DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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Testimony in SUPPORT of SB1030
RELATING TO HEALTH

SENATOR JOSH GREEN, CHAIR, SENATE COMMITTEE ON HEALTH
SENATOR ROSALYN H. BAKER, CHAIR, SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: February 10, 2015 Room Number: 229

Fiscal Implications: None.

Department Testimony: The Department of Health (DOH) supports the passage of SB1030 as a measure to reduce smoking and other tobacco product (OTP) use by young persons.

This measure amends §709-908, Hawaii Revised Statutes (HRS) to prohibit the sale or furnishing of tobacco products, including electronic smoking devices (ESDs), to any person under 21 years of age, and further bans persons under 21 from purchasing any tobacco product. The proposed bill also amends the legal definitions of "electronic smoking device" (ESD) and "tobacco products."

Tobacco use remains the leading cause of preventable disease, disability, and death in the United States. Nationally, nearly 1,000 youth under the age of 18 become regular smokers daily, and almost one-third of them will die from it. The 2013 Hawaii Youth Risk Behavior Survey reports that in the state of Hawaii, 10% of high school youth or 4,400 youth currently smoke. 15% of young adults, aged 18 to 24 years (19,400), are also current smokers according to the 2013 Behavioral Risk Factor Surveillance System.

National data from the 2012 United States Surgeon General's report show that 95% of adult smokers begin smoking before the age of 21 years, and 80% try their first cigarette before age 18. Nearly half of adult smokers become regular, daily smokers before age 18; more than 75% become regular, daily smokers before they turn 21. This means the 18 to 21 year group is a time when many smokers transition to regular use of cigarettes. Tobacco companies heavily target young adults through a variety of marketing activities because they know it is a critical

time period for solidifying nicotine addiction. The tobacco industry has admitted in their own internal documents the importance of increasing consumption within this target group in order to maintain a profitable business. The ESD companies (which are increasingly owned by large tobacco companies) are promoting ESDs using well-established advertising techniques previously used to market tobacco to youth.

In addition to high tobacco taxes, comprehensive smoke-free laws, and comprehensive tobacco prevention and control programs, increasing the minimum legal sale age for tobacco products, from 18 to 21 years, has emerged as a recommended policy strategy to reduce youth tobacco use and help users quit. The August 2014 issue of the *Annals of Internal Medicine* states that a "hypothetical health policy model in which the tobacco age of sales is increased to 21 years, projected that youth smoking prevalence could be expected to drop from 22% to less than 9% among persons aged 15 to 17 years within seven years."

The County of Hawaii led the state in enacting legislation in December 2013 to raise the minimum legal age for the sale of tobacco products. There are now four states, and a number of municipalities, including New York City, that have passed similar legislation. Currently, three more states – Utah, Washington State and California – have introduced "Age 21 Legislation" comparable to SB1030.

The DOH supports the inclusion of ESDs in this bill as a key element in limiting access to this potentially hazardous product to persons under 21. The University of Hawaii Cancer Center (UHCC), in a recent report, acknowledges that nearly half of all young adults in Hawaii have tried ESDs, and 28% reported using ESDs in the past 30 days.[1] A second school-based survey by the UHCC, published in the January 2015 issue of *Pediatrics*, found that 29% of Hawaii ninth and tenth graders in a study; had tried ESDs, one of the highest rates of adolescent e-cigarette only use in the existing literature. The 2013 Hawaii Youth Tobacco Survey provides additional data that show Hawaii students are experimenting more with ESDs than their peers in the continental United States. ESD current use is increasing alarmingly. Usage has tripled

[1] Pokhrel P, Little MA, Fagan P, Muranaka N, Herzog TA. Electronic cigarette use outcome expectancies among college students. Addic Behav. 2014 Un; 39(6): 1062-5

among our high school students and quadrupled among middle school students from 2011 to 2013.

SB1030 could increase the age gap between adolescents initiating tobacco use, including ESDs, and those who can legally provide them with tobacco products. It could reduce the risk of young people transitioning to regular or daily use. Adolescents would find it more difficult to pass themselves off as 21-year olds than 18-year olds, and it would simplify identification checks for retailers. The DOH realizes that such a measure would not totally eliminate underage tobacco use, but does support SB1030 as a viable strategy to reduce access to tobacco for a young and vulnerable population and prevent a lifelong addiction.

Offered Amendments: For the purposes of consistency, the DOH recommends amending Section 1. Section 709-908(5), (page 3, lines 8-18) to include the following definition of ESDs, as approved by the State Attorney General:

> ""Electronic smoking device" means any electronic product that can be used to aerosolize and deliver nicotine or other substances to the person inhaling from the device, including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, hookah pipe, or hookah pen, and any cartridge or other component of the device or related product, whether or not sold separately."

SB1030 references July 1, 2015 as the date of implementation and the date new signage be posted regarding tobacco products and ESDs, but the measure's effective date is currently written as January 1, 2016. The DOH recommends that the implementation date and mandatory signage compliance dates as outlined in Section 1. Section 709-908 subsection 1 (page 1, line 5) and subsection 2 (page 1, line 9) be amended to January 1, 2016 to match the bill's effective date as written in Section 3 (page 4).

Thank you for this opportunity to testify.

POLICE DEPARTMENT

CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET· www.honolulupd.org

KIRK CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE RA-YZ

February 10, 2015

The Honorable Josh Green, Chair
and Members
Committee on Health
The Honorable Rosalyn H. Baker, Chair
and Members
Committee on Commerce and Consumer Protection
State Senate
Hawaii State Capitol, Room 229
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Green and Baker and Members:

Subject: Senate Bill No. 1030, Relating to Health

I am Raymond Ancheta, Major of the Community Affairs Division, Honolulu Police Department (HPD), City and County of Honolulu.

The HPD supports Senate Bill No. 1030, Relating to Health. This bill amends the definition of "electronic smoking devices" as well as increases the minimum age to purchase tobacco products to twenty-one years old. As law enforcement officers our primary mission is protecting lives. Preventing those below the age of twenty-one years old from purchasing tobacco products will hopefully allow them to make the informed decision to stay away from tobacco products and the life threatening effects they cause.

The HPD urges you to support Senate Bill No. 1030, Relating to Health.

Thank you for the opportunity to testify in support of this bill.

Sincerely,

RAYMOND ANCHETA, Major
Community Affairs Division

APPROVED:

LOUIS M. KEALOHA
Chief of Police

Serving and Protecting With Aloha

American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Senate Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chair
Senator Brian Taniguchi, Vice Chair

SB 1030 – RELATING TO HEALTH

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of SB 1030, which increases the age to purchase tobacco products and electronic smoking devices to 21.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

According to the U.S. Surgeon General's 2012 report, 99% of all first tobacco use occurs by age 26.[1] Raising the age on sale for tobacco products to 21 could prevent many young people ages 18-21 from trying tobacco, becoming addicted, and developing a tobacco-related illness.

Thank you for the opportunity to submit testimony on this matter.

[1] *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General.* U.S. Department of Health and Human Services, Office of the Surgeon General. Executive Summary, 2012 at 2.

COALITION FOR A TOBACCO-FREE HAWAI'I

To: The Honorable Josh Green, Chair, Committee on Health
The Honorable Glenn Wakai, Vice Chair, Committee on Health
Members, Senate Committee on Health

The Honorable Rosalyn H. Baker, Chair, Committee on Commerce and Consumer Protection
The Honorable Brian T. Taniguchi, Vice Chair, Committee on Commerce and Consumer Protection
Members, Senate Committee on Commerce and Consumer Protection

From: Jessica Yamauchi, Executive Director
Date: February 9, 2015
Hrg: Senate Committees on Health and Commerce and Consumer Protection; Tues., February 10, 2015 at 9:00 a.m. in Rm 229
Re: **Strong Support for SB 1030, Relating to Health**

Thank you for the opportunity to offer testimony in **strong support of** SB 1030, which raises the age of sale of tobacco products and electronic smoking devices to 21.

The Coalition for a Tobacco Free Hawaii (Coalition) is a program of the Hawaii Public Health Institute working to reduce tobacco use through education, policy and advocacy. Our program consists of over 100 member organizations and 2,000 advocates that work to create a healthy Hawaii through comprehensive tobacco prevention and control efforts.

The Coalition supports raising the age of sale of tobacco products to 21 to help prevent the initiation of tobacco use among youth.

5,600 kids in Hawaii try smoking for the first time each year as a result 1,400 of them become regular smokers each year.[1] According to the US Surgeon General's report in 2012, 95% of all adult smokers start smoking before the age of 21.[2] Three out of four teen smokers continue to smoke into adulthood, even if they intend to quit.[3] 1,200 people die from tobacco use or exposure in Hawaii each year.[4]

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of

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[1] Hawaii State Department of Health, Tobacco Prevention and Education Program. (2011). *Data Highlights from the 2011 Hawaii Youth Tobacco Survey (YTS) and Comparisons with Prior Years.* Available at http://health.hawaii.gov/about/files/2013/06/2011_HYTS.pdf

[2] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

[3] http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf

[4] Campaign for Tobacco-Free Kids, *The Toll of Tobacco in Hawaii*. http://www.tobaccofreekids.org/facts_issues/toll_us/hawaii

dollars in health care costs.[5] Risk for smoking-caused diseases increases depending on how long the person smokes, and smokers who start at a young age are among the heaviest users.[6] Tobacco use causes $132 billion in health care costs in the US each year[7], including $526 million the State of Hawaii.[8] The measure is expected to reduce these health risks and costs.

In 2013, New York City and Hawaii County, were the third and fourth jurisdictions in the country to pass laws that raise the minimum legal age of sale of tobacco to 21. Since then, more than 40 jurisdictions have passed similar laws. This initiative is growing as officials recognize this as a key prevention measure. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate illegal distribution of tobacco products on high school campuses.

It is important to protect the younger generations from tobacco use. Tobacco companies still market to youth and spend over $24 million per day on marketing. U.S. District Court Judge Gladys Kessler Final Opinion in the court case United States v. Philip Morris stated, "From the 1950s to the present, different defendants, at different times and using different methods, have intentionally marketed to young people under the age of twenty-one in order to recruit 'replacement smokers' to ensure the economic future of the tobacco industry." Tobacco companies have admitted in their business plans, if they don't capture new users by their early twenties, it is very unlikely that they ever will. Raising the age will help decrease the amount of replacement smokers and keep young people protected from the marketing.

Following the Hawaii County Ordinance there was great support by the community, state agencies, retailers, and the media. The Start Advertiser "applaud[ed] Hawaii County for enacting a law that raises the legal age for buying tobacco products from 18 to 21, leading the way not only in the islands but in the country as a whole. . ."[9] An independent poll conducted by SMS in 2014 for the Coalition found that 77% of Hawaii residents support a law raising the age of sale of tobacco to 21.

The Coalition will work with state departments on enforcement and implementation

The Coalition is willing to provide educational materials and any pertinent research to all state agencies and enforcement departments, such as the Honolulu Police Department, regarding the new law should it pass. Before Hawaii County Ordinance 13-124 went into effect on July 1, 2014, the Coalition, in partnership with the Mayor's Office, Councilmember Kanuha's Office, and the Department of Health provided informational briefings for retailers. Many retailers from

[5] http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf
[6] http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf
[7] Campaign for Tobacco-Free Kids , *Toll of Tobacco in the USA*
http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf
[8] Campaign for Tobacco-Free Kids, *The Toll of Tobacco in Hawaii*.
http://www.tobaccofreekids.org/facts_issues/toll_us/hawaii
[9] Star Advertiser, "State should raise age to buy tobacco," July 7, 2014. Available at
http://www.staradvertiser.com/editorialspremium/20140706_State_should_raise_age_to_buy_tobacco.html?id=265943971&id=265943971&c=n

the tobacco and e-cigarette industry came and received information from the Hawaii County Police Department and Prosecutor's Office. The Coalition plans to work with the Department of Health to provide the same opportunities if this measure were to pass.

The Coalition would like to note that in the body of the bill this law would take effect after July 1, 2015, however, the effective date in Section 3 is January 1, 2016. The Coalition does recommend the January 1, 2016 effective date in order to allow time for education and signage production and distribution.

Raising the age of sale of tobacco is a growing trend nationally where young people are now protected in 40 cities/counties in 6 states in the United States. Hawaii has the opportunity to be the first state to raise the age of sale of tobacco products to 21. This measure will continue to place Hawaii at the forefront of tobacco prevention and control. Thank you for the opportunity to testify on this matter.

Respectfully,

Jessica Yamauchi, MA
Executive Director

February 9, 2015 LATE TESTIMONY: Written Only

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Commerce and Consumer Protection
Members of the Senate Committee on Health

From: Hawaii Public Health Association (HPHA)

Subject: SB1030 Relating to Health

Dear Chair Green, Chair Baker, and Members of the Committees,

HPHA is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public professionals and as a repository for information about public health in the Pacific.

HPHA supports SB1030 which increases the legal age of sale of all tobacco products, including electronic smoking devices (ESDs), from 18 to 21.

In Hawai`i, ESD use is alarmingly high and measures to limit accessibility to youth and young adults will help protect younger generations in Hawai`i from being exposed to nicotine during formative years. According to the Hawaii Youth Tobacco Survey, lifetime e-cigarette use among high school students tripled from 5.1 percent in 2011 to 17.6 percent in 2013. Use also quadrupled among middle school students, from 1.8 percent to 7.9 percent, during the same time period. The rate of uptake for these products is alarming and the passage of measures to decrease accessibility to ESDs at a young age is urgently needed.

In addition to targeting high school and middle school youth with interventions to prevent smoking, the U.S. Surgeon General Report states that prevention efforts must also focus on young adults ages 18 through 25. Statistics show that almost no one starts smoking regularly after age 25. Nearly nine out of ten individuals started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. Efforts to raise the age of sale of all tobacco products to 21 may delay access that can save thousands of young people from adopting the lifelong habit.

7192 Kalanianaole Highway, Suite A143A, PMB 226, Honolulu, HI 96825-1832
www.hawaiipublichealth.org hawaiipublichealth@gmail.com

According to the CDC, nicotine use by youths in any form is unsafe and can harm adolescent brain development. Novel products such as e-cigarettes threaten to undermine progress made in tobacco control over the last 20 years by luring kids into an addiction to nicotine. As a community desiring better health outcomes for our young people than was possible for our parents, the HPHA encourages the State Legislature to raise the legal age of sale of all tobacco products to 21 and proactively consider other regulations that protect youth and young adults from the harmful effects of tobacco.

Thank you for the opportunity to provide testimony on one of Hawai`i's most pressing health issues.

Respectfully submitted,

Holly Kessler, Executive Director
Hawaii Public Health Association

7192 Kalanianaole Highway, Suite A143A, PMB 226, Honolulu, HI 96825-1832
www.hawaiipublichealth.org hawaiipublichealth@gmail.com

University Health Services Mānoa
Health Promotion Program

February 7, 2015

TO: Members of the Senate Committees on Health and Commerce and Consumer Protection

RE: Senate Bill 1030 (2015) – **SUPPORT**

Date: Friday, February 6, 2015

FROM: Members of the University of Hawaii Student Health Advisory Council

The University of Hawaii Student Health Advisory Council strongly supports the efforts to pass SB 1030 which will raise the age of sale of all tobacco products to 21years old.

The Student Health Advisory Council is a student leadership and advocacy group that plays a pivotal role in the development and implementation of the health policies and programs that impact the UH System campuses. Tobacco companies target youth and young adults with marketing and advertising designed to get individuals addicted at an early age. In response, we are committed to the mission of improving college health by reducing the use of tobacco products including electronic smoking devices among the adolescent and young adult population.

Tobacco products pose not only a serious public health concern, but are also a detrimental distraction to the learning environment. Therefore, the Student Health Advisory Council strongly supports SB 1030.

Mahalo nui loa, for your efforts to protect the young people of Hawaii.

Aloha,

Blane Garcia & Kuʻuleialohaonalani Salzer –Co Chairs

UH Student Health Advisory Council

2600 Campus Rd #313D
Honolulu, HI 96822
Telephone: (808) 956-3574/956-3453

From: Melissa Data
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 8:46:27 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Melissa Data
47-498 Apoalewa Pl
Kaneohe, HI 96744

From: Michelle Gray
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 8:41:58 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Michelle Gray
430 Lanipuao Street
Honolulu, HI 96825

February 9, 2015

To: The Honorable Rosalyn H. Baker, Chair The Honorable Brian T. Taniguchi, Vice Chair Members, Senate Committee on Commerce and Consumer Protection

From: Scott Rasak, VOLCANO Fine Electronic Cigarettes® Vice President

RE: SB1030 – oppose.

Thank you for the opportunity to submit testimony.

VOLCANO Fine Electronic Cigarettes® is the largest manufacturer and retailer of vapor products and vaping accessories in the State of Hawaii. We currently own and operate 11 locations statewide and employ over 100 full-time workers to support sales of our products not only here in Hawaii, but to all 50 states as well as Japan and the UK. We stand in opposition to HB349 for the following:

- Although vapor products contain NO tobacco, often times contain NO nicotine, and ultimately emit NO smoke, **SB1030 aims to unfairly classify all vapor products as "Tobacco Products"** to bring vapor products into the same regulatory framework as traditional tobacco cigarettes. This will have very dire unintended consequences and threatens to decimate the vapor industry in Hawaii.

- Although the FDA has stated its intention to regulate vapor products under the Tobacco Control Act of 2009, they still have not released a final rule due to the many nuances at play. **Recently, leaders in the national House of Representatives went as far as to request changes by the Department of**

Health and Human Service to the Tobacco Control Act that would create special rules for vapor products due to their vast differences with traditional tobacco cigarettes. These leaders see the trouble with including vapor products in a regulatory framework that was never built with them in mind and we are wary that the same issue is being presented with this bill. http://www.churnmag.com/news/house-leaders-urge-fda-go-easy-ecigs/

- **Vapor products have not been demonstrated to have the same detrimental effects of combustible tobacco products and thus should not be regulated under the same framework.** In fact, Mitch Zeller, Director of the Center for Tobacco Products at the FDA recently stated:

○ "If a current smoker, otherwise unable or unwilling to quit, completely substituted all of the combusting cigarettes that they smoked with an electronic cigarette at the individual

level, that person would probably be significantly reducing their risk."

http://thedianerehmshow.org/shows/20140121/newhealthriskscigarettesmoking/transcript

- **SB1032 exempts traditional NRT products that contain nicotine even though electronic cigarettes are being shown to be a much more effective tool for helping people quit smoking and have been demonstrated to have a similar risk profile.**

It is our belief that this unjustified product classification is in the best interest of no one in the state of Hawaii. Thank you for your time and consideration. If you have any questions, please feel free to contact me

or Volcano's representative Celeste Nip at nipfire@me.com.

Sincerely, Scott Rasak, Vice President - VOLCANO Fine Electronic Cigarettes®

1003 Sand Island Access Rd. Suite #1260, Honolulu, HI 96813

RESEARCH REPORT doi:10.1111/add.12623

Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study

Jamie Brown[1,2], Emma Beard[1], Daniel Kotz[1,3], Susan Michie[2,4] & Robert West[1,4]

Cancer Research UK Health Behaviour Research Centre, University College London, London, UK,[1] Department of Clinical, Educational and Health Psychology, University College London, London, UK,[2] Department of Family Medicine, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, Maastricht, the Netherlands[3] and National Centre for Smoking Cessation and Training, London, UK[4]

ABSTRACT

Background and Aims Electronic cigarettes (e-cigarettes) are rapidly increasing in popularity. Two randomized controlled trials have suggested that e-cigarettes can aid smoking cessation, but there are many factors that could influence their real-world effectiveness. This study aimed to assess, using an established methodology, the effectiveness of e-cigarettes when used to aid smoking cessation compared with nicotine replacement therapy (NRT) bought over- the-counter and with unaided quitting in the general population. **Design and Setting** A large cross-sectional survey of a representative sample of the English population. **Participants** The study included 5863 adults who had smoked within the previous 12 months and made at least one quit attempt during that period with either an e-cigarette only (n = 464), NRT bought over-the-counter only (n = 1922) or no aid in their most recent quit attempt (n = 3477). **Measurements** The primary outcome was self-reported abstinence up to the time of the survey, adjusted for key potential confounders including nicotine dependence. **Findings** E-cigarette users were more likely to report abstinence than either those who used NRT bought over-the-counter [odds ratio (OR) = 2.23, 95% confidence interval (CI) = 1.70–2.93, 20.0 versus 10.1%] or no aid (OR = 1.38, 95% CI = 1.08–1.76, 20.0 versus 15.4%). The adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.17–2.27) times higher compared

with users of NRT bought over-the-counter and 1.61 (95% CI = 1.19–2.18) times higher compared with those using no aid. **Conclusions** 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 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.

Keywords Cessation, cross-sectional population survey, e-cigarettes, electronic cigarettes, nicotine replacement therapy, NRT, quitting, smoking.

Correspondence to: Jamie Brown, Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London WC1E 6BT, UK. E-mail: jamie.brown@ucl.ac.ukSubmitted 27 February 2014; initial review completed 8 April 2014; final version accepted 12 May 2014

INTRODUCTION

Smoking is one of the leading risk factors for premature death and disability and is estimated to kill 6 million people world-wide each year [1]. The mortality and morbidity associated with cigarette smoking arises primarily from the inhalation of toxins other than nicotine contained within the smoke. Electronic cigarettes (e-cigarettes) provide nicotine via a vapour that is drawn into the mouth, upper airways and possibly lungs [2,3].

These devices use a battery-powered heating element activated by suction or manually to heat a nicotine solution and transform it into vapour. By providing a vapour containing nicotine without tobacco combustion, e-cigarettes appear able to reduce craving and withdrawal associated with abstinence in smokers [2,4,5], while toxicity testing suggests that they are much safer to the user than ordinary cigarettes [3].

E-cigarettes are increasing rapidly in popularity: prevalence of ever-use among smokers in the United

States appears to have increased from approximately 2% in 2010 to more than 30% in 2012, and the rate of increase appears to be similar in the United Kingdom [6–9]. Although there are concerns about their wider public health impact relating to the renormalization of smoking and promotion of smoking in young people, cru- cially two randomized controlled trials have suggested that e-cigarettes may aid smoking cessation [10,11]. However, there are many factors that influence real- world effectiveness,

including the brand of e-cigarette, the way they are used and who chooses to use them [12]. Therefore, it is a challenge to establish probable contribution to public health through randomized efficacy trials alone. Moreover, this kind of evidence will take many years to emerge, and in the meantime the products are developing rapidly and countries require evidence on effectiveness to inform decisions on how to regulate them [13–19]. As a result, there is an urgent need to be able to make an informed judgement on the real-world effective- ness of currently popular brands as chosen by the mil- lions of smokers across the world who are using them in an attempt to stop smoking [6–9].

Several studies have attempted to examine the relationship between the use of e-cigarettes and smoking status in the real world by surveying regular e-cigarette users [20–27]. These studies—including one using a lon- gitudinal design [27]—have found that users consistently report that e-cigarettes helped them to quit or reduce their smoking. However, because the samples were self- selected, the results have to be interpreted with caution. In more general samples the evidence is less positive. One national study of callers to a quitline, which assessed the cross-sectional association of e-cigarette use and current smoking status at a routine follow-up evaluation of the quitline service, found that e-cigarette users compared with never users were less likely to be abstinent [28]. In a longitudinal study of a general population sample, e-cigarette users at baseline were no more likely to have quit permanently at a 12-month follow-up despite having reduced their cigarette consumption [29]. However, neither of these studies adjusted for important potential confounding variables and both evaluated the association between quitting and the use of e-cigarettes for any purpose, not specifically as an aid to quitting. It is crucial to distinguish between the issue of whether use of e-cigarettes in a quit attempt improves the chances of success of that attempt from the issue of whether the use of e-cigarettes, for whatever purpose, such as aiding smoking reduction or recreation, promotes or suppresses attempts to stop. In determining the overall effect on public health both considerations are important, but they require different methodologies to address them.

An ongoing national surveillance programme (the Smoking Toolkit Study) has been tracking the use of

e-cigarettes as a reported aid to cessation among the general population in England since July 2009 [30]. This programme has established a method of assessing real- world effectiveness of aids to cessation by comparing the success rates of smokers trying to quit with different methods and adjusting statistically for a wide range of factors that could bias the results, such as nicotine dependence [31]. The method has been able to detect effects of behavioural support and prescription medications to aid cessation and found a higher rate of success when using varenicline than prescription nicotine replacement therapy (NRT) [32,33], supporting findings from randomized controlled trials and clinical observation studies [34–37]. This method cannot achieve the same level of internal validity as a randomized controlled trial, but clearly has greater external validity, so both are important in determining the potential public health con- tribution of devices hypothesized to aid cessation, such as e-cigarettes.

Given that smokers already have access to licensed NRT products, it is important to know whether e-cigarettes are more effective in aiding quitting. This comparison is

particularly important for two reasons. First, buying a licensed NRT product from a shop, with no professional support, is the most common way of using it in England, and secondly, previous research has found that this usage was not associated with greater success rates than quitting unaided in the real-world [33]. It is therefore important to know whether e-cigarettes can increase abstinence compared to NRT bought over-the-counter.

The current study addressed the question of how effective e-cigarettes are compared with NRT bought over-the-counter and unaided quitting in the general population of smokers who are attempting to stop.

METHODS

Study design

The design was cross-sectional household surveys of rep- resentative samples of the population of adults in England conducted monthly between July 2009 and February 2014. To examine the comparative real-world effectiveness of e-cigarettes, the study compared the self- reported abstinence rates of smokers in the general population trying to stop who used e-cigarettes only (i.e. without also using face-to-face behavioural support or any medically licensed pharmacological cessation aid) with those who used NRT bought over-the-counter only or who made an unaided attempt, while adjusting for a wide range of key potential confounders. The surveys are part of the ongoing Smoking Toolkit Study, which is designed to provide information about smoking

prevalence and behaviour in England [30]. Each month a new sample of approximately 1800 adults aged ≥16 years are selected using a form of random location sampling, and complete a face-to-face computer-assisted survey with a trained interviewer. The full methods have been described in detail and shown to result in a sample that is nationally representative in its socio-demographic composition and proportion of smokers [30]. Approval was granted by the ethics committee of University College London, UK.

Study population

For the current study, we used aggregated data from respondents to the survey in the period from July 2009 (the first wave to track use of e-cigarettes to aid cessation) to February 2014 (the latest wave of the survey for which data were available), who smoked either cigarettes (including hand-rolled) or any other tobacco product (e.g. pipe or cigar) daily or occasionally at the time of the survey or during the preceding 12 months. We included those who had made at least one quit attempt in the pre- ceding 12 months, assessed by asking: ‘How many serious attempts to stop smoking have you made in the last 12 months? By serious attempt I mean you decided that you would try to make sure you never smoked again. Please include any attempt that you are currently making and please include any successful attempt made within the last year’. We included respondents who used either e-cigarettes or NRT bought over-the-counter during their

most recent quit attempt, and an unaided group defined as those who had not used any of the following: e-cigarettes; NRT bought over-the-counter; a prescription stop-smoking medication; or face-to-face behavioural support. We excluded those who used either e-cigarettes or NRT bought over-the-counter in combination with one another, a prescription stop-smoking medication or face-to-face behavioural support.

Measurement of effect: quitting method

The use of different quitting methods were assessed for the most recent attempt by asking: 'Which, if any, of the following did you try to help you stop smoking during the most recent serious quit attempt?' and included: (i) e-cigarettes; (ii) NRT bought over-the-counter; (iii) no aid (i.e. had not used any of e-cigarettes, NRT bought over- the-counter, a prescription stop-smoking medication or face-to-face behavioural support).

Measurement of outcome: self-reported non-smoking

Our primary outcome was self-reported non-smoking up to the time of the survey. Respondents were asked: 'How long did your most recent serious quit attempt last before

you went back to smoking?'. Those responding 'I am still not smoking' were defined as non-smokers. Previous research has shown that self-reported abstinence in surveys of this kind is not subject to the kind of biases observed in clinical trials where there is social pressure to claim abstinence [38].

Measurement of potential confounders

We measured variables potentially associated with the different quitting methods and that may also have an effect on the outcome. These potential confounders were chosen a priori. The most important factor was nicotine dependence, for which we used two questions. First, time spent with urges to smoke was assessed by asking all respondents: 'How much of the time have you felt the urge to smoke in the past 24 hours? Not at all (coded 0), a little of the time (i), some of the time (ii), a lot of the time (iii), almost all of the time (iv), all of the time (v)'. Secondly, strength of urges to smoke was measured by asking: 'In general, how strong have the urges to smoke been? Slight (i), moderate (ii), strong (iii), very strong (iv), extremely strong (v)'. This question was coded '0' for smokers who responded 'not at all' to the previous question. In this population these two ratings have been found to be a better measure of dependence (i.e. more closely associated with relapse following a quit attempt) than other measures [32,33,39]. The demographic characteristics assessed were age, sex and social grade (dichotomized into two categories: ABC1, which includes managerial, professional and intermediate occupations; and C2DE, which includes small employers and own- account workers, lower supervisory and technical occupations, and semi-routine and routine occupations, never workers and long-term unemployed). We also assessed the number of quit attempts in the last year prior to the most recent attempt, time since the most recent quit attempt was initiated (either more or less than 6 months ago), whether smokers had tried to quit abruptly or gradually and the year of the survey.

Analysis

Bivariate associations between the use of different quit- ting methods and potentially confounding socio- demographic and smoking history variables were assessed with χ^2 tests and one-way analyses of variance (ANOVA)s for categorical and continuous variables, respectively. Significant omnibus results were investigated further by *post-hoc* Sidak-adjusted χ^2 tests and *t*-tests.

Our measure of dependence (strength of urges to smoke) assumed that the score relative to other smokers would remain the same from pre- to post-quitting [32,33]. If a method of quitting reduced the strength of

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urges to smoke more than another method, this would tend to underestimate the effectiveness of that intervention because the smokers using this method would appear to be less dependent. To test for this bias, we used an analysis of covariance (ANCOVA) to examine whether the difference in strength of urges to smoke in smokers versus non-smokers depended upon the method of quit- ting, adjusting for the time since the quit attempt started.

In the analysis of the associations between quitting method and abstinence, we used a logistic regression model in which we regressed the outcome measure (self- reported non-smoking compared with smoking) on the effect measure (use of e-cigarettes compared with either NRT bought over-the-counter or no aid). The primary analysis was an adjusted model that included the potential confounders listed above and two interaction terms: (i) between time since last quit attempt and time spent with urges, and (ii) between time since last quit attempt and strength of urges to smoke. These interaction terms were used to reflect the fact that urges to smoke following a quit attempt are influenced by whether an individual is currently abstinent and the duration of abstinence [32,33]. In addition to the model from the primary analysis ('fully adjusted model'; model 4), we constructed a simple model including only the effect measure ('unadjusted model'; model 1), a model that included the effect measure, year of the survey and all potential confounders except for the two measures of tobacco dependence, and a model that included all variables from the previous model and the two measures of tobacco dependence but without their interaction terms ('partially adjusted models'; models 2 and 3, respectively) to assess the extent of confounding by dependence. As *post-hoc* sensitivity analyses, the models were re-examined using different potential confounders from the ones specified a priori and reported in previous publications using the same methodology [32,33]. First, the time since the initiation of the quit attempt was included using the following six categories: 'in the last week'; 'more than a week and up to a month'; 'more than 1 month and up to 2 months'; 'more than 2 months and up to 3 months'; 'more than 3 months and up to 6 months'; and 'more than 6 months and up to a

year'. Secondly, an additional index of dependence—the heaviness of smoking index (HSI) [40]—was included. The HSI was assessed by asking current smokers to estimate current cigarettes per day and time to first cigarette (the two items comprising HSI) and by asking non-smokers to recall these behaviours prior to their quit attempt. Finally, in *post-hoc* subgroup analyses all models were repeated (i) among those report- ing smoking one or more than one cigarette per day (CPD) to determine whether inclusion of very light smokers might have had an influence on the results; (ii) among those completing the survey between 2012–14

once e-cigarette usage had become prevalent; and (iii) in the two subsamples of respondents who had started their most recent quit attempt less or more than 6 months ago, in order to assess the interplay between long-term effectiveness and the occurrence of differential recall bias. All analyses were performed with complete cases.

RESULTS

A total of 6134 respondents reported a most recent quit attempt in the last 12 months that was either unaided (n = 3477) or supported by NRT bought over-the-counter (n = 2095), e-cigarettes (n = 489) or both (n = 73). Those using both were excluded as were those using a prescription stop-smoking medication or face-to-face behavioural support in combination with either NRT bought over-the- counter (n = 173) or e-cigarettes (n = 25). Thus, the study population consisted of 5863 smokers who had made an attempt to quit in the previous year, of whom 7.9% (464) had used e-cigarettes, 32.8% (1922) had used NRT bought over-the-counter and 59.3% (3477) had used no aid to cessation. Quitting method did not differ by sex or the number of quit attempts in the past year but was associated with age, social grade, time since the quit attempt started, CPD, smoking less than one CPD, the measures of dependence (time with and strength of urges and HSI) and whether the attempt had begun abruptly (see Table 1). The *post-hoc* comparisons showed that those who used either e-cigarettes or no aid were younger than those using NRT over-the-counter, and that those who used NRT over-the-counter or no aid were more likely to hold a lower social grade than those using e-cigarettes. As would be expected, given the recent advent of e-cigarettes, the quit attempts of e-cigarette users were less likely to have begun more than 6 months previously than those using NRT over-the-counter or no aid. Those using NRT bought over-the-counter smoked more cigarettes and scored higher than either of the other two groups on all measures of dependence. E-cigarette users smoked more cigarettes, and were more dependent by the strength of urges measure and HSI than those using no aid. Finally, those using no aid were more likely to have smoked less than one CPD and stopped abruptly than the other two groups.

Strengths of urges to smoke were higher in smokers than in non-smokers (see Table 2). However, the mean differences in strength of urges between smokers and non-smokers were similar across method of quitting: the interaction between smoking status (smokers versus non- smokers) and method of quitting in an ANCOVA of the strength of urges adjusted for the time since quit attempt started was not significant ($F_{(2, 5856)} = 1.50$, P = 0.22).

Non-smoking was reported among 20.0% (93 of 464) of those using e-cigarettes, 10.1%

(194 of 1922) using

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 Table 1 Associations between characteristics of the sample and use of different quitting methods.

	Mean (SD) age	% (*n*) Female	% Social grade C2DE	Mean (SD) cigarettes per day[¶]	% (*n*) < 1 cigarettes per day[¶]	% (*n*) Time since quit attempt started >26 weeks	Mean (SD) quit attempts in the past year	Mean (SD) time spent with urges to smoke (0–5)	Mean (SD) strength of urges to smoke (0–5)	Mean (SD) heaviness of smoking index[†]	% (*n*) Abrupt attempt (no gradual cutting down first)
E-cigarettes (n = 464)	39.0 (15.6)[a]	47.2 (219)	59.3 (275)[cd]	12.6 (8.0)[ef]	0.7 (3)[h]	23.7 (110)[jk]	1.6 (0.9)	1.9 (1.3)[l]	2.0 (1.2)[no]	2.0 (1.5)[qr]	50.4 (234)[t]
NRT over-the-counter[§] (n = 1922)	41.2 (15.3)[ab]	51.1 (982)	65.9 (1266)[c]	13.8 (8.5)[eg]	0.8 (15)[i]	36.4 (700)[j]	1.6 (0.9)	2.2 (1.3)[lm]	2.2 (1.1)[np]	2.3 (1.5)[qs]	52.5 (1010)[u]
No aid(n = 3477) P	37.5 (16.2)[b] ***	48.9 (1699) NS	65.5 (2277)[d] *	10.9 (8.1)[fg] ***	2.8 (94)[hi] ***	36.5 (1269)[k] ***	1.5 (0.9) NS	1.8 (1.3)[m] ***	1.8 (1.1)[op] ***	1.6 (1.5)[rs] ***	59.0 (2051)[tu] ***

Different pairs of superscript letters indicate a significant difference ($P < 0.05$) between two groups after Sidak adjustment for multiple comparisons. *$P < 0.05$; ***$P < 0.001$; NS = not statistically significant ($P \geq 0.05$). [§]A subgroup of those using nicotine replacement therapy (NRT) over-the-counter provided information about the form of NRT ($n = 975$): 60.0% (585) used a patch, 21.0% (205) gum, 14.9% (145) an inhalator, 6.2% (60) lozenges, 1.2% (12) microtabs and 1.0% (10) nasal spray. NB: response options were not mutually exclusive and 11.1% (108) reported using more than one form. [¶]Data were missing for 156 respondents (e-cigarettes: 22; NRT over-the-counter: 34; no aid: 100). [†]Data were missing for 172 respondents (e-cigarettes: 23; NRT over-the-counter: 36; no aid: 113). SD = standard deviation.

Table 2 Differences between smokers and non-smokers in strength of urges to smoke by method

of quitting.

Method of quitting n		
E-cigarettes 371	NRT over-the-counter 1728	No aid 2942
Mean (SD) strength of urgesto smoke in smokers n		
2.3 (1.1) 93	2.3 (1.0) 194	2.0 (1.0) 535
Mean (SD) strength of urges to smoke in non-smokers		
0.8 (1.1)	1.2 (1.3)	0.7 (1.1)
Mean difference (95% CI) in strength of urges to smoke		
1.4 (1.2–1.7)	1.2 (1.0–1.3)	1.3 (1.2–1.4)

NB: the mean differences are calculated from exact rather than the rounded figures presented in columns 3 and 5 of this table. The mean difference in strength of urges to smoke was not different across the methods of quitting ($F_{(2, 5856)} = 1.50$, $P = 0.22$ for the interaction term between smoking status and method of quitting adjusted for the time since the quit attempt started). SD = standard deviation; CI = confidence interval; NRT = nicotine replacement therapy.

NRT over-the-counter and 15.4% (535 of 3477) using no aid. The unadjusted analyses indicated that e-cigarette users were more likely to be abstinent than either those using NRT bought over-the-counter [odds ratio (OR) = 2.23, 95% confidence interval (CI) = 1.70–2.93) or those who used no aid (OR = 1.38, 95% CI = 1.08– 1.76; see model 1, Table3). The primary analyses revealed that the fully adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.17–2.27) times higher compared with users of NRT bought over- the-counter and 1.61 (95% CI = 1.19–2.18) times higher compared with those using no aid (see model 4, Table 3). The relative magnitudes of the ORs from the fully adjusted model with the other three unadjusted and partially adjusted models illustrate the confounding effects of dependence (see Table 3).

In *post-hoc* sensitivity analyses, the associations between quitting method and non-smoking were re-examined using models including different potential confounders. In a model including the more fine-grained assessment of time since the initiation of the quit attempt

than the measure presented in Table 1, the adjusted odds of non-smoking in users of e-cigarettes were 1.58 (95% CI = 1.13–2.21) times higher compared with users of NRT bought over-the-counter and 1.55 (95% CI = 1.14– 2.11) times higher compared with those using no aid. In another model that included another measure of dependence (HSI; missing data 3%, $n = 172$), the adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.15–2.32) times higher compared with users of NRT bought over-the-counter and 1.43 (95% CI = 1.03–1.98) times higher compared with those using no aid.

In *post-hoc* subgroup analyses, very light smokers were shown to have little influence on the pattern of results: in repeated analyses among those 5595 smokers reporting smoking one or more than one CPD the adjusted odds of non-smoking in users of e-cigarettes were higher compared with users of NRT bought over- the-counter (OR = 1.59, 95% CI = 1.13–2.26) and com- pared with those using no aid (OR = 1.63, 95% CI = 1.18–2.24). Similarly, the exclusion of respondents

Table 3 Associations between quitting method and abstinence.

Full sample (*n* = 5863) % (*n*) Self-reported	non-smoking	Subsample: quit attempt % (*n*) Self-reported	non-smoking	Subsample: quit attempt % (*n*) Self-reported	non-smoking
(1) e-Cigarettes	20.0 (93/464)				
(2) NRT over-the-counter	10.1 (194/1922)				
(3) No aid	15.4 (535/3477)	14.6 (323/2208)		16.7 (212/1269)	

(1) versus (2)Model 1: OR (95% CI)	*Model 2: OR (95% CI)*	*Model 3: OR (95% CI)*	*Model 4: OR (95% CI)*
2.23 (1.70–2.93)***	1.88 (1.40–2.52)***	1.63 (1.17–2.28)**	1.63 (1.17–2.27)**

(1) versus (3)Model 1: OR (95% CI)	*Model 2: OR (95% CI)*	*Model 3: OR (95% CI)*	*Model 4: OR (95% CI)*
1.38 (1.08–1.76)*	1.21 (0.92–1.58)	1.62 (1.19–2.19)**	1.61 (1.19–2.18)**

started ≤26 weeks (*n* = 3784) 20.3 (72/354) 11.0 (135/1222)

started >26 weeks (*n* = 2079) 19.1 (21/110) 8.4 (59/700)

1.49 (1.12–1.98)** 1.39 (1.01–1.90)* 1.88 (1.32–2.68)***

Model 1 = unadjusted; model 2 = adjusted for age, sex, social grade, time since quit attempt started, quit attempts in the past year, abrupt versus gradual quitting and year of the survey; model 3 = adjusted for the variables from model 2 and time spent with urges to smoke and strength of urges to smoke; model 4 = adjusted for the variables from model 3 and the interaction terms time since last quit attempt started × time spent with urges and time since last quit attempt started × strength of urges to smoke. NB: for the two subsample analyses, model 4 is redundant, as there is no variation in the time since quit attempt. *$P < 0.05$; **$P < 0.01$; ***$P < 0.001$. OR = odds ratio; CI = confidence interval; NRT = nicotine replacement therapy.

during a time when e-cigarette usage was relatively rare (2009–11) had little effect on the results: among those 2306 smokers responding between 2012–14 the adjusted odds of non-smoking in users of e-cigarettes were higher compared with users of NRT bought over- the-counter (OR = 1.59, 95% CI = 1.05–2.42) and those using no aid (OR = 1.46, 95% CI = 1.04–2.05). In a final subgroup analysis the models were re-examined among those who started their quit attempt more or less than 6 months ago: there was only evidence among those who began their attempts less than 6 months ago of higher odds of non-smoking in users of e-cigarettes com- pared with users of NRT bought over-the-counter or those using no aid in the fully adjusted models (see Table 3).

DISCUSSION

Respondents who reported having used an e-cigarette in their most recent quit attempt were more likely to report still not smoking than those who used NRT bought over- the-counter or nothing. This difference remained after adjusting for time since the quit attempt started, year of the survey, age, gender, social grade, abrupt versus gradual quitting, prior quit attempts in the same year and a measure of nicotine dependence.

The unadjusted results have value in that they demonstrate self-reported abstinence is associated with quit-

ting method among those who use these methods to aid cessation in real-world conditions. However, this was not a randomized controlled trial and there were differences in the characteristics of those using different methods. For example, more dependent smokers tended to be more likely to use treatment, and smokers from lower social grades were less likely to use e-cigarettes. Although the adjustments go beyond what is typically undertaken in these types of real-world studies [28,29,41–44], it was not possible to assess all factors that may have been associated with the self-selection of treatment and we cannot rule out the possibility that an unmeasured confounding factor is responsible for the finding. For example, motivation to quit is likely to have been associated positively with the use of treatment. However, previous population studies have found that the strength of this motivation is not associated with success of quit attempts once started, so it is unlikely to explain our findings [45]. There are other variables which are typically related to abstinence that may also be related to the selection of treatment; for example, those using e-cigarettes may have been less likely to

share their house with other smokers, had better mental health or greater social capital of a kind not measured by social grade. These possibilities mean the associations reported here must be interpreted with caution. Nevertheless, the data provide some evidence in forming a judgement as to whether the advent of e-cigarettes in the UK market is likely to be having a

2.06 (1.50–2.82)*** 1.80 (1.27–2.55)*** 1.56 (1.06–2.29)* —

2.56 (1.49–4.42)*** 1.98 (1.11–3.53)**1.64 (0.83–3.24) —

1.18 (0.72–1.94) 0.91 (0.54–1.55) 1.10 (0.59–2.06)

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positive or negative impact on public health, in a way that a randomized controlled trial is unable to do.

The finding that smokers who had used an e-cigarette in their most recent quit attempt were more likely to report abstinence than those who used NRT bought over-the-counter, and that the latter did not appear to give better results than not using any aid [33], contributes to the debate about how far medicine regulation can go in ensuring that products used for smoking cessation are or continue to be effective in the real world [14–17]. Randomized controlled trials are clearly important in identifying potential efficacy, but real-world effectiveness will depend upon a number of other contextual variables. The current study, together with previous randomized trials, suggests that e-cigarettes may prove to be both an efficacious and effective aid to smoking cessation [10,11]. In so far that this is true, e-cigarettes may substantially improve public health because of their widespread appeal [6–9] and the huge health gains associated with stopping smoking [46]. This has to be offset against any detrimental effects that may emerge, as the long-term effects on health have not yet been established. However, the existing evidence suggests the associated harm may be minimal: the products contain low levels of carcinogens and toxicants [3] and no serious adverse event has yet been reported in any of the numerous experimental studies. Regardless, the harm will certainly be less than smoking, and thus of greater importance is the possible long-term effect of e-cigarettes on cigarette smoking prevalence beyond helping some smokers to quit. For example, it has been suggested that e-cigarettes might re-normalize smoking, promote experimentation among young people who otherwise may not have tried smoking or lead to dual use together with traditional cigarettes, and thereby deter some smokers from stopping [47]. The current data do not address these issues. However, the rise in e-cigarette prevalence in England since 2010 has coincided with continued reduction in smoking prevalence [48].

If e-cigarette use is proving more effective than NRT bought over-the-counter, a number of factors may con- tribute to this [49]. A greater similarity between using e-cigarettes and smoking ordinary cigarettes in terms of the sensory experience could be one factor. Greater novelty is another. It is also possible that users of e-cigarettes use their products

more frequently or for a longer period than those using NRT without professional support. These are all issues that need to be examined in future research.

This study was not designed to assess the comparative effectiveness of e-cigarettes and NRT or other medications obtained on prescription or behavioural support. The evidence still favours the combination of behavioural support and prescription medication as providing the

greatest chance of success [33,34,37], which is currently offered free at the point of access by the NHS stop smoking services in the United Kingdom.

A major strength of the current study is the use of a large, representative sample of the English population. Additionally, the study benefits from having begun to track the use of e-cigarettes as an aid to cessation at a time when e-cigarettes were only an emerging research issue. The importance of adjusting for nicotine dependence in real-world studies of smoking cessation is illustrated by the difference in the ORs between the models with and without this adjustment. The optimal method of adjusting for dependence would be to assess this in all participants prior to their quit attempt. However, in a wholly cross-sectional study, we believe the particular method used to adjust for dependence, established in two previous studies, is valid [32,33]. One of the most commonly used alternative measures of dependence— HIS—relies upon the number of cigarettes smoked and time to first cigarette of the day [40]. When smokers relapse they tend to do so with reduced consumption, which can lead to a false estimation of prior dependence in cross-sectional studies. This potential confound was avoided in the primary analysis by using a validated measure involving ratings of current urges to smoke and statistical adjustment of the urges for the time since the quit attempt was initiated [39]. The value of strength of urges as a measure of dependence in cross- sectional research would be limited if different methods of stopping were linked differentially to lower or higher levels of urges in abstinent compared with relapsed smokers. For example, a method of stopping that led to a relatively higher reduction in urges could underestimate the effectiveness of that method by making it seem that those using it were less dependent. However, we have not previously found evidence in this population data set that urges to smoke in smokers versus quitters differs as a function of method [33], and it was true again in this study. Regardless, the pattern of results remained the same in both a sensitivity analysis that also included HSI and in a subgroup analysis that excluded very light smokers. It is unlikely, therefore, that differential dependence between the users of different treatments has led to a substantial over- or underestimation of the relative effectiveness of e-cigarettes in the current study. Nevertheless, future studies may be able to draw stronger inferences by including a broader array of dependence measures or assessing dependence prior to a quit attempt.

The study had several limitations. First, abstinence was not verified biochemically. In randomized trials, this would represent a serious limitation because smokers receiving an active treatment often feel social pressure to report abstinence. However, in population surveys the

social pressure and the related rate of misreporting is low and it is generally considered acceptable to rely upon self- reported data [38]. A related issue is the assessment of abstinence by asking respondents whether they were 'still not smoking'. This definition classified as abstinent those who had one or more lapses but resumed not smoking. This limitation would be serious if the rate of lapsing was associated with method of quitting, and should be assessed in future studies. By contrast, advantages of this measure were the assessment of prolonged abstinence, as advocated in the Russell Standard, and a clear relation- ship to the quit attempt in question. An alternative approach, with a view to survival analysis, may have been to assess the length of abstinence since quit date among all respondents, including those who had relapsed by the time of the survey. However, this assessment would have added noise and potential bias with smokers needing to recall the time of relapse and having different interpretations of their return to smoking (i.e. first lapse, daily but reduced smoking, or smoking at pre-quit level). The strength of our approach is that smokers only needed to know whether they were currently still not smoking.

Secondly, there was a reliance upon recall data. The assessment of the most recent quit attempt involved recall of the previous 12 months and introduced scope for bias. The bias associated with recall of failed quit attempts would be expected to reduce the apparent effectiveness of reported aids to cessation because quit attempts using such aids would be more salient than those that were unaided [31]. Therefore, recall bias should militate against finding a benefit of e-cigarettes compared with no aid to cessation. Consistent with this explanation, the effect size for e-cigarettes compared with no aid appeared lower in smokers who started their quit attempt more than 6 months ago than in smokers who started their quit attempt less than 6 months ago. Although the power to detect the associations in these subgroups was limited, the explanation that the lack of effect in the more distant attempts was related to differential recall bias is also sup- ported by the absolute rate of non-smoking being higher in those making unaided attempts more than 6 compared with less than 6 months ago. Alternatively, the finding may reflect a reduced long-term effectiveness of e-cigarettes. Future longitudinal studies of e-cigarettes as aids to cessation in the general population may differentiate these explanations and would represent a valuable improvement upon the current study.

Thirdly, NRT over-the-counter and e-cigarettes both represent heterogeneous categories. In particular, there is considerable variability in nicotine vaporization between different types of e-cigarette [50,51]. Similarly, the simple definition of using one or the other aid to support an attempt is likely to have masked variability in how heavily, frequently and how long either NRT over-the-counter or

e-cigarettes were used by different smokers [12,52–54]. It is also possible that there were differences between the groups in their experience of unanticipated side effects. It is

precisely because of all these factors—type/brand of NRT over-the-counter or e-cigarette, intensity and frequency of usage and experience of unanticipated side effects—that it is important to examine real-world effectiveness. However, it also means that we cannot make more exact statements about relative effectiveness of different products and ways in which they may be used. Given this huge variability it may be many years before one could accumulate enough real-world data to address these questions. Finally, the prevalence of e-cigarettes has been increasing in England over the study period and this may affect real-world effectiveness. Although the evidence does not yet suggest an 'early adopters' effect—the current results persisted after adjusting for the year of survey and in a subgroup analysis limiting the data to a period when e-cigarette usage had become prevalent—these findings will need to be revisited to establish whether or not the apparent advantage of e-cigarettes is sustained.

In conclusion, among smokers trying to stop without any professional support, those who use e-cigarettes are more likely to report abstinence than those who use a licensed NRT 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.

Declaration of interests

All authors have completed the Unified Competing Interest form at http://www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare: JB's post is funded by a fellowship from the UK Society for the Study of Addiction; R.W. is funded by Cancer Research UK; Cancer Research UK, the Department of Health and Pfizer funded data collection for this study (including a Pfizer investigator initiated award), and that at the outset data collection for the Smoking Toolkit Study was also supported by GlaxoSmithKline and Johnson and Johnson; J.B., D.K. and E.B. have all received unrestricted research grants from Pfizer; R.W. undertakes research and consultancy and receives fees for speaking from companies that develop and manufacture smoking cessation medications (Pfizer, J&J, McNeil, GSK, Nabi, Novartis and Sanofi-Aventis); there are no other financial relationships with any organizations that might have an interest in the submitted work in the previous 3 years, particularly electronic cigarette companies, and there are no other relationships or activities that could appear to have influenced the submitted work. Funding was provided for the conduct of this research and preparation of the manuscript. The funders had no

final role in the study design; in the collection, analysis and interpretation of data; in the writing of the report; or in the decision to submit the paper for publication. All researchers listed as authors are independent from the funders and all final decisions about the research were taken by the investigators and were unrestricted.

Transparency declaration

J.B. affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that

any discrepancies from the study as planned have been explained.

STROBE statement

All authors declare that study hypotheses arose before any inspection of the data and that all STROBE recommendations were followed.

Acknowledgements

The research team is part of the UK Centre for Tobacco and Alcohol Studies. We would like to thank Martin Jarvis, Lion Shahab and Tobias Raupach for providing valuable comments on a draft of the manuscript. The full data set, which includes individual level data, and statistical code are all available from the corresponding author at jamie.brown@ucl.ac.uk. Participants gave informed consent for anonymized data sharing.

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From: Kim Swartz
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 7:55:30 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Kim Swartz
98-1394 Hinu Pl, #B
Pearl City, HI 96782

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: mz9995@hotmail.com
Subject: Submitted testimony for SB1030 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 7:47:03 AM

SB1030
Submitted on: 2/9/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Zehner	Individual	Oppose	Yes

Comments: No Aloha in this bill for our visitors and returning veterans between the ages of 18 and 21 will be forced to quit smoking. Also, will this bill including funding for advertising to our visitors to remind them to buy all their tobacco before they arrive here and not patronize local businesses or pay our local tobacco taxes?

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: Wehi Ona
To: HTHTestimony
Subject: Support SB1030
Date: Sunday, February 08, 2015 7:34:45 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Wehi

Wehi Ona
506 Wai?nuenue Avenue
Hilo, HI 96720

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: devin@pcgamerzhawaii.com
Subject: Submitted testimony for SB1030 on Feb 10, 2015 09:00AM
Date: Sunday, February 08, 2015 6:24:07 PM

SB1030
Submitted on: 2/8/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Devin Wolery	PC Gamerz	Oppose	Yes

Comments: I oppose this bill sb1030, electronic smoking devices are not a tobacco product and should not be labeled as such. If you are able to fight for your country and die for its freedoms, you should be able to choose what you want to do health wise that only truly affects you personally. People will still be able to get the products if they choose to. And would most likely be more inclined to get them now that they are illegal to get on their own.

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From: Valerie Yontz
To: HTHTestimony
Subject: Support SB1030
Date: Sunday, February 08, 2015 6:11:58 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Thanks for your important public health work. Valerie Yontz

Valerie Yontz
677 Auwina Street
677 Auwina Street Kailua, HI 96734-3430
Kailua, HI 96734

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: lisayoshiro@gmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Sunday, February 08, 2015 1:11:51 PM

SB1030
Submitted on: 2/8/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Oshiro	Individual	Oppose	No

Comments:

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From: Kasey Larson
To: HTHTestimony
Subject: Support SB1030
Date: Sunday, February 08, 2015 8:37:39 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

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Mahalo,

Kasey Larson
2591 Dole St.
Honolulu, HI 96822

From: MARIA MORENO-CHOW
To: HTHTestimony
Subject: Support SB1030
Date: Sunday, February 08, 2015 4:49:08 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

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Mahalo,

MARIA MORENO-CHOW
548 Uluoa Street
kailua, HI 96734

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: 1hawaii4me@gmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Saturday, February 07, 2015 5:34:43 PM

SB1030
Submitted on: 2/7/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Dietrich	Individual	Oppose	No

Comments:

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From: Kim Nguyen
To: HTHTestimony
Subject: Support SB1030
Date: Saturday, February 07, 2015 5:29:08 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Kim Nguyen
2442 Tusitala St
Apt 302
Honolulu, HI 96815

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: kathyk323@hotmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Saturday, February 07, 2015 4:21:55 PM

SB1030
Submitted on: 2/7/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Kim	Individual	Oppose	No

Comments:

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From: Tyler Ralston
To: HTHTestimony
Subject: Support SB1030
Date: Saturday, February 07, 2015 12:13:57 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

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Mahalo,

Tyler Ralston
PO Box 10528
Honolulu, HI 96816

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: jason.808@hotmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Friday, February 06, 2015 11:31:25 PM

SB1030
Submitted on: 2/6/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Reiger	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: wintersnicholas@rocketmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Friday, February 06, 2015 5:47:15 PM

SB1030
Submitted on: 2/6/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Winters	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: antonchris10@gmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Friday, February 06, 2015 2:11:53 PM

SB1030
Submitted on: 2/6/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chris Anton	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: Naomi Sugihara
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 2:06:09 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Naomi Sugihara
5852 Haaheo Pl.
Kapaa, HI 96746

From: Angela Sy
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 1:37:33 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older. This will ead to lower smoking rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products.

Raising the age is a trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21.

Mahalo,

Angela Sy
1212 Nuuanu Ave #2002
Apt. #2002
Honolulu, HI 96817

From: Howard Saiki
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 11:49:24 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Howard Saiki
45-480 B Apiki Street
Apt. D1202
Kaneohe, HI 96744

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: ThomasNoyes@hawaiiantel.net
Subject: Submitted testimony for SB1030 on Feb 10, 2015 09:00AM
Date: Friday, February 06, 2015 11:42:27 AM

SB1030
Submitted on: 2/6/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tommy Noyes	Individual	Support	No

Comments: Aloha—Please advance SB 1030 as this measure will save lives by decreasing the number of our children who become addicted to tobacco products. My son started smoking at age 14, is addicted to tobacco, and is already suffering health consequences at only 35. Please help reduce this public health scourge. Mahalo.

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From: Pualei Kaohelaulii
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 11:41:50 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Pualei Kaohelaulii
8010 Iwipolena Road
P.O. Box 52
Kekaha, HI 96752

From: Boyd, Manager Richard Boyd
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 11:13:01 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Boyd, Manager Richard Boyd
250 Kawaihae St
250 Kawaihae St
Honolulu, HI 96825

From: Maile Goo
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 11:11:02 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Maile Goo
Board Member at large
Coalition for a Tobacco Free Hawaii
Hawaii Public Health Institute

Maile Goo
3683 Woodlawn Terrace Place
Honolulu, HI 96822

From: Barbara Nosaka
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 10:42:42 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Barbara Nosaka
2216 Hoonanea Street
Honolulu, HI 96822

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: jchangworld@gmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Friday, February 06, 2015 10:38:39 AM

SB1030
Submitted on: 2/6/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Chang	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: Michelle Kwock
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 10:24:06 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Michelle Kwock
100 N. Beretania St.
Honolulu, HI 96817

From: Forrest Batz
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 10:21:03 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Aloha Senate Committee on Health,

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Forrest Batz
34 Rainbow Drive
Keaau, HI 96749

From: heisook Forbes
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 10:10:53 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

heisook Forbes
1700 Lanakila ave, 201
Honolulu, HI 96817

From: Joan Pan
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:49:25 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Mahalo,

Joan Pan
4348 Waialae Ave.
Honolulu, HI 96816

From: Zoe SHIH
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:38:25 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

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Mahalo,

Zoe SHIH
546 Hooilo Place
Hilo, HI 96720

From: Gladys Ernestburg
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:31:08 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Mahalo,

Gladys Ernestburg
51-519 kamehameha hwy
KAAAWA, HI 96730

From: Lani Nagao
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:27:11 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Mahalo,

Lani Nagao
2850 Kapena St.
Lihue, HI 96766

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: jen.harvey.81@gmail.com
Subject: Submitted testimony for SB1030 on Feb 10, 2015 09:00AM
Date: Tuesday, February 03, 2015 10:36:44 PM

SB1030
Submitted on: 2/3/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Nill, BSN, RN	Individual	Support	No

Comments: These devices are absolutely harmful to the human body. We are meant to breathe air, not any other substance. It is far too easy for a person to put many types of substances, including illegal substances into these devices. We need more regulation on these things and more studies to show what the second-hand vapor effects are.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: surfmaster008@gmail.com
Subject: Submitted testimony for SB1030 on Feb 10, 2015 09:00AM
Date: Thursday, February 05, 2015 1:54:41 PM

SB1030
Submitted on: 2/5/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sean Higa	Individual	Oppose	No

Comments: I oppose sb1030. Would this bill include our veterans returning from overseas as well? I don't think they should be included.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: jjw333333@gmail.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Thursday, February 05, 2015 2:52:55 PM

SB1030
Submitted on: 2/5/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jake J. Watkins	Individual	Oppose	No

Comments:

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Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: May Rose Dela Cruz
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:03:41 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

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Mahalo,

May Rose Dela Cruz
894 Queen Street
894 Queen Street
Honolulu, HI 96813

From: Beau Lani Barker
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:14:51 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Beau Lani Barker
2370 Nuuanu Ave
Honolulu, HI 96817

From: Karli Bergheer
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:18:55 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

For the love of our Keiki, please!

Mahalo,

Karli Bergheer
221 Mahalani Street, Suite 99
Wailuku, HI 96793

From: Mark Levin
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:20:19 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Mark Levin
2108 Hunnewell St.
Honolulu, HI 96822

From: Yukiko Morimoto
To: HTHTestimony
Subject: Support SB1030
Date: Friday, February 06, 2015 9:21:17 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Yukiko Morimoto
2550 Kuhio Avenue, Apt. 2205
Honolulu, HI 96815

From: Sonya Niess
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:06:30 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Sonya Niess
495 Awalau Rd
Haiku, HI 96768

From: Stephanie Moir
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:20:22 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Stephanie Moir

Waipahu, HI 96797

From: Kanani Kilbey
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:22:22 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Kanani Kilbey
1319 Punahou Street, 7th floor
Attn: Dr. Bryan Mih, HEALTHY program
Honolulu, HI 96826

From: Liane Hu
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:22:34 AM

February 9, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,
Liane Hu

Liane Hu

Waipahu, HI 96797

From: Lynda Hirakami
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:22:44 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Lynda Hirakami
12-4265 Pahoa Kalapana Rd
Pahoa, HI 96778

From: pat fleck
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:49:40 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure. Mahalo.

Respectfully submitted,

Patricia Fleck

pat fleck
75-5660 Kopico Street, Ste. C7-330
kailua kona, HI 96740

From: Cindy Ajimine
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 9:51:38 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Cindy Ajimine
3288 Moanalua Road
Honolulu, HI 96819

From: Jayson O"Donnell
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 10:01:03 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Jayson O'Donnell
3311 Campbell Ave
Honolulu, HI 96815

From: Ralph Shohet
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 10:38:16 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices. As a cardiologist I know that tobacco smoking is the principal risk factor for atherosclerosis below the age of 50. As Director of Cardiovascular Research at the Medical School I have personally worked on the effects of tobacco smoke and have seen directly the massive damage that is done to normal physiological function of arteries with tobacco smoking.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Ralph Shohet
4151A Nuuanu Pali Drive
Honolulu, HI 96817

From: Stephanie Austin
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 11:03:36 AM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Stephanie Austin
495 Awalau Rd.
Haiku, HI 96708

From: Kim Ku"ulei Birnie
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 11:45:37 AM

February 10, 2015

To: Sen. Josh Green, Chair
Sen. Glenn Wakai, Vice Chair
Sen. Rosalyn H. Baker, Chair
Sen. Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. Indeed, rates of smoking among Native Hawaiians is 36% higher than the overall population of these islands.

According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

My own mother began smoking at the of 13 and recently passed away due to lung disease related to lifelong tobacco use.

A great body of research demonstrates that delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older. Numerous studies indicate this will lead to lower prevalence rates and could save millions of dollars in health care costs.

As a leader in tobacco prevention and education, and in using tobacco settlement funds more appropriately than other states, Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21.

I am a Hawaiian health advocate and a founding member of the Coalition for a Tobacco-Free Hawai'i. I strongly urge you to pass this measure.

Mahalo for the opportunity to testify in strong support.

O wau iho no me ka ha'aha'a,

Kim Ku'ulei Birnie
kkb@aloha.net

Kim Ku'ulei Birnie
3546 Alani Drive
Honolulu, HI 96822

From: Cheryl Reeser
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 12:02:58 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Cheryl Reeser
51-E Kealaloa Ave
Makawao, HI 96768

From: Michelle Schiffl
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 12:19:17 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Michelle Schiffl
1655 Kanapuu Dr
Kailua, HI 96734

From: Koa Robinson
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 12:42:27 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Koa Robinson
894 Queen Street
Honolulu, HI 96822

From: Rebecca Delafield
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 12:57:09 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,

Rebecca Delafield
2346 St. Louis Dr.
Honolulu, HI 96816

From: Daria Fand
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 2:44:11 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

Thank you for the opportunity to submit testimony in support of SB 1030 which urges Hawai`i State to raise the age of sale to 21 to purchase tobacco products and electronic smoking devices.

Tobacco use is still the leading cause of preventable death in the United States and in Hawai`i, and costs our state over $526 million in healthcare expenditures every year. According to the Surgeon General, 95 percent of adult smokers start smoking before they turn 21.

Delaying the age that youth begin using tobacco will reduce the risk that they will become regular smokers as they get older, leading to lower prevalence rates and saving millions of dollars in health care costs. With an increasing number of 18 years olds attending high school, there is growing concern of the access underage youth have to tobacco products. This policy would eliminate the pressures of illegally distributing tobacco products to high school students.

Raising the age is a growing trend nationally where young people are protected in 40 cities/counties in six states. Hawai`i has the opportunity to be the first state to raise the age of sale of tobacco products to 21. We respectfully ask you to pass this measure.

Mahalo,
Daria Fand

Daria Fand
1545 Kalakaua Ave., Apt. 709
Honolulu, HI 96826

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: pipelinemax@outlook.com
Subject: *Submitted testimony for SB1030 on Feb 10, 2015 09:00AM*
Date: Monday, February 09, 2015 2:54:34 PM

SB1030
Submitted on: 2/9/2015
Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kimo Cruz	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: Pebbles Fagan
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 3:31:27 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

Re: Strong Support for SB1030, Relating to Health

Hrg: February 10, 2015 at 9:00AM in Room 229

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Mahalo,

Pebbles Fagan
1199 Bishop Street 23A
23A
Honolulu, HI 96813

From: subohmvapes.llc@gmail.com
To: HTHTestimony
Subject: Oppose bill 299 and 1030
Date: Monday, February 09, 2015 3:32:00 PM

Aloha Senators Green and Ruderman,
I am a small business owner here in Kona. I am in opposition of proposed SB299 and SB 1030. Nicotine is not the cause of cancer. Nicotine is not tobacco. Nicotine is derived from the family of nightshades plants. Nicotine is found in many edible plants such as potatoes, tomatoes, eggplants, bell peppers and peppers. Nicotine is a stimulant just like caffeine is a stimulant. Cigarettes have other ingredients in them besides the nicotine found in the leaves of tobacco.

I opened this business because of my successful cessation of cigarettes through the use of vaporizers. Applying a tax equal to 30% of wholesale on electronic smoking devices, kits or components containing nicotine will deter the use of these methods to quit smoking. People have already mentioned in my establishment that they will just go back to smoking cigarettes. Studies have been very vague thus far as to whether "Vaping" is hazardous to health or not. Studies have not been conducted with proper controls or without bias either. For me I am in the vapor business to help people quit smoking and stay away from cigarettes. This year has only begun and I have been able to assist at least 10 more people with the cessation of smoking cigarettes. I implore you to reconsider the SB299 and the repercussions it will have on all who are trying to quit smoking and all who use vaporizing as a method of not smoking tobacco. Please oppose SB299, we don't want more tobacco smokers.

As for SB1030, I am opposed to this bill greatly. A person of 18 years of age has the right to vote and enter any branch of the United States military. This person of 18 years of age is responsible enough to make two very important decisions by law and is known to be an "adult" at this age. Why should this person not be allowed to make another adult decision such as to use "electronic smoking devices" or tobacco? I come from a military family, my father is a retired E8 Army Master Sargent and I am married to a retired E7 Special Forces Green Barrett Sargent. We hold our freedoms close! Being an adult and enlisting to fight for your country is a very important decision young men and women make every day. They choose to give their lives in the service of our country so they should be able to choose to use vaporizers or tobacco products if they want to. Any 18 year old is legally an adult. Adults are able to make personal life decisions, this is our American freedom!

Mahalo,
Michelle Johnston
Sub Ohm Vapes, LLC
74-5543 Kaiwi St. Ste. A135
Kailua-Kona, HI 96740
cell: 808-265-7384
phone: 808-238-5912
Sent from my iPad

February 10, 2015

To: The Honorable Josh Green, Chair

The Honorable Glenn Wakai, Vice Chair

The Honorable Rosalyn H. Baker, Chair

The Honorable Brian T. Taniguchi, Vice Chair

Members of the Senate Committee on Health

Members of the Senate Committee on Commerce and Consumer Protection

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Mahalo,

Laura Guluzzy, M.A. Gerontologist

Consultant/Caregiver Author

Office: (808) 326-2100

Cell: (650) 242-6000

Email: writerlsg@gmail.com

From: Michele Nihipali
To: HTHTestimony
Subject: Support SB1030
Date: Monday, February 09, 2015 4:47:20 PM

February 10, 2015

To: The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair
Members of the Senate Committee on Health
Members of the Senate Committee on Commerce and Consumer Protection

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Mahalo,

Michele Nihipali
54-074 Kamehameha Hwy. # A
54-074 A Kam Hwy
Hauula, HI 96717