

Grimes Anna

From: Cathy Kaiser <cathymkaiser@yahoo.com>
Sent: Monday, June 01, 2015 12:19 AM
To: Grimes Anna
Subject: STRONG OPPOSITION TESTIMONY TO SB 663-A12

Dear Committee Members

My name is Catherine Kaiser and I am writing today, May 31st of 2015 in strong opposition SB 663-A12

As a 63yr old registered voter, taxpaying, upstanding free adult citizen in the state of Oregon, I would like to submit my testimony for my reasons that I am opposing and asking you to oppose SB 663-A12

I will not support this bill with the -A12 proposed amendment.

First of all HB 2546 B was signed by the Governor on 5/26/2015 that prohibits anyone under the age of 18 to even enter a vape shop or possess vaping equipment. As stated in all the public hearings held so far this year, the vape shop owners were already abiding by this even before the law was signed so there will not be an issue of underage kids sampling e-liquids only consenting adults if they choose to do so.

This bill was supposed to also have an exclusion from the Oregon Indoor Clean Air Act for vape shops, including a preemption prohibiting cities and counties from passing or enforcing laws that prohibits such exemption. However, at this point in time, the exclusion and it's preemption are not included in the text of the bill.

Why is this? Why all of a sudden would there be a justifiable reason to remove this text? Vaping is not smoking and contains no tobacco.

There is absolutely no reason for the vape shops not to be allowed to have sampling inside their shops. When people sample e-liquid in a vape shop they do not stand around for hours vaping constantly, they just take a few vapes of a few different flavors and then either buy one or not. They may stand around talking to the shop owner or employee asking questions while NOT VAPING and then leave. Talking to any kind of shop owner or employee is not against any law.

If e-cigarettes are not allowed in all public places that implies that vapers are not part of the public in Oregon. We sure were last time I checked. Vapers have rights too and that seems to have been pushed to the side and are blatantly being discriminated against.

"SECTION 14. Emergency clause. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage. "

It is hardly unfair to state this needs an emergency clause for immediate preservation of the public peace, health and safety. Once again all the citizens of Oregon are supposed to be treated equally and where does the preservation of the vaping publics peace come into play here? You have already been sent many scientific studies done by scientists with no arterial motive with the findings on vaping and the health and safety of the public. Once again I have my doubts that you have even read them or researched them and are only cherry picking articles that suit your agenda. It is unconstitutional for everyone in America not to have equal rights or to be discriminated against.

I have included more recent studies which will probably be ignored by this committee also but can only hope that you do the right thing and do read them and take them seriously in your decisions.

Why is Oregon and many other states as well as other Countries trying to pass laws and over regulate e-cigarettes when the FDA is well into the process of doing that now. The states claim the FDA is being too slow. Well according to the FDA they are taking their time at this point because they want to get it right, it is not a fact of them being slow. I believe it was Mitch Zeller that stated that himself.

I have now been turned into a one issue voter and will not be voting for anyone from either party in the next election that does not support vaping.

Very Respectfully,

Catherine M. Kaiser
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Grimes Anna

From: Cathy Kaiser <cathymkaiser@yahoo.com>
Sent: Monday, June 01, 2015 12:26 AM
To: Grimes Anna
Subject: Opposition of SB 663 -A12

Nicotine Effects

A variety of ingredients in tobacco smoke cause cancer, heart disease, and lung disease. Nicotine is not one of them.

Nicotine is believed to be addictive because people have a great deal of difficulty giving up smoking. But there are major differences between nicotine and drugs such as alcohol, heroin, cocaine, and methamphetamines that people use to "get high. For one thing, nicotine does not cause intoxication. It does not impair judgement, motor skills, or the ability to get along with others. In fact, it improves these abilities.

Nicotine Benefits

Nicotine is being considered as a therapeutic agent to treat such conditions as attention deficit disorder, Alzheimer's Disease, Parkinson's Disease, Tourette syndrome, sleep apnea, obesity, ulcerative colitis, and inflammatory skin disorders. [1]

Nicotine has the following benefits:

- Relieves depression [2]
- Reduces anxiety [3]
- Improves ability to concentrate and long term memory [4]
- Protects against developing high blood pressure [5, 6]
- Protects against weight gain [7]
- Protects against developing Parkinson's Disease [8]

Nicotine Abstinence

Theoretically, the healthiest thing a smoker can do is to totally give up using nicotine in any form. But does reality conform to the theory?

The official list of nicotine withdrawal symptoms in the Diagnostic and Statistical Manual (DSM-IV) includes depressed mood, sleep disturbance, irritability, anxiety, difficulty concentrating, restlessness, decreased heart rate, and increased appetite or weight gain. These symptoms are supposed to peak within a day or so and disappear altogether after a couple of weeks. However, researchers have found that in some groups of quitters, symptoms do not dissipate and can, in fact, worsen as time goes on. [9]

The problems with concentration, memory, and mood make it difficult to fulfill responsibilities of daily living. How many employers are willing to overlook impaired job performance for weeks or months at a time? What effect does prolonged irritability that sometimes escalates into anger have on relationships with family, coworkers, and friends?

For many would-be abstainers, the Catch 22 is that some improvements in physical health???for example, better lung function???must be paid for with possibly permanent declines in cognitive and emotional health. Is it any wonder that so many relapse to smoking within a few days of quitting?

For those who do manage long-term nicotine abstinence, the picture is not 100% better in terms of physical health. For years the medical community claimed that smokers only gained 5 pounds after quitting. More recent studies reveal that the average weight gain is closer to 5 kilograms (11 pounds), accompanied by an average increase in waist circumference of 3.88 cm. [10] In 13 percent of women and 10 percent of men, weight gain exceeds 28 lb. The weight gained with smoking cessation is very resistant to weight loss interventions. [11]

Smokers who become nicotine abstinent develop hypertension at a higher rate than continuing smokers and those who are at risk for diabetes develop that disease 26% more often than continuing smokers. [12]

Conclusion

Those at risk of long-term cognitive and/or mood impairments, hypertension, and diabetes, should be allowed to pursue smoking cessation through permanent replacement of adequate amounts of nicotine using a reduced-harm smoking

alternative. In view of the fact that alternatives that are reduced-harm to a smoker are totally without harm to general society, there is no compelling reason to deny reduced-harm alternatives to anyone who wants to take advantage of the beneficial effects of nicotine.

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Grimes Anna

From: Cathy Kaiser <cathymkaiser@yahoo.com>
Sent: Monday, June 01, 2015 12:30 AM
To: Grimes Anna
Subject: OPPOSITION TO SB 663 -A12 Material

- E-cigarettes emit no smoke and pose no known health risks to users or nonusers. In fact, according to the American Association of Public Health Physicians, e-cigarettes likely pose "much less than 1%" of the risk of smoking.
- E-cigarettes have helped hundreds of thousands of American smokers to quit or sharply reduce their cigarette consumption.
- There are critical differences between the constituents in the vapor produced by e-cigarettes and the smoke emitted from tobacco cigarettes, cigars, pipes, and hookahs.
- E-cigarettes work through the process of vaporization, as opposed to smoked tobacco, which requires the process of combustion. Whereas combustion creates thousands of chemical changes, vaporization creates none. Rather, a liquid is heated just to the point of creating a physical change (vapor), much like boiled water creates steam.
- E-cigarette vapor is practically odorless, but even when detectable, the odor is not unpleasant and smells nothing like smoke.
- Any visible vapor begins to dissipate almost immediately.
- E-cigarettes will not cause confusion or difficulty enforcing smoking bans. Unlike tobacco cigarettes, e-cigarettes require no flame, and they produce no "sidestream" vapor/smoke, no ash and no litter. Additionally, novel colors, shapes, sizes, buttons and LED lights on e-cigarettes serve to further distinguish them from traditional cigarettes.
- Far from protecting public health, banning the use of e-cigarettes where smoking is prohibited causes harm. Sound public health policy surely would encourage smokers to replace or reduce their cigarette consumption—not create obstacles to it. Banning the use of e-cigarettes where smoking is prohibited sends a message to smokers that they may as well continue to smoke, whereas allowing e-cigarette use indoors provides an incentive to switch to a far safer alternative.
- Surveys of thousands of e-cigarette users indicate that the majority have completely replaced tobacco cigarettes with e-cigarettes, thereby dramatically reducing their health risks.
- Recently published studies have found that e-cigarettes pose exponentially fewer health risks than cigarettes because they emit no smoke, carbon monoxide, or

airborne particulates, in addition to relieving smokers' cravings:

<http://www.healthnz.co.nz/ECigsExhaledSmoke.htm>

<http://www.ncbi.nlm.nih.gov/pubmed/20647410>

<http://www.healthnz.co.nz/2010%20Bullen%20ECig.pdf>

<http://www.hsph.harvard.edu/centers-institutes/population-development/files/article.jphp.pdf>

http://www.jstage.jst.go.jp/article/seikatsueisei/55/1/55_59/article

- More than a million American smokers have quit smoking or sharply reduced their cigarette consumption by switching to e-cigarettes in the past several years, and several recently published surveys indicate that e-cigarette consumers have found the products to be effective for quitting smoking and for improving respiratory health:
<http://www.biomedcentral.com/content/pdf/1471-2458-10-231.pdf>
<http://tobaccoharmreduction.org/thr2010yearbook.htm> (Chapter 9)
<http://www.ajpmonline.org/webfiles/images/journals/AMEPRE/AMEPRE3013.pdf>
- Many health organizations and tobacco researchers, including the American Council on Science and Health and the American Association of Public Health Physicians, support the use of electronic cigarettes as a method of greatly reducing the harm associated with smoking.
- Last year, the New Zealand Ministry of Health informed its Parliamentary Health Committee that "As the e-cigarette delivers only nicotine in a mist of propylene glycol, without the other 4,000 or so other chemicals in tobacco smoke, it is far safer than smoking" and that ". . . current safety data would therefore suggest that the e-cigarette poses few risks to people, and is safer than continuing to smoke."
- Dr. David Baron, former Chief of Staff at UCLA Medical Center, made the following statement about e-cigarette use indoors: "All that's happening is you're heating up a liquid to the point of it becoming a vapor. So referring to it as smoke doesn't make sense at all. Therefore, considering it subject to a smoking ban doesn't really make sense, either." <http://youtu.be/pnVsVhystFw>

Dr. Brad Rodu, Professor of Medicine at the University of Louisville, has stated: "There is substantial and compelling scientific research documenting that consuming the ingredients in e-cigarettes (nicotine, propylene glycol, water and flavors) is vastly safer than burning tobacco and inhaling 3000+ toxic by-products. Claiming that e-cigarettes are dangerous for non-smokers is about as credible as claiming that air travel is dangerous for people who never set foot in an airplane." <http://www.ecigarettedirect.co.uk/campaign/scientists-dispel-ASH-junk-science.html>

Grimes Anna

From: Cathy Kaiser <cathymkaiser@yahoo.com>
Sent: Monday, June 01, 2015 12:33 AM
To: Grimes Anna
Subject: OPPOSITION TO SB 663 -A12 materials

Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality.

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Abstract

CONTEXT:

Electronic cigarettes (e-cigarettes) have earned considerable attention recently as an alternative to smoking tobacco, but uncertainties about their impact on health and indoor air quality have resulted in proposals for bans on indoor e-cigarette use.

OBJECTIVE:

To assess potential health impacts relating to the use of e-cigarettes, a series of studies were conducted using e-cigarettes and standard tobacco cigarettes.

METHODS AND MATERIALS:

Four different high nicotine e-liquids were vaporized in two sets of experiments by generic 2-piece e-cigarettes to collect emissions and assess indoor air concentrations of common tobacco smoke by products. Tobacco cigarette smoke tests were conducted for comparison.

RESULTS:

Comparisons of pollutant concentrations were made between e-cigarette vapor and tobacco smoke samples. Pollutants included VOCs, carbonyls, PAHs, nicotine, TSNAs, and glycols. From these results, risk analyses were conducted based on dilution into a 40 m³ room and standard toxicological data. Non-cancer risk analysis revealed "No Significant Risk" of harm to human health for vapor samples from e-liquids (A-D). In contrast, for tobacco smoke most findings markedly exceeded risk limits indicating a condition of "Significant Risk" of harm to human health. With regard to cancer risk analysis, no vapor sample from e-liquids A-D exceeded the risk limit for either children or adults. The tobacco smoke sample approached the risk limits for adult exposure.

CONCLUSIONS:

For all byproducts measured, electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.

PMID:

23033998

[PubMed - indexed for MEDLINE]

Grimes Anna

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Sent: Monday, June 01, 2015 12:35 AM
To: Grimes Anna
Subject: OPPOSITION TO SB 663 A-12

Cardiologists Lash Out At Misguided Information Condemning Ecigs

Last week, the BMA Occupational Medicine Committee released an [article](#) claiming that the safety of e-cigarettes is yet to be proven. World renowned cardiologists Konstantinos Farsalinos and Riccardo Polosa [responded](#) with a complete rebuttal, claiming that scientific evidence abounds and “clearly indicates e-cigarettes are considerably less harmful than tobacco cigarettes.” In their response, the doctors made an appeal to the medical community to examine the actual scientific evidence rather than giving vague and misguided statements that would scare the public away from using e-cigarettes.

Farsalinos and Polosa pointed out that the very logic of ecig criticism is flawed. While critics claim that because there are a handful of potential health consequences, this is not reason to dismiss ecigs as useless. “Of course, unexpected health consequences may occur in the medical profession as it has been also the case with several medications... But this cannot be used as a valid argument to oppose e-cigarettes.”

The original publication called for ecigs to be isolated and quarantined until more long-term research was conducted. However, Farsalinos and Polosa said that this request was unreasonable and it was not required of any other products that are daily approved for human consumption. “Even for medications, no regulatory agency is asking for long-term safety data before being approved for use.” They make a case that waiting on long-term research would paralyze the progress of modern medicine.

The doctors pointed out that much of the argument against ecigs is misleading. While the original report cited potential poisonings of children by e-liquid exposure, the Farsalinos and Polosa claim that the whole idea is unsubstantiated. “Until now, there are no documented cases of deaths from exposure to e-cigarette liquids. It is misleading to quote occasional cases of accidental poisoning without providing professional medical reporting.” They went on to explain how the number of suspected poisoning incidences were far fewer than those reported routinely from basic household cleaners. With the introduction of child-proof packaging for e-liquids, these cases are becoming even more obsolete.

The doctors also challenged the report’s representation of a how much nicotine it takes to cause death. They point out that the lethal nicotine dosage needs to be formally reevaluated since the numbers that are often used were determined in the 19th century. Newer studies showed the lethal dose was 500-1000 mg, rather than the 40-60 mg that the report claims. It’s also important to realize that one of the first side effects of nicotine poisoning is vomiting, which often prevents nicotine ingestion from becoming life threatening.

In the BMA’s original report, the authors reference that nicotine could cause cancer. However, the doctors point out there is no clinical evidence that this is true. “On the contrary, there is a wealth of epidemiological data of long-term nicotine intake from snus use. Evidence shows that there is minimal, if any, effect of snus (and the resulting nicotine intake) in cancer incidence.” The doctors also argue that there is no risk to respiratory health by using ecigs. In fact, they provided scientific evidence that smokers with a history of asthma and COPD that switched from cigarettes to ecigs had a substantial improvement in their lung function.

Farsalinos and Polosa issued a firm reminder that ecigs are completely different from tobacco cigarettes in that they are not intended to appeal to nonsmokers. In fact, e-cigs were developed and are endorsed as a substitute

for smokers that wish to stop using tobacco. They end their rebuttal by lashing out at the BMA for lack of scientific evidence for their claims. "It is irresponsible to promote risks that are not proven and to deprive smokers of a product which, based on all scientific evidence, is reducing their exposure to health hazards to a large extent."

Grimes Anna

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Sent: Monday, June 01, 2015 12:40 AM
To: Grimes Anna
Subject: OPPOSITION TO SB 663 -A12 material

By Dr Farsalinos

However, it was a big surprise (and disappointment) for me to see the statements by Prof Peyton, a co-author and main investigator responsible for the research letter published in NEJM about formaldehyde in e-cigarette aerosol. The news website Vocativ did an excellent job asking Prof Peyton for his opinion about our study and the results, and this is how every new study on e-cigarettes should be approached.

According to Vocativ, *"he (Prof Peyton) wonders how Farsalinos can challenge his conclusions without NMR analyses"*. In the press release we specifically stated that: *"Our results verify previous observations that it is possible for e-cigarettes to generate high levels of aldehydes"*. We found high levels too, and we could easily exceed the levels found by Prof Peyton if we would use 15W in our atomizer setup. Our results and conclusions are IRRELEVANT to the methodology because, irrespective of the methodology used, levels of aldehydes can be extremely high in e-cigarette aerosol as long as you overheat the atomizer and liquid. This is the lesson that everyone should learn.

Prof Peyton mentions: *"Using their methods, you're probably going to miss most of it"*. Let me clarify that we used a measurement protocol that has been validated extensively for tobacco cigarettes, while they used a methodology not previously validated, neither for e-cigarettes nor for tobacco cigarettes. If anything, they should be worried about possible methodology issues. I will not comment on the statement that formaldehyde hemiacetals are like lead in paint. I will just repeat what Prof Peyton mentioned in his research letter: *"How formaldehyde-releasing agents behave in the respiratory tract is unknown"*. He admits that the effect is unknown; in fact, it is not known that formaldehyde-hemiacetal is a formaldehyde releaser during the time it is inhaled. I suppose that if it was, it would have been released to the tube where he collected the aerosol.

The whole discussion about methodologies is misleading. We verified that high levels of aldehydes are produced from e-cigarettes, but at conditions not used by vapers. In fact, it is easy for any scientist to produce as much aldehydes as he wants in the lab. Just take a high-power battery device and overburn the atomizer and liquid. It is the easiest thing you can do.

Prof Peyton discusses about intermediate voltages, which represent realistic use. I am not sure he really understands what realistic use is. If he uses the same atomizer (CE4) at an intermediate voltage (between 3.0V and 5.0V, which were used in the previous study) I can guarantee and predict that he will find very high levels of aldehydes. How do I

know that? Simple: I took 10 CE4 atomizers and asked 10 vapers to use them at gradually elevating voltage levels, starting at 3V, taking 4-second puffs (puff duration is also extremely important). **Every vaper identified dry puffs at 3.6 volts.** So, if Prof Peyton tests the CE4s at 4 volts, he will find high formaldehyde levels. There is no universal definition of "intermediate voltages". For different atomizers there are different power setups that work. For a CE4, there is almost no intermediate voltages. You generate dry puffs very easily, and they have rarely (if ever) been used with power-regulation devices. For other atomizers, they may work at 6-10W, while there are atomizers which need 15W to work and produce vapor. Reading their response, i am afraid that these are issues which the authors of the NEJM research letter have not investigated in depth so far. Moreover, I hope they investigate how cloud-chasing is performed, what kind of atomizers and liquids are used and how the vapers use these devices. CE4s are not used for cloud chasing (and it is impossible to used a CE4 for cloud chasing).

As I said, the nature of the e-cigarette makes it possible for everyone to find as many aldehydes as he wants, just by abusing the device. The findings will be credible in terms of the amount found (we verified that), but will be irrelevant to realistic use and true exposure. This has nothing to do with the methodology of analysis of aldehydes.

For these reasons, it was extremely inappropriate to extrapolate cancer risks and misinform the public about e-cigarettes being more carcinogenic than tobacco cigarettes. Additionally, it was extremely inappropriate to present in the same figure the formaldehyde exposure from tobacco cigarettes as mean and **standard deviation** while the exposure from e-cigarettes as mean and **standard error of mean**. The graph does not show that, in the multiple repetitions of measurements made by the authors, the variability in the findings was so huge that one should doubt about the validity of the methodology they used.

Therefore, due to statistical mis-presentation and mis-information on cancer risk, the research letter published in NEJM should be retracted.