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Phil Mendelson Chairman, Council of the District of Columbia 1350 Pennsylvania Avenue NW, Suite 504 Washington DC 20004

Dear Chairman Mendelson:

My name is Dr. Edward Anselm and I am a senior fellow with the R Street Institute, a D.C.-based free-market think tank that takes a pragmatic approach to public policy. I also serve as medical director for Health Republic Insurance of New Jersey (HRINJ) and am an assistant professor of medicine at the Mount Sinai School of Medicine. I have a 30-year history of tobacco-control advocacy and running smoking-cessation programs.

The D.C. Council currently is considering a proposal that would increase significantly taxes on e-cigarettes. I urge you and your colleagues to look at all available information before making your decision on this important measure.

Electronic cigarettes, also known as electronic nicotine-delivery systems (ENDS), do not contain tobacco. They provide nicotine to users who are unable or unwilling to quit smoking cigarettes, in much the same way as pharmaceutical nicotine gums, patches, lozenges and inhalers. As such, I believe they should be taxed at the same rate as these other over-the-counter nicotine-delivery products, and not at the much higher rate proposed by the council.

There are more than 77,000 adult smokers in the District of Columbia, accounting for roughly 16 percent of the adult population. As many as half of these smokers use electronic cigarettes. Communities considered "marginalized" – such as the poor, high school dropouts and the LGBT community – tend to have higher rates of smoking. Tobacco use among people with mental illness is double that of the general population, which makes sense, as nicotine is both an antidepressant and a stimulant. Taxes on e-cigarettes are thus regressive.

There is no evidence to support claims by some tobacco-control advocates that e-cigarettes are as dangerous as, or more dangerous than, tobacco cigarettes. It's also untrue that their benefits are unproven or that they have been shown to recruit teens to a lifetime of nicotine addiction.

ENDS provide a safer alternative, allowing smokers to obtain nicotine with a far lower risk of death and disease. The three studies published thus far on the role of ENDS in smoking cessation, summarized in a recent Cochrane Review, all show positive results. Even those smokers the studies examined who did not quit were shown, on balance, to reduce their consumption of regular cigarettes. This is consistent with a recent Reuters survey showing the majority of e-cigarette users are dual users.

Some also allege e-cigarettes attract teens to nicotine addiction. But we now have substantial evidence, even without legally imposed restrictions on marketing, that this is not the case. Use by teen nonsmokers is almost all single experimentation or occasional social use, often with zero-nicotine e-cigarettes.

Taxing e-cigarettes as if they were tobacco cigarettes will not benefit public health. All it will do is protect both tobacco cigarettes and makers of pharmaceutical nicotine products from competition from these remarkably safe alternatives. Taxing e-cigarettes the same as tobacco cigarettes will send the message to smokers that they might as well keep smoking.

Respectfully submitted,

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Additional Sources for Review

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