



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Health
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By

Robert Bley-Vroman, Chancellor

and

Jerris Hedges, MD, MS, MMM

Dean, John A. Burns School of Medicine

Interim Director, University of Hawai'i Cancer Center

University of Hawai'i at Mānoa

SB 1109 – RELATING TO THE REGULATION OF TOBACCO PRODUCTS

Chair Green, Vice Chair Wakai, and Members of the Committee:

The University of Hawai'i Cancer Center supports this bill.

The UH Cancer Center is one of only 68 institutions in the United States that hold the prestigious National Cancer Institute (NCI) designation, and is the only NCI-designated center in the Pacific. The NCI designation provides greater access to federal funding and research opportunities, and gives the people of Hawai'i and the Pacific region access to innovative and potentially life-saving clinical trials without the necessity of traveling to the mainland.

Our passion at the UH Cancer Center is to be a world leader in eliminating cancer through research, education and improved patient care. Because tobacco consumption is a leading preventable cause of cancer, we take all issues related to tobacco in Hawai'i very seriously. Whereas the UH Cancer Center always has supported strong tobacco control measures in Hawai'i, the recent emergence of electronic smoking devices presents new challenges for tobacco control and tobacco-related legislation.

The UH Cancer Center perspective on electronic smoking devices is informed by data recently obtained from Hawai'i adolescents and young adults who are participants in original research conducted by our own faculty.

Research conducted in Hawai'i high schools by Thomas Wills, PhD, has confirmed that rates of e-cigarette use by Hawai'i adolescents are at least double the rate of e-cigarette use observed in studies of mainland adolescents. Furthermore, his study published in the peer-reviewed journal *Pediatrics* clarified a reason why e-cigarette use is growing nationally among teens, as his data suggest that e-cigarettes may be operating to recruit lower-risk adolescents to smoking. And recently Pallav Pokhrel, PhD, and Thaddeus Herzog, PhD, published on the topic of e-cigarettes and motivation to quit

smoking. Drs. Pokhrel and Herzog also assessed differences between smokers who used e-cigarettes to quit versus those who used FDA-approved nicotine replacement therapy. Additionally, these researchers have published on the effects of e-cigarette marketing on harm perceptions, as well as e-cigarette use expectancies and their impact on e-cigarette use among young adults.

This research is vital to gaining an evidence-based understanding of what drives acceptance of this emerging technology, what users believe regarding its safety, and what the consequences are for adolescents, whose brains are particularly susceptible to nicotine.

Despite the complexities of the larger debate regarding electronic smoking devices, we believe this bill represents reasonable legislation that balances the rights of adults to use electronic smoking devices in appropriate venues while restricting use in public places where conventional cigarettes are banned.

As scientific research on electronic smoking devices progresses, we will have a stronger basis to adjust laws according to evidence. At the present time, however, caution is warranted. As others have noted, the FDA currently does not regulate e-cigarettes, and thus the consumer has no assurances regarding e-cigarette ingredients.

Further, because of the novelty of e-cigarettes, the long term effects of using these devices are unknown. A further concern, not often discussed, is the potential for electronic smoking devices to be used as drug delivery devices for substances other than nicotine.

We respectfully urge you to pass this bill.