

1050 17th Street, N.W. Suite 1150 Washington, DC 20036 202.525.5717

Free Markets. Real Solutions. www.rstreet.org

April 28, 2015

Rep. Greg Davids

Minnesota House of Representatives
585 State Office Building

Re: Support for H.F. 848 provisions on nicotine solution used in e-cigarettes

I am a public health physician who advises the R Street Institute on tobacco-related policy. Detail on my background and how I got to where I am today on the issue of e-cigarettes is provided in the attached Food and Drug Law Institute paper.

E-cigarettes and related vapor products contain no tobacco. They contain the same nicotine found in Food and Drug Administration-approved gums, patches, lozenges and inhalers, which are marketed over the counter for smoking cessation. E-cigarettes are intended by both manufacturers and vendors to serve as cigarette substitutes for current smokers who need or simply desire self-administered nicotine without the deadly tar and other products of combustion found in tobacco cigarettes. Since the FDA defines "smoking" as a "disease," rather than a habit or behavior, e-cigarette companies and vendors are prohibited from making what the FDA would consider "therapeutic claims." These vapor products are intended for long-term use in a "harm-reduction" mode, not short-term use as a medication. If licensed by the FDA as drugs, e-cigarette manufacturers and vendors would not be able to recommend that users use them as long as they feel the need for self-administered nicotine.

To attract and satisfy smokers, e-cigarettes and related vapor products are available in a wide range of flavors and strengths. These flavors and strengths are critical to their success and to preventing a user's relapse to cigarettes. They differ from pharmaceutical products in that they satisfy smokers on a long-term basis.

Understandably, but unfortunately, leaders of the American tobacco-control movement claim the real purpose of these products is to attract a new generation of teens to nicotine addiction. For that reason, they have done everything in their power to demean these potentially life-saving products. I use the term "understandably" in this context because of their total unwillingness to consider the possibility that non-pharmaceuSupport tical nicotine delivery products could help smokers quit without attracting

large numbers of nonsmoking teens to nicotine addiction. They have yet to come to grips with the well-established fact that e-cigarettes can do what they believe to be impossible.

The tobacco-control movement asserts that flavors attractive to pre-school children are more attractive to teens than to adults. They quote Centers for Disease Control and Prevention survey data out of context to make it appear as if these vapor products are recruiting large numbers of teens to nicotine addiction. But these same CDC surveys show the rapid increase in e-cigarette use by teens has been associated with record-low and rapidly decreasing cigarette consumption by that same cohort; that the vast majority of such use is by teen smokers; and that e-cigarette use by nonsmokers has been almost entirely limited to one-time experimentation and very occasional social use. E-cigarettes have enough of a "hit" to satisfy many smokers, but not enough of a "hit" to attract nonsmokers to consistent use.

I urge you to reject the pleas of those who would prefer the cost of e-cigarettes be raised so high that switching to e-cigarettes would be discouraged. Given the extremely limited consumption of these products by nonsmoking teens, raising the tax on e-cigarettes will do little or nothing to discourage use by teen nonsmokers and may stop some smokers from switching.

As an aside, it is important to note that the pharmaceutical nicotine products are sold on open store shelves, in a variety of fruit and candy flavors and without age restrictions. These products, not ecigarettes, are the nicotine delivery products most accessible to teens. This similarity should be kept in mind when considering tax policy over the full range of nicotine-delivery products.

For more public health information that takes a different approach than the official tobacco-control movement, please see the attached paper, which I recently authored for the Food and Drug Law Institute. I would welcome the opportunity to meet with Minnesota legislators, journalists and antitobacco advocates to discuss these issues in even greater detail.

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