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Senate Health Committee Hearing

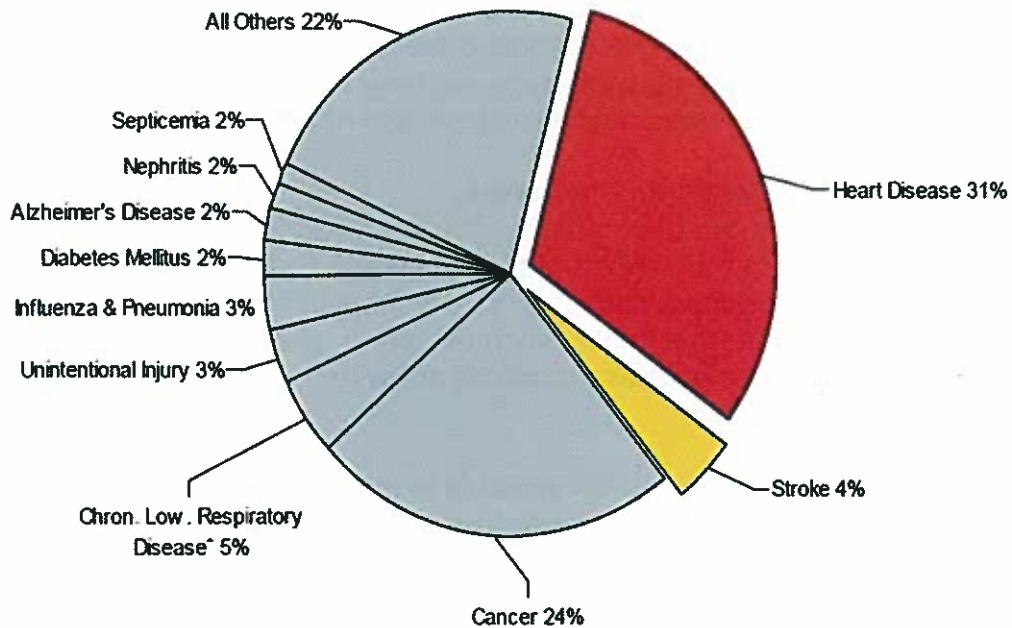
To consider including electronic cigarettes in the existing Clean Indoor Air Act and regulating liquid nicotine

Testimony of Julianne Hart
 NYS Government Relations Director
 American Heart Association/American Stroke Association

I would like to thank Senator Hannon and Members of the Senate Standing Committee on Health for providing the American Heart Association the opportunity to testify today on electronic cigarettes. My name is Julianne Hart and I am the NYS Government Relations Director for the American Heart Association / American Stroke Association (AHA). The AHA is the largest volunteer organization in the world dedicated to the building of healthier lives, free from heart disease and stroke – the No. 1 and No 4 causes of death.

The facts surrounding heart disease are both startling and alarming. Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in New York State.

Leading Causes of death in New York in 2010*



New York has the 15th highest death rate from cardiovascular disease in the U.S.

- Heart disease is the No. 1 killer in New York*
- 44,981 people in New York died of heart disease in 2010*
- Stroke is the No. 4 killer in New York*
- 6,213 people in New York died of stroke in 2010*

Based on total number of deaths in 2010. Centers for Disease Control and Prevention. WISQARS Leading Cause of Death Reports, 2010.

** List includes Puerto Rico and D.C. Based on 2007-09 age-adjusted death rates (ranked from worst to best CVD health). American Heart Association. Heart Disease and Stroke Statistics, 2013

Smoking: A major risk Factors for Cardiovascular Disease:

One of the major risk factors for heart disease is smoking; however this risk factor is modifiable. While New York State has made great strides, smoking continues to take a toll on New Yorkers. The rates of adult and teen smoking in New York have fallen at a faster rate than the United States as a whole. Approximately 11.9% of high school students smoke while 16.2% of adults are still smoking.

The Clean Indoor Air Act:

Ten years ago, New York State took a big and controversial step in the fight against Big Tobacco by passing the strengthened Clean Indoor Air Act (CIAA). A small but vocal minority claimed this would devastate bars and restaurants and hurt their bottom line. But the bottom line is that New Yorkers are healthier thanks to the Clean Indoor Air Act.

Two studies conducted in New York showed that the expansion of NY's Clean Indoor Air Act (CIAA) in 2003 resulted in immediate reductions in hospitalizations for heart attacks and that the effect continued to increase over time. Significant reductions occurred in the rate of hospitalizations for heart attack in the 3½ years after the law passed compared with the period prior to the law. Hospitalizations were 15% lower than expected (had there been no change in the CIAA) over 3½ years. It was estimated that in the first year alone there were approximately 3,800 fewer hospital admissions for heart attacks with an estimated cost savings of \$56 million.¹

The Proliferation of Electronic Cigarettes:

E-cigarettes are battery operated nicotine delivery devices that are designed to look like regular cigarettes. A cartridge filled with nicotine and flavoring is inserted into the device which turns the mixture into vapor that is inhaled by the user. The cartridges are offered in a variety of different flavors such as vanilla, chocolate and various fruit flavors that appeal to young people. These products are widely available for sale online and in shopping malls.

Electronic cigarettes now are widely available in many countries across the world in retail outlets and online. Their sale is prohibited in some countries (Australia, Brazil, Canada, Mexico, Panama, Singapore, and Switzerland) but is allowed in most others, including the United States. The numbers of e-cigarettes sold has increased exponentially year by year. A prediction from Wells Fargo estimated that e-cigarette

margins would surpass conventional cigarette sales margins by 2017, approaching \$2 billion in retail sales (including online) by the end of 2013 and growing to \$10 billion by 2017.

The state's Clean Indoor Air act of 2003 had a positive impact on hospitalizations for heart attacks however we now know there is a loophole: electronic cigarettes were not available when the Act was implemented. E-cigarettes are mostly unregulated and their health effects are not fully known, especially when associated with long-term use. While additional research is needed, there are concerns that e-cigarette use and acceptance has the potential to re-normalize smoking behavior, sustain dual use alongside cigarettes, and initiate or maintain nicotine addiction.

E-cigarettes are not approved cessation devices. The U.S. Public Health Service has found that the seven therapies approved by the U.S. Food and Drug Administration in combination with individual or group cessation counseling is the most effective way to help smokers quit.

We applaud your actions to prohibit the sale of e-cigarettes to children. There are currently more than 260 brands of e-cigarettes, many of which are being marketed to children and adolescents via celebrities and appealing flavors.¹¹ E-cigarette ads often appear on social media sites and YouTube, as well as traditional media sources such as television

The American Heart Association considers e-cigarettes that contain nicotine to be a tobacco product and therefore supports their regulation under existing laws relating to the use and marketing of tobacco products. We support including e-cigarettes in smoke-free air laws. Moreover, we consider it important to monitor and prevent these products from serving as gateway products, initiation of nicotine addiction in non-smokers and re-initiation in smokers. We will continue to assess the scientific evidence relating to their long-term health effects and their efficacy as a smoking cessation aid and encourage the development of a robust research agenda to understand the public health impact of e-cigarettes, especially in at-risk populations.

THE AMERICAN HEART ASSOCIATION ADVOCATES

- ♥ Including e-cigarettes in smoke free laws.
- ♥ Including e-cigarettes in laws that prohibit the sale and marketing of tobacco to minors.
- ♥ Taxing e-cigarettes at a rate high enough to discourage youth use while retaining or increasing differentials with combustible products by increasing taxes on combustibles.
- ♥ Addressing marketing, youth access, labeling, and quality control over manufacturing, and standards for contaminants of e-cigarettes through effective regulation by the Food and Drug Administration.
- ♥ Educating health care workers so they can adequately counsel their patients regarding comprehensive tobacco cessation strategies.

- ♥ Incorporating e-cigarette use into screening questions at clinical visits and worksite/community health screenings.
- ♥ Increasing or maintaining surveillance on the prevalence of e-cigarette use in adults, children, and adolescents.
- ♥ Further research and surveillance on the short, medium, and long-term physiological effects of e-cigarette nicotine, propylene glycol and glycerol, flavorings and other ingredients.
- ♥ Including e-cigarettes in the definition of tobacco products and smoking.

*American Heart Association/American Stroke Association
Government Relations Department, 440 New Karner Rd, Albany NY 12205
(518) 869-4052 or julianne.hart@heart.org*

ⁱ Juster, H. R., Loomis, B. R., Hinman, T. M., Farrelly, M. C., Hyland, A., Bauer, U. E., & Birkhead, G. S. (2007). Declines in hospital admissions for Acute Myocardial Infarction in New York following implementation of a statewide comprehensive smoking ban. *American Journal of Public Health*, 97(11), 2035-2039

ⁱⁱ Goniewicz ML, et al. Nicotine levels in electronic cigarettes. *Nicotine and Tobacco Research*: 2013; 15 (1): 158-66.