



March 22, 2017

Hon. Joseph McNamara
Chairman, House Committee on Health, Education and Welfare
Rhode Island State House
Providence, RI 02903

RE: H5821 -- AN ACT RELATING TO HEALTH AND SAFETY -- PUBLIC HEALTH AND WORKPLACE SAFETY ACT

Dear Chairman and Members of the Committee:

The undersigned public health organizations and public health professionals strongly support H5821 which would expand Rhode Island's smokefree law by prohibiting the use of electronic nicotine delivery system products in enclosed public places and enclosed facilities within places of employment.

The use of electronic cigarettes containing tobacco-derived highly addictive nicotine continues to be on the rise in the United States and in Rhode Island. In the US, more middle and high school students use e-cigarettes than traditional cigarettes.ⁱ Data from the 2015 National Youth Tobacco Survey conducted by the US CDC shows that more than 3 million middle and high school students were current e-cigarette users, up from an estimated 2.46 million in 2014.ⁱⁱ In 2015, Rhode Island data about student e-cigarette use was collected for the first time, e-cigarettes exceeded the use of all other tobacco products: e-cigarettes (19.3%), cigars, cigarillos or little cigars (8.4%) and cigarettes (4.8%).ⁱⁱⁱ This skyrocketing of use is not limited to youth – as the rate of use among current and former adult smokers who have ever used electronic cigarettes nearly quadrupled from 9.8% in 2010 to 36.5% in 2013.^{iv}

One of the newest and most compelling pieces of data, is the U.S. Surgeon General's report "E-Cigarette Use Among Youth and Young Adults" that was released in December of 2016.^v This groundbreaking report concluded that flavors in e-cigarettes are one of the main reasons youth use them, e-cigarette aerosol is not safe, e-cigarette use is strongly associated with the use of other tobacco products among youth and young adults and most importantly, e-cigarette use among youth is now a significant public health concern and steps must be taken by parents, educators and especially policymakers to discourage use of e-cigarettes.

Electronic cigarettes produce an aerosol of potentially harmful substances. Their use in workplaces and public places where smoking of traditional tobacco products is prohibited creates concern and confusion and leads to difficulties in enforcing the smoking prohibitions. The World Health Organization (WHO) recommends that electronic smoking devices not be used indoors, especially in smokefree environments, in order to minimize the risk to bystanders of breathing in the aerosol emitted by the devices and to avoid undermining the enforcement of smoke free laws.^{vi}

The exponential growth in use of e-cigarettes is only made worse by the fact that the electronic cigarette and “vaping” industry has been largely unregulated. It was only recently, in August of 2016, that the Food and Drug Administration finalized a rule to regulate all tobacco products. In the absence of federal regulation, the RI General Assembly decided in 2014 to take action to protect RI youth from an unregulated product whose safety is unproven, by passing a law to prohibit the sale of e-cigarettes to minors and also require sellers of e-cigarettes to be licensed and regulated by the RI Department of Health. We now encourage the RI General Assembly to add electronic smoking devices to our indoor smokefree laws.

Tobacco use remains the leading preventable cause of disease, disability and death in the United States and in Rhode Island, responsible for nearly a half-million deaths nationwide, including more than 1600 deaths statewide per year. And while e-cigarettes are touted by some as smoking cessation aids, *there is no scientific evidence to support this claim and the FDA has not approved any e-cigarettes as a safe or effective method to help smokers quit.*

Rhode Island has long been a national leader in strong smokefree laws protecting workers, children, and non-smokers from secondhand smoke exposure. We were the 7th state in the nation to enact a comprehensive statewide indoor smokefree law in 2005. In 2015, we celebrated the tenth anniversary of this landmark smokefree law. H5821 would update our smokefree law to include electronic smoking devices which protects the public’s health and deters smoking.

We have established a strong social norm in Rhode Island over the course of ten years that all indoor non-private residence areas are smokefree. People who wish to smoke tobacco or any substance know that they need to go outside to smoke. People who wish to use e-cigarettes should also go outside to use them. ***Our indoor public spaces and workplaces should be completely free of any device use that pollutes the air we all breathe, whether it be smoke or aerosol or vapor.***

There is currently no scientific evidence establishing the safety of e-cigarettes. In initial lab tests conducted in 2009, FDA found detectable levels of toxic cancer-causing chemicals, including an ingredient used in anti-freeze, in two leading brands of e-cigarettes and 18 various cartridges.^{vii}

There is no evidence that shows the aerosol emitted by e-cigarettes is safe for non-users to inhale. In fact, two initial studies have found formaldehyde, benzene and tobacco-specific nitrosamines (a carcinogen) coming from the secondhand emissions from e-cigarettes.

The use of e-cigarettes in public places and workplaces may also complicate efforts to enforce and comply with smoke free laws.

The undersigned public health organizations and public health professionals strongly support including a prohibition on use of e-cigarettes in indoor workplaces and public places.

Sincerely yours,

Jennifer Wall, Director of Health Education & Public Policy
American Lung Association of the Northeast

Karen Dalton, Executive Director
Rhode Island Academy of Family Physicians

New England Laborers' Health and Safety Fund

Patricia Nolan, MD, MPH
Former Director, Rhode Island Department of Health

Amanda M. Jamieson, PhD.
Public Health Advocate

ⁱ U.S. Centers for Disease Control and Prevention (CDC), "Tobacco Use Among Middle and High School Students — United States, 2011-2015," *Morbidity and Mortality Weekly Report (MMWR)* 65(14):36

ⁱⁱ Centers for Disease Control and Prevention. Tobacco Product Use Among Middle and High School Students - United States, 2011 -2014. *Morbidity and Mortality Weekly Report* 2015; 64: 381-5.

ⁱⁱⁱ Center for Disease Control. Youth Risk Behavior Health Survey, 2015. <http://www.health.ri.gov/data/adolescenthealth/tobacco/>

^{iv} Brian A. King, Roshni Patel, Kimberly Nguyen, and Shanta R. Dube. "Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010-2013." *Nicotine & Tobacco Research*. First published online September 19, 2014, doi:10.1093/ntr/ntu191

^v U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016

^{vi} World Health Organization (WHO), "Electronic nicotine delivery systems," World Health Organization (WHO), 2014.

^{vii} U.S. Food and Drug Administration. "Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA." July 22, 2009. Available at: <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.