



Indoor Use Bans

Suggested Talking Points - Place Ban

- (Please choose a few of the points below -- topics you are most comfortable discussing.)
- 1) You are a resident and you oppose banning e-cigarette use where smoking is prohibited. *(If you are responding to a Call to Action or Local Alert for a city or state in which you are not a resident, please mention any connection you have to the area, for example, you travel there on vacation or have friends/family in the area.)*
 - 2) Other governments are taking exactly the opposite approach; Public Health England (the government public health agency) and The Royal College of Physicians (a 500 year old association of 32,000 medical professionals in the UK) recently explicitly endorsed a policy of encouraging smokers to switch to e-cigarettes and vapor products
<https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>
<https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>.
 - 3) Tell your story on how switching to an e-cigarette has changed your life. (Avoid using slang terms such as "juice.")
 - 4) Clarify that:
 - a) Smoking bans are ostensibly enacted to protect the public from the harm of secondhand smoke, but e-cigarettes have not been found to pose a risk to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products.
 - b) The low risks of e-cigarettes is supported by research done by Dr. Siegel of Boston University, Dr. Eissenberg of Virginia Commonwealth, Dr Maciej L Goniewicz of the Roswell Park Cancer Institute, Dr. Laugesen of Health New Zealand, Dr. Igor Burstyn of Drexel University, and by the fact that the FDA testing, in spite of its press statement, failed to find harmful levels of carcinogens or toxic levels of any chemical in the vapor.
 - c) [A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health](#) based on over 9,000 observations of e-cigarette liquid and vapor found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.
 - d) Electronic cigarette use is easy to distinguish from actual smoking. Although some e-cigarettes resemble real cigarettes, many do not. It is easy to tell when someone lights a cigarette from the smell of smoke. E-cigarette vapor is often practically odorless, and generally any detectable odor is not unpleasant and smells nothing like smoke. Additionally, e-cigarette users can decide whether to release any vapor ("discreet vaping"). With so little evidence of use, enforcing use bans on electronic cigarettes would be nearly impossible.
 - e) The ability to use electronic cigarettes in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%.
 - f) Losing the ability to test e-liquids before purchasing will have a significant and negative impact on your ability to purchase/sell e-liquids.

- g) Many smokers first try e-cigarettes because they can use them where they cannot smoke, however, they often become "accidental quitters." This is a documented phenomenon unique to e-cigarettes. It may take a few months or only a few days, but they inevitably stop smoking conventional cigarettes. This is why including e-cigarettes in smoking bans could have serious unintended consequences!
- h) By making e-cigarette users go outdoors, the City will also be sending a strong message to traditional smokers that e-cigarettes are no safer than smoking. This will actually maintain the number of smokers, rather than help reduce smoking. This is a far more realistic risk to public health than any unfounded concerns about possible youth or non-smoker use uptake. In fact, the most recent report by the CDC showed that the dramatic increase in e-cigarette use over that past 3 years has not led to an increase in youth smoking. Youth smoking of traditional cigarettes continues to decline to record low levels.
- i) The children of smoking parents are far more likely to become smokers than the children of non-smoking parents who see smoking behaviors in public. The children of smoking parents who quit aren't any more likely to smoke than those of non-smoking parents. Prohibiting vapor products in public does little to protect the children of non-smoking parents from becoming smokers, but significantly increases the likelihood that many smoking parents won't switch to e-cigarettes. This only serves to keep the highest-risk children at risk.
- j) E-cigarette use does not promote the smoking of traditional cigarettes, nor does it threaten the gains of tobacco control over the past few decades. In fact, by normalizing e-cigarette use over traditional smoking, the efforts of tobacco control are being supported. If anything, e-cigarette use denormalizes conventional smoking by setting the example of smokers choosing a far less harmful alternative to traditional smoking. The CDC surveys clearly show that there has been no "gateway effect" causing non-smokers to start smoking. As e-cigarettes have become more popular, all available evidence is showing that more and more smokers are quitting traditional cigarettes, including youth smokers.
- k) Important Note: A typical and frequent lawmaker response to e-cigarette users who object to public use bans is "We aren't banning all use or sales, just use where smoking is also prohibited." Don't give them the opportunity to counter you in that way! Make it very clear that you understand that this is not a ban of e-cigarette sales or a ban of e-cigarette use where smoking is allowed. But, what IS being proposed is still a step backward in public health, not a step forward.

5) Direct them to the CASAA.org website, as well as the [CASAA Research Library](#), for more information.