



Testimony

of

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before the

New York State Senate Committees on Consumer Protection, Health & Education

on

**Safety and Potential Harms of Electronic Cigarettes and Vaping, Especially Among School-
Aged Youth**

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New York City

Good afternoon Chair Thomas, Chair Rivera, Chair Mayer and members of the Committees. I am Kim Kessler, Assistant Commissioner of the Bureau of Chronic Disease Prevention at the New York City Department of Health and Mental Hygiene (DOHMH). I am here today to discuss the alarming increase in the popularity of e-cigarettes among youth.

Between 2001 and 2017, New York City's youth cigarette smoking rate dropped by 72 percent, from 18 percent to 5 percent. Despite this progress, youth e-cigarette use has been increasing substantially. Although e-cigarettes have been on the market for only about a decade, in 2017, over 17 percent of New York City public high school students reported vaping at least once in the past month. Further, in 2018, one in fifteen New York City public middle school students reported currently using e-cigarettes. Vaping is now more than three times as common among youth as smoking cigarettes. The rise in popularity of these products threatens to reverse decades of progress we have made in fighting youth tobacco and nicotine use.

Although e-cigarettes do not contain tobacco, an estimated 99 percent of e-cigarettes contain nicotine. Nicotine is one of the most addictive substances available in a consumer product. The amount of nicotine in e-cigarettes varies greatly between products, but one pod of a popular e-cigarette, JUUL, can contain as much nicotine as a whole pack of cigarettes. E-cigarettes can also release toxic and cancer-causing chemicals, and we do not yet know the long-term health effects of these products. We are putting a generation at risk of addiction and potential severe, long-term health risks by exposing them to these unregulated products. In addition, youth who use e-cigarettes are more likely to later try cigarettes, which are inherently dangerous. Despite claims that e-cigarettes are an effective way to quit smoking, this is not backed by sufficient scientific evidence. What we do know for certain is that these products attract and addict youth.

Further, the e-cigarette industry is rapidly expanding. E-cigarette sales nearly doubled between 2017 and 2018, reaching over \$2 billion. And Big Tobacco has a heavy hand in this market – we know that some tobacco companies have large investments in – or outright own – e-cigarette manufacturers. Perhaps most critically, many e-cigarette companies deploy the same nefarious marketing strategies used by Big Tobacco, including positioning these products as glamorous and targeting youth with thousands of flavors. Flavors have been identified as one of the top reasons why youth use e-cigarettes, and with options like Cotton Candy, GummiBerry and Sno-Cone, the youth appeal is not surprising.

Even more alarming is the recent outbreak of vaping-related lung injury across the country. As of October 28, federal, state, and local health officials are investigating over 1,600 possible lung cases of lung injury related to e-cigarettes and 34 deaths, most involving young people. While most of the cases seem to involve vaping cannabis products, such as THC oils, particularly those obtained off the street or from other informal sources, no single substance, chemical or type of product has been identified as the primary source of injury.

These potential harms and dangerous marketing strategies, coupled with the epidemic of e-cigarette use among youth, are cause for alarm and immediate action.

To begin to address e-cigarettes, DOHMH has implemented various outreach strategies, including a new digital media campaign, disseminating informational resources to schools, and activating community based organizations to educate youth in their communities about the dangers of e-cigarettes. We have also worked to enact bold policy changes, including: banning the sale of e-cigarettes, cigarettes and other tobacco products to anyone under 21 years of age; updating the Smoke Free Air Act to prohibit e-cigarette use everywhere smoking is prohibited; and reducing the availability of e-cigarettes by banning their sale at pharmacies and developing an e-cigarette retailer license with a neighborhood cap on the number of licenses available. We also applaud New York State for their recent actions against e-cigarettes, including imposing a tax on e-cigarettes.

However, there is more work to be done. DOHMH supports efforts to reduce the use of flavored e-cigarettes and flavored tobacco products to protect New York City's youth.

Thank you for the opportunity to testify. I am happy to answer questions.