Tobacco 21- New Federal Regulation

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New Tobacco 21 Legislation

• On December 20, 2019, the President signed legislation raising the federal minimum age of sale of tobacco products from 18 to 21 years of age.

• 19 states and DC already had tobacco 21 laws, as well as local laws
  • Arkansas, California, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, and D.C.

“(5) MINIMUM AGE OF SALE.—It shall be unlawful for any retailer to sell a tobacco product to any person younger than 21 years of age.”
• The FDA defines tobacco product as:
  • “any product made or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product”
  • This includes hookah, e-cigarettes (vapes), dissolvables, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco, and future tobacco products that meet the statutory definition of a tobacco product.
The FDA announced that, effective immediately, it is illegal to sell tobacco products to anyone under the age of 21. Federal compliance checks will continue to occur with the new age set at 21. Legislation gives Secretary of Health and Human Services 180 days, till June 17th, to update in all places. This has implications for retailers.

Note: On December 20, 2019, the President signed legislation to amend the Federal Food, Drug, and Cosmetic Act, and raise the federal minimum age of sale of tobacco products from 18 to 21 years. It is now illegal for a retailer to sell any tobacco product—including cigarettes, cigars and e-cigarettes—to anyone under 21. FDA will provide additional details on this issue as they become available.
Tobacco 21 & Public Health

- The tobacco industry has a long history of targeting youth to recruit replacement tobacco users.

- Nicotine exposure during adolescence is harmful to brain development.

- Delays the age of initiation to prevent a lifetime of addiction
  - With Tobacco 21, smoking initiation would be reduced by 25% for 15 to 17-year-olds and 15% for 18 to 20-year-olds.\(^5\)

- Reduces tobacco use


Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.

20.8 Million

Commercial tobacco use is the foremost preventable cause of premature death in America. It causes nearly half a million deaths annually and has been responsible for 20.8 million premature deaths in the U.S. since the first Surgeon General’s report on smoking in 1964.

95% of adults who smoke **had their first cigarette before the age of 21**, and most before the age of 18.2. And almost 100% start before age 26.

The Institute of Medicine released a report in 2015, predicting that raising the tobacco sale age to 21 nationally would, over time, reduce the smoking rate by about 12 percent and smoking-related deaths by 10 percent.

This translates into 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer and 4.2 million fewer years of life lost.

https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/Memo_T21_enforcement.pdf
College Student Nicotine Use

• Reasons people use
  • Stress
  • Pleasure/euphoria associated with use
  • Social use
  • Smoking environments at home and work

• Reasons they do not
  • Formal/informal ban on smoking at home/work
  • High cost of tobacco
  • Unpleasant smell
  • Health concern
  • Children
### Cigarette Use

<table>
<thead>
<tr>
<th>Cigarette</th>
<th>Actual Use</th>
<th>Perceived Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent (%)</td>
<td>Male</td>
</tr>
<tr>
<td>Never used</td>
<td>76.0</td>
<td>82.4</td>
</tr>
<tr>
<td>Used, but not in the last 30 days</td>
<td>15.8</td>
<td>12.3</td>
</tr>
<tr>
<td>Used 1-9 days</td>
<td>5.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Used 10-29 days</td>
<td>1.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Used all 30 days</td>
<td>1.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Any use within the last 30 days</td>
<td>8.1</td>
<td>5.3</td>
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## E-Cigarette Use

<table>
<thead>
<tr>
<th>E-Cigarette</th>
<th>Actual Use</th>
<th>Perceived Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent (%)</td>
<td></td>
</tr>
<tr>
<td>Never used</td>
<td>72.4</td>
<td>12.3</td>
</tr>
<tr>
<td>Used, but not in the last 30 days</td>
<td>12.2</td>
<td>8.8</td>
</tr>
<tr>
<td>Used 1-9 days</td>
<td>6.9</td>
<td>35.5</td>
</tr>
<tr>
<td>Used 10-29 days</td>
<td>3.0</td>
<td>23.8</td>
</tr>
<tr>
<td>Used all 30 days</td>
<td>5.4</td>
<td>19.6</td>
</tr>
<tr>
<td><em>Any use within the last 30 days</em></td>
<td>15.3</td>
<td>78.9</td>
</tr>
</tbody>
</table>

### Male, Female, Total

<table>
<thead>
<tr>
<th>Actual Use</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never used</td>
<td>72.4</td>
<td>78.9</td>
<td>76.8</td>
</tr>
<tr>
<td>Used, but not in the last 30 days</td>
<td>12.2</td>
<td>9.9</td>
<td>10.7</td>
</tr>
<tr>
<td>Used 1-9 days</td>
<td>6.9</td>
<td>6.0</td>
<td>6.3</td>
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<tr>
<td>Used 10-29 days</td>
<td>3.0</td>
<td>1.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Used all 30 days</td>
<td>5.4</td>
<td>3.4</td>
<td>4.1</td>
</tr>
<tr>
<td><em>Any use within the last 30 days</em></td>
<td>15.3</td>
<td>11.2</td>
<td>12.6</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Perceived Use</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never used</td>
<td>12.3</td>
<td>8.9</td>
<td>10.1</td>
</tr>
<tr>
<td>Used, but not in the last 30 days</td>
<td>8.8</td>
<td>5.9</td>
<td>6.8</td>
</tr>
<tr>
<td>Used 1-9 days</td>
<td>35.5</td>
<td>33.1</td>
<td>33.9</td>
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<tr>
<td>Used 10-29 days</td>
<td>23.8</td>
<td>24.5</td>
<td>24.2</td>
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<tr>
<td>Used all 30 days</td>
<td>19.6</td>
<td>27.5</td>
<td>25.0</td>
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<tr>
<td><em>Any use within the last 30 days</em></td>
<td>78.9</td>
<td>85.2</td>
<td>83.1</td>
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</table>
### Hookah Use

#### Tobacco from a water pipe (hookah)

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Actual Use</th>
<th>Perceived Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Never used</td>
<td>82.2</td>
<td>86.2</td>
</tr>
<tr>
<td>Used, but not in the last 30 days</td>
<td>15.4</td>
<td>11.9</td>
</tr>
<tr>
<td>Used 1-9 days</td>
<td>1.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Used 10-29 days</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Used all 30 days</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td><em>Any use within the last 30 days</em></td>
<td>2.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>
Health Effects of Nicotine

• The average nicotine concentration in e-cigarettes from 2013 to 2018 increased from 2.10% to 4.34%¹

• Ultra-fine particles that get deep into the lungs and stay there

• Most US adults—including 8 in 10 cigarette smokers—favor requiring cigarette makers to lower nicotine levels in cigarettes so that they are less addictive²

• Nicotine addiction can harm brain development, alter nerve cell functioning, and change brain chemistry in ways that make adolescent brains more susceptible to other addictive drugs³

1 The truth Initiative
2 https://www.cdc.gov/media/releases/2019/p0711-lowering-nicotine-levels.html
3
Possession

- Lots of this will be up to local enforcement

- Probably will not have solidified guidance from the FDA or other government organization for about two years
  - Will likely move to be illegal as well

- Can make changes on campus without the federal guidance

- Will be a tough transition for students that already smoke and are 18-20
Implications for Higher Education

- For any retailers on campus, sales 21+ only
- Policy
- Possession
- Use
- Enforcement
Nicotine Free Policies

• Age
• Products covered
• Use and possession
• Language of policy
SAMHSA Strategic Prevention Framework

- Assessment
- Build Prevention Capacity
- Develop Strategic Plan
- Implement Policies, Practices, and Programs
- Evaluation
SPF- ASSESSMENT

• Internal assessment (processes, programs)
  • Who are the professional staff members involved in tobacco prevention and control?
  • What is the process of sanctions/reactions to policy violations?

• Population assessment (individual attitudes, use behaviors)
  • When do students receive (or are receptive to) prevention messages and interventions?

• Environmental assessment (norms, policies)
  • Core Survey
  • NCHA
• Does this policy and enforcement work for your campus?

• What is your student and staff population?

• Are you providing cessation options that are relevant for the culture (age, race, gender)?
SPF- Sustainability

• What resources does this require?
  • Time
  • Money
  • People

• Who has buy in?
  • Peer Educators?
  • Administrators?
  • Security?
  • Residence Life?
Enforcement Changes

• How do we hold each other accountable?

• Who is going to enforce it?

• Campus location

• Retailer education
Social Ecological Model

Individual

Interpersonal

Organizational

Community

Public Policy
Supporting Students on Campus

• Tobacco and nicotine product goals:
  • For individuals using: **stop** using, mitigate habitual behavior
  • For individuals without use: **prevent** initiation

• Practitioner interventions

• Peer-to-peer interventions
Resources for students that are already addicted

• National quitline
• Local quitline
• What is available?
  • Community & Campus
    • People
    • Resources
  What could be available?
• Quit kits (not e-cigarettes)
Why Peer Educators?

• Peer educators can communicate with students with access that professional staff do not have
• Peer education programs are economical
• Peer education programs are effective
• Peer educators make healthier decisions, increased leadership opportunities, higher-ordered thinking skills (NPES data)

(Tinto, 1993; Pascarella & Terenzini, 1997; Badura et al., 2000; Pascarella & Terenzini, 2005; Wawrzynski, 2007)
How Peer Educators can help on every level

• One on one (MI)
  • Help current users
  • Encourage people not to start
• Educational Programming
• Environmental advocacy
  • Campaigns
  • Tabling
• Peer theatre
• Public Policy - Taskforce
Public Policy Taskforce

- Task-oriented
- Time bound
- Participants possess a diversity of skills and understanding to produce a high-quality solution
Taskforce

“[Organizations] establish task forces to work on problems and projects that cannot be easily handled by the regular functional organization.

Typically the problems cut across existing departmental boundaries or are simply so time-consuming that working on them would disrupt routine department tasks.”

Ware, James P. "Managing a Task Force." Harvard Business School Background Note 478-002, July 1977. (Revised April 1995.)
• **Complexity of the work** requires coordination across multiple functional areas of the institution
• Systems for prevention and response work better with *input* and *buy-in* from multiple organizational levels
• **Precedence in higher education** for relying on task forces to solve big challenges (and evidence that it can work)
• **Changing culture** isn’t easy
• FDA enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children

• Proposed federal ban on all vape flavors

• Some states already have flavor or product bans, most are being challenged

• E-cigarette makers must submit an application to the FDA to have their product, and its ingredients, reviewed by May 2020. No product on the market has been approved by the FDA.
Resources

• National quitline- 800-QUIT-NOW (800-784-8669)
• Truth Initiative- truthinitiative.org
• Become an Ex- becomeanex.org
• Public Health Law Center- publichealthlawcenter.org
• Campaign for Tobacco-Free Kids- tobaccofreekids.org
• The Real Cost- therealcost.betobaccofree.hhs.gov
• Campaign for Tobacco-Free Kids- tobaccofreekids.org
• FDA- fda.gov/tobacco-products
Questions?

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