

Good Afternoon My name is \_\_\_\_\_, I work for \_\_\_\_\_ and I am here to oppose HB 304. I am an ex smoker of \_\_\_\_\_ years and I quit smoking using a personalized vapor device, what some would refer to as an e-cig. The device I use is made of multiple components that do not contain nicotine, but with this tax those components will be taxed. I use A liquid referred to as E-liquid that contains Propylene Glycol, Vegetable Glycerin, Nicotine, and flavoring. The liquid would also be taxed. I made the switch from combustible tobacco, or smoking, to a vapor device for health reasons, and for the cost decrease in the products. With this tax the liquid that I use would be doubled in price. I contacted liquid manufacturers and asked what their wholesale pricing was and found out that there is a drastic difference in pricing. Reserve editions which is much like a fine wine or aged scotch, can cost wholesale anywhere from \$20 a bottle up to \$40. While Non reserve liquid costs anywhere from \$5 to \$9. As a consumer these prices would double for my retailer, which would then double for me. Making the use of an E-cigarette double or even triple the price of cigarettes. This tax will literally make it cheaper for people to smoke than to use an ecigarette, which a report written by **Professor John Britton and Dr Ilze Bogdanovica For Public Health England Titled Electronic Cigarettes**

In section 3.4 It states the relevance of Electronic Cigarettes to Harm reduction:

- Electronic cigarettes emerged on the UK market at around the time of the 2007 Royal College of Physicians report, which advocated making alternative sources of medicinal nicotine available to smokers as a competitive and non-medical alternative to tobacco. The rapid uptake of electronic cigarettes since then, despite uncertainties over their Electronic cigarettes
- purity and performance, demonstrates that, as has been the case with Swedish snus, many smokers welcome the availability of choice in nicotine products, and if provided with products that are attractive, affordable and easily available, will use them either in conjunction with, or in the longer term instead of, tobacco cigarettes. Electronic cigarettes also appeal to smokers by mimicking the sensation and appearance of smoking a cigarette, and by their market positioning as lifestyle rather than medical products. Electronic cigarettes, and the various new generation nicotine devices in development, clearly have potential to reduce the prevalence of smoking in the UK. The challenges are to harness that potential, maximise the benefits, and minimise risks.

Taxing these devices and Liquids would cause a decrease in users and more harm caused as people would not be able to afford these devices. The unfortunate end result would be increased health care rates that have dropped recently due to the decrease of smokers thanks to these devices, and the 25 shops across our state.

# **Attitudes, Beliefs, and Practices Regarding Electronic Nicotine Delivery Systems in Patients Scheduled for Elective Surgery**

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## **Abstract**

Smokers are at increased risk of postoperative complications. Electronic nicotine delivery systems (ENDS; or electronic cigarettes) could be a useful tool to reduce harm in the perioperative period. This pilot study examined the attitudes, beliefs, and practices of smokers scheduled for elective surgery regarding ENDS. This was a cross-sectional survey of current cigarette smokers who were evaluated in a preoperative clinic before elective surgery at Mayo Clinic. Measures included demographic characteristics, smoking history, 2 indices assessing the perception of how smoking affected health risks, ENDS use history, and 3 indices assessing interest in, perceived benefits of, and barriers to using ENDS in the perioperative period. Of the 112 smokers who completed the survey, 62 (55%) had tried ENDS and 24 (21%) reported current use. The most commonly stated reason for using ENDS was to quit smoking. Approximately 2 in 3 participants would be willing to use ENDS to help them reduce or eliminate perioperative cigarette use, and similar proportions perceived health benefits of doing so. Of the factors studied, only attempted to quit within the last year was significantly associated with increased interest in the perioperative use of ENDS ( $P=.03$ ). Compared with participants who had tried ENDS ( $n=62$ ), those who had never tried ENDS ( $n=50$ ) had a significantly increased interest in the perioperative use of ENDS. A substantial proportion of patients scheduled for elective surgery had tried ENDS and would consider using ENDS to reduce perioperative use of cigarettes.

URL:

<http://www.mayoclinicproceedings.org/article/S0025-6196%2814%2900997-5/abstract>