



May 02, 2017

State of Rhode Island General Assembly
82 Smith Street
Providence, Rhode Island
02903

Re: Public Health and Workplace Safety Act –S.B. 446
Members of the Committee:

As a medical doctor who has pioneered new smoking cessation efforts, a therapist heavily involved in issues that impact the LGBT community and the Director of Harm Reduction Policy at R Street Institute, we write to you out of concern regarding the bill before you, S.B. 446. Under this bill, use of electronic cigarettes and other vapor products will be classified as “smoking” and purveyors of vaping products or electronic cigarettes will be classified as “tobacco retailers”—even if they do not sell traditional combustible cigarettes. While well intentioned, these inclusions are poor public health policy.

Defining e-cigarettes as a tobacco product is misleading and inappropriate. The fundamental distinctions between traditional cigarettes and e-cigarettes is the absence of the tobacco plant, which contains at least two dozen other phytochemicals and combustion, a process that releases thousands of other harmful chemicals whenever anyone lights up. E-cigarettes, on the other hand contain far fewer chemicals, partly due to the fewer ingredients in vapor oils and partly due to the lack of combustion.

This proposed legislation adversely impacts public health. While e-cigarettes are not totally safe or healthful, they are far less harmful than cigarettes. Public Health England estimates that electronic cigarettes are no less than 95 percent safer than combustible cigarettes and both Public Health England and the Office of the Surgeon General report that e-cigarettes have a similar risk profile to other nicotine replacements, such as the patch and nicotine gum. Policy that encourages smokers to switch to e-cigarettes if they cannot quit or do not wish to will significantly reduce the enormous burden of disease that combustible cigarettes impose on society. These impacts would be particularly severe amongst groups with above average smoking rates such as LGBT people and Medicaid recipients. Policies that treat e-cigarettes as if they were the same thing as traditional cigarettes will encourage current smokers to continue doing enormous harm to their health by continuing their use of combustible products.

We conclude by noting e-cigarettes are not benign. E-cigarettes carry the potential to cause some of the cardiovascular problems associated with smoking, and those that contain nicotine (as almost all do) are addictive. Thus, measures to limit their distribution to those under the age of 18 (or a higher smoking age) are warranted, as are laws that restrict children from entering stores that exist exclusively to sell these products.

But let's be clear: electronic cigarettes and vapor oils are not tobacco products and should not be classified as such. Doing so only will hurt Rhode Islanders in the long run.

Yours sincerely,

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