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In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH
HOUSE COMMITTEE ON HIGHER EDUCATION

SB0492SD2, RELATING TO TOBACCO PRODUCTS

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

March 20, 2013
9:00 AM, Room 329

Department's Position: The Department of Health (DOH) supports SB0492SD2 with suggestions. The DOH will defer to the Department of Taxation on those matters relating to taxation and revenue generation.

Fiscal Implications: Potential revenue for Hawaii cancer research special fund.

Purpose and Justification: SB0492SD2 provides for an unspecified amount in excise tax for tobacco products (excluding large cigars). The DOH supports creating an equivalent tax between cigarettes and other tobacco products (OTP) to an amount that would provide parity with the current tax on cigarettes, but would also like to see large cigars included. The amount recommended by the Campaign for Tobacco-Free Kids and the American Cancer Society is 102% of wholesale value to achieve parity. The DOH would defer to the Department of Taxation on the matters of taxing formula and revenue generation.

DOH supports efforts to establish a minimum tax on these products that is comparable to the current and any future tax on cigarettes. OTPs are currently taxed lower than cigarettes, yet are similarly addictive and dangerous. They present a significant health risk leading to cancer, heart

disease, respiratory illnesses, and other serious diseases. Adult and youth smokers are attracted to purchase the less expensive tobacco products, including smokeless, loose, or roll-your-own tobacco. These pose a danger as gateway products that can lead to habitual tobacco use, including smoking and long term addiction to nicotine.

As part of Hawaii's and the Centers for Disease Control and Prevention's overall comprehensive approach to tobacco control, increasing the price of tobacco products by raising tax rates reduces the demand for the products, which, in turn, leads to significant reductions in the use of tobacco by current consumers and in the initiation of tobacco use by youth.

The National Campaign for Tobacco-Free Kids reports that smoking and tobacco use are the leading cause of preventable death and disease in Hawaii, claiming 1,100 lives each year and creating $656 million in annual health care and lost productivity costs. This economic burden translates to $617 per household in the state.

While the DOH appreciates the intent to provide additional revenue to the Hawaii cancer research special fund we respectfully request that a significant portion of the new revenue be directed to tobacco prevention and control.

Thank you for the opportunity to testify on this measure.

UNIVERSITY OF HAWAI'I SYSTEM
Legislative Testimony

Written Comments Presented Before the
House Committees on Health and Higher Education
March 20, 2013, 9:00 am
by
Michele Carbone, MD, PHD
Director
University of Hawai'i Cancer Center
University of Hawai'i at Mānoa

SB 492 SD2 – RELATING TO TOBACCO PRODUCTS

Chairs Belatti and Choy, Vice Chairs Morikawa and Ichiyama, and Members of the Committees:

The University of Hawai'i Cancer Center strongly supports this bill, which proposes to impose an excise tax on tobacco products other than large cigars, and credit these additional moneys to the Cancer Research Special Fund.

The Cancer Center is one of only 67 National Cancer Institute-designated cancer centers in the United States. Our scientists and physicians focus on key cancers that impact the people of Hawai'i. Just as importantly, our work contributes to a global body of knowledge that leads to the development of life-saving treatments and therapies. And we engage in scientific collaborations on an international scale, from clinical trials conducted across the United States to partnership programs in Guam, Micronesia, and the Pacific.

The Cancer Center's impact extends beyond cancer research and treatment. Our researchers bring important grant funding to Hawai'i, which helps stimulate the island economy and generate good local job opportunities, consistent with the State's goal of "fueling an innovation economy."[1]

This bill addresses a serious concern among health professionals that addictive tobacco products other than cigarettes – such as snuff, chewing tobacco or loose roll-your-own tobacco – are attracting a new generation of tobacco users. While the dangers of smoking are well known, national research also tells us there is no safe form of tobacco use. At least 28 chemicals in smokeless tobacco have been found to cause oral, esophageal, and pancreatic cancer,[2] and all tobacco products contain addictive nicotine. Yet in recent years, there has been an increase in the popularity of other tobacco products, including among young users for whom these products are particularly attractive. This is due in part to a misperception that such products do not carry health risks, and in part to marketing and accessibility.

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[1] Governor Neil Abercrombie, *State of the State Address*, 2013.
[2] National Cancer Institute, *Fact Sheet*, 2010. http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless (Attachment 1)

In a recent publication[3], the American Lung Association reported:

> The rise in use of other tobacco products has alarming implications for public health. Successful efforts to regulate the sale and marketing of cigarettes have proven that reducing tobacco use is a winnable battle. However, with other tobacco products often subject to lower state taxes and less regulation, public health achievements to reduce the burden of tobacco use are threatened. Much like cigarettes, consumers of other tobacco products tend to be younger with more potential to become addicted. These products may also serve as gateway products, facilitating later and dual use of cigarettes at the same time as other tobacco products.

To counter the dangerous trend of the growing use of other tobacco products, the American Lung Association specifically recommends:

> **Equalize taxes on all tobacco products to reduce use by youth and encourage quitting.** Increasing the price of tobacco products has been shown to reduce tobacco use, especially among youth. However, taxes on other tobacco products are often lower than taxes on cigarettes at the federal and state level, which makes these products cost less. For example, little cigars and cigarillos are very similar to cigarettes in their size and the way they are packaged, and with their cheaper price and lower risk perception, they are a popular substitute for cigarettes.

The tax on other tobacco products proposed in SB 492 SD2 is consistent with this policy recommendation. Furthermore, the American Lung Association specifically recommends tobacco cessation as scientific research priority:

> **Conduct research on how to help people quit smokeless tobacco.** Compared with smoking cessation guidelines, there is little data on how to effectively assist individuals who want to stop using non-cigarette tobacco products.

Because tobacco is the leading cause of preventable death in the United States, any improvement in cessation or prevention techniques results in saved lives. The Cancer Center's Prevention and Control Program has a strong emphasis on tobacco control, is heavily involved in improving smoking cessation programs and techniques in Hawai'i, and has a national and international influence within the scientific community. (As just one example, Cancer Center researchers are currently finishing a smoking

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[3] American Lung Association, *Big Tobacco's Next Frontier: Sustaining Addition and Hooking Kids with Other Tobacco Products*, accessed January 2013. http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/tobacco-policy-trend-reports/big-tobaccos-next-frontier.pdf (Attachment 2)

cessation study on more than 1,800 adult smokers in Hawai‘i.) The additional revenue generated through this bill could help support more efforts focused on non-cigarette tobacco products.

We believe this bill could have a real and meaningful impact in furthering our mission to reduce the burden of cancer through research, education, and improved patient care, with an emphasis on the unique ethnic, cultural, and environmental characteristics of Hawai‘i and the Pacific. We respectfully urge you to pass this measure.

Attachments

National Cancer Institute at the National Institutes of Health

Fact Sheet

In English
Reviewed: 10/25/2010

Smokeless Tobacco and Cancer

Key Points

- Smokeless tobacco is tobacco that is not burned. Smokeless tobacco is also known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew, and snuff/snus.
- Smokeless tobacco causes cancer and other diseases.
- Smokeless tobacco is not a safe substitute for cigarettes.

1. **What is smokeless tobacco?**

   Smokeless tobacco is tobacco that is not burned. It is also known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew, and snuff. Most people chew or suck (dip) the tobacco in their mouth and spit out the tobacco juices that build up, although "spitless" smokeless tobacco has also been developed. Nicotine in the tobacco is absorbed through the lining of the mouth.

   People in many regions and countries, including North America, northern Europe, India and other Asian countries, and parts of Africa, have a long history of using smokeless tobacco products.

   There are two main types of smokeless tobacco:

   - **Chewing tobacco**, which is available as loose leaves, plugs (bricks), or twists of rope. A piece of tobacco is placed between the cheek and lower lip, typically toward the back of the mouth. It is either chewed or held in place. Saliva is spit or swallowed.
   - **Snuff**, which is finely cut or powdered tobacco. It may be sold in different scents and flavors. It is packaged moist or dry; most American snuff is moist. It is available loose, in dissolvable lozenges or strips, or in small pouches similar to tea bags. The user places a pinch or pouch of moist snuff between the cheek and gums or behind the upper or lower

lip. Another name for moist snuff is snus (pronounced “snoose”). Some people inhale dry snuff into the nose.

2. **Are there harmful chemicals in smokeless tobacco?**

   Yes. There is no safe form of tobacco. At least 28 chemicals in smokeless tobacco have been found to cause cancer (1). The most harmful chemicals in smokeless tobacco are tobacco-specific nitrosamines, which are formed during the growing, curing, fermenting, and aging of tobacco. The level of tobacco-specific nitrosamines varies by product. Scientists have found that the nitrosamine level is directly related to the risk of cancer.

   In addition to a variety of nitrosamines, other cancer-causing substances in smokeless tobacco include polonium–210 (a radioactive element found in tobacco fertilizer) and polynuclear aromatic hydrocarbons (also known as polycyclic aromatic hydrocarbons) (1).

3. **Does smokeless tobacco cause cancer?**

   Yes. Smokeless tobacco causes oral cancer, esophageal cancer, and pancreatic cancer (1).

4. **Does smokeless tobacco cause other diseases?**

   Yes. Using smokeless tobacco may also cause heart disease, gum disease, and oral lesions other than cancer, such as leukoplakia (precancerous white patches in the mouth) (1).

5. **Can a user get addicted to smokeless tobacco?**

   Yes. All tobacco products, including smokeless tobacco, contain nicotine, which is addictive (1). Users of smokeless tobacco and users of cigarettes have comparable levels of nicotine in the blood. In users of smokeless tobacco, nicotine is absorbed through the mouth tissues directly into the blood, where it goes to the brain. Even after the tobacco is removed from the mouth, nicotine continues to be absorbed into the bloodstream. Also, the nicotine stays in the blood longer for users of smokeless tobacco than for smokers (2).

   The level of nicotine in the blood depends on the amount of nicotine in the smokeless tobacco product, the tobacco cut size, the product’s pH (a measure of its acidity or basicity), and other factors (3).

   A Centers for Disease Control and Prevention study of the 40 most widely used popular brands of moist snuff showed that the amount of nicotine per gram of tobacco ranged from 4.4 milligrams to 25.0 milligrams (3). Other studies have shown that moist snuff had between 4.7 and 24.3 milligrams per gram of tobacco, dry snuff had between 10.5 and 24.8 milligrams per gram of tobacco, and chewing tobacco had between 3.4 and 39.7 milligrams per gram of tobacco (4).

6. **Is using smokeless tobacco less hazardous than smoking cigarettes?**

Because all tobacco products are harmful and cause cancer, the use of all of these products should be strongly discouraged. There is no safe level of tobacco use. People who use any type of tobacco product should be urged to quit. For help with quitting, refer to the NCI fact sheet *Where To Get Help When You Decide To Quit Smoking*.

As long ago as 1986, the advisory committee to the Surgeon General concluded that the use of smokeless tobacco "is not a safe substitute for smoking cigarettes. It can cause cancer and a number of noncancerous oral conditions and can lead to nicotine addiction and dependence" (5). Furthermore, a panel of experts convened by the National Institutes of Health (NIH) in 2006 stated that the "range of risks, including nicotine addiction, from smokeless tobacco products may vary extensively because of differing levels of nicotine, carcinogens, and other toxins in different products" (6).

7. **Should smokeless tobacco be used to help a person quit smoking?**

   No. There is no scientific evidence that using smokeless tobacco can help a person quit smoking (7). Because all tobacco products are harmful and cause cancer, the use of all tobacco products is strongly discouraged. There is no safe level of tobacco use. People who use any type of tobacco product should be urged to quit. For help with quitting, ask your doctor about individual or group counseling, telephone quitlines, or other methods.

8. **How can I get help quitting smokeless tobacco?**

   NCI offers free information about quitting smokeless tobacco:

   - Call **NCI's Smoking Quitline** at **1–877–44U–QUIT (1–877–448–7848)**. Talk with a smoking cessation counselor about quitting smokeless tobacco. You can call the quitline, within the United States, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern time.
   - Use **LiveHelp online chat**. You can have a confidential online text chat with an NCI smoking cessation counselor Monday through Friday, 8:00 a.m. to 11:00 p.m., Eastern time.

   The National Institute of Dental and Craniofacial Research, the NIH agency that supports dental, oral, and craniofacial research, offers a guide for quitting called *Smokeless Tobacco: A Guide for Quitting* and other information about smokeless tobacco.

   For other resources, you may be interested in the NCI fact sheet *Where To Get Help When You Decide To Quit Smoking*.

Selected References

1. International Agency for Research on Cancer. *Smokeless Tobacco and Some Tobacco-Specific N-Nitrosamines*. Lyon, France: World Health Organization International Agency for Research on Cancer; 2007. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 89.

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6. NIH State-of-the-Science Panel. National Institutes of Health State-of-the-Science conference statement: tobacco use: prevention, cessation, and control. *Annals of Internal Medicine* 2006; 145(11):839–844. [PubMed Abstract]
7. The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. *American Journal of Preventive Medicine* 2008; 35 (2):158–176. [PubMed Abstract]

BIG TOBACCO'S NEXT FRONTIER

Sustaining Addiction & Hooking Kids with Other Tobacco Products

Tobacco product manufacturers are gaining traction in attracting a whole new generation of replacement tobacco users while they fight to sustain current smokers' addiction. As sales of cigarettes stagnate, tobacco companies are adjusting business models to move toward selling other addictive tobacco products. Evidence also suggests that the industry is marketing its products to youth and minority communities – much like was previously done with cigarettes.

In the last decade, two of the largest tobacco companies, R.J. Reynolds and Philip Morris, purchased smokeless and/or cigar manufacturing companies to expand into the other tobacco products market. Advertising by the five largest smokeless tobacco manufacturers, some of which are now owned by these companies, more than doubled from approximately $251 million in 2005 to $548 million – $1.5 million dollars per day – in 2008.[1] While consistent data does not exist on advertising and marketing by cigar manufacturers, a recent CDC study found that the sale of cigars and loose tobacco increased 123 percent and the sale of large cigars specifically increased by 233 percent from 2000 to 2011.[2]

Throughout this issue brief, we'll often refer to "other tobacco products." For this brief, that definition includes tobacco products other than cigarettes including cigars, smokeless tobacco and roll-your-own tobacco.

TABLE 1: **Parent Companies of Selected Other Tobacco Product Manufacturers**

PARENT COMPANIES	MANUFACTURERS OF OTHER TOBACCO PRODUCTS
Altria Group	• Middleton Cigars • U.S. Smokeless Tobacco LLC (UST)
North Atlantic Trading Company, Inc	• National Tobacco Company LP
Reynolds American, Inc.	• American Snuff Company LLC • R.J. Reynolds Tobacco Company
Swedish Match North America, Inc.	• SMPM International
Swisher International Group, Inc.	• Swisher International Inc.

Advertising for other products, including flavored tobacco products and cigars, targets young smokers.[3,4] Fruit- and candy-like flavors, such as strawberry and chocolate, may no longer be characterizing flavors of cigarettes, but are common in little cigars and other types of tobacco products.[4] Flavored tobacco products are especially attractive to youth and can disguise the taste of tobacco.[3,5]

While most tobacco products are highly addictive,[6] the public perception (especially among younger users) is that tobacco products like cigars are less likely to cause harmful health effects.[4] Industry marketing contributes to these misperceptions through advertisements that encourage cigarette smokers to switch to smokeless tobacco products rather than quitting, or to use them in smokefree environments, which is referred to as dual use.[7,8] Public education and more aggressive regulation of these products are needed to ensure continued progress in reducing tobacco use.

Dangerous Attraction—Other Tobacco Products

Other tobacco options include various forms of cigars and smokeless products. Among the new tobacco products are dissolvables: a flavored, finely milled tobacco product that melts in the mouth. Dissolvables are being marketed for use in places where smoking is prohibited and as an alternative to cigarettes for smokers who want to quit.[9] However, the products themselves and their packaging are designed to look like candy and appeal to young people.[10] (The American Lung Association will address novel tobacco products including dissolvables in a forthcoming issue brief.)

Smokeless tobacco products include traditional dip, snuff, and chewing tobacco. Other products that are smoked include little cigars, cigars, pipes, bidis, kreteks, and roll-your-own tobacco used to make cigarettes. Hookahs can also be included among attractive, yet dangerous alternatives to cigarettes. More details about these products are provided in the glossary on page 4.

Between 1997 and 2007 sales of little cigars, which often look very similar to cigarettes, more than doubled.[11] Little cigars are often less expensive than cigarettes due to unequal tax laws, enhancing the appeal to youth as this population is sensitive to prices.[12] According to the 2010 Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, more than one out of every 10 Americans from the age of 18 to 25 had smoked a cigar within the last month.[13] Smokeless tobacco product advertising expenditures more than doubled between 2005 and 2008.[1]

The use of some non-cigarette tobacco products appears to be increasing especially among certain segments of the population. Smokeless tobacco use is typically higher among male students (12.8 percent) compared to females (2.2 percent).[14] In 2011, smokeless tobacco use among high school boys exceeded 20 percent in ten states, including Arkansas, Kentucky, Montana, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, West Virginia, and Wyoming.[14]

According to recent surveys, in 2009, 10.9 percent of U.S. high school students and 3.9 percent of middle school students reported using cigars.[15] Overall, the percentage of high school boys using cigars (17.8 percent) is on par with their cigarette use (19.9 percent).[14] Individuals who use cigar products are more likely to use multiple tobacco products when compared with cigarette smokers.[6] For example, one study found 12.8 percent of adult cigarette smokers in Cuyahoga County, Ohio used multiple products versus 63.9 percent of cigar smokers and 80.5 percent of little cigar smokers.[16] This dual use was especially true for African Americans and low income smokers.[16]

There is a notable gap in data on the use of other tobacco products among lesbian, gay, bisexual and transgender (LGBT) communities. As the American Lung Association highlighted in *Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community*, LGBT individuals are especially vulnerable to tobacco use as a result of heavy targeted marketing to this group; however, few states report data on smoking patterns and sexual orientation. Findings from states that track these data reveal smoking rates are consistently higher among LGBT people.[17] A national survey of college students confirmed higher rates of smoking in the LGB community when compared with straight peers.[18] The American Lung Association has urged the Department of Health and Human Services to move forward with its 2011 proposal to expand data collection standards, including adding questions regarding LGBT status, in part to remedy this lack of data.

American Lung Association's Glossary of Other Tobacco Products

BIDIS		Bidis are thin cigarettes wrapped in leaves. Bidis come in many flavors and are similar in size to cigarettes, but have no filters. More nicotine, tar and carbon monoxide may be in bidis than in conventional cigarettes. Users may also puff more frequently. Health effects may include an increased risk of cancer of the lips, mouth and throat.[19,20]
BLUNTS		Blunts are hollowed out cigars filled with marijuana.
CHEWING TOBACCO		Chewing tobacco can be purchased in wads, leaves or plugs. It is placed between one's gum and cheek. When the tobacco comes in contact with saliva it releases nicotine that is absorbed directly through the skin.[21]
CIGARS		Cigars are tobacco products that are rolled in a tobacco leaf or a substance containing tobacco, and come in varying sizes. Smaller cigars are sometimes called little cigars or cigarillos.[22] Smaller cigars are available in a variety of flavors and those that are similar in size to cigarettes are sold in packs of 20 or individually. Because these products are often taxed less than cigarettes, they often cost less. Health effects are similar to cigarettes—e.g. increase in risk of cancers of the lips, mouth and throat and an increased risk of heart attack and stroke.[6,23] Cigars are not currently regulated by the U.S. Food and Drug Administration (FDA), but FDA can assert authority to regulate them at any time.
HOOKAHS		Hookahs are water pipes used to pass charcoal-heated air through a tobacco mixture and ultimately through a water-filled chamber. The charcoal or burning embers are placed on top of a perforated aluminum foil and the tobacco mixture is placed below. The user inhales the water-filtered smoke through a tube and mouthpiece. The water lowers the temperature of the smoke.[24,25] The American Lung Association has issued a policy brief on hookah smoking entitled "Hookah Smoking – A Growing Threat to Public Health."
KRETEKS		Kreteks are clove-containing cigarettes mostly imported from Indonesia. They may contain more nicotine, tar and carbon monoxide than conventional cigarettes.[26] The clove and tobacco mixture has a pungent smell. Harmful health effects may include direct damage to the lungs.[26] The sale of kreteks in cigarette form was prohibited in the Family Smoking Prevention and Tobacco Control Act and has been the subject of a World Trade Organization dispute.
SNUFF		Snuff or dip is a finely ground, cured form of tobacco. It can be purchased as a dry powder or in moist forms. It is placed between one's gum and cheek. The tobacco releases nicotine and the nicotine is absorbed directly through the skin.[21]
ROLL-YOUR-OWN OR LOOSE TOBACCO		Roll-your-own or loose tobacco is tobacco that does not come wrapped in paper or tobacco leaf but is used by consumers to make cigars or cigarettes. Federal taxes on roll-your-own tobacco are identical to cigarettes but are often less at the state level. Recently, roll-your-own machines that smokers can use to quickly turn loose or pipe tobacco into cigarettes have been proliferating in retail establishments in some states. These machines produce generic cigarettes that can be sold for much less than manufactured tobacco products.
PIPE TOBACCO		Pipe tobacco has historically been used in pipes, but many manufacturers have begun to label roll-your-own tobacco as pipe tobacco to avoid higher federal taxes and to make cheaper cigarettes for their customers. This has caused sales of pipe tobacco to increase substantially – from 240,000 pounds in January of 2009 to over 3 million pounds as of September 2011.[27]

Addressing Public Health Concerns

The rise in use of other tobacco products has alarming implications for public health. Successful efforts to regulate the sale and marketing of cigarettes have proven that reducing tobacco use is a winnable battle. However, with other tobacco products often subject to lower state taxes and less regulation, public health achievements to reduce the burden of tobacco use are threatened. Much like cigarettes, consumers of other tobacco products tend to be younger with more potential to become addicted.[4] These products may also serve as gateway products, facilitating later and dual use of cigarettes at the same time as other tobacco products.[15,16] To effectively counter the dangerous trend of the growing use of other tobacco products, public health efforts should consider the following:

Some tobacco products are perceived to be safer than cigarettes.

A number of users of cigars and other tobacco products mistakenly believe they are safer and less likely to cause the significant health effects associated with cigarette smoking.[3,4] Smokeless products, cigars and cigarillos contain a form of nicotine that is more readily absorbed through the lips and the skin inside the mouth. These products can deliver a dose of nicotine that is equivalent to what would be absorbed through the lungs during cigarette smoking,[23,28] and are just as addictive. Moreover, use of cigars, cigarillos and smokeless products can lead to cancers of the mouth and esophagus.[23,29] Little cigars are more likely to be inhaled than traditional cigars,[30] and inhaling cigar smoke can expose smokers to similar health risks as cigarettes such as coronary heart disease because cigar smoke contains the same toxic substances.[6,23] Hookahs also have similar health risks.[24,25]

Deceptive marketing techniques increase the appeal of other tobacco products.

Manufacturers have employed various marketing techniques to increase the use of other tobacco products. Manufacturers have added flavorings to tobacco, which may make it more appealing.[4,5] Kreteks, for example, contain cloves combined with tobacco.[26] Products are now available in many flavors.[4,5]

Smokeless tobacco products also provide an alternative way of marketing to youth and adults in a world of increasing smokefree environments, as tobacco companies often encourage the use of smokeless tobacco in smokefree settings. Tobacco companies have also started to encourage smokers to switch to smokeless tobacco products rather than quit smoking. For example, during the American Cancer Society's Great American Smoke-Out in 2011, R.J. Reynolds ran an advertisement that encouraged smokers to switch to smokeless tobacco instead of quitting.

Industry targeting of youth, women and minorities poses a serious threat to public health.

Other tobacco products have the potential for harm—a reality not often highlighted in advertisements or products targeted to young people. These ads often attempt to lure youth and young adults by linking the use of tobacco products to increased popularity, luxury, status or success.[12,22] Industry advertising has helped to encourage young people to start smoking.[23] Tobacco advertising has also prominently featured women, especially women smoking cigars, in an attempt to increase the adoption of cigar smoking among women.[23]

Tobacco companies also aggressively market tobacco products to racial and ethnic minorities. Studies have shown that advertising of tobacco products occurs more often in African American neighborhoods.[31,32] Moreover use of cigars is more common among African Americans than Whites. Data from the 2010 National Survey on Drug Use and Health show that African-American adults are significantly more likely to smoke cigars (8.0 percent) compared to Whites (5.3 percent).[13] The top cigar brands are consistently Black and Mild, Swisher Sweets, Phillies, White Owl, and Garcia y Vega. When controlling for gender, age and education, African Americans were still more likely than Whites to smoke cigars of any brand and even more likely to smoke one of the five most popular brands.[4]

Fruit flavorings increase the attractiveness of little cigars.

National sales data from recent years have shown that flavored cigars make up a significant portion of sales at convenience stores.[5] The list of flavorings that are added to these cigars are quite extensive as well.[5] Flavored products can mask the taste and smell of tobacco, making them more appealing to youth and young adults.[5] Advertisements for these products include terms like mild and sweet, which when used on cigarette packaging has led to the perception of lower risk for users.[11,33,34]

Recommendations

Despite decreases in overall tobacco use, especially among young people, much work remains to be done. Action is needed to sustain and avert a reversal of the nation's progress in reducing tobacco use. Reducing the threat of other tobacco products can be achieved through the actions outlined below.

01 **Reduce the consumption of flavored other tobacco products.** While most flavorings are prohibited in cigarettes, the FDA has not put in place a regulation to prohibit flavorings in smokeless tobacco products, or asserted jurisdiction and regulatory control over many other tobacco products. Because flavored tobacco products have been shown to be used more by youth, restrictions on flavored tobacco products should be pursued at the federal, state, and local level.

02 **Reduce youth access to other tobacco products at the state and local level.** Policies often prohibit access to cigarettes and smokeless tobacco by youth, like requiring these products to be kept behind the counter in retail stores, but sometimes these policies do not apply to other tobacco products. As part of a comprehensive approach to limiting use of other tobacco products, access should be restricted for all tobacco products.

03 **Expand comprehensive tobacco-free facilities such as campuses and workplaces.** In some communities, workplaces and campuses are becoming tobacco free. These practices and programs can limit exposure to secondhand smoke. They also incentivize quitting behavior by limiting tobacco users' access to places where they can use tobacco products.

04 **Equalize taxes on all tobacco products to reduce use by youth and encourage quitting.** Increasing the price of tobacco products has been shown to reduce tobacco use especially among youth. However, taxes on other tobacco products are often lower than taxes on cigarettes at the federal and state level, which makes these products cost less. For example, little cigars and cigarillos are very similar to cigarettes in their size and the way they are packaged, and with their cheaper price and lower risk perception, they are a popular substitute for cigarettes.[4] In its report to Congress on tobacco tax disparities, the Government Accountability Office included in its recommendation that "Congress may wish to consider equalizing tax rates on roll-your-own and pipe tobacco and, in consultation with Treasury, also consider options for reducing tax avoidance due to tax differentials between small and large cigars."[27]

05 **Increase availability of resources to help people quit tobacco use.** Resources and services to help people quit tobacco are limited in states that are not properly funding cessation services and where cessation coverage benefits are not comprehensive. Even fewer resources are available for smokeless tobacco users.[35] For people living in rural areas these resources may be even less available than in urban centers.[36] To make it easier to quit, tobacco prevention and cessation programs should be funded at the Centers for Disease Control-recommended levels. All tobacco users also need comprehensive cessation benefits.

06 **Conduct research on how to help people quit smokeless tobacco.** Compared with smoking cessation guidelines, there is little data on how to effectively assist individuals who want to stop using non-cigarette tobacco products.

07 **Increase availability of tobacco cessation programs to youth.** More evidence is needed concerning the effectiveness of tobacco cessation treatment among youth.[37] Additionally, tobacco use reduction programs should be more widely available. One approach is to focus on settings where youth congregate. Research suggests behavioral interventions can be effective in reducing tobacco use when delivered in school settings.[37] The use of counseling and other behavioral interventions, some with the additional use of cessation aids, have been effective in other settings.[38]

Conclusions

Public health officials and policymakers must be made aware that other tobacco products pose a real risk to the health of young people and to public health as a whole. Some of these products are not cigarettes, but share cigarette characteristics like size, shape and packaging while lacking the higher prices and regulations that apply to cigarettes. This has contributed to the popularity of these other tobacco products as replacement products for cigarettes that lead youth to begin a lifelong addiction to tobacco.

Other tobacco products are for the most part not yet subject to the Tobacco Control Act. Other tobacco products are also often taxed at lower rates than cigarettes, which only increases their popularity. Despite these obstacles, there are opportunities at the federal, state and local levels to reverse these trends. A more aggressive regulatory approach, coupled with measures to change the public perception that these products are less harmful than cigarettes, are necessary steps if the U.S. is to continue its efforts to reduce tobacco use. If the popularity and misperceptions about the health effects of using other tobacco products is not reversed, there could be a continued increase in the use of other tobacco products, as well as dual use, which has been seen for some products over the past decade. This is especially problematic for youth because introduction to tobacco products at younger ages can translate to a lifetime of use and addiction.

Key Resources

Campaign for Tobacco-Free Kids
The Rise of Cigars and Cigar-Smoking Harms. 2009.

Campaign for Tobacco-Free Kids
Tobacco Company Marketing to African Americans. 2011.

National Cancer Institute
Cigars: Health Effects and Trends. Smoking and Tobacco Control Monograph No. 9.

American Cancer Society.
Cigar Smoking. 2010.

Maxwell JC. Cigar Industry in 2009. The Maxwell Report, 2010.

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L E G I S L A T I V E

TAXBILLSERVICE

126 Queen Street, Suite 304 TAX FOUNDATION OF HAWAII Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: TOBACCO, Tax on other tobacco

BILL NUMBER: SB 492, SD-2

INTRODUCED BY: Senate Committee on Ways and Means

BRIEF SUMMARY: Amends HRS section 245-3 to provide that the tax on tobacco products other than large cigars shall be ____% of the wholesale price of each article or item of tobacco product effective January 1, 2014.

Amends HRS section 245-15 to provide that on January 1, 2014, and thereafter, all tax revenue derived from the tax on tobacco products, other than large cigars, shall be deposited to the credit of the Hawaii cancer research special fund.

EFFECTIVE DATE: July 1, 2050

STAFF COMMENTS: Currently tobacco products, other than large cigars, are taxed at 70% of the wholesale price of the product. Beginning on January 1, 2014 tobacco products, other than large cigars, shall be taxed at ___% of the wholesale value. The proposed measure also provides that the revenues derived from the proposed tax on tobacco products shall be deposited into the Hawaii cancer research special fund.

Care should be exercised in attempting to generate additional revenues from specific excise taxes like the tobacco tax as it should be noted that Hawaii's tax rates on these products are among the highest in the nation. Not only would another rate increase reaffirm the perception that Hawaii is a tax hell, but it would probably have an effect on the patterns of consumption of taxed product. Such a hike will, no doubt, have an effect on behavioral responses and affect actual consumption of these products and it will probable drive consumers to find other sources for these products that would not incur the tax. Mail order and Internet sales are sources of product that could escape taxation as well as black market purchases made from the military reservations in Hawaii. So instead of seeing growing collections from higher tax rates, lawmakers may just find that collections will drop due to its effect to discourage consumption and send consumers to other markets. As noted above, the higher one pushes the cost of these products, the greater the possibility of actually seeing a decline in consumption as consumers moderate or eliminate consumption. In fact, as was evidenced in the states of New Jersey and Maryland, lawmakers there counted on an increase in the cigarette tax to help balance their budgets only to learn that collections actually went down below their prior levels. Thus, care should be exercised in targeting these products for specific programs or services.

For this very reason, earmarking the tax for a specific project or program could actually put the future operations of the center in jeopardy should smoking cessation efforts be successful over time. For example, should cigarette consumption decline, the amount earmarked for the cancer center will also decline. What will the cancer research center then do if the resources are not sufficient to maintain

operations? If it is the intent of the legislature to provide adequate revenue to the Hawaii cancer research fund, a direct appropriation would be preferable.

It should be noted that the hikes in the cigarette tax have begun to have an effect on collections not only locally but also nationally. For the first time in the continual drive to raise the tax on cigarettes, collections have fallen below their previous levels. It appears the bell curve has begun its descent be it because of a decline in consumption or a migration to purchases on the black or grey market - it appears that, as observed, the rise in tax burden has jeopardized this source of revenue. If nothing else, lawmakers need to make up their minds whether or not they see this tax a source of revenue or a means by which deter consumption.

It should be noted that while this measure seems to be aimed at cigarette users who attempt to evade the tax on cigarettes by purchasing loose tobacco and "rolling their own" cigarettes, imposing a tax that is greater than the tax base would appear to be confiscatory and would be likely subject to litigation. If the intent is to stop people from smoking, then a total ban on consumption certainly would achieve that goal. But like Prohibition, such a ban would only lead to criminal and covert ways to avoid the ban, creating an even greater problem for enforcement. On the other had, it appears that the beneficiaries enjoy the largesse of the tax even though it is counterproductive to their stated goal. After all, a total ban on consumption of these products would mean a loss of funding for these programs. So which will it be - enjoyment of the financial windfall or stopping the use of tobacco altogether?

Digested 3/15/13

COALITION FOR A TOBACCO-FREE HAWAI'I

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

The Honorable Isaac Choy, Chair, Committee on Higher Education
The Honorable Linda Ichiyama, Committee on Higher Education

Members, House Committee on Health
Members, House Committee on Higher Education

From: Jessica Yamauchi, Executive Director
Date: March 19, 2013
Hrg: House Committee on Health/House Committee on Higher Education; Wed., March 20, 2013 at 9:00 a.m. in Rm 329
Re: **Support for SB 492, SD2, Relating to Tobacco Products**

Thank you for the opportunity to testify in support of SB 492, SD2 which raises the taxes on other tobacco products (excluding large cigars) by an unspecified amount to achieve parity between cigarette taxes and other tobacco product taxes.

The Coalition for a Tobacco Free Hawaii (Coalition) is an independent organization in Hawaii working to reduce tobacco use through education, policy and advocacy. Our organization is a small nonprofit organization of over 100 member organizations and 2,000 advocates that works to create a healthy Hawaii through comprehensive tobacco prevention and control efforts.

Health is Promoted By Increasing the Tax on Tobacco Products Other Than Cigarettes

By increasing the cost of each tobacco product sold and making it comparable to cigarettes, tobacco use by adults and young people will decrease. This will result in a decline in the serious health conditions that arise from use of smokeless tobacco including cancer of the esophagus pharynx, larynx, stomach, and pancreas, gum disease, and the risk of cardiovascular disease, and a decrease in the diseases caused by smoking roll-your-own tobacco.

Adolescents and young adults are two to three times more sensitive to tobacco price changes than adults—when price increases, less youth will begin to start using smokeless tobacco and other tobacco products (OTP) and more will reduce their consumption. Hawaii has seen youth use of smokeless tobacco fluctuate despite our decreasing smoking rates.

COALITION FOR A TOBACCO-FREE HAWAI'I

Tax parity between cigarettes and OTPs would also close the loophole that allows roll your own shops to sell cigarettes for approximately 1/3 the cost of manufactured cigarettes. This occurs because loose "pipe tobacco" is taxed at a much lower rate than cigarettes. Currently, the tax on OTPs (other than large cigars) in Hawaii is 70% of the wholesale price. The amount recommended by the Campaign for Tobacco-Free Kids is 102% of wholesale value in order to achieve tax parity. Additionally, the Coalition requests that large cigars be included in this tax increase.

A Portion of the Revenues Must Be Earmarked for Tobacco Prevention and Treatment

Hawaii residents overwhelmingly agree (89 percent in our last poll) that it's important for the state to earmark some of the revenue to fund tobacco prevention and quit smoking programs. When the price of tobacco increases, more seek help to quit. It's necessary we have community resources including the Quitline, the American Lung Association, and services at community health centers to help tobacco users address their nicotine addiction. We ask that you earmark a portion of these new funds to tobacco prevention and tobacco dependence treatment services.

The Coalition requests your consideration of the recommended changes and your support of creating parity between other tobacco products and cigarettes.

Thank you for the opportunity to testify on this matter.

Jessica Yamauchi, M.A.
Executive Director

320 Ward Avenue, Ste. 212 • Honolulu, HI 96814 • (808) 591-6508 • www.tobaccofreehawaii.org

Opposition to SB 492
Proposed Hawaii Other Tobacco Products (OTP) Tax Increase
Tobacco Harm Reduction (THR)

Testimony submitted by RAI Services Company, which is an affiliate of R.J. Reynolds Tobacco Company, a tobacco product manufacturer.

Background to SB 492

SB 492 would increase the tax on Other Tobacco Products to $3.20 per net ounce (other than cigars), which would make the tobacco tax higher than a pack of cigarettes which is currently taxed at $3.00 per pack. In the bill it states, that "tobacco products other than cigarettes are currently taxed at a lower rate than cigarettes, even though their use carries similar health risks." **This tax increase and that statement in the proposed legislation sends a message that smokeless tobacco products are just as harmful to public health and costly to the state as cigarette smoking, which numerous scientific studies says are not true.**

Other Tobacco Products in Hawaii

The Other Tobacco Products category in Hawaii is primarily made up of smokeless tobacco products, such as moist snuff which are pictured below.

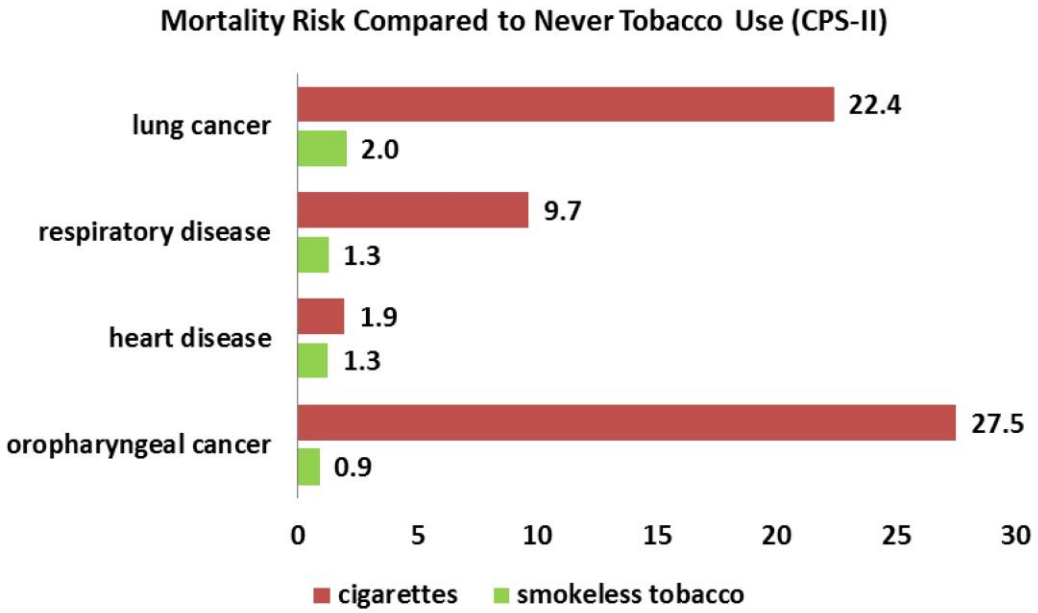
Tobacco Harm Reduction

While it is true that there is no such thing as a "safe" tobacco product, a significant and growing body of science shows that the health risks associated with smokeless tobacco products are significantly lower than the risks associated with cigarettes. Cigarette smoking results in exposure to nicotine along with tobacco- and combustion-related toxicants, and is associated with an increased risk for developing chronic diseases. Largely due to the inhalation of combustion by-products, cigarette smoking

significantly increases the risk of developing respiratory tract cancers (oropharyngeal, laryngeal and lung), cardiovascular disease (CVD), and chronic obstructive pulmonary disease (COPD).

In contrast, smokeless (non-combustible) tobacco products are largely devoid of combustion-related toxicants; hence, their use results in exposure primarily to nicotine, along with other tobacco toxicants found naturally in tobacco leaf or as a result of processing. The use of smokeless tobacco products is not associated with most smoking-related cancers or to pulmonary disease.

The graph shows the major diseases caused by cigarette smoking and the risk posed by smokeless tobacco products:



Risks relative to reference population of non-tobacco users (RR = 1.00); asterisk represents statistical difference from non-tobacco users; † not replicated in other studies.

A majority of the science around smokeless tobacco products shows that these products are at least 90 percent less risky than cigarette smoking. Therefore, good public tax and health policy should give consumers all of the facts about the array of tobacco products. Equalizing the OTP tax rate to the cigarette tax rate is not good public policy.

Scientific Studies on Tobacco Harm Reduction

Here is what some in the public health community have said about THR and relative risk for various tobacco products:

"Consumption of smokeless tobacco products is 10 to 1,000 times less hazardous than smoking."

Royal College of Physicians (2002)

“ACSH bases its position on a comprehensive review of the existing scientific and medical literature, which shows that smokeless tobacco is at least 98 percent safer than smoking cigarettes and can serve as an effective cessation aid.”

American Council on Science and Health (2012)

"Smokers have a right to be informed of significant harm reduction options."

Lynn T. Kozlowski, dean of the School of Public Health and Health Professions at University at Buffalo (Wall Street Journal, Sept. 2006)

“Harm reduction is a fundamental component of many aspects of medicine and, indeed, everyday life, yet for some reason effective harm reduction principles have not been applied to tobacco smoking. This report makes the case for radical reform of the way that nicotine products are regulated and used in society. The ideas we present are controversial, and challenge many current and entrenched views in medicine and public health. They also have the potential to save millions of lives. They deserve serious consideration.”

Royal College of Physicians (2007)

“More than 90% smoking-related deaths are due to lung cancer, other pulmonary diseases, and cardiovascular diseases among smokers; and deaths in non-smokers from environmental tobacco smoke. Switching to smokeless tobacco would eliminate these risks. There is no disease for which the risk from smokeless tobacco is greater than the risk for smoking.

American Association of Public Health Physicians (2008)

“Yet many tobacco control advocates generally dismiss the idea of harm reduction in favor of an abstinence-only (or “quit-or-die”) orientation. The result is that these tobacco control advocates often sound more like moralists seeking to save souls rather than health campaigners seeking to save lives. This is consistent with what has been experienced in numerous other public health campaigns throughout history and a critical question for future policy directions is just how quickly tobacco control efforts can evolve to become more pragmatic rather than dogmatic."

David Sweanor, law professor at the University of Ottawa (2008)

“The worst that you can say about smokeless tobacco is that it's the lesser of two evils. I don't think we have any problem in telling a person that drinks a six-pack a day that if they could cut it back to two beers a day or two drinks a day that their health risks are greatly reduced. Finding a way to let people have their nicotine that carries less risk, it's the realistic solution.”

Dr. Randall Thomas, oncologist with Owensboro (KY) Medical Health System (USA Today Oct. 2011)

“Nevertheless, there is little doubt that, if all smokers in the U.S. suddenly switched from smoked cigarettes to smokeless tobacco- *and stayed switched* - we would see far fewer cancers and less heart disease 20 years from now (although we would also see an increased number of oral cancers).”

Thomas J. Glynn, director of cancer science and trends for the American Cancer Society (2011)

Tobacco Harm Reduction in Other States

States are starting to take action. For example, Indiana and Kentucky, have accepted and written into law the Tobacco Harm Reduction concept. In 2005, Kentucky Gov. Ernie Fletcher, who is also a physician, advocated the state legislature to structure tobacco taxation based on relative risk as a part of his tax modernization plan. Governor Fletcher said at the time, "[T]axing tobacco products according to relative risks is a rational tax policy and may well serve the public health goal of reducing smoking-related mortality and morbidity and lowering health care costs associated with tobacco-related disease."

Nebraska's non-partisan, unicameral legislature passed a resolution supporting Tobacco Harm Reduction in 2012. The resolution states "the Legislature recognizes the importance of Tobacco Harm Reduction strategies as an additional policy choice to assist cigarette smokers in quitting."

In conclusion, based on the concept of tobacco harm reduction it does not make sense to increase the tax on tobacco products and therefore, I ask the Committee to defeat SB 492.

March 19, 2013

TO: Chair Della Au Belatti and Members of the House Committee on Health
Chair Issac Choy and Members of the House Committee on Higher Education

FROM: Cigar Association of America, Inc.
(William Goo)

RE: **SB 492 SD2** - Relating to Tobacco Products
Hearing Date: March 20, 2013
Time: 9:00 a.m.

My name is William Goo. I represent the Cigar Association of America, Inc. (CAA).

CAA opposes SB 492 SD2. The bill's intent is to tax loose or roll-your-own tobacco products at an unspecified rate in an attempt to equalize the tax rate on these products with that of the tax rate on a pack of cigarettes.

The only similarity between pipe tobacco, chewing tobacco and cigarettes is that they are all made from tobacco. **Pipe tobacco and chewing tobacco** are not consumed in the same manner as cigarettes. Cigarette consumers do not substitute cigarettes for a pipe and aromatic pipe tobacco nor would they substitute cigarette smoking for chewing tobacco.

If it is the legislature's intent to dissuade the temptation to purchase less expensive roll-your-own cigarette tobacco, any tax increase should apply only to that specific product. To tax **pipe tobacco and chewing tobacco** at a rate that is higher than the current rate would effectively destroy a very small niche market enjoyed by adult consumers who have responsibly chosen to use it.

Thank you for considering this testimony.

From: Susan Tamanaha

Re: TESTIMONY REGARDING SB 492

Position: Oppose

Although I fully understand the health concerns regarding tobacco use, I am strongly opposed to this bill. Those who smoke have a nicotine addiction (some more severe than others) which is both physical and mental. Since it is an addiction, raising the cost of tobacco products will not cure the addiction. On the contrary, I believe that this action will have an opposite and devastating effect, particularly on those with low income.

I work with many low income individuals and families. At our clinics, I have seen many people who smoke. I have asked some of them how they can afford cigarettes when they are receiving mostly welfare benefits. Many of them have confided to me that when the price of cigarettes went up, they began to sell food purchased with their SNAP benefits for cash. In other words, they would buy food at the market with their EBT cards and then turn around and sell the food at a discounted price to other people in exchange for cash so that they could purchase cigarettes and alcohol and other things that they cannot purchase with their EBT cards. This, I have discovered, is a fairly common practice and by raising the cost of tobacco, all that will happen is that even more of the benefits which are intended to put food on the table of the poor and to feed their children will be used to purchase cigarettes and there is no way of preventing this from happening.

I dispute the statement contained in SB492 that increased tobacco costs has decreased smoking. The reality is that while sales of commercial cigarettes may have decreased, smokers have found alternatives to purchasing commercial cigarettes. Fortunately, the alternatives that many have turned to are in fact healthier than regular cigarettes. Roll your own tobacco does ***not*** contain any of the 43 carcinogens present in regular manufactured cigarettes and is therefore healthier for the smoker and those who are around him/her. Electronic cigarettes do not produce any smoke at all – just vapor. And both alternatives are cheaper than commercial cigarettes. Taking away these healthier and less expensive alternatives or making their cost comparable to commercially made cigarettes will not benefit anyone except perhaps those who sell commercially made cigarettes. If the alternatives become as costly as the “real” thing, people will go back to using the “real” thing.

I believe that the goal to reduce smoking is a good one. However, I do not believe that this goal can be or should be accomplished in the way that is proposed in this bill. In fact, I believe that this bill will severely hurt the low-income. The wealthy will not care – they can afford to satisfy their addiction. The poor, on the other hand, will do so by using their welfare benefits, such as their food allotment, to purchase cigarettes. They will choose cigarettes over food because they are addicted and the higher the cost of the product, the more of their food allotment will be used to purchase that product.

Most behavior modification experts agree that attempting to force people to change does not work.

> Contrary to common beliefs **stubborn people** are flexible but they just become stubborn when they feel that someone is trying to control them. A stubborn person is not stubborn 100% of the time but when he finds that someone is trying to force him to do something then his defense mechanisms start working.

> If the person … is stubborn then you can still change him by 1) giving him more than one choice instead of forcing him and 2) making gradual small changes everyday that are too small to be noticed but are big enough to make a change happen over time. **M.Farouk Radwan**, **MSc.**

A 2012 article published by the American Society on Aging and American Society of Consultant Pharmacists Foundation states that:

> For most people behavior change occurs gradually over time, with the person progressing from being uninterested, unaware, or unwilling to make a change (*precontemplation*), to considering a change (*contemplation*), to deciding and preparing to make a change (*preparation*). This is followed by definitive action, and attempts to maintain the new behavior over time (*maintenance*). People can progress in both directions in the stages of change. Most people will "recycle" through the stages of change several times before the change becomes fully established (Zimmerman et al., 2000).
>
> It is important to evaluate a person's readiness to change for any proposed intervention (Zimmerman et al., 2000). Interventions that are not staged to the readiness of the individual will be less likely to succeed. Also, interventions that try to move a person too quickly through the stages of change are more likely to create resistance that will impede behavior change.
>
> For example, if trying to get a person to quit smoking, it is essential to know where the person is in his or her readiness to stop. A person who is not even thinking about quitting smoking (precontemplation) is generally not ready to receive information about specific smoking cessation aids. In this case, focusing the intervention on smoking cessation aids sends the message that the health care provider is not really listening. This may not only damage rapport but can also make the person even more resistant to quitting smoking. A more stage-specific intervention with this person would be to try to get the person to think about quitting (contemplation). Once the person reaches the contemplation stages, additional strategies can be employed to continue to move the person through the stages of behavioral change.

What these reports clearly show is that force is ineffective as a means by which to change behavior. Therefore, if the legislature is seriously seeking to instill healthier habits among those who have an addiction – whether it be an addiction to smoking or overeating or alcohol - the legislature should focus its efforts on developing effective educational methods which are based on the advice of behavioral scientists and experts.

For all of the reasons above, I am opposing this Bill.

Thank you for this opportunity to testify.

Susan Tamanaha

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 18, 2013 10:06 PM
To: HLTtestimony
Cc: brianportal808@gmail.com
Subject: Submitted testimony for SB492 on Mar 20, 2013 09:00AM

SB492
Submitted on: 3/18/2013
Testimony for HLT/HED on Mar 20, 2013 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Santiago	Individual	Oppose	No

Comments: Too much tax already.

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 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 18, 2013 7:07 PM
To: HLTtestimony
Cc: desa@excite.com
Subject: Submitted testimony for SB492 on Mar 20, 2013 09:00AM
Attachments: Cancer Rates by State.xps

SB492
Submitted on: 3/18/2013
Testimony for HLT/HED on Mar 20, 2013 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
D. Lee	Individual	Oppose	No

Comments: Aloha, It is obvious Hawaii has a lower cancer rate(see attached)We tend to eat more local fruits and vegetables which are natural.We are blessed with the best weather on the planet. I have switched to rolling my own cigarettes because it is a natural product.No additives like BIG tobacco uses(4000 chemicals).These chemicals cause cancer.Natural tobacco is NOT the evil one.I choose wisely whenever I vote.To tax natural tobacco is not wise.Giving in to BIG tobacco and fanatics is cowardly and evil.Mahalo and I pray you choose wisely.

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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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

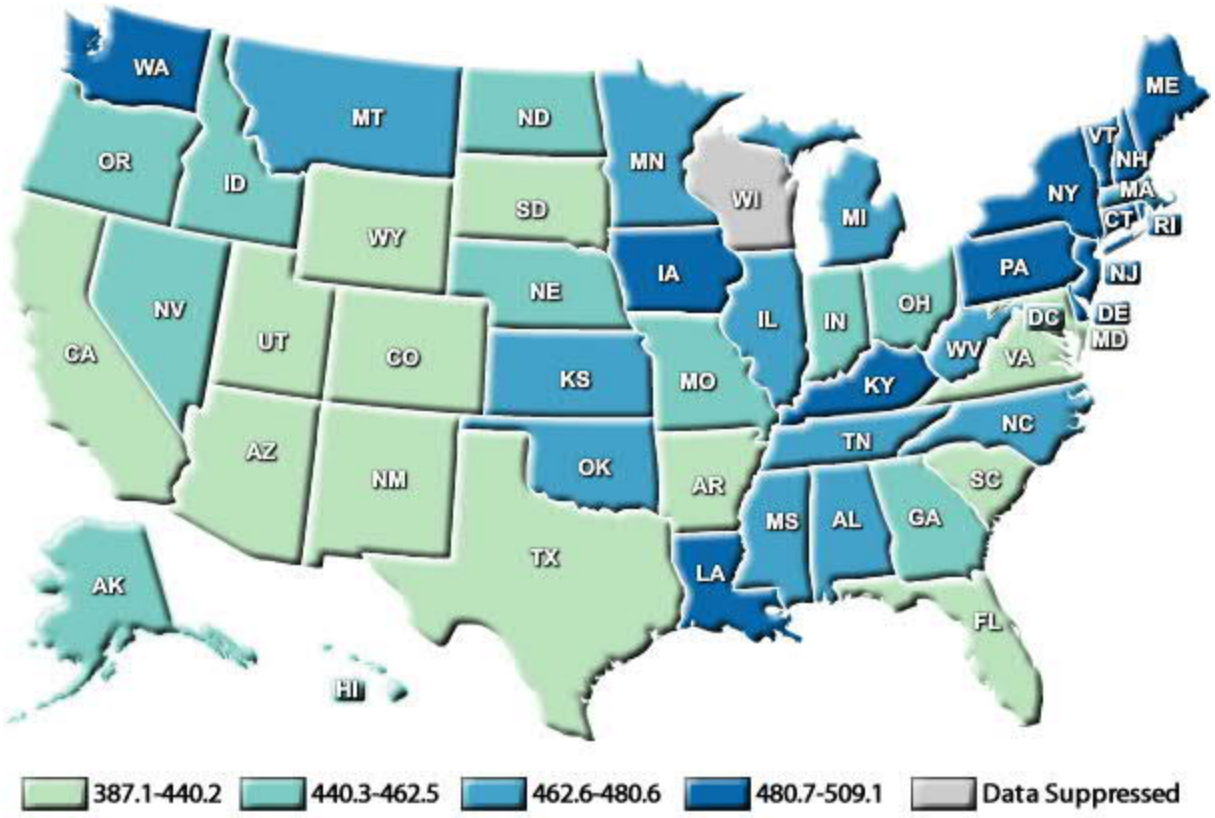
Cancer Rates by State

In the following maps, the U.S. states are divided into groups based on the rates at which people developed or died from cancer in 2009, which is the most recent year with numbers available. The rates are the numbers out of 100,000 people who developed or died from cancer each year.

Incidence Rates by State

The number of people who get cancer is called cancer incidence. In the United States, the rate of getting cancer varies from state to state.

All Cancers Combined
Incidence Rates* by State, 2009†



Color on Map	Interval	States
Light green	387.1 to 440.2	Arizona, Arkansas, California, Colorado, Florida, Maryland, New Mexico, South Carolina, South Dakota, Texas, Utah, Virginia, and Wyoming
Medium green	440.3 to 462.5	Alaska, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Missouri, Nebraska, Nevada, North Dakota, Ohio, and Oregon
Medium blue	462.6 to 480.6	Alabama, Illinois, Kansas, Massachusetts, Michigan, Minnesota, Mississippi, Montana, North Carolina, Oklahoma, Tennessee, and West Virginia
Dark blue	480.7 to 509.1	Connecticut, Delaware, Iowa, Kentucky, Louisiana, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Washington

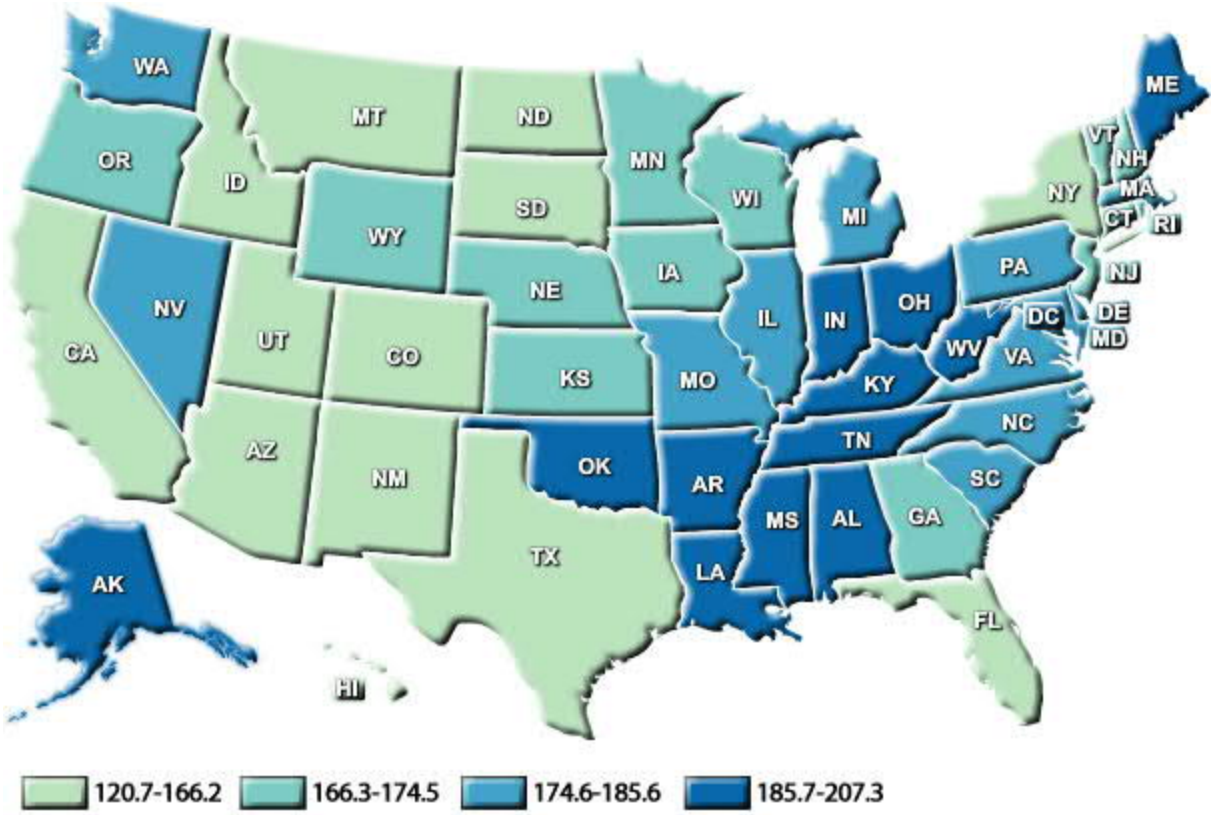
Light Gray	Data Suppressed‡	Wisconsin

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
‡Data are suppressed at the state's request.
†Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2009 Incidence and Mortality Web-based Report. (http://apps.nccd.cdc.gov/uscs/)* Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: http://www.cdc.gov/uscs. (http://apps.nccd.cdc.gov/uscs/)

Death Rates by State

Rates of dying from cancer also vary from state to state.

All Cancers Combined
Death Rates* by State, 2009†



Color on Map	Interval	States
Light green	120.7 to 166.2	Arizona, California, Colorado, Florida, Hawaii, Idaho, Montana, New Mexico, New York, North Dakota, South Dakota, Texas, and Utah
Medium green	166.3 to 174.5	Connecticut, Georgia, Iowa, Kansas, Minnesota, Nebraska, New Hampshire, New Jersey, Oregon, Rhode Island, Vermont, Wisconsin, and Wyoming
Medium blue	174.6 to 185.6	Delaware, Illinois, Maryland, Massachusetts, Michigan, Missouri, Nevada, North Carolina, Pennsylvania, South Carolina, Virginia, and Washington
Dark blue	185.7 to 207.3	Alabama, Alaska, Arkansas, District of Columbia, Indiana, Kentucky, Louisiana, Maine, Mississippi, Ohio, Oklahoma, Tennessee, and West Virginia

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
†Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2009 Incidence and Mortality Web-based Report. (http://apps.nccd.cdc.gov/uscs/)* Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: http://www.cdc.gov/uscs. (http://apps.nccd.cdc.gov/uscs/)

Page last reviewed: January 14, 2013
Page last updated: January 14, 2013
Content source: Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC–INFO

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 18, 2013 9:57 PM
To: HLTtestimony
Cc: konaking@live.com
Subject: *Submitted testimony for SB492 on Mar 20, 2013 09:00AM*

SB492
Submitted on: 3/18/2013
Testimony for HLT/HED on Mar 20, 2013 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jeff Stevens	Individual	Oppose	No

Comments:

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 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 18, 2013 7:39 PM
To: HLTtestimony
Cc: jjvj10@yahoo.com
Subject: Submitted testimony for SB492 on Mar 20, 2013 09:00AM

SB492
Submitted on: 3/18/2013
Testimony for HLT/HED on Mar 20, 2013 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
J Victoria	Individual	Oppose	No

Comments: March 17, 2013 Honorable Chairperson and Members of the Committee: Thank you for the opportunity to testify in opposition of SB 492, SD2, Relating to Tobacco Products. In the matter of increasing taxes on companies that sell "roll-your-own tobacco," I am under the impression that proponents of the subject bill are being manipulated by relatively larger retailers whose sources of income not only include the sale of tobacco, but numerous other items as well. I believe the larger retailers seek to increase the tax on "roll-your-own tobacco" companies in an effort to win back their former customers, who left them because of their elevated tobacco prices, and to protect and maintain their excessive profits on tobacco. I feel this is unfair. If the larger companies want their former customers back, they can deal with the competition by adjusting their tobacco prices accordingly. Further and as background, I partially fault society for my smoking addiction. Social norms as early as the late 1950's coerced me to smoke. It was not until recently, relatively speaking, that society took a harsher stance on smoking. In today's world, I believe that smokers, like alcoholism, should be considered an illness, sickness or disease. This addictive illness, sickness or disease was partially induced by a society who glamorized tobacco throughout the years by the use of various media. Instead of penalizing smokers, who fell victim to society's past advertisements that promoted smoking, by imposing excessive taxes as have been done in recent years, a gradual, reasonable and controlled increase should be considered when completing Section 2.(a)(13) of the subject bill; IF another increase is deemed warranted. Finally, it should be noted that while smoking may inhibit my life, I believe this bill denies me of my Right to Live. Thank you for the opportunity to testify in opposition of SB 492, SD 2.

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Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
Members of the House Committee on Higher Education

Re: Strong Support for SB 492, SD 2 Relating to Tobacco Products

Hrg:March 20, 2013 at 9:00 am, Room 329

Thank you for the opportunity to submit testimony in support of SB 492, SD2. This bill raises the taxes on other tobacco products to achieve parity between cigarette taxes and other tobacco products (OTP). Raising the tax on OTPs will result in less people using smokeless tobacco and would eliminate roll your own stores offering cigarettes at half the price of retail stores. Campaign for Tobacco-Free Kids recommends Hawaii OTP tax be charged at 102% of the wholesale price in order to achieve tax parity with cigarettes ($3.20 per pack.)

Youth are more sensitive to prices than adults. Increasing the tax on these other tobacco products is an additional disincentive for youth to use tobacco products.

As cigarette tax increases, smokers will look at quitting or they will find cheaper means to continue using tobacco. We must be sure taxes on all tobacco products are equitable so that those who are addicted to nicotine will quit. More smokers quitting means less costs to our state in tobacco-related medical expenses. I also ask that you earmark a portion of the tax for tobacco cessation and prevention programs. As we encourage tobacco users to quit, we must provide tobacco treatment for them.

Thank you for the opportunity to provide testimony in support of this measure.

Ryan Mandado
1545 Ahonui st
1545 Ahonui st
Honolulu, Kalihi, HI 96819

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Kanani Kilbey
642 Ulukahiki Street
Suite 105
Kailua, HI 96734

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

LorrieAnn Santos
45-415 Lolii St.
Kaneohe, HI 96744

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Kimberly Oraa
PO Box 881114
Pukalani, HI 96788

House of Representatives Testimony
Oahu

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PO Box 881114
Pukalani, HI 96788

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Pukalani, HI 96788

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Thank you for the opportunity to provide testimony in support of this measure.

Doorae Shin
2033 Aupuni St
Honolulu, HI 96817

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Mary A. Guinger
926A Kaipii St.
Kailua, HI 96734

House of Representatives Testimony
Dahu

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Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

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Thank you for the opportunity to provide testimony in support of this measure.

Janet Roberson
44 Uakoko Place
Haiku, HI 96708

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Jessica Caudill
P.O. Box 81422
Haiku, HI 96708

House of Representatives Testimony
Oahu

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Rep. Dee Morikawa, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Koa Robinson
3059Seaview Rise
Honolulu, HI 96822

House of Representatives Testimony
Oahu

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Members of the House Committee on Health

Rep. Isaac Choy, Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Diana Kahler
12 West Naauao Place
Hilo, HI 96720

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Raul Hayasaka
1399 Manu Aloha Street
Kailua, HI 96734

House of Representatives Testimony
Oahu

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Mahalo for the opportunity to provide testimony in support of this measure.

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

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Melissa Little
708 Illalo St., Suite 400
Honolulu, HI 96822

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Jill Friedman
PO Box 427
Hanapepe, HI 96716

House of Representatives Testimony
Oahu

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Thank you for the opportunity to provide testimony in support of this measure.

Beau Lani Barker
613 Iliaina St
Kailua, HI 96734

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
Members of the House Committee on Higher Education

Re: Strong Support for SB 492, SD 2 Relating to Tobacco Products

Hrg:March 20, 2013 at 9:00 am, Room 329

Aloha kakou,
Thank you for the opportunity to submit testimony in support of SB 492, SD2. This bill raises the taxes on other tobacco products to achieve parity between cigarette taxes and other tobacco products (OTP). Raising the tax on OTPs will result in less people using smokeless tobacco and would eliminate roll your own stores offering cigarettes at half the price of retail stores. In my opinion, this would "dis-incentivize" their being in the business of selling addictive and toxic products. I know that the Campaign for Tobacco-Free Kids recommends Hawaii OTP tax be charged at 102% of the wholesale price in order to achieve tax parity with cigarettes ($3.20 per pack.)

Youth are more sensitive to prices than adults. Increasing the tax on these other tobacco products is an additional disincentive for youth to use tobacco products.

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Thank you for the opportunity to provide testimony in support of this measure.
Mahalo
John A. H. Tomoso, MSW, ACSW, LSW
51 Ku'ula Street
Kahului, HI 96732-2906

John A. H. Tomoso, MSW, ACSW, LSW
51 Ku'ula Street
Kahului, HI 96732

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Heidi Hao
P O Box 887
Kaunakakai, HI 96748

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Melissa Little
708 Illalo St., Suite 400
Honolulu, HI 96822

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
Members of the House Committee on Higher Education

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Thank you for the opportunity to provide testimony in support of this measure.

Tamalyn Kumashiro

HI 96821

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Merrilee Ako
2902 Pua Nani Street
Lihue, HI 96766

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
Members of the House Committee on Higher Education

Re: Strong Support for SB 492, SD 2 Relating to Tobacco Products

Hrg:March 20, 2013 at 9:00 am, Room 329

My name is Lorraine Leslie and I serve as the Hawaii Director for the American Lung Association in Hawaii.

The mission of the Lung Association is to saves lives by improving lung health and preventing lung disease through education, advocacy and research. We work for healthy lungs and healthy air.

Thank you for the opportunity to submit testimony in support of SB 492, SD2. This bill raises the taxes on other tobacco products to achieve parity between cigarette taxes and other tobacco products (OTP). Raising the tax on OTPs will result in less people using smokeless tobacco and would eliminate roll your own stores offering cigarettes at half the price of retail stores. Campaign for Tobacco-Free Kids recommends Hawaii OTP tax be charged at 102% of the wholesale price in order to achieve tax parity with cigarettes ($3.20 per pack.)

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Thank you for the opportunity to provide testimony in support of this measure.

Lorraine Leslie

House of Representatives Testimony
Oahu

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Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Ken Nakamura
1319 Punahou St
Honolulu, HI 96821

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Michael Griffin
46-232 Kahuhipa St. E203
Kaneohe, HI 96744

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Michelle Gray
430 Lanipuao Street
Honolulu, HI 96825

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

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Thank you for the opportunity to provide testimony in support of this measure.

Barbara Nosaka
2216 Hoonanea Street
Honolulu, HI 96822

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

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Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Mandy Rock

Haiku, HI 96708

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Jermy Domingo
894 Queen St.
Ewa Beach, HI 96706

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

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

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

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

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Margaret Lim
1943 North King St.
Honolulu, HI 96819

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Bryan Talisayan
2403 pacific heights road
Honolulu, HI 96813

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
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Thank you for the opportunity to provide testimony in support of this measure.

Crissy Kawamoto
2022 10th Ave
Honolulu, HI 96816

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
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Thank you for the opportunity to provide testimony in support of this measure.

ROXANNE RIVERO
238 KAIMANAWAI PL
HONOLULU, HI 96816

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

Rep. Isaac Choy, Chair
Rep. Linda Ichiyama, Vice Chair
Members of the House Committee on Higher Education

Re: Strong Support for SB 492, SD 2 Relating to Tobacco Products

Hrg:March 20, 2013 at 9:00 am, Room 329

Aloha,

My name is Dawn Hunt, and I thank you for the opportunity to submit testimony in support of SB 492, SD2. This bill raises the taxes on other tobacco products to achieve parity between cigarette taxes and other tobacco products (OTP). Raising the tax on OTPs will result in less people using smokeless tobacco and would eliminate roll your own stores offering cigarettes at half the price of retail stores. Campaign for Tobacco-Free Kids recommends Hawaii OTP tax be charged at 102% of the wholesale price in order to achieve tax parity with cigarettes ($3.20 per pack.)

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Thank you for the opportunity to provide testimony in support of this measure.

Sincerely,
Dawn L. Hunt

Dawn Hunt
47 188 A Hui Akepa Pl
Kaneohe, HI 96744

House of Representatives Testimony
Oahu

To:Rep. Della au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
Members of the House Committee on Health

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Thank you for the opportunity to provide testimony in support of this measure.

Forrest Batz
34 Rainbow Drive
Hilo, HI 96720