

Legislative History for Connecticut Act

PA 14-76

SB24

House	6483-6487	5
Senate	880-885, 1304-1316	19
Children	106-109, 112, 124-128, 259-264, 281-291, 315- <u>317, 326-386</u>	91

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 19
6233 – 6539**

Senate Vote 5 -- excuse me -- 455, as amended
by Senate "A", in concurrence with the Senate.

Total Number Voting	142
Necessary for Passage	72
Those Voting Yea	102
Those Voting Nay	40
Those Absent and Not Voting	9

SPEAKER SHARKEY:

The bill as amended passes in concurrence with
the Senate.

Will the Clerk please call Calendar 469.

THE CLERK:

On Page 22, Calendar 469, favorable report of
the Joint Standing Committee on Appropriations,
Substitute Senate Bill 24, AN ACT CONCERNING THE
GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC
NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING
PREVENTION.

SPEAKER SHARKEY:

Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

I move acceptance of the Joint Committee's
favorable report and passage of the bill in
concordance with the Senate.

SPEAKER SHARKEY:

The Question is on acceptance of the Joint

Committee's favorable report and passage of the bill in concurrence with the Senate.

Will you remark, madam?

REP. URBAN (43rd):

Yes, Mr. Speaker.

This bill seeks to enhance the state's efforts to prevent tobacco use among minors by very briefly banning the sale of electronic nicotine delivery systems and other related devices to minors, reducing the tobacco retailers' violation rate, cracking down on the sale of loose cigarettes, and investing in tobacco prevention and cessation efforts.

Mr. Speaker, the Clerk has in his possession an amendment, LCO 3669, previously designated Senate "A". I ask that he call it and I be allowed to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 3669, which had been previously designated Senate Amendment "A".

THE CLERK:

Senate Amendment "A", LCO 3669, as introduced by Senator Bartolomeo and Representative Urban.

SPEAKER SHARKEY:

The gentlewoman seeks leave of the Chamber to summarize.

Is there objection?

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Seeing none, you may proceed with
summarization, madam.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

This was -- Mr. Speaker, this amendment is
technical and clarifying in nature. I move
adoption.

SPEAKER SHARKEY:

The question is on adoption of Senate
Amendment "A".

Would you care to remark?

Representative Betts on Senate "A".

REP. BETTS (78th):

Yes, Mr. Speaker.

I support the amendment. It is technical, as
the chair says.

SPEAKER SHARKEY:

Thank you, sir.

Do you care to remark further on Senate
Amendment "A"?

If not, let me try your minds.

All those in favor of Senate "A", please
signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay.

The ayes have it. The amendment is adopted.

Do you care to remark further on the bill as amended?

Representative Betts.

REP. BETTS (78th):

Thank you very much, Mr. Speaker.

I'll be supporting this bill. But I'm hoping that next year we will come back and do something more with it because the one missing element in this is providing education to the kids we don't want to use this. So hopefully, next year we'll be able to address that. But as it's written, I will support it.

Thank you.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll.

Will members please return to the Chamber immediately.

SPEAKER SHARKEY:

Have all the members voted?

Members please stay close to the Chamber. We will be calling these votes quickly.

Have all the members voted?

Will the members please check the board to make sure your vote is properly cast.

If all the members have voted, the machine will be locked and the Clerk will take a tally.

Clerk, please announce the tally.

THE CLERK:

Senate Bill 24, as amended by Senate "A" in concurrence with the Senate.

Total Number Voting	144
Necessary for Passage	73
Those Voting Yea	144
Those Voting Nay	0
Those Absent and Not Voting	7

SPEAKER SHARKEY:

The bill as amended passes in concurrence with the Senate.

Will the Clerk please call Calendar 164.

THE CLERK:

House Calendar 164, on Page 5, favorable report of the Joint Standing Committee on General Law, Substitute House Bill 4 -- 5476, AN ACT CONCERNING THE STUDY OF FEASIBILITY OF LEGALIZING INDUSTRIAL HEMP.

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THE CHAIR:

Thank you. Would you like to --

SENATOR CRISCO:

If there's no objection, Madam President, I ask it be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection, seeing no objection, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would call next from Calendar page 42, under Matters Returned from Committee, Calendar 129, Senate Bill 24.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 42, Calendar 129, Substitute for Senate Bill Number 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION; Favorable Report of the Committee on Kids.

THE CHAIR:

Good afternoon, Senator Bartolomeo.

SENATOR BARTOLOMEO:

Hi. Good afternoon, Madam President.

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Madam President, I move acceptance of the joint committee's Joint Favorable Report and I urge passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, ma'am?

SENATOR BARTOLOMEO:

Thank you, Madam President.

Madam President, this -- this bill does a variety of things, and first and foremost it -- it defines electronic nicotine delivery systems and vapor products, and it prohibits the sale and possession and purchase of these with minors or to and from minors.

It also does, it implements a new, on-line tobacco prevention program. It makes selling loose cigarettes a criminal violation, and it also lifts the moratorium on the activities of the Board of Trustees of the Tobacco and Health Trust Fund.

Madam President, I would ask if the Clerk might be able to please call Amendment LCO 3669, and that I be given leave to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3669, Senate "A," offered by Senator Bartolomeo.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Madam President, this is --

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THE CHAIR:

Will you move the adoption, ma'am.

SENATOR BARTOLOMEO:

Thank you.

I move the adoption of this amendment, please, Madam President.

THE CHAIR:

Motion is on adoption; please proceed.

SENATOR BARTOLOMEO:

Thank you.

This amendment just clarifies and differentiates out vapor products from the rest of the electronic-type products, and I ask for approval of this amendment, please. I urge passage.

THE CHAIR:

Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, a question, through you, please, to the proponent of the bill.

THE CHAIR:

Please proceed.

SENATOR BOUCHER:

When we're talking about an e-tobacco product, are we talking about any type of product used in this form,

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including marijuana or is it just tobacco products that we are prohibiting at this point?

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, actually, the bill says e-cigarettes, e-cigars, e-cigarillos, e-pipes, and e-hookah. I am not aware of an e-marijuana product.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

I understand that -- that, in fact, there are vaped products using this particular drug as well and feel that this is certainly something that should have been included in a bill such as this, if we're really concerned about young people and their health. This should be a bill that includes all substance of this type that could be inhaled and/or smoked as a product here in the state of Connecticut.

And through you, Madam President, is this something that the proponents of the bill would entertain regarding this bill?

THE CHAIR:

This -- this is on the amendment, ma'am.

SENATOR BOUCHER:

Okay. So through you, Madam President, would this amendment be a good place for this inclusion of this other concern as well?

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Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

Through you, Madam President, this amendment actually says "or any other vapor product." I currently am not aware of the product that the good Senator is speaking about, but once amended, we will be looking to send this on to Appropriations, and so if that's something that is -- is relevant, we can certainly address it in the future.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

That's -- that's a very good answer to that question; in fact, any other vapor products, certainly this would be included in that as there are vapor products associated with that particular drug, and it would be a good place for that discussion to occur.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark on Senate "A?" Will you remark on Senate "A?"

Seeing no --

A VOICE:

Madam --

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THE CHAIR:

No. At this time, all in favor of Senate "A," please say Aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? Senate "A" passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, would move that the bill as amended be referred at this time to the Appropriations Committee and that it be immediately transferred to that committee.

THE CHAIR:

Seeing no objection, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Madam President.

Madam President, if the Clerk would then call Calendar page 46, Calendar 222, Senator Bill 75.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 46, Calendar 222, Substitute for Senator Bill Number 75, AN ACT INCREASING THE CAP ON THE NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT -- CREDIT

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Thank you.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, if the Clerk would call next the item from the Children's Committee marked earlier, and that was Calendar page 26 under Matters Returned, Calendar 129, Senate Bill Number 24.

THE CHAIR:

Mr. Clerk

THE CLERK:

On page 26, Calendar 129, Substitute for Senate Bill Number 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION as amended by Senate "A," favorable report of the Select Committee on Children.

THE CHAIR:

Senator Bartolomeo, good afternoon, ma'am.

SENATOR BARTOLOMEO:

Good afternoon, Madam President. Madam President, I move acceptance of the Joint Committee's joint favorable report, and I urge passage of the bill.

THE CHAIR:

The motion is on acceptance and passage.

Will you remark?

SENATOR BARTOLOMEO:

Yes. Thank you, Madam President.

Madam President, this bill addresses something that has been becoming an increasing problem in our society, and that is something called "electronic nicotine delivery systems and vapor products." And so Section 1 of this bill addresses those particular products and applies to them the similar criminal penalties to the sale and delivery products to minors. There is also another section of this bill which addresses actual tobacco legislation, and it has a new online tobacco prevention program, which is

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administered by DMHAS, so violators who do sell tobacco products to minors would be subject to the legislation in that section.

We also have now an application for criminal statutes to address the sale of loose or individual cigarettes, and we also have some additional legislation for tobacco cessation and the Tobacco and Health Trust Fund.

So, with that, Madam President, I do urge passage of this bill, please.

THE CHAIR:

Will you remark?

Senator Linares.

SENATOR LINARES:

Thank you, Madam President.

I, too, rise in support of this bill. In fact, when I was approached with this bill in the Children's Committee, I was actually astounded that this law didn't already take place. To implement the same regulations on electronic cigarettes as cigarettes, I think makes a lot of sense. Nine out of ten smokers start smoking cigarettes before they're eighteen years old, and I think that this technology allows -- with current regulations allows younger people to exit -- access this at an earlier age. So I think by implementing the same rules and regulations on E-cigarettes as normal cigarettes, I think it's a good thing, and I think it will help our youth stay healthy.

Another issue with E-cigarettes, after investigating this new technology, is that the chemicals that are inside of these E-cigarettes are, essentially, nicotine in its liquid form, and it's very dangerous if it is exposed. If the E-cigarette is broken and it comes in contact with the skin, it's very dangerous, and it has some drastic side effects. There have been some cases where, when the E-cigarette has been broken, that it has caused people to vomit, to have seizures, and it actually can be fatal.

So I think by keeping this technology out of the hands of our youth is a good thing. And I think the rest of the measures of this bill is a great step forward, as well, so I applaud the work of the proponent of the bill and the

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Children's Committee on this, and I ask the Chamber for their support.

Thank you.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I rise for the purpose of an amendment.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President. I'll ask the -- I believe the Clerk is in possession of LCO 3365. I'd ask that he call the amendment and I'd be allowed to summarize it.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3365, Senate "B" offered by Senator Fasano.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I move adoption.

THE CHAIR:

Motion is on adoption.

Will you remark, sir?

SENATOR KANE:

Thank you, Madam President. I will.

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I believe in the underlying bill, and I appreciate Senator Bartolomeo and Senator Linares' work in the Children's Committee on this issue and will be in support of the bill. However, I do believe it is a bit questionable of this legislative body and what we do here in the Senate and, of course, in the House and on through the administration, when negotiate our budget and we continue to raid funds like the Tobacco Trust Fund. This fiscal year alone, we've raided it to the tune of \$6 million.

So, if we want to prevent kids from smoking and teach them and have education about the dangers of smoking and, naturally, the E-cigarettes as well, then we need to keep the money from the funding in there, in place so we can use that for the very purpose it was created. A lot of times people in my area talk about the license plates. Right? We've all seen them: "Protect the Sound" or the ones with the pets on them. And then what we do is we take that money and we put it into the general fund, and it never goes to the very item that it was created for.

This amendment, Madam President, adds just a sentence, which says, "No transfer from the trust fund to the General Fund shall be made unless approved by a vote of at least two-thirds of each house of the General Assembly prior to such transfer." So, in my mind, that makes sense that, if you want to put money aside for the Tobacco Trust Fund, you want to create educational programs to keep kids away from cigarettes, whether they be E-cigarettes or the traditional kind, keep the money in there. Let's not steal it. Let's not rob it to use it in other places.

Madam President, I think this is a good amendment. I think this one that everyone should support. Let's have a voice. Right? The two-thirds of the Legislature should vote whether we rob these type of funds or not. And, when it's taken, I would like a roll call vote.

Thank you, Madam President.

THE CHAIR:

A roll call vote will be had.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. Through you, if I might, I do appreciate the sentiment behind this. I do understand the

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challenges with sweeping of accounts. I do feel, though, that this amendment is not warranted, and I would urge against this amendment. The fund and the recommendations by the board for this particular fund have two places that they need to go to before the recommendations are in effect, and those are to the Public Health Committee as well as the Appropriations Committee, so therefore, the Appropriations Committee would be aware of the intended usage for this fund. And I think that I have confidence in the preservation of that, so I urge against this amendment. And I, too, would like the roll call vote.

THE CHAIR:

Roll call vote will be had.

Will you remark? Will you remark? If not, Mr. Clerk, will you please call for a roll call vote, and the machine will be open.

THE CLERK:

Immediate roll call on Senate "B" ordered in the Senate.
Immediate roll call on Senate "B" in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

On Senate Amendment Schedule "B":

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	13
Those voting Nay	22
Those absent and not voting	1

THE CHAIR:

Senate "B" fails.

Will you remark further?

Senator Kane.

SENATOR KANE:

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Thank you, Madam President. I rise again for the purpose of an amendment.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

I believe the Clerk is in possession of LCO 3 --

THE CHAIR:

Ladies and gentlemen -- excuse me, Senator. Ladies and gentlemen of the Chamber, can we keep our voices down and take our -- or take our discussions out of the Chamber. Thank you.

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I believe the Clerk is in possession of LCO 3349. I'd ask that the Clerk call the amendment and I'd be allowed to summarize it.

THE CHAIR:

Mr. Clerk

THE CLERK:

LCO Number 3349, Senate Amendment Schedule "C" offered by Senator Fasano.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I move adoption.

THE CHAIR:

Move for adoption.

SENATOR KANE:

Thank you, Madam --

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THE CHAIR:

(Inaudible), sir.

SENATOR KANE:

Thank you, Madam President.

I'm going to call this one the Jerry Maguire amendment. Do you remember that movie, Madam President, when he said, "Show me the money"?

THE CHAIR:

I remember the line, not the movie, sir.

SENATOR KANE:

That's all right. I was just having a little fun.

So this amendment, Madam President, simply adds another sentence, if you will, which says that "Except in the fiscal year ending June 30, 2014, and June 30, 2015, said disbursement shall in the amount of equal to \$6 million." So what this does, Madam President, is put back the money -- "Show me the money" -- for the Tobacco Trust Fund where it's supposed to belong. So, if we're passionate about smoking cessation, if we're passionate about education, then let's put the money where it belongs in the tobacco cessation fund.

So rather than remove it to the tune of \$6 million in those fiscal years, this money gets returned based on this amendment. I appreciate the support of the Circle and would ask for a roll call vote.

THE CHAIR:

Roll call vote will be had.

Will you remark further?

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. I would have to say no to "Show me the money" Jerry Maguire because the fiscal note on this is about nine and a half million dollars in FY '14 6 million in FY '15. I appreciate the sentiment, once

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again, but I would urge rejection of this amendment. Thank you.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

Senator Kane.

SENATOR KANE:

Thank you, Madam President. And I guess that's the point of the amendment really, all kidding aside. Yes, there's a fiscal note because this money belongs in the proper fund. It does not belong in the General Fund. It is a specialized fund for tobacco cessation. It is the Tobacco Trust Fund, and we should be trusting that we keep the money in that fund as opposed to pulling it each time for the General Fund to spending it on other obligations, other programs or equalized new spending.

So for that reason, again, that's the whole point of the exercise is that this money comes from the Tobacco Trust Fund and should be used for its original purpose. Thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President. Just, if I may, a quick question to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR WITKOS:

Thank you. Through you, Madam President, to the good Senator from the 32nd District, am I to understand correctly that the amendment doesn't cost anything; it's just making sure that the monies that were taken out of the tobacco settlement fund remain in the tobacco settlement

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fund for the purposes of why they were there in the first place? Is that correct, through you, Madam President?

THE CHAIR:

Senator Kane.

SENATOR KANE:

Madam President, thank you, and I thank Senator Witkos for that question. That's exactly right. The money from the Tobacco Trust Fund was gotten, if you would, from tobacco companies in a settlement to be used for tobacco cessation programs and to decrease the use of tobacco as well as educate people on the dangers of tobacco. The very definition of this bill is to recommendations regarding electronic nicotine delivery systems and youth smoking prevention. That's the title of the bill, so that is an excellent question. It is not about taking money from the General Fund. It's about putting money back into a fund that is used for the very title of this own bill. Thank you for the question.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you. And one last question through you, Madam President. Was this fund established through some sort of judicial process, through you, Madam President?

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Yes: It was a settlement with the tobacco companies made, and I don't remember the year, but certainly a number of years ago where our U.S. Senator Blumenthal was Attorney General at the time, and I believe he was very much involved in the workings of this and the negotiation of this. So, yes, it was -- came out of a lawsuit with the tobacco companies. Yes, that's true. Thank you.

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Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President. I want to thank the good Senator for his answer. And I also rise in strong support of the amendment.

Ladies and gentlemen, we were part of, I believe it was a collaborative number of states that sued the tobacco companies many years ago because of the fact that there's inherent danger in smoking. And we won -- "we," part of the collaborative agreement through the suit received X amount of dollars to be used specifically in the state of Connecticut for early education on the dangers of smoking. And everyone around this Circle always talks about how important early childhood education is because the earlier we can get to these kids, no matter what the topic is, the better off we are.

I've instilled in my children, and knock on wood, I don't believe that they smoke, but I have a sixteen-year-old and a seventeen-year-old, and they don't. My wife and I don't, so they're not exposed to it. So we worked so hard because it's such an addicting habit to break, you know, and the kids today are, whether they're watching sports -- and we've prohibited the types of advertisement from magazines to glamorize smoking, and we see that now on -- during the most recent -- I don't know if it was the Tonys or the Oscars -- audience members, they were focusing in on smoking the E-cigarettes. And I think we're doing the right thing by saying we're going ban the E-cigarettes for children under age of eighteen because they're so impressionable at that age.

But we can't keep going back to the well for funds that we don't have. But we have the funds now, but we should just be using them for the purposes that they're there for, so I stand in strong support of the amendment and urge the Chamber to do so as well.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Bartolomeo for the second time.

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SENATOR BARTOLOMEO:

Thank you, Madam President. I appreciate the opportunity.

I do need to say in response to what I have heard that I certainly emphasize with the sentiment behind the amendment. The master settlement agreement was actually established in either 1998 or 1999, and it has \$12 million a year going into the tobacco settlement fund, which then, in turn, channels funding into the Tobacco and Health Trust Fund. And the board of that was established in 2000. It is absolutely true that we have not, until now, been funding appropriately for our tobacco cessation in this state.

It was, actually, recently studied that we were only funding at a level of 6.8 percent of what we actually should be funding, and that was a report by the CDC. That's exactly the reason for this particular legislation. We will now be--- by passing this, we will be allowing that board for the Tobacco and Health Trust Fund to allocate additional funding every year than they have been doing in the past. We will now allow them to allocate up to \$12 million per year, and that has not been the case. We will also remove a moratorium in the year FY '16 that had previously been put on so that we can.

The problem with the amendment is that we have good intentions moving forward of funding and funding at a greater level than we have for the very reasons that the good Senators have stated, but with this particular amendment, we would now be incurring a hole in the current budget and a deficit in the current budget. So I would, again, have to strongly urge rejection, not that I don't empathize, understand, and agree with the sentiment, but practically, right now, it would put us in a worse place, and this legislation does move us forward in a better way.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark? If not, Mr. Clerk, will you call for a roll call vote, and the machine will be open.

THE CLERK:

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Immediate roll call has been ordered in the Senate on
Senate "C." Immediate roll call ordered in the Senate.

THE CHAIR:

If all members have voted; all members have voted the machine will be closed, and Mr. Clerk, will you call the tally, please.

THE CLERK:

On Senate Amendment Schedule "C":

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	13
Those voting Nay	22
Absent and not voting	1

THE CHAIR:

The amendment fails.

Will you remark further? Will you remark further? If not, Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President. If there is no objection, I would ask that this might be put on the Consent Calendar, please.

THE CHAIR:

Seeing no objections, so ordered, ma'am.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, if the Clerk would read the items on the Consent Calendar at this time and then call for a vote on that first Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 6, Calendar 193, Senate Bill Number 3; on page 25, Calendar 119, Senate Bill Number 232; page 26, Calendar

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129, Senate Bill 24; and on page 29, Calendar 224, Senate Bill 485.

THE CHAIR:

Mr. Clerk, will you please call for a roll call vote on the first Consent Calendar, and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Immediate roll call on today's first Consent Calendar has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

On today's first Consent Calendar:

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting nay	0
Those absent and not voting	1

THE CHAIR:

Thank you. Consent Calendar has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, we have some more items, again, to mark as go, and I believe there are also a couple of committee announcements. The next two matters to be marked "go" would be Calendar page 27, Calendar 167; Calendar page 28, Calendar 189, both from the Transportation Committee. And then returning from that to the three matters marked from the Human Services Committee: Calendars 203 on page 7, 266 on page 8, and 267 also on page 8.

And, also, Madam President, would yield to Senator Meyer, at this point, for an announcement of a committee meeting, and then there may be other announcements as well.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**CHILDREN
PART 1
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**2014
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February 27, 2014
12:00 P.M.

CHAIRMEN: Senator Bartolomeo
Representative Urban

MEMBERS PRESENT:

SENATORS: Duff, Linares

REPRESENTATIVES: Betts, Candelaria, Fawcett,
Hewett, Hoydick, Rose,
Vargas, Wood

REP. URBAN: (Inaudible) has a questions on some statistics of data that you present to us, and we would like further information on it, we will simply ask a question for the record and then if that, you don't have that information to back up the data here at this particular point in time, then we will follow up with you and get that data.

We will start with our public officials and we are very happy to have today with us the Commissioner of Public Health, Commissioner Mullen.

Welcome, Commissioner.

COMMISSIONER MULLEN: Good afternoon Senator Bartolomeo, Representative Urban, and distinguished members of the Committee on Children. I'm Commissioner Jewel Mullen of the Department of Public Health and I am here today to testify in strong support of Governor's Bill Number 24, and that's concerning the GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION.

By prohibiting the sale of electronic nicotine delivery systems to minors, this bill will reduce the number of youth becoming addicted to nicotine and remove a potential entry point for youth to

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transition to using and becoming addicted to more conventional tobacco products.

The sale of electronic nicotine delivery systems, commonly known as e-cigarettes, is a burgeoning industry that has almost tripled over the last year, increasing from an estimated \$500 million in 2012 to \$1.7 billion in 2013.

These devices, unlike cigarettes and other conventional tobacco products, are not subject to federal laws regulated marketing to youth. As a result, advertising techniques for these products, using kid-friendly bubblegum, or chocolate flavoring, television ads and celebrity endorsements, and cartoon characters, can target youth in a way that cigarettes have not been able to utilize since the 1960's.

The safety of these devices, which uses electronic means, or a chemical reaction, to heat and vaporize the liquid nicotine solution, creating a vapor smoke that is breathed in by the user, has not yet been confirmed. However, studies from FDA, Food and Drug Administration, 2009 laboratory analysis of two leading e-cigarette brands found: one, that the products contain detectible levels of known carcinogens and toxic chemicals; two, quality control processes used to manufacture the products were inconsistent or nonexistent; three, cartridges that were labeled "containing no nicotine" did actually contain low levels of nicotine; and four, markedly different amounts of nicotine were emitted from cartridges claiming to have the same levels of nicotine. This analysis, while preliminary, raises significant concerns.

According to the Centers for Disease Control and Prevention, use of e-cigarettes by youth have more than doubled between 2011 and 2012. In Connecticut, new data from the Youth Tobacco Survey indicates that 13.4 percent of high school

students have tried electronic cigarettes, which is a percent higher than the national average. In addition to being exposed to addictive nicotine, the increased consumption of these devices by youth have the potential to lead to experimentation with other tobacco products. Research shows us that the earlier someone starts using tobacco, the more addicted they will become, and the harder it will be to quit. Ninety percent of all smokers begin smoking by age 18 and if someone has not started smoking by age 21, it's less likely that they will. For these reasons, we support the Governor's proposal to prohibit minors from purchasing e-cigarettes, and other related devices, mirroring the same laws we currently have for cigarettes and other tobacco products.

The bill also seeks to prevent youth access to tobacco products through the implementation of a Tobacco Prevention Education program for first time offenders who sell tobacco products to minors. This program, administered by the Department of Mental Health and Addiction Services, aims to reduce repeat violations as well as the overall retailer violation rate through an innovative online training simulation. In order to further combat repeat violations, the bill increases the time period in which a higher penalty can be assessed for subsequent offenses from 18 to 24 months after a first violation.

In addition, the bill increases the capacity for local law enforcement to take action on sellers of "loose" cigarettes, by making it a criminal violation, punishable by a fine. This provision will help reduce the availability of cheaper and more acceptable tobacco products by minors.

Finally, the bill increases the maximum amount of funding available for tobacco prevention and cessation efforts by allowing the Board of

Tobacco and Health Trust Fund to recommend the entire unobligated balance remaining in the Fund, subject to a \$12 million cap.

I respectfully request that the Committee take favorable action on this bill. Thank you for your consideration of the Department's views.

SENATOR BARTOLOMEO: Commissioner, thank you, and I know you -- did you want to testify on another bill as well?

COMMISSIONER MULLEN: I have one other bill.

SENATOR BARTOLOMEO: Before you do that, I just need to make an announcement that in our rush to get this started in a somewhat timely fashion, we skipped over -- there is one bill with is Senate Bill 204: AN ACT CONCERNING CAMPER'S EDUCATION, which we have substitute language available. At the time that we raised this bill, we had some -- some language that was omitted and we have since fixed that. So, there are copies -- our clerk will pass out copies to the Committee and make copies available to anyone in the audience who would like to be testifying on Senate Bill 204: AN ACT CONCERNING CAMPER'S EDUCATION with the substitute language. I will just help you to find the differences by noting that it is only in the section related to Lyme Disease. There's three types of sections in this bill. So, if you're looking for that current language it will be available. Sorry for the interruption.

COMMISSIONER MULLEN: Would you like me to do the other testimony and then -- okay.

This is for House Bill 5113: AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

The Department of Public Health appreciates the opportunity to provide input on House Bill 5113, and to be included as a partner agency addressing

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SENATOR LINARES: Thank you Commissioner for your testimony here today and for being here today.

I just have a few questions, but one specifically in regards to the tobacco vapor bill that you're supporting. SB24

I just wanted to know if you had any evidence that is specific towards if children are using this new technology as a first time experience for - in contact with nicotine, is -- because I, you had mentioned that this -- it's becoming a method for them to experiment with tobacco. I just want to know if you have any information specific to first-time users. Are they tending to use this new technology or are first time users smoking cigarettes or cigars?

COMMISSIONER MULLEN: I don't have that specific differentiation. We can look for it. I'm not sure whether or not we have it. I can ask the director of our Tobacco Control Program. Looking at data that the CDC presents that showed the doubling of use between 2011 and 2012 give us some idea. You know, we have some -- from our Youth Tobacco Survey we also have a sense of the age at which some teens begin smoking but I don't know whether or not the breakdown of which did you start smoking first exists, but I can ask Barb --

SENATOR LINARES: I just think it would certainly help. Thank you. And regarding the concussion legislation, let's say currently if a student athlete has a concussion, what steps do they have to take now? My understanding is that they have to take a test prior to the concussion and then after they have received a concussion they have to take another test and they're not allowed to practice or compete until their tests match the original test. If you can kind of elaborate on that and then also what are the drastic changes are the changes in this law? HB5113

SENATOR BARTOLOMEO: We next have Commissioner Patricia Rehmer from DMHAS, and then we'll see how much time we have to continue on this list. After her it would be Senator Cathy Osten and then we may go back and forth between lists.

COMMISSIONER REHMER: Good afternoon Senator Bartolomeo, Representative Urban and members of the Children's Committee. I'm Commissioner Pat Rehmer from the Department of Mental Health and Addiction Services and I'm here to speak in favor of Senate Bill 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION. I will try not to repeat everything Commissioner Mullen said because we have many of the same facts.

The proposal before you is part of the Governor's legislative package and the Department worked very closely with the Office of Policy and Management on this legislation.

Youth access laws are considered an important element of long-term well-funded and comprehensive strategy to reduce cigarette youth among youth. In Connecticut, along with 49 states and the District of Columbia, have met our overall goal of reducing illegal tobacco sales to minors as set forth in the federal Synar Amendment.

Electronic cigarettes represent a new phase of the nicotine epidemic and a new route to nicotine addiction for minors. As Commissioner Mullen said, studies from the Center for Disease Control and the University of California, San Francisco, report a doubling of e-cigarette use among middle and high school student in 2011 and 2012 and that youth using these cigarettes were more likely to be trying to quit, but also were less likely to have stopped smoking and were smoking more, not less. We also know anecdotally, again, as

Commissioner Mullen spoke about, the teens are attracted to e-cigarettes because of the cool flavors that they come in. They are also less costly and there is an ease of use that is attributed. Use of e-cigarettes is also associated with heavier use of conventional cigarettes and may increase harm by creating a new pathway for youth to become addicted to nicotine.

If passed, this law would add electronic cigarettes to the list of products that would result in a fine if sold, given or delivered to persons under the age of 18. Connecticut will join 27 other states that have already prohibited the sale of electronic cigarettes or vaping alternative tobacco products to minors.

I would also like to ask you to support the requirement of the completion of an online tobacco prevention education program for those who sell, give or deliver tobacco products to minors for the first time. Educating the merchants on the issues, legal responsibilities and liabilities is an important strategy to obtain compliance with our tobacco laws. The online training will be administered by DHMAS and is intended to help tobacco retailers, clerks and store owners learn more about state and federal tobacco laws and the associated legal requirements. And I've seen this tool, it's an interactive tool that merchants can really learn how to speak the language that they need to do and set the limits when somebody comes in to purchase products that may be under 18. We are also proposing to lengthen the timeframe in which a higher penalty can be assessed for repeat violations, from 18 to 24 months. This increased timeframe will allow for the completion of all return inspections within the higher penalty period and bring the state more in line with the FDA's structure.

In addition, and I think very importantly, the bill before you allows for the fining of individuals for the sale of loose cigarettes to anyone, giving law enforcement the power to act where these violations are witnessed. We are seeing increasing sales of loose cigarettes and that is occurring both because the cigarettes are slightly cheaper and easier to purchase and they may increase smoking initiation in young people and certainly continue addiction for older individuals and really most specifically many of those individuals are individuals that we serve who have mental health diagnoses or substance abuse diagnoses.

Finally, I'm supportive of the proposed changes to the operation of the Board of Trustees of the Tobacco and Health Trust Fund. Specifically, the bill restores operation of the Board during fiscal year 2016 and raises the maximum amount the board may recommend to be disbursed from the fund when reporting each year to the Joint Standing Committees on Appropriations and Public Health. Increasing this amount to equal the unobligated balance in the Fund, subject to a \$12 million cap, will allow for enhanced programming intended to combat tobacco use.

I respectfully request that the committee take favorable action on this bill and would be happy to answer any questions that you have and I thank you for your attention.

SENATOR BARTOLOMEO: Thank you Commissioner. We, as co-chairs, Diane and I are thrilled to see this bill before us. It's actually something that we were working on and then the Governor ended up submitting this and we're just really pleased that that initiative is coming from the Executive Office from the Governor's Office.

Are there any questions from committee? Senator Linares.

SENATOR LINARES: Thank you for coming in and submitting your testimony today. You mentioned that youth were using electronic cigarettes as a method to quit and I guess that implies that they were at the starting point, smoking real cigarettes. What are other methods for our youth to consider, aside from electronic cigarettes, for quitting? Is there a system --what are some systems that are offered to them?

COMMISSIONER REHMER: We actually do a lot on smoking cessation with our population so I do know some about the products.

So there's the Nicorette gum, the patches, we do a lot of smoking cessation groups and I think that those groups could be implemented in the schools if they're not being done. There's a variety of well documented research-based, evidence-based practices around smoking cessation. One of the issues that I think, though, that I think people need to be aware of is that use of nicotine products, which Nicorette gum, e-cigarettes if they do contain nicotine, which we believe that they do, actually in some ways may decrease an individual's ability to quit which is why it appears that youth may be using e-cigarettes in an attempt to quit and then not quit and go back to smoking cigarettes. And that has to do with the brain chemistry and sort of the use of nicotine and what does, no matter what the form, as an addictive process. And so, while we still think those mechanisms are necessary and very helpful for people, it is important to understand that they're still putting nicotine into an individual's body and that that nicotine, that intermittent even nicotine product may have some negative effects on an individual's ability to quit at the same time it can impact positively. So, it's a balance but I do think when I look at youth using these as a way to quit, I think the misinformation about whether

there is tobacco in them and the lack of understanding about the impact again on the brain chemistry is important for us to get out there.

SENATOR LINARES: So, what are the big differences between supporting using a nicotine patch rather than this electronic cigarette technology.

COMMISSIONER REHMER: Well, I think that there's a couple things. So, getting the nicotine out of your body is one thing that has to happen, right? So we know that takes a period of days, maybe three to five days. Then there's another aspect to smoking, that older smokers can certainly speak to, which is habit, just, you know, you get up in the morning, you pour your cup of coffee and you have a cigarette. Well, the same thing happens to youth and so, an e-cigarette, if you think about it, is much more like a cigarette than a piece of gum. So, you know, if you have a habit of talking on the phone, if you're a youth, while you're smoking and you use an e-cigarette, it's much more similar, in my opinion, to smoking a real cigarette than chewing a piece of Nicorette gum. So, you're continuing, not necessarily the physical addiction, but you're continuing the psychological addiction, I think, in a much stronger way when you're using an e-cigarette. That's my opinion just so people know.

SENATOR LINARES: Thank you very much. I appreciate it.

SENATOR BARTOLOMEO: Anyone else? Thank you, Commissioner; we appreciate your testimony today.

Next, we have Senator Cathy Osten. After Senator Osten we are going to rotate back and forth between the list for the public. We do have one exception. We will need to move someone to the front of the list. It will be Caye Helsley with --because she has an emergency at home that she

we're going to look at videos every once in a while and, you know, maybe get some more mentoring on the officials.

REP. URBAN: Thank you so much for your -- all your work.

DIANA COYNE: Thank you for everything --

REP. URBAN: You've been amazing. Thank you.

Next up is Sherri Hopkins, followed by Brian Fell, followed by Lorenza Marshall. Sherri? So we have lost Sherri.

Is Brian here?

Lorenzo? Welcome.

LORENZO MARSHALL: First -- first off I would like to commend you all on your perseverance today, Senator Bartolomeo, Representative Urban, and members of the Children's Committee. For the record, my name is Lorenzo Marshall, I am a staff member of the Middlesex County Substance Abuse Action Council or MCSAAC, M - C - S - A - A - C. I come before you today on behalf of the 11 public school superintendents of Middlesex County. The superintendents are very concerned about the thousands of youth in our county who presently have easy, legal access to nicotine through electronic cigarettes. As I brought one today here for those that aren't familiar with the product.

All 11 superintendents have affixed their names to this testimony. We are strongly in favor of Senate Bill 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE

SYSTEMS AND YOUTH SMOKING PREVENTION. At present there are no federal or Connecticut restrictions preventing youth from obtaining e-cigarettes. And e-cigarettes are available in fruit and candy flavors including fruit punch, bubble gum, and chocolate that appeal to adolescents and have been banned from regular cigarettes. E-cigarette cartridges typically contain a strong dose of nicotine, an aerosol component and flavors such as fruit, mint, or chocolate.

While lobbyists for the e-cigarette industry claim that vaping is a good way to quit tobacco smoking, virtually all of their advertisements prove otherwise. The ads portray glamorous young women vaping to avoid bad breath and smelly hair, while virile looking young men are encouraged to take back your freedom and use e-cigarettes anywhere and everywhere.

According to the latest published survey published by the Centers for Disease Control and Prevention, among all students in grades 6 through 12, kids trying and/or actively using e-cigarettes more than doubled between 2011 and 2012. In the same survey, one in five middle school students who had never touched a real cigarette reported that they had tried an electronic version. More and more stores in Connecticut are carrying e-cigarettes and related paraphernalia. One retailer has a large storefront on Main Street in Middletown, for example. Combined with marketing on the internet, television, print media, and billboards, the pressure and opportunity to use e-cigarettes will become enormous.

REP. URBAN: Mr. Marshall, if you could just summarize.

LORENZO MARSHALL: In summary, the school superintendents of Middlesex County, Connecticut, urge you to pass Senate Bill 24 and prohibit the sale of electronic cigarettes to minors in our region. And we do have the support of all the superintendents within that region signed off on the testimony that you have before you.

REP. URBAN: We see that and I think both of us jotted this down on the bill. And as my co-chair already said, this is a bill we were interested in doing from the get-go, so we're thrilled that the Governor came forward with it. And I think one of the things that people are not really aware of is that these electronic cigarettes have nicotine and that's being marketed and sold to our young people.

So are there any questions?

SENATOR BARTOLOMEO: Yeah, I just wanted to kind of make a statement. So I spent time watching a -- CTN had a public forum here in the Capitol and was televised on CTN and it was really enlightening and eye opening and really disturbing. And so some of what you talked about as far as the flavors and there are many other chemicals in here as well, but probably the most unsettling thing I saw was an advertisement with Santa Claus promoting these. So they are absolutely marketed to children and I appreciate your coming forward today and testifying on this bill.

LORENZO MARSHALL: Well, that is right along the lines of where are thoughts are also. And we don't want to make this a situation where this is more and more appealing to our young adults which will

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lead to lifetime customers of these products and, God forbid, tobacco products that will follow.

REP. URBAN: Thank you for your testimony.

LORENZO MARSHALL: Thank you for your time.

REP. URBAN: I had called Brian Fell or Sherri Hopkins if they happened to come into the room. No?

Ingrid Gillespie. I guess it is only the brave and hardy that are still here. Come Ingrid. Welcome.

INGRID GILLESPIE: Thank you. I'm going to not repeat everything that my colleague said, but I wanted to reiterate to Senator Bartolomeo, Representative Urban, and members of the Children's Committee. My name is Ingrid Gillespie and I'm President of the Connecticut Prevention Network which is all of the regional action councils. So we just want to be able to reiterate our support for Senate Bill 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE SYSTEMS AND YOUTH SMOKING PREVENTION.

And I'm not going to go through testimony, a lot of it has been said. But I think the biggest -- one of our biggest concerns is, as you indicated, is that there's nicotine in these electronic cigarettes. And we do have -- I know that there's been a lot of debate on whether or not e-cigarettes are harmful or not, are they a tobacco product, is it for smoking cessation? But we do have a lot of research supporting the impact of nicotine on adolescents particularly because their brains are still developing. Ninety percent of addictions start in the teenage years.

So you combine that with the prevalence rates that we have around e-cigarettes, the fact that it's doubled in the last year and the fact that one in five teens who have never tried smoking are trying e-cigarettes. You combine that with their vulnerability around addiction in combination with the marketing that we talk about, the flavored cigarettes, you'll definitely have an increase access for young people to start. And we know that tobacco addiction is the number one issue that we can stop from a health care perspective.

So I think in -- in combination when we look at that and the stores that are promoting it and those types of things, all of us as regional action councils which we cover 169 towns in Connecticut, have concern over this issue and are pleased to see this bill and support this bill that will restrict the sale of e-cigarettes to minors.

REP. URBAN: Thank you for your testimony.

Do we have any questions?

SENATOR BARTOLOMEO: Thank you. I am still looking for your testimony. I'll find it, but do you quote the source for the 90 percent of all addictions begin --

INGRID GILLESPIE: Yes, I had a source for that. I can get that to you because I used it in a previous -- it's from the CDC or relevant source like that. I will send that.

SENATOR BARTOLOMEO: That would be great. So, Liz, question for the record. If you wouldn't mind

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getting that to Liz, that would be great so that we don't -- we try not to quote statistics when we're on the floor lobbying an issue or a bill unless we have a source for them. Thank you very much.

INGRID GILLESPIE: Thank you.

REP. URBAN: Thank you for your testimony.

And next is John Cattelan. Welcome, John.

JOHN CATTELAN: Senator Bartolomeo, Representative Urban, and I guess there's no members left. Thank you for the opportunity to testify today. My name is John Cattelan, I'm here today on behalf of the Connecticut Alliance of YMCAs. The Alliance represents 22 YMCAs across the State of Connecticut. I'm here today to address three bills.

SB204

The Alliance strongly supports Senate Bill 48, AN ACT CONCERNING NUTRITION STANDARDS FOR CHILD CARE SETTINGS. The Connecticut Alliance of YMCAs is keenly aware of the staggering rates of childhood obesity rates in Connecticut. We understand the need to develop more comprehensive anti-obesity strategies that go beyond simply imposing a ban on certain beverages. This is a start in the right direction.

The Alliance has concerns regarding House Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. We do not object to the distribution of educational materials to volunteer coaches, referees, and parents as long as they are easily accessible. We also support the removal of youth athletes from a practice or game if they receive significant contact to the

state to become -- to adopt concussion education was Mississippi. And everybody knew Mississippi hadn't done it from a national level. And it turns out Mississippi was doing it all at the interscholastic level, but they hadn't made it state law. Now that Mississippi has made is state law, now we have 50 states. So we have to from a -- from a perspective join other states in the nation and bring up that level.

REP. URBAN: Thank you. And thank you for that observation. We appreciate it.

Charlie Wund.

Andrew -- we have someone? We have Charlie. Did somebody say that he's here?

We'll go to the next one.

Andrew? Is Andrew here?

ANDREW KLOC: Yes.

REP. URBAN: Let's do Andrew and then Charlie can be next.

ANDREW KLOC: Chairpersons Bartolomeo, Urban, and distinguished members of the Committee on Children. For the record, my name is Andrew Klok, I live in Naugatuck, and I'm the owner of the Vapor Edge, electronic cigarette store in Connecticut. Vapor Edge is a vaper shop with two locations in Naugatuck and Bristol, Connecticut. During the time I've owned the business my staff and I have witnessed the benefits of tobacco harm reduction among many Connecticut residents. Many adults who have been long-time tobacco users now have the ability to choose an improved lifestyle

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through the use of electronic cigarettes which are smoke free, tobacco free, and oftentimes nicotine free.

Since our opening we have seen and heard our customers return to tell us about the positive effect that electronic cigarettes have had on their lives. Unfortunately as in the case with many things adults do, there are minors in the community who consider the use of electronic cigarettes as a means to gain esteem among their peer group or to emulate the behavior of adults who use electronic cigarettes. We at the Vapor Edge would like to continue to serve our adult community in their efforts of tobacco harm reduction and support the Committee in the measure to ban the purchase or use of electronic cigarettes by minors and encourage S.B. 24 to pass into law.

Incidentally, since the day we opened, we have made it our store policy to not sell any of our products to minors as have most other vapor shops that I'm aware of. We have children just like all of you do. In an effort to reflect better accuracy, I would like to suggest that wordings to sections of S.B. 24 be changed. In section 1 I would suggest the phrase electronic nicotine delivery system be changed to vapor products. The reason electronic nicotine delivery system is not optimal is because it will send a message to retailers that electronic cigarettes that do not contain nicotine can legally be sold to minors.

Additionally, in the sections of the bill detailing punishments for selling or providing minors with tobacco products and cigarettes, we suggest you include the phrase vapor products to clarify that our products are not tobacco

products under Connecticut law. While minor modifications to S.B. 24 are necessary, we applaud the Governor for putting forth a simple, commonsense bill that is truly about preventing youths from accessing electronic cigarettes. We urge the Committee to reject any amendments to this bill that would impact consumer choice by legal adults.

Taxing electronic cigarette products, defining them as tobacco products, or banning usage where smoking is banned, will both -- be both negative for the health of Connecticut smokers and for this fast-growing segment of Connecticut's small business community. Thank you for the opportunity to testify.

REP. URBAN: Thank you for your testimony. If you could just give us that definition change instead of electronic nicotine delivery system, what was it that you wanted?

ANDREW KLOC: Vapor products.

REP. URBAN: Vapor products.

Are there, go ahead.

SENATOR BARTOLOMEO: Does that cover everything, because with the electronic nicotine delivery system we've seen a variety of types of cigarettes, cigars, whatever? Does vapor products cover everything?

ANDREW KLOC: George, do you want to help me with that one?

SENATOR BARTOLOMEO: I want to thank you for proactively not selling to our children.

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ANDREW KLOC: Thank you. I think most other vapor shops are on board with that before this was even done.

SENATOR BARTOLOMEO: One second, we might have more. So what was in the second change that you recommended? We were trying to follow you, but we --

ANDREW KLOC: We've submitted this in writing as well.

SENATOR BARTOLOMEO: Okay.

ANDREW KLOC: I think we're talking about taxing electronic cigarette products, defining them as tobacco products, or banning usage where smoking is banned. No, I'm sorry.

SENATOR BARTOLOMEO: You just wanted us to use the word vapor, right?

ANDREW KLOC: Right vapor products. Yes, in the place of tobacco.

SENATOR BARTOLOMEO: Thank you very much.

ANDREW KLOC: Thank you.

REP. URBAN: Christopher Mikovits. Yeah. Come on up.

And Liz did Charlie come back yet? He's gone. Okay.

Christopher.

CHRISTOPHER MIKOVITS: Good evening, everybody, members of the Committee. My name is Christopher Mikovits, I am co-owner of a company that

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operates out of Stamford, Connecticut, by the name of Cherry Vape. We manufacture parts and accessories for the electronic cigarette industry and we ship -- we distribute them globally. I -- I am too for keeping these products out of the hands of minors. I was targeted as a kid by Joe Camel and Marlboro Miles, and we don't want that.

But again the wording in this we're a little concerned with because this is my personal vaporizer. When I started in 2009, there was 24 milligrams of nicotine, now I'm down to 6 or sometimes less. This is my wife's. There's no nicotine in here anymore. She hasn't used nicotine for over six months. Hopefully in a few months I'll be with her using no nicotine. She only uses this on rare occasions. I look forward to the point where I will no longer need a cigarette anymore and now I just use a non-nicotine device like this on just occasions.

As for calling it tobacco products, one of the things I see a lot these days is the health organizations calling people like me and companies like mine tobacco products and saying that I'm a tobacco company but using new tactics to get people addicted to nicotine. I'm a carpenter and this industry was started long before the tobacco industry got involved. They just got involved recently. This industry was built by the victims of tobacco. I started in 2009, it was only last year that the tobacco industry got involved. But changing the wording away from tobacco products to vapor products, I support this bill for minors. Thank you.

REP. URBAN: Thank you for your testimony.

Are there any questions?

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Seeing none, thank you.

April Sperling, yes. The writing here is sometimes difficult. Sorry, April.

APRIL SPERLING: Thank you for your time. Actually much of what I was going to say was already addressed by the previous gentleman. I am also a vapor store owner and have been for almost two years. During that time we also instituted a policy right away and have big signs on the door, if you're not 18, don't even bother coming in. At this point they don't even come into the store because they know. The reputation spreads. So we are very much in support of keeping these out of the hands of children. I'm very excited to see that because I would have really liked to have seen this before there were 30 stores in Connecticut, back when there was only one or two. Now are there quite a bit of them.

SB24

I would very much like to see the wording rephrased because this is a very viable alternative for adults. And the flavoring is not geared toward children. I personally use an apple pie a la mode and it is the only one that works for me. When people come in, part of the success of electronic cigarettes is the ability to choose a flavor that accommodates your personal taste buds much like choosing a body lotion or perfume or color. So it's very successful and has a lasting impact.

And there are, you know, most people pick a flavor and they stick with it, just like picking a brand of cigarettes back in the day. I mean I was a Camel smoker for 20 years and wasn't able to quit through any other methods. And just like

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the gentleman before me, I also started at 24 milligrams and in a year I'm down to 3. So hopefully I will also go nicotine free and live a nicotine free as well as a tobacco free life. So I appreciate your time, but again I am in support of this bill with the amendment to the term tobacco particularly in section 2.

REP. URBAN: I appreciate your -- your testimony. We also very much appreciate the fact that you like the apple pie (inaudible) we're not saying it's only for kids.

Any other questions?

Seeing none, thank you, April.

APRIL SPERLING: Thank you.

REP. URBAN: Laura Redding is next. Laura?

LAURA REDDING: Hi. Good evening. My name is Laura Redding. I wrote something up here, I'll just read it. I'm here to support Bill 24. I strongly believe that vaping products should be used by adults only. What my concern is with this bill is the categorizing the vapor products as tobacco products. It is not a tobacco product. By categorizing it as such, you are putting people who have given up analog cigarettes in harm's way of the very beast they're trying to escape. The areas for them to vape would be with smokers and expose them again to already proven deadly second-hand smoke.

People who are trying to find an alternative to analog smoking that works for them and should not have to be classified as tobacco users. I myself was never a cigarette smoker, but my daughter who

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is 25 was. And I had a sister-in-law come in from Florida in October. She smoked for 30 years, she had what this gentleman had that looked like a tank. I had no idea what it was. So I'm looking at it and I'm like what is that? She told us, we looked up a store online, we went to Branford, I was amazed by it. Told my daughter about it, she went there and she picked up a little starter kit, and she has not smoked since October when she went there.

So for me this product is unbelievable. I'm a nurse and the fact that my kid is no longer getting all the other chemicals from the smoke of analog cigarettes is amazing, you know. And yeah she still gets nicotine, she has cut it down, but people drink coffee as well and take in too much caffeine. It's just amazing that this is actually helping people and I don't think that it should be classified as tobacco because then they're going to be pushed wherever people are smoking cigarettes. And that's it.

REP. URBAN: Thank you for your testimony and we're certainly getting that message.

Kathleen?

Cheryl Richter? Okay. Lesley -- do we have Cheryl? Okay.

CHERYL RICHTER: My name is Cheryl Richter. I am a 20-year resident of Stamford. I am the co-owner of a company called Cherry Vape, that was my partner that spoke before me, the gentleman. I smoked for 30 years and I never had another cigarette after I used my first e-cig, and that was a miracle. That was four years ago. And I set out to tell every smoker I knew about e-

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cigarettes, and it became my passion. Really? Sorry. I speak to you as a single mom trying to raise a teenager to do the right thing.

As a small business owner who manufactures products here in the United States and distributes them globally, many of the products are made here in Connecticut. As a future store owner in Norwalk, we're looking at property in SoNo, and as a member of the National Vapers Club which is an all-volunteer group who raises money for research, to educate, and to help protect the rights of vapers. And I believe that I sent you a big packet of studies, about 24 pages long, electronically that you would have gotten yesterday with a bunch of new studies that are a bit of an update from the commissioner's 2009 report from the FDA which was not actually a study, it was a simple test of some confiscated cartridges that the FDA was having customs confiscate about four years ago.

Lots of improvements in the products now, lots of standards that have been enacted by groups such as the National Vapers Club that have been adopted widely not just in the United States but throughout the world. Things like childproof caps, things like warnings on labels, oh, I forgot my bottle. Okay. Sorry. I wanted to show you one of the bottles, the warning labels. Not all of us have cartoons on our bottles. Many of us, most of us are very responsible business owners. I know a lot of people in this business, hundreds of them because we -- they are my clients and I also deal with them through the National Vapers Club.

We all got into this business to help people get away from something that kills them. I don't

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know anybody that got into this business to hook a new generation on nicotine. I have personally helped hundreds of people get off of cigarettes, and I'm very proud of that. In the last two years, I've lost a very close friend of mine, two aunts, and my father from smoking-related illness. We are all victims of tobacco. Vapers are victims of tobacco that found a solution.

And what we are asking for from you is to make a common sense ban to minors that does not classify us as tobacco because we are not big tobacco, in fact, we hate big tobacco and they don't like us very much either. They only got into this business because we started hurting their bottom line. We share the anti-smoking passion with the ALA and the American Cancer Society and other anti-smoking organizations who for some bizarre reason do not stand with us.

What we don't share with these groups is the ideology that says only pharmaceutical products are worth endorsing because big pharma has big -- writes big checks. What we don't share is a dogma that says that something just because it is similar in name or appearance it has the same dangers especially when one burns and causes cancer and one is electronic and has no carcinogens. We don't share the belief that vaping glamorizes smoking because we are actually not smoking. Just like it's not glamorizing alcohol to have a glass of grape juice just because it looks like wine.

We do agree that children shouldn't be using these products and that stores should not sell to them. What we don't agree with is the term tobacco for regulatory purposes. We should not be taxed or regulated punitively like an industry

that sells a product that kills. We also believe that it shouldn't include the term nicotine delivery devices because, as my partner explained, not all of them have nicotine in them. So how if a child is using something without nicotine, how would you know? So we would prefer children not to have any kind of access to these devices.

REP. URBAN: Okay. If you could just summarize for us, please.

CHERYL RICHTER: Yes, in summary somebody asked this question of -- is it common for e-cigarettes to be the first nicotine product a child has? And there was a recent study out of Oklahoma just about two months ago, hookah is number one today, followed by dip, followed by cigarettes, followed by something else which I don't even know what it was so I didn't remember, and this is off the top of my head. E-cigarettes are fifth on that list. So children are not going to this to get hooked on nicotine. And that CDC report will show, if you look at it closely, shows you that those children who are using e-cigarettes started smoking first. And the ones that continue using e-cigarettes did not go to tobacco.

REP. URBAN: Thank you for your testimony.

Do we have any questions?

Seeing none, thank you very much for being here.

Lesley Vandermark. Is Lesley here?

Nick Ricciardi.

Arleigha Cook, I think, Trinity College -- from

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Thank you very much.

DOROTHY BEDFORD: Thank you.

SENATOR BARTOLOMEO: We appreciate your time.

Next we have Natalie Cullen.

Did we miss somebody? No. Okay.

NATALIE CULLEN: Hi. I'm Natalie Cullen, I'm representing the American Cancer Society Cancer Action Network. Dr. Andrew Salner was actually signed up to testify earlier but wasn't able to make it. He had to leave early to attend to a patient. So I'm going to read his remarks for him. So, good afternoon, or I guess it's good evening by now. Thank you for allowing me to be here, esteemed members of the Children's Committee. I am representing the American Cancer Society Cancer Action Network and Dr. Salner is the Director of the Cancer -- the Gray Cancer Center at Hartford Hospital. We are here to speak on behalf of Senate Bill 24.

While the intent to restrict youth access to the e-cigarettes is both appropriate and necessary, we respectfully oppose unless amended the provisions in Senate Bill 24 pertaining to electronic nicotine delivery systems or e-cigarettes. This bill would create a separate classification for e-cigarettes which would exempt them from existing tobacco control policies and laws. Until sound scientific evidence clearly shows that e-cigarettes are safe and effective as a cessation aid, ACS CAN will only support laws that treat e-cigarettes like all other tobacco products. Despite the dramatic

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rise in the use of e-cigarettes, very little is known about their actual health risks or the impact on youth tobacco use or whether they are effective in helping smokers quit.

I'd also like to speak to the tobacco control funding portion of that bill. While the new funding does not reach the recommended level of 32 million for recently updated CDC best practices for tobacco control programs, ACS CAN supports the Governor's recommendations relating to tobacco control program funding in Senate Bill 24. We recommended, however, that the annual deposit be increased from 12 million to 16 million, half of the annual state spending recommended by the CDC.

Tobacco-related diseases are the single most preventable cause of death in our society. Yet according to DPH statistics tobacco use kills more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, homicide, and suicides all combined. Connecticut incurs 1.63 billion in annual health costs and another 1 billion in lost productivity directly caused by tobacco use.

Smoking is now linked to liver and colorectal cancers. Today's smokers have a higher risk of lung cancer than smokers 50 years ago. One in three cancer deaths could actually be prevented or nearly 2,300 cancer deaths this year. So in summary we support the tobacco control funding portion of Senate Bill 24 and we support -- only if amended the electronic cigarettes portion.

SENATOR BARTOLOMEO: And if I could ask you because we were -- we were trying to go off this other list and wrote your name in, the doctor you were

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taking the place of is who?

NATALIE CULLEN: Dr. Andrew Salner.

REP. URBAN: Okay.

NATALIE CULLEN: He was a little bit further up the list and when you called Andrew, a different Andrew came in --

SENATOR BARTOLOMEO: Oh, my goodness.

NATALIE CULLEN: But that wasn't actually him.

SENATOR BARTOLOMEO: Okay. And so, here we go, I found him. So just one more time because I was searching for this, why -- even though we're only speaking about prohibiting children, you're still opposed to the legislation as written because it -- it, what, it actually gets the term into statute?

NATALIE CULLEN: We support the idea of keeping these products away from children. We certainly should be keeping e-cigarettes away from children, however, the way that it's written doesn't include e-cigarettes as tobacco products. And we believe that until we have scientific evidence that says that these products are safe, that they should be defined as tobacco products.

SENATOR BARTOLOMEO: But in turn that would mean that we're doing nothing to prevent children --

NATALIE CULLEN: That's why we support it if it's amended. We'd like to see it amended so that the language defines e-cigarettes as tobacco products.

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Written Testimony for SB 24 - Ban of E-Cigarette sales to minors and the definition of these products as "Tobacco."

National Vapers Club does not support the use and sale of vaping products to minors below the legal smoking age. While we support the idea of the proposed legislation SB 24, the legislature is asked to pass a bill which would incorrectly portray vaping products as tobacco or nicotine products. Not all vaping products contain nicotine and none of them contain tobacco. It is in the best interest of the public to enact a law that specifically addresses the sale and use of "vaping products" to minors. This would be more accurate than a law that includes these products in existing tobacco control laws. Tobacco control laws are established to reduce the sales and impact of a deadly product. Vaping products are an alternative to tobacco and are designed to reduce the risks of traditional tobacco products.

While vaping products show very promising results in reducing harm caused by smoking tobacco products (See references below)¹, we do not wish to see a new generation become addicted to nicotine. National Vapers Club does not support the use of vaping products by minors, as these devices could be habit forming.

National Vapers Club implores the legislators of the State of Connecticut to take a closer look at the benefits of vaping products before enacting the proposed bill into law. Vaping products are a topic of discussion in many cities and states across the nation. Recently in Oregon, two bills introduced were tabled until 2015 after more studies on the subject could be performed and a legislative committee was appointed. In Oklahoma, the topic was similarly tabled, and the state legislature conducted an Interim Study on Electronic Cigarettes, which featured presentations from leading researchers, policy advisors and industry leaders, found [here](#).

On behalf of our members and the estimated millions of vapers in the US today, and thousands in National Vapers Club strongly encourages legislators to enact a bill that specifically addresses vaping products and their prohibited sale and use by minors.

Sincerely yours,

Chelle B. Schlake, Vice Chair
and the Board of Directors, National Vapers Club
ShadowRhelm@vapersclub.com
www.vapersclub.com
325-212-1267

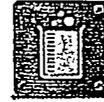
¹ McAuley, TR, PK Hopkin, J Zhao, and S Babayan. "Resul Filters." *National Center for Biotechnology Information* U S National Library of Medicine, 24 Oct. 2012. Web. <http://www.ncbi.nlm.nih.gov/pubmed/23033998>

¹Goniewicz, Maciej L., Ph.D., Tomasz Kuma, M.Pharm., Tomasz Kuma, M.Pharm., Michal Gawron, Jakub Kaysak, M.Pharm., and Leon Kosmider, M.Pharm. "Nicotine & Tobacco Research." *Nicotine Levels in Electronic Cigarettes* N p., 28 Oct. 2011. Web. <http://ntr.oxfordjournals.org/abstract/early/2012/04/21/ntr.ntr.103.short>

¹Bullen, C., H. McRobbie, S Thornley, M. Glover, R. Liu, and M. Laugesen. "Effect of an Electronic Nicotine Delivery Device (e Cigarette) on Desire to Smoke and Withdrawal, User Preferences and Nicotine Delivery Randomised Cross-over Trial." *Effect of an Electronic Nicotine Delivery Device (e Cigarette) on Desire to Smoke and Withdrawal, User Preferences and Nicotine Delivery Randomised Cross-over Trial* N p., 15 May 2009. Web. <http://tobaccocontrol.bmj.com/content/19/1/28.abstract>

¹Siegel, Michael B. "Electronic Cigarettes As a Smoking-Cessation Tool." *Electronic Cigarettes As a Smoking-Cessation Tool* N p., 2011. Web. [http://www.apronline.org/article/S0749-3797\(10\)00797-0/abstract](http://www.apronline.org/article/S0749-3797(10)00797-0/abstract)

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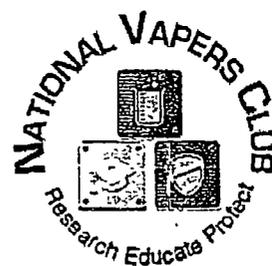
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*National Vapers Club is a volunteer organization founded in 2009 by vaping product consumers that raises funds for scientific research, provides education to anyone who wants to learn more about vaping products, and helps protect vaper's rights by activism on the local, state and federal levels. The group presents Vapefest (vapefest.com) a semi-annual convention for vapers which is an educational, consumer/trade show. With funds raised from this and other grass-roots efforts, National Vapers Club funded the Indoor Vapor Air Quality Study (ivaqs.com) that determined the vapor emitted from vaping products did not present a risk for bystanders. In 2011 data was collected at Clarkson University's Center for Air Resources Engineering & Science. Data was published in the peer reviewed journal, *Inhalation Toxicology* in October 2012. This data is now presented to legislatures and health departments in localities where vaping product bans have been proposed or passed*



National Vapers Club
Submitted Testimony
Research and Studies

National Vapers Club Board of Directors

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If there was one thing YOU could to improve the overall health of YOUR constituents what would it be?

According to the CDC; "Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including an estimated 42,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day." Today in the US, smoking is the leading cause of preventable death. Within the last few years, it is estimated that millions of former smokers have completely eliminated or at the least reduced putting deadly smoke from tobacco in their lungs because of their use of vaping products.

National Vapers Club has submitted this packet for your review; inside you will find various studies that have been done on vaping products. Please consider this information prior to making any decision on these life-saving products.

There are significant numbers of studies that have been conducted on the subject, which show very positive results in the reduction of harm from smoking. It is in the best interest of public health that vaping products be made readily available to adults who wish to make the switch from smoking. Imposing restrictions on a product that has not shown to have negative health consequences will only result in perpetuating the damage that smoking has caused for generations by discouraging smokers to switch to e-cigarettes.

Please contact us with any questions by sending an email to "info@vapersclub.com"

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Indoor Air Quality Studies

Comparison of the Effects of E-cigarette Vapor and Cigarette Smoke on Indoor Air Quality
Inhalation Toxicology, October 2012, Vol. 24, No. 12, Pages 850-857

Conclusions: For all byproducts measured, electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.

Read more: <http://informahealthcare.com/doi/abs/10.3109/08958378.2012.724728>

Levels of selected carcinogens and toxicants in vapour from electronic cigarettes
Tobacco Control, March 6, 2013

Conclusions Our findings are consistent with the idea that substituting tobacco cigarettes with e-cigarettes may substantially reduce exposure to selected tobacco-specific toxicants. E-cigarettes as a harm reduction strategy among smokers unwilling to quit, warrants further study

Read More: <http://tobaccocontrol.bmj.com/content/earlv/2013/03/05/tobaccocontrol-2012-050859.abstract>

Characterization of chemicals released to the environment by electronic cigarettes use (ClearStream-AIR project): is passive vaping a reality?

Conclusions Passive vaping is expected from the use of e-CIG. However, the quality and quantity of chemicals released to the environment are by far less harmful for the human health compared to regular tobacco cigarettes. Evaporation instead of burning, absence of several harmful chemicals from the liquids and absence of sidestream smoking from the use of the e-CIG are probable reasons for the difference in results.

Read more: http://clearstream.flavourart.it/site/wp-content/uploads/2012/09/CSA_ItaEng.pdf

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Secondhand Exposure to Vapors From Electronic Cigarettes *Nicotine & Tobacco Research*, December 11, 2013

Conclusions: Using an e-cigarette in indoor environments may involuntarily expose nonusers to nicotine but not to toxic tobacco-specific combustion products. More research is needed to evaluate health consequences of secondhand exposure to nicotine, especially among vulnerable populations, including children, pregnant women, and people with cardiovascular conditions.

Read more: <http://ntr.oxfordjournals.org/content/early/2013/12/10/ntr.ntt203.short>

A Clinical Laboratory Model for Evaluating the Acute Effects of Electronic "Cigarettes": Nicotine Delivery Profile and Cardiovascular and Subjective Effects *Cancer, Epidemiology, Biomarkers & Prevention*, July 20, 2010

Conclusions: Under these acute testing conditions, neither of the electronic cigarettes exposed users to measurable levels of nicotine or CO, although both suppressed nicotine/tobacco abstinence symptom ratings.

Read more: <http://www.vapersclub.com/Eissenberg2ndstudy.pdf>

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Physiological Analyses regarding E-cigarette Use

Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review

Therapeutic Advances in Drug Safety, February 13, 2014

Abstract: *Electronic cigarettes are a recent development in tobacco harm reduction. They are marketed as less harmful alternatives to smoking. Awareness and use of these devices has grown exponentially in recent years, with millions of people currently using them. This systematic review appraises existing laboratory and clinical research on the potential risks from electronic cigarette use, compared with the well-established devastating effects of smoking tobacco cigarettes. Currently available evidence indicates that electronic cigarettes are by far a less harmful alternative to smoking and significant health benefits are expected in smokers who switch from tobacco to electronic cigarettes. Research will help make electronic cigarettes more effective as smoking substitutes and will better define and further reduce residual risks from use to as low as possible, by establishing appropriate quality control and standards.*

Read More: <http://taw.sagepub.com/content/early/2014/02/12/2042098614524430> abstract

Electronic cigarette smokers report decreased consumption, health improvements
Addiction, April 2013

Quote: *"Although absolute safety and product quality should be more thoroughly evaluated, the implications of these findings for policy-makers, regulators and health-care providers are clear: prohibiting or discouraging the use of e-cigarettes could be detrimental to public health if smokers are deprived of a highly endorsed and well-tolerated method of smoking cessation."*

Read more: <http://www.cspnet.com/category-management-news-data/tobacco-news-data/articles/study-suggests-e-cigs-potential-cessation>

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Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function.

Inhalation Toxicology, February 2013

Conclusion: Regarding short-term usage, the studied e-cigarettes generate smaller changes in lung function but similar nicotinic impact to tobacco cigarettes. Future research should target the health effects of long-term e-cigarette usage, including the effects of nicotine dosage.

Read more: <http://www.ncbi.nlm.nih.gov/pubmed/23363041>

Carboxyhaemoglobin levels, health and lifestyle perceptions in smokers converting from tobacco cigarettes to electronic cigarettes

The South African Medical Journal, September 30, 2013

Objectives. To determine whether smoking the Twisp electronic cigarette (e-cigarette), containing nicotine in a vegetable-based glycerine substance, would reduce carboxyhaemoglobin (COHb) levels in regular cigarette smokers by (i) comparing arterial and venous COHb levels before and after smoking the Twisp e-cigarette for 2 weeks; and (ii) evaluating changes in participants' perception of their health and lifestyle following the use of Twisp e-cigarettes

Read more: <http://www.sami.org.za/index.php/sami/article/view/6887>

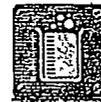
Comparison of the Cytotoxic Potential of Cigarette Smoke and Electronic Cigarette Vapour Extract on Cultured Myocardial Cells

International Journal of Environmental Research and Public Health, October 16, 2013

Abstract: The purpose of this study was to evaluate the cytotoxic potential of the vapour of 20 EC liquid samples and a "base" liquid sample (50% glycerol and 50% propylene glycol, with no nicotine or flavourings) on cultured myocardial cells.

Read more: <http://www.mdpi.com/1660-4601/10/10/5146>

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Electronic cigarettes: effective nicotine delivery after acute administration.

Nicotine Tobacco Research, January 2013

CONCLUSIONS: *User experience and/or device characteristics likely influence EC nicotine delivery and other effects. Systematic manipulation of these and other variables could elucidate conditions that produce intended effects.*

Read more: <http://www.ncbi.nlm.nih.gov/pubmed/22311962>

Acute electronic cigarette use: nicotine delivery and subjective effects in regular users.

Psychopharmacology, January 2014

CONCLUSIONS: *These findings demonstrate reliable blood nicotine delivery after the acute use of this brand/model of e-cigarette in a sample of regular users. Future studies might usefully quantify nicotine delivery in relation to inhalation technique and the relationship with successful smoking cessation/harm reduction*

Read more: <http://www.ncbi.nlm.nih.gov/m/pubmed/23978909/>

Polosa et al. The electronic-cigarette: Effects on desire to smoke, withdrawal symptoms and cognition

Addictive Behaviors, August 2012

Highlights: *The e-cigarette can reduce desire to smoke and nicotine withdrawal symptoms 20 minutes after use. ► The nicotine content in this respect may be more important for males. ► The first study to demonstrate that the nicotine e-cigarette can improve working memory.*

Read more: <http://www.sciencedirect.com/science/article/pii/S0306460312000913>

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Surveys and Behavioral Studies

Nicotine absorption from electronic cigarette use: comparison between first and new-generation devices

Scientific Reports, February 2014

A wide range of electronic cigarette (EC) devices, from small cigarette-like (first-generation) to new-generation high-capacity batteries with electronic circuits that provide high energy to a refillable atomizer, are available for smokers to substitute smoking. Nicotine delivery to the bloodstream is important in determining the addictiveness of ECs, but also their efficacy as smoking substitutes. In this study, plasma nicotine levels were measured in experienced users using a first- vs. new-generation EC device for 1 hour with an 18 mg/ml nicotine-containing liquid. Plasma nicotine levels were higher by 35–72% when using the new- compared to the first-generation device. Compared to smoking one tobacco cigarette, the EC devices and liquid used in this study delivered one-third to one-fourth the amount of nicotine after 5 minutes of use. New-generation EC devices were more efficient in nicotine delivery, but still delivered nicotine much slower compared to tobacco cigarettes. The use of 18 mg/ml nicotine-concentration liquid probably compromises ECs' effectiveness as smoking substitutes; this study supports the need for higher levels of nicotine-containing liquids (approximately 50 mg/ml) in order to deliver nicotine more effectively and approach the nicotine-delivery profile of tobacco cigarettes.

Read more: <http://www.nature.com/srep/2014/140226/srep04133/full/srep04133.html>

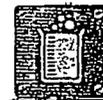
Electronic nicotine delivery systems: adult use and awareness of the 'e-cigarette' in the USA

Tobacco Control, October 2011

Conclusions *Given the large increase in awareness and ever use of ENDS during this 1-year period and the unknown impact of ENDS use on cigarette smoking behaviours and long-term health, continued monitoring of these products is needed.*

Read more: <http://tobaccocontrol.bmj.com/content/early/2011/10/27/tobaccocontrol-2011-050044.full>

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Perceived efficacy of e-cigarettes versus nicotine replacement therapy among successful e-cigarette users: a qualitative approach

Addiction Science & Clinical Practice, March 2013

Conclusions: These findings suggest tobacco control practitioners must pay increased attention to the importance of the behavioral and social components of smoking addiction. By addressing these components in addition to nicotine dependence, e-cigarettes appear to help some tobacco smokers transition to a less harmful replacement tool, thereby maintaining cigarette abstinence.

Read more: <http://www.ascpjournals.org/content/8/1/5/abstract>

'Vaping' profiles and preferences: an online survey of electronic cigarette users

Addiction, March 2013

Conclusions: E-cigarettes are used primarily for smoking cessation, but for a longer duration than nicotine replacement therapy, and users believe them to be safer than smoking.

Read more: <http://onlinelibrary.wiley.com/doi/10.1111/add.12150/abstract>

Effect of an electronic nicotine delivery device (e-Cigarette) on smoking reduction and cessation: a prospective 6-month pilot study

BMC Public Health, 2011

Conclusion: The use of e-Cigarette substantially decreased cigarette consumption without causing significant side effects in smokers not intending to quit (<http://ClinicalTrials.gov> number NCT01195597).

Read more: <http://www.biomedcentral.com/content/pdf/1471-2458-11-786.pdf>

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Use of Emerging Tobacco Products in the United States *Journal of Environmental and Public Health, 2012*

Abstract: This paper provides the first nationally representative estimates for use of four emerging products. Addressing the issue of land-line substitution with cell phones, we used a mixed-mode survey to obtain two representative samples of US adults. Of 3,240 eligible respondents contacted, 74% completed surveys. In the weighted analysis, 13.6% have tried at least one emerging tobacco product; 5.1% snus; 8.8% waterpipe; 0.6% dissolvable tobacco products; 1.8% electronic nicotine delivery systems (ENDS) products. Daily smokers (25.1%) and nondaily smokers (34.9%) were the most likely to have tried at least one of these products, compared to former smokers (17.2%) and never smokers (7.7%), $p < .001$. 18.2% of young adults 18–24 and 12.8% of those >24 have tried one of these products, $p < .001$. In multivariable analysis, current daily (5.5, 4.3–7.6), nondaily (6.1, 4.0–9.3), and former smoking status (2.7, 2.1–3.6) remained significant, as did young adults (2.2, 1.6–3.0); males (3.5, 2.8–4.5); higher educational attainment; some college (2.7, 1.7–4.2); college degree (2.0, 1.3–3.3). Use of these products raises concerns about nonsmokers being at risk for nicotine dependence and current smokers maintaining their dependence. Greater awareness of emerging tobacco product prevalence and the high risk demographic user groups might inform efforts to determine appropriate public health policy and regulatory action

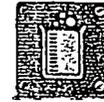
Read more: <http://www.hindawi.com/journals/jep/2012/989474/>

Use of e-cigarettes in Great Britain among adults and young people (2013) *Actions on Smoking and Health, May 2013*

Conclusion: Among adults electronic cigarette current use has grown among smokers and ex-smokers and remains at 0% among those who have never smoked. Ex-smokers report having used e-cigarettes to help a quit attempt (48%) to prevent relapse to tobacco use (32%).

Read more: http://ash.org.uk/files/documents/ASH_891.pdf

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Dawkins et al. Effect of an electronic nicotine delivery device (e-Cigarette) on smoking reduction and cessation: a prospective 6-month pilot study

BMC Public Health, October 2011

Results: Sustained 50% reduction in the number of cig/day at week-24 was shown in 13/40(32.5%) participants; their median of 25 cigs/day decreasing to 6 cigs/day ($p < 0.001$). Sustained 80% reduction was shown in 5/40(12.5%) participants; their median of 30 cigs/day decreasing to 3 cigs/day ($p = 0.043$). Sustained smoking abstinence at week-24 was observed in 9/40(22.5%) participants, with 6/9 still using the e-Cigarette by the end of the study. Combined sustained 50% reduction and smoking abstinence was shown in 22/40 (55%) participants, with an overall 88% fall in cigs/day. Mouth (20.6%) and throat (32.4%) irritation, and dry cough (32.4%) were common, but diminished substantially by week-24. Overall, 2 to 3 cartridges/day were used throughout the study. Participants' perception and acceptance of the product was good.

Conclusion: The use of e-Cigarette substantially decreased cigarette consumption without causing significant side effects in smokers not intending to quit (<http://ClinicalTrials.gov> website number NCT01195597).

Read more: <http://www.biomedcentral.com/1471-2458/11/786>

Phillips Survey of e-cigarette users most of the sample was able to use e-cigarettes as a complete replacement for cigarettes.

TobaccoHarmReduction.org, November 2009

Results: The frequencies of all survey questions are listed in Table 1. Approximately half of the sample was between the ages of 31 and 50, one-third were more than 50 years old and none were under the age of 18. Nearly three-quarters resided in the US, followed by 17% from the UK. Most of the respondents had been using e-cigarettes for less than six months and all had smoked prior to using e-cigarettes. Most of the respondents had previously tried to stop smoking multiple times. The majority (86%) of respondents had tried pharmaceutical products to quit smoking, nearly two-thirds of whom indicated that these products did not help them to stop smoking. However,

Read more: <http://tobaccoharmreduction.org/wpapers/011v1.pdf>

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Effect of an e-cigarette on craving to smoke and withdrawal (Bullen) use and efficacy as a cessation aid is needed.

***Tobacco Control*, April 2010**

Conclusions: The 16 mg Ruyan V8 ENDD alleviated desire to smoke after overnight abstinence, was well tolerated and had a pharmacokinetic profile more like the Nicorette inhalator than a tobacco cigarette. Evaluation of the ENDD for longer-term safety, potential for long-term
Read more: <http://www.healthnz.co.nz/2010%20Bullen%20ECia.pdf>

Comparing Smoking with Vaping

Vapersinternational.org, 2009

Conclusion: The correlation between length of time since quitting smoking and length of time the person had been vaping suggests that most respondents quit smoking within 30-60 days after beginning use of the NV. (Quitting smoking was a condition for participation.) (See Fig. 1) Results suggest that many of the respondents use the device as a replacement for cigarette smoking and use it in a similar manner to the way they smoked tobacco cigarettes. Respondents who said they use the NV "much more" than they used tobacco cigarettes, as a whole, use substantially lower levels of nicotine than those who use it less or the same as tobacco cigarettes. Presumably, those using the device "much more" do so to increase nicotine intake. Average nicotine consumption is around 30-40 mg per day, although at this time we cannot confirm how much nicotine is absorbed by the body through this method of delivery.

Read more:

<http://vapersinternational.org/wpcontent/uploads/SurveyComparingSmokingwithVapingFinalVersion.pdf>

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Interviews With "Vapers": Implications for Future Research With Electronic Cigarettes (McQueen/Tower/Sumner) and experienced "vapers" are very interested and willing research participants.

Nicotine & Tobacco Research, April 2011

Conclusions: The learning curve to using e-cigs has important implications for laboratory tests of these devices with novice users. Similarly, the multiple e-cig options and the use of "mods" create challenges for researchers and policy makers. Transdisciplinary research is urgently needed.

Read more:

<http://ntr.oxfordjournals.org/content/early/2011/05/12/ntr.ntr088.abstract?keytype=ref&ijkey=095WzUwnLNO6Er9>

Electronic Cigarettes as a Smoking-Cessation Tool

Institute of Social and Preventive Medicine, University of Geneva, Switzerland

Conclusions: Findings suggest that e-cigarettes may hold promise as a smoking-cessation method and that they are worthy of further study using more-rigorous research designs.

Read more:

http://www.biomedcentral.com/imedia/1440477701319135_article.pdf?random=19859http://www.aipmonline.org/webfiles/images/journals/AMEPRE/AMEPRE3013.pdf

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Impact of an electronic cigarette on smoking reduction and cessation in schizophrenic smokers: a prospective 12-month pilot study.

Read more: <http://www.ncbi.nlm.nih.gov/pubmed/23358230>

Electronic cigarettes for smoking cessation: a randomised controlled trial

Interpretation: E-cigarettes, with or without nicotine, were modestly effective at helping smokers to quit, with similar achievement of abstinence as with nicotine patches, and few adverse events. Uncertainty exists about the place of e-cigarettes in tobacco control, and more research is urgently needed to clearly establish their overall benefits and harms at both individual and population levels.

Read More: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961842-5/fulltext>

ASCEND: A Study of Smoking Cessation with Electronic Nicotine Devices

Rationale: Most people find it difficult to succeed in quit attempts largely because of dependence on nicotine but also to non-nicotine sensory cues. Nicotine replacement therapy (NRT) doubles quit rates by making the transition to non-smoker less traumatic. Nevertheless, absolute long-term quit rates are low. A product that has potential as a cessation aid and with wider appeal than NRTs is the electronic cigarette. People buy them to help quit smoking, reduce cigarette consumption and costs, to relieve tobacco withdrawal symptoms or as a replacement for smoking. However, despite the claims of efficacy and popularity there is no evidence from trials of their efficacy on quitting and safety.

Read more: <http://nihi.auckland.ac.nz/page/current-research/our-addiction-research/ascend-study-smoking-cessation-electronic-nicotine-devi>

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Smokers Who Try E-Cigarettes to Quit Smoking: Findings From a Multiethnic Study in Hawaii

Conclusion: Smokers who try e-cigarettes to quit smoking appear to be serious about wanting to quit. Despite lack of evidence regarding efficacy, smokers treat e-cigarettes as valid alternatives to FDA-approved cessation aids. Research is needed to test the safety and efficacy of e-cigarettes as cessation aids.

Read More: <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301453>

Effectiveness and tolerability of electronic cigarette in real-life: a 24-month prospective observational study

Abstract: Electronic cigarettes (e-Cigarette) are battery-operated devices designed to vaporize nicotine that may aid smokers to quit or reduce their cigarette consumption. Research on e-Cigarettes is urgently needed to ensure that the decisions of regulators, healthcare providers and consumers are evidence based. Here we assessed long-term effectiveness and tolerability of e-Cigarette used in a 'naturalistic' setting. This prospective observational study evaluated smoking reduction/abstinence in smokers not intending to quit using an e-Cigarette ('Categoria'; Arbi Group, Italy). After an intervention phase of 6 months, during which e-Cigarette use was provided on a regular basis, cigarettes per day (cig/day) and exhaled carbon monoxide (eCO) levels were followed up in an observation phase at 18 and 24 months.

Read more: <http://link.springer.com/article/10.1007/s11739-013-0977-z>

Trends in use of electronic nicotine delivery systems by adolescents

Abstract: Electronic nicotine delivery systems (ENDS) have been gaining in popularity. The few prevalence studies in adults have found that most ENDS users are current or former smokers. The objectives of this study were to estimate the prevalence of ENDS usage in adolescents, and examine the correlates of use. Self-administered written surveys assessing tobacco use behaviors were conducted in multiple waves as part of a larger intervention study in two large suburban high schools. The prevalence of past-30 day ENDS use increased from 0.9% in February 2010 to 2.3% in June 2011 ($p = 0.009$). Current cigarette smokers had increased odds of past-30 day ENDS use in all study waves. When adjusted for school, grade, sex, race and smoking status, students in October 2010 (Adjusted OR 2.12; 95% confidence interval

Read more: <http://www.sciencedirect.com/science/article/pii/S0306460313002736>

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Efficiency and Safety of an electronic cigarette (ECLAT) as tobacco cigarettes substitute: a prospective 12-month randomized control design study.

CONCLUSION: *In smokers not intending to quit, the use of e-cigarettes, with or without nicotine, decreased cigarette consumption and elicited enduring tobacco abstinence without causing significant side effects.*

Read more: <http://www.ncbi.nlm.nih.gov/pubmed/23826093>

Pilot Investigation of Changes in Readiness and Confidence to Quit Smoking After E-cigarette Experimentation and 1 Week of Use

Conclusions: *Among a small convenience sample of unmotivated cigarette smokers, EC experimentation and 1 week of ad libitum use increased readiness and confidence to quit regular cigarettes and reduced regular cigarette smoking.*

Read more: <http://ntr.oxfordjournals.org/content/early/2013/10/22/ntr.ntt138.abstract>

The Use and Perception of Electronic Cigarettes and Snus among the U.S. Population

Conclusions: *That e-cigarettes have surpassed snus in adoption rate, even before any promotion by major tobacco companies, suggests that the former have tapped into smokers' intuitive preference for potentially harm-reducing products, probably due to the product design. E-cigarette use is likely to increase in the next few years.*

Read more: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0079332>

A longitudinal study of electronic cigarette users

Conclusions: *E-cigarettes may contribute to relapse prevention in former smokers and smoking cessation in current smokers.*

Read more. <http://www.sciencedirect.com/science/article/pii/S0306460313003304>

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Health-Related Effects Reported by Electronic Cigarette Users in Online Forums

Conclusions: *This is the first compilation and analysis of the health effects reported by e-cigarette users in online forums. These data show that e-cigarette use can have wide ranging positive and negative effects and that online forums provide a useful resource for examining how e-cigarette use affects health.*

Read more: <http://www.jmir.org/2013/4/e59/>

Electronic nicotine delivery systems: adult use and awareness of the 'e-cigarette' in the USA

Read more: http://www.sfata.org/wp-content/uploads/2013/06/Regan-et-al-E-cig-adult-use-Tob-Ctrl-19.full_.pdf

A Survey of Conventional Cigarette Smokers' Experiences With e-Cigarettes

Conclusions: *Almost one-fifth of smokers who try ECs once go on to become regular users. ECs may develop into a genuine competitor to conventional cigarettes. Government agencies preparing to regulate ECs need to ensure that such moves do not create a market monopoly for conventional cigarettes.*

Read more: <http://journal.publications.chestnet.org/article.aspx?articleID=1714565>

Evaluation of Electronic Cigarette Use (Vaping) Topography and Estimation of Liquid Consumption: Implications for Research Protocol Standards Definition and for Public Health Authorities' Regulation

Abstract: *Background: Although millions of people are using electronic cigarettes (ECs) and research on this topic has intensified in recent years, the pattern of EC use has not been systematically studied. Additionally, no comparative measure of exposure and nicotine delivery between EC and tobacco cigarette or nicotine replacement therapy (NRTs) has been established. This is important, especially in the context of the proposal for a new Tobacco Product Directive issued by the European Commission. Methods: A second generation EC device, consisting of a higher capacity battery and tank atomiser design compared to smaller cigarette-like batteries and cartomizers, and a 9 mg/mL nicotine-concentration liquid were used in this study. Eighty subjects were recruited; 45 experienced EC users and 35 smokers. EC users were video-recorded when using the device (ECIG group), while smokers were recorded when smoking (SM-S group) and when using the EC (SM-E group) in a randomized cross-over design.*

Read more: <http://www.mdpi.com/1660-4601/10/6/2500>

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Cytotoxicity evaluation of electronic cigarette vapor extract on cultured mammalian fibroblasts...

Conclusions: *This study indicates that EC vapor is significantly less cytotoxic compared tobacco CS. These results should be validated by clinical studies.*

Read More: <http://informahealthcare.com/doi/abs/10.3109/08958378.2013.793439>

Analysis of refill liquids for electronic cigarettes

Conclusion: *The nicotine content of electronic cigarette refill bottles is close to what is stated on the label. Impurities are detectable in several brands above the level set for nicotine products in the European Pharmacopoeia, but below the level where they would be likely to cause harm*

Read more: <http://onlinelibrary.wiley.com/doi/10.1111/add.12235/pdf>

Analysis of e-cigarette vapor for nicotine and nicotine related impurities

CONCLUSIONS: *The gradient elution method was developed to allow for separation of the nicotine related impurities and for their determination in cartridge extracts of the electronic cigarettes. Nicotine was shown to be delivered using electronic cigarette devices although the amount of nicotine delivered will be greatly impacted by the "smoking" habits of the consumer. Significant labeling issues were found to exist with products in the market place with respect to product labeling accuracy. Some products were found to contain high concentrations of nicotine when labeled not to contain nicotine.*

Read more: <http://vapersclub.com/TrehyElectronicCigaretteCartridgeAnalysis.pdf>

Safety Report on the Ruyan E-cigarette Cartridge and Inhaled Aerosol

Study shows TSNA levels in vaporized nicotine liquid is below what would be considered carcinogenic.

Read more: <http://www.healthnz.co.nz/RuyanCartridgeReport21-Oct-08.pdf>

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Njoy vapor study evaluating TSNA levels in Njoy e-cigs

Comments. *Inhaled nicotine in cigarette smoke is over 98% absorbed, and so the exhaled mist of the e-cigarette is composed of propylene glycol, and probably contains almost no nicotine; and no CO. (see Figure 3.5) Lacking any active ingredient or any gaseous products of combustion, the PG mist or 'smoke' is not harmful to bystanders. The 'smoke' or mist is not tobacco smoke, and not from combustion – no flame is lit – and is not defined as environmental tobacco smoke. E-cigarette "smoking" would be permitted under New Zealand's Smoke-free Environments Act 1990 32*

Read more. <http://www.vapersclub.com/NJOYvaporstudy.pdf>

Studies of individual companies Liquid

e-cigs.co.uk

<http://www.e-cigs.co.uk/docs/E249A.pdf>

InLife (Alliance Technologies)

<http://truthaboutecigs.com/science/8.pdf>

<http://truthaboutecigs.com/science/9.pdf>

esmoke.net

<http://www.esmoke.net/batch/090124/PGDrumGCFID.pdf> (PG Raw Material)

<http://www.esmoke.net/batch/090124/GLDrumGCFID.pdf> (Glycerin Raw Material)

<http://www.esmoke.net/batch/090124/090124-GCFID.pdf> (GC/FID)

<http://www.esmoke.net/batch/090124/090124-GCMS.pdf> (GC/MS)

Totally Wicked/TECC

http://www.theelectroniccigarette.co.uk/images/pictures/documents/e-cartridges_toxicology_report.pdf

Gamucci

<http://www.ecigaretteschoice.com/GamucciLabStudy.pdf>

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Instead

<http://www.e-cig.org/pdfs/Instead-ELiquid-Report.pdf>

NJOY

<http://vapersclub.com/NJOYvaporstudy.pdf>

Ruyan

<http://www.healthnz.co.nz/RuyanCartr...t30-Oct-08.pdf>

SuperSmoker

<http://www.supersmokerjp.com/images/...anslation.pdf>

Totally Wicked

<http://www.vapersclub.com/TWlpdlabs.doc>

Metal and Silicate Particles Including Nanoparticles Are Present in Electronic Cigarette Cartomizer Fluid and Aerosol

Conclusions: *The presence of metal and silicate particles in cartomizer aerosol demonstrates the need for improved quality control in EC design and manufacture and studies on how EC aerosol impacts the health of users and bystanders.*

Read more: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0057987>

Nicotine levels in electronic cigarettes

CONCLUSIONS: *ECs generate vapor that contains nicotine, but EC brands and models differ in their efficacy and consistency of nicotine vaporization. In ECs, which vaporize nicotine effectively, the amount inhaled from 15 puffs is lower compared with smoking a conventional cigarette.*

Read more: <http://mnvapers.com/2014/02/urgent-call-action-minnesota/><http://www.ncbi.nlm.nih.gov/pubmed/22529223>

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FDA Preliminary Report

<http://www.fda.gov/downloads/Drugs/ScienceResearch/UCM173250.pdf>

Responses to FDA Preliminary Report:

Scientific Review of FDA Report

Conclusions: Nicotine is present in both products. The Smoking Everywhere Electronic Cigarette cartridges listed as containing no nicotine in some cases had very low amounts of nicotine present. Tobacco specific nitrosamines and tobacco specific impurities were detected in both products at very low levels. DEG was identified in one cartridge, Smoking Everywhere 555 High. See Table 1 for results of analyses of entire cartridges after extraction.

Read more: <http://www.vapersclub.com/exponentreportnjoy.pdf>

Prominent Doctors Specializing in Tobacco Harm Reduction Question FDA Study

BOSTON, July 27 /Standard Newswire/ – The FDA recently went public with misleading information about the safety of electronic cigarettes and the marketing of the devices, not only using its clout but recruiting other prominent organizations to demonize a product that has great public health benefit potential.

Read more: <http://www.standardnewswire.com/news/162574365.html>

Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks

Conclusion: Current state of knowledge about chemistry of liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to contaminants of the aerosol that would warrant health concerns by the standards that are used to ensure safety of workplaces.

Read more: <http://www.biomedcentral.com/1471-2458/14/18/abstract>

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Frequently Asked Questions

What are electronic cigarettes?

Electronic cigarettes (also known as e-cigarettes or personal vaporizers) are an alternative to tobacco cigarettes. They are battery-operated devices that create a mist or vapor that is inhaled instead of smoke. The rechargeable battery powers a heating element called an "atomizer." The element uses low heat to turn liquid in the cartridge, which contains propylene glycol, glycerin, food flavoring and nicotine, into a fog-like mist.

There are many models of e-cigarettes available. Some look like traditional cigarettes, others look similar to a pen and some even look like small flashlights. Some have LED lights, some have built-in liquid reservoirs, others have combined atomizer cartridges, some are tubular and some are even rectangular boxes. They come in all shapes and sizes and have different features for former smokers who wish to distance themselves from anything resembling a traditional cigarette or want a longer battery life and/or better performance.

Are e-cigarettes safe?

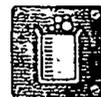
While anything containing nicotine cannot be called 100% safe, evidence from numerous studies strongly suggests that they are magnitudes safer than tobacco cigarettes. Harm reduction experts can point to research supporting that switching from cigarettes to a smokefree product will reduce health risks to less than 1% of smoking traditional cigarettes - nearly the same as non-smokers. For tobacco harm reduction health professionals, it is misleading and irresponsible for public health officials to tell smokers that smokeless products, such as e-cigarettes, are "not a safe alternative to smoking" simply because they are "only" 99% safer and not 100% safe.

Do e-cigarettes contain anti-freeze?

No. This myth was created by a 2009 FDA press statement regarding electronic cigarettes. The FDA tested 18 cartridges from 2 companies. Of those 18 cartridges, 1 tested positive for a non-toxic amount of diethylene glycol (approximately 1%). While diethylene glycol is occasionally used in anti-freeze, the chemical is not a standard ingredient in e-cigarette liquid and it has not been found in any other samples tested to date.

The base liquid for e-cigarette liquid is usually propylene glycol. Propylene glycol is considered GRAS (Generally Recognized As Safe) by the FDA and EPA. While it is also sometimes found in anti-freeze, it is actually added to make the anti-freeze less toxic and safer for small children and pets. Propylene glycol is a common ingredient found in many of the foods we eat, cosmetics we use and medications we take. It is also used in the fog machines used in theaters and night clubs.

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Do e-cigarettes cause cancer just like tobacco cigarettes?

Though testing by the FDA and some researchers have discovered trace amounts of tobacco-specific nitrosamines, which are known to cause cancer with high exposure, the amounts found were extremely low and unlikely to cause cancer. To put it in perspective, an e-cigarette contains nearly the exact same trace levels of nitrosamines as the FDA-approved nicotine patch and about 1,300 times less nitrosamines than a Marlboro cigarette. This means that e-cigarettes would not be any more likely to cause cancer than FDA-approved nicotine gums, patches or lozenges.

What about all of the news reports that e-cigarettes contain toxic chemicals and metals?

The reports that there are studies that show potential health risks due to e-cigarette use are premature. In spite of what has been reported, the studies done to date have not only been largely inconclusive, but have actually found that the levels of contaminants detected in e-cigarette liquid and vapor are so low that it is highly doubtful they would even pose a health risk. Most certainly, they are thousands of times less of a risk than continuing to smoke. The fact is, the mere "detection" of a chemical does not mean that a product is hazardous. Every day we harmlessly consume and breathe in chemicals that would be toxic at much higher levels. It is disingenuous for public health organizations that disapprove of e-cigarettes to point to the trace levels found in e-cigarette studies as conclusive evidence of a potential health risk.

Dr. Igor Burstyn, of Drexel University, reviewed all of the available chemistry on e-cigarette vapor and liquid and found that the levels reported — even in those studies that were hyped as showing there is a danger — are well below the level that is of concern. His report was peer-reviewed and published January 2014 on Bio Med Central's Public Health Journal: "Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks"

In 2011, The FDA issued a statement regarding the approved smoking cessation drug Chantix, which has been linked to over 500 deaths, suicidal tendencies and heart attacks. The FDA stated that "the drug's benefits outweigh the risks." E-cigarettes have been on the market nearly as long as Chantix, without reports of significant adverse reactions or deaths. Studies have shown that while chemicals have been detected, they are too low to pose any significant health risks and are certainly far less exposure than found in cigarette smoke. It is clear to anyone who reviews the more than 60 available studies on e-cigarette liquids and vapor that the benefits of e-cigarettes also "far outweigh the risks."

If there are over 60 studies of e-cigarette vapor and liquid, why do health experts say we don't know what is in them or that they may be more dangerous than traditional cigarettes?

Good question. Unfortunately, we don't have a clear answer. What we do know is that pharmaceutical companies do not like to see smokers switching to e-cigarettes instead of using pharmaceutical drugs and nicotine products. The pharmaceutical industry and its "foundations" fund a lot of anti-tobacco research and supports many of the anti-tobacco organizations and politicians that object to e-cigarettes and tobacco harm reduction policies.

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We also know that there is a small, but very vocal, part of the public health community that is against anything that doesn't require 100% abstinence from all tobacco and nicotine. Their objection to e-cigarettes appear to be more ideological than science-based and it seems they would rather smokers remain uncertain enough about e-cigarette safety that they will choose to keep trying to quit smoking with traditional methods instead. Unfortunately, while this may be an option for those smokers who are actively trying to quit, it keeps smokers who aren't trying to quit - or who fail to quit using traditional methods - using the most hazardous product on the market, rather than a far safer alternative.

Are e-cigarettes approved or regulated by the FDA?

The FDA currently considers e-cigarettes to be tobacco products. Originally, it claimed that e-cigarettes are being used as smoking cessation devices and therefore they needed to be regulated the same as pharmaceutical nicotine replacement therapy drugs (NRTs). In 2009, the FDA ordered customs officials to start seizing e-cigarette shipments coming into the country.

On April 25, 2011, FDA announced in a letter to stakeholders that it would not appeal the decision by the U.S. Court of Appeals for the D.C. Circuit in *Sottera, Inc. v. Food & Drug Administration*, stating that e-cigarettes and other products are not drugs/devices unless they are marketed for therapeutic purposes, but that products "made or derived from tobacco can be regulated as "tobacco products" under the FD&C Act. The FDA stated that it is aware that certain products made or derived from tobacco, such as electronic cigarettes, are not currently subject to pre-market review requirements of the Family Smoking Prevention and Tobacco Control Act. It is developing a strategy to regulate this "emerging class of products" as tobacco products under the Family Smoking Prevention and Tobacco Control Act. Products that are marketed for therapeutic purposes will continue to be regulated as drugs and/or devices. In late 2013, the FDA submitted its regulatory proposal to the OMB.

Contrary to some media reports and comments by legislators, regulation as a "tobacco product" under FSPTCA does not mean that e-cigarettes are automatically regulated in the exact same manner as tobacco cigarettes, ie., subject to PACT, flavoring prohibitions and indoor use bans nor subject to the same tax rates. However, it does mean sales of these products to minors are finally prohibited by law.

What e-cigarette brand most looks and tastes like a real cigarette?

This is the most common question on e-cigarette forums. The best answer to that question is "none" and "it doesn't matter."

Since those considering e-cigarettes are usually seeking to replace tobacco cigarettes, they are under the assumption that having the most realistic, tobacco-flavored e-cigarette will bring the most satisfaction. The truth of it is that after switching to e-cigarettes for a few weeks, the vast majority of users discover that looks ultimately don't matter - performance does. And the best performing e-cigarettes don't necessarily look anything like traditional cigarettes because they require larger batteries. And the most popular flavors with experienced users are often as far from tobacco-tasting as one can get.

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One problem is that none of the tobacco flavors really taste like burning tobacco - they taste more like fresh tobacco smells and slightly sweet. So, experienced e-cigarette users will tell you that nothing tastes exactly like a burning tobacco cigarette. But, we know you won't believe us and insist on buying something that looks and tastes like a tobacco cigarette. That's ok - we've all been there!

Can e-cigarettes help me quit smoking?

E-cigarettes are not approved to be marketed as nicotine cessation products like the nicotine gums and patches on the market. However, that doesn't mean that some smokers haven't found them an effective way to wean from nicotine. There is also a lot of real-world evidence and even some studies that strongly indicate that e-cigarettes are an effective alternative to smoking. Surveys show that up to 80% of e-cigarette users quit smoking traditional cigarettes while using e-cigarettes. One study showed e-cigarettes worked at least as well as the nicotine patch for nicotine replacement therapy.

However, while some users have gradually reduced the nicotine levels down to zero, the majority of e-cigarette users treat the devices as an alternate source of nicotine and not as a nicotine cessation program. So there is not as much scientific evidence yet that show how effective e-cigarettes are when used to treat or cure nicotine addiction. Yet, anecdotal reports by users who have used e-cigarettes as a way to wean from nicotine also indicates they seem to be very effective way to break smoking triggers and dramatically reduce nicotine levels. As with pharmaceutical NRTs, it depends upon the smoker and the strength of his or her addiction and resolve to quit. E-cigarettes also appear to be a much safer option for short-term use in the event of relapse.

The good news is, nicotine by itself has very low health risks, so switching to e-cigarettes can be nearly as good as quitting altogether. The most important thing for those who cannot or will not quit nicotine to do is to stop the exposure to the harmful chemicals in cigarette smoke and e-cigarettes can help them do it.

http://www.casaa.org/FAQS_ecig.html

Have any other States looked closer at the benefits of Vaping Products and Electronic Cigarettes?

Great Question! These products are a topic of discussion in many cities and states across the nation. Many State Legislations have tabled bills regarding these products to look at more scientific research and discussion. We invite you to take a look at the Intern Study from the Oklahoma State Legislature. This study features presentations from leading researchers, policy advisors and industry leaders.

Read more: http://www.oksenate.gov/publications/senate_studies/internm_studies.aspx#%20.

Testimony for SB 24

1. I support SB 24 because it would wisely ban sales of "electronic nicotine delivery systems" (e-cigarettes and e-liquid) without making the product less accessible or affordable to adult consumers.
2. I urge you to SUPPORT SB 24 as currently drafted and to reject any amendments that might be offered that would tax e-cigarettes, define them as a "tobacco product," ban their use, or otherwise make these life-saving products less accessible or affordable to adult consumers.
3.
 - Given the low risks of e-cigarette use, there is no reason for the State to do anything to make e-cigarettes less accessible, affordable, or attractive to adult consumers who are choosing to use e-cigarettes as a safer alternative to smoking, thereby reducing their health risks by an estimated 99%.
 - The low risk of e-cigarettes is supported by research done by Dr. Siegel of Boston University, Dr. Eissenberg of Virginia Commonwealth, Dr Maciej L Goniewicz of the Roswell Park Cancer Institute, Dr. Laugesen of Health New Zealand, Dr. Igor Burstyn of Drexel University, and by the fact that the FDA testing, in spite of its press statement, failed to find harmful levels of carcinogens or toxic levels of any chemical in the vapor.
 - A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health based on over 9,000 observations of e-cigarette liquid and vapor found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.
 - By switching to a smokeless product, you have greatly reduced your health risks.
4. Please visit the CASAA.org website, as well as the CASAA Research Library, for more information.

Sincerely,

Eric Paulson



AMERICAN LUNG ASSOCIATION.

Fighting for Air

American Lung Association
of the Northeast

LungNE.org
1-800-LUNG USA

OFFICES:

Connecticut
45 Ash Street
E. Hartford, CT 06108

Maine
122 State Street
Augusta, ME 04330

Massachusetts
460 Totten Pond Road
Suite 400
Waltham, MA 02451

393 Maple Street
Springfield, MA 01105

New Hampshire
1800 Elm Street
Manchester, NH 03104

New York
155 Washington Ave., Suite 210
Albany, NY 12210

21 West 38th Street, 3rd Floor
New York, NY 10018

237 Mamaroneck Ave., Suite 205
White Plains, NY 10605

700 Veterans Memorial Highway
Hauppauge, NY 11788

1595 Elmwood Avenue
Rochester, NY 14620

Rhode Island
260 West Exchange Street
Suite 102B
Providence, RI 02903

Vermont
372 Hurricane Lane
Suite 101
Williston, VT 05495

February 27, 2014

Committee on Children
Room 011, Capitol Building
Hartford, CT 06106

Testimony before the Committee on Children

Michelle Caul, Manager of Health Education

**Senate Bill Number 24: An Act Concerning the Governor's
Recommendations Regarding Electronic Nicotine Delivery Systems
and Youth Smoking Prevention**

Good Morning Senator Bartolomeo, Representative Urban and other
Members of the Committee on Children:

Thank you for the opportunity to address you today. My name is Michelle
Caul and I serve as the Manager of Health Education at the American Lung
Association (ALA) in Connecticut. The American Lung Association is a not-
for-profit public health organization dedicated to fighting lung disease
through research, education and public policy.

The American Lung Association in Connecticut supports the restoration of
the cuts to the Tobacco and Health Trust Fund from last year and the
increase to the balance of the fund up to \$12 million. We very much
appreciate the \$12 million however, we recommend that this amount be
increased to \$16 million which is half of the current Centers for Disease
Control and Prevention (CDC) best practice recommended amount for
Connecticut. Smoking costs Connecticut over \$2.4 billion each year and
over 4,000 residents of the state die from smoking attributable deaths.
Connecticut receives more than \$100 million each year from the Master
Tobacco Settlement Agreement. Investing more of that money in
preventing smoking among kids and helping smokers quit will improve the
health of our people and reduce future health care costs.

The American Lung Association in Connecticut opposes creating a whole
new section of law to apply some youth access and tobacco sales
restrictions to "electronic nicotine delivery systems" as defined. Creating a
separate classification for electronic cigarettes and the like has the
potential to undermine existing tobacco control laws and policies. Instead,

we recommend including electronic cigarettes within the definition of tobacco products. According the CDC, the number of students in grades 6-12 reporting have ever used an e-cigarette doubled from 3.3 percent to 6.8 percent from 2011 to 2012¹. We recognize and are concerned with the upward trend in youth use of e-cigarettes.

Thank you for allowing us to share our testimony with you. We are happy to work with the Committee on Children to amend the language of SB24.

Thank you,



Michelle Caul
Manager, Health Education
American Lung Association in Connecticut



**AMERICAN COUNCIL
ON SCIENCE AND HEALTH**
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Tel. (212) 362-7044 • Fax (212) 362-4919 • www.acsh.org • acsh@acsh.org

To:
Connecticut Committee on Children

From:
The American Council on Science and Health
Elizabeth M. Whelan, President
Gilbert L. Ross, M.D., Medical Director

To the members of the Connecticut Committee on Children:

The American Council on Science and Health (ACSH), a public health education and consumer advocacy nonprofit devoted throughout our 35 year history to the promotion of sound science in public health policy, urges the Connecticut Committee on Children to promote the benefits of e-cigarettes as a method of Tobacco Harm Reduction (THR) in helping smokers quit, and support the proposed S.B. 24 as it is currently drafted. It is wise to ban sales of "electronic nicotine delivery systems" to minors without making these life-saving products less accessible or affordable to adult consumers. Doing so would effectively lead to a reduction in the availability of e-cigarettes to Connecticut's addicted smokers. Given the low risks of e-cigarette use, there is no reason for the state to do anything to make e-cigarettes less accessible, affordable, or attractive to adult consumers who are choosing to use e-cigarettes as a safer alternative to smoking.

Our own research on this subject¹ published in a peer-reviewed academic journal, as well as many other studies and epidemiological data, support our assertion that the methodologies comprising THR — the substitution of low-risk tobacco and nicotine-delivery products for lethal cigarettes — have significant potential benefits in terms of reducing the tragic toll of cigarette smoking by supplying addicted smokers with the substance they crave — nicotine — but at a much reduced cost in terms of adverse health effects.

Those who support the concept of tobacco harm reduction, including ACSH, urge you to rely on the readily available scientific and empirical evidence to recommend policies promoting THR and e-cigarettes, which is this:

- The benefits from electronic cigarettes for Connecticut's public health are supported by a growing mountain of scientific and empirical evidence, which over the past five years consistently indicates that e-cigarettes:

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- are approximately 99% less hazardous than cigarettes
- are consumed almost exclusively (i.e. > 99%) by smokers and former smokers who quit by switching to e-cigs
- have helped several million smokers quit and/or sharply reduce cigarette consumption
- have contributed to the historic declines in sales of cigarettes over the past two years

The most important piece of supporting evidence for the use of e-cigarettes to help smokers quit is this:

"While many smokers, the public, and even many physicians, believe that nicotine is a toxic component of cigarette smoke, in fact the toxic chemicals reside amongst the thousands of other chemicals in the tar and the gas phase. The nicotine is the primary (but not the sole) addictive agent— *smokers smoke for the nicotine, but they die from the smoke.*"

Furthermore, studies have indicated that levels of the contaminants that e-cigarette users are exposed to are far below any levels that would pose a health risk. And, the exhaled vapor poses no risk to bystanders. If the proposed S.B. 24 is amended to include anything which would present obstacles for desperate smokers trying to quit, electronic cigarettes will become black market items or sold by Big Tobacco companies, eager to snap up the currently vibrant small businesses in the e-cigarette stream of commerce. The most popular vapor products on the market would become inaccessible to addicted smokers, and not just to the minors to which this bill should be directed.

Making e-cigs inaccessible to desperate smokers by this needless measure will send smokers this message: *Keep on smoking*. While no tobacco product is free of health risks, vapor products are a noncombustible alternative to traditional cigarettes. Legislation should not create hurdles or discourage cigarette smokers from switching to non-combustible products such as vapor products.

The World Health Organization predicts **one-billion** prematurely dead from cigarettes this century if current trends continue. That must not be allowed to happen. While some agenda-driven opponents of e-cigarettes warn: "We just don't know what might happen with e-cigarettes," we at The American Council on Science and Health respond, "We surely do know what will happen with the real ones: almost a half-million dead American smokers, each year."



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Thank you for your consideration

Elizabeth M. Whelan, Sc.D., M.P.H., President, ACSH
Gilbert L. Ross, M.D., Medical Director, ACSH

References:

1. <http://acsh.org/2012/02/helping-smokers-quit-the-science-behind-tobacco-harm-reduction/>
2. Goniewicz:
<http://tobaccocontrol.bmj.com/content/early/2013/03/05/tobaccocontrol-2012-050859.abstract>
3. Burstyn:
http://publichealth.drexel.edu/~media/Files/publichealth/ms08_pdf

Links to ACSH's own publications on tobacco harm reduction and most recently, nicotine.

<http://acsh.org/2012/02/helping-smokers-quit-the-science-behind-tobacco-harm-reduction/>

<http://acsh.org/2014/01/effects-nicotine-human-health/>

Supporting Studies:

The emerging phenomenon of electronic cigarettes.

Caponnetto P, Campagna D, Papale G, Russo C, Polosa R.
<http://www.ncbi.nlm.nih.gov/pubmed/22283580>

Tobacco, nicotine and harm reduction.

Le Houezec J, McNeill A, Britton J.
<http://www.ncbi.nlm.nih.gov/pubmed/21375611>

Contrasting snus and NRT as methods to quit smoking: an observational study

Janne Scheffels¹, Karl E Lund, and Ann McNeill
<http://www.harmreductionjournal.com/content/9/1/10>

Recent op-ed's by ACSH's Dr. Gilbert Ross

FORBES:

<http://www.forbes.com/sites/realspin/2013/12/17/michael->



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[bloombergs-attack-on-e-cigarettes-will-drive-ex-smokers-back-to-the-real-thing/](#)

The Parliament: <http://www.theparliament.com/latest-news/article/newsarticle/pm-blog-gilbert-ross-ecigarettes/#.UswzY2RDuYj>

Eureporter:
<http://www.eureporter.co/world/2013/12/04/opinion-eu-bureaucrats-plan-to-protect-cigarette-and-drug-markets-while-killing-smokers/>

American:
<http://www.american.com/archive/2013/november/smoking-kills-and-so-might-e-cigarette-regulation>

NPR: <http://acsh.org/2013/10/dr-gilbert-ross-on-npr-cleveland/>

FORBES: <http://www.forbes.com/sites/realspin/2013/10/11/why-is-the-fda-shielding-smokers-from-the-good-news-about-e-cigarettes/>

Journal Now:
http://www.journalnow.com/business/business_news/local/article_e71e1490-0c0a-11e3-913e-001a4bcf6878.html

Washington Examiner: <http://washingtonexaminer.com/calling-the-fdas-bluff-and-saving-smokers/article/2504143>

Spectator: <http://spectator.org/articles/34413/deadly-crusade-against-e-cigarettes>

FORBES: <http://www.forbes.com/sites/realspin/2013/01/10/the-eus-new-tobacco-directive-protecting-cigarette-markets-killing-smokers/>

“Can e-cigarettes help you give up smoking?” (Interviews of Mike Siegel and ACSH's Gil Ross b staff writer Lori Newman), *Lifescrypt Healthy Living for Women*, 2/3/2013

URL: http://www.lifescrypt.com/health/centers/smoking_cessation/articles/can-ecigarettes-help-you-give-up-smoking.aspx?p=1



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
CHILDREN'S COMMITTEE
Thursday, February 27, 2014**

SB 24, An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 24, An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention**. CHA supports this bill.

Hospitals play a critical role in improving the health and quality of life of people in our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

In addition to treating everyone who comes through their doors 24 hours a day, regardless of ability to pay, Connecticut hospitals are deeply invested in the health of our communities. In 2012, Connecticut hospitals spent \$1.2 billion on community benefit initiatives, and provided more than 12.3 million services to individuals and families.

Connecticut hospitals are committed to initiatives that allow for access to safe, equitable, high-quality care. Providing culturally competent care, eliminating disparities, and achieving health equity are also priorities of Connecticut hospitals.

SB 24 seeks to prevent adolescents and youths from obtaining electronic nicotine delivery systems and imposes penalties on those who provide these devices and tobacco products to the state's youth. The provisions of SB 24 will go a long way toward improving the health and well-being of generations of citizens who might otherwise start a life-long addiction to nicotine and tobacco.

For years, Connecticut hospitals have worked with community partners to prevent tobacco use, as we know that the best way to prevent illness and death associated with tobacco use is to never begin smoking or using tobacco products. Recently introduced to the marketplace, electronic nicotine delivery systems have the potential to addict youths to nicotine and lead them to use other tobacco products.

Generations of Connecticut families have trusted Connecticut hospitals to provide care we can count on. In supporting SB 24, hospitals across the state are also committing to improving, through prevention and education, the health of our communities.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.



American Heart Association | **American Stroke Association**

Committee on Children
February 27, 2014
John Bailey Government Relations Director
American Heart / Stroke Association

SB 24 An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention.

The American Heart Association commends the goal of **SB 24 An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention**, but reserves support for the bill as it is currently written.

Electronic Nicotine Delivery System Youth Access

The American Heart Association is leery of creating a separate category in statute for Electronic Nicotine Delivery Systems or e-cigarettes. We favor including e-cigarettes (and refills) to existing state youth access laws limiting the sale of tobacco products to under-age youth. This is best done by refining the definition of tobacco products to include e-cigarettes.

We recognize that very little is known about e-cigarette prevalence rates among both adults and youth, but we are seeing an increase in consumption especially among youth and that is concerning. The fact that little is known regarding health risks and the impact e-cigarettes have on youth tobacco use or whether they are effective in helping smokers quit is also very troublesome.

New findings from a national survey on youth tobacco use showed that the percentage of middle and high school students using electronic cigarettes doubled from 2011 to 2012. Researchers from the Centers for Disease Control and Prevention examined data from the National Youth Tobacco Survey,¹ which polls about 20,000 adolescents in grades six through 12 on their tobacco-related beliefs and attitudes, use habits and exposure to pro- and anti-tobacco influences. They found e-cigarette use increased from 4.7 percent of surveyed high school students in 2011 to 10 percent by 2012, the last year data was collected.¹ E-cigarette use increased from 1.4 percent of middle school students in 2011 to 2.7 percent last year¹. That worries health officials, because 90 percent of all smokers start when they're teenagers, according to the CDC.¹

The FDA has not approved e-cigarettes as an effective method to help smokers quit. The U.S. Public Health Service has found that that the seven therapies approved by the U.S. Food and Drug Administration in combination with individual or group cessation counseling is the most effective way to help smokers quit. Until and unless the FDA

approves a specific e-cigarette for use as a tobacco cessation aid, the American Heart/Stroke Association does not support any direct or implied claims to that effect. Without regulation by the Food and Drug Administration -- the FDA only regulates e-cigs that claim therapeutic benefits², like smoking cessation -- e-cigarettes can be sold to minors in states that don't restrict the sales. Electronic cigarettes containing nicotine are not subject to the same federal age restrictions as other nicotine-containing products like cigarettes, cigarette tobacco, roll-your-own tobacco and smokeless tobacco, according to the FDA.²

One study finding that concerned the CDC was that one in five middle schoolers used e-cigarettes without ever using a tobacco product¹. The new e-cigarette findings don't suggest kids are skipping tobacco entirely. More than 76 percent of middle and high school students who used e-cigarettes within the past 30 days also smoked an actual cigarette during that time.¹

We look forward to working with the committee on amending language in Senate Bill 24 to ensure that we have a comprehensive and appropriate regulatory framework to deny access to e-cigarettes by youth. We believe accomplishing this goal is best done adding e-cigarettes to existing youth access laws limiting the sale of tobacco products to under-age youth.

Tobacco Control Funding

The American Heart Association is in support of the Governor's recommendation to restore the 50% cut made to the Tobacco and Health Trust Fund in the 2014-2015 biennium budget. We applaud the call for an increase in future allocations to the Tobacco and Health Trust Fund Board for purposes of funding tobacco control programming. The \$12 million increase is admirable but we feel the state can do better by allocating \$16 million, which is half of what the Center for Disease Control and Prevention recommends for Connecticut in terms of best practices.

Heart disease is the leading cause of death for all Americans. About one in five deaths from cardiovascular diseases are attributable to smoking and more than 400,000 Americans die each year of smoking-related illnesses. The largest portion of these deaths are cardiovascular-related. Tobacco use is the leading preventable cause of cardiovascular disease in the United States.

It is critical that we fund tobacco prevention programs to keep kids from smoking because the tobacco companies are spending huge sums marketing their deadly products. The most recent data show the tobacco companies spend \$8.8 billion each year on marketing and promotion, much of which influences kids to smoke.

The evidence is clear that tobacco prevention programs work to reduce smoking, save lives and save money by reducing tobacco-related health care costs. Studies have shown

that the more states spend on tobacco prevention, the lower the youth smoking rates and overall tobacco use.

Sincerely,



John M. Bailey II
American Heart Association/ Stroke Association
Government Relations Director
5 Brookside Drive
P.O. Box 5022
Wallingford, CT 06492

References:

1. CDC National Youth Tobacco Survey http://www.cdc.gov/tobacco/data_statistics/surveys/nyts/
2. FDA E-Cigarettes <http://www.fda.gov/newsevents/publichealthfocus/ucm172906.htm>

Testimony for SB 24

Chairpersons Bartolomeo and Urban and distinguished members of the Committee on Children:

The Vapor Edge is an electronic cigarette business in Naugatuck and Bristol Connecticut. During our past year in business, we have witnessed the benefits of tobacco harm reduction among many Connecticut residents. Many adults who have been long time tobacco users now have the ability to choose an improved lifestyle through the use of electronic cigarettes, which are smoke-free, tobacco-free, and often nicotine-free. Since our opening we have seen and heard our customers return to tell us about the positive effect that electronic cigarettes have had on their lives.

Unfortunately, as is the case with many things adults do, there are minors in the community who consider the use of electronic cigarettes as a means to gain esteem among their peer group or to emulate the behavior of adults who use electronic cigarettes. We at the Vapor Edge would like to continue to serve our adult community in their efforts of tobacco harm reduction, and support the committee in the measure to ban the purchase or use of electronic cigarettes by minors and encourage SB 24 to pass into law.

In an effort to reflect better accuracy, I would like to suggest that wordings to sections of SB 24 be changed. In section 1, I would suggest the phrase "electronic nicotine delivery system" be changed to "vapor products." The phrase "electronic nicotine delivery system" is not optimal because it will send the message to retailers that electronic cigarettes that do not contain nicotine can legally be sold to minors. Additionally, in the sections of the bill detailing punishments for selling or providing minors with "tobacco products" and "cigarettes," we suggest you include the phrase, "vapor products" to clarify that our products are not "tobacco products" under Connecticut law.

While minor modifications to SB 24 are necessary, we applaud the Governor for putting forth a simple, common sense bill that is truly about preventing youths from accessing electronic cigarettes. We urge the committee to reject any amendments to this bill that would impact consumer choice by legal adults. Taxing electronic cigarette products, defining them as "tobacco products," or banning usage where smoking is banned will be both negative for the health of Connecticut smokers and for this fast growing segment of Connecticut's small business community.

Thank you for the opportunity to testify.

George Bouton

Committee on Children
Connecticut General Assembly

Thursday, February 27, 2014

Public Hearing to Discuss Governor's Bill No. 24
An act concerning the governor's recommendations regarding
electronic nicotine delivery systems and youth smoking prevention

Prepared Testimony By:
Rob Dunham
Executive Vice President of Public Affairs
R.J. Reynolds Vapor Company

Thank you for the opportunity to submit written testimony on this important measure. We applaud your effort here today, and I want to voice support for Connecticut Governor Dannel Malloy's proposal to ban the sale of vapor products to minors, and to prohibit youth use and possession of vapor products.

As background, R.J. Reynolds Vapor Company is a subsidiary of Reynolds American Inc., the parent company of R.J. Reynolds Tobacco Company, the second-largest U.S. tobacco company. RAI's companies also include American Snuff Company, the second-largest manufacturer of smoke-free tobacco products; Santa Fe Natural Tobacco Company, manufacturers of Natural American Spirit tobacco products; and Nicovum USA and Nicovum AB, which market innovative nicotine replacement therapy (NRT) products in the U.S. and Sweden, respectively, under the Zonnic brand name.

All of our companies are guided by a strong belief that minors should never use any form of tobacco or tobacco-derived nicotine products, including vapor products, also known as e-cigarettes.

Vapor products are a new form of tobacco-derived product. Industry analysts have stated that the vapor business is worth about \$2 billion a year. It is appropriate for legislators to seriously consider the most responsible manner in which to treat these products, and we absolutely share in your interest in keeping these products out of the hands of minors.

Connecticut state law currently prohibits anyone from selling or giving tobacco products to anyone under the age of 18. The law specifically names cigars, cigarettes, cigarette papers or wrappers and tobacco in any form, but it does not include the new e-cigarettes, which were introduced into the market around 2006. The current law also provides for conviction of a gross misdemeanor for anyone violating this law.

Vapor products are fast emerging as a non-combustible alternative to smoking traditional cigarettes, but they still contain nicotine, which is addictive and, therefore, not appropriate for use by

minors. These vapor products are being sold in more and more stores, and are also easily available online.

This bill would properly define vapor products and would make it illegal for anyone to sell or give a vapor product to anyone under the age of 18. Anyone convicted of doing so would be found guilty of a gross misdemeanor, which we believe would act as a deterrent.

RAI and its operating companies believe that reducing youth tobacco use is essential for the integrity of our businesses. Significant headway has been made in dramatically reducing teen smoking over the past 20 years, but we believe that more can, and should, be done to further reduce youth tobacco use. And, as part of our strategy to transform the tobacco industry, we are working to accelerate the decline in youth tobacco use through many corporate, educational and legislative initiatives. We're especially proud of our support for the evidenced-based Right Decisions Right Now online youth tobacco prevention program, which is available free of charge to educators, parents and community groups.

Governor's Bill No. 24 is a very necessary step to close the legal loophole on youth tobacco use and strengthen youth tobacco prevention in this state, and I urge legislators to adopt it without reservation.

Thank you for your time and consideration.



American Cancer Society
Cancer Action Network
825 Brook Street
I-91 Tech Center
Rocky Hill, CT. 06067
(203)-379-4850
www.acscan.org

Children's Committee

February 27, 2014

American Cancer Society Cancer Action Network Testimony

RE: SB 24 An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention.

Electronic Nicotine Delivery System Youth Access

While the intent to restrict youth access to e-cigarettes is both appropriate and necessary, the American Cancer Society Cancer Action Network (ACS CAN) must respectfully oppose, unless amended, the provisions in SB 24 pertaining to Electronic Nicotine Delivery Systems, or e-cigarettes. This bill would create a separate classification for e-cigarettes, which would exempt them from existing tobacco control laws and policies.

Until sound scientific evidence clearly shows that e-cigarettes are safe and effective as a cessation aid, ACS CAN will only support laws that treat e-cigarettes like all other tobacco products, including taxation and inclusion in smoke-free/tobacco-free laws.

Over the last several years, there has been a dramatic growth in the marketing and sale of e-cigarettes and in the claims being made by e-cigarette manufacturers, as well as a proliferation in the various types of e-cigarettes being sold. Despite the dramatic rise in the use of e-cigarettes, very little is known about their actual health risks or their impact on youth tobacco use or whether they are effective in helping smokers quit. *No federal agency currently regulates how e-cigarettes are made or how and to whom they are marketed and sold.*

Growing evidence shows electronic cigarettes are a growing problem among youth. A recent Centers for Disease Control and Prevention (CDC) report (National Youth Tobacco Survey, reported in Sept 5, 2013 Morbidity and Mortality Weekly Report) shows that in the United States from 2011 to 2012—just one year—the percentage of youth (middle and high school students) using e-cigarettes more than doubled. Recent use of e-cigarettes among 6-12 year olds almost doubled in the same time period. Adults are also reporting greater use of e-cigarettes. CDC estimates that one in five adults have tried an e-cigarette, doubling from ten percent in 2010 to 21 percent in 2011.

Furthermore, more than 75% of the youth surveyed who used e-cigarettes also smoked conventional cigarettes.

The e-cigarette industry wants the public to believe that these products are a safe alternative to smoking; however, there is no reliable research to support this claim. The e-cigarette industry is using a number of marketing techniques originally employed by the cigarette companies to addict youth, including the use of candy- and fruit-flavors. E-cigarettes come in cotton candy, gummy bear, bubble gum flavors, Atomic Fireball, orange soda, as well as grape, apple and strawberry.

More research and regulation is needed on electronic cigarettes. There simply isn't enough high-quality, objective scientific evidence yet to know whether e-cigarettes are safe or effective. And there is currently no scientific evidence to back up the electronic cigarette industry's claims that their products are safe.

Effective regulation is absolutely essential to guard against potential health risks and prevent e-cigarettes from creating a new generation of youth tobacco users, increasing the overall number of people addicted to nicotine, convincing current tobacco users not to quit or re-glamorizing the act of smoking.

Tobacco Control Funding

While this new funding does not reach the recommended level of \$32 million from the recently updated *CDC's Best Practices for Tobacco Control Programs*, ACS CAN supports the Governor's recommendations relating to tobacco control program funding in SB 24. The bill calls for the restoration of the 50 percent cuts made to the Tobacco and Health Trust Fund (THTF) in the 2014-2015 biennium Budget as well as to future allocations for tobacco control program funding by the THTF Board. Additionally, the bill calls for the Board to have the authority to recommend for annual allocation any unobligated funds within the THTF, up to \$12 million. We recommend, however that the annual deposit be increased from \$12 million to \$16 million, half of the annual state spending recommended by the CDC.

Tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use kills more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, homicides and suicides combined. The U. S Surgeon General recently released a new report upon the 50th anniversary of the original landmark study on the consequences of smoking that revealed ***480,000 Americans die each year from tobacco-related illnesses and tobacco use costs the economy about \$300 billion per year in health care costs and lost productivity. Over the last 50 years, more than 20 million premature deaths have been caused by smoking, including more than 6.5 million preventable cancer deaths.***

Tobacco is responsible for roughly 1/3 of all cancer deaths – or nearly 2,300 cancer deaths in CT this year. Currently, 17.1% of adults in Connecticut and 15.9% of high school aged kids smoke, spending on average \$3000 per year on the habit.

Connecticut incurs \$1.63 billion in annual health care costs and another \$1 billion in lost productivity directly caused by tobacco use.

Connecticut receives over \$500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of TCP and smoking cessation programs and services. In 2013 we spent \$6 million on TCP, however in 2014 that number has been cut in half. While programs with proven results continue to be underfunded, the annual health care costs associated with tobacco use continue to increase.

Overall, 4700 people in Connecticut will die from tobacco use in 2014 and sadly, another 4300 will start the habit this year. 120 million packs of cigarettes were sold in CT last year, including 8 million that were smoked by kids. 70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

Evidence-based tobacco use cessation methods have been proven to be effective in a variety of populations. Currently TCP services in Connecticut are sparse and under advertised. Programs that do exist at some Community Health Centers, local health departments/ districts, and hospitals, are supported by specific grants from the Tobacco and Health Trust Fund, Federal Block Grants or other funding that is not sustainable. Many of these programs cease when these special funds are gone.

The U.S. Centers for Disease Control and Prevention recommend that Connecticut spend \$32 million, or just \$8.92 per capita, annually on programs to prevent kids from ever trying tobacco and to help adults quit. Connecticut has never fully funded its tobacco control programs to the level recommended by the CDC. In fact, if all state spending over the twelve years since the Master Settlement is combined, the total doesn't amount to even one year's recommendation. This proposal is a first step in the right direction.

We can and must do more to improve Connecticut's tobacco prevention and cessation efforts. Restoring previous cuts is a very welcome start.

We appreciate the Governor's leadership in moving quickly to restore these critical funds after tough fiscal choices had to be made in 2013, and we are pleased he supports increasing the overall amount of potential funds available through the THTF for tobacco control programs. We look forward to working with his Administration and the legislature to increase the annual deposit from the Master Settlement to the THTF as well as the amount the THTF Board shall allocate towards Tobacco Control programs (TCP)

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STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

TESTIMONY SUBMITTED TO THE COMMITTEE ON CHILDREN
February 27, 2014

Anne Foley, Chair
Tobacco and Health Trust Fund Board of Trustees

Testimony Supporting Senate Bill No. 24

AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE
DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION

Senator Bartolomeo, Representative Urban and distinguished members of the Committee on Children, thank you for the opportunity to submit testimony in support of Senate Bill No. 24, An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention.

The Tobacco and Health Trust Fund (THTF) is a separate, non-lapsing fund that receives deposits from the Tobacco Settlement Fund. The Fund is administered by a Board of Trustees, which makes annual recommendations to legislative committees of cognizance regarding disbursements for statutorily authorized purposes - primarily programs that reduce tobacco abuse through prevention, education, and cessation programs.

Pursuant to Public Act 13-184, the Board is only authorized to recommend disbursements of up to \$3 million in FY 2015, and is not authorized to make any disbursements in FY 2016. In FY 2017, the Board is limited to recommending disbursements of one half of the annual deposit to the THTF (typically \$12 million is deposited), plus any net interest earnings from the previous fiscal year.

The Centers for Disease Control and Prevention (CDC) have developed recommended funding levels that each state should be investing annually in tobacco control programs based on the total state funding received from tobacco tax revenue and settlement payments. Connecticut, for FY 2014, will fall short of that goal, spending only 6.8% of the recommended amount. The Governor's Bill recognizes the importance of investing in tobacco prevention and cessation efforts and proposes to remove the current moratorium on disbursements in FY 2016, and increase the maximum amount the THTF Board can disburse. The bill, beginning in FY 2015, sets the maximum recommended annual disbursements at the total unobligated balance in the Fund, subject to a \$12 million cap. The unobligated balance is defined to be the amount remaining after any other disbursements have taken place in accordance with the general statutes and any relevant public and special acts.

In addition to this change, the bill prohibits the sale of e-cigarettes and other electronic nicotine delivery systems to minors, as well as the possession and purchase of these products by minors, mirroring the current existing statutes regarding tobacco products. The bill further enhances the state's efforts to prevent tobacco use among minors by implementing a new online tobacco prevention program for first-time violators who sell tobacco products to underage youth; lengthening the timeframe in which higher civil penalties are issued to retailers who commit subsequent violations; and criminalizing the sale of "loose" cigarettes.

I would like to again thank the committee for the opportunity to present this testimony. I respectfully request that the Committee act favorably on this bill.

Cheryl L. Richter
82 Barholm Avenue
Stamford CT 06907
203-253-2372
cheryl@cherryvape.com

Written Testimony for SB 24- Ban of E-Cigarette sales to minors and the definition of these products as "Tobacco."

Last year I spoke before you and told you my story: My name is Cheryl Richter. I'm a 20 year resident of Stamford, and a voter. I smoked for 30 years and never had another cigarette after I tried my first e-cig. It was a miracle. I set out to tell every smoker I knew about e-cigarettes. It became my passion.

I speak as a single mom raising a teenager to do what's right; as a small business owner who manufactures products here in Connecticut and is opening a store in Norwalk. And as a member of the National Vapers Club, which made up of vapers who volunteer to raise money for research, educate, and help protect the rights of vapers.

I work three jobs to keep a roof over my son's head. My business partner is a carpenter. We are NOT big tobacco. We are entrepreneurs that saw a safer way out of a life-long addiction. We are anti-tobacco – vehemently. What we have in common with all the other vaping business owners we know—what we all share—is a desire to help people rid their lives of a habit that kills.

Big Tobacco doesn't like us either, and only entered this industry when we started hurting their bottom line. We share that we are all victims of tobacco. We all know someone who has died from smoking, many close family members. In the past 2 years I lost a good friend, two aunts and my father to smoking related illnesses. It's a pain that I do not wish on anyone. That pain has fueled my passion.

We share that anti-smoking passion with the ALA, the American Cancer Society and the other anti-smoking organizations, who for some bizarre reason, don't stand with us.

What we don't share with these groups is an ideology that says only a pharmaceutical product is worth endorsing because Big Pharma writes big checks. What we don't share is a dogma that says because something is similar in name or appearance it has the same dangers, especially when one burns and causes cancer, while the other is electronic and has no carcinogens. We don't share the belief that vaping glamorizes smoking, because we are not-smoking. Just like it's not glamorizing alcohol when you drink a glass of grape juice, just because it looks like wine.

We do share these anti-group's belief that children should not use vaping products and that stores should not sell them to children. We were marketed to by Big Tobacco when we were children. Connecticut vape shops have collectively volunteered not to sell to children and have enacted self regulations – no one under 18 in their stores, childproof caps, warning labels, etc. We believe there

should be a ban to minors in Connecticut—most of us are parents ourselves. Yes, it's true, we REALLY don't want another generation to grow up addicted to nicotine.

What we do not agree with is adding in the definition of vaping products as "tobacco for regulatory purposes."

Jeff Stier, who is a Senior Fellow at the National Center for Public Policy Research in Washington, D.C., and heads its Risk Analysis Division, wanted me to ask this question of you about your proposed ban to minors: "Why ruin a perfectly good bill by putting in a factually incorrect claim that e-cigarettes are tobacco, when they're not?"

Why indeed? We know that last year, the ALA hop-scotched across the country opposing simply-worded bans to minors in every state they could...just to keep them legal and people could accuse us of marketing and selling to children. Here it is a year later and we've got a bill that the industry would love to support only it's got terminology that could decimate our businesses.

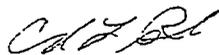
We don't believe that we should be made to follow the same punitive regulations as an industry that markets to kill, nor should we be taxed the same way, or forced to register for tobacco licenses. We don't sell tobacco! These rules could come into play if we're deemed tobacco.

It is an insult to me and my colleagues to be accused of selling to children. It is an insult to be called Tobacco. See this for what it is. Scratch out the tobacco definition and please just pass a ban to minors.

What we believe is that when free-market entrepreneurs discover an answer to a decades-long problem, it should be supported in its infancy by our state representatives. Not squashed to the point that adult smokers are warned away from them by hysteria so they continue smoking. Not killed by making it so expensive that we couldn't even afford to make the products.

Smoking kills ½ million people a year in the US. If there was one thing you could do to really help your constituents, it would be to open up the market and lead smokers to this life-changing alternative

Sincerely,



Cheryl L Richter
Co-Owner, Cherry Vape LLC
82 Barholm Avenue
Stamford CT 06907
203-968-9876 (home)
203-253-2372 (mobile)
cheryl@cherryvape.com



**TESTIMONY OF Ingrid Gillespie,
President, Connecticut Prevention Network**

**IN FAVOR OF
SB 24- AN ACT CONCERNING THE GOVERNOR'S
RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE
SYSTEMS AND YOUTH SMOKING PREVENTION
Children's Committee Public Hearing, Feb. 27, 2014**

Senator Bartolomeo, Representative Urban and Members of the Children's Committee, my name is Ingrid Gillespie and I serve as President of the Connecticut Prevention Network and the Regional Action Council Director of the Lower Fairfield County Regional Action Council. The Ct Prevention Network is made up of the thirteen regional action councils, which combined cover the entire state of Connecticut and work to provide every community with education, training, and advocacy for substance abuse prevention and related community concerns such as behavioral health issues, violence, teen pregnancy, drunk driving, sexually transmitted infections, HIV/AIDS and suicide.

I am here today to testify in favor of Senate Bill 24- An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Systems and Youth Smoking Prevention. At present, there are no Federal or Connecticut restrictions preventing youth from obtaining e-cigarettes, and e-cigarettes are available in fruit and candy flavors – including bubble gum, gummy bear and chocolate – that appeal to adolescents and have been banned from cigarettes. E-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings such as a fruit, mint, or chocolate. Potentially harmful constituents also have been documented in some e-cigarette cartridges, including irritants, genotoxins, and animal carcinogens.

According to a survey published the Centers for Disease Control and Prevention, from 2011–2012, among all students in grades 6–12 ever e-cigarette use increased from 3.3% to 6.8%. And in that same survey, 1 in 5 middle school students who've tried one say they've never smoked a "real" cigarette.

Nicotine, which is contained in e-cigarettes is an addictive drug. Research on brain development has indicated that adolescents are more vulnerable than any other age group to addictions including nicotine because the regions of the brain that govern impulse and motivation are not yet fully formed.

Ninety percent of all substance addictions begin in the teen years. Therefore, in the absence of regulations regarding sales to minors, e-cigarettes may promote nicotine addiction among our youth.

Stores that have opened in Connecticut that market the products and sell electronic cigarettes across the state will likely lead to more youth trying these products. There are known stores that focus on selling electronic cigarettes and vapors in Branford, Danbury, Milford, East Haven, Enfield, Trumbull and a prevalence of marketing on the Internet, television, print or billboards on our highways. Even well-intentioned sellers who check identification cannot stop kids who are able to purchase e-cigarettes online without restriction.

At least 27 states, including New York and New Jersey, have prohibited the sale of electronic cigarettes or vaping/alternative tobacco products to minors and others have similar proposals (National Conference of State Legislatures). Recently, Attorney General Jepsen was one of the attorneys general from 40 different states and territories that co-signed a letter asking the Food & Drug Administration to regulate e-cigarette sales at a federal level last year. But we should not have to wait for the federal government to act. We support the Governor's proposal to prevent any type of smoking for those under eighteen.

The Connecticut Prevention Network urges you to pass Senate Bill 24 and prohibit the sale of electronic cigarettes to minors.



Middlesex County Substance Abuse Action Council

A Council of the Business Industry Foundation of Middlesex County
 393 Main Street, Middletown, CT 06457 • (860)347-5959 • www.mcsaac.org

TESTIMONY OF Middlesex School Superintendents Association Middlesex County, Connecticut

IN FAVOR OF SB 24- AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE SYSTEMS AND YOUTH SMOKING PREVENTION Children's Committee Public Hearing, Feb. 27, 2014

Senator Bartolomeo, Representative Urban and Members of the Children's Committee, my name is Lorenzo Marshall and I am a staff member of the Middlesex County Substance Abuse Action Council, or MCSAAC. I come before you today on behalf of the eleven public school superintendents of Middlesex County. The superintendents are very concerned about the thousands of youth in our county who presently have easy, legal access to nicotine through electronic cigarettes. All eleven superintendents have affixed their names to this testimony.

We are strongly in favor of Senate Bill 24 - An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Systems and Youth Smoking Prevention. At present, there are no Federal or Connecticut restrictions preventing youth from obtaining e-cigarettes, and e-cigarettes are available in fruit and candy flavors – including fruit punch, bubble gum, gummy bear, and chocolate – that appeal to adolescents and have been banned from regular cigarettes. E-cigarette cartridges typically contain a strong dose of nicotine, an aerosol component (propylene glycol), and flavorings such as a fruit, mint, or chocolate.

While lobbyists for the e-cigarette industry claim that "vaping" (use of e-cigarettes) is a good way to quit tobacco smoking, virtually all of their advertisements prove otherwise. The ads portray glamorous young women "vaping" to avoid bad breath and smelly hair, while virile looking young men are encouraged to "take back your freedom" and use e-cigarettes anywhere and everywhere.

According to the latest published survey published the Centers for Disease Control and Prevention, among all students in grades 6–12, kids trying and/or actively using e-cigarettes more than doubled between 2011 and 2012. In that same survey, 1 in 5 middle school students who had never touched a "real" cigarette reported that they had tried an electronic version.

More and more stores in Connecticut are carrying e-cigarettes and related paraphernalia. One retailer has a large storefront on Main Street in Middletown, for example. Combined with marketing on the Internet, television, print media and billboards, the pressure and opportunity to use e-cigarettes will become enormous.

At least 27 states, including New York and New Jersey, have prohibited the sale of electronic cigarettes or vaping/alternative tobacco products to minors and others have similar proposals (National Conference of State Legislatures). Recently, Attorney General Jepsen was one of the attorneys general from 40 different states and territories that co-signed a letter asking the Food & Drug Administration to regulate e-cigarette sales at a federal level last year. But we should not have to wait for the federal government to act. We support the Governor's proposal to prevent any type of smoking for those under eighteen.

The school superintendents of Middlesex County, Connecticut urge you to pass Senate Bill 24 and prohibit the sale of electronic cigarettes to minors.

Dr. Patricia Charles (Middletown)

Ms. Patricia Ciccone (Westbrook)

Mr. Jack Cross (Clinton)

Dr. Sally Doyen (Portland)

Ms. Diane Dugas (East Hampton)

Dr. Mary Beth Iacobelli (East Haddam)

Dr. Ruth Levy (Essex, Chester & Deep River)

Ms. Jan Perruccio (Old Saybrook)

Dr. Paula Talty (Cromwell)

Mr. Howard Thiery (Haddam & Killingworth)

Dr. Kathryn Veronesi (Durham & Middlefield)



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Children's Committee
February 27, 2014

Good morning Senator Bartolomeo, Representative Urban, and distinguished members of the Children's Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services (DMHAS), and I am here this morning to speak in favor of SB 24 AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION. I would like to thank the committee for giving me the opportunity to testify in support of this proposal.

The proposal before you is part of the Governor's legislative package and the Department worked very closely with OPM on this legislation.

Youth access laws are considered an important element of a long-term, well-funded, and comprehensive strategy to reduce cigarette use among youth, and Connecticut, along with the other 49 states and the District of Columbia, have met our overall goal of reducing illegal tobacco sales to minors as set forth in the federal Synar Amendment.

Electronic cigarettes represent a new phase of the nicotine epidemic and a new route to nicotine addiction for minors. Studies from the Center for Disease Control and the University of California San Francisco reported a doubling of e-cigarette use among middle and high school students in 2011-12, and that youth using e-cigarettes were more likely to be trying to quit, but also were less likely to have stopped smoking and were smoking more, not less. We also know anecdotally (from a February 17th National Public Radio article) that teens are attracted to e-cigarettes because of the "cool" flavors, the reduced costs, and the ease of use. However, use of e-cigarettes is associated with heavier use of conventional cigarettes and may increase harm by creating a new pathway for youth to become addicted to nicotine and by reducing the odds that an adolescent will stop smoking conventional cigarettes.

If passed, this law would add electronic cigarettes to the list of products that will result in a fine if sold, given or delivered to persons under 18 years old. Connecticut will also join the 27 other states

Testimony of Commissioner Patricia Rehmer, DMHAS

that have prohibited the sale of electronic cigarettes or vaping alternative tobacco products to minors.

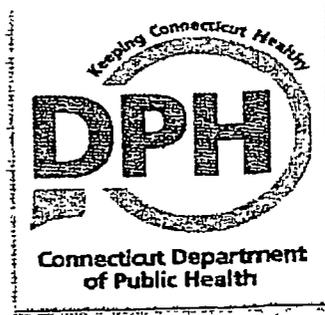
I would also ask your support for the requirement of the completion of an on-line tobacco prevention education program for those who sell, give or deliver tobacco products to minors for the first time. Educating retail merchants on youth access issues, legal responsibilities and liabilities of selling tobacco in Connecticut is an important strategy to obtain compliance with the state's tobacco laws. The on-line training will be administered by DMHAS and is intended to help tobacco retailers, clerks, and store owners learn more about state and federal tobacco laws, and the associated legal requirements. The interactive learning components are designed to build on the trainees' skills and knowledge to prevent merchant sales of tobacco products to youth under the age of 18. We are also proposing to lengthen the time frame in which a higher penalty can be assessed for repeat violations from 18 to 24 months. This increased time frame will allow for the completion of all return inspections within the higher penalty period and bring the state more in line with the FDA's fine structure.

In addition, the bill before you allows for the fining of individuals for the sale of loose cigarettes to anyone giving law enforcement the power to act where these violations are witnessed. Single cigarettes are easier and cheaper to purchase and may increase smoking initiation in young people and continued addiction for older individuals. DMHAS would ask that you support this change as well.

Finally, I am supportive of the proposed changes to the operation of the Board of Trustees of the Tobacco and Health Trust Fund. Specifically, the bill restores operation of the Board during FY 2016. It also raises the maximum amount that the Board may recommend to be disbursed from the Fund when reporting each year to the Joint Standing Committees on Appropriations and Public Health. Increasing this amount to equal the unobligated balance in the Fund, subject to a \$12 million cap, will allow for enhanced programming intended to combat tobacco abuse.

I respectfully request that the Committee take favorable action on this bill as it will complement our comprehensive tobacco efforts and increase the likelihood of reduced underage tobacco use and nicotine addiction in our state.

Thank you for your time and attention to this matter. I would be happy to answer any questions you may have regarding this proposal.



Connecticut Department of Public Health

Testimony Presented before the Committee on Children
February 27, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

**Governor's Bill 24 - An Act Concerning The Governor's Recommendations Regarding
Electronic Nicotine Delivery Systems And Youth Smoking Prevention.**

Good morning Senator Bartolomeo, Representative Urban, and distinguished members of the Committee on Children. I am Commissioner Jewel Mullen of the Department of Public Health (DPH) and I am here today to testify in strong support of Governor's Bill No. 24, An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention.

By prohibiting the sale of electronic nicotine delivery systems to minors, this bill will reduce the number of youth becoming addicted to nicotine and remove a potential entry point for youth to transition to using, and becoming addicted to, more conventional tobacco products.

The sale of electronic nicotine delivery systems, commonly known as "e-cigarettes", is a burgeoning industry that has almost tripled over the last year, increasing from an estimated \$500 million in 2012 to \$1.7 billion in 2013. These devices, unlike cigarettes and other conventional tobacco products, are not subject to federal laws regulating marketing to youth. As a result, advertising techniques for these products using "kid-friendly" bubblegum or chocolate flavoring, television ads, celebrity endorsements, and cartoon characters can target youth in a way that cigarettes have not been able to utilize since the 1960s.

The safety of these devices, which uses electronic means or a chemical reaction to heat and vaporize a liquid nicotine solution, creating a vapor "smoke" that is breathed in by the user, has not yet been confirmed. However, studies from an FDA 2009 laboratory analysis of two leading e-cigarette brands found: (1) the products contained detectable levels of known carcinogens and toxic chemicals; (2) quality control processes used to manufacture the products were inconsistent or non-existent; (3) cartridges that were labelled as "containing no nicotine" did actually contain low levels of nicotine; and (4) markedly different amounts of nicotine were emitted from cartridges claiming to have the same levels of nicotine. This analysis, while preliminary, raises significant concerns.

*Phone: (860) 509-7269, Fax: (860) 509-7100, Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 13GRE, P.O. Box 340308 Hartford, CT 06134
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According to the Centers for Disease Control and Prevention, use of e-cigarettes by youth has more than doubled between 2011 and 2012. In Connecticut, new data from the Youth Tobacco Survey indicates that 13.4% of high school students have tried electronic cigarettes, which is higher than the national average. In addition to being exposed to addictive nicotine, the increased consumption of these devices by youth has the potential to lead to experimentation with other tobacco products. Research shows us that the earlier someone starts using tobacco, the more addicted they will become and the harder it will be to quit. Ninety percent of all smokers begin smoking by age eighteen – and, if someone has not started smoking by age 21, it is not likely that they will. For these reasons, we support the Governor's proposal to prohibit minors from purchasing e-cigarettes and other related devices, mirroring the same laws we currently have for cigarettes and other tobacco products.

The bill also seeks to prevent youth access to tobacco products through the implementation of a Tobacco Prevention Education program for first-time offenders who sell tobacco products to minors. This program, administered by the Department of Mental Health and Addiction Services (DMHAS), aims to reduce repeat violations, as well as the overall retailer violation rate, through an innovative on-line training simulation. In order to further combat repeat violations, the bill increases the time period in which a higher penalty can be assessed for subsequent offenses from eighteen to twenty-four months after a first violation.

In addition, the bill increases the capacity for local law enforcement to take action on sellers of "loose" cigarettes by making it a criminal violation, punishable by a fine. This provision will help reduce the availability of cheaper and more accessible tobacco products by minors.

Finally, the bill increases the maximum amount of funding available for tobacco prevention and cessation efforts by allowing the Board of the Tobacco and Health Trust Fund to recommend the entire unobligated balance remaining the Fund, subject to a \$12 million cap.

I respectfully request that the Committee take favorable action on this bill. Thank you for your consideration of the Department's views.



**Testimony of the Connecticut Children's Medical Center
to the Committee on Children regarding**
*Senate Bill 24 An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine
Delivery Systems and Youth Smoking Prevention and*
Senate Bill 48 An Act Concerning Nutrition Standards for Child Care Settings
February 27, 2014

Senator Bartolomeo, Representative Urban, members of the Committee on Children, thank you for the opportunity to share my thoughts about *Senate Bill 24 An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention* and *Senate Bill 48 An Act Concerning Nutrition Standards for Child Care Settings*. My name is Dr. Michelle Cloutier, and I am the Director of the Asthma Center and the leader of the Hartford Childhood Wellness Alliance at the Connecticut Children's Medical Center and a Professor of Pediatrics at the University of Connecticut School of Medicine. I am submitting this testimony as a pediatrician and lung specialist in support of these two proposed bills.

E-cigarettes were ostensibly designed to feed people's nicotine addiction without the other toxic substances in conventional cigarettes. While there is debate about the purpose of e-cigarettes, there are a number of important facts. The first is that smoking remains the single biggest cause of preventable death in the United States (followed closely now by obesity). Cigarettes are the only known product that, when used as intended, make people sick. Most smokers today started in adolescence and most are unable to quit by the time they are 18 years of age. Here in Connecticut, 12% of middle school children and 37% of high school youth have tried smoking.

E-cigarettes have made smoking attractive to young people and are being marketed to young people. Celebrities use them and they come in flavors like cherry, vanilla or cola. In my opinion, E-cigarettes are a gateway to traditional cigarettes for young people. E-cigarettes are also being advertised to youth and smoking is once again being made to appear attractive, cool and sexy. "Blu e-cigarettes look and taste like a real cigarette. Make the switch to Blu today." Young people are not using e-cigarettes to quit smoking but as a starting product to smoking. The health hazards of e-cigarettes are not known. Nicotine has no known health benefit and the vehicle, propylene glycol, is a potential lung irritant, the long term consequences of which are not known. Preventing smoking is the most effective strategy to decrease smoking rates in Connecticut and in youth and restricting access is one step to achieving that goal. I urge you to support this bill to limit access to electronic nicotine delivery systems and all efforts to prevent smoking in youth.

Turning now to Senate Bill 48, despite the report 3 days ago from the Centers for Disease Control and Prevention about the significant decrease in obesity rates in young children (from 14% to 8%), rates of overweight and obesity in preschool children in Hartford and in Connecticut, as recently as 2012, remain

high. The reasons for this recent decline in national rates are not known, but it is clear that more attention is being paid to weight in young children today as compared to 15 years ago. A 2014 study in the *New England Journal of Medicine* demonstrated that early childhood (before 5 years of age) is the time period associated with the most rapid increases in Body Mass Index (BMI), a measure of weight for height. Known risk factors for overweight and obesity in young children include consumption of sugar sweetened beverages, juice and whole milk. This bill will bring our child care centers in line with the American Academy of Pediatrics (AAP) very clear recommendations on sugar sweetened beverages (SSBs), juice and milk consumption in young children. Namely, no juice or SSB should be offered to children less than 6 months of age. Children over 6 months of age should consume no more than 6 ounces of 100% fruit juice a day. For milk, unless medically indicated, children over 2 years of age should consume no more than 16 ounces of 1% or 2% milk per day.

These recommendations should be implemented in our child care centers. Sugar sweetened beverages have no nutritive value and are empty calories. When consumed, they do not replace other calories but rather add on to the caloric content of a meal. There is no reason for SSBs to be served in child care centers. Water is an excellent replacement. Limiting juice and eliminating SSB consumption, coupled with a reduction in the fat content and volume of milk consumed beginning at 2 years of age could be a major step in the prevention of childhood obesity. A study that we conducted at Connecticut Children's Medical Center involving children 2-4 years of age demonstrated that reducing juice intake and changing to no more than 2 cups a day of 1 percent milk, according to the recommendations of the AAP, were effective in blunting the BMI trajectory in young children. These measures are simple and right for our children.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.