

Report to the Boards of Health  
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Medical Director

Mid-Michigan District Health Department, Wednesday, August 26, 2015  
Central Michigan District Health Department, Wednesday, August 26, 2015  
District Health Department #10, Friday, August 28 2015



- *Tobacco 21*
- *E-Cigarettes*

### **Tobacco 21**

Raising the minimum legal sale age for tobacco products to 21 is a promising strategy to reduce smoking and other tobacco use among youth and ultimately save lives. Ninety-five percent of adult smokers begin smoking before they turn 21, and these age groups are heavily targeted by the tobacco industry. About 700 kids under the age of 18 become regular smokers each day and one in three eventually die as a result. Kids often turn to older friends and classmates as a source of cigarettes. Raising the tobacco sale age to 21 would reduce the likelihood that a high school student will be able to legally obtain tobacco products for other students and underage friends. In March 2015, the Institute of Medicine released a report of their review of existing literature and mathematical modeling predicting the implications of raising the minimum age of legal access to tobacco. The study found that raising the tobacco sale age would significantly reduce the number of adolescents and young adults who start smoking; reduce smoking-caused deaths; and immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children. The focus of these laws is to decrease the sale and availability of tobacco products to youth rather than focus on the criminalization and punishment of underage smoking. In June of this year, Hawaii became the first state to raise the tobacco sale age to 21 and several states are considering similar legislation. At least 80 localities in eight states, including New York City, have done so as well. To date, at least 29 Michigan organizations, including at least 4 district health departments, the Michigan State Medical Society and the Michigan Association of Public Health and Preventative Medicine Physicians, have signed resolutions supporting Tobacco 21 policies in Michigan.

### **E-Cigarettes**

E-cigarettes are products that allow a user to inhale vapor containing nicotine and other substances. They are typically composed of a battery-operated heating element, a cartridge that may contain nicotine and/or other chemicals and an atomizer that converts the contents of the cartridge into a vapor. E-cigarettes are not FDA-approved for quitting tobacco nor are they FDA regulated at this time. In 2009, the FDA tested the ingredients of cartridges from two leading brands of e-cigarettes and found levels of cancer-causing and toxic chemicals, including diethylene glycol, an ingredient in antifreeze. The FDA also found inconsistencies in manufacturing, raising concerns for consumers. In some cases, cartridges labeled as containing no nicotine were found to contain nicotine. Studies suggest adverse health impacts for both user and bystanders (“secondhand vaping”) associated with e-cigarettes, but additional studies are needed to understand the full impact of their use. E-cigarette users refilling their own cartridges handle potentially dangerous concentrations of nicotine. The number of calls to poison control centers involving e-cigarettes and nicotine liquids jumped to 1,351 in 2013, triple the number of calls received in 2012. Tiny amounts of the chemicals used in e-cigarettes (which act as neurotoxins), whether ingested or absorbed through the skin, can cause vomiting, seizures and even death. A teaspoon of even highly diluted e-liquid can kill a small child. But, like e-cigarettes, e-liquids are not regulated by federal authorities. The *Child Nicotine Poisoning Prevention Act of 2015* was introduced in Congress earlier this year to provide the U.S. Consumer Product Safety Commission (CPSC) with the authority to require childproof packaging for liquid nicotine. In January, The Michigan Legislature passed a bill to bar minors from purchasing e-cigarettes. Gov. Snyder vetoed the legislation because he felt it didn’t go far enough and classify e-cigarettes as tobacco products, which would go beyond a minimum age requirement and ensure e-cigarettes are subject to all the same state regulations as tobacco. On May 20<sup>th</sup>, Michigan Senate bill 231, which would prohibit the sale of electronic cigarettes or any oral device that provides vapor nicotine to minors, passed 215 to 37 and is now in committee in the House. The bill was hurried through due to the use of e-cigarettes to inhale synthetic cannabis (referred to as “Darth Vapor”) which led to overdoses in several Michigan teens around that same time.

### **Suggested Recommendations to the Boards of Health:**

1. Please consider supporting the signing of the resolution to support Tobacco 21 policies in Michigan (attached). Encouraged your legislatures to support this as well.
2. E-cigarettes should be included in smoke-free laws to protect non-users from possible harm caused by exposure to e-cigarette emissions. States should prohibit e-cigarette sales to minors. Many experts feel this is best done by refining the definition of tobacco products to include e-cigarettes. States should apply the same sales restrictions to e-cigarettes that they apply to cigarettes, such as requiring a government-issued photo ID before sale, permitting sales only in face-to-face transaction and requiring that e-cigarettes be kept behind the counter and not in self-service displays. Encouraged your legislatures to support this as well.

#### Sources:

- Campaign for Tobacco-Free Kids
- Michigan Department of Community Health Tobacco Control Program
- IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

## RAISING THE MINIMUM AGE OF LEGAL ACCESS TO TOBACCO PRODUCTS IN MICHIGAN TO AGE 21 RESOLUTION

*“Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70% market share.” Phillip Morris report, 1/21/86*

**WHEREAS:** Each year over 16,200 Michiganders die from tobacco use and 10,300 Michigan children become new, regular, daily smokers, of whom a third will die prematurely because of this addiction;

**WHEREAS:** 95% of adults began smoking before age 21, and 4 out of 5 become regular, daily smokers before age 21. Young people are sensitive to nicotine and can feel dependent earlier than adults, and the brain continues to develop until about age 25. The younger youth are when they start using tobacco the more likely they will become addicted. Increasing the age at which young people first experiment with tobacco reduces the risk of nicotine addiction:

*“If a man has never smoked by age 18, the odds are three-to-one he never will.  
By age 24, the odds are twenty-to-one.” RJ Reynolds researcher, 1982*

**WHEREAS:** Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation. Raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources;

**WHEREAS:** On June 19, 2015, Hawaii became the first state to raise the tobacco sale age to 21. Nearly 80 jurisdictions in 8 states have already raised the minimum age of legal access to tobacco products, and several states are currently considering statewide legislation to do so;

**WHEREAS:** Smoking-caused health costs in Michigan total more than *\$4.5 billion per year*, including more than *\$1.3 billion* in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs in Michigan;

**WHEREAS:** In 2011, tobacco companies spent an estimated \$276 million to market their products in Michigan, and 90.7 percent of middle school students and 92.9 percent of high school students were exposed to pro-tobacco ads in stores, in magazines or on the internet. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised;

**WHEREAS:** The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal, and infant health outcomes, and substantially reduce smoking prevalence and smoking-related mortality over time, and predicted that raising the age now to 21 nationwide would result in approximately 249,000 million fewer years of life lost for those born between 2000 and 2019;

**BE IT RESOLVED:** That the undersigned endorses raising the minimum age of legal access to tobacco products to 21 years of age.

The \_\_\_\_\_ Board of Health \_\_\_\_\_ of \_\_\_\_\_ District Health Department #10 \_\_\_\_\_, confirms its support for each and all of the above statements. The undersigned authorizes and encourages Tobacco-Free Michigan to use this signed resolution to promote the above-stated objective.

**Organization Name:** Board of Health of District Health Department #10

**Number of Members:** 20

**Contact Person:** Kevin Hughes

**Title:** Health Officer

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