

# E-Cigarettes

## **What ARE these things?!**

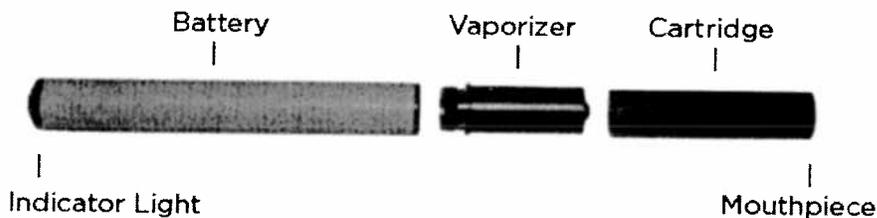
Also called Electronic Nicotine Delivery Systems (ENDS) or personal vaporizers (PV), e-cigarettes are a new way for smokers to get their nicotine- quickly. These products are marketed heavily towards young adults, particularly through use of social media and at mall kiosks. These products are touted as a “safer” alternative to smoking, and a way to either quit smoking cigarettes, or to smoke in places cigarette smoking is not allowed. However, these products are not yet regulated by the US Food and Drug Administration (FDA), and no rigorous scientific studies have shown that they are safe for use.

## **Rechargeable vs. Disposable**

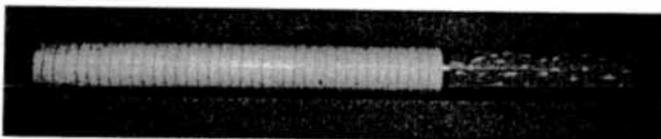
The device is battery-powered; some brands can be recharged via a USB port, others are disposable. A battery-powered e-cigarette is pictured below (photo courtesy of Legacy). The middle piece is called a vaporizer (or in some brands, an atomizer), which is the piece that heats the liquid stored in the cartridge (where the flavored nicotine is stored). Disposable e-cigarettes do not require charging, or changing batteries or cartridges. As of September 2013, the disposables, sold one at a time, were \$7.99 in a pharmacy located within a major U.S. city. At the same store, a rechargeable ‘starter kit’ was \$34.99. Overall, disposable e-cigarettes last for roughly the same amount of time as two packs of traditional cigarettes, and rechargeable e-cigarettes last as long as a pack and a half. These estimates vary by brand and by the smoker’s usage patterns.

In both types of devices, nicotine vapor is exhaled from the end, mimicking the behavior of a regular cigarette. The flavor cartridge may contain up to 20mg of nicotine per cartridge<sup>1</sup>.

## **Rechargeable e-cigarette**



## **Disposable e-cigarette**



## **Lack of E-cigarette Regulation**

As of July 2013, the World Health Organization reported that there are no rigorous, scientific studies that have been conducted to determine if electronic cigarettes are a useful method for helping people

to stop smoking<sup>2</sup>. Because the marketing and product requirements of e-cigarettes are not currently regulated, there are no standards for product manufacturing or safety. The amount of nicotine in a cartridge can vary widely between brands because of this lack of regulation. The chemical compounds in an e-cigarette can also vary between brands. Until rigorous research is done on these products, their safety is unknown.

Despite these items not being regulated in a comprehensive manner, many people still use them. Common reasons for use include: the perception that they are healthier/less toxic than traditional cigarettes, aid in tobacco craving/withdrawal symptoms, smoking cessation facilitator, and relapse avoidance<sup>3</sup>.

### ***Dangerous Appeal to Youth***

E-cigarette cartridges are available in a variety of youth-friendly flavors. A quick Google search shows availability of flavors like peach schnapps, java jolt, piña colada, peppermint, and chocolate. These flavors have been banned in traditional cigarettes, but exist in e-cigarettes, and it's these flavors that have been shown to entice children<sup>4</sup>.

Use of e-cigarettes by youth is on the rise: Results from the 2012 National Youth Tobacco Survey tells us that ever use of e-cigarettes for students in grades 6-12 was 6.8%<sup>5</sup>. Current (last 30 days) e-cigarette use was 2.1% for the same age group and dual use of e-cigarettes and conventional cigarettes was 1.6%<sup>6</sup>.

### ***Public Health Concerns***

E-cigarettes aid tobacco companies in circumventing smoke-free laws. While some smoke-free laws do not mention whether e-cigarettes are specifically prohibited there is an effort to add e-cigarettes to these laws and policies. Use of e-cigarettes is restricted on airplanes, as the US Department of Transportation has deemed that federal regulations prohibiting smoking on aircrafts applies to e-cigarettes as well<sup>7</sup>. As of January 2014, a few states (ND, NJ, UT) and cities (Chicago, New York City) have enacted legislation to specifically prohibit e-cigarette use in 100% smoke-free venues<sup>8</sup>. Several others (AR, CO, DE, KS, MD, NH, OK, OR, SD) have passed laws regulating e-cigarette use in various venues such as correctional facilities, school properties, and commuter trains<sup>9</sup>. However, e-cigarettes continue to be marketed as a way to smoke in places you can't smoke. The desire to get around smoke-free laws has led to the creation of vaping lounges- similar to cigar bars and hookah lounges, these vaping lounges allow e-cigarette users to use their devices (or 'vape') in a confined, social setting.

Access to e-cigarettes by minors is also a concern: only a few states have passed laws prohibiting sales of these devices to minors (As of January 2014: AL\*, AR, CA, CO, HI, ID, IL, IN, KS, MD, MN, MS, NH, NJ\*, NY, NC, SC, TN, UT\*, VT, WA, WI, WY)<sup>10</sup>.

Sales of e-cigarettes have grown rapidly in the United States, and after doubling every year since 2008, sales in 2013 are accelerating and projected to reach \$1.7 billion<sup>11</sup>. Marketing of these items is also unregulated and currently booming through print, TV, radio, and other forms of advertising. During the 2013 Super Bowl broadcast, NJOY e-cigarettes purchased a 30-second television advertisement slot

which reached at least 10 million viewers in certain markets and reportedly translated into a dramatic 30-40% increase in sales<sup>12</sup>.

These devices can also re-normalize smoking behaviors and cigarette use<sup>13</sup>. Children mimic what they see, and despite smoking rates decreasing over the last several years, rates of adolescent use may rise due to the uptick in adult e-cigarette use. There is also concern that e-cigarettes may cause a relapse for former smokers<sup>14</sup>.

Also worrisome is that e-cigarette manufacturers are offering incentives to purchase their product (blu e-cigarettes has a rewards program that gives discounts and free products from their rewards catalogue). Some manufacturers also offer recycling programs, where participants can earn free e-cigarettes by mailing back old, used products.

Tobacco companies that make conventional cigarettes have realized the potential of e-cigarettes, and have been releasing their own lines of e-cigarettes. Lorillard was the first, having bought the blu e-cigarette company in 2012, and the product is sold nationwide. RJ Reynolds released its e-cigarette Vuse in July 2013, and it's currently only sold in the Denver, CO area. Altria released MarkTen e-cigarettes in August 2013, and they are currently only sold in convenience stores across Indiana. British American Tobacco currently distributes its Vype e-cigarette only within the United Kingdom, and the product can easily be ordered online. Adoption of e-cigarettes by conventional cigarette makers seems to have inspired other manufacturers as well- electronic hookah pens<sup>15</sup>, e-Swishers<sup>16</sup> (a type of cigar), and other products are now available in electronic form, but none as widely available as the e-cigarette.

These concerns have been voiced repeatedly by the health community- In September 2013, health organizations banded together to send President Obama a letter requesting that he urge the FDA to take action on regulation of e-cigarettes<sup>17</sup>. Less than a week later, forty state Attorneys General sent a joint letter to FDA Commissioner Margaret Hamburg requesting regulations on e-cigarettes by the end of October 2013<sup>18</sup>.

### ***Pediatric Concerns***

Due to a lack of regulation in e-cigarette marketing, children, who are impressionable and model the behavior of adults, are at risk from viewing marketing aimed at adults. This is also a concern due to the increased number of e-cigarette users- these devices mimic conventional cigarette use and help to normalize smoking behaviors. Because e-cigarettes are offered in many child-friendly flavors, there is also a concern surrounding toxicity- the nicotine cartridges and refills pose a poison risk to children. Not all states have laws regulating purchase age for e-cigarettes, which means access to these devices is possible for minors.

Pediatricians should be aware of the dangers and concerns, and have informed conversations with patients and families about e-cigarettes.

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\*law applies to those under the age of 19

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- 4) De Graaf C, Zandstra E. Sweetness Intensity and Pleasantness in Children, Adolescents, and Adults. *Physiol Behav*. 1999; 67(4): 513-520.
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- 6) *Id*.
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- 12) Wallace B. Smoke Without Fire. *New York Magazine*, April 28, 2013, available at <http://nymag.com/news/features/e-cigarettes-2013-5/>. Accessed September 24, 2013.
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- 15) U.S. Health Works. Hookah pen: The latest smoking craze. April 29, 2013. Available at <http://www.ushealthworks.com/blog/index.php/2013/04/hookah-pen-the-latest-smoking-craze/>. Accessed September 25, 2013.
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- 18) National Association of Attorneys General. September 24, 2013. Letter to Commissioner Hamburg. Available at <http://www.mass.gov/ago/docs/press/2013/e-cigarette-letter.pdf>. Accessed September 25, 2013.



## Smoking down, vaping up among U.S. teens, studies show

13 bz0707electronic ARISTID.JPG

Robert Perpepaj, of Lyndhurst, NJ, tries out and compares different flavors of electronic cigarettes in this July, 2013 file photo. (Aristide Economopoulos | The Star-Ledger.)

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Teen smoking rates are tumbling across the United States, a new nationwide survey shows, but that good news is being offset by a huge wave of e-cigarette use.

The **2014 Monitoring the Future survey**, released Tuesday by the National Institute on Drug Abuse, found that smoking cigarettes within the past month was down to 8 percent among the 40,000-50,000 eighth, 10th and 12th graders surveyed nationwide.

In 1997, the recent peak year, 28 percent of that group reported having smoked.

"The importance of this major decline in smoking for the health and longevity of this generation of young people cannot be overstated," said Lloyd Johnston, the principal investigator.

The smoking rates among the three groups are at historic lows, according to the survey.

But one regional anti-smoking advocate, while cheered by any good news about reduced smoking rates, said the decline in teen smoking probably was more significant in states other than New Jersey.

"These are national figures," said Karen Blumenfeld, executive director of Global Advisors on Smokefree Policy of Summit. "Our state numbers haven't declined."

According to the latest New Jersey Department of Health data from 2012, 13.6 percent of Garden State high school students smoked within 30 days of the survey. It did show a big drop from 2010, when the smoking rate was 22.2 percent, but Blumenfeld noted that Hurricane Sandy limited the number of students who participated.

Blumenfeld said she was not surprised but disturbed to see the institute's finding that teens' use of e-cigarettes, which contain nicotine, surpassed that of tobacco products for the first time.

The institute's survey showed that 9 percent of eighth-graders reported using the battery-operated vaporizers in the past 30 days, compared to 4 percent who smoked a tobacco cigarette. For 10th graders,

e-cigarette use topped tobacco use 16 percent to 7 percent. Among 12th graders, e-cigarettes led tobacco 17 percent to 14 percent.

And those figures, Blumenfeld said, may be conservative.

Two recent studies of high school and middle school students in Connecticut and Hawaii showed much higher use of e-cigarettes. In particular, the Hawaiian students showed that **29 percent of high school students surveyed reported having smoked e-cigarettes** in 2013, said the study published online in the journal Pediatrics.

In New Jersey, state law prohibits the sale of e-cigarettes to people under 19. **Youths, however, are getting the devices from their parents**, said Suchitra Krishnan-Sarin of Yale Medical School, whose study was published last month in the journal Nicotine and Tobacco Research.

"Our evidence also suggests that, while peers continue to be a major source of e-cigarette procurement for adolescents, many adolescents reported that they obtained their e-cigarettes from their parents," the study said.

Blumenfeld said New Jersey needs to do more to limit access to e-cigarettes, which are unregulated, and tobacco.

For example, municipalities can license retailers of e-cigarettes. Cranford, Hillside, Mountainside, Summit and Westfield have ordinances requiring sellers of e-cigarettes to register and pay a licensing fee, she said. Other communities such as Englewood, Teaneck and Sayreville also have adopted ordinances prohibiting the sale of tobacco to anyone under 21.

The U.S. Food and Drug Administration has proposed a rule to regulate e-cigarettes as it regulates tobacco. If it adopts a final rule, FDA could issue national rules regulating sales and conduct studies to determine the safety of the devices.

But supporters of e-cigarettes say that while it's better if young people use neither tobacco nor e-cigarettes, the use of the devices at least has protected some youths from the greater harm of cigarette smoke.

"This study and others suggest that the availability of vapor products may have stopped many youth from becoming smokers over the last three years," said Gregory Conley, president of the American Vaping Association.

Johnston, the lead investigator of the institute's study, said e-cigarettes are not a panacea.

"Despite the positive developments this year, we are concerned about the levels of e-cigarette use among teens that we are seeing," he said. "It would be a tragedy if this product undid some of the great progress made to date in reducing cigarette smoking by teens."



# GASP

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## ELECTRONIC SMOKING DEVICES

### Introduction

The electronic smoking device industry has evolved and now offers more products than electronic cigarettes, like hookah pens and electronic cigars. Some industry trade groups refer to these products as Personal Electronic Vaporizing Units (PEVUs). Throughout this paper, the term "e-cigarette" is used broadly to include all types of electronic smoking devices.

Global Advisors on Smokefree Policy<sup>1</sup> ("GASP") has many health concerns regarding e-cigarette use and exposure, which are documented in this paper. The U.S. Food & Drug Administration (FDA), U.S. Senator Frank Lautenberg, the World Health Organization, and national advocacy organizations also voice their concerns about e-cigarettes.

Local, county, state and international jurisdictions are restricting or banning the sale or use of e-cigarette products.

### I. Laws and Policies

#### New Jersey restricts e-cigarette sales and use

New Jersey was the first state in the nation to ban the use of e-cigarettes in public places and workplaces, effective March 13, 2010. On January 11, 2010, Governor Corzine signed into law A4227/A4228/S3053/S3054, banning e-cigarette use in public places and workplaces (amended 2006 NJ Smokefree Air Act), and banning e-cigarette sales to people 18 years and younger. The New Jersey Senate and Assembly both voted unanimously in favor of the law. See [http://njgasp.org/sfaa\\_2010\\_w-ecigs.pdf](http://njgasp.org/sfaa_2010_w-ecigs.pdf) and [nileg.state.nj.us/2008/Bills/A4500/4227\\_U1.pdf](http://nileg.state.nj.us/2008/Bills/A4500/4227_U1.pdf).

On August 7, 2013, the New Jersey Department of Health's Office on Local Public Health, in cooperation with the Department's Office on Tobacco Control, issued as a reminder an Administrative Advisory and two handouts that the use of electronic smoking devices is prohibited in indoor public places and work places. [http://www.njgasp.org/NJ\\_State\\_E-cigs\\_Advisory\\_2013.pdf](http://www.njgasp.org/NJ_State_E-cigs_Advisory_2013.pdf)  
[http://www.njgasp.org/NJ\\_Smokefree\\_Air\\_Act\\_and\\_Breathe\\_Easy\\_flyer.pdf](http://www.njgasp.org/NJ_Smokefree_Air_Act_and_Breathe_Easy_flyer.pdf)

The impetus for the New Jersey state law came from a local Board of Health and County Board of Chosen Freeholders. In October 2009, New Jersey's Bergen County Board of County Freeholders passed a resolution banning e-cigarette use in county buildings, at county parks and recreational areas. On November 23, Paramus' Board of Health passed an ordinance restricting e-cigarette use in public places and workplaces, taking effect on December 1, 2009.

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<sup>1</sup> Global Advisors on Smokefree Policy (GASP) is a 40-year old nonprofit resource center, dedicated to promoting smokefree air and tobacco-free lives. GASP is funded by the New Jersey State Department of Health, private foundations and donations.

[AE?open&file=1016\\_enr.pdf](#)

- **Georgia: Effective January 2011, Savannah** amended their 2010 smokefree air act to include the use of e-cigarettes in public places and workplaces as well as outdoor locations (10 foot buffer zone, outdoor service lines, outdoor dining, playgrounds, etc.)  
[http://www.njgasp.org/Savannah\\_SFAO\\_2010.pdf](http://www.njgasp.org/Savannah_SFAO_2010.pdf)
- **Georgia: Effective April 25, 2012, Chatham County** includes e-cigarettes in their smokefree air law for all public places and workplaces.  
<http://www.healthysavannah.org/documents/Chatham%20County%20Smokefree.pdf>
- **Hawaii: Effective May 2, 2013** bans sale of e-cigarettes to minors under 18 years of age and requires tobacco products to be sold face-to-face, not through the internet.  
[http://www.capitol.hawaii.gov/measure\\_indiv.aspx?billtype=HB&billnumber=672&year=2013](http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=HB&billnumber=672&year=2013)
- **Idaho: As of July 1, 2012** bans the sale of e-cigarettes to minors and bans possession of e-cigarettes by minors.  
<http://legislature.idaho.gov/legislation/2012/H0405.pdf>
- **Illinois: Effective January 1, 2014**, bans the sale of e-cigarettes and alternative nicotine products to people under the age of 18. The law passed August 2013.  
<http://www.nacsonline.com/News/Daily/Pages/ND0819132.aspx#.UinnyRb3A3Z>
- **Illinois: Effective October 28, 2013, Evanston** amended its local "Clean Air Act":
  - bans the use of e-cigarettes in public places and workplaces
  - Requires a \$500/year license to sell at retail tobacco or liquid nicotine products.
  - Can't sell or give tobacco or liquid nicotine products 150 feet from a K-12 school; \$500 1st offense, \$1000 second offense, license revocation for more offenses.
  - Minors cannot be sold or purchase tobacco or liquid nicotine products.
  - Minors cannot possess tobacco or liquid nicotine products in public places.
  - The sale or giving of bidi cigarettes is prohibited to any person, regardless of age.
  - Minors cannot sell tobacco products for a retail licensee.
  - Tobacco and liquid nicotine products are banned from self-service display racks, for sale, display or giving away.
  - Tobacco and liquid nicotine products are banned for sale via vending machines except in non-public places, and are banned from free distribution by a licensee or person in the business at any right of way, park, playground, other city owned property, or any school district, park district or public library[http://www.njgasp.org/Evanston\\_IL\\_ecig\\_ban\\_10-28-13.pdf](http://www.njgasp.org/Evanston_IL_ecig_ban_10-28-13.pdf)
- **Illinois: Effective February 14, 2014, Chicago** passed an ordinance to ban e-cigarettes in indoor public places and workplaces and to restrict how and where e-cigarettes can be sold.  
[http://www.njgasp.org/ChicagoTribune\\_ECig\\_Ban\\_1-15-14.pdf](http://www.njgasp.org/ChicagoTribune_ECig_Ban_1-15-14.pdf)
- **Indiana: Effective July 1, 2013** bans the sale and use of e-cigarettes to people under age 18 and puts restrictions on the display and vending of e-cigarettes.  
<http://www.in.gov/legislative/bills/2013/HB/1225.2.html>
- **Indiana: Effective December 2012, Indianapolis** amended their smokefree air law to include electronic smoking devices.  
<http://www.indy.gov/eGov/Council/Proposals/Documents/2012/PROP12-136.pdf>
- **Kansas: As of July 1, 2012** bans the sale of e-cigarettes to minors.  
<http://legislature.idaho.gov/legislation/2012/H0405.pdf>

- **Massachusetts: As of February 2, 2014, Lowell Board of Health** bans the smoking of electronic cigarettes in public places and bans the sale to minors. [http://www.njgasp.org/LowellSun\\_ecig\\_minor\\_ban\\_2-2-14.pdf](http://www.njgasp.org/LowellSun_ecig_minor_ban_2-2-14.pdf)
- **Massachusetts: Effective July 1, 2012, North Adams Board of Health (Lee, Lenox, Stockbridge)** amends its local tobacco regulations to include e-cigarettes. The regulation restricts smoking in public places, sales of nicotine products in pharmacies, and restricts their use by/sales to minors. <http://www.iberkshires.com/story/41141/Tri-Town-Health-Board-Bans-Tobacco-Sales-In-Pharmacies.html>
- **Massachusetts: Effective July 13, 2010, North Attleboro Board of Health** (1) bans the use of nicotine delivery products in workplaces and public places covered by the state law, requires signage; (2) requires nicotine delivery products (e.g. e-cigarettes) be sold face-to-face, an only at a non-mobile retail establishment issued an annual permit by the local Board of Health; (3) bans the sale to minors, requires signage; and (4) bans free distribution and sampling. <http://north-attleboro.ma.us/boh/PDF/Regulations/Nicotine%20Delivery%20Product%20and%20E-Cigarette%20Regulation.pdf>
- **Massachusetts: Effective September 1, 2012 the Saugus Board of Health** voted unanimously on June 5 to ban the sale of e-cigarettes to minors and their use in a public places. <http://www.wickedlocal.com/saugus/news/x2067836337/Saugus-Board-of-Health-restricts-tobacco-sales#axzz2K3abf0bl>
- **Massachusetts: Effective September 1, 2010 the Somerset Board of Health** (1) bans the use of nicotine delivery products in workplaces and public places covered by the state law, requires signage; (2) requires nicotine delivery products (e.g. e-cigarettes) be sold face-to-face (not using self-service displays or vending machines), an only at a non-mobile retail establishment issued an annual permit by the local Board of Health; (3) bans the sale to minors, requires signage; and (4) bans free distribution and sampling. Up to \$300 fine, and suspension of nicotine delivery products permit issued by the local Board of Health. Fines range from \$100 \$300 and 30-day suspension of any and all Board of Health-issued permit. [http://www.njgasp.org/Somerset\\_BdHealth\\_ecig\\_reg\\_9-2010.pdf](http://www.njgasp.org/Somerset_BdHealth_ecig_reg_9-2010.pdf)
- **Massachusetts: Effective October 29, 2009 the South Hadley Board of Health** (1) bans the use of nicotine delivery products in workplaces and public places covered by the state law, requires signage; (2) requires nicotine delivery products (e.g. e-cigarettes) be sold face-to-face, an only at a non-mobile retail establishment issued an annual permit by the local Board of Health; (3) bans the sale to minors, requires signage; and (4) bans free distribution and sampling. [http://www.southhadley.org/Pages/SouthHadleyMA\\_Health/forms/enicappregs](http://www.southhadley.org/Pages/SouthHadleyMA_Health/forms/enicappregs)
- **Minnesota: Effective August 1, 2010** bans the sale of e-cigarettes to minors, banning self-service displays of tobacco products and e-cigarettes except in adult-only facilities, and allowing for municipalities to license and regulate retail sales of e-cigarettes and tobacco products. <http://publichealthlawcenter.org:content:passage-tobacco-modernization-and-compliance-act-2010>  
<https://www.revisor.mn.gov/laws/?id=305&year=2010&type=0>  
[http://www.njgasp.org/Minnesota\\_PR\\_Tob\\_Mod\\_Compl\\_Act-2010.pdf](http://www.njgasp.org/Minnesota_PR_Tob_Mod_Compl_Act-2010.pdf)
- **Minnesota: Effective September 13, 2013, Duluth** prohibits smoking e-cigarettes in places covered by the Minnesota Clean Indoor Air Act. The Minnesota Department of Health supported Duluth's ordinance. <http://www.startribune.com/local/223235121.html>

[http://www.njgasp.org/NewsOK\\_OKECiqBan\\_12-13.pdf](http://www.njgasp.org/NewsOK_OKECiqBan_12-13.pdf)

- **North Carolina: Effective December 1, 2013** bans e-cigarette sales to minors under age 18. <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H864v0.pdf>
- **Oregon: The first state to go to court to ban the sale of e-cigarettes in the state using the argument that the companies are misrepresenting the safety of their products by marketing them as a safe alternative to traditional tobacco products. On August 9, 2010,** the Attorney General announces agreement with Florida-based Smoking Everywhere, Inc. and in **July 2009**, two settlements were reached: one prevented two national travel store chains from selling "electronic cigarettes", and the other prevents Sottera, Inc. (distributor of NJOY) to do business in the state. <http://www.doj.state.or.us/releases/pages/2010/rel080910.aspx>
- **Philadelphia Pennsylvania: On March 27, 2014** City Council adopted bans e-cigarette sales to minors under age 18 and added electronic cigarettes to existing tobacco use laws. <http://www.njgasp.org/philadelphia-has-adopted-an-indoor-ban-on-electronic-cigarettes/>
- **South Carolina: Effective June 7, 2013** bans e-cigarette sales to minors under age 18. [http://www.scstatehouse.gov/sess120\\_2013-2014/prever/3538\\_20130523.htm](http://www.scstatehouse.gov/sess120_2013-2014/prever/3538_20130523.htm)
- **Tennessee: Effective July 1, 2011**, state code 39-17-1504 was amended to include e-cigarettes, making the sale or distribution of them illegal to minors under 18. <http://www.capitol.tn.gov/Bills/107/Bill/SB0910.pdf>
- **Texas: Effective 2014, San Marcos** is including e-cigarettes with its smoking ban, which is effective January 1 for municipal facilities, city parks and athletic facilities and effective June 1 for businesses, restaurants and bars. <http://www.sanmarcos.tx.gov/modules/showdocument.aspx?documentid=9647>  
<http://www.myfoxaustin.com/story/24339469/san-marcos-to-ban-smoking-e-cigarettes-in-2014>
- **Texas: Effective February 10, 2014, Lewisville** bans e-cigarette sales to minors. <http://www.cityoflewisville.com/index.aspx?page=33&recordid=513>
- **Vermont: Effective July 1, 2013** bans e-cigarette sales to minors under age 18. <http://www.leg.state.vt.us/docs/2014/Acts/Act014.PDF>
- **Washington: Effective July 28, 2013** bans the sale to minors under the age of 18. <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/House/1937.SL.pdf>
- **Washington: Effective June 23, 2011, Clark County** bans the sale of e-cigarette to minors. [http://www.oregonlive.com/clark-county/index.ssf/2011/06/clark\\_county\\_bans\\_sale\\_of\\_e-cigarettes\\_to\\_minors.html](http://www.oregonlive.com/clark-county/index.ssf/2011/06/clark_county_bans_sale_of_e-cigarettes_to_minors.html)
- **Washington: Effective December 16, 2010 King County Board of Health** bans the use of e-cigarettes in public places and work places, restricts the sales of e-cigarettes or any other unapproved nicotine delivery devices only to people 18 and older, and prohibits free or highly discounted electronic smoking devices or unapproved nicotine delivery products. <http://www.kingcounty.gov/healthservices/health/BOH/regulations.aspx>
- **Washington: Effective March 31, 2011 Spokane County and City of Spokane** banned the sale of e-cigarettes to minors. <http://www.kxly.com/news/City-County-Roll-Out-Minor-Ban-On-E-Cigarettes/-/101270/682924/-/w1aws4/-/index.html>

- In July 2011, a passenger refused to extinguish his e-cigarette in-flight from Los Angeles to Salt Lake City on Southwest Airlines, and upon disembarking, the FBI charged him with interference with the flight crew.  
[http://connect2utah.com/search-fulltext?nxd\\_id=156217](http://connect2utah.com/search-fulltext?nxd_id=156217)
- January 24, 2011 an Allegiant Airlines flight was diverted when a passenger refused to stop using their e-cigarette in-flight. The passenger argued with the flight attendant, and the pilots diverted the plane.  
<http://www.wvec.com/home/Electronic-cigarette-leads-to-unexpected-landing-in-Norfolk-114504289.html>

Senator Lautenberg wrote the 1987 law that banned smoking on airplanes; he asked the DOT to clarify the rule. In 2010, GASP requested Senator Lautenberg's office to look into clarifying the 1987 law banning smoking on airlines, to have it apply to electronic smoking devices as well. <http://www.sfgate.com/cgi-bin/article.cgi?f=/n/a/2011/02/11/financial/t055143S14.DTL#ixzz1DtI4gqZJ> On January 24, 2011 an Allegiant Airlines flight was diverted when a passenger refused to stop using their e-cigarette in-flight. The passenger argued with the flight attendant, and the pilots diverted the plane. <http://www.wvec.com/home/Electronic-cigarette-leads-to-unexpected-landing-in-Norfolk-114504289.html>

- **September 30, 2010, San Francisco Airport Commission** bans the use of e-cigarettes at the airport where smoking is banned.  
[http://www.njgasp.org/SanFrancisco\\_AirportCommPolicy9.30.10.pdf](http://www.njgasp.org/SanFrancisco_AirportCommPolicy9.30.10.pdf)
- **August 2010, U.S. Navy** announces that smoking will no longer be permitted below decks on its submarines, effective December 31, 2010. The policy includes e-cigs where are not approved by the FDA. The policy was initiated to protect the health of nonsmoking sailors. The Navy offers smoking cessation programs and nicotine replacement therapy will be widely available on the submarines.  
[http://www.njgasp.org/kitsapsun\\_navy\\_news\\_4-8-2010.pdf](http://www.njgasp.org/kitsapsun_navy_news_4-8-2010.pdf)
- **August 2010: Central Michigan University** banned the use of e-cigarettes in all buildings and residence halls, and within a 25 feet perimeter of all buildings.  
<http://www.cm-life.com/2010/08/19/electronic-cigarettes-banned-in-campus-buildings-residence-halls/>
- **October 14, 2009 Amazon.com** prohibits sale of electronic tobacco products on their website, and Paypal cancels e-cigarette accounts. Onlineprnews.com reported on October 14, 2009, that internet retailer Amazon.com noticed its resellers that e-cigarettes and other e-tobacco products are "inappropriate for Amazon.com" and that Amazon.com is prohibiting the sale of such products. Onlineprnews.com also reported that Paypal cancelled its electronic cigarette accounts.  
[http://www.njgasp.org/OLPRMedia\\_amazon\\_ecigs\\_removed\\_10-19-09.pdf](http://www.njgasp.org/OLPRMedia_amazon_ecigs_removed_10-19-09.pdf)

#### **Restrictive international policies (by most recently enacted):**

- **December, 2013, Switzerland** bans the use of e-cigarettes in public transport. The country also bans the sale of e-cigarettes but allows them to be imported.  
[http://www.njgasp.org/Google\\_Switzerland\\_e-cig\\_ban\\_11-12-13.pdf](http://www.njgasp.org/Google_Switzerland_e-cig_ban_11-12-13.pdf)
- **August 2013, UK Rail** announces a complete ban on passengers using e-cigarettes anywhere inside stations. **May 2013, First Capital Connect**, a commuter train in the London metro area banned the use of e-cigarettes on its trains.  
[http://www.njgasp.org/IndependentCoUK\\_train\\_ecig\\_ban\\_8-12-13.pdf](http://www.njgasp.org/IndependentCoUK_train_ecig_ban_8-12-13.pdf)  
[http://www.njgasp.org/UK\\_Hunts\\_Post\\_E-cig\\_ban\\_fcc\\_5-30-13.pdf](http://www.njgasp.org/UK_Hunts_Post_E-cig_ban_fcc_5-30-13.pdf)

- **March 2009, Hong Kong** bans the use and sale of electronic cigarettes, unless registered as a pharmaceutical product with the government.  
[http://www.tco.gov.hk/textonly/english/infostation/infostation\\_04032009.html](http://www.tco.gov.hk/textonly/english/infostation/infostation_04032009.html) and  
[http://www.thestandard.com.hk/news\\_detail.asp?pp\\_cat=30&art\\_id=79120&sid=22983216&con\\_type=3](http://www.thestandard.com.hk/news_detail.asp?pp_cat=30&art_id=79120&sid=22983216&con_type=3)
- **January 2009, Jordan's Ministry of Health** banned the import of the electronic cigarettes, citing World Health Organization's health concerns.  
<http://www.jordantimes.com/?news=13857>
- **January 2009, Victoria (Australia)** bans e-cigarette use, sales and advertising. Australian law classifies nicotine as a poison (only exemption is for cigarettes and for cessation products). E-cigarettes have not been evaluated for safety and efficacy:

According to a spokesperson for the Federal Department of Health and Ageing, every form of nicotine except for replacement therapies and cigarettes are classified as a form of poison. Last October, the National Drugs and Poisons Schedule Committee (NDPSC) decided that this classification should remain for e-cigarettes, which effectively makes it illegal to sell nicotine e-cigarettes in all states and territories.

"The e-cigarette has not been evaluated for safety or efficacy," said a spokesperson for the Federal Department of Health and Ageing. "Nicotine has well recognized physiological and pathological effects and, as with conventional cigarettes, the e-cigarette would be expected to lead to, and sustain, nicotine addiction." <http://www.news.com.au/technology/electronic-cigarettes-sold-online-illegally/story-e6frro0-1111118601200>

- **March 2008, Turkey's Health Ministry** bans the sale and importation of e-cigarettes, classifying e-cigarettes as a pesticide. Ads of e-cigarettes are also banned.  
<http://arama.hurriyet.com.tr/arsivnews.aspx?id=-621407> and  
<http://arama.hurriyet.com.tr/arsivnews.aspx?id=-622303>

#### **U.S. jurisdictions considering bans on the use and/or sale of e-cigarettes (alphabetical list by state).**

- On February 26, 2014 a **San Diego** Committee will consider a proposal to regulate electronic cigarettes as traditional cigarettes, including a ban in public places and workplaces and preventing the sale to minors.  
[http://www.njgasp.org/ABC10NewsSanDiego\\_ecigs\\_2-13-14.pdf](http://www.njgasp.org/ABC10NewsSanDiego_ecigs_2-13-14.pdf)
- On February 14, 2014 the **West Virginia** House passed a bill to ban the sale of electronic cigarettes and other alternative tobacco products to minors. It has been passed to the Senate for consideration.  
<http://www.wvgazette.com/News/201402130118>
- On February 22, 2013, **California** introduced a bill (SB 648) that would ban electronic cigarettes in public places and workplaces, amending existing smokefree air laws to include electronic cigarettes as tobacco products.  
[http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb\\_0601-0650/sb\\_648\\_bill\\_20130805\\_amended\\_asm\\_v96.pdf](http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0601-0650/sb_648_bill_20130805_amended_asm_v96.pdf)
- Since 2011, the **San Francisco, California Department of Public Health** has proposed holding e-cigarettes under the same public smoking laws as traditional tobacco products. The Health Commission passed a resolution on June 21, 2011 endorsing the San Francisco Department of Public Health's proposal to prohibit e-cigarettes where smoking is prohibited and would require a tobacco permit for the sale of e-cigarettes and other

[http://legiscan.com/RI/text/H7021/id/907286/Rhode\\_Island-2014-H7021-Introduced.pdf](http://legiscan.com/RI/text/H7021/id/907286/Rhode_Island-2014-H7021-Introduced.pdf)

- On January 27, 2014, **Utah** introduced SB 0012 to increase the age of sale to 21 for e-cigarettes and tobacco products.  
<http://e.utah.gov/~2014/bills/sbillint/SB0012.pdf>

### **International Jurisdictions considering bans on the use and/or sale of e-cigarettes (alphabetical list by country).**

- As of December 2013, the **Phillipines** is considering regulating the use and promotion of e-cigarettes, and regulating the sale to persons under 18 years old by introducing SB2011 or the E-Cigarette Regulation Act of 2013.  
[http://www.njgasp.org/BusinessMirror\\_Phillipines\\_Senator\\_seeks\\_eciq\\_regs\\_1-3-14.pdf](http://www.njgasp.org/BusinessMirror_Phillipines_Senator_seeks_eciq_regs_1-3-14.pdf)
- As of May 31, 2013, **France** is considering banning e-cigarette smoking in public places.  
[http://www.njgasp.org/CBSNews\\_France\\_ban\\_ecigs\\_public\\_places\\_5-31-13.pdf](http://www.njgasp.org/CBSNews_France_ban_ecigs_public_places_5-31-13.pdf)
- As of December 2011, **Greece** is considering a ban on the sale and use of e-cigarettes.  
[http://www.njgasp.org/Greece\\_E-cig-ban-possible-12-13-2011.pdf](http://www.njgasp.org/Greece_E-cig-ban-possible-12-13-2011.pdf)
- As of June 2013, **Italy** is considering banning e-cigarette smoking in public places.  
[http://www.njgasp.org/DNALifestyle-Injurious\\_to\\_health\\_Italy\\_ecigs\\_public\\_6-6-13.pdf](http://www.njgasp.org/DNALifestyle-Injurious_to_health_Italy_ecigs_public_6-6-13.pdf)
- On June 26, 2013, the **Philippines' Food & Drug Association** issued an Advisory that secondary exposure to e-cigarette emission might be harmful to health, and advised the public not to smoke or use e-cigarettes, and that local governing units shall be guided by this advisory in strengthening their ordinances against smoking in public places and on second-hand exposure to harmful substances." Read the Advisory for more details on the chemical and metals that pollute the air from e-cigarette vapor.  
<http://www.fda.gov.ph/attachments/article/80233/FA2013-015.pdf>

### **The Tobacco Industry and E-Cigarettes**

Tobacco industry lobbyists are supporting bills that prevent sales to minors but are worded in such a way to ensure e-cigarettes remain taxed at a lower rate than traditional cigarettes and remain outside states' existing indoor smoking bans.

- In mid July 2013, Rhode Island Governor Chaffee vetoed a bill that banned the sale of e-cigarettes to minors, calling it "counterproductive to prohibit sales to children while simultaneously exempting electronic cigarettes from laws concerning regulation, enforcement, licensing or taxation. As a matter of public policy, electronic cigarette laws should mirror tobacco product laws, not circumvent them."  
[http://www.njgasp.org/ColumbusDispatch\\_E-cig\\_Bill\\_Trojan\\_Horse\\_7-22-13.pdf](http://www.njgasp.org/ColumbusDispatch_E-cig_Bill_Trojan_Horse_7-22-13.pdf)  
[http://www.tobaccofreekids.org/press\\_releases/post/2013\\_07\\_18\\_ri](http://www.tobaccofreekids.org/press_releases/post/2013_07_18_ri)

In November 2013, *The Wall Street Journal* published an article "10 Things E-Cigarettes Won't Tell You" which looks at the e-cigarette industry as a threat to the decades of progress of antismoking efforts. The list of ten items with a brief description:

1. We're Big Tobacco in disguise. All three big tobacco companies (Altria Group, Reynolds American, and Lorillard) have entered the e-cigarette market.
2. We can't promise this won't kill you. The industry is careful only to claim their products are "less harmful" than traditional smokes.
3. This probably isn't the best way to quit smoking. They are not FDA approved as a

M.D., director of the poll. The poll found:

- 91 percent of adults in the U.S. think manufacturers should be required to test e-cigarettes for safety.
- 85 percent favor prohibiting the sale of e-cigarettes to minors.
- 82 percent think the FDA should regulate e-cigarettes like other nicotine-containing products.
- 68 percent of adults think e-cigarettes should have health warnings like tobacco cigarettes and other nicotine products.

Read study at <http://www.med.umich.edu/mott/npch/pdf/091310report.pdf>.

Read news clip at <http://www.njgasp.org/e-Cigs-newswire-UMich-study-9-2010.pdf>.

## II. Health Concerns

The following sections provide detailed, documented support and information regarding public health concerns with e-cigarette use and exposure.

### 1. Product is 'smoked', therefore not permissible under the 2006 New Jersey Smoke-Free Air Act (NJSFAA).

The NJSFAA definitions section, NJS 26:3D-57, defines smoking as "... or any other matter can be smoked":

"Smoking" means the burning of, inhaling from, exhaling the smoke from, or the possession of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco or any other matter that can be smoked."

The heating element in the e-cigarette heats and vaporizes the nicotine/propylene glycol solution, creating the 'smoke' which is inhaled and exhaled. Since the product is 'smoked' and creates a 'smoke', e-cigarette use is **not** permissible for use in public places and workplaces that are covered under the NJSFAA.

In addition, some e-cigarette companies admit in their marketing materials that their products are 'smoked'. GASP surveyed some e-cigarette websites, and, for example, Smokeless Revolution's website admits many times, that the product creates a 'smoke':

"The EVO is an electronic, smokeless alternative that delivers true tobacco flavor through a **vapor mist smoke**, with your preferred level of nicotine."  
<http://www.smokelessrevolution.com/home.html>

Their website's "Frequently Asked Questions" section also states that a battery is used to create the smoke vapor:

...a small rechargeable battery and a unique, safe replaceable cartridge containing water, propylene glycol, nicotine, a scent that emulates a tobacco flavor and a membrane to suspend the ingredients. When using EVO, the act of inhaling or smoking it produces the tactile and craving satisfactions traditional smokers seek, and triggers a vaporizing process that releases a simulated smoke that is actually a vapor mist that harmlessly evaporates into the air within a few seconds.  
<http://www.smokelessrevolution.com/faq.html>

**This report proves what we feared – that e-cigarettes may be unsafe and need to be taken off the market immediately.** Not only can these products fuel a life-long addiction to nicotine, but now the FDA has found that they contain cancer-causing chemicals. [http://www.njgasp.org/Ecigs\\_sen\\_lautenberg\\_press\\_release\\_03-23-09.pdf](http://www.njgasp.org/Ecigs_sen_lautenberg_press_release_03-23-09.pdf)

National Public Radio quoted Walt Linscott, an attorney for Smoking Everywhere, a major e-cigarette importer, in their August 5, 2009 story about e-cigarette:

"It is a cigarette, and cigarettes inherent by their design and nature are not safe."  
[http://www.njgasp.org/NPR\\_ecigs\\_08-05-09.pdf](http://www.njgasp.org/NPR_ecigs_08-05-09.pdf)

#### **4. World Health Organization (WHO) issues warnings about e-cigarettes.**

At an annual awards ceremony held July 2, 2013, the WHO urged the government of the Philippines to regulate the sale of e-cigarettes, citing a trend in other countries where people who started using e-cigarettes ended up smoking the real thing. Dr. Susan Mercado, director for Building Healthy Communities and Populations of the WHO-Western Pacific office said,

"In 2010, the WHO organized a global panel of experts to review the evidence and there is no evidence to show that it can help you quit smoking."  
[http://www.njgasp.org/Phillippines\\_WHO\\_ecigs\\_warning\\_7-4-13.pdf](http://www.njgasp.org/Phillippines_WHO_ecigs_warning_7-4-13.pdf)

In September 2008, the WHO issued a written warning that there is no research/testing that e-cigarettes are safe products for human consumption, and no evidence that e-cigarettes are a safe substitute for smoking, or help smokers to quit. See WHO statement at <http://www.who.int/mediacentre/news/releases/2008/pr34/en/index.html>.

On July 21, 2014, the World Health Organization (WHO) released its report "Electronic nicotine delivery systems" (ENDS), to examine emerging evidence on the health impacts of ENDS, which include electronic cigarettes. The WHO report states that there is a need for legislation that will impede e-cigarette promotion to non-smokers and minors, lower potential health risks to e-cigarette users and nonusers, provide limits and bans on unproven health claims about e-cigarettes, and protect existing tobacco control efforts. The report also states the need for additional studies on the advertisement and indoor use of these devices.

The regulations outlined in the report include a ban on e-cigarettes with fruit, candy-like and alcohol-drink flavors until it can be proven they are not attractive to children and adolescents. The report also says existing evidence shows that e-cigarette aerosol is not merely "water vapor" as is often claimed in the marketing of these products.

<http://www.njgasp.org/who-report-on-regulation-of-e-cigarettes-and-similar-products/>

#### **5. Researchers, health organizations voice concerns about e-cigarettes.**

The New England Journal of Medicine published a study in **January 2015** from Portland State University entitled "[Hidden Formaldehyde in E-Cigarette Aerosols](#)". The study found that formaldehyde-containing hemiacetals can be formed during the e-cigarette "vaping" process. Formaldehyde is a known degradation product of propylene glycol that reacts with propylene glycol and glycerol during vaporization to produce hemiacetals. Researchers noted that in many samples of the aerosol in "vaped" e-cigarettes, more than 2% of the total solvent molecules have converted to formaldehyde-releasing agents, reaching concentrations higher than concentrations of nicotine.

In the **June 2014** issue of *ASHRAE Journal*, Bud Offerman, an expert on indoor air, published a risk assessment of exposure to electronic cigarette vapor. The study concluded that e-cigarettes

"Beliefs and Experimentation with Electronic Cigarettes." The researchers concluded: "Given that young adults are still developing their tobacco use behaviors, informing them about the lack of evidence to support e-cigarettes as quit aids and the unknown health risk of e-cigarettes may deter young adults from trying these products.

[http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE\\_3935-stamped-010714.pdf](http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE_3935-stamped-010714.pdf)

In a National Center for Biotechnology Information study, published **December 22, 2011**, the acute pulmonary effects of using an e-cigarette were examined. The study found that there are immediate adverse physiologic effects after short-term use of electronic cigarettes that are similar to some of the effects seen with tobacco smoking.

<http://www.ncbi.nlm.nih.gov/pubmed/22194587>

In the **December 11, 2013** issue of the journal *Nicotine & Tobacco Research*, Roswell Park Cancer Institute released their study on secondhand vapor smoke entitled, "Secondhand Exposure to Vapors from Electronic Cigarettes". The "results showed that e-cigarettes emitted significant amounts of nicotine." The researchers share that this raises health concerns about a nonuser's exposure to secondhand vapor smoke. The researchers conclude that their study can "guide policymakers as decisions are made about the regulation of nicotine delivery devices. Study observations also include:

- This study focused on nicotine and a limited number of chemicals released from e-cigarettes. Future research should explore emissions and exposures to other toxins and compounds identified in e-cigarettes such as formaldehyde, acetaldehyde and acrolein.
- Data also are needed to determine whether secondhand exposure to e-cigarette vapors results in reinforcement of nicotine addiction.
- More research is needed to investigate whether the vapor from e-cigarettes is deposited on surfaces to form 'thirdhand' e-cigarette vapor.
- "Our data suggest that secondhand exposure to nicotine from e-cigarettes is on average 10 times less than from tobacco smoke. However, more research is needed to evaluate the health consequences of secondhand exposure to nicotine from e-cigarettes, especially among vulnerable populations including children, pregnant women and people with cardiovascular conditions."
- "Questions remain regarding the health impact of e-cigarettes among smokers and nonsmokers. It remains unclear whether young people will see e-cigarette use as a social norm and if e-cigarettes will be used as sources of nicotine in places with smoking bans, thus circumventing tobacco-free laws," said Andrew Hyland, PhD, Chair of the Department of Health Behavior at RPCI.
- "This study and others can guide policymakers as decisions are made about the regulation of the nicotine delivery devices."

Roswell Park's research partners include the Medical University of Silesia in Sosnowiec, Poland; and the Department of Chemical Hazards / Institute of Occupational and Environmental Health in Sosnowiec, Poland.

[http://www.njgasp.org/NTR\\_Czogala-Goniewicz-Travers\\_SHS\\_e-cig\\_vapors\\_12-2013.pdf](http://www.njgasp.org/NTR_Czogala-Goniewicz-Travers_SHS_e-cig_vapors_12-2013.pdf)

On **December 3, 2013**, the Dutch Health Ministry's National Institute for Public Health issued an "E-Cigarette Factsheet" about concerns with safety, quality, sales and endorsement of e-cigarettes. The Factsheet details e-cigarette ingredients that may irritate the respiratory system, and some ingredients that contain carcinogenic substances like formaldehyde and tobacco-specific nitrosamines. Fox News reported that, "Citing the institute's findings, Dutch deputy health minister Martin Van Rijn argued that e-cigarettes are as addictive as tobacco cigarettes because they contain nicotine, and he said there was no proof of claims by manufacturers that they help smokers quit."

- Read the Factsheet  
[http://www.rivm.nl/dsresource?objectid=rivmp:230704&type=org&disposition=inline&ns\\_nc=1](http://www.rivm.nl/dsresource?objectid=rivmp:230704&type=org&disposition=inline&ns_nc=1)
- Read the Dutch Ministry of Health's summary webpage

- Electronic cigarettes have various technical flaws (leaking cartridges, accidental intake of nicotine when replacing cartridges, possibility of unintended overdose).
- Some manufacturers provide insufficient and partly wrong information about their liquids.

#### Health effects

- The liquids contain ingredients that on short-term use irritate air-ways and may lead to allergic reactions and which may be harmful to health when inhaled repeatedly over a prolonged period of time.
- The aerosol of some liquids contains harmful substances (formaldehyde, acetaldehyde, acrolein, diethylene glycol, nickel, chromium, lead).
- The functionality of electronic cigarettes can vary considerably (aerosol production, nicotine delivery into aerosols).
- Adverse health effects for third parties exposed cannot be excluded because the use of electronic cigarettes leads to emission of fine and ultrafine inhalable liquid particles, nicotine and cancer-causing substances into indoor air.

#### Users of electronic cigarettes

- Smokers and smokers considering cessation, as well as former smokers use electronic cigarettes predominantly.
- Even though only few non-smokers use electronic cigarettes, the products may bring them closer to smoking conventional cigarettes.
- Electronic cigarettes are used as an alternative to cigarette smoking and as smoking cessation aids primarily because they are believed to be less harmful than regular cigarettes.

#### Efficacy as cessation device

- Electronic cigarettes – regardless of their nicotine content – can reduce the desire to smoke (craving) and withdrawal symptoms.
- Some smokers cut down smoking or quit smoking as a result of using e-cigarettes.
- The efficacy of e-cigarettes as an aid for sustained smoking cessation has not yet been proven.

#### Product regulation

- We desperately need to know more on product quality, ingredients, possible health effects of e-cigarette use, and efficacy of e-cigarettes as cessation aid. Carefully planned studies by qualified and objective scientists are necessary.
- Electronic cigarettes should be regulated as medicinal products, regardless of their nicotine content.
- E-cigarettes should not be dispensed to children and youth.
- Non-smoker protection legislation should apply to e-cigarettes."

<http://www.dkfz.de/en/presse/download/RS-Vol19-E-Cigarettes-EN.pdf>

In the **March 20, 2013** issue of the journal PLOS ONE, researchers from the University of California - Riverside published their study entitled, "Metal and Silicate Particles Including Nanoparticles Are Present in Electronic Cigarette Cartomizer Fluid and Aerosol." The researchers found that 22 elements were identified in the electronic cigarette aerosol, and three of these elements (lead, nickel, and chromium) appear on the FDA's "harmful and potentially harmful chemicals" list [38]. The researchers concluded that EC consumers should be aware of the metal and silicate particles in EC aerosol and the potential health risks associated with their inhalation: Lead and chromium concentrations in EC aerosols were within the range of conventional cigarettes, while nickel was about 2–100 times higher in concentration in EC aerosol than in Marlboro brand cigarettes (Table 1).

- Adverse health effects in the respiratory and nervous systems can be produced by many of the elements in Table 1, and many of the respiratory and ocular symptoms caused by these elements have been reported by EC users in the Health and Safety Forum on the

A March 13, 2013 *New York Daily News* article identifies e-cigarettes as being tried by about 21% of adult smokers in 2011, up from 10% in 2010. According to Dr. Andrew Strasser, associate professor in the department of psychiatry at the University of Pennsylvania School of Medicine, and resident tobacco products expert at Penn's Center for Interdisciplinary Research on Nicotine Addiction:

- "Just replacing some of your daily cigarettes [with e-cigarettes] is not really a harm reduction strategy."
- "There has not been a rigorous evaluation of quality control."
- "There could be a significant variation in nicotine dosing in individual cartridges."
- "We don't know enough about the e-cigarette to be able to recommend it as a smoking cessation tool"

Read the full article at [http://www.nigasp.org/NYDailyNews\\_More\\_people\\_are\\_smoking\\_e-cigarettes\\_but\\_as\\_a\\_quitting\\_tool\\_they\\_may\\_be\\_all\\_smoke\\_and\\_mirrors\\_3-13-13.pdf](http://www.nigasp.org/NYDailyNews_More_people_are_smoking_e-cigarettes_but_as_a_quitting_tool_they_may_be_all_smoke_and_mirrors_3-13-13.pdf)

The May 2013 issue of the journal *Nicotine & Tobacco Research* published a study entitled, "Use of Electronic Cigarettes Among State Tobacco Cessation Quitline Callers", which found that smokers trying to quit who used e-cigarettes were significantly less likely to be tobacco abstinent at the 7-month survey, compared with participants who had never tried e-cigarettes. Read a list of implications from the study published by Dr. Stan Glantz of the University of California, San Francisco Center for Tobacco Control Research & Education.

<http://tobacco.ucsf.edu/important-new-evidence-using-e-cigarettes-reduces-successful-quitting-cigarettes>

The Italian Health Ministry published a report on December 28, 2012 that concludes e-cigarettes do not help smokers quit, nor do they provide a safer alternative to traditional smoking. Roberta Pacifici, director of Italy Observatory on Smoking, Alcohol and Drug Use at the National Health Institute, who worked on the report, said that the scientific reports studied "do not reassure us about the effectiveness or the innocuousness of its use."

[http://www.nigasp.org/ABC\\_no\\_proof\\_e-cigs\\_combat\\_addiction\\_1-2-13.pdf](http://www.nigasp.org/ABC_no_proof_e-cigs_combat_addiction_1-2-13.pdf)

A University of Athens study was presented at the European Respiratory Society's Annual Congress in Vienna, Austria on September 2, 2012.

- The study showed that using an e-cigarette caused an immediate increase in airway resistance, lasting for 10 minutes, making it harder for participants to breathe.
- "We found an immediate rise in airway resistance in our group of participants, which suggests e-cigarettes can cause immediate harm after smoking the device. More research is needed to understand whether this harm also has lasting effects in the long-term.

<http://www.erscongress2012.org/mediacenter/news-release/item/428-experts-warn-that-e-cigarettes-can-damage-the-lungs.html>

- "ERS does not classify e-cigarettes as a safe alternative to smoking, nor does it consider them an approved tobacco cessation tool," spokesman Klaus Rabe recently told reporters, reiterating from the society's statement in February. "ERS recommends following effective smoking cessation treatment guidelines based on clinical evidence which do not advocate the use of such products."

<http://www.dailycommercial.com/091112electroniccigarettes>

<http://www.medicalnewstoday.com/articles/249784.php>

The **August 1, 2012** edition of the Oxford University Press on behalf of the Society for Research on Nicotine or Tobacco 2012 published FDA's letter entitled, FDA Summary of Adverse Events on Electronic Cigarettes. The letter was submitted by li-Lun Chen, MD, Office of Science, Center for Tobacco Products, FDA. The types of adverse effects from e-cigarettes reported to the FDA are:

- "2008 and earlier (1 of 18 total tobacco product reports), 2009 (10 of 16), 2010 (16 of 27),

These researchers expressed their concern about the safety of the e-cigarette vapors. The University of California press release states: "Contrary to the claims of the manufacturers and marketers of e-cigarettes being 'safe,' in fact, virtually nothing is known about the toxicity of the vapors generated by these e-cigarettes. Until we know any thing about the potential health risks of the toxins generated upon heating the nicotine-containing content of the e-cigarette cartridges, the 'safety' claims of the manufacturers are dubious at best."

[http://www.njgasp.org/e-cig\\_study\\_UC\\_Riverside\\_12-3-2010.pdf](http://www.njgasp.org/e-cig_study_UC_Riverside_12-3-2010.pdf)

The e-cigarette device can be dangerous. An electronic cigarette plugged into a laptop for charging exploded and started a fire in an Idaho residence.

[http://www.njgasp.org/WPTV\\_ecig\\_fire\\_Idaho\\_11-5-13.pdf](http://www.njgasp.org/WPTV_ecig_fire_Idaho_11-5-13.pdf)

A Florida user lost teeth and part of his tongue when an e-cigarette battery malfunctioned, blowing up in his mouth and causing a fire in his home.

[http://www.njgasp.org/ABCNews\\_ECig\\_Explodes\\_2-17-2012.pdf](http://www.njgasp.org/ABCNews_ECig_Explodes_2-17-2012.pdf)

The **December 2010** issue of the American Public Health Association Journal published an editorial expressing health concerns about e-cigarettes.

[http://www.njgasp.org/APJA\\_ecig\\_editorial\\_12-2010.pdf](http://www.njgasp.org/APJA_ecig_editorial_12-2010.pdf)

Harvard School of Public Health's industry watch entitled, "Electronic Cigarettes: A new 'tobacco' industry?" published **October 7, 2010** concludes: "Research on product design, toxicant exposure, abuse liability including dual use with tobacco products, youth initiation, and influence on cessation efforts is needed to counteract e-cigarette industry marketing and inform regulatory strategies." [http://www.njgasp.org/TC\\_ecig\\_industry\\_10-25-2010.pdf](http://www.njgasp.org/TC_ecig_industry_10-25-2010.pdf)

On **August 27, 2010**, The American Cancer Society Cancer Action Network presented to the New Mexico Tobacco Settlement Revenue Oversight Committee asking for a ban of all sales of e-cigarettes until approved by the FDA.

<http://www.njgasp.org/ACSCAN-Aug-27-2010-ecig-ppt.pdf>

On **June 14, 2010**, The American Medical Association (AMA) House of Delegates adopted a new policy that recommends electronic cigarettes (e-cigarettes) be classified as drug delivery devices, subject to the same FDA regulations as all other drug delivery devices. Additional policy adopted supports prohibiting the sale of e-cigarettes that are not FDA approved. AMA Board Member Edward L. Langston, MD, stated:

- "Very little data exists on the safety of e-cigarettes, and the FDA has warned that they are potentially addicting and contain harmful toxins."
- "Because e-cigarettes have not been thoroughly tested, one cannot conclude that they are less harmful or less dangerous than conventional cigarettes."
- "The fact that they come in fruit and candy flavors gives them the potential to entice new nicotine users, especially teens."

[http://www.njgasp.org/AMA\\_ecigs\\_drug\\_delivery\\_06-14-10.pdf](http://www.njgasp.org/AMA_ecigs_drug_delivery_06-14-10.pdf)

In **May 2010**, support of an Illinois bill that would ban the sale of electronic cigarettes (SB 3174), national public health organizations issued a public statement with 3 key messages about this product that is not regulated by the FDA: "There is no scientific evidence that e-cigarettes are safer for consumers than regular tobacco products"; "Many e-cigarettes are being enhanced with bubble gum and fruit flavors, which are attractive to teens."; "There is no scientific evidence that e-cigarettes can help smokers quit." <http://www.iafp.com/legislative/SB3174e-cigarettes.pdf>

In **May 2009**, the American Lung Association, American Cancer Society Cancer Action Network, the American Heart Association, and the Campaign for Tobacco-Free Kids have called for e-

The FDA and health advocates are concerned about the appeal of e-cigarettes to young people. The FDA July 2009 report stated:

- E-cigarettes can increase nicotine addiction among young people and may lead kids to try other tobacco products, including conventional cigarettes, which are known to cause disease and lead to premature death.  
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm>

The liquid nicotine solution, packaged in a separate bottle, can be consumed by a child, and lead to nicotine poisoning, as in this case where it was reported that a child died after swallowing her grandfather's liquid e-cigarette nicotine cartridge.  
[http://www.njgasp.org/TimesofIsrael\\_toddler\\_ecig\\_nicotine\\_death\\_5-29-13.pdf](http://www.njgasp.org/TimesofIsrael_toddler_ecig_nicotine_death_5-29-13.pdf)

## **7. Unsubstantiated claims about e-cigarettes' reduced health risk.**

In 2011, about 21 percent of adults who smoke traditional cigarettes had used electronic cigarettes up from about 10 percent in 2010.  
[http://www.cdc.gov/media/releases/2013/p0228\\_electronic\\_cigarettes.html](http://www.cdc.gov/media/releases/2013/p0228_electronic_cigarettes.html)

Employers are beginning to assess a health insurance plan surcharge for employees using e-cigarettes. According to the National Business Group on Health, using e-cigarettes is tobacco use and should be treated as such by employers. In 2014, UPS will charge employees \$150 per month more for their health plan, if they use tobacco, including e-cigarettes. Wal-Mart also places employees who use e-cigarettes in their health plan's "tobacco user" classification; their health plan has two classifications: non-tobacco user and tobacco user. In 2013, 42% of employers added a monthly surcharge for tobacco-using employees.  
[http://www.njgasp.org/ModernHealthcare\\_employers\\_ins\\_charge\\_ecigs\\_smoking\\_8-29-13.pdf](http://www.njgasp.org/ModernHealthcare_employers_ins_charge_ecigs_smoking_8-29-13.pdf)  
[http://www.njgasp.org/CincinnatiBusinessCourier\\_ecig\\_health\\_insur\\_9-13-13.pdf](http://www.njgasp.org/CincinnatiBusinessCourier_ecig_health_insur_9-13-13.pdf)

Federal, state, county and local policymakers are concerned about claims of reduced health risk when using e-cigarettes. The e-cigarette companies have NOT provided any scientific clinical studies and toxicity analyses to the FDA that demonstrate reduced health risk, or that the product is safe to use. See public health advocacy organizations concerns at  
<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173175.htm>

For example, an October 24, 2009 press release from Denver-based E-CigaretteDirect.com states:

"E-CigaretteDirect.com recommends that smokers switch to electronic cigarettes to protect themselves and their loved ones from secondhand smoke and heart disease... The electronic cigarette takes all the smell, and detrimental health risks out of the picture. The e-cigarette is considered a harm reduction alternative to regular cigarettes."  
[http://www.njgasp.org/Ecigdirect\\_press\\_release\\_10-24-09.pdf](http://www.njgasp.org/Ecigdirect_press_release_10-24-09.pdf)

The e-cigarette industry opposes smokefree air laws that are proposed in states without comprehensive smokefree air laws, and encourages e-cigarette usage on airplanes, which are confined spaces with recirculated air. An e-cigarette buyer's guide blog details how an airplane passenger should convince a flight attendant to let them smoke e-cigarettes on a plane. See <http://www.electroniccigarettereview.com/best-electronic-cigarette>

U.S. Senator Frank Lautenberg (New Jersey), who spearheaded requiring 100% smokefree airlines, voices his concerns with e-cigarettes. Read the Senator's letter to the FDA at  
[http://www.njgasp.org/Ecigs\\_sen\\_lautenberg\\_press\\_release\\_03-23-09.pdf](http://www.njgasp.org/Ecigs_sen_lautenberg_press_release_03-23-09.pdf)

## **8. Products themselves can be unreliable and dangerous.**

- Nicotine raises blood sugar levels and the more nicotine that was present, the higher the blood sugar levels were. Higher blood sugar levels are linked to an increased risk of complications from diabetes, such as eye and kidney disease. Researchers from California State Polytechnic University in Pomona presented the study's findings at the American Chemical Society meeting in Anaheim, California, March 27, 2010. Author Xiao-Chuan Liu concluded, "This study should encourage diabetics to quit smoking completely, and to realize that it's the nicotine that's raising [blood sugar levels]." <http://njgasp.org/Yahoo-News-Nicotine-Raises-Blood-Sugar-Levels-3-27-11.pdf> See also 1989 study, which similarly concluded that Nicotine increases glucose levels, making blood sugar levels even harder to manage in diabetics. [http://findarticles.com/p/articles/mi\\_m0689/is\\_n5\\_v28/ai\\_7923099/](http://findarticles.com/p/articles/mi_m0689/is_n5_v28/ai_7923099/)
- Women who use nicotine gum and patches during the early stages of pregnancy face an increased risk of having babies with birth defects, says a study that looked at about 77,000 pregnant women in Denmark. The study found that women who use nicotine-replacement therapy in the first 12 weeks of pregnancy have a 60 percent greater risk of having babies with birth defects, compared to women who are non-smokers, the Daily Mail reported. The findings were published in the Journal Obstetrics and Gynecology. <http://en.wikipedia.org/wiki/Nicotine>
- A study from South Africa at the University of Stellenbosch found that exposure to nicotine decreased the overall viability of sperm by between 5 and 15 percent. [http://www.njgasp.org/LOL\\_Male\\_fertility\\_study\\_9-12-12.pdf](http://www.njgasp.org/LOL_Male_fertility_study_9-12-12.pdf)
- There are documented cases of tobacco workers suffering from nicotine overdose as a result of handling raw tobacco leaves, a condition known as Green Tobacco Sickness. <http://www.enotes.com/how-products-encyclopedia/nicotine-patch>  
[http://en.wikipedia.org/wiki/Green\\_Tobacco\\_Sickness](http://en.wikipedia.org/wiki/Green_Tobacco_Sickness)
- Spilling an extremely high concentration of nicotine onto the skin can result in intoxication or even death since nicotine readily passes into the bloodstream from dermal contact. Lockhart LP (1933). "Nicotine poisoning". *Br Med J* **1**: 246–7
- In some cases children have become poisoned by topical medicinal creams which contain nicotine. [http://en.wikipedia.org/wiki/Nicotine\\_poisoning](http://en.wikipedia.org/wiki/Nicotine_poisoning)

**Nicotine is FDA-regulated in NRTs, but not for e-cigarettes.** Nicotine replacement therapy treatments (NRTs), such as the patch, gum, nasal spray, lozenges, are made with pharmaceutical grade nicotine. Manufacturers of FDA-approved nicotine replacement products are required to submit a detailed Manufacturing and Controls Section as part of the New Drug Application (NDA). This documentation assures that the product is manufactured in compliance with Good Manufacturing Practices regulations.

The NDA includes sourcing, processing and meticulous documentation at each step of production and use of a pharmaceutical grade active drug. These rigorous conditions are required to assure that the product contains the type and quantity of the drug as labeled. Failure of a manufacturer of an NDA product to comply with these regulations can result in prosecution / enforcement action by the FDA for marketing an adulterated, mislabeled and/or illegal drug product under U. S. law.

The FDA does not regulate nicotine products used with e-cigarettes for quality or quantity. The FDA's preliminary analysis showed that levels of nicotine can vary per tested cartridge, regardless of labeling, and that nicotine was found in nicotine-free labeled product.

#### 10. E-cigarettes are drug delivery devices; therapeutic claims may require FDA approval.

consider trying to establish that NJOY does in fact make therapeutic claims regarding its electronic cigarettes. [www.njgasp.org/SotteravFDADCCourtofAppealsDecision.pdf](http://www.njgasp.org/SotteravFDADCCourtofAppealsDecision.pdf), pg. 13 If the FDA is successful in its claim that NJOY makes therapeutic claims, then the FDA may have jurisdiction over NJOY's e-cigarette products under the FDCA's drug/device provisions. Some e-cigarette companies market their products as smoking cessation devices, as evidenced on their website testimonials, at live demos, etc.

**September 8, 2010:** The FDA issued warning letters to five electronic cigarette distributors for various violations of the Federal Food, Drug, and Cosmetic Act (FDCA) including unsubstantiated claims and poor manufacturing practices. In letters to the Electronic Cigarette Association and the five distributors, the FDA said the agency intends to regulate electronic cigarette and related products in a manner consistent with its mission of protecting the public health. The FDA determined that the electronic cigarette products addressed in the warning letters, and similar products, meet the definitions of both a drug and device under the Federal Food, Drug and Cosmetic Act, and the definition of a combination product in 21 C.F.R. Part 3, with a drug primary mode of action. Firms that introduce these electronic cigarette products into the marketplace will have to comply with the FDCA, including the drug approval process. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm225224.htm>  
<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/UCM225263.pdf>

The 5 e-cigarette companies have 15 days from Sept 8, 2010 (date of FDA notices of violations) to describe steps each will take to rectify the violations. If the FDA does not receive sufficient responses from each company, the FDA may seek seizure of the e-cigarette products, and injunctive relief.

**May 24, 2010:** The FDA filed its appellate brief for the pending lawsuit being heard by the District of Columbia Court of Appeals, in its e-cigarettes lawsuit, and national tobacco control organizations filed an amicus brief on behalf of the FDA's case which can be read at [http://www.casaa.org/files/FDA Appeals Brief.pdf](http://www.casaa.org/files/FDA%20Appeals%20Brief.pdf). Court papers on this appeal due by July 22, 2010.

**April 2, 2010:** The U.S. Court of Appeals (District of Columbia) ruled that the FDA can ban the importation of e-cigarettes into the USA, during the pending of a lawsuit filed by the e-cigarette company plaintiffs. The U.S. Court of Appeals reversed a lower court decision that disallowed the FDA from banning the importation of e-cigarettes while the litigation proceeded. This April 2, 2010 ruling is a win for the FDA. Read the April 2, 2010 U.S. Court of Appeals decision at <http://www.ash.org/ecigstay>. Read the April 21, 2010 newsclip on our website <http://www.njgasp.org/e-cigs-fda-ban-04-2010-article.pdf>.

**March 1, 2009, U.S. FDA:** FDA opened an investigation, refusing to allow e-cigarettes, e-cigars and e-pipes to cross the border on a case-by-case basis. The FDA concludes that e-cigarettes meet the definition of a combination drug device product under the Federal Food, Drug and Cosmetic Act, considers e-cigarettes new drugs that require FDA approval:

The U.S. Food and Drug Administration has reviewed several electronic cigarettes, cigars, and pipes, and refused these products at the United States border. The agency has acted because these products offered for import appear to require FDA approval to be legally marketed in the U.S and have not been reviewed by the agency.

These products consist of devices that turn nicotine and other chemicals into a vapor to be inhaled by the user. They are typically designed to look like conventional cigarettes, cigars, and pipes, and to be used the same way.

**The FDA is concerned about the potential for addiction to and abuse of these products. They may also be perceived as safer alternatives to conventional tobacco use and possibly initiate nicotine use among those who have never smoked, or among former smokers. The agency is**

attracted to these products due to their novelty, safety claims and the availability of the products in a variety of fruit, candy, cola and chocolate flavors. In addition these products are easily accessed online, in stores and at mall kiosks where young people often hang out. (page 7)

- **One cigarette company is claimed to be putting vitamins in the cartridges. This is either a direct or an implied health claim that may confuse some potential users into thinking that the product promotes health** when it actually might lead to nicotine dependence. The advertising warning that "this product is for adults only" appears tailor made to appeal to kids. (page 7)
- Nicotine addiction is one of the hardest addictions to break. **An expanding pool of unregulated nicotine products that appeal to youth might increase the overall number of individuals who become nicotine dependent for life** and later use regular cigarettes. (page 8)
- Once you've smoked the e-cigarette and are nicotine dependent the leap to a regular cigarette may not seem as great. **Between 1/3 and 1/2 of all youth who try a regular cigarette will become daily smokers because of the highly addictive nature of nicotine.** It is therefore **vital to decrease exposure to products that would lead to experimentation with nicotine. It is not a safe drug to try.** (page 8)
- **My last point is that nicotine can be toxic in higher amounts for adults but it takes much less to have toxic effects in children.** It is unclear what safety mechanisms are in place for these devices. For example, **a young child modeling a parent might be able to inhale the entire nicotine load of an e-cigarette cartridge simply by puffing until it was empty.** (page 8)

<http://www.fda.gov/downloads/NewsEvents/Newsroom/MediaTranscripts/UCM173405.pdf>

#### IV. New Jersey Nuisance Code

##### **NJSA 26:3-46. Abatement of nuisances**

The local board, within its jurisdiction, shall examine into and prohibit any nuisance, offensive matter, foul or noxious odors, gases or vapors, water in which mosquito larvae breed, and all causes of disease which may be known to the board or brought to its attention, which, in its opinion, are injurious to the health of the inhabitants therein, and shall cause the same to be removed and abated at the expense of the owner.

##### **NJSA 26:3-47. Abatement without ordinance**

The power given to the local board to remove and abate nuisances, sources of foulness, or causes of sickness hazardous to the public health, shall not depend upon whether the board has exercised its power to pass, alter, or amend ordinances in relation to the public health.

##### **NJSA 26:3-48. Nuisance on public property; notice**

Whenever a nuisance, noxious odors, gases or vapors, water in which mosquito larvae breed, or cause of ill health or disease is found on public property or on a highway, notice shall be given by the local board to the person officially in charge thereof to remove and abate the same within such time as the board may specify. If he fails to comply with the notice, the mode of procedure shall be the same as is hereinafter provided in case of a like condition existing on private property.

##### **NJSA 26:3-49. Nuisance on private property; notice**

Whenever any nuisance, noxious gases or vapors, water in which mosquito larvae breed, or cause of ill health or disease is found on private property, the local board shall notify the owner to remove and abate the same, at his own expense, within such time as the board may





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**Pediatrics Journal reveals psychosocial factors of teen e-cigarette use (Reuters, Andrew M. Seaman):**

Posted on Tuesday, July 28, 2015

A new study published July 21, 2015 in Pediatrics Journal suggests that electronic cigarettes (e-cigs) are used by teens in part because socially, e-cigs are not viewed as cigarettes. 2,084 Southern California teens participated in the study. The lead author of the study, "Psychosocial Factors Associated with Adolescent Electronic Cigarette and Cigarette Use," was Jessica Barrington-Trimis from the University of California in Los Angeles.

Important findings according to the article include:

- 24% of teens reported using an e-cigarette (499 teens), of which 9.6% (200 teens) had used an e-cigarette in the past 30 days.
- Of the 24% of teens that reported using an e-cigarette (499 teens), 40.5% had never smoked a cigarette.
- 18.7% of teens surveyed had smoke a combustible cigarette (390 teens), and 5.7% were current smokers (119 teens).
- About 10% had used an e-cigarette within the past 30 days, compared to about 6% reporting recent traditional cigarette use.
- 14% of teens thought e-cigarettes are not harmful, compared to about 1 percent who thought cigarettes are not harmful".
- Teens were more likely to use e-cigarettes or traditional cigarettes if either product was used at home, if friends used either product or if peers viewed use of either product positively.
- The youngsters' understanding of possible harms from e-cigarettes or traditional cigarettes was tied to their likelihood of using either product".

The researchers concluded that studies are needed to determine if electronic smoking devices will lead the "renormalization of tobacco products, or dual use of cigarettes and e-cigarettes. The lead author told Reuter that "[p]arents should just be aware if their teens are hanging out with other who are using these products".

Read the [Reuter's article](#) on the Huffington Post website.  
Read the [Pediatrics Journal study](#)

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Andrew M. Seaman, posted July 28, 2015 EDT, updated July 28, 2015 at 12:02 PM EDT  
@andrewmseaman

(Reuters Health) - Teens are more likely to use electronic cigarettes if their friends and family view them as cool or acceptable, a new study suggests.

E-cigarettes, first introduced in China in 2004, are battery-powered devices that let users inhale nicotine-infused vapors.

"There is a lot of concern by the public health community that e-cigarettes may be recruiting a whole new group of people who never smoked cigarettes," said lead author Jessica Barrington-Trimis of the University of Southern California in Los Angeles.

Previous studies have found links between use of traditional and electronic cigarettes, Barrington-Trimis said. But the new study suggests some teens picking up e-cigarettes belong to a unique group.

Many teens in the new study who said they'd recently used e-cigarettes had never smoked traditional cigarettes, the researchers found.

"If you think of e-cigarette and cigarette use as two circles, the overlap isn't as big as expected," Barrington-Trimis said.

Using data collected in 2014 from 2,084 Southern California teens, the authors found that about 25 percent reported ever using e-cigarettes and about 20 percent reported ever using traditional cigarettes.

About 10 percent had used an e-cigarette within the past 30 days, compared to about 6 percent reporting recent traditional cigarette use.

Teens were more likely to use e-cigarettes or traditional cigarettes if either product was used at home, if friends used either product or if peers viewed use of either product positively, the researchers reported in *Pediatrics*.

Fourteen percent of teens thought e-cigarettes are not harmful, compared to about 1 percent who thought cigarettes are not harmful.

The youngsters' understanding of possible harms from e-cigarettes or traditional cigarettes was tied to their likelihood of using either product.

Overall, the use of e-cigarettes and traditional cigarettes was linked, but about 41 percent of current e-cigarette users had never smoked traditional cigarettes.

The teens felt their peers were more likely to accept their e-cigarette use than traditional cigarette use.

The new study can't say e-cigarette use leads to use of traditional cigarettes, but the researchers suggest the new devices may lead to the "renormalization" of tobacco products.

"Our findings really suggest there's a lot of kids who are using these e-cigarettes," Barrington-Trimis



**Monmouth County Regional Health Commission #1**  
**ORDINANCE #2015-10**

**“SETTING LICENSING FEES FOR ELECTRONIC SMOKING DEVICE  
ESTABLISHMENTS”**

AN ORDINANCE ESTABLISHING A CODE REGULATING E-CIGARETTE ESTABLISHMENTS, AND FIXING FEES FOR LICENSING THEREOF, AND PENALTIES FOR VIOLATIONS THEREOF

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BE IT ORDAINED BY THE MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1, CREATED AND OPERATING UNDER N.J.S.A. 26:3-83 ET SEQ., AND THE SEVERAL ACTS AMENDATORY THEREOF AND SUPPLEMENTARY THERETO AND COMPRISED OF THE BOARDS OF HEALTH OF THE BOROUGHES OF ALLENHURST, BRIELLE, DEAL, FAIR HAVEN, HIGHLANDS, INTERLAKEN, LITTLE SILVER, LOCH ARBOUR VILLAGE, MONMOUTH BEACH, RED BANK, RUMSON, SEA BRIGHT, SEA GIRT, SHREWSBURY, SPRING LAKE, SPRING LAKE HEIGHTS, TINTON FALLS, AND WEST LONG BRANCH, AND THE TOWNSHIPS OF MIDDLETOWN, OCEAN, AND WALL, EACH AND ALL IN THE COUNTY OF MONMOUTH AND STATE OF NEW JERSEY, THAT:

**Section 1. Purpose.**

The purpose of this ordinance is to license establishments that sell electronic smoking devices. The funds collected by licensing of such establishments shall be used to fund the Monmouth County Regional Health Commission’s Tobacco Age of Sale Enforcement program and other smoking cessation, prevention or control programs.

**Section 2. Definitions**

For the purpose of this section, the following terms, phrases, words and their derivations shall have the meanings stated herein unless their use in the text of this section clearly demonstrates different meaning. When not inconsistent with the context, words used in the present tense include the future, words used in the plural number shall include the singular number, and words

used in the singular number include the plural number. The word "shall" is always mandatory and not merely directory.

**Business** means any sole proprietorship, partnership, joint venture, corporation, association, or other entity formed for profit-making purposes.

**Electronic Smoking Device** shall mean an electronic device that can be used to deliver an inhaled dose of nicotine, or other substances, including any component, part, or accessory of such a device, whether or not sold separately. "Electronic Smoking Device" includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, or any other product name or descriptor.

**Electronic Smoking Device Paraphernalia** means cartridges, cartomizers, e-liquid, smoke juice, tips, atomizers, Electronic Smoking Device batteries, Electronic Smoking Device chargers, and any other item specifically designed for the preparation, charging, or use of Electronic Smoking Devices.

**Employee** means any Person who is employed or retained as an independent contractor by any Employer in consideration for direct or indirect monetary wages or profit, or any Person who volunteers his or her services for an Employer.

**Employer** means any Business or Nonprofit Entity that retains the service of one or more Employees.

**MCRHC #1** shall mean the Monmouth County Regional Health Commission #1.

**Nominal Cost** means the cost of any item imposed for the transfer from one person to another for less than the total of: (1) [twenty-five percent (25%)] of the fair market value of the item exclusive of taxes and government fees; plus (2) all taxes and government fees previously paid and all taxes and government fees still due on the item at the time of transfer.

**Non-sale Distribution** means to give, furnish, or cause or allow to be given or furnished within the jurisdictional limits of the MCRHC, an Electronic Smoking Device or Electronic Smoking Device Paraphernalia at no cost or at Nominal Cost to a Person who is not a Retailer.

**Nonprofit Entity** means any entity that meets the requirements of IRS as well as any corporation, unincorporated association or other entity created for charitable, religious, philanthropic, educational, political, social or similar purposes, the net proceeds of which are committed to the promotion of the objectives or purposes of the entity and not to private gain. A government agency is not a Nonprofit Entity within the meaning of this article.

**Person** means any natural person, cooperative association, Employer, personal representative, receiver, trustee, assignee, or any other legal entity including a government agency.

**Retail Electronic Smoking Device Establishment** shall mean any establishment that sells or offers for sale electronic smoking device products designed for consumption through the inhalation.

**Sale** shall mean every delivery of electronic smoking devices, whether the same is by direct sale or the solicitation or acceptance of an order, including the exchange, barter, traffic in, keeping and exposing for sale, displaying for sale, delivering for value, peddling and possessing with intent to sell.

**Section 3. Licensing Fees**

- A. No person shall conduct, maintain or operate an establishment that sells electronic smoking devices or electronic smoking device paraphernalia without first obtaining from the MCRHC, a license to do so.
- B. Fees in accordance with the following schedule shall be paid before any license required in this article shall be issued:  

Electronic Smoking Device Establishment License	\$500.00
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- C. Licenses issued under the provisions of this article, unless forfeited or revoked by this Board, shall expire annually on the 31<sup>st</sup> day of December of each year.
- D. No license is transferrable by sale or otherwise.
- E. Such license shall be posted in a conspicuous place in such establishment or, if an itinerant establishment, shall be readily available for display.

**Section 4. Enforcement.**

This section shall be enforced by the MCRHC.

Any person found to be in violation of this section shall be ordered to cease the sale of electronic smoking devices immediately.

**Section 5. Violations and Penalties.**

Any person(s) who is found to be in violation of the provisions of this section shall be subject to the following penalties. For any and every violation of any of the provisions of this section, the violator of said provision will be subject to a fine of not less than five hundred (\$500.00) dollars and not more than two thousand (\$2,000.00) dollars. No fines shall be issued for thirty (30) days after publication of this ordinance.

**Section 6. Effective Date** This Ordinance and the Code herein established shall take effect thirty (30) days after the date of the final passage hereof.

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Paul Roman, President, MCRHC #1

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David A. Henry, Secretary/Health Officer MCRHC#1

Vote: Ayes \_\_\_\_\_  
Nays \_\_\_\_\_

Introduction: August 25, 2015  
First Publication:  
Public Hearing and Adoption:  
Second Publication:



**Monmouth County Regional Health Commission #1**  
**ORDINANCE #2015-10**

**“SETTING LICENSING FEES FOR ELECTRONIC SMOKING DEVICE  
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AN ORDINANCE ESTABLISHING A CODE REGULATING E-CIGARETTE ESTABLISHMENTS, AND FIXING FEES FOR LICENSING THEREOF, AND PENALTIES FOR VIOLATIONS THEREOF

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BE IT ORDAINED BY THE MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1, CREATED AND OPERATING UNDER N.J.S.A. 26:3-83 ET SEQ., AND THE SEVERAL ACTS AMENDATORY THEREOF AND SUPPLEMENTARY THERETO AND COMPRISED OF THE BOARDS OF HEALTH OF THE BOROUGHES OF ALLENHURST, BRIELLE, DEAL, FAIR HAVEN, HIGHLANDS, INTERLAKEN, LITTLE SILVER, LOCH ARBOUR VILLAGE, MONMOUTH BEACH, RED BANK, RUMSON, SEA BRIGHT, SEA GIRT, SHREWSBURY, SPRING LAKE, SPRING LAKE HEIGHTS, TINTON FALLS, AND WEST LONG BRANCH, AND THE TOWNSHIPS OF MIDDLETOWN, OCEAN, AND WALL, EACH AND ALL IN THE COUNTY OF MONMOUTH AND STATE OF NEW JERSEY, THAT:

**Section 1. Purpose.**

The purpose of this ordinance is to license establishments that sell electronic smoking devices. The funds collected by licensing of such establishments shall be used to fund the Monmouth County Regional Health Commission’s Tobacco Age of Sale Enforcement program and other smoking cessation, prevention or control programs.

**Section 2. Definitions**

For the purpose of this section, the following terms, phrases, words and their derivations shall have the meanings stated herein unless their use in the text of this section clearly demonstrates different meaning. When not inconsistent with the context, words used in the present tense include the future, words used in the plural number shall include the singular number, and words used in the singular number include the plural number. The word “shall” is always mandatory and not merely directory.

**Business** means any sole proprietorship, partnership, joint venture, corporation, association, or other entity formed for profit-making purposes.

**Electronic Smoking Device** shall mean an electronic device that can be used to deliver an inhaled dose of nicotine, or other substances, including any component, part, or accessory of such a device, whether or not sold separately. "Electronic Smoking Device" includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, or any other product name or descriptor.

**Electronic Smoking Device Paraphernalia** means cartridges, cartomizers, e-liquid, smoke juice, tips, atomizers, Electronic Smoking Device batteries, Electronic Smoking Device chargers, and any other item specifically designed for the preparation, charging, or use of Electronic Smoking Devices.

**Employee** means any Person who is employed or retained as an independent contractor by any Employer in consideration for direct or indirect monetary wages or profit, or any Person who volunteers his or her services for an Employer.

**Employer** means any Business or Nonprofit Entity that retains the service of one or more Employees.

**MCRHC #1** shall mean the Monmouth County Regional Health Commission #1.

**Nominal Cost** means the cost of any item imposed for the transfer from one person to another for less than the total of: (1) [twenty-five percent (25%)] of the fair market value of the item exclusive of taxes and government fees; plus (2) all taxes and government fees previously paid and all taxes and government fees still due on the item at the time of transfer.

**Non-sale Distribution** means to give, furnish, or cause or allow to be given or furnished within the jurisdictional limits of the MCRHC, an Electronic Smoking Device or Electronic Smoking Device Paraphernalia at no cost or at Nominal Cost to a Person who is not a Retailer.

**Nonprofit Entity** means any entity that meets the requirements of IRS as well as any corporation, unincorporated association or other entity created for charitable, religious, philanthropic, educational, political, social or similar purposes, the net proceeds of which are committed to the promotion of the objectives or purposes of the entity and not to private gain. A government agency is not a Nonprofit Entity within the meaning of this article.

**Person** means any natural person, cooperative association, Employer, personal representative, receiver, trustee, assignee, or any other legal entity including a government agency.

**Retail Electronic Smoking Device Establishment** shall mean any establishment that sells or offers for sale electronic smoking device products designed for consumption through the inhalation.

**Sale** shall mean every delivery of electronic smoking devices, whether the same is by direct sale or the solicitation or acceptance of an order, including the exchange, barter, traffic in, keeping and exposing for sale, displaying for sale, delivering for value, peddling and possessing with intent to sell.

**Section 3. Licensing Fees**

A. No person shall conduct, maintain or operate an establishment that sells electronic smoking devices or electronic smoking device paraphernalia without first obtaining from the MCRHC, a license to do so.

B. Fees in accordance with the following schedule shall be paid before any license required in this article shall be issued:

Electronic Smoking Device Establishment License	\$500.00
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C. Licenses issued under the provisions of this article, unless forfeited or revoked by this Board, shall expire annually on the 31<sup>st</sup> day of December of each year.

D. No license is transferrable by sale or otherwise.

E. Such license shall be posted in a conspicuous place in such establishment or, if an itinerant establishment, shall be readily available for display.

**Section 4. Enforcement.**

This section shall be enforced by the MCRHC.

Any person found to be in violation of this section shall be ordered to cease the sale of electronic smoking devices immediately.

**Section 5. Violations and Penalties.**

Any person(s) who is found to be in violation of the provisions of this section shall be subject to the following penalties. For any and every violation of any of the provisions of this section, the violator of said provision will be subject to a fine of not less than five hundred (\$500.00) dollars and not more than two thousand (\$2,000.00) dollars. No fines shall be issued for thirty (30) days after publication of this ordinance.

**Section 6. Effective Date** This Ordinance and the Code herein established shall take effect thirty (30) days after the date of the final passage hereof.

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Paul Roman, President, MCRHC #1

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David A. Henry, Secretary/Health Officer MCRHC#1

Vote: Ayes \_\_\_\_\_  
Nays \_\_\_\_\_  
Abstain \_\_\_\_\_

Introduction: August 25, 2015  
First Publication:  
Public Hearing and Adoption:  
Second Publication:



**New Jersey  
Local Boards of Health Association**

# Newsletter

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In the state of New Jersey most local boards of health are composed of private citizens appointed by the elected officials of their municipality. The appointees are given the responsibility of the jurisdiction's public health, or the elected officials themselves serve as the board.

New Jersey Local Boards of Health Association offers training and tools to assist local board of health members in understanding their roles and responsibilities.

This newsletter features an array of interesting and relevant public health topics including legal issues, animal control, epidemiology, prevention, and innovative and successful community health and wellness programs. Our accomplished newsletter contributors bring their expertise and perspectives, assuring that all our readers will take away some new information. Enjoy our Spring edition!

— [news@njlbha.org](mailto:news@njlbha.org)

## **Local Boards of Health Encouraged to Become Familiar with the Emergency Health Powers Act**

*Michael Richmond, Attorney for NJLBHA*

During the recent Ebola situation there was some concern and confusion as to what level of emergency we has come to. The Governor did issue an executive order which dealt with certain aspects to the public health emergency. This executive order came about because a communicable disease was going to be introduced into the State of New Jersey through persons who had been exposed to Ebola in Africa were returning to the United States through ports (namely Newark-Liberty).

The Governor's Executive Order did not implement the New Jersey Health Powers Act. This act which is referred to as NJS 26:13-1 et seq. has to be activated by an Executive Order which specifically enacts the New Jersey Health Powers Act.

Once enacted, the guidance for the basis for and procedures to implement isolation and quarantine will be established by the NJ Department of Health.

All costs with regard to isolation and quarantine will be borne by the State. There will be an issue as to the costs of monitoring, since this responsibility will most likely be required of the local health department.

### **In This Issue**

Local Boards of Health Encouraged to Become Familiar with the Emergency Health Powers Act .....	1
The Department of Health Focuses on Workplace Wellness .....	2
City of Newark's Employee Wellness Program .....	3
Boards of Health and Animal Control .....	4
Tuberculosis Nurse Consultants Promote Positive Public Health Outcome .....	4

*(Continued on page 5)*

## From the Commissioner...

### The Department Focuses on Workplace Wellness

By Mary E. O'Dowd, MPH, Commissioner New Jersey Department of Health

Employers play a key role in implementing evidence-based strategies that promote a culture of wellness and encourage healthy behaviors such as physical activity and good nutrition. And here in New Jersey, worksite wellness programs are gaining support among businesses interested in maintaining a healthy, productive workforce. The Department of Health recently unveiled a pilot of its **Working Well in NJ Toolkit** to 24 New Jersey businesses.

Most employees spend more waking hours at their worksite than any other setting. In fact, Americans spend one-third of their time at work, which provides an opportunity to encourage a healthy lifestyle.

Poor eating habits and physical inactivity are the major risk factors for obesity, which contributes to chronic illnesses such as heart disease and stroke.

Workplace wellness programs apply a coordinated and comprehensive set of strategies, including, benefits, environmental supports and links to the surrounding community, to meet the health and safety needs of all employees.

The **Working Well in NJ Toolkit** can help employers identify the strengths and limitations of current health and wellness promotion policies, convene a Wellness Committee for the worksite, and then develop a Work Plan designed to improve the worksite wellness program.

The toolkit is part of the *Partnering for a Healthy New Jersey State Plan* which is fostering best practices for health and disease prevention with the goal of reaching New Jerseys where they live, learn, work and play. The Department brought together the stakeholders engaged with the plan for the launch of the **Working Well in NJ Toolkit** as part of a statewide strategic planning meeting held on January 28 in East Brunswick. Forty-five stakeholders from corporate, foundation, academic and non-profit organizations also reviewed the results of a Stakeholder Survey that focused on best practices to address

seven winnable battles to prevent and control chronic disease. As outlined in the State Plan, the winnable battles are: increase physical activity; improve nutrition; eliminate tobacco use; improve environmental health; enable self-management; increase early detection of disease and improve access to quality health care

Employers are in an excellent position to address these winnable battles by establishing a culture of wellness in the workplace. Businesses have a huge stake in promoting health programs and having healthy employees, who are energetic, engaged and committed to their job. These are objectives that require a concerted effort among management and staff at all levels and present a unique challenge for today's employers.

Our workforce mirrors our country's population, which often consumes an unhealthy diet, has high rates of obesity, is inactive and is aging, all of which raise the risk of chronic disease. In fact by 2020, older workers age 55 and above will account for 25 percent of the U.S. labor force, up from just 13 percent in 2000. The resultant direct costs to employers include insurance premiums and worker's compensation claims. Indirect costs are realized in absenteeism, disability and lost worker productivity.

Obesity, for example, costs employers up to \$93 billion per year nationally in health insurance claims, according to the Centers for Disease Control and Prevention (CDC). For a company with 1,000 employees, the cost of obesity including medical expenditures and absenteeism is estimated to be \$277,000 per year.

A well-organized workplace wellness plan can lower direct and indirect costs to the employer. I encourage large, small and medium-sized businesses to make worksite wellness a part of the organization. The return on investment can be significant.



SPOTLIGHT ON ...

## The City of Newark's Employee Wellness Program



*Editor's note: In November 2014 I had the honor of representing NJLBHA at the New Jersey League of Municipalities Conference Joint Session—NJACCHO, NJLBHA, MWC, NJ Municipal Management Association & American Public Works Association panel presentation: How to Cut Costs and Save Money Through Employee Wellness. My presentation on building a healthy workforce included the City of Newark's successful initiative. Below, Personnel Director Kecia Daniels describes the program in her words. - Laura O'Reilly, R.N., Vice President, NJLBHA*



A City We Can All Believe In



Department of Administration, Division of Personnel  
Kecia Daniels, Director

The City's Employee Wellness Program was conceived as a way to improve the health of our employees while increasing productivity (as a health workforce is a more productive workforce). We worked in phases to add to, and improve, the program over the years and the results have been amazing.

The program is data driven to guide our progress. The baseline was simply to get employees thinking about a healthy lifestyle. Initially, the program mirrored the First Lady's Let's Move health and fitness campaign. We had yoga, Zumba and a walking club. As time went on, we wanted to achieve certain benchmarks: increased participation and tracking different outcomes. We were outgrowing our office and we needed help to move the initiative forward.

MedPro, our wellness provider, was brought on to develop a program that will become a best practice for employee health and wellness. Under the leadership of MedPro and Hanaa Hamdi, PhD, Director of the Department of Health and Community Wellness, they've developed a full program that includes health coaching, discounts on gym memberships, employee group fitness activities, biometric screenings, health risk assessments, weight loss and fitness challenges and a host of other activities.

We are looking forward to the program this year, in particular, because it will be the first time that our health insurance provider will be reviewing our progress as we make the case for tangible results via real dollar savings in healthcare premiums.

# Boards of Health and Animal Control

John Saccenti, NJLBHA Past President

Local Boards of Health have primary responsibility for the control of zoonotic diseases such as rabies that can be passed from animals to humans. The primary tool you have is your certified Animal Control Officer/or Animal Cruelty Investigator. The Law requires you to have one in your municipality. They can be employed by your municipality or contracted privately. Either way, they must be officially appointed. They must be certified by the NJ Department of Health by taking appropriate training.

You are responsible to ensure that they minimally provide the following functions:

- Pick up stray dogs and cats and all feral cats not in a recognized colony.
- Enforce municipal statutes such as pet licensing and leash law.
- Educate the public on animal welfare and licensing requirements.

These services should be performed on a 24/7 basis. It is not a 9-5 weekday job. You may wish to have your Animal Control Officer become certified as an Animal Cruelty Investigator. This gives you the additional advantage of generating income for your municipality. The Investigator status and training gives your ACO the ability to enforce animal cruelty laws and half the fine money would stay in the town. Without that, all fine monies from these offenses, even when a summons is issued by your municipal police, go to the SPCA, which is a private non-governmental club with only selective membership.

Should you go for a private contractor, it is crucial that you specify the availability of and tasks you expect of the officer used by your provider in your bidding or quotes solicitation and in your contract.



## Tuberculosis Nurse Consultants Promote Positive Public Health Outcome



Patricia Woods, RN, MSN

Public Health Nurse Consultant, Tuberculosis Program NJDOH

The incidence of tuberculosis (TB) has been decreasing in New Jersey. There has been 21 percent decrease in reported TB cases since 2009 and a 67.5 percent decrease since 1992.

A total of 9,582 TB cases were reported in the United States in 2013 (a rate of 3.0 cases per 100,000). New Jersey was one of the ten high incident states (>3.0 cases per 100,000) for TB, with 320 TB cases reported in 2013 (3.6 cases per 100,000). Approximately two thirds of the TB cases reported in New Jersey were between 25 and 64 years old, 79 percent of the cases were foreign-born, of which 73 percent occurred among the Asian and Hispanic race/ethnicity groups.

TB is a reportable disease regulated under the New

Jersey Administrative Code, Chapter 57. The principle purpose of this subchapter is to protect the public from the spread of TB. The persons primarily responsible for implementing these codes are health care providers, hospital administrators, health officers, correctional facility administrators and public health nurse case managers.

Each county has a nurse that provides case management for TB suspects/cases. There are six regional clinics throughout the state to provide expert consultation and treatment. The six sites are equipped to provide patients with a Quanti-Feron blood test that is more specific than the tuberculin skin test to assist in diagnosing latent TB infection.

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The blood test is less likely to produce a false positive result in individuals vaccinated with BCG, which is given in high prevalent countries.

The Centers for Disease Control and World Health Organization recommend all infectious or potentially infectious TB cases be placed on direct observed therapy (DOT). The nurse case manager in each county follows physician's orders and ensures patients are observed taking medications daily. Many counties have adopted using Video DOT when traditional DOT is impossible or impractical. Applications used for conducting Video DOT include *Skype, Tango, and Facetime*.

TB control is a collaborative effort between county and state programs, with the assistance of the Statewide TB Medical Advisory Board and State TB Nurse Consultants to promote positive public health outcomes.



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Costs of disinfecting and possible destruction of personal property of infected individuals will be the responsibility of the Department of Health to adjudicate and pay. Access to medical information is broadened and exemption from some HIPPA requirements is provided.

Some of the most important provisions are those that provide immunity from liability for a range of workers both governmental and private engaged by the Department of Health. There are also provisions which cover workers for injuries they may suffer.

One of the few problems with the NJ Health Powers Act is that the legislature when adopting the Model Emergency Health Powers Act did not include the provisions which make failing to remain in quarantine when directed to do so, or entering a quarantined or isolated location without permission a crime. This makes the work of health care and law enforcement personal very difficult.

This is a statute that all Local Boards of Health members should become familiar with.



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Whether you have a wellness program in place or are in the planning stage, the toolkit can help by providing key elements of healthy lifestyles; proven and successful strategies; resources to support, establish and maintain worksite wellness initiatives; and tools to support the return on investment for employers.

The toolkit guides companies on how to set goals in order create a culture of wellness in their organization. Some of examples of actions employers can take to encourage healthy behaviors are enacting a company policy to eliminate or restrict smoking on the worksite, offering healthier menu choices in the cafeteria and providing opportunities for employees to increase their level of physical activity.

**Yes, count me (us) in as a part of the Association!**

**Yes**, count me (us) in as a part of the Association that gives New Jersey's Boards of Health and their members a voice in Trenton, a way to communicate among ourselves, a force for progress in public health and more knowledge for board members.

**Full Board, Regular Membership \$95**

Board membership is open to municipal, county and regional Boards of Health. All board members are included for the calendar year.

**Individual, Regular Membership \$20**

Individual membership is open to current members of municipal, county or regional boards of health whose full board is not a member.

**Individual, Associate Membership \$20**

Associate membership is open to past Board of Health members, students, or other individuals interested in public health. This is a non-voting membership.

**Institutional Membership \$95**

Institutional membership is open to organizations, including environmental groups, planning boards, or other municipal or county agencies, committees, commissions, or councils. This is a non-voting membership.

Board Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Dianna Lachman, President  
**NEW JERSEY LOCAL BOARDS OF HEALTH  
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