

Dear House Judiciary Committee,

My name is William Deaton and I am testifying against SB63 Regulation of Smoking. I am testifying on behalf of myself and my family of seven, and we reside in Cordova. The main reason we oppose this bill is because we believe that the lowest level of government should control this issue. This bill even says that bars won't be allowed to be smoked in. We understand that smoking is extremely damaging to the body, however, we don't want the state government to control something that the city's or businesses should determine.

William Deaton

Dear Alaska State House of Representative Members,

I am writing in opposition to SB63.

First off, I would like to say that we are on the same team as for trying to reduce tobacco use and related illness in this state. I lost my Mom to lung cancer and I know the damage that smoking tobacco does. Me and my entire family have been tobacco free for four years, by switching to vapor products.

The inclusion of vapor products in this bill is contrary to policy suggestions from experts and organizations around the world. Both Public Health England and the Heartland Institute in the US have came out this year and said that inclusion of vapor products in clean air bills is bad policy. They cite studies that show there is no concern for harm for by standers, and state that forcing former smokers to use their vapor products in smoking areas leads to increase relapse, dual use, or just going back to smoking having the opposite effect intended with such bills. Most people that use vapor products are former smokers, such as myself, or people trying to quit tobacco use, studies confirm this. Asking former smokers, or people trying to quit smoking, to go to smoking areas makes as much sense as asking AA to hold meetings at a bar. Why put people in this position if this bill intends to better public health? This bill would force people into smoking areas, to breath second hand smoke, to use a smokeless product! People do not want the heavy hand of the government to force them back into smoking areas!

The regulations in this bill would force the locally owned, Alaska small business vapor shops to close; and the business owners would lose their life investment and their employees would lose their jobs. If the vapor shops are forced to close, their customers, who are primarily former smokers, would lose easy access to vapor products and would most likely revert to using tobacco products.

As I stated before, we are all working for the same goal, a healthier Alaska. Removing the vapor language from the bill would save jobs and small businesses, keep smokeless technology accessible for people trying to quit, and allow people to remain tobacco free without having to breath second hand smoke! After all isn't that what this bill is for?

Sincerely,

Greg McDonald  
1408 P Street  
Anchorage, AK 99501

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Monday, January 22, 2018 11:56 AM  
**To:** House Judiciary  
**Subject:** FW: Documents and testimony for SB63 and HB271  
**Attachments:** Harm minimization approach for smoking cessation with e-cigarettes.pdf; Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro. - PubMed - NCBI.pdf; Vaping helps reverse smoking harm - asthma expert - Massey University.pdf; Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco.pdf; Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a .pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**From:** Alex McDonald [mailto:[alex@icefogvapor.com](mailto:alex@icefogvapor.com)]  
**Sent:** Saturday, January 20, 2018 3:22 PM  
**To:** Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
**Cc:** Rep. Zach Fansler <[Rep.Zach.Fansler@akleg.gov](mailto:Rep.Zach.Fansler@akleg.gov)>; Rep. Jonathan Kreiss-Tomkins <[Rep.Jonathan.Kreiss-Tomkins@akleg.gov](mailto:Rep.Jonathan.Kreiss-Tomkins@akleg.gov)>; Rep. Gabrielle LeDoux <[Rep.Gabrielle.LeDoux@akleg.gov](mailto:Rep.Gabrielle.LeDoux@akleg.gov)>; Rep. David Eastman <[Rep.David.Eastman@akleg.gov](mailto:Rep.David.Eastman@akleg.gov)>; Rep. Lora Reinbold <[Rep.Lora.Reinbold@akleg.gov](mailto:Rep.Lora.Reinbold@akleg.gov)>; Rep. Chuck Kopp <[Rep.Chuck.Kopp@akleg.gov](mailto:Rep.Chuck.Kopp@akleg.gov)>; Rep. Charisse Millett <[Rep.Charisse.Millett@akleg.gov](mailto:Rep.Charisse.Millett@akleg.gov)>; Rep. Louise Stutes <[Rep.Louise.Stutes@akleg.gov](mailto:Rep.Louise.Stutes@akleg.gov)>  
**Subject:** Documents and testimony for SB63 and HB271

Representative Claman,

My name is Alex McDonald and I live in Fairbanks, Alaska and own Ice Fog Vapor, Inc. I wrote to you and the committee last spring on 5/1017 regarding this bill. I wanted to touch base again and update you on some of the new findings that have been released over the summer.

I am asking once again that the vapor language be removed from both SB63 and HB271 and it has been scientifically proven that they do not have the same risks associated with first or second hand smoke. This spring New Zealand legalized vapor products as part of their plan to have a smoke free country by 2025. England has been encouraging smokers to switch to vapor products and is now boasting historic low smoking rates for there country. Alaska can have the same results with sound policies, and save the state millions in healthcare cost from smoking related illness. With the current budget crisis the state would greatly benefit from reducing the cost of one of the most expensive budget areas.

In the article published by Massey University "Vaping Helps Reverse Smoking Harm - Asthma Expert" they report the findings of Italian Professor Polosa of Italy. He followed smokers with chronic respiratory issues that switched to e-cigarettes. He states

"Our studies, in which we follow up participants over time to measure the health effects of vaping, have shown that some of the damage from smoking is reversed...We have been able to substantiate the risk of vaping is much less than the risks to health caused by continued smoking." Australian Dr. Glover that hosted Professor Polosa stated "The Ministry of Health recently said that people wanting to use an electronic cigarette to help them quit smoking should be supported to do so by health workers, but some health groups are refusing to back down on their anti-vaping stance"

She also stated that "It is shocking that health professionals would engage in such scaremongering to mislead the public about the much lower relative risk of vaping compared with continuing to smoke."

In the News Medical Life Sciences article "Harm Minimization Approach For Smoking Cessation with E-cigarettes" They state that "Studies show that if most current American smokers switched to vaping e-cigarettes over the 10 years, there could be as many as 6.6 million fewer premature deaths and 86.7 million fewer years would be lost." That is 6.6 million lives saved just in America if we have sensible policies for vapor products. American opinions on the products are starting to align more with that of the UK in that these product can be a game changer in the fight against tobacco use and help save lives. They cite the Public Health England claim that "In fact, the Royal College of Physicians in the United Kingdom and other systematic reviews of evidence to date estimate that e-cigarettes are about 95 percent less harmful than smoking." Even the FDA is taking notice of the public health benefits of these products. They quote FDA Commissioner Scott Gottlieb said, "Nicotine, though not benign, is not directly responsible for the tobacco-caused cancer, lung disease and heart disease that kill hundreds of thousands of Americans each year." David Abrams, PhD, professor of social and behavioral sciences at NYU College of Global Public Health stated, "Alternative nicotine delivery systems, such as e-cigarettes, have the potential to disrupt the 120- year dominance of the cigarette and challenge the field on how the tobacco pandemic could be reversed if nicotine is decoupled from lethal inhaled smoke," and that "E-cigarettes could provide a means to compete with, and even replace, cigarette use, saving more lives more rapidly than previously possible."

More and more long term studies are being released to speak to the long term effects of vapor products. In the Regulatory Toxicology and Pharmacology article "Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a real-life setting," they tracked people that use vapor products over the course of two years. In their finding they state "No clinically relevant findings were observed in the other safety parameters. From Month 2, nicotine withdrawal symptoms decreased. Smoking desire and CC (combustible cigarette) consumption steadily decreased over time in all subjects. EVP (electronic vapor product) use was associated with reduced exposure to cigarette smoke constituents, whereas urinary nicotine levels remained close to baseline. Body weight did not increase in CC subjects switching to the EVP. In conclusion, the aerosol of the EVP at study was well tolerated and not associated with any clinically relevant health concerns after usage for up to 24 months." If there is no concern for primary users of the products there is no reason to be worried about second hand exposure as there would be with combustible products such as cigarettes. In the article "Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro." where they tested both mouse and human lung tissue for mutations resulting from vapor products, they report "We observed no statistically significant increases in relative mutant frequency in the cll transgene or supF gene in the e-cig treated mouse or human cells, respectively. Our data indicate that e-cig vapor extracts from the selected brands and at concentrations tested in this study have limited mutagenicity in both mouse and human cells in vitro."

Another long term three and a half year study by Professor Polosa, who I quoted earlier, is outlined in the article "Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco." This study followed people that use vapor products that have never smoked to see if any damage could be found as a result of their vapor product use. His findings state,

- no worsening in spirometry (i.e. lung function);
- no development of respiratory symptoms;
- no changes in markers of lung inflammation in exhaled air;
- no signs of early lung damage on high resolution computed tomography (HRCT)

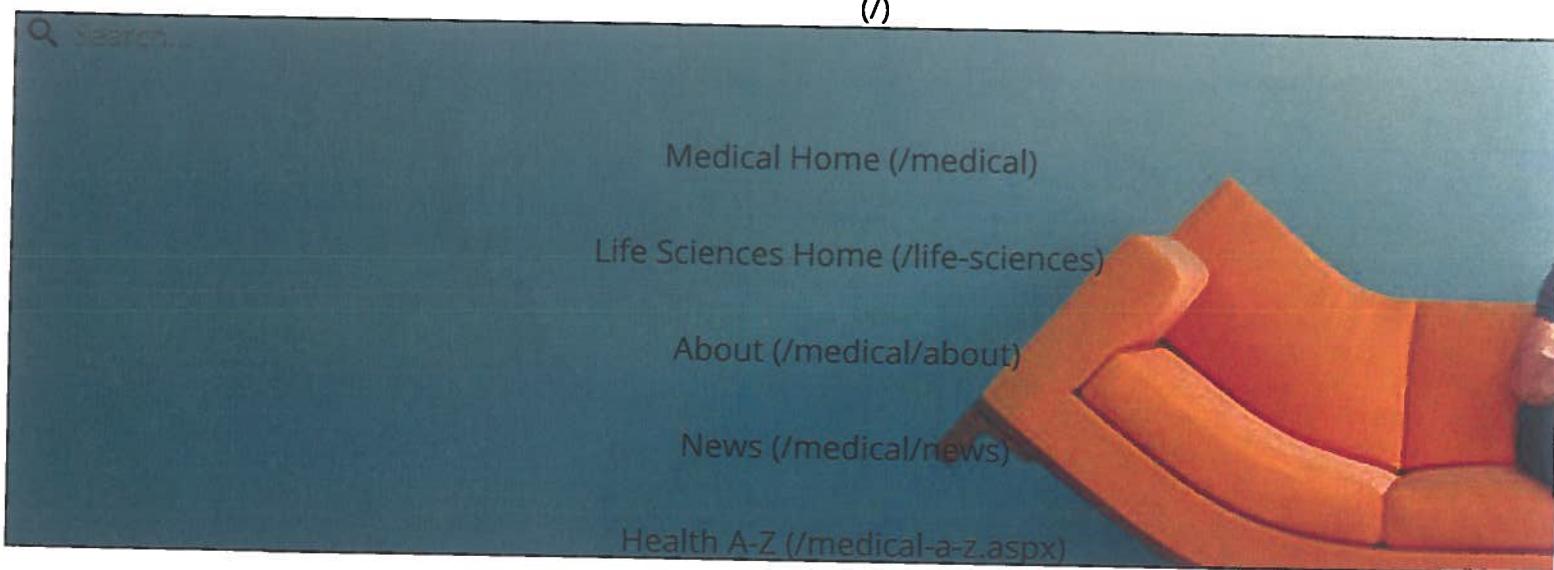
"Even in the heaviest e-cigarette users (i.e. those with the highest e-liquid consumption and longest vaping history), there was no indication of emerging lung injury as reflected in these physiological, clinical, radiological and inflammatory measures. Moreover, no changes were noted in blood pressure or heart rate." Professor Polosa also states "It is reassuring to know that long term use with e-cigarettes is unlikely to cause any significant health concerns,"

Please help make a healthier Alaska and help the state save smoking related medical cost by removing the vapor language from this bill. Vapor products are not the same as combustible tobacco products and should not be treated the same as these deadly products. We are all working toward the same goal of a healthier Alaska and we can take the lead by following the foot steps of other countries that are now enjoying historic low smoking rates in their countries. The FDA and other public health officials in the US are starting to see the benefits of these life saving products, as should the state of Alaska. I would be happy to answer any questions the committee may have regarding this matter.

Thank you for your time and consideration on this matter,

Alex McDonald

Please submit the attached documents to the record for SB63 and HB271.



# Harm minimization approach for smoking cessation with e-cigarettes

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January 12, 2018

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Quitting smoking is among the top New Year's resolutions, but is notoriously difficult to do and requires multiple attempts and strategies.

[Health & Personal Care \(/Consumer-Products\)](#)

A growing body of research points to using a harm minimization approach for smoking cessation.

Harm minimization recognizes that while quitting smoking altogether is ideal, reducing exposure to harmful cigarette smoke by switching to safer nicotine products like e-cigarettes is beneficial.

[Twitter Channels \(/medical/twitter-channels\)](#)

A new article publishing in the forthcoming volume of the *Annual Review of Public Health* focuses on harm minimization and smoking cessation, with alternative nicotine products like e-cigarettes emerging as a promising avenue for people who want to quit smoking. Compared with vaping, smoking is much more harmful and prematurely kills over half of lifetime smokers.

"Studies show that if most current American smokers switched to vaping e-cigarettes over the 10 years, there could be as many as 6.6 million fewer premature deaths and 86.7 million fewer years would be lost," said David Abrams, PhD, professor of social and behavioral sciences at the College of Global Public Health and the article's lead author.

"The safest course is to stop smoking or, better, never to start. But a harm minimization approach recognizes that demanding absolute perfection is often counterproductive and that, when a behavior cannot be eliminated, we can still dramatically reduce adverse health consequences."

## **Correcting Misconceptions About Nicotine**

When people smoke cigarettes, they consume nicotine in a lethal mix of carbon monoxide and known cancer-causing chemicals; contrary to what some may believe, however, nicotine causes all of the health harms of smoking. The toxic smoke inhaled is the culprit and is the overwhelming cause of tobacco-related disease and death.

Many alternative nicotine products have been developed-including e-cigarettes and nicotine gum, patches, and lozenges-that do not burn tobacco and are therefore substantially less harmful.

The authors call for the correction of mistaken beliefs that vaping is as harmful or more harmful than smoking cigarettes. Most reviews of toxicological, clinical, and epidemiological evidence show that the chemicals found in e-cigarettes are far fewer and well below levels seen in cigarettes. In fact, the Royal College of Physicians in the United Kingdom and other systematic reviews of evidence to date estimate that e-cigarettes are about 95 percent less harmful than smoking.

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- Smoking contributes to less increase in life expectancy among women with only primary education (</news/20171211/Smoking-contributes-to-less-increase-in-life-expectancy-among-women-with-only-primary-education.aspx>)
- Study reveals welfare impact of public smoking ban among people in the UK (</news/20171204/Study-reveals-welfare-impact-of-public-smoking-ban-among-people-in-the-UK.aspx>)
- Vaping liquid may increase risk for complications during and after surgery (</news/20171116/Vaping-liquid-may-increase-risk-for-complications-during-and-after-surgery.aspx>)

## **E-cigarettes in the "Sweet Spot"**

What makes someone use-and continue to use-different nicotine products? In addition to considering the harm they can cause, the authors also consider the appeal and satisfaction of products containing nicotine.

Cigarettes are the most appealing, most addictive, and most toxic of all nicotine products, while nicotine replacement therapies like gum or patches are lowest in harm, but are expensive and appealing to consumers.

E-cigarettes fall into a "sweet spot" of high appeal and satisfaction, but low harm, making them a promising tool for smoking cessation or switching for smokers who want to use nicotine but safely avoid deadly smoke. As evidence of their appeal, e-cigarettes are now used more often than nicotine replacement therapies when smokers try to quit in both the United States and the United Kingdom.

"A smoker who finds an e-cigarette that is enjoyable can switch. Successful switchers have either switched quickly or slowly after a period of both vaping and cutting back on smoking and by trying a flavor other than tobacco," Abrams said.

## **The Future of Harm Minimization and Smoking Cessation**

The U.S. government is taking notice of the evidence on harm minimization. In July 2017, the Food and Drug Administration announced a major shift in its tobacco strategy, including recognizing the role of less harmful products, such as e-cigarettes, for smokers who want a satisfying alternative to smoking cigarettes. FDA Commissioner Scott Gottlieb said, "Nicotine, though not benign, is not directly responsible for the tobacco-caused cancer, lung disease and heart disease that kill hundreds of thousands of Americans each year."

"Alternative nicotine delivery systems, such as e-cigarettes, have the potential to disrupt the 100-year dominance of the cigarette and challenge the field on how the tobacco pandemic could be reversed if nicotine is decoupled from lethal inhaled smoke," added Abrams. "E-cigarettes could provide a means to compete with, and even replace, cigarette use, saving more lives more rapidly than previously possible."

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## Vaping helps reverse smoking harm - asthma expert



Professor Ricardo Polosa from the University of Catania, Italy, will be presenting his research on e-cigarettes on the Auckland and Wellington campuses next week.

**Smokers with asthma or chronic obstructive respiratory disease have the most to gain from switching to vaping, says international asthma specialist Professor Riccardo Polosa, who is speaking at Massey University next week.**

Professor Polosa, from the University of Catania in Italy, is visiting Massey's Auckland and Wellington campuses, where he will present on his research trialling e-cigarettes with smokers who have chronic respiratory illnesses. He has also conducted a trial on people with schizophrenia switching from smoking tobacco to vaping.

"Our studies, in which we follow up participants over time to measure the health effects of vaping, have shown that some of the damage from smoking is reversed," Professor Polosa says. "We have been able to substantiate the risk of vaping is much less than the risks to health caused by continued smoking."

He is speaking as a guest of Massey University Associate Professor Marewa Glover – a vaping and tobacco researcher from the School of Health Sciences. Dr Glover shares Professor Polosa's strong views about government departments and health advocacy groups that continue to reject and downplay the role vaping can play in reducing the tobacco death rate.

"The Ministry of Health recently said that people wanting to use an electronic cigarette to help them quit smoking should be supported to do so by health workers, but some health groups are refusing to back down on their anti-vaping stance," she says.

"It is shocking that health professionals would engage in such scaremongering to mislead the public about the much lower relative risk of vaping compared with continuing to smoke."

Dr Glover says this is an opportunity for people to hear from one of the world's leading experts in smoking cessation and the use of e-cigarettes for quitting. "His visit is timely given the ongoing confusion over the safety profile of e-cigarettes. Health workers interested in smoking cessation, and particularly in assisting people with asthma, chronic obstructive pulmonary disease and schizophrenia to quit smoking, will find his talk invaluable."

Professor Polosa will deliver his talks, which are open to the public, in Auckland and Wellington next week.

## Event details:

**Massey University Auckland - East Precinct Sir Neil Waters Lecture Theatre (SNW100)**  
<http://www.massey.ac.nz/massey/fms/About%20Massey/contact-us/maps/Auckland-Campus-maps.pdf?32DC3514131DF0707F153861EF3052E3>

12pm-1.30pm – Tuesday November 28

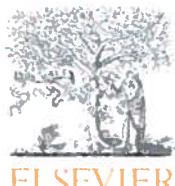


Associate Professor Marewa Glover.



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## Regulatory Toxicology and Pharmacology

Volume 92, February 2018, Pages 226-238



# Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a real-life setting

Tanvir Walele <sup>a</sup> Jim Bush <sup>b</sup>, Annelize Koch <sup>c</sup>, Rebecca Savioz <sup>d</sup>, Claire Martin <sup>d</sup>, Grant O'Connell <sup>a</sup>

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## Highlights

- There were no safety concerns in smokers using an EVP for 2 years.
- Headache events in smokers
- The frequency of switching
- EVP use was associated with a reduction in cigarette consumption and a reduced exposure to cigarette smoke constituents.
- Use of the EVP did not lead to clinically significant adverse changes in biomarkers of haematology or lipid metabolism.

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## Abstract

The safety profile of Puritane™, a closed system electronic vapour product (EVP), was evaluated when used by smokers of conventional cigarettes (CCs) for 24 months in a real-life setting. The study was a two-centre ambulatory clinical study with 209 healthy volunteers. Outcome measures included adverse events (AEs), vital signs, electrocardiogram, lung function tests, exposure to nicotine and selected smoke constituents, nicotine withdrawal effects and smoking desire. No serious AEs related to EVP use were observed. The most frequently reported AEs were headache, nasopharyngitis, sore throat and cough, reported by 28.7%, 28.7%, 19.6% and 16.7% of subjects, respectively, which dissipated over time. Small decreases in lung function were not considered clinically relevant. No clinically relevant findings were observed in the other safety parameters. From Month 2, nicotine withdrawal symptoms decreased. Smoking desire and CC consumption steadily decreased over time in all subjects. EVP use was associated with reduced exposure to cigarette smoke constituents, whereas urinary nicotine levels remained close to baseline. Body weight did not increase in CC subjects switching to the EVP. In conclusion, the aerosol of the EVP at study was well tolerated and not associated with any clinically relevant health concerns after usage for up to 24 months.



Previous article

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## Keywords

Electronic vapour product; Electronic cigarette; Clinical study; Safety; Adverse events; Biomarkers of exposure; Subjective effects

## Abbreviations

AE, adverse event; BoBE, biomarker of biological effect; BoE, biomarker of exposure; CC, conventional cigarette; COHb, carboxyhaemoglobin; CPD, cigarettes per day; ECG, electrocardiogram; FAS, full analysis set; FEF<sub>25-75</sub>, forced expiratory flow 25–75%; FEV<sub>1</sub>, forced expiratory volume in one second; FVC, forced vital capacity; eCO, exhaled carbon monoxide; EoS, end of study; EVP, electronic vapour product; HPHC, harmful and potentially harmful constituent; MWS-R, Revised Minnesota Nicotine Withdrawal Scale; QSU-Brief, Brief Questionnaire of Smoking Urges; PEF, peak expiratory flow; SAF, safety analysis set; SD, standard deviation; SEM, standard error of the mean

[↓ Full text](#)

## Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro.

Tommasi S, et al. *Lung Cancer*. 2017.

[Show full citation](#)

### Abstract

**OBJECTIVES:** Electronic cigarettes (e-cig), which are promoted as safe alternatives to tobacco cigarettes or as aides to smoking cessation, are becoming increasingly popular among adult chronic smokers and adolescents experimenting with tobacco products. Despite the known presence of toxicants and carcinogens in e-cig liquid and vapor, the possible carcinogenic effects of e-cig use in humans are unknown.

**MATERIALS AND METHODS:** We have utilized two validated in vitro model systems to investigate whether e-cig vapor induces mutation in mouse or human cells. We have exposed transgenic mouse fibroblasts in vitro to e-cig vapor extracts prepared from three popular brands, and determined the induction of mutagenesis in a reporter gene, the cll transgene. Furthermore, we have treated the pSP189 plasmid with e-cig vapor extract, transfected human fibroblast cells with the e-cig-treated plasmid, and screened for the induced mutations in the supF gene.

**RESULTS AND CONCLUSION:** We observed no statistically significant increases in relative mutant frequency in the cll transgene or supF gene in the e-cig treated mouse or human cells, respectively. Our data indicate that e-cig vapor extracts from the selected brands and at concentrations tested in this study have limited mutagenicity in both mouse and human cells in vitro.

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PMID: 29191599 [PubMed - in process]

PMCID: PMC5726426 [Available on 2018-10-01]

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Electronic cigarettes: the road ahead.  
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Exposure to electronic cigarettes impairs pulmonary anti-bacterial and anti-viral defenses in a mouse model.

# Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco

## Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco

**Sydney, Australia – Friday, 24 November 2017:** The first long-term study of daily e-cigarette use shows no health concerns in relatively young users who had never smoked tobacco, according to research being presented at the 2017 Congress of Asian Pacific Society of Respirology (APSR) in Sydney tomorrow.

International speaker and respiratory physician, **Professor Riccardo Polosa**, from the University of Catania (Italy) is one of the world's leading researchers on e-cigarettes. The study found no significant health concerns with long-term e-cigarette use in young people.

The study, conducted in young-adult, never-smoking, daily e-cigarette users who were carefully followed for at least 3½ years by the research group lead by Prof. Riccardo Polosa at the University of Catania, shows:

- **no worsening in spirometry (i.e. lung function);**
- **no development of respiratory symptoms;**
- **no changes in markers of lung inflammation in exhaled air;**
- **no signs of early lung damage on high resolution computed tomography (HRCT)**

Even in the heaviest e-cigarette users (i.e. those with the highest e-liquid consumption and longest vaping history), there was no indication of emerging lung injury as reflected in these physiological, clinical, radiological and inflammatory measures. Moreover, no changes were noted in blood pressure or heart rate.

Professor Polosa says investigating prospective health changes in e-cigarette users who never previously smoked is clearly the major strength of the study. "It is reassuring to know that long term use with e-cigarettes is unlikely to cause any significant health concerns," said Professor Polosa.

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Associate Professor Colin Mendelsohn, from the School of Public Health and Community Medicine at the University of New South Wales said the results of the study were very encouraging.

"While nothing is completely risk-free, this study provides further evidence that e-cigarettes are a much less harmful alternative to smoking. E-cigarettes deliver nicotine but not the smoke from burning tobacco which causes most of the harm to health from smoking," said Associate Professor Mendelsohn.

"Smokers who are not able to quit with conventional treatments who switch to e-cigarettes can expect substantial improvements in their health. E-cigarettes are a popular alternative to smoking which provide 'a smoking experience' without the deadly smoke. They have the potential to save the lives of thousands of Australian smokers," said Associate Professor Mendelsohn.

Professor Polosa will be presenting his study on Friday 24, November at the APSR Conference in Sydney.

END

For further information, please contact:

**Associate Professor Colin Mendelsohn**

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0415 976 783

This research was supported by Catania University grant no. 21040100 of "Ricerca Scientifica Finanziata dall'Ateneo di Catania".

**Riccardo Polosa, MD**

Riccardo Polosa is full-time employee of the University of Catania, Italy. In relation to his work in the area of tobacco control, R.P. has received lecture fees and research funding from Pfizer and GlaxoSmithKline, manufacturers of stop smoking medications. He has also served as a consultant for Pfizer, Global Health Alliance for treatment of tobacco dependence, ECITA (Electronic Cigarette Industry Trade Association, in the UK) and Health Diplomat (consulting company that delivers solutions to global health problems with special emphasis on harm minimization). Lectures fees from a number of European electronic cigarette industry and trade associations (including FIVAPE in France and FIESEL in Italy) were directly donated to vaper advocacy no-profit organizations. He is currently scientific advisor for LIAF, Lega Italiana Anti Fumo (Italian acronym for Italian Anti Smoking League) and Head of the European Technical Committee for standardization on "Requirements and test methods for emissions of electronic cigarettes" (CEN/TC 437; WG4).

# Media

## Attachments

- E-cigarette APSR FINAL.pdf (<http://journalists.medianet.com.au/DisplayAttachment.aspx?j=889791&s=2&k=2832719>)

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KENAI LEGISLATIVE INFORMATION OFFICE

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Phone: 907-283-2030 / Fax: 907-283-3075

WRITTEN TESTIMONY

NAME:

Chrystal Schoenrock

REPRESENTING:

SEC. KP CHARR - MEMBER OF ST. CHARR - 4 HANDS BAR

BILL # or SUBJECT:

SB 63

COMMITTEE:

HJUD

DATE: 1/22/18

When is this going to stop? you say just take it outside, then someone walks down the street with kids or not but they start griping about having to walk thru 2nd hand smoke, so if the people stay inside to smoke we wouldn't have this problem. I feel this is the owners business & no one should tell us how to run our businesses.

Some of the bar have gone non smoking so that is business. I have talked to my patrons & they want to have smoking. 4 or 5 <sup>businesses</sup> have closed in the peninsula have closed so I guess more will close soon also. Now we have pot so also reflects on us. I feel you have more to do with the deficit & how to cut spending. We have enough non smoking business, which is the owners business, I feel that the state should not be in our business & tell us how to run it as long as we abide by the law. Now you say you can smoke in pot places but not bars so where is our rights & privilege? If you don't want to work in a smoking environment then you can apply at a non smoking establishment. With the deficit & to down size the budget seems more important at this time. Dale Fox said that the bars in Anchorage took 3 to 4 yrs to recover. Harry Hackenmiller said OSHA & EPA, about enough smoke with cigs to really be a hazard. I feel it should be up to the owner & patrons of the business, not off government. If you take it outside, then one walks down the street w/ ~~without kids then~~ Vets should enjoy their freedoms also.

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Monday, January 22, 2018 5:22 PM  
**To:** Lizzie Kubitz  
**Subject:** FW: SB 63 testimony

**From:** David Nees [mailto:davidneesak@gmail.com]  
**Sent:** Monday, January 22, 2018 5:20 PM  
**To:** Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>  
**Subject:** SB 63 testimony

Rep Claman,  
I was unable to call in today, please add the following to public testimony.

I grew up in a smoking household and have lost a Grandmother to stroke, and my father to cancer, most likely cigarette induced.

This public health concerns of smoking have been well known for decades.

That is why the Knowles administration was able to get a lucrative settlement from big tobacco and why Alaska has a vigorous anti smoking education program. Funded by cigarette taxes on smoking, before that settlement all cigarette tax dollars was for school MX.

As you start to remove smokers you also cut revenue for schools.

If you really want to end smoking, I suggest you add "tobacco free" testing to all state jobs and make it a condition to receive public welfare, and public housing assistance.

David Nees  
9141 King David

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:23 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Timothy Brink [mailto:timbrink85@gmail.com]  
Sent: Tuesday, January 23, 2018 12:07 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Timothy Brink  
44775 Tide Pl  
Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27988872>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:25 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Shannon Vinzant [mailto:[jnsferguson245@hotmail.com](mailto:jnsferguson245@hotmail.com)]  
Sent: Monday, January 22, 2018 11:43 AM  
To: Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Shannon Vinzant  
35841 Irons Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27940569>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:26 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Stephen brown [mailto:stonehenge143@gmail.com]  
Sent: Monday, January 22, 2018 11:12 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Stephen brown  
47130 Harvard Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27939884>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:26 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Stephen brown [mailto:stonehenge143@gmail.com]  
Sent: Monday, January 22, 2018 11:11 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Stephen brown  
47130 Harvard Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27939860>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: James Shuey [mailto:[dog\\_fish\\_flys@yahoo.com](mailto:dog_fish_flys@yahoo.com)]  
Sent: Monday, January 22, 2018 10:27 AM  
To: Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
James Shuey  
7740 E Dania Ln  
Wasilla, AK 99654 <<http://admin.phone2action.com/email/open/leg/8972/27938833>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Tiffany Ogren [mailto:tiffany.aaa@gmail.com]  
Sent: Monday, January 22, 2018 9:59 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Tiffany Ogren  
12280 Blossom Cir  
Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27938171>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: DAVID PARROTT [mailto:akbassaddict@hotmail.com]  
Sent: Monday, January 22, 2018 9:52 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

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I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
DAVID PARROTT  
905 Auk St  
Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27937963>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: TIFFANY OGRENQ [mailto:tiffany.aaa@gmail.com]  
Sent: Monday, January 22, 2018 9:50 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

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While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
TIFFANY OGRENQ  
12280 Blossom Cir  
Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27937865>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Phillip Ogren [mailto:[ogrenphillip@gmail.com](mailto:ogrenphillip@gmail.com)]  
Sent: Monday, January 22, 2018 9:48 AM  
To: Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

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There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Phillip Ogren  
12280 Blossom Cir  
Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27937813>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Seth Payfer [mailto:[sethpayfer@yahoo.com](mailto:sethpayfer@yahoo.com)]  
Sent: Monday, January 22, 2018 9:38 AM  
To: Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Seth Payfer  
905 Auk St  
Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27937523>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Andrea Holmes [mailto:ms.drea.vapes@gmail.com]  
Sent: Sunday, January 21, 2018 7:52 PM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Andrea Holmes  
PO Box 32225  
Mountain Village, AK 99632 <<http://admin.phone2action.com/email/open/leg/8972/27925875>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Henry Scepurek [mailto:scepurek@mtaonline.net]  
Sent: Saturday, January 20, 2018 4:55 PM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Henry Scepurek  
PO Box 872103  
Wasilla, AK 99687 <<http://admin.phone2action.com/email/open/leg/8972/27915278>>

## Lizzie Kubitza

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:29 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Victoria McDonald [mailto:hazeleydragon@aol.com]  
Sent: Saturday, January 20, 2018 10:04 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Victoria McDonald  
PO Box 1173  
Dillingham, AK 99576 <<http://admin.phone2action.com/email/open/leg/8972/27911848>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:29 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Steve Lloyd [mailto:[stvlloyd53@hotmail.com](mailto:stvlloyd53@hotmail.com)]  
Sent: Saturday, January 20, 2018 9:59 AM  
To: Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Steve Lloyd  
2101 E Porcupine Trail  
Wasilla, AK 99654 <<http://admin.phone2action.com/email/open/leg/8972/27911788>>

## Lizzie Kubitza

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:34 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Brian Forrest [mailto:brianforrest77@gmail.com]  
Sent: Thursday, January 18, 2018 4:06 PM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely.

Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in New Mexico are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Brian Forrest  
Mile Post 131.5 Denali Hwy

, 99729 <<http://admin.phone2action.com/email/open/leg/8972/27888695>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:42 AM  
**To:** House Judiciary  
**Subject:** FW: Testimony for SB63  
**Attachments:** E-Cigarettes-Poised-to-Save-Medicaid-Billions-Publications-State-Budget-Solutions.pdf; Adult smoking habits in the UK 2015.pdf; More than half of UK vapers 'have given up smoking' - BBC News.pdf

**From:** Walton [mailto:[jessiwalton@hotmail.com](mailto:jessiwalton@hotmail.com)]

**Sent:** Tuesday, January 23, 2018 12:33 AM

**To:** Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>; Rep. Zach Fansler <[Rep.Zach.Fansler@akleg.gov](mailto:Rep.Zach.Fansler@akleg.gov)>; Rep. Jonathan Kreiss-Tomkins <[Rep.Jonathan.Kreiss-Tomkins@akleg.gov](mailto:Rep.Jonathan.Kreiss-Tomkins@akleg.gov)>; Rep. Gabrielle LeDoux <[Rep.Gabrielle.LeDoux@akleg.gov](mailto:Rep.Gabrielle.LeDoux@akleg.gov)>; Rep. Chuck Rep. David Eastman <[Rep.David.Eastman@akleg.gov](mailto:Rep.David.Eastman@akleg.gov)>; Rep. Lora Reinbold <[Rep.Lora.Reinbold@akleg.gov](mailto:Rep.Lora.Reinbold@akleg.gov)>; Rep. Chuck Kopp <[Rep.Chuck.Kopp@akleg.gov](mailto:Rep.Chuck.Kopp@akleg.gov)>; Rep. Charisse Millett <[Rep.Charisse.Millett@akleg.gov](mailto:Rep.Charisse.Millett@akleg.gov)>; Rep. Louise Stutes <[Rep.Louise.Stutes@akleg.gov](mailto:Rep.Louise.Stutes@akleg.gov)>

**Subject:** Testimony for SB63

Good Afternoon Chairman and members of the committee,

My name is Jessi Walton. I'm from Fairbanks AK. I was on hold to testify, but I was marked as a listen only participant by accident. I would like to submit my written testimony for the record. I oppose SB63 as written. I'm asking that you please remove vape shops and all e-cigarette language from SB63.

I've been vaping since Dec 2013 when I received my first starter kit for Christmas from my boyfriend's mom, who is a nurse practitioner. I had been smoking since I was 13 years old. I've noticed differences since I switched to this healthier alternative. I have energy to run and play with my daughter, I've been to Zumba classes and I don't hack or feel a need to have a cigarette like I use too. Even getting the snow machine unstuck is easier now as well! I no longer stink like an ashtray, my taste buds came back and oh my goodness food is delicious! I'm no longer eating more just to cover the smoke taste in my mouth.

I started vaping at 12mg of nicotine in a protank with a simple battery. This was first generation vape gear at the time, it looked like a pen. I did have to change my habits a bit. I had to stop going into gas stations as it was too easy to ask for a pack of smokes. I started paying for my fuel at the pump. I now have a few different set ups and have dropped down to 3mg of nicotine. It's amazing the harm reduction that I have done for my body and wouldn't have been able to do so, without being introduced to vaping by a health care provider. I've tried Chantix, gum and patches. I often found myself with a nasty cigarette in my hand and a patch on my arm. The patch was itchy, the gum tastes gross. The way the Chantix made me feel was horrible, nausea all the time, the negative dreams were so intense, I

withdrew myself from being around people. Chantix can also cause suicidal thoughts, increased heart rate, depression, changes in mood and thinking, anxiety, panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, confusion, and many more side effects are listed in the warning for this medication. None of that is healthy, but is approved by the FDA. Chantix is banned by the FAA and the military due to its side effects! In a state with the highest number of pilots and veterans per capita, we should have every option available for people to quit smoking.

My boyfriend opened his own store in Fairbanks, AK, because we couldn't find any e-liquid or replacement coils for our then new devices. We have met so many wonderful people who want to quit smoking combustible cigarettes for themselves and their family. Many vaping success stories start with "I have tried many FDA approved ways and nothing worked!" Many of our military customers who have switched to vaping have reported their PT scores have improved! We card everyone, vape shops are the first defense to underage vaping and now are subjected to compliance checks from FDA contracted parties to ensure compliance with age restrictions and the Deeming regulations. Vape shops educate customers in battery safety and building safe coils to ensure people can operate their devices safely. There are many reputable businesses around the state of Alaska. Everyone is invited to come into a local vape shop, or give them a call and become more familiar with vape products and to see what the industry is all about. We are here to educate, support, and offer guidance to all who look to harm reduction technology. The vaping community is very close knit in Alaska, we are small mom and pop stores and e-liquid manufacturers. None of the vape shops in Alaska are connected to big tobacco in any way, shape or form. We support a smoke free lifestyle that we were once unable to attain. We encourage getting healthy and active again! We celebrate when someone has quit vaping! That is a huge success for anyone! Breaking the addiction with big tobacco and then being able to quit vaping and even dropping down to zero nicotine, is really something to be proud of!

There is a lot of peer reviewed research out there, and more is being steadily published. The documentary A Billion Lives was released on iTunes in 2017 and reached #5 on the documentary charts within 24hrs of being released. I highly recommend every policy maker watch this very informative documentary that interviews some of the top doctors and public health officials from around the world. The world premiere of the documentary was in New Zealand in 2016 where it took best of show at the film festival. Since then New Zealand has defunded many of the organizations that spread false information on vapor products, and legalized the sale of nicotine containing e-liquids in the spring of 2017 in their effort to be smoke free by 2025. The facts allowed an entire country to rethink their efforts to be smoke free and follow the lead of the U.K., where over half of current smokers used e-cigarettes to quit smoking in 2016 and over half of previous smokers quitting in 2015, see attached pdfs. We can have the same results as the U.K. here in Alaska. This would cut back health care costs from smoking related illness and save the state

money. Health care is a huge part of our state budget, if we can cut that we can help cut the budget crisis.

Why is the legislature trying to regulate these life saving products the same as deadly combustible products? Why is legislation trying to force people that quit or are trying to quit smoking into smoking areas to face the temptation? Why is a bill designed to protect people from second hand smoke forcing people into smoking areas to use smokeless technology? None of this makes sense if the bill is to protect public health. Please see the projected health care cost savings from the attached PDF from 2015.

Vaping has the potential to save millions of lives, and to save Medicaid millions of dollars. Other countries are encouraging the switch from big tobacco to vaping. I truly hope Alaska does the same. Please see the PDF's in the document record for SB63 to see how England is embracing e cigarettes to improve public health and to get their citizens off combustible products. Please see the documents in the record that have come out proving that these products greatly reduce the risk to their users and no risk has been found for by standers. If there was proof that these products were harmful it would be front page news, but there isn't, and no news story covering it. There has been quite the opposite in the news, half of the U.K.'s smokers have quit smoking, smoking rates in the US for both adult and youth are at an all-time low, and other countries are legalizing the products to help improve their countries public health. I'm asking you respectfully to please remove vape shops and all e-cigarette language from SB63. I wouldn't be where I am today without the help of my community! I support local choice as Alaska is not a one fits all state. Communities should be able to find solutions to what works best in their area. Many establishments in my community have switched to smoke- free policies, it is the free market in action.

Thank you for your time

Jessi Walton  
Fairbanks, AK



# STATE BUDGET SOLUTIONS

REAL Solutions for REAL Budget Problems

## RESEARCH

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## E-Cigarettes Poised to Save Medicaid Billions

State Budget Solutions March 31, 2015

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Electronic cigarettes (e-cigs) have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional cigarettes has garnered significant attention and credibility. Numerous scientific studies show that e-cigs not only reduce the harm from smoking, but can also be a part of the successful path to smoking cessation.

The term "e-cig" is misleading because there is no tobacco in an e-cig, unlike a traditional, combustible cigarette. The e-cig uses a battery-powered vaporizer to deliver nicotine via a propylene-glycol solution—which is why "smoking" an e-cig is called "vaping." The vapor is inhaled like a smoke from a cigarette, but does not contain the carcinogens found in tobacco smoke.

Unlike traditional nicotine replacement therapy (NRT), such as gum or patches, e-cigs mimic the physical routine of smoking a cigarette. As such, e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking. This powerful combination has led to the increasing demand for e-cigs—8.2% use among nondaily smokers and 6.2% use among daily smokers in 2011.<sup>1</sup>

The game-changing potential for dramatic harm reduction by current smokers using e-cigs will flow directly into lower healthcare costs dealing with the morbidity and mortality stemming from smoking combustible cigarettes. These benefits will particularly impact the Medicaid system where the prevalence of cigarette smoking is twice that of the general public (51% versus 21%, respectively).

Based on the findings of a rigorous and comprehensive study on the impact of cigarette smoking on Medicaid spending, the potential savings of e-cig adoption, and the resulting tobacco smoking cessation and harm reduction, could have been up to \$48 billion in Fiscal Year (FY) 2012.<sup>2</sup> This savings is 87% higher than all state cigarette tax collections and tobacco settlement collections (\$24.4 billion) collected in that same year.

Unfortunately, the tantalizing benefits stemming from e-cigs may not come to fruition if artificial barriers slow their adoption among current smokers. These threats range from the Food and Drug Administration regulating e-cigs as a pharmaceutical to states extending their cigarette tax to e-cigs. To be sure, e-cigs are still a new product and should be closely monitored for long-term health effects. However, given the long-term fiscal challenges facing Medicaid, the prospect of large e-cigs cost savings is worth a non-interventionist approach until hard evidence proves otherwise.

### **Prevalence of Smoking in the Medicaid Population**

According to the Centers for Disease Control and Prevention, in 2011, 21.2% of Americans smoked combustible cigarettes. However, as shown in Table 1, the smoking rate varies considerably across states with the top three states being Kentucky (29%), West Virginia (28.6%), and Arkansas (27%) and the three lowest states being Utah (11.8%), California (13.7%), and New Jersey (16.8%).<sup>3</sup>

**Table 1**  
**Smokers Represent Significantly Larger Proportion of**  
**Medicaid Recipients than General Population**  
**2011**

State	Percent Smokers		Medicaid Enrollment	Number of Smokers on Medicaid
	Medicaid	General Population		
United States	51%	21.2% (median)	68,372,045	36,461,209
Alabama	52%	24.3%	935,313	457,923
Alaska	68%	22.9%	135,059	91,840
Arizona	49%	19.2%	1,969,470	974,540
Arkansas	54%	27.0%	777,833	420,030
California	45%	13.7%	11,500,553	5,175,262
Colorado	61%	18.3%	733,347	447,342
Connecticut	49%	17.1%	729,294	357,354
Delaware	56%	21.7%	223,225	129,471
Florida	46%	19.3%	3,529,173	1,761,420
Georgia	42%	21.2%	1,925,269	808,613
Hawaii	62%	16.5%	313,629	194,450
Idaho	62%	17.2%	409,456	253,863
Illinois	56%	20.9%	2,900,614	1,652,356
Indiana	68%	25.6%	1,208,207	821,581
Iowa	61%	20.4%	544,620	332,215
Kansas	54%	22.0%	363,755	196,428
Kentucky	65%	29.0%	1,065,840	692,796
Louisiana	43%	25.7%	1,293,869	556,364
Maine	63%	22.8%	327,524	206,340
Maryland	51%	19.1%	1,003,548	511,809
Massachusetts	53%	18.2%	1,504,611	797,444
Michigan	64%	23.3%	2,265,277	1,449,777
Minnesota	54%	19.1%	989,600	534,384
Mississippi	35%	26.0%	775,314	271,360
Missouri	66%	25.0%	1,126,505	743,493
Montana	70%	22.1%	136,442	95,509
Nebraska	64%	20.0%	284,000	151,760
Nevada	62%	22.9%	363,357	225,281
New Hampshire	50%	19.4%	152,182	121,746
New Jersey	36%	16.8%	1,304,257	469,533
New Mexico	50%	21.5%	571,621	285,811
New York	54%	18.1%	5,421,232	2,927,465
North Carolina	63%	21.8%	1,892,541	1,192,301
North Dakota	63%	21.9%	85,094	53,609
Ohio	65%	25.1%	2,526,533	1,642,246
Oklahoma	58%	26.1%	852,603	494,510
Oregon	67%	19.7%	690,364	462,544
Pennsylvania	70%	22.4%	2,443,909	1,710,736
Rhode Island	45%	20.0%	221,041	106,100
South Carolina	41%	23.1%	978,732	401,280
South Dakota	69%	23.0%	134,795	93,011
Tennessee	58%	23.0%	1,488,267	863,195
Texas	43%	19.2%	4,996,318	2,145,417
Utah	54%	11.8%	366,271	197,786
Vermont	67%	19.1%	154,058	123,339
Virginia	58%	20.9%	1,016,419	589,523
Washington	67%	17.5%	1,371,987	919,231
West Virginia	67%	28.6%	411,218	275,516
Wisconsin	63%	20.9%	1,292,799	614,463
Wyoming	62%	23.0%	76,372	47,351
District of Columbia	51%	20.5%	235,665	120,189

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and State Budget Solutions

Additionally, the smoking rate varies dramatically by income level. Nearly 28% of people living below the poverty line smoke while 17% of people living at or above the poverty line smoke.<sup>4</sup>

As a consequence, the level of smoking prevalence among Medicaid recipients is more than twice that of the general public, 51% versus 21%, respectively. However, this too varies considerably across states with the top three states being New Hampshire (80%), Montana (70%), and Pennsylvania (70%) and the three lowest states being Mississippi (35%), New Jersey (36%), and South Carolina (41%).<sup>5</sup>

In absolute terms, the U.S. Medicaid system includes 36 million smokers out of a total Medicaid enrollment of over 68 million. As such, this places much of the health burden and related financial cost of smoking on the Medicaid system which strains the system and takes away scarce resources from the truly needy.

### Economic Benefit of Smoking Cessation and Harm Reduction

Smoking creates large negative externalities due to adverse health impacts. Table 2 shows the results of a comprehensive study that quantified the two major costs of smoking in 2009—lost productivity and healthcare costs.<sup>6</sup>

Lost productivity occurs when a person dies prematurely due to smoking or misses time from work due to smoking. This cost the economy \$185 billion in lost output in 2009.

Smokers incur higher healthcare costs when those individuals require medical services such as ambulatory care, hospital care, prescriptions, and neonatal care for

conditions caused by smoking. This cost the economy \$116 billion in extra medical treatments.

Overall, in 2009 alone, the negative externalities of smoking cost the U.S. economy \$301

billion in lost productivity and higher healthcare costs. Not surprisingly, these costs were centered in high population states such as California (\$26.9 billion), New York (\$20.6 billion), and Texas (\$20.4 billion).

### **Literature Review On E-cig Impact On Harm Reduction Through Reduced Toxic Exposure and Smoking Cessation**

E-cigs have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional combustible cigarettes has garnered significant attention and credibility. Numerous scientific studies are showing that e-cigs not only reduce the harm from smoking, but is also a successful path to smoking cessation.

In perhaps the most comprehensive e-cig literature review to date, Neil Benowitz et al. (2014) identified eighty-one studies with original data and evidence from which to judge e-cig effectiveness for harm reduction.<sup>7</sup> They concluded:

"Allowing EC (electronic cigarettes) to compete with cigarettes in the marketplace might decrease smoking-related morbidity and mortality. Regulating EC as strictly as cigarettes, or even more strictly as some regulators propose, is not warranted on current evidence. Health professionals may consider advising smokers unable or unwilling to quit through other routes to switch to EC as a safer alternative to smoking and a possible pathway to complete cessation of nicotine use."

There are two ways that e-cigs benefit current smokers. First, there is harm reduction for the smoker by removing exposure to the toxicity associated with the thousands of compounds, many carcinogenic, found in the burning of tobacco and the resulting smoke. Second, smoking cessation efforts by the smoker are enhanced by simultaneously fulfilling both the chemical need for nicotine and physical stimuli of smoking.

In the last few years the academic literature has exploded with articles on these two topics. The following is a selection of some of the most recent studies and their conclusions.

### **Reduced Toxic Exposure**

Igor Burstyn (2014) concludes, "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 . . . Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern."<sup>8</sup>

Neal Benowitz, et al. (2013) concludes, "The vapour generated from e-cigarettes contains potentially toxic compounds. However, the levels of potentially toxic compounds in e-cigarette vapour are 9-450-fold lower than those in the smoke from conventional cigarettes, and in many cases comparable with the trace amounts present in

Table 2  
Comprehensive Costs of Smoking  
(Billions of Dollars)

State	2009			Healthcare Costs	Total Smoking Costs
	Premature Death	Lost Productivity	Workplace		
United States	117.1	67.5	184.6	116.4	301.0
Alabama	2.7	1.2	3.9	1.7	5.6
Alaska	0.2	0.2	0.4	0.3	0.7
Arizona	1.9	1.3	3.2	1.9	5.1
Arkansas	1.7	0.7	2.4	1.1	3.4
California	9.6	5.7	15.2	11.6	26.9
Colorado	1.3	1.2	2.5	1.6	4.1
Connecticut	1.2	0.7	1.9	1.7	3.6
Delaware	0.4	0.2	0.6	0.4	1.1
District of Columbia	0.3	0.1	0.4	0.3	0.9
Florida	7.9	4.4	12.3	7.3	19.6
Georgia	3.7	2.4	6.2	2.9	9.0
Hawaii	0.4	0.2	0.7	0.4	1.1
Idaho	0.4	0.3	0.7	0.4	1.1
Illinois	5.0	2.9	7.9	4.8	12.7
Indiana	3.0	2.1	5.1	2.6	7.7
Iowa	1.2	0.7	1.9	1.1	3.0
Kansas	1.0	0.6	1.6	1.0	2.6
Kentucky	2.6	1.3	3.9	1.8	5.7
Louisiana	2.4	0.9	3.3	1.8	5.1
Maine	0.6	0.3	0.9	0.7	1.6
Maryland	2.1	1.3	3.4	2.2	5.6
Massachusetts	2.2	1.3	3.4	3.7	7.1
Michigan	4.5	2.4	7.0	4.0	11.0
Minnesota	1.5	1.5	3.0	2.3	5.4
Mississippi	1.5	0.7	2.4	1.0	3.5
Missouri	3.0	1.5	4.5	2.7	7.2
Montana	0.3	0.2	0.6	0.4	0.9
Nebraska	0.6	0.5	1.1	0.7	1.8
Nevada	1.1	0.7	1.7	0.9	2.6
New Hampshire	0.5	0.3	0.8	0.6	1.4
New Jersey	2.9	1.5	4.7	3.6	8.3
New Mexico	0.5	0.4	0.9	0.6	1.5
New York	6.9	3.9	10.8	9.5	20.6
North Carolina	4.1	2.2	6.3	3.4	9.7
North Dakota	0.2	0.2	0.4	0.3	0.7
Ohio	5.7	2.9	8.6	5.2	13.9
Oklahoma	2.1	0.9	3.0	1.3	4.3
Oregon	1.3	0.8	2.1	1.3	3.4
Pennsylvania	5.4	3.2	8.5	5.7	14.2
Rhode Island	0.4	0.2	0.7	0.6	1.3
South Carolina	2.3	1.0	3.3	1.6	4.9
South Dakota	0.3	0.2	0.5	0.3	0.8
Tennessee	3.6	1.7	5.3	2.6	7.9
Texas	7.9	4.9	12.8	7.6	20.4
Utah	0.4	0.3	0.7	0.4	1.1
Vermont	0.2	0.1	0.4	0.3	0.7
Virginia	2.9	2.0	4.9	2.7	7.5
Washington	2.1	1.3	3.4	2.4	5.7
West Virginia	1.1	0.5	1.6	0.9	2.5
Wisconsin	2.0	1.4	3.4	2.4	5.8
Wyoming	0.2	0.2	0.4	0.2	0.6

Source: See Endnote 6 and State Budget Solutions

pharmaceutical preparation. Our findings support the idea that substituting tobacco cigarettes with electronic cigarettes may substantially reduce exposure to tobacco-specific toxicants. The use of e-cigarettes as a harm reduction strategy among cigarette smokers who are unable to quit, warrants further study.<sup>9</sup>

Kostantinos E Farsalinos et al. (2014) concludes, "Although acute smoking inhalation caused a delay in LV (Left Ventricular) myocardial relaxation in smokers, electronic cigarette use was found to have no such immediate effects in daily users of the device. This short-term beneficial profile of electronic cigarettes compared to smoking, although not conclusive about its overall health-effects as a tobacco harm reduction product, provides the first evidence about the cardiovascular effects of this device."<sup>10</sup>

### ***Smoking Cessation***

Emma Beard et al. (2014) concludes, "Among smokers who have attempted to stop without professional support, those who use e-cigarettes are more likely to report continued abstinence than those who used a licensed NRT [Nicotine Replacement Therapy] product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a range of smoker characteristics such as nicotine dependence."<sup>11</sup>

Christopher Bullen et al. (2013) concludes, "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 . . . Furthermore, because they have far greater reach and higher acceptability among smokers than NRT [Nicotine Replacement Therapy], and seem to have no greater risk of adverse effects, e-cigarettes also have potential for improving population health."<sup>12</sup>

Pasquale Caponnetto et al. (2013) concludes, "The results of this study demonstrate that e-cigarettes hold promise in serving as a means for reducing the number of cigarettes smoked, and can lead to enduring tobacco abstinence as has also been shown with the use of FDA-approved smoking cessation medication. In view of the fact that subjects in this study had no immediate intention of quitting, the reported overall abstinence rate of 8.7% at 52-weeks was remarkable."<sup>13</sup>

Konstantinos E. Farsalinos et al. (2013) concludes, "Participants in this study used liquids with high levels of nicotine in order to achieve complete smoking abstinence. They reported few side effects, which were mostly temporary; no subject reported any sustained adverse health implications or needed medical treatment. Several of the side effects may not be attributed to nicotine. In addition, almost every vaper reported significant benefits from switching to the EC [e-cigarette]. These observations are consistent with findings of Internet surveys and are supported by studies showing that nicotine is not cytotoxic, is not classified as a carcinogen, and has minimal effects on the initiation or propagation of atherosclerosis . . . Public health authorities should consider this and other studies that ECs are used as long-term substitutes to smoking by motivated exsmokers and should adjust their regulatory decisions in a way that would not restrict the availability of nicotine-containing liquids for this population."<sup>14</sup>

### **Potential E-cig Medicaid Cost Savings**

To date, the academic literature strongly suggests that e-cigs hold the promise of dramatic harm reduction for smokers simply by switching from combustible tobacco cigarettes to e-cigs. This harm reduction is due to both its positive impact on smoking cessation and

**Table 3**  
**Smoking Costs on Medicaid by State**  
(Millions of Dollars)  
Fiscal Year 2012

State	Medicaid Spending	Smoking Costs as Percent of Medicaid Spending	Smoking Costs on Medicaid
United States	415,154	11%	45,667
Alabama	5,027	9%	452
Alaska	1,348	15%	202
Arizona	7,905	15%	1,185
Arkansas	4,160	11%	458
California	50,165	11%	5,515
Colorado	4,724	17%	803
Connecticut	6,759	7%	473
Delaware	1,485	10%	148
District of Columbia	2,111	11%	232
Florida	17,907	11%	1,970
Georgia	8,526	10%	853
Hawaii	1,493	11%	164
Idaho	1,452	14%	203
Illinois	13,393	11%	1,473
Indiana	7,456	15%	1,123
Iowa	3,495	10%	350
Kansas	2,667	12%	320
Kentucky	5,702	12%	684
Louisiana	7,358	12%	883
Maine	2,413	14%	338
Maryland	7,667	12%	922
Massachusetts	12,926	11%	1,422
Michigan	12,460	13%	1,620
Minnesota	8,894	11%	978
Mississippi	4,166	9%	402
Missouri	8,727	14%	1,222
Montana	973	15%	146
Nebraska	1,722	15%	258
Nevada	1,739	11%	191
New Hampshire	1,187	15%	178
New Jersey	10,389	6%	623
New Mexico	3,430	12%	412
New York	53,306	11%	5,864
North Carolina	12,282	11%	1,351
North Dakota	744	12%	99
Ohio	16,352	13%	2,126
Oklahoma	4,642	12%	557
Oregon	4,587	15%	688
Pennsylvania	20,393	11%	2,243
Rhode Island	1,856	8%	148
South Carolina	4,848	11%	533
South Dakota	749	16%	120
Tennessee	8,798	11%	965
Texas	28,286	11%	3,111
Utah	1,903	14%	266
Vermont	1,353	15%	203
Virginia	6,906	11%	760
Washington	7,560	18%	1,361
West Virginia	2,790	11%	307
Wisconsin	7,096	13%	923
Wyoming	528	16%	85

Note: States do not sum to Total due to rounding  
Source: See Endnote 15 and State Budget Solutions

reduced exposure to toxic compounds in cigarette smoke.

As a result, we can expect the healthcare costs of smoking to decline over time as the adoption of e-cigs by smokers continues to grow. Additionally, we can expect greater rates of adoption as e-cigs continue to evolve and improve based on market feedback-a dynamic that has never existed with other nicotine replacement therapies.

As discussed earlier, the potential savings to the economy are very large. In terms of healthcare alone, most of that cost is currently borne by the Medicaid system where the prevalence of cigarette smoking is twice that of the general public, 51% versus 21%, respectively. So what are the potential healthcare savings to Medicaid?

Brian S. Armour et al. (2009) created an impressive economic model to estimate how much smoking costs Medicaid based on data from the Medical Expenditure Panel Survey and the Behavioral Risk Factor Surveillance System.<sup>15</sup>

Overall, their model "... included 16,201 adults with weighting variables that allowed us to generate state representative estimates of the adult, noninstitutionalized Medicaid population."

The study concluded that 11% of all Medicaid expenditures can be attributed to smoking. Additionally, among the states these costs ranged from a high of 18% (Arizona and Washington) to a low of 6% (New Jersey).

This study uses their percentage of Medicaid spending due to smoking and applies it to the latest year of available state-by-state Medicaid spending. As shown in Table 3, in FY 2012, smoking cost the Medicaid system \$45.7 billion. Of

course, the largest states bear the brunt of these costs such as New York (\$5.9 billion), California (\$5.5 billion), and Texas (\$3.1 billion).

To put this potential savings to Medicaid into perspective, in FY 2012, state governments and the District of Columbia combined collected \$24.4 billion in cigarette excise taxes and tobacco settlement payments. As shown in Table 4, the potential Medicaid savings exceeds cigarette excise tax collections and tobacco settlement payments by 87%.

However, this varies greatly by state with high ratios in the South Carolina (435%), Missouri (409%), and New Mexico (260%), Arizona (238%), and California (238%) and low ratios in New Jersey (-39%), New Hampshire (-31%), Rhode Island (-17%), Connecticut (-13%), and Hawaii (-4%). Overall, 45 states and D.C. stand to gain more from potential Medicaid savings than through lost cigarette tax collections and tobacco settlement payments.

Note that many of the five states with negative ratios are distorted because excise tax collections are based on where the initial sale occurred and not where the cigarettes were ultimately consumed. This can vary greatly because of cigarette smuggling and cross-border shopping created by state-level differentials in cigarette excise taxes.<sup>16</sup>

For instance, New Hampshire has long been a source for out-of-state cigarette purchase from shoppers living in Massachusetts, Maine, and Vermont because of its lower cigarette excise tax. As such, the ratio is too high for Massachusetts, Maine, and Vermont and too low for New Hampshire. The same applies to New Jersey and Connecticut vis-à-vis New York and, more specifically, New York City, which levies its own cigarette tax on top of the state tax.

Hawaii is an exception due to its physical isolation which creates monopoly rents. Rhode Island levies a very high cigarette excise tax, but not relatively high enough compared to neighboring Connecticut and Massachusetts to drive a lot of cross-border shopping.

### **Other Potential E-cig Cost Savings**

Another area of cost savings from greater e-cig adoption is the reduction in smoke and fire dangers in subsidized and public housing. According to a recent study, smoking imposes three major costs:

1. Increased healthcare costs from exposure to second hand smoke within and between housing units.

2. Increased renovation costs of smoking permitted housing units.

3. Fires attributed to cigarettes.

As shown in Table 5, the study estimates that smoking imposes a nationwide cost of nearly \$500 million.<sup>17</sup> The top three states facing the greatest expenses are New York (\$125 million), California (\$72 million), and Texas (\$24 million) while the top three states with the lowest expenses are Wyoming (\$0.6 million), Idaho (\$0.8 million), and Montana (\$1 million).

**Table 5**  
**Smoking Costs on Subsidized and Public Housing (Millions of Dollars) 2012**

State	Smoking Costs
United States	496.8
New York	124.7
California	72.4
Texas	28.3
Massachusetts	24.0
Florida	23.2
Ohio	21.7
Pennsylvania	17.7
New Jersey	15.8
Louisiana	14.4
North Carolina	13.9
Illinois	13.3
Tennessee	12.9
Michigan	12.5
Alabama	12.4
Georgia	11.6
Connecticut	10.7
Missouri	9.4
Indiana	8.3
Virginia	7.8
Mississippi	7.2
Kentucky	7.1
Minnesota	7.1
South Carolina	7.0
Maryland	7.0
Arkansas	6.5

### Applying Cigarette Taxes to E-cigs?

Many policymakers around the country have suggested applying the existing cigarette tax, wholly or in part, to e-cigs. This is bad public policy and is based on a fundamental

misunderstanding of the cigarette tax.

The cigarette tax is what economists call a "Pigovian Tax" which is designed to mitigate negative externalities of certain actions. Cigarette smoking creates many negative externalities such as

**Table 4**  
**Smoking Costs on Medicaid Exceeds State Cigarette Tax Collections and Tobacco Settlement Payments (Millions of Dollars)**

**Fiscal Year 2012**

State	State Cigarette Tax Collections (a)	Tobacco Settlement Payments (b)	Smoking Costs on Medicaid	Smoking Costs on Medicaid as a Percent of State Cigarette Tax Collections and Tobacco Settlement Payments
United States	17,226	7,190	45,667	87%
Alabama	126	94	452	106%
Alaska	67	30	202	108%
Arizona	319	101	1,423	238%
Arkansas	247	51	458	54%
California	996	736	5,515	238%
Colorado	203	91	803	173%
Connecticut	418	124	473	-13%
Delaware	121	27	148	1%
District of Columbia	36	38	232	214%
Florida	381	365	1,970	164%
Georgia	227	141	953	132%
Hawaii	122	49	164	-4%
Idaho	48	25	203	177%
Illinois	606	274	1,473	67%
Indiana	465	130	1,123	59%
Iowa	225	66	350	20%
Kansas	104	58	320	95%
Kentucky	277	102	684	81%
Louisiana	133	141	853	222%
Maine	140	51	338	77%
Maryland	411	146	922	66%
Massachusetts	574	254	1,422	72%
Michigan	965	256	1,620	33%
Minnesota	422	167	978	66%
Mississippi	157	110	402	50%
Missouri	105	135	1,222	409%
Montana	57	30	146	24%
Nebraska	68	38	258	145%
Nevada	103	40	191	34%
New Hampshire	215	43	178	-31%
New Jersey	792	231	623	-39%
New Mexico	75	39	412	260%
New York	1,632	735	5,864	147%
North Carolina	295	141	1,351	210%
North Dakota	26	32	59	49%
Ohio	843	295	2,126	87%
Oklahoma	293	77	557	50%
Oregon	256	79	688	106%
Pennsylvania	1,119	337	2,243	54%
Rhode Island	132	47	148	-17%
South Carolina	26	73	533	435%
South Dakota	60	24	120	42%
Tennessee	279	139	965	131%
Texas	1,470	475	3,111	60%
Utah	124	36	266	66%
Vermont	80	35	203	77%
Virginia	192	117	760	145%
Washington	471	151	1,361	119%
West Virginia	110	64	307	77%
Wisconsin	653	131	923	18%
Wyoming	26	19	85	90%

(a) Includes all forms of tobacco taxes.

(b) Includes Master Settlement Agreement and individual state payments  
Source: Department of Commerce, Census Bureau, Internal Revenue Service, and State Budget Solutions

Oklahoma	6.8	
Wisconsin	6.5	
Washington	5.0	
Arizona	4.9	
Colorado	4.5	
West Virginia	4.3	
Oregon	4.3	
Maine	4.2	
Rhode Island	4.0	
Hawaii	3.8	
Iowa	3.8	
New Mexico	3.0	
Kansas	2.9	
Nebraska	2.1	
Nevada	1.9	
Vermont	1.9	
New Hampshire	1.9	
Utah	1.4	
Delaware	1.3	
North Dakota	1.2	
South Dakota	1.1	
Montana	1.0	
Idaho	0.8	
Wyoming	0.6	
Alaska	N.A.	
District of Columbia	N.A.	

Source: See Endnote 17 and State Budget Solutions

harmful health consequences to the user or to those in near proximity (second-hand smoke).

As detailed in this study, the negative externalities associated with traditional smoking are all but eliminated by e-cigs. Without evidence of actual negative externalities, applying the existing cigarette tax to e-cigs is simply bad public policy.

## Conclusion

Policymakers have long sought to reduce the economic damage due to the negative health impact of smoking. They have used tactics ranging from cigarette excise taxes to subsidizing nicotine replacement therapies. To be sure, smoking prevalence has fallen over time, but there is more that can be done, especially given the fact that so much of the healthcare burden of smoking falls on the already strained Medicaid system.

As with any innovation, no one could have predicted the sudden arrival into the marketplace of the e-cig in 2006. Since e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking the demand for e-cigs has grown dramatically. The promise of a relatively safe way to smoke has the potential to yield enormous healthcare savings. The most current academic research verifies the harm reduction potential of e-cigs.

As shown in this study, the potential savings to Medicaid significantly exceeds the state revenue raised from the cigarette excise tax and tobacco settlement payments by 87%. As such, the rational policy decision is to adopt a non-interventionist stance toward the evolution and adoption of the e-cig until hard evidence proves otherwise. While cigarette tax collections will fall as a result, Medicaid spending will fall even faster. This is a win-win for policymakers and taxpayers.

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## NEWS

## Health

## More than half of UK vapers 'have given up smoking'

8 May 2017 COMMENT

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Some people argue that e-cigarettes are more or equally as harmful as smoking tobacco

**For the first time, more than half of the UK's electronic-cigarette users have since given up smoking tobacco, a study suggests.**

Some 1.5 million vapers are ex-smokers, compared with 1.3 million who still use tobacco, a survey of 12,000 adults for Action on Smoking and Health found.

But Ash said the message that vaping was much less harmful than smoking had not yet got through to all smokers.

Some nine million still smoke in the UK despite a big rise in e-cigarette use.

In 2012, there were 700,000 vapers in the UK; now there are 2.9 million.

### Rise 'has peaked'

The main reason ex-smokers give for vaping is to help them stop smoking.

Current smokers say they do it principally to reduce the amount they smoke.

Scientists say current evidence suggests that the risks of exposure to toxins for e-cigarette users are likely to be low - and much lower than with tobacco.

Deborah Arnott, the campaigning health charity's chief executive, said the figures on vapers who had quit smoking were "excellent news" but that the rate of people switching to electronic versions had peaked.

"The rapid growth in e-cigarette use has come to an end," she said.

### 'Much less harmful'

This is because more than a third of smokers have still never tried e-cigarettes, as a result of concerns about the safety and addictiveness of e-cigarettes.

But research suggests that 26% of people think e-cigarettes are more - or equally as - harmful as smoking tobacco while only 13% believe they are a lot less harmful.

"It's very important smokers realise that vaping is much, much less harmful than smoking," she added.



GETTY IMAGES

Numbers of ex-smokers who vape have been rising but the trend appears to be levelling off

Ann McNeill, professor of tobacco addiction at King's College London, said: "The message for the 1.3 million vapers who still smoke is that they need to go further and switch completely."

People who combine electronic and standard cigarette smoking are still being exposed to the cancer-causing substances in tobacco smoke, increasing their risk of lung cancers, bronchitis and other diseases, although Public Health England believes levels of nicotine in e-cigarettes are unlikely to pose any significant health risk.

But critics say there is no convincing evidence that e-cigarettes help people quit smoking and argue they could even encourage non-smokers to start.

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Statistical bulletin

# Adult smoking habits in the UK: 2015

Cigarette smoking among adults including the proportion of people who smoke including demographic breakdowns, changes over time, and e-cigarettes.



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Next release:  
June 2017

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## 1 . Main points

- This report describes smoking data for the UK and its constituent countries from the Annual Population Survey in addition to smoking data for Great Britain from the Opinions and Lifestyle Survey.
- In 2015, of all adults in the UK 17.2% smoked, down from 20.1% of adults who smoked in 2010.
- Of the constituent countries, 16.9% of adults currently smoke in England; for Northern Ireland, this figure is 19.0%; Scotland, 19.1%; Wales, 18.1% – in recent years, Scotland and Wales have seen the largest decreases in current smokers.
- In 2015 across the UK, 19.3% of men and 15.3% of women smoked cigarettes.
- From 2010 to 2015, smoking has become less common across all ages in the UK, with the largest decrease observed among those aged 18 to 24 years.
- In Great Britain, average cigarette consumption among smokers has reduced to 11.3 cigarettes each day – the lowest level since 1974.
- In 2015, of all adults in Great Britain who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.
- In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work.
- 2.3 million people in Great Britain used e-cigarettes in 2015; for half of these, “vaping” is used as a means to quit smoking.
- Around half of current smokers have used e-cigarettes and 14.4% of current smokers currently use e-cigarettes.

## 2 . Collaboration

This publication is produced in partnership with Public Health England.

Public Health England



Public Health  
England

## 3 . Things you need to know about this release

Historically, our Adult Smoking Habits series has described smoking data for Great Britain from [the Opinions and Lifestyle Survey](#) (OPN). For the first time, this release also analyses smoking data from the [Annual Population Survey](#) (APS) to bring the data into one place. The APS is a continuous household survey, covering a UK sample of around 320,000 households each year. The sample concerns all adults aged 18 years and above, which differs to the OPN which concerns all adults aged 16 years and above.

The inclusion of the APS data in this release allows comparisons to be made between the different countries of the UK, in addition to comparisons at the level of local authority area due to the larger sample size. The larger sample size also allows for greater precision when it comes to estimating the proportion of the population who currently smoke. For this reason, we describe the prevalence of current smokers in the UK and its countries using data from the APS in Section 5: Smoking data for the UK. Data on smoking prevalence from the OPN will continue to be updated in the accompanying [datasets](#).

The devolved countries of the UK each have their own health surveys, which are used to provide official estimates of smoking in each country; these surveys are also used to track progress against each country's targets to reduce smoking. The Northern Ireland Health Survey shows that [22% of adults in Northern Ireland currently smoke cigarettes](#); the Welsh Health Survey shows that [19% of adults in Wales currently smoke cigarettes](#); the Scottish Health Survey shows that [21% of adults in Scotland are currently smoking cigarettes](#).

Public Health England, via their [Local Tobacco Control Profiles](#), detail data on a wide range of indicators related to the smoking of cigarettes including different measures of prevalence in adults and young people, smoking-related mortality and the wider impacts of smoking on health. The [Health Survey for England](#) also collects data on smoking habits.

## 4 . Cigarette smoking

Smoking is a leading cause of preventable death in the UK. In 2014, [almost 80,000 deaths were attributable to smoking in England](#). Estimates from the governments of the devolved countries suggest that smoking is responsible for around [2,300 deaths per year in Northern Ireland](#), [13,500 deaths per year in Scotland](#) and [5,500 deaths in Wales](#). Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with [children especially vulnerable](#) to the effects of passive smoking.

Smoking also has economic costs, adding significantly to the burden on the NHS. [Research from Oxford University](#) suggests that smoking cost the NHS in the UK £5.2 billion in 2005 to 2006. In England, there were [1.7 million admissions for conditions that could be caused by smoking in 2014 to 2015](#); an average of 4.7 thousand admissions per day. Reducing the prevalence of cigarette smoking is therefore a main objective for the government and devolved administrations. The government set a [smoking prevalence target for England](#) of 18.5% by 2015, which has been met. The [Welsh government has a target](#) of 16% by 2020. The [Scottish government has a target](#) of 5% by 2034.

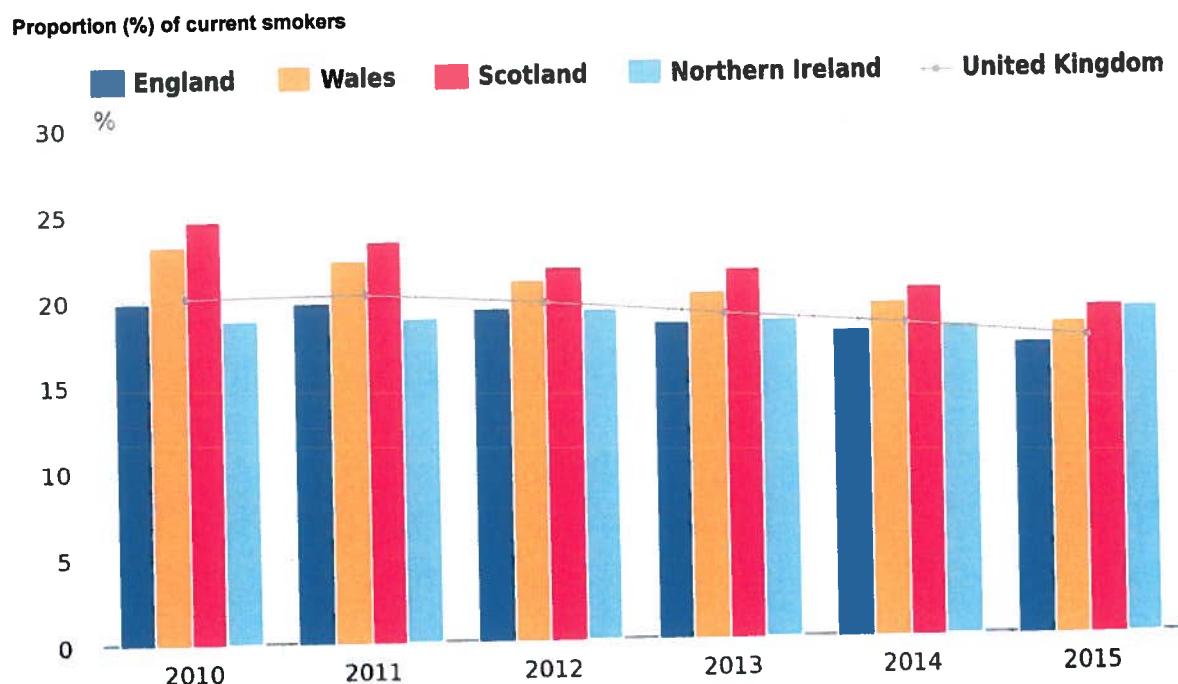
The UK and devolved governments have published the papers [Healthy Lives, Healthy People – A Tobacco Control Plan for England](#), [Ten year tobacco control strategy for Northern Ireland](#), [Tobacco Control Action Plan for Wales](#) and [Creating a Tobacco-Free Generation – A Tobacco Control Plan for Scotland](#). These set out their respective strategies for reducing the proportion of the population that smokes and the harm caused by tobacco use.

## 5 . Smoking data for the UK from the Annual Population Survey, 2010 to 2015 - adults aged 18 years and above

**Smoking has become less common in the UK in recent years, explained by decreasing levels of smoking in England, Scotland and Wales since 2010**

In 2015, of those aged 18 years and above 17.2% smoked cigarettes in the UK. This proportion is statistically lower than the 20.1% of those who smoked in 2010. This decrease is explained by smoking becoming less common in England, Scotland and Wales. In Northern Ireland, smoking has remained at similar levels in recent years. In England, 16.9% smoked cigarettes in 2015. This proportion is around 3 percentage points lower than that in 2010. Scotland and Wales have both seen decreases of more than 5 percentage points since 2010. In 2015, in Scotland and Wales, respectively 19.1% and 18.1% smoked. The proportion of smokers in Northern Ireland was 19.0% in 2015 (Figure 1).

**Figure 1: Smoking has become less common in the UK since 2010, particularly in England, Scotland and Wales**



Source: Annual Population Survey - Office for National Statistics

Notes:

1. Figures are for all those aged 18 years and above.

**Proportion of male smokers in the UK is statistically lower than it was in 2010, yet smoking remains more common among men than women**

Men are more likely to smoke than women and in 2015 across the UK, 19.3% of men aged 18 years and above smoked cigarettes. For women, 15.3% smoked cigarettes in the UK during the same year. Since 2010, the prevalence of smoking among men and women has dropped by 3 percentage points.

During the period between 2010 and 2015, Scotland and Wales have seen the largest decreases in smoking prevalence among men and women.

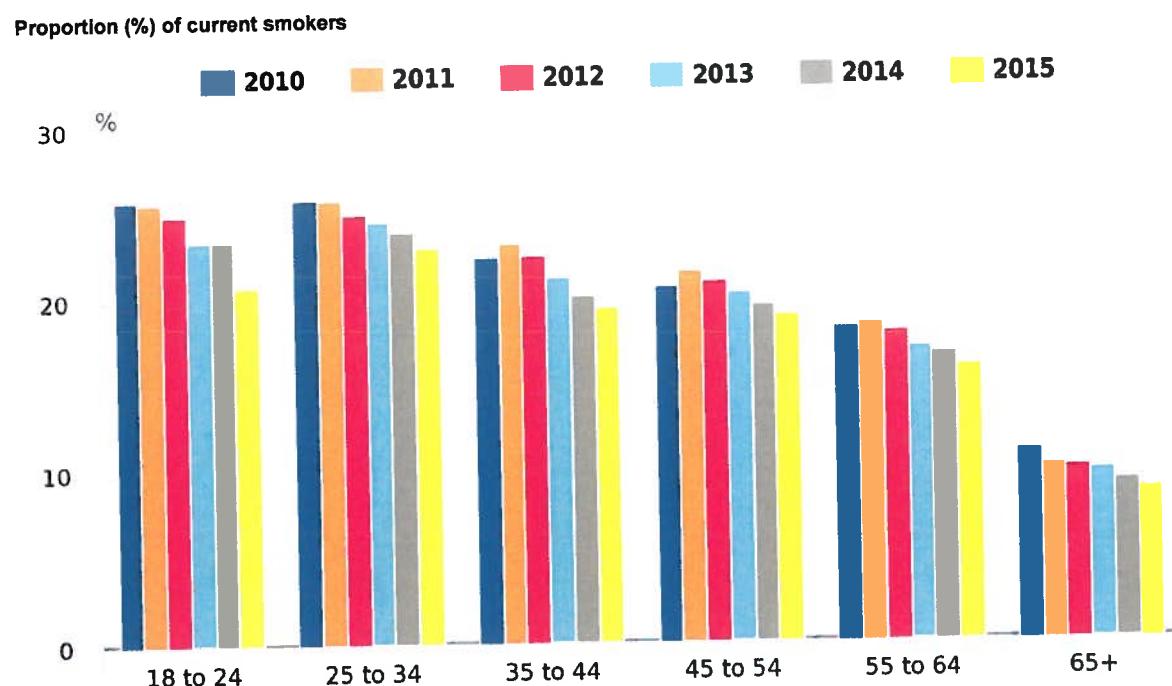
**Since 2010, smoking has become less common across all age groups in the UK, with the most pronounced decrease observed among those aged 18 to 24 years**

In 2015, smoking was most common among those aged 25 to 34 years in the UK. In this group, 23.0% smoked cigarettes. On the other hand, smoking was the least common among those aged 65 years and above. In this group, 8.8% smoked cigarettes.

Since 2010, smoking has become less common across all age groups. The largest decrease since 2010 has been observed among those aged 18 to 24 years; 20.7% in this group smoked cigarettes in 2015, down 5 percentage points since 2010. The decrease in smoking for this age band was the most pronounced in Wales; 21.1% in this group smoked cigarettes in 2015, down 8 percentage points since 2010 (Figure 2).

The age-specific patterns for males and females across the UK are generally consistent with the trends outlined in this section.

**Figure 2: In the UK, between 2010 and 2015 there have been reductions in the proportion of current smokers across all age groups**



Source: Annual Population Survey - Office for National Statistics

**From 2012 to 2015, Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence**

Smoking prevalence estimates by local authority area have a larger degree of statistical uncertainty due to lower sample sizes. To improve reliability, here we describe local authorities where the proportion of smokers has been consistently high or low on a year-to-year basis. Please note, local authorities in Northern Ireland are not included here as this detail is not available in the Annual Population Survey.

Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence between 2012 and 2015. In 2015, there were 25.3% of adults in Blackpool who smoked, a figure that is around 8 percentage points higher than the level of smoking in the broader population of the UK. Areas with the lowest levels of smoking prevalence tend to fluctuate on a year-to-year basis. In 2014 and 2015, Chiltern and South Staffordshire both featured in the bottom 10 of local authorities ranked by smoking prevalence. In 2015, there were 8.8% of adults who smoked in Chiltern and 9.0% of adults smoked in South Staffordshire. These figures are both around 8 percentage points lower than the level of smoking in the broader population of the UK.

At the level of local authority, estimates tend to be more affected by characteristics of the local population such as age and deprivation. For example, [Blackpool is one of the most deprived areas in England](#); given that there are [links between smoking and deprivation](#), this is one reason why smoking estimates in Blackpool are high. [Chiltern is an area with an ageing population](#); given that the prevalence of smoking in the UK is lowest among older adults, this is one reason why estimates of current smokers in Chiltern are low.

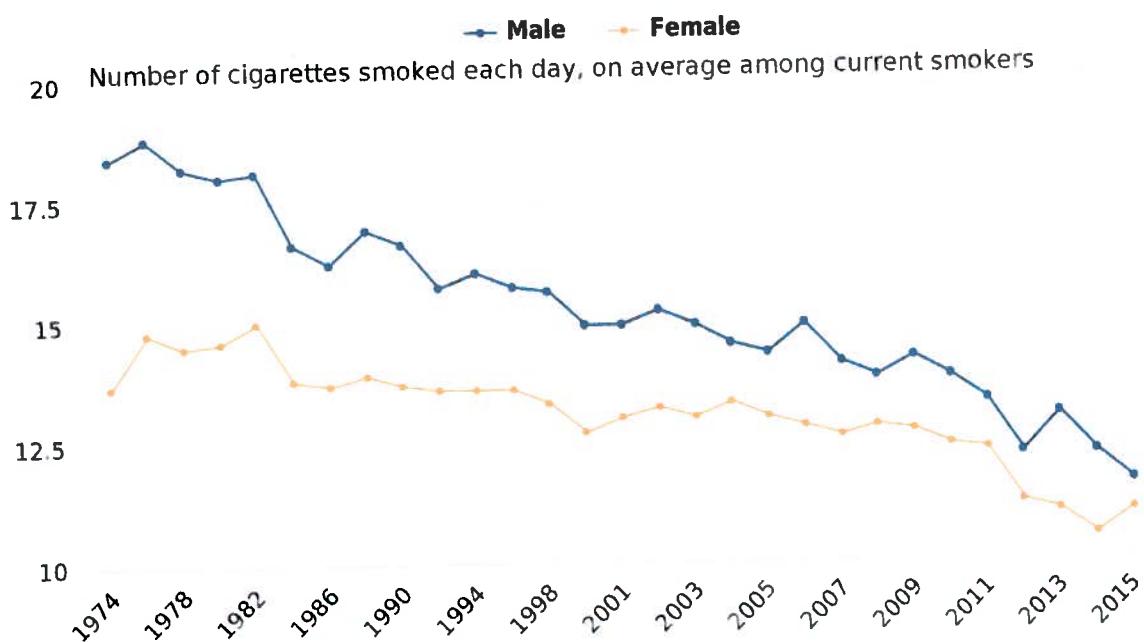
## 6 . Smoking data for Great Britain and England from the Opinions and Lifestyle Survey, 1974 to 2015 - adults aged 16 years and above

**In 2015, average daily cigarette consumption has reduced in Great Britain to some of the lowest levels; since 2000, this has particularly been the case among those aged 35 to 49 years**

The latest 2015 data show that the average number of cigarettes smoked on a daily basis by smokers continues to fall. In 2015, among current smokers aged 16 years and above in Great Britain, 11.3 cigarettes were smoked each day. This average daily consumption is 33% lower relative to when consumption peaked in 1976.

Over time, average daily cigarette consumption among men who smoke has typically been higher than in female smokers. Despite this, in recent years the gap between male and female cigarette consumption has been narrowing. In 2000, male smokers consumed an average of 14.9 cigarettes each day, a figure which was around 15% higher than the average daily consumption of female smokers (12.7 cigarettes each day). In 2015, male smokers consumed an average of 11.6 cigarettes each day, a figure which was around 5% higher than the average daily consumption of female smokers (11.0 cigarettes each day) (Figure 3).

**Figure 3: Since 1974, in Great Britain average daily cigarette consumption among male and female smokers has reduced to comparable levels**



Source: Opinions and Lifestyle Survey; General Lifestyle Survey; General Household Survey - Office for National Statistics

Notes:

1. The average refers to the mean.
2. Data are weighted from 2000 onwards.
3. Data on cigarette use were collected on a two-year basis prior to 2000.
4. Estimates prior to 2005 are based on fiscal year as opposed to calendar year.

When looking at daily average cigarette consumption among smokers by age, since 2000 the largest decrease has been observed among smokers aged 35 to 49 years, with consumption in 2015 being around 25% lower. This is also true when looking at this pattern by sex, however, the reduction is more pronounced among males (29%) than females (19%). Prior to 2000, from 1974 to 1998, the sharpest decrease in daily average cigarette consumption was among smokers aged 25 to 34 years.

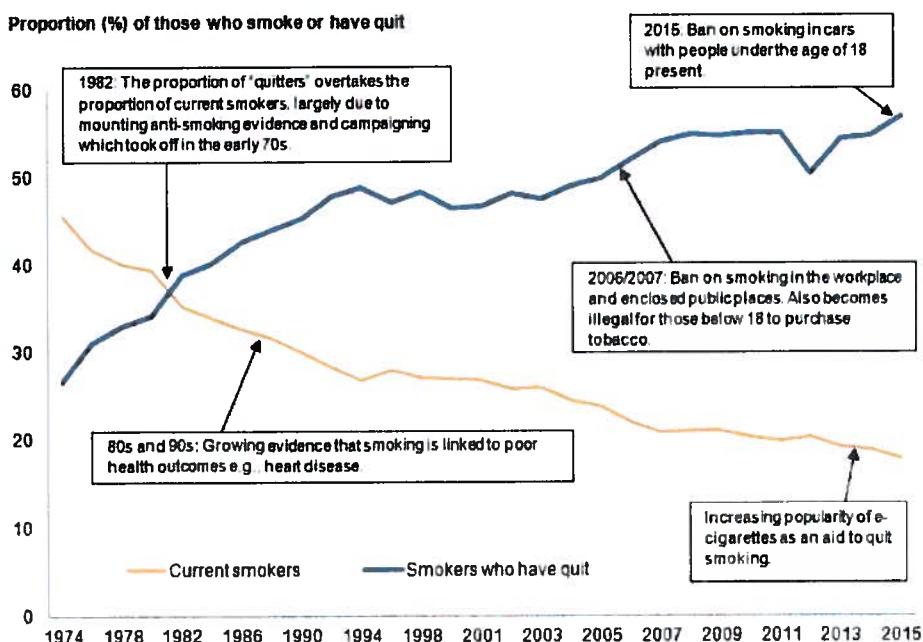
In England, average daily cigarette consumption among smokers has fallen by 19% since 2000, with the largest decrease observed among males and females aged 35 to 49 years.

## With the highest level of "quitters" since 1974, the popularity of smoking in Great Britain has dwindled over the past 40 years

Generally, the prevalence of smoking among the population in Great Britain has fallen and this is reflected in the data on people who have quit. In 2015, of those aged 16 years and above who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.

In England, 56.4% of those who had previously smoked had quit in 2015. Despite this proportion being higher than that observed in 2000 when 46.8% of smokers had quit, the proportion of quitters in England tends to fluctuate each year (Figure 4).

**Figure 4: In Great Britain, 2015 saw the highest proportion of quitters in over 40 years**

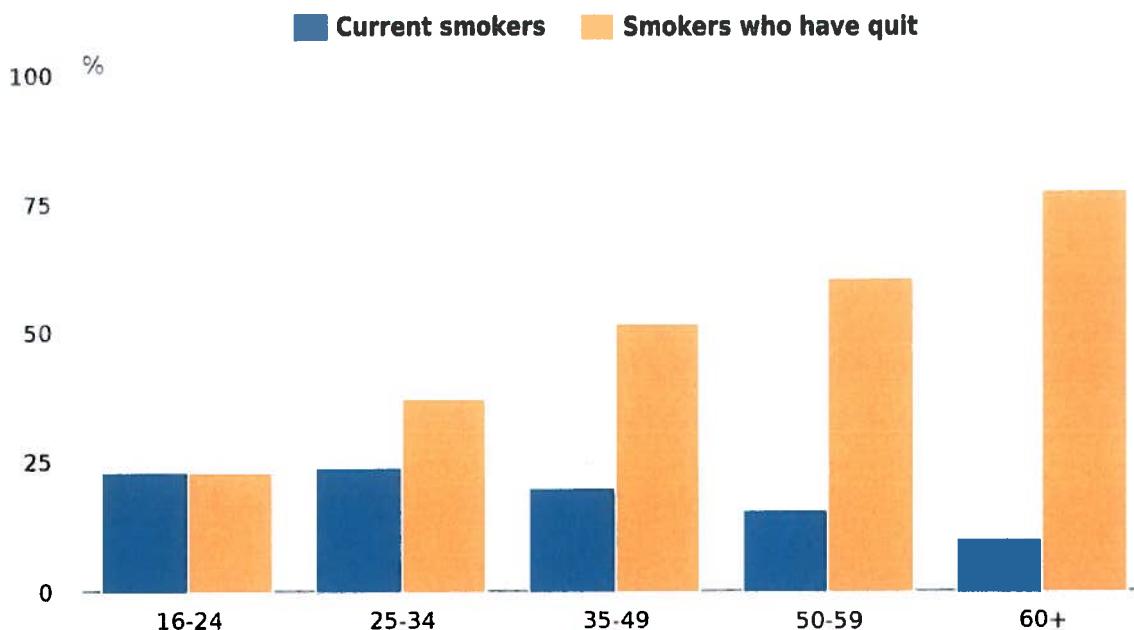


## When people get older, they're more likely to quit smoking

As people get older they are more likely to have quit – partly reflecting that they had more time to do so. In 2015, of those aged 60 years and above 77.9% had quit smoking whereas 23.3% of those aged 16 to 24 years had quit (Figure 5).

**Figure 5: In 2015, older people in Great Britain were more likely to quit smoking than younger people**

Proportion (%) of those who smoke or have quit



Source: Opinions and Lifestyle Survey - Office for National Statistics

In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work

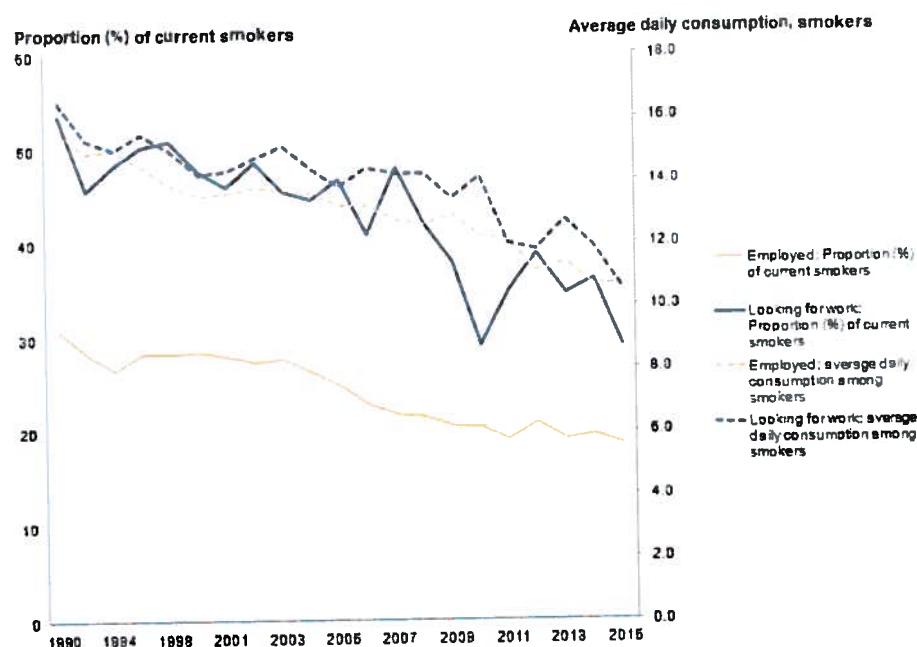
Generally, as personal incomes increase people are less likely to smoke. In 2015, of those with an annual income of less than £10,000 there were 21.9% who were current smokers while just 10.8% of those with an income of £40,000 or more smoked.

Those with the lowest incomes are also less likely to quit smoking. Of those who had ever smoked and had an income of less than £10,000, there were 51.2% who had quit, while 68.9% of those who had ever smoked and had an income of £40,000 or more had quit.

When looking at smoking status by economic activity, across time those who are employed are less likely to be smokers than those who are looking for work. In 2015, of all employed persons 18.8% were current smokers whereas 29.3% of those looking for work were current smokers. Since 1990, smokers who are currently looking for work tend to smoke more cigarettes each day relative to smokers who are currently employed. However, in 2015 the gap in cigarette consumption between smokers who are employed versus smokers who are looking for work was minimal (Figure 6).

**Figure 6: Across time, in Great Britain those looking for work are generally more likely to be smokers and tend to smoke more cigarettes than those who are employed**

Proportion (%) of those who smoke - Number of cigarettes smoked each day, on average among current smokers



### Just over 1 in 10 babies born to mothers who smoke

NHS Digital publishes statistics on women's smoking status at the time of delivery in England. Over the period 2014 to 2015, there were [11.4% of mothers who were recorded as smokers at the time of delivery](#). This figure continues a steady year-on-year decline in the percentage of women smoking at the time of delivery from 15.1% in 2006 to 2007.

Estimates on the smoking status during pregnancy from the Opinions and Lifestyle Survey suggest that 13.1% of pregnant women aged 16 to 49 years were smokers in 2015. However, these estimates are based on a small sample of women, with just 60 pregnant women in the survey in 2015. The small sample produces a larger degree of uncertainty around the 2015 estimate; for robustness, it is advised to use the statistics collected at the time of delivery when reporting on the smoking status of pregnant women.

## 7 . Other characteristics of smokers

The data discussed in this publication can be found in the datasets section of the bulletin. In the datasets tables, there is also data for Great Britain and England that has not been included within the commentary including:

- proportion who have never smoked cigarettes, by sex and age, 1974 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by highest qualification level, 2014 to 2015
- cigarette smoking habits, by economic activity, 1990 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by socio-economic classification, 2014 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by relationship status, 2014 to 2015
- adult cigarette smoking habits, by sex and whether dependent children living in household, 2000 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by age and whether lone person household, 2014 to 2015
- type of cigarette smoked, by sex, 2014 to 2015

## 8 . E-cigarette data from the Opinions and Lifestyle Survey, 2014 to 2015 - adults aged 16 years and above

The data described in this section represent an update to the provisional figures described in [our last release](#). E-cigarettes have been sold since 2004 and in Europe since 2006. Their popularity and availability has increased, which has led to debate around their use. Some feel that e-cigarettes could renormalise smoking, or [could be a gateway to smoking](#) by introducing non-smokers to nicotine. Others feel that they could be a useful tool in the effort to reduce tobacco consumption. To date, e-cigarettes have mainly been marketed as a cheaper and healthier alternative to smoking. However, the long-term health effects of using e-cigarettes have yet to be established, which has led to a [World Health Organisation call for tighter controls on e-cigarettes](#). Evidence from Public Health England suggests that [e-cigarettes may be 95% safer than smoking tobacco](#).

The commentary in this section focuses on the most pertinent details – more data on e-cigarette use in Great Britain and England can be found in the accompanying [datasets](#).

### Half of current smokers have used e-cigarettes

In Great Britain, there were 2.3 million current e-cigarette users in 2015, around 4% of the population. There were 4 million former users of e-cigarettes and a further 2.6 million people who said they had tried an e-cigarette but never went on to use it.

Half of the 2.3 million current e-cigarettes users said their main reason for “vaping” was to aid themselves in quitting smoking. Just over 1 in 5 (21.9%) gave their main reason for vaping was because they felt e-cigarettes were less harmful than cigarettes. Despite the cost difference between vaping and smoking, just 10.2% gave this as the main reason. A further 8.8% said their main reason was because they could use e-cigarettes indoors, where smoking tobacco is banned.

For both current and ex-smokers, the main reason for using e-cigarettes was to help them quit smoking. The second most popular reason for both groups was that they were perceived to be less harmful, although this was the reason for 30.5% of ex-smokers compared with 14.9% of current cigarette smokers. Among current cigarette smokers, 14.2% said that their main reason for using e-cigarettes was that they could be used indoors, compared with 1.6% of ex-cigarette smokers.

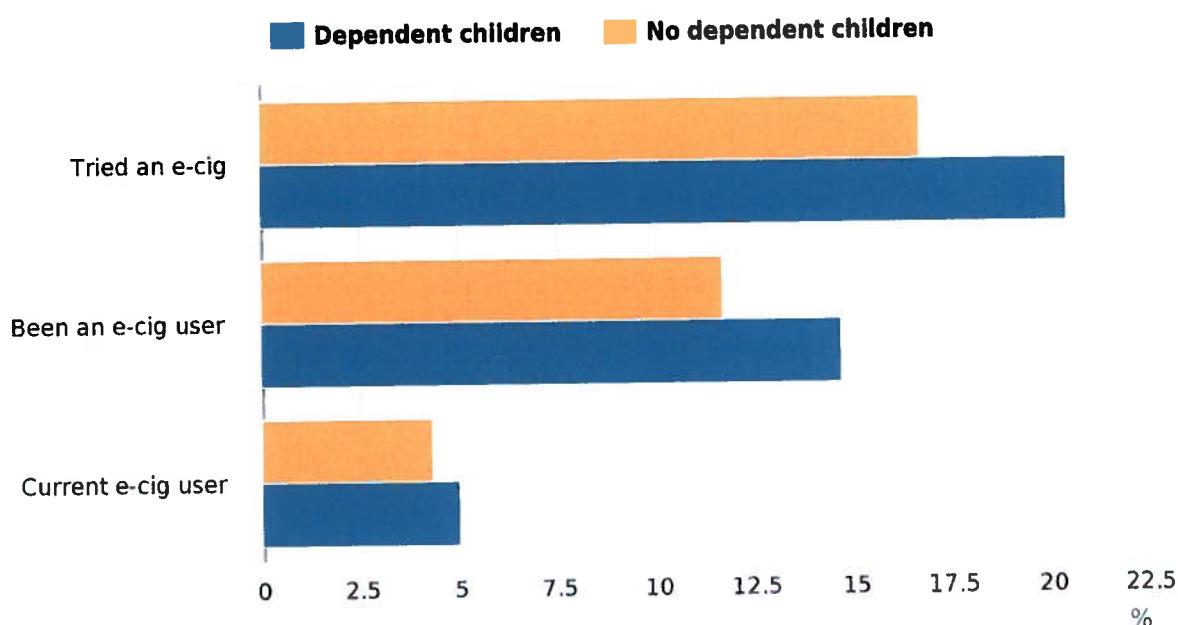
Around half of current smokers said they have used an e-cigarette and 14.4% of current smokers also said that they use an e-cigarette. Current e-cigarette users smoke a slightly higher number of cigarettes a day on average (11.8 per day) than the average for all smokers (11.3 per day). Former e-cigarette users' average daily cigarette consumption (12.2) is higher than those who have never used an e-cigarette (10.6).

## E-cigarette use is more common in households with dependent children

In 2015, e-cigarette use was more common in households with dependent children than in households with no dependent children. This applies to those who have tried an e-cigarette, been a user in the past, as well as current users. For instance, among those who reported having dependent children, 14.7% had been an e-cigarette user, which is 3 percentage points higher than those who had been an e-cigarette user with no dependent children in the household. Data on current smokers from the Opinions and Lifestyle Survey show that smoking is less common in households with dependent children in 2015 (Figure 7).

Figure 7: E-cigarette use is more common in households with dependent children, Great Britain, 2015

Proportions (%) of current users; those who have been a user; and those who have tried an e-cigarette



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Data shows how e-cigarette use is moderated by the presence or absence of dependent children in the household.

## 9 . Planned improvements

Over the next 12 months, we will be working with Public Health England to improve the method used to calculate the 95% confidence intervals for our smoking statistics. The confidence intervals in this release are based on a normal approximation method, which does not take into account the design of the surveys used to produce the estimates described in this report. We do not feel that the new method will have substantial implications for the main messages reported here.

Starting in June 2017, we will be co-ordinating the release of our smoking statistics with those published by other areas of government including NHS Digital.

Over the coming months, we will also be working with Public Health England on a piece of analysis designed to examine the links between deprivation and smoking. This work will be published upon its completion.

## 10 . Links to related statistics

Further statistics on smoking can be found on the [Drug use, alcohol and smoking](#) pages of our website.

## 11 . Quality and methodology

The [Annual Population Survey](#) and [Opinions and Lifestyle Survey](#) Quality and Methodology Information reports contain information on:

- the strengths and limitations of the data
- the quality of the output: including the accuracy of the data and how it compares with related data
- uses and users
- how the output was created

## 12. Background notes

### 1. The Annual Population Survey

The data on smoking habits in the UK come from the Annual Population Survey (APS). This survey has an annual sample size of approximately 320,000 respondents, making it possible to generate statistics for small geographical areas. The data on smoking are collected on the Labour Force Survey, which forms a component of the APS.

The data on smoking from the APS concern all respondents aged 18 years and above; this differs to smoking data from the Opinions and Lifestyle Survey (see Note 2), which also collects data from 16 and 17 year olds. The construction of the proportions of the population who have never smoked cigarettes and those who are ex-smokers, also differ, as the OPN asks an additional question around this.

This year we based our headline smoking statistics on data from the APS as this provides a consistent methodology across the whole of the UK. The large sample size also allows analyses to be made at the level of local authority area. Please note, in our release local authorities in Northern Ireland are not included as this detail is not available in the APS.

### 2. The Opinions and Lifestyle Survey

The data on smoking habits in Great Britain were collected on the Opinions and Lifestyle Survey (OPN) – an omnibus survey run by the Office for National Statistics. The survey is run monthly and is open for both government and non-government organisations to run questions.

The OPN is the only randomised probability sample omnibus survey in Great Britain and provides a fast, reliable and flexible service to customers.

The data from the OPN follows on from a series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF). The OPN and GLF/GHS provide comparable results. However, there are some differences in the design and content of the 2 surveys. More information can be found in the [Opinions and Lifestyle Survey – Smoking Habits Amongst Adults, 2012](#) publication.

### **3. Official estimates of smoking prevalence in the devolved countries of the UK**

The smoking data for the UK reported in this bulletin allow for comparisons to be made across each constituent country due to the consistent methodology. Official estimates of smoking prevalence in the devolved countries, however, should be taken from the respective health surveys of [Northern Ireland](#), [Scotland](#), and [Wales](#).

### **4. Reliability**

It is likely that the survey underestimates cigarette consumption and, to a lesser extent, cigarette smoking prevalence. [Evidence suggests](#) that when respondents are asked how many cigarettes they smoke per day, there is a tendency for respondents to round the figure down to the nearest multiple of 10. Underestimates of consumption are likely to occur in all age groups.

Under-reporting of prevalence, however, is more likely to occur among young people, in particular those aged under 18 (as a result of the legal age of purchase for cigarettes in the UK). To protect their privacy, those aged 16 and 17 are given the option to complete the smoking section of the OPN themselves, so that neither the questions nor the responses can be heard by any of the other persons present.

### **5. Changes to legislation and government policy**

Information on the changes in legislation and government policy can be found on the [Action on smoking and health website \(ASH\)](#).

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 12:02 PM  
**To:** House Judiciary  
**Subject:** FW: SB-63 Please submit for the record

**From:** Steven Mapes [mailto:[mapesvapes@gmail.com](mailto:mapesvapes@gmail.com)]  
**Sent:** Tuesday, January 23, 2018 12:01 PM  
**To:** Rep. Lora Reinbold <[Rep.Lora.Reinbold@akleg.gov](mailto:Rep.Lora.Reinbold@akleg.gov)>  
**Cc:** Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
**Subject:** SB-63 Please submit for the record

Good morning chairman and committee members,

My name is Steven Mapes.

I have lived and worked on the Kenai Peninsula for 50 years.

I am opposing SB63 as it is written. I am for a smoke free Alaska but the vape language in the bill will make it more difficult and more expensive for folks to use the healthier alternative of vaping.

My father died of lung cancer at the age of 52. My mother was diagnosed with cancer when she was 66 and died of cancer caused by smoking at 70.

I started smoking tobacco at the age of 10 and continued until one night at the age of 53 when my wife woke me up in the early hours of the morning crying. She told me that my lungs were gurgling and that I was choking and my breathing was very labored. I had made many attempts at quitting tobacco, (cold turkey, patches, gum, pills, acupuncture, hypnosis, etc.) when my mother was diagnosed. I am 60 now and have been vaping for 7 years.

When my friends took notice that I was vaping instead of smoking they started to ask me questions about vape. This caused me to do even more research about vape and what I found was that vapor from e-cigs is basically harmless. ("Peering through the mist" by Dr. Igor Burstyn) This was the most comprehensive and unbiased research that had been done at the time. (2014) Since then a few hundred research documents have been published on the subject. The Royal College of Physicians conducted a study that was published in April 2016 that is directing the U.K.s policies on vaping going forward. There are many more research and study documents on file, in the record, of this bill supporting vaping that can be read if you want to gain more knowledge about the subject.

My friends in the community told me that I should open a vape shop on the peninsula to help other folks get off tobacco and so I opened a small store in Kenai, offering good equipment and juices made in ISO certified labs, at fair prices, to help others who wanted to quit smoking and chewing tobacco. Folks who found success quitting tobacco at this store told others about the benefits of vaping, breathing, their energy level, cost versus tobacco, the end result was that I was working 16 to 18 hours a day, 7 days a week. I had to sell the store to protect my sanity.

The people that bought the store from me told me they had the same vision that I did. Fair prices, quality equipment, helping folks get off tobacco and improve their quality of life. Sadly, this was not true. Low quality hardware and juices, higher prices, and less knowledgeable owners were the results. The vaping community that had sprouted on the peninsula spoke loudly to me and I listened. I opened Mapes Vapes on Oct. 2015. I employ 3 people full time, (40 hr. per week) pay local borough taxes, and state and federal taxes. This store has helped more than 500 people get off tobacco products so far. I know this because we keep a record of them carved into the top of our display case. Many of our customers are older folks who have been trying for years to quit tobacco. We obey all of the statutes and laws of Alaska and follow federal guidelines for carding people who come into the store.

An award winning documentary was released last year called “A Billion Lives” by Aaron Biebert, that needs to be watched by any policy makers who are considering vaping legislation. I sent several copies (25) of this documentary to Alaskan lawmakers in Juneau this fall but if you did not get one and cannot find one to borrow, it only costs 3 or 4 dollars to rent online.

It is worth the effort to find out what “Big Tobacco” is doing to misinform the public and policy makers about vaping.

In conclusion I feel that the states policy makers can save the state money by supporting vaping in this state. They can save lives and improve the quality of life of the folks who want a healthier alternative to tobacco products and save the jobs of folks that work in the vape industry in this state.

Steven Mapes  
47870 Interlake Drive  
Kenai Alaska 99611

## Lizzie Kubitz

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**From:** Rainbow Chaser <svrainbowchaser@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:51 PM  
**To:** House Judiciary  
**Subject:** Written Testimony on \*\*SB63\*\* to be placed in the record

Please include this written comment against SB63 in the record and distribute to all members of the House Judiciary Committee. There is clearly an issue with the audio this year during public testimony even if Alaskans take their phone off speaker and speak directly into the handset. Submitting this written testimony is necessary to provide clarity. Thank you. - James Squyres, District 9, Rural Deltana

HOUSE JUDICIARY  
PUBLIC TESTIMONY  
SB 63

For the record my Name is James Squyres, I live in Rural Deltana, I am a constituent of Representative George Rauscher. I am against SB63. I am a non-smoker. I am appalled at the seemingly insatiable desire to increase the size, scope, footprint and influence of government. This bill has been recycled by the primary sponsor at the cost of the State Government how many times? In the Senate the nays on this bill were Coghill, Dunleavy, Hughes, Kelly and Stedman. Do you think they voted against this because they were heavy smokers? --- Or because they were concerned about size & scope of government? Not only do I encourage the Chair to put this bill in his drawer and leave it there---- the primary sponsor needs to be notified to quit wasting this Committee's time at the expense of Alaskans. I would like to see you folks out of there in 90 days. That concludes my testimony.

## **Lizzie Kubitz**

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**From:** Pamela goode <prgoode@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:53 PM  
**To:** House Judiciary; House Judiciary  
**Subject:** OPPOSE SB63

January 23, 2018

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. If people are offended with other people's minor actions, it is time for communication and common courtesy to prevail. Growing the scope and size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face today in Alaska and our country.

I would like to request an objection and a roll call vote. SB63 should not leave the House Judiciary Committee. This is an election year. It is beneficial in all elections to know where our representatives could have stopped bad policy and they chose not to.

Kind regards,  
Pamela Goode

## **Lizzie Kubitz**

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**From:** Pamela goode <prgoode@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:57 PM  
**To:** House Judiciary  
**Subject:** OPPOSE SB63

January 23, 2018

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. If people are offended with other people's minor actions, it is time for communication and common courtesy to prevail. Growing the scope and size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face today in Alaska and our country.

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Kind regards,  
Pamela Goode

## **Lizzie Kubitz**

---

**From:** Francesca <frescachez@gmail.com>  
**Sent:** Tuesday, January 23, 2018 1:23 PM  
**To:** House Judiciary; House Judiciary  
**Subject:** sb63 Testimony email

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. Growing size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face in Alaska

I would like to request an objection and a roll call vote. SB63 should not leave the House Judiciary Committee. It is beneficial in all elections to know where our representatives could have stopped bad policy and they chose not to.

Regards,  
Francesca Allegrezza

## Lizzie Kubitz

---

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**Sent:** Tuesday, January 23, 2018 12:02 PM  
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**Subject:** FW: SB-63 Please submit for the record

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Steven Mapes  
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Kenai Alaska 99611