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July 31, 2014

Gov. Jeremiah Nixon
P.O. Box 720
Jefferson City MO 65102

Re: Veto of Missouri Senate Substitute for S.B. 841

Dear Gov. Nixon,

As a public health physician, with decades of experience in tobacco control, I write to express deep disappointment with your veto of S.B. 841. I respectfully urge your reconsideration.

This bill would prohibit sale of all non-pharmaceutical nicotine delivery products to minors and provide separate legal categories for alternative and vapor devices. Since nicotine is potentially harmful to the adolescent brain, and more addictive to adolescents than adults, this bill, as proposed, would enhance Missouri's public health.

The separation of alternative (i.e., non-combustible) tobacco products from combustible tobacco products is appropriate for the protection of public health. The risk of potentially fatal tobacco-attributable illness presented by non-combustible products – chewing tobacco, snuff, snus and dissolvable sticks, strips and orbs – is less than 1 percent of the risk posed by cigarettes. These products have also been shown to be less addictive.

Creating a separate category for vapor products would be appropriate because vapor products contain no tobacco. Their active ingredient, tobacco-derived nicotine, is the same nicotine used in the pharmaceutical patches, gums, lozenges and inhalers. As such, we have reason to believe they present a level of risk similar to the risk posed by these commonly used pharmaceuticals, all of which are endorsed by the health related organizations you reference in your veto message.

Your veto message is laced with technical errors that conflict with the scientific evidence base developed over this past decade. All of the often quoted 480,000 tobacco-attributable deaths in the United States, each year, are due to a single tobacco product, the combustible cigarette. The numbers of deaths from all other tobacco and nicotine products, combined, are so small and so hard to distinguish from background mortality that such deaths are not tracked by federal authorities.

The technical and factual errors in your veto message suggests that few in the public health organizations that encouraged this veto are sufficiently up to date on tobacco-related research to be aware of the differences in risk and addictiveness of the alternative products and the patterns of use of e-cigarettes. Their encouragement of this veto seems based on this lack of current knowledge and a possible commercial bias on their part. In demeaning e-cigarettes, they fail to acknowledge that each of their national parent organizations enjoy generous support from drug companies that make the pharmaceutical nicotine products. These companies have much to lose as people learn that they can secure more than 99 percent of the benefits at less cost and with real nicotine- satisfaction from e-cigarettes.

Vapor contaminants are so low that exhaled e-cigarette vapor does not measurably increase the quantity of chemical contaminants in most indoor air environments. Despite hype, almost all vapor products are used by current smokers to cut down or quit. Teens may experiment with such vapor products, but they rarely continue such use and almost never transition from e-cigarettes to tobacco cigarettes.

Finally, waiting for FDA regulation of these products will be an exercise in futility. Due to circumstances partially out of the control of the FDA, it will be four to 10 years before FDA implements any such regulations.

In June, I published paper dealing with all these issues, with extensive bibliographic references. Copies of this paper can be secured at <http://www.rstreet.org/wp-content/uploads/2014/07/20140630FDLI-EcigForum.pdf>. This paper also includes a description of who I am, my background, and the nature of my affiliation with the R Street Institute.

I would welcome the opportunity to meet with governmental and health authorities in Missouri for the purpose of bringing them up to date on all these issues, discussing, and otherwise addressing their concerns.

The bottom line is that advising smokers of the difference in risk comparing cigarettes to alternative products and e-cigarettes could secure personal and public health benefits not otherwise obtainable. If skillfully done by public health authorities, this could further reduce teen smoking and teen addiction to other nicotine delivery products.

This veto does not protect the public. It helps ensure continuing high levels of tobacco-attributable illness and death and protects the profits of big drug companies.

Sincerely,

Joel L. Nitzkin, MD
Senior Fellow for Tobacco Policy
R Street Institute

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