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Testimony to Delaware Senate Health & Social Services Committee on H.B. 5

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R Street Institute**

My name is Joel Nitzkin.

I am a public health physician, board certified in preventive medicine as my medical specialty. I have been a local health director, a state health director and president of two national public health organizations. I am here with support from the R Street Institute, a libertarian think tank based in Washington.

I am here to speak against adoption of H.B. 5 because there is no public-health justification for banning e-cigarette use in non-smoking areas. The case in the favor of such a ban is based on research that is three- to four-years-old. It also is based on selected bits of data which have been taken out of context from more recent research and from CDC surveys to support previously established positions by the Centers for Disease Control and major voluntary public health organizations. They favor the goal of a “tobacco-free society.” They interpret this goal as ruling out any consideration of any use of any non-pharmaceutical nicotine-delivery product in any public health initiative.

E-cigarettes present less than 1 percent of the risk of potentially fatal tobacco-related illnesses posed by tobacco cigarettes. E-cigarettes do not recruit teens into addiction.

Those who promote the ban like to cite a long list of chemical substances contained in e-cigarettes. They do this never admitting that the concentrations of tobacco-related contaminants are so low that they are not detectable above baseline levels in most indoor environments. Despite hype to the contrary, we now have enough information to state conclusively that exhaled e-cigarette vapor poses *no* risk to bystanders.

When it comes to recruiting teens, the hype is a classic example of taking data out of the context to justify previously drawn conclusions. They often cite the fact that e-cigarette use among teens has doubled to tripled in recent years, without referencing the fact that teens smoking rates have plummeted to record-low levels in the last four years. This is first time ever that reduced teen smoking rates have met or exceeded Healthy People goals. The total number of teens using e-cigarettes, plus teens smoking has declined from year to year over these past four years, until this last year, when it has gone very slightly up. The vast majority of e-cigarette use by teens has been by teen smokers using e-cigarettes to transition away from smoking. While many non-smoking teens have experimented with e-cigarettes, their use has been almost entirely limited to one-time experimentation and occasional social use. Contrary to the hype, there is not a single report of a teen becoming addicted to e-cigarettes, then transitioning to tobacco cigarettes.

I could go into detail and expand on these points, but I won't in the interest of time. Let me just say that I am here and I am involved in these issues because I believe that we have the opportunity to radically reduce tobacco-related addiction, illness and death by adding a tobacco harm reduction component to current tobacco-control programming, with e-cigarettes as a major product to be used for this purpose.

Banning e-cigarettes where smoking is banned will do nothing to protect the health of the public. It will, however, do harm by discouraging smokers from switching, by promoting the fallacy that e-cigarettes may be as dangerous as, if not more dangerous, than tobacco cigarettes.

E-cigarettes should be seen as a potential friend, not an enemy to public health.

I would be happy to answer any questions.