

August 24, 2018

Mr. Tom Markus, City Manager
City of Lawrence
6 East 6th Street
PO Box 708
Lawrence, KS 66044

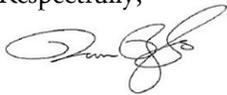
RE: October 9th City Commission Study Session materials related to restricting sale to tobacco to individuals under the age of 21 (T-21)

Dear Mr. Markus,

The link between tobacco use and premature death is clear. It is also equally clear that nicotine is addictive and that most tobacco smokers begin smoking as young adults. The Health Board and Health Department staff are pleased to see the City of Lawrence consider this important public health policy question.

Thank you in advance for your thoughtful consideration. As the City Commission prepares to study the question of restricting the sale of tobacco products to individuals under the age of 21 please accept this letter and accompanying information.

Respectfully,



Dan Partridge, RS, MPH
Director

Encl:

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A review of Tobacco 21 and its Potential Impact on Lawrence, Kansas

“Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market.”

Philip Morris report, January 21, 1986

Evidence regarding the health benefit of establishing a Tobacco 21 ordinance is compelling.

- Almost 1 in 5 high school students use some type of tobacco product (cigarettes, e-cigarettes, chewing tobacco).
- 2 out of 3 students obtain tobacco from their peers.
- 90% of lifelong tobacco users initiate tobacco use before age 21.
- Communities that passed Tobacco 21 policies have documented *decreases in youth smoking rates by 50%*.
- 21 cities and counties in Kansas have already passed Tobacco 21.

The Lawrence-Douglas County Health Department *recommends* passage of the proposed ordinance.

The Health Problem

According to the Kansas Department of Health and Environment’s Youth Risk Behavior Surveillance System, **17% of Kansas high school students and 4.3% of middle school students smoke** (DeVader, 2018). These data suggest about 575 current Lawrence High School and Free State High School students are using some kind of tobacco product. About 1 in 10 Kansas high school students reported using e-cigarettes. **Two out of three Kansas teen smokers are acquiring their product through peers**, which is referred to as the “social supply chain.” These statistics do not even consider the skyrocketing use of vaping products among adolescents. While there is extensive data on the danger of tobacco use, the studies on vaping are only beginning to suggest the extent of harm that may result from use. Vaping and e-cigarette products are designed for youth consumption with flavors, such as cotton candy, gummy bear, and s’mores, in brightly colored packaging. Vaping products have evolved into nicotine delivery systems that are immediately absorbed, similar to traditional cigarettes, making users vulnerable to addiction. Data from a survey of University of Kansas students suggest **15.52% of students use some form of e-cigarette or vaping product** (Tobacco Free KU, 2018).

The Health Benefits

The National Academy of Science (formerly the Institute of Medicine) found that raising the minimum age of purchase for tobacco products results in two public health benefits:

- Lowering initiation rates

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- Reducing prevalence and decreasing disease

The benefits are described in greater detail below.

Lowering initiation rates

The frontal lobe is not fully developed until age 25, making it especially susceptible to tobacco/nicotine addiction. This vulnerability is why **90% of lifelong tobacco users develop the addiction before age 21**. Delaying the age of initiation is key to preventing a lifetime of addiction.

Reducing Prevalence and decreasing disease

The Community Health Assessment completed by the Lawrence-Douglas County Health Department in 2017 found that **cancer was the number one cause of death, accounting for almost one in four deaths in Douglas County**. Tobacco use is the most preventable cause of cancer and death. It is estimated that tobacco is accountable for killing 4,400 Kansans every year. Each year 1,500 Kansas kids under 18 become new daily smokers. The National Academy of Sciences (2015) study estimates a reduction in tobacco use of 25% among 15-17-year-olds and a 15% reduction for 18-20-year-olds, if a Tobacco 21 policy is in place. This would result in an overall (across all ages) smoking decline of 12%, and ultimately should reduce prevalence and mortality due to cancer.

The impact of Tobacco 21 in communities

Needham, MA was the first city to adopt Tobacco 21 in 2005. There is already evidence that the policy is working. **Needham saw its youth smoking rates decline by 50%, while surrounding communities without T21 policies saw little reduction in youth use rates over the same period** (Schneider et al., 2016). **From a public health perspective, this provides compelling, positive evidence of the impact of Tobacco 21**. More recently, Chicago studied the impact of its T21 policy in 2017 and found declines comparable to Needham's. Tobacco 21 is a prevention policy that works. Additional research suggests under 21 purchases are only 2% of total tobacco retail sales (Winickoff et al., 2014), but account for 90% of new smokers. This suggests the policy has limited impact on businesses, but robust impact on reducing smoking initiation.

Tobacco 21 in Kansas

In 2015, Kansas City, Kansas became the first community in Kansas to establish Tobacco 21. Since then, 20 additional Kansas cities and counties (in total 21) have adopted T21 ordinances, providing these protections. The following municipalities have acted: Bonner Springs, Garden City, Holcomb, Iola, Johnson County (unincorporated), Kansas City, Lansing, Leavenworth, Leawood, Lenexa, Merriam, Mission Hills, Olathe, Overland Park, Parsons, Prairie Village, Roeland Park, Shawnee County, Topeka, Westwood, Westwood Hills.

1. DeVader, S. (2018). *Tobacco use, obesity, physical activity, and nutrition: Kansas Highlights*. Community Health Promotion Summit, February, 2018.
2. Institute of Medicine (2015). *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

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3. Kessel Schneider S, Buka SL, Dash K, *et al.* (2016). Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco Control*, 25,355-359.
4. Tobacco Free KU (2018). Perceptions of nicotine and tobacco use prior to implementation of the Tobacco Free KU policy.
5. Winickoff, JP, Hartman, L, Chen, ML, Gottlieb, M, Nabi-Burza, E, DiFranza, JR. (2014). Retail impact of raising tobacco sales age to 21 years. *American Journal of Public Health*, 104 (11), e18-e21.

Arguments Raised in Opposition to T21

Argument: If you can go to war at 18, you have a right to purchase tobacco at 18.

Response: The age of consent for many products or activities deemed risky is 21. These include alcohol, gambling, and handguns. Raising the drinking age to 21 produced the beneficial results of reduced alcohol use and drunk driving fatalities.

The age at which young people may join the service is an unrelated discussion as to whether teens should be able to use tobacco. There is no express right to use tobacco. While the military argument is often used, ironically tobacco use among the armed forces has had a calamitous impact. The military is actively addressing tobacco use because it impacts readiness and is considering a tobacco ban on bases. The smoking rates are more than double the national average at 33% and the rate of lung cancer mortality for veterans is twice as high as the general population.

Finally, this argument assumes that the end user is 18. The reality is younger teens may be the recipients of tobacco purchased by older peers. As the IOM study demonstrates, the biggest percentage reduction in use with T21 will occur in the 15-17 age range.

Argument: Changing the age of purchase will hurt business.

Response: Only 2% of tobacco sales is to 18-20 year-olds. Target and CVS are large retailers that no longer sell tobacco products, leaving demand to remaining tobacco retailers. There is no data indicating that retailers are going out of business or not going into areas with T 21 ordinances in Kansas. In fact, money that is not spent on tobacco is often spent on other products. We should not encourage a business model that relies on addicting our kids to tobacco for life. The impact of tobacco use on all businesses is extremely damaging. A study completed by The Ohio State University finds that businesses incur more than \$5,000 per year per employee who smokes. There is a strong correlation between low smoking rates and higher socio-economic status in communities.

Argument: Underage purchasers should be penalized, not the retailers/sellers.

Response: Responsibility, and therefore compliance, must be with the industry and retailers that profit from this deadly addiction by targeting our teens through appealing, kid-friendly marketing. This is a public health issue that will only be solved if our kids are protected, not punished. There are underage users who are addicted and need cessation services, not a penalty. Interrupting the supply chain will only occur if retailers are held accountable. Practically speaking, expecting law enforcement to monitor and detect surreptitious use among kids is unrealistic and will not have any deterrent effect.

Argument: Adopting T21 constitutes government intrusion.

Response: There is a public benefit in reducing tobacco use for Kansas taxpayers in both health outcomes and health care costs. In Kansas, taxpayers pay \$237 million annually to treat smoking-related illness within the Medicaid program. Each Kansas household, regardless of tobacco use, subsidizes smoking to the tune of \$779 each year in state and federal taxes to pay for tobacco-related, government expenses.

Argument: Judicial intervention requires a pause.

Response: More than 300 city, counties, and states in the United States have enacted Tobacco 21 policies. Only one, Topeka, Kansas, has had its ordinance challenged. Currently, that case is being reviewed by the State of Kansas Supreme Court, and will be reviewed this fall. The issue of Tobacco 21 is widely regarded as an opportunity for jurisdictions to exercise home rule. It is noteworthy that two other communities (Parsons and Holcomb) have passed Tobacco 21 in Kansas since the court ruling.