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Re: House Bills 304 and 328; Senate Bills 1 and 133 re e-cigarettes

Dear Alaska State Legislator or Legislative Staff Member:

I am a public-health physician who has been involved in tobacco control since the 1970s. I have been a local health director, a state health director and president of two national public-health organizations. Since Congress' 2007 introduction of the Food and Drug Administration tobacco law, I have devoted a substantial amount of my time to issues surrounding tobacco harm reduction and e-cigarettes and related vapor products (e-cigs).

My work in this arena has led me to the conclusion that e-cigs offer personal and public-health benefits that could not otherwise be achieved. They also are doing so without any increase in recruiting teens to nicotine or tobacco addiction. More about who I am and how I got involved in the e-cig issue is presented on pages 15 and 16 of the attached paper.

**This letter is to urge the Alaska Legislature to defer any action on e-cigarettes and related vapor devices (e-cigs) until the Legislature has had a better opportunity to understand the potential public-health benefits that e-cigs can offer and the potential harms of regulating them as if they were tobacco cigarettes.**

Tobacco cigarettes are by far the most addictive and hazardous nicotine-delivery products. The tar in cigarette smoke, not the nicotine, causes cancer and heart and lung disease. E-cigs contain no tobacco. There is no combustion, no tarry smoke. E-cigs contain the same nicotine as pharmaceutical gums, patches, etc. The traces of tobacco-related toxins in e-cigs and these pharmaceutical products are too small to be of public-health significance.

No nicotine-delivery product can be considered 100 percent risk-free. When compared to the risk posed by cigarettes, both e-cigs and the pharmaceutical nicotine products present less than 5 percent of the risk posed by cigarettes; most likely less than 1 percent of such risk, to both users and bystanders.

The question here is one of alternatives. The real-life alternative for smokers who are unable or unwilling to quit is either to continue smoking and suffer the consequences or to switch to a much lower-risk nicotine product that will satisfy their urge to smoke. The fact that cigarette smoking is still our number one preventable cause of death, after a half-century of tobacco-control programming, suggests the time has come to consider adding a new element to tobacco-control programming.

E-cigs represent a disruptive technology. Before the advent of these products, no one ever considered the possibility that there might be a product that could satisfy the urge to smoke for large numbers of smokers, and do so without attracting large numbers of teens to nicotine addiction. While e-cig marketing has attracted significant numbers of nonsmoking teens to experiment with these products, very few have continued their use; none or almost none have transitioned from consistent use of e-cigs

to cigarettes. Nearly all teen (and adult) use of these products has been by smokers who use them as an alternative to cigarettes, or to step down to eventual zero nicotine consumption.

Even without tobacco and e-cigs, our lives are not nicotine-free. Potatoes, tomatoes, eggplant, peppers and other common vegetables contain enough nicotine for someone easily to consume the nicotine equivalent of a cigarette a day. Thus, it makes no sense to speculate that traces of exhaled nicotine from e-cigs present any risk of concern to bystanders.

Tobacco-control advocates justify their opposition to e-cigs citing fears that they may present the same health risks as cigarettes or may attract more teens to nicotine addiction. For better and for worse, scientific evidence is already on hand to put both of these fears largely to rest.

The opposition to e-cigs relies mainly on tradition, the goal of “a tobacco-free society” and tobacco control's partnership with the pharmaceutical industry. These concerns, in the minds of tobacco-control leadership, rule out any possibility of ever considering any potential public-health benefit to any non-pharmaceutical nicotine-delivery product. The following link provides some insight into the unreasonable nature of the opposition. Dr. Peter M. Sandman, an expert in risk communication, excoriates the Centers for Disease Control and Prevention leadership for purposely misinterpreting CDC's own survey data and misleading the public on e-cigs. <http://www.psandman.com/col/e-cigs.htm>.

Attached is a paper I wrote two years ago to enable legislators and other non-technical policymakers to better understand e-cigs. Research since that time has further supported the conclusions presented in both the paper and this letter. The paper includes (on pages 15 and 16) a description of who I am, and how I came to be involved with both e-cigs and the R Street Institute.

**The bottom lines are these: 1) Imposing restrictions and increasing taxes on cigarettes and smoking will reduce tobacco-related addiction, illness and death. 2) Imposing these same restrictions and taxes on e-cigs will have the opposite effect. It will discourage smokers who would otherwise switch to keep smoking. 3) Vaping is not smoking and should not be defined as such.**

Very truly yours

A handwritten signature in black ink that reads "Joel L. Nitzkin, M.D." The signature is written in a cursive, flowing style.

Joel L. Nitzkin, MD

Attached: June 2014 FDLI paper