

Transcript: Tobacco 21 – National, State, and Local Perspectives

Luci Longoria

Hello everyone and thank you for tuning into the second podcast in the 2016-2017 Tobacco Control Network Podcast series. This is Luci Longoria, Health Promotion Manager within the Health Promotion and Chronic Disease Prevention Section of the Oregon Health Authority, and also the Tobacco Control Network Policy Chair. I'm joined today by Beverly May from the Campaign for Tobacco-Free Kids, Scott Hall from the Kansas City Chamber of Commerce, and Lila Johnson from the Hawaii State Department of Health. We're excited to bring you this second podcast Tobacco 21: National, State, and Local Perspectives. So with that I'd like to turn things over to Beverly May to provide us a national update on Tobacco 21 legislation. Beverly serves as a regional advocacy director for the western states and national project manager for raising the tobacco age to 21 for the Campaign for Tobacco-Free Kids. She provides support and technical assistance to state tobacco control coalitions and programs as they advocate for tobacco control policies and implement comprehensive tobacco prevention and cessation programs. Beverly, thank you for joining us on this TCN podcast.

Beverly May

Thank you Luci. I'm very glad to be here. I think it's important that we look at the fact that this was an emerging policy, and now we find that we have two states – Hawaii and California – we have middle America Kansas that has just blossomed with all kinds of Tobacco 21 laws, and then we have the East Coast. So it's not one coast or another coast. It's all over the United States. We hit our 200 mark of cities, municipalities, and that was some time ago, so I know the number has increased. But I think it's important that we know why do we raise the age, and most smokers start before age 21.

Ninety percent of adult smokers begin smoking before they turn 21. Many smokers transition to that regular use during the ages of 18 to 21. There's a lot of studies out there about brain development now, and the idea of addiction – up to the age of 25, we're putting any kind of substance in the body during that age – the brain is still developing. So we know that is a transition to regular use. Nationally 18 to 20-year-olds are twice as likely as 16 to 17-year-olds to be current smokers. Here's a quote from Philip Morris, and this was January 21, 1986: "Raising the legal minimum age for cigarette purchase to 21 could gut our key young adult market" – that's 17 to 20 – "where we sell about 25 billion" – with a B – "cigarettes, and enjoy a 70 percent market share." That was in 1986.

So we do know that it is something the industry obviously thinks there's an issue because they were talking about it in their own documents.

Older kids are a source of cigarettes. Two thirds of 10th grade students, and nearly half of 8th grade students say it's easy to get cigarettes. The older youth smokers, 18 to 19, which some are still in the high school area and associate with the ages, are a major supplier of cigarettes for younger kids who rely on friends and classmates to buy them. I have talked to some students who say when they turned 18, they received texts from younger teenagers saying, "Hey would you buy me some smokes?" So it's not something that's not happening. More 18 and 19 year olds in high school means younger kids have daily contact with the students. So we're trying to do an intervention where this is not something where they have the contact name and immediately can get the cigarettes or tobacco products. Retail violations rates are low, so kids are getting their cigarettes from other sources.

The key message that we want to make sure that's used nationally, state, local municipalities is the fact that we know tobacco kills more than 480 thousand Americans each year. Virtually all of them started using tobacco before the age of 21, so delaying that onset is something we are looking at with this policy. Since tobacco is so harmful, we should do everything we can to prevent tobacco use among young people. Tobacco companies turn to kids. We know that. And they target young adults because they know that's when most users become addicted, and increasing the sale age will help counter tobacco company efforts to target young adults at a critical time of development.

What was important for all of the organizations working on this is that we are working on science-based information. It's not because it feels good, sounds good. We were very fortunate that the prestigious Institute of Medicine released a national report in 2015, and this report was quite detailed – it was about 600 pages – but boiling it down, what it's talking about is the data predicts substantial improvements to public health. The specific impact over the long run would be reducing smoking rates by 12 percent, reducing smoking related death by 10 percent, and when you break that down even further it's 223 thousand fewer premature deaths, 50 thousand fewer deaths from lung cancer, and 4.2 million fewer years of life lost.

I think it's also important to look at the fact that this is not something that over the short term you're going to see enormous impact. This is a policy that takes longer, but it's delaying that onset, and you're going to reap enormous rewards as you have this policy in place. The benefits of delaying the age when people first use tobacco, as we've talked about, keeping tobacco out of school, and younger adolescents would have a harder time passing themselves off as 21, and it will simplify ID checks for smokers. It's going to reduce smoking and save lives, and that's what we want to see happen.

And we'll end with the fact that a law is only as good as the enforcement piece with the law, and so it's critical to have that enforcement element in the law in the drafting phase. You want to review the current laws to identify any weaknesses. You want to focus on the seller, not the buyer. You want to designate an enforcement agency for funding for the 21 versus 18, and this would be some of the areas that you would want to look at. So as we move forward, this particular policy is continuing to move. We have bills currently in Texas state-wide, and also in Washington state moving forward, and I know there's other ones in the works. So I want to thank you for this time, and Luci, thank you.

Luci Longoria

Thank you Beverly for those important insights as to why raising the tobacco age to 21 is so important. Next, I would like to turn the floor over to Scott Hall. Scott is vice president for a strategic initiative at the Greater Kansas City Chamber of Commerce, a business association representing more than two thousand members throughout metropolitan Kansas City. In this capacity, Scott oversees the work on the Kansas City Chamber's Healthy KC Project initiative in partnership with more than 150 Kansas City organizations to make Greater Kansas City a destination for healthy living. Scott please take it away.

Scott Hall

Thank you Luci. First, I want to start with some context for everybody. Greater Kansas City is a metro area of a little more than two million people that straddles the state lines of Kansas and Missouri, and it is largely a red area of the country. Both Kansas and Missouri voted for Trump, and in state-wide elections in this last November election cycle Republicans dominated the state-wide elections. And I say that to inform everybody that Tobacco 21 is an issue that is above partisan lines and can be brought to communities of all types and sizes, and I'm going to talk briefly about how we brought it to the communities here in Greater Kansas City.

As Luci noted, this project is a part of a larger initiative we run here at the Chamber called Healthy KC, and tobacco cessation and prevention is a key part of that. Local statistics in Kansas and Missouri are sobering with respect to tobacco use. Youth and teen smoking is 14.9 percent of Missouri, exceeding the national average. And Missouri earned an F for tobacco prevention efforts in the American Lung Association's State of Tobacco Control in 2016. In Kansas youth and teen smoking rates are at 10.2 percent. They earned the same sobering grade. Both of those percentages of youth and teen smoking exceeds the national average of 9.2.

When we talk about Tobacco 21 on a local level, we always start in Needham, Massachusetts, and that's because Needham was the first city of its type to pass the Tobacco 21 ordinance, and the data that has been discovered since its passage is remarkable. In the first five years after passing Tobacco 21, Needham, Massachusetts saw a 46 percent decrease in teen smoking. When you hold that constant against 16 surrounding communities – none of whom during that window of time had passed Tobacco 21 – you'll see a 26 percent difference, meaning Needham was reducing tobacco usage rates among teens at a rate that exceeded its neighboring communities by 25 percent just by passing Tobacco 21 ordinances.

What's even more interesting is that this tremendous data persists. Smoking rates for adults in Needham are at 8 percent, 56 percent lower than the state-wide average. The rate of smoking during pregnancy is 90 percent lower than the state-wide average. Lung cancer is 24 percent lower among males, and 33 percent lower among females compared to the statewide average. We use these statistics and others when we present in communities throughout the Greater Kansas City area because it is a demonstration that you can have profound local public health impact by passing Tobacco 21 ordinances, both in the short term and maybe more meaningfully in the long term.

One other statistic we frequently use, and I say this as a representative of the Chamber of Commerce, is the statistic that's out of Ohio State University. Calculating the total annual excess cost of a smoker to a private employer is \$5816.00. When you actually look at a detail of that statistic, you'll notice that there is actually a \$296.00 credit, a pension credit, because smokers don't live as long as those who don't smoke, and therefore their employers don't pay as much in pension benefits because they die younger. Across the country, there are 211 cities in 13 states that have enacted Tobacco 21 policies covering more than 61 million people, and locally here in Kansas City, we are thrilled at the progress we've made on Tobacco 21 KC. We know have 21 cities in 2 states that have enacted Tobacco 21 policies covering more than 1.4 million people, and we have more than 165 local organizations supporting Tobacco 21 efforts through our Tobacco 21 KC program.

Those organizations are big, small, health-oriented, and not, and represent a wide swab of Greater Kansas City's business, civic, and governmental communities. To that end we have offered on the wearehealthykc.com website some tools for other communities like ours, including an impact estimator that will tell you exactly how many lives will be saved if your community passes Tobacco 21. We also have a lesson of learn document that'll give you some of the tips that we've learned – in some cases the hard way – through our work on Tobacco 21 KC. And finally, our toolkit: we have endorsement forms, logos, fact sheets, and other resources that are available to anyone and everyone that wants to bring Tobacco 21 to their community. We couldn't do Tobacco 21 without a great collaborative of partners here in Kansas City and nationally, and we make ourselves available to any and all who'd like to bring Tobacco 21 to their community. And those people can contact me at my e-mail address, hall@kcchamber.com. Luci, I'll turn it back over to you.

Luci Longoria

Thank you Scott for your local leadership perspective, and for making those resources and lessons learned available to the rest of us. I would now like to introduce the podcast's final speaker, Leila Johnson. Leila is the program manager for the Tobacco Prevention and Education Program of Hawaii State Department of Health. Leila has worked in tobacco control for almost 20 years, organizing coalitions, chairing conferences, and coordinating the state-wide strategic plan. Thank you Lila for joining the podcast.

Lila Johnson

Thank you Luci. Hello. Good morning. This is Lila Johnson at the Hawaii State Department of Health. I am the program manager for the Tobacco Prevention Education Program, and I'm very pleased to be able to share some information with you regarding the H-21 law that we passed in 2015, and it was active in January of 2016. What was really important in how we passed the legislature is that it began at the local level. One of our counties, the Big Island of Hawaii, had already passed an ordinance in 2013. We attempted it on the island of Oahu, and unfortunately we were unsuccessful. But we were able to proceed with moving it together at the state level. What was really important – we collected as much data as we possibly could, and one of the most important things that came out was the IOM report. The timeliness of that could

not really have been better because it provided an evidence base, and the legislators listened to that very carefully. We worked closely with the Tobacco Legal Consortium all along the way in doing this.

The community involvement was amazing. We had done an opinion poll, so we knew that the sentiment was very positive for it, and had been very positive since we'd had the issue on the Big Island. But involved with the community were the kids. Their voices were heard. They were the ones that had the poignant plea when they went and spoke with the legislators and indicated that because they would be the ones that would be most directly affected, how important it was to them.

As I have mentioned before, we passed the law in 2015. The governors signed it in June of that year, but then it was not enacted until January 1st, and so it necessitated a great deal of work toward the implementation. We had to create signage. We had to contact the merchants. We provided materials to all of the tobacco vendors. We get our information from the Department of Taxation as to who sells the tobacco products. Also for your information, we did include electronic smoking devices in the law.

Media attention was wonderful. I was very, very pleased with a front-page article. Actually the article came out when the law passed, even before the governor signed it. We had a fair amount of time where there was very, very positive publicity. With regard to the implementation and evaluation, we had a number of components that we felt were really important. As I mentioned prior, we really worked with the retailer and merchant community. We also worked with the enforcement community. We met with the county police departments and the folks at the liquor commission with them being aware how they would be informing their officers, and also what was decided would be for the first three months we would have more of an educational campaign, and the implementation of the law itself would be activated at the end of March.

We worked with the educational system. We have one Department of Health throughout the state and also one Department of Education throughout the state. The superintendent from the Department of Education sent official letters out to all the principals indicating that this was the law, and that also possession of any tobacco products as well as electronic smoking devices – totally contraband at the public school campuses. Hawaii is a state that depends very much on tourism, and it was a concern to us that what may happen when tourists would be coming from other countries, and would be unaware of our laws, so we created signage. We worked with the tourism agency to provide materials. We translated materials into Chinese, Japanese, and Korean as well.

What was also key was the issue with the military because military are governed by federal law, so they really do not have to adhere to state legislation. We had worked for some time attempting to set up a meeting with the commanders of the various bases because each base could determine what it wanted to do. Fortunately what happened even prior to having the meeting take place is that the military decided that they would be totally compliant with the laws of Hawaii and would follow it. So our law is bound to sale, and the sale, purchase,

possession, and use of electronic smoking devices as well as tobacco products for anybody under the age of 21. So we think it's a true success with the military. It's not unusual thought because the military at the highest level is really looking toward having a much healthier service force, and so there were letters that came all the way from the Pentagon, which basically promoted that.

I have included with my slides a copy of the logic model which determined how we're going to be evaluating it, and so these are the components as to what is going to be the economic impact as well as the compliance with the community, with the military, with tourism. Some issues to consider is the current tobacco control laws and preparedness. As I said, we had done opinion polls, so we felt that the community was solidly behind us for this. And the political climate – this happened to be a time with the chairs of the Senate Health Committee and the House Health Committee were very, very supportive, and really helped shepherd this along. Merchant preparedness was important. As soon as the law went into place, they had signage. They had directions as to how to go ahead and implement this. As I mentioned before, knowing that the military truly is supportive of a smoke-free or a tobacco-free military for all branches, we were able to move with that.

Enforcement and compliant checks – people often ask what is happening with that. We stuck with SINAR and the folks from SAMHSA that said that Hawaii could definitely alter its compliance checks to include age 21. The decoys in the past have been under the age of 18, and so they said that we could go ahead and use age 21. But what it meant was we had to create new contracts with the enforcers, with the police department, and the University of Hawaii who conducts the sting. Data collection and evaluation – we have been doing that. We collected data prior to implementation of the law, and we are watching it now. We are almost into to one year, and so we will be able to take a look to see. Ideally we want to see tobacco use rates go down. We have seen some of it with tobacco sales. There's been a moderate decrease. It's not been truly significant yet, but we're watching it consistently.

We're very pleased to help California and have them join the states in terms of states who have laws for H-21. There's took place in the middle of this year, but they had not much more than a month to be able to implement theirs, so we were happy to share our findings and our materials with them. We really hope that in 2017, we'll see many, many more states be able to push their laws through the legislature and enact them because the science is behind it. This is really, really important to being able to decrease the purchase and the use of tobacco products by young people. So mahalo. Thank you very much.

Luci Longoria

Thank you so much Lila for your valuable state perspective. That concludes this podcast. I want to take a final opportunity to thank Beverly May, Scott Hall, and Lila Johnson for joining me on this podcast. As a reminder, you'll be able to find all of the podcasts in the series, and I hope the other resources by visiting the Tobacco Control Network website www.tobaccocontrolnetwork.org and clicking on the Resources tab. Questions about the podcast series or any other features of the Tobacco Control Network website can be directed to



the TCN in-box at tcn@astho.org. Thank you for listening and take care.

