:** HLTtestimony  
**Cc:** wintersnicholas@rocketmail.com  
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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nicholas Winters	Individual	Oppose	Yes

Comments:

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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Samuel K. Lelewi	Individual	Oppose	No

Comments: I do not support this at all. This will make things hard on people who are trying to quit tobacco products. Vaporizers make it easier for people to brake the habit of smoking tobacco, and there are a lot of small businesses that have started in islands that will be put into extreme hardship if this is passed. There is no tobacco in vapor liquids, so the should not be put into the same category as tobacco products. Also there are many options for vapor liquids that do not contain any nicotine, which separates them even more form tobacco products. Making it more difficult for people to obtain and use these products is a detriment to the people who are trying to better themselves by quitting tobacco and nicotine all together. Plus there is no evidence that these products are harmful to the person using it or to other people in the vicinity of the user. This will also be detrimental to the many small businesses that sell these products and could quite possibly cause some of them to close shop if they their customers can no longer afford to use this a way to quit a more serious addiction. I ask you to please not pass this measure as it will have a negative effect on the people and economy of Hawaii. Thank you

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**To:** HLTtestimony  
**Cc:** smolina808@gmail.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sanny Molina	Individual	Oppose	No

Comments: To whom it may concern, - This bill falsely defines vapor products as "electronic smoking devices" and deceptively refines "smoking" to include ecigs in an attempt to restrict their usage in the same places as tobacco cigarettes. - Enacting unwarranted and unenforceable regulations carries the risk of unintended consequences like sending former smokers back to combustible tobacco products. - Requiring face to face sales for vapor product sales is a legislative overreach. - There would be an immediate loss of jobs in Hawaii as the online portion of our business would be relocated to the mainland US. - SB2495 puts ecigs in the framework of tobacco cigarettes for a product that contains no tobacco, produces no smoke, and has been found to have a modified risk profile in comparison to tobacco products. Mahalo, Sanny Molina

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**LATE**

11 March 2014

TO: HAWAII STATE LEGISLATURE, COMMITTEE ON HEALTH (HLT)  
FROM: STEPHEN P. BROWN  
SUBJECT: Expressed Opposition to SB2495, to be heard at 0830, 12 March 2014

SB2495 proposes heavy regulation on Electronic Smoking Devices (ESDs) as well as a 70% excise tax on ESDs and related products. The justification thereof is concern for the health and wellness of the state's residents and, specifically, that of middle and high school children.

The first thing I would like to point out is that SB2495 misquotes the National Youth Tobacco Survey (NYTS) on middle and high school ESD use. SB2495 states "Findings from the National Youth Tobacco Survey also indicate the growing popularity of electronic smoking devices among youth, with 1,800,000 middle and high school students stating they **had tried these products in 2012** [emphasis added]." The following is an excerpt directly from the CDC's web site:

E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students **having ever used e-cigarettes as of 2012** [emphasis added]. Moreover, in 2012, an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes. This is a serious concern because the overall impact of e-cigarette use on public health remains uncertain. In youths, concerns include the potential negative impact of nicotine on adolescent brain development (4), as well as the risk for nicotine addiction and initiation of the use of conventional cigarettes or other tobacco products.<sup>1</sup>

It should also be noted that over 90% of students who have ever used ESDs have *also* used traditional cigarettes – despite the fact that rigid prohibitions are already in place to prevent such use.

Second, information on ESDs effects on public health is spotty at best. Even the CDC acknowledges that the impact of ESDs on public health is as of yet uncertain. One thing that is largely uncontested is that ESDs contain a significantly lower number of harmful products than their traditional tobacco counterparts. In fact, cigarette smoking is directly related to over 480,000 deaths annually within the United States.<sup>2</sup> This, we know for certain. Isn't it time for a less dangerous alternative?

As I write this, I can't help but think that this bill would have a few negative effects on the residents of this state. First, it would significantly increase taxation on the users of these products, and would make it substantially more difficult to be a supplier of them (i.e. small businesses). Literally, it takes revenue away from people and businesses within the state that already claims the highest cost of living in the U.S.

While ESDs are arguably not a safe alternative to traditional cigarettes, they have been shown to be significantly less dangerous than their counterparts. In addition, thousands of Americans have used these products to quit smoking cigarettes, and in many cases, to quit smoking altogether. SB2495 would make it considerably more difficult and expensive to acquire and use these less dangerous products.

One cannot claim to be concerned about public health and support restrictions and artificial price increases on viable alternatives.

SB2495 is written and built on evidence that is spotty and inconclusive at best along with clearly misquoted statistics. It serves no purpose whatsoever than to generate revenue for the state and to protect the Big Tobacco companies by heavily restricting their competition. I do not use any tobacco products or ESDs, and I stand heavily opposed to this legislation. The easily quantifiable negatives on the state would far outweigh any potential positives. It must not be allowed to pass.

Feel free to contact me with any further questions or concerns at [spbrown205@gmail.com](mailto:spbrown205@gmail.com)

Respectfully,

Stephen P. Brown

1. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm?s\\_cid=mm6235a6\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm?s_cid=mm6235a6_w)
2. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality)

**LATE**

I am a licensed clinical psychologist and professor of psychology. I have developed and supervise a smoking cessation program at the Center for Medical Psychology at Chaminade University. I consider SB 2495 to be in error on many counts and passing such a bill will likely increase smoking related illness and death. First, defining electronic cigarettes as tobacco products is inaccurate in that they contain no tobacco. Nor do e-cigarettes produce smoke. Nicotine does not produce cancer nor is there any expected health effect for bystanders from exposure to e-cigarette exhalation. These are supported positions from empirical studies published in peer reviewed scientific articles. We should base our health policies on no less a standard. I am not aware of any published studies on the success of using e-cigarettes as a means to promote cigarette smokers from quitting smoking. However, there is no scientific dispute that when cigarette smokers switch to e-cigarettes they are greatly reducing their health risk. Making access to e-cigarettes more difficult through bans and taxes will reduce the chances of many smokers who are using these devices to quit cigarettes. The DOH is right to support regulations for e-cigarettes that should not be used by minors.

**LATE**

To Whom It May Concern:

My name is Molly Ellis I am a 33 year old mother of two and a full time student. I started smoking electronic cigarettes two and a half years ago when I got pregnant with my second child. I haven't had tobacco since. All of the health problems that I associated with smoking cigarettes, like coughing, difficulty breathing, and fatigue have disappeared. My babies aren't breathing in second hand tobacco smoke off my clothes. I smoked cigarettes for 16 years and tried to quit so many times but I was finally successful when I discovered e-cigarettes. I've also saved a lot of money which is important as a single mother and full time student. If the tax is added I'll be back in the same boat I was with cigarettes.

I truly believe they are a healthier alternative to tobacco and far less offensive. We should be encouraging people to use electronic cigarettes as opposed to tobacco. The vapor is far less offensive than tobacco smoke.

Thank you for listening,

Molly Ellis

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**Cc:** dancw@yahoo.com  
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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniel Sherlock	Individual	Comments Only	No

Comments: Smoking an E-cigarette is NOT the same as smoking a cigarette. there is no smell, there is no smoke, there is no danger for anyone who is close to breath anything harmful. They do NO harm to outsiders but they do help the persons who use them to quit smoking! How many times I'm walking to work and pass someone smoking a cigarette and get the smoke blown in my face. It stinks and should be banned. But if i'm walking by someone smoking an e-cigarette, I don't smell a think and wouldn't even know they are smoking anything. why put a ban on something that harms no one? I think the only reason for this ban is the state wants some of the \$\$ that they are losing from slower cigarette sales in taxes. And where does all that tax money go? improving our schools? fixing the numerous potholes? Promoting "stop smoking" ads? I highly doubt it. I would agree that they should only be sold to adults and only used by adults. I don't agree they should be taxes like cigarettes. My wife smokes (I don't) and these (e-cigarettes) are the only thing that helps her quit. If they ban it in public places, I'm afraid it might make her go back to her "cancer sticks"!

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**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
michael timpe	Individual	Comments Only	No

Comments: this product should be regulated but you must realize how important a tool it is to help people quit smoking. I was a 2 pack a day smoker and my wife 1 pack a day and its been a year since we've smoked. e-cigs are saving our lives as well as many of our friends. treat it like nicotine patches. if you pass this your going to kill the very product that is the cure for tobacco smokers. ITS NOT TOBACCO, how can you justify treating it as such...

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**To:** HLTtestimony  
**Cc:** josephsarabia18@yahoo.com  
**Subject:** Submitted testimony for SB2495 on Mar 12, 2014 08:30AM



**SB2495**

Submitted on: 3/11/2014

Testimony for HLT on Mar 12, 2014 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph Sarabia	Individual	Comments Only	No

Comments: all the negativity surrounding electronic cigarettes is very disappointing. electronic cigarettes are helping people, families, and giving lives back and all the government wants to do is make money off of them for people being healthy? i don't understand why you would want to raise the tax on a healthier alternative for everyone including the public. i believe places that are open to the "public" should be just that open to the public, because it is not prohibited to smoke in public so why would that be different for a healthier method. as for prohibiting in place of employment i believe that should be up to the owner or company executive not the government. it is a healthier method for not only the past smoker and modern vapor but for the community as well. electronic cigarettes do not release harmful odor or even have cancer causing agents. the high tax raise would only have existing vapors stop vaping as well as people who would want to convert no longer would want to because of the high tax almost doubling the original cost. appreciate the movement we are trying to create for a better lifestyle. my name is Joseph sarabia i live on the big island in kona and im glad i had the chance to convert to electronic cigarettes because i have taken my life back!!

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