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**Testimony of Carrie Wade  
Director of Harm Reduction Policy  
R Street Institute**

**In OPPOSITION to the proposed tobacco ordinance  
to prohibit the sale of flavored tobacco products**

**Oct 31, 2017**

The R Street Institute is a nonprofit, nonpartisan public-policy research organization based in Washington DC. We strive to promote free markets and effective government policies in many areas, including tobacco harm reduction.

As an academic, I spent my graduate and postgraduate career studying the neural mechanisms of addiction and evaluating neurochemical and anatomical changes occurring in the brain following the onset of addiction. I firmly believe a harm-reduction approach to smoking cessation positively affects the health and welfare of people who use addictive substances, in ways other methods simply cannot.

As the director of harm reduction policy at the R Street Institute, I write to you out of concern over the proposed ordinance to ban flavors of vaping products. Under this ordinance, electronic cigarettes and other vapor products will be classified "tobacco products". While well-intentioned, these redefinitions will adversely affect public health by limiting safer alternatives to combustible cigarettes to the very people that this bill aims to protect.

Below is a summary and explanation for why and how we think the ordinance should be amended:

- **Eliminate e-cigarettes and other vapor products from the umbrella of tobacco products.**

Defining e-cigarettes as tobacco products is misleading and inappropriate. The fundamental distinctions between traditional cigarettes and e-cigarettes are the absence of the tobacco plant, which contains at least two dozen other phytochemicals [1] and combustion, a process that releases thousands of other harmful chemicals whenever anyone lights up [2]. E-cigarettes, on the other hand, contain far fewer chemicals [2] and impurities, which have predicted levels that are not harmful to humans [3].

- **Recognize that electronic cigarettes are a *much* safer alternative to combustible cigarettes**

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 [4] 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 [4, 5].

- **Recognize the potential for flavors to positively impact decisions to switch to a safer form of nicotine**

*The International Journal of Environmental Research and Public Health* reports that limitations in flavor choices negatively impact user experience. About 40 percent of former and current adult smokers predict that removing their ability to choose flavors would make them less likely to remain abstinent or attempt to quit [6]. In fact, data in this report suggest current smokers are partial to the flavor of traditional tobacco, while fruit and sweet flavors are preferred by former smokers.

### **Conclusion**

- **E-cigarettes are a crucial harm reduction tool to combat the incidence of disease associated with smoking.**

Policies that treat and tax e-cigarettes equal to traditional cigarettes encourage current smokers to continue doing enormous harm to their health by discouraging a switch from combustible products. Conversely, policies that reflect the reduced harm of e-cigarettes can significantly reduce the enormous burden of disease that combustible cigarettes impose on society. This includes policies that allow flavors to be available for current smokers who consider flavors attractive features of e-cigarettes.

I applaud the efforts of the citizens of Robbinsdale to reduce the prevalence of smoking and associated diseases. However, it is important that the potential of e-cigarettes to mitigate risks associated with combustible cigarettes be recognized if we wish to encourage a healthful populace.

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2. Benowitz NL, Fraiman JB. *Cardiovascular effects of electronic cigarettes*. Nature Reviews Cardiology, 2017. doi:10.1038/nrcardio.2017.36.
3. Etter, J.F., E. Zather, and S. Svensson, *Analysis of refill liquids for electronic cigarettes*. Addiction, 2013. **108**(9): p. 1671-9.
4. Public Health England. *E-cigarettes: a new foundation for evidence-based policy and practice*. 2015.
5. Office of the Surgeon General. *The Health Consequences of Smoking—50 Years of Progress*. 2015, U.S. Department of Health and Human Services: Rockville, MD.
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