



For The Record

CITY OF PROVIDENCE

Angel Taveras, Mayor

October 29, 2013

New York City Council
250 Broadway
New York, New York 10007

Dear Speaker Quinn and Honorable Members of the New York City Council:

I am writing to ask that you please support the Sensible Tobacco Enforcement bill currently before the New York City Council. This is good legislation that I am confident will serve the best interest of the people of New York City. I speak from experience: A similar statute that we enacted in Providence has made a positive impact on the lives of residents in our city.

In Providence, youth smoking rates are dropping more quickly than at the state level, and we expect further declines as we measure use rates now that our ban on tobacco discounts and other policies is in full effect. It is also important to note that Providence has not experienced a reduction in the number of tobacco vendors or retailers as a result of our tobacco ordinances.

The tobacco industry spends many millions of dollars every year on discounts, coupons, two-for-one deals and other marketing tactics to addict new smokers and keep current smokers from quitting. Big Tobacco's tactics are especially aimed at lower income neighborhoods and communities of color; multiple studies in recent years have shown a higher rate of storefront and point-of-sale tobacco advertising in predominantly African- American and Latino neighborhoods.

Children and teenagers are especially susceptible to Big Tobacco's marketing tactics. A 2012 Surgeon General's report showed that 88 percent of regular daily smokers started at or before 18 years of age. By limiting the availability of cheap tobacco, we can help spare our young people from a future of addiction and disease. If they don't start, they don't have to quit.

By eliminating access to cheap tobacco products that encourage smoking, the New York City Council can significantly improve the lives of your constituents – especially teenagers and young adults. This is a strong public health policy aimed at preventing the deceitful tactics of Big Tobacco, protecting children and teenagers, and helping our friends and neighbors live healthier, longer lives.

Thank you for your consideration.

Sincerely,

Angel Taveras
Mayor

OFFICE OF THE MAYOR

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FOR THE RECORD

Hafetz, Dan

From: .
Sent: Tuesday, October 29, 2013 12:52 PM
To: Hafetz, Dan
Subject: Distributing a memo to councilmembers
Attachments: NYC Memo in opposition 250-A.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Mr. Hafetz,
I am looking to hand out or email a memo in opposition to a bill that is scheduled to be voted on by the Committee on Health today and the full City Council tomorrow to the Committee and all Councilmembers. Would you be able to guide me on how to do that? The memo is attached.
Thank you for your help!
Sincerely,
Megan Ahearn

--
Program Coordinator
NYPIRG
9 Murray St 3rd Fl

www.nypirg.org

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OPPOSE INTRO No 250-A

This proposal discriminates against young adults and will not work

Is there evidence that the bill will work?

No. The sole evidence offered by the sponsors is an article about a purported reduction in smoking in one Massachusetts town that raised the minimum purchase age to 21 and articles from England about raising the smoking age there from 16 to 18. It seems unfair to discriminate against young adults on so flimsy evidence.

In fact, the 18-year-old minimum age limit hasn't worked either. The average age of beginning smokers is 14 and nearly 90 percent of smokers begin before the age of 18. It seems far more appropriate for reforms to focus on *reducing underage smoking* as compared to limiting adults' access.

Do other states have a higher than 18 age limit for purchasing tobacco?

Yes, Alabama, Alaska, New Jersey, and Utah all prohibit tobacco sales to those under 19. However, there is no evidence that we've seen that links this higher age to reduced teen access to tobacco. *In fact, both Alabama and Alaska have higher smoking rates than New York.* New Jersey, which recently raised its age to 19, has seen a teen smoking rate reduction that is *smaller* than New York's during the same period. More information on these states' experiences is on the back of this memo.

Doesn't the experience with alcohol prove that raising the age will limit access?

No. While it is true that since the drinking age was raised to 21 in the mid-1980s there has been a reduction in drinking and driving related fatalities, the percentage of 12 to 17 year olds that have had alcohol has *increased* since that time.

Why is NYPIRG opposed?

We believe that policies should be adopted based on evidence. We do not doubt the intention of the sponsors of this legislation, but to limit the choices of all 18-year-old adults because some *may* purchase tobacco for minors is unjustifiable. Moreover, the proposals' supporters have offered no proof that it will work. Legislation should be based on analysis and evidence.

For more information contact: Megan Ahearn, 212 349-6460

COMPARING STATES HIGHER TOBACCO PURCHASING AGES THAN NEW YORK'S

Only 4 states have a minimum purchasing age that's older than 18 years old.¹ Those states are Alaska, Alabama, New Jersey and Utah. Both Alaska and Alabama have *higher rates* of smoking than New York. However, when examining what changes have occurred since each of the four states raised their minimum purchasing age, there is little evidence that an increased age has led to youth smoking reductions that are better than New York's:²

New York v. Alaska (which raised its tobacco age to 19 in 1988):

1995 Alaska youth who've ever smoked 72.1%

1997 (earliest date available) NYS youth who've ever smoked 68.1%

2011 Alaska youth who've ever smoked 44.3%

2011 NYS youth who've ever smoked 33.5%

Analysis: *Youth smoking rates in Alaska from 1995 through 2011 were reduced 27.8%, New York reduction from 1997 through 2011 was 34.6%.*

New York v. Alabama (which raised its tobacco age to 19 in 1997):

1997 Alabama youth who've ever smoked 74.9%

1997 NYS youth who've ever smoked 68.1%

2011 Alabama youth who've ever smoked 50.4%

2011 NYS youth who've ever smoked 33.5%

Analysis: *Alabama had a 24.5% youth smoking rate reduction, New York a 34.6% change.*

New York v. Utah (which raised its tobacco smoking age to 19 in 1974):

1997 Utah youth who've ever smoked 41.6%

1997 NYS youth who've ever smoked 68.1%

2011 Utah youth who've ever smoked 23.1%

2011 NYS youth who've ever smoked 33.5%

Analysis: *Again, similar changes. Utah's rate was reduced by 25.7%; New York had a drop of 34.6%.*

There are limitations to the comparisons above, but certainly New York State has had a comparatively better track record in driving down youth smoking rates. In the case of the comparison with the neighboring state of New Jersey, which has recently raised its smoking age to 19, New York's record is superior **even without changing its minimum tobacco purchasing age.**

New York v. New Jersey (which raised its tobacco smoking age to 19 in 2006):

2005 New Jersey youth who've ever smoked 49%

2005 NYS youth who've ever smoked 47.3%

2011 New Jersey youth who've ever smoked 40.6%

2011 NYS youth who've ever smoked 33.5%

Analysis: *New Jersey's rate was reduced by 9.6%, during that same period New York had a drop of 13.8%.*

The at-best inconsistent, and at-worst dismal, experience in states with a higher tobacco purchasing age does *not* justify similar action in New York.

¹ From the Tobacco Control Legal Consortium.

² U.S. Centers for Disease Control and Prevention, see:

<http://apps.nccd.cdc.gov/YouthOnline/App/QuestionsOrLocations.aspx?CategoryId=2>. Except for New Jersey, the other three states had changed their tobacco purchasing laws prior to the CDC data; we used the earliest dates available for each state compared with the earliest date available for New York. In New Jersey's case, we used data corresponding to its relatively new change in law.

FOR THE RECORD

Hafetz, Dan

From: Colson, Brandon
Sent: Wednesday, October 30, 2013 8:03 AM
To: Nasser, Terzah
Cc: Pond, Crystal; Hafetz, Dan
Subject: FYA

Dear Council Member:

The American Heart Association strongly supports the two pending tobacco bills –Intros 1021A (Sensible Tobacco Enforcement) and 250A (Tobacco 21) – and we hope you will vote “Yes” on both.

As New York City’s youth smoking rate has remained stagnant since 2007, while other smoking rates have fallen, we are clearly not doing enough to protect our young people from the tobacco industry’s efforts to promote addiction. Tobacco use is the leading preventable cause of heart disease and stroke, New York’s number one cause of death.

If you have specific questions on either bill, I encourage you to review two fact sheets which have been composed by the four national organizations supporting these bills:

Sensible Tobacco Enforcement - <http://savenyckids.org/content/wp-content/uploads/2013/06/N-Price-Proposal-Provisions-group-logos-4-24-13.pdf>

Tobacco 21 - http://savenyckids.org/content/wp-content/uploads/2013/06/N-Tobacco-to-21-Fact-Sheet_Final-group-logo-04-30-13.pdf

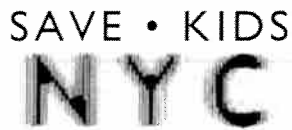
The American Heart Association also supports the effort to regulate e-cigarettes as it relates to youth access in Tobacco 21. Until the FDA moves forward with implementing the necessary oversight of these products, there are simply too many variables and unanswered questions to allow e-cigarettes to be sold to our young New Yorkers.

I look forward to your support as New York City Council once again raises the bar by pioneering innovative policies in the fight against Big Tobacco!

Robin Vitale
Senior Director, Government Relations - NYC, NYS & VT
American Heart Association / American Stroke Association

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INCREASING THE MINIMUM LEGAL SALE AGE FOR TOBACCO PRODUCTS TO 21

“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 percent market share.”¹
— Philip Morris report, January 21, 1986

Tobacco use remains the leading cause of preventable death in the United States, killing more than 400,000 people each year.² It is known to cause cancer, heart disease and respiratory diseases, among other health disorders, and costs the U.S. \$96 billion in health care expenditures each year.³ Nearly 1,000 kids under the age of 18 become regular, daily smokers each day; and almost one-third will die from it.⁴

In addition to high tobacco taxes, comprehensive smoke-free laws and comprehensive tobacco control and prevention programs, increasing the minimum legal sale age (MLSA) for tobacco products from 18 to 21 has emerged as another policy strategy to reduce youth tobacco use and help users quit. The concept of increasing the MLSA is not new, however.

Four states already have MLSAs that prohibit the sale of tobacco products to individuals under the age of 19: Alabama, Alaska, New Jersey and Utah.⁵ In New York, Nassau County, Onondaga County and Suffolk County require individuals to be at least 19 years of age to purchase tobacco.⁶ Several communities in Massachusetts, including Belmont, Brookline and Watertown, also have a MLSA of 19.⁷ In 2005, Needham, Massachusetts became the first city to implement a MLSA of 21.⁸

Because it is a relatively new strategy, direct research on increasing the MLSA to 21 is somewhat limited; but the data that are available provide strong reason to believe that it will contribute to reductions in youth tobacco use. Central to the strategy are the facts that many smokers transition to regular, daily use between the ages of 18 and 21; many young adult smokers serve as a social source of tobacco products for youth; and tobacco companies have long viewed young adults ages 18 to 21 as a target market group.

Most Adult Smokers Start Smoking Before Age 21

National data show that 95 percent of adult smokers begin smoking before they turn 21, and a substantial number of smokers start even younger—more than 80 percent of adult smokers first try smoking before age 18.⁹ While nearly half of adult smokers become regular, daily smokers before age 18, more than 75 percent become regular, daily smokers before they turn 21.¹⁰ This means the 18 to 21 age range is a time when many smokers transition to regular use of cigarettes.¹¹

Tobacco companies have admitted in their own internal documents that, if they don't capture new users by the age of 21, it is very unlikely that they ever will. In 1982, one RJ Reynolds researcher stated:

“If a man has never smoked by age 18, the odds are three-to-one he never will. By age 21, the odds are twenty-to-one.”¹²

Delaying the age when young people first experiment or begin using tobacco can reduce the risk that they transition to regular or daily tobacco use and increase their chances of successfully quitting, if they do become regular users.¹³

Because of the addictive nature of nicotine, experimentation or initiation of tobacco use among youth and young adults is particularly troubling. These ages are a critical period of growth and development; as a result, young people are more susceptible and sensitive to nicotine's addictiveness and can often feel dependent earlier than adults.¹⁴ There is considerable variation in the amount of time young people report

it takes to become addicted to using tobacco, but key symptoms of dependence—withdrawal and tolerance—can be apparent after just minimal exposure to nicotine.¹⁵ As a result of nicotine addiction, about three out of four teen smokers end up smoking into adulthood, even if they intend to quit after a few years.¹⁶ Moreover, evidence shows that smoking-related health problems are influenced by both the duration (years) and intensity (amount) of use. Individuals who start smoking at younger ages are more likely to smoke as adults; they also are among the heaviest users.¹⁷ In addition to longer-term health risks such as cancer and heart disease, young people who smoke are at risk for more immediate health harms, like increased blood pressure, asthma and reduced lung growth.¹⁸

Nationally, 18.1 percent of high school students and 18.9 percent of young adults ages 18 to 24 currently smoke.¹⁹ According to one national survey, 31.6 percent of 18 to 20 year olds currently smoke.²⁰ In New York City, 8.5 percent of high school students and 12.6 percent of young adults ages 18 to 24 currently smoke.²¹

Older Adolescents and Young Adults are a Source of Cigarettes for Youth

According to the 2012 Monitoring the Future Survey, 72.9 percent of 10th grade students and 50.7 percent of 8th grade students say it is easy to get cigarettes.²² This perception that getting cigarettes is easy exists despite the fact that fewer retailers are selling tobacco to underage youth than ever before. In FFY2011 (the most recent year for which data are available), the national retailer violation rate was 8.5 percent—the lowest in the history of the Synar program.²³ New York City also recently reported its lowest retailer violation rate to date—8 percent for FFY2012.²⁴ This suggests that youth are obtaining cigarettes from sources other than direct store purchases.

Research shows that youth smokers identify social sources, such as friends and classmates, as a common source of cigarettes. Although older and more established youth smokers are more likely to attempt to purchase their cigarettes directly than kids who smoke less frequently or are only “experimenting,” they are also major suppliers for kids who do not purchase their own cigarettes but instead rely on getting them from others.²⁵ And with more 18- and 19-year olds in high school now than in previous years, younger adolescents have daily contact with students who can legally purchase tobacco for them.²⁶

A 2005 study based on the California Tobacco Survey found that 82 percent of adolescent ever smokers obtained their cigarettes from others, most of whom were friends. A substantial percentage (40.9%) of the people buying or giving the cigarettes were of legal age (18 years or older) to purchase them, with most (31.3%) being between 18 and 20 years of age. 16- to 17-year-olds were more likely to get their cigarettes from 18- to 20-year olds than were younger adolescents.²⁷ Another study found that smokers aged 18 and 19 years were most likely to have been asked to provide tobacco to a minor, followed by smokers aged 20 to 24 years and nonsmokers aged 18 and 19 years, respectively.²⁸

Data from the National Survey on Drug Use and Health (NSDUH) show that nearly two-thirds (63.3%) of 12- to 17-year olds who had smoked in the last month had given money to others to buy cigarettes for them. One-third (30.5%) had purchased cigarettes from a friend, family member or someone at school. In addition, six out of ten (62%) had “bummed” cigarettes from others.²⁹

In New York City, the percentage of high school students who report getting cigarettes from someone else increased from 40 percent in 1997 to 52 percent in 2011, making it the most common source of cigarettes for New York City youth today.³⁰

Raising the MLSA would reduce the likelihood that a high school student will be able to legally purchase tobacco products for other students and underage friends.

Tobacco Companies Target Young Adults Ages 18 to 21

Tobacco companies heavily target young adults ages 18 to 21 through a variety of marketing activities—such as music and sporting events, bar promotions, college marketing programs, college scholarships and parties—because they know it is a critical time period for solidifying tobacco addiction.³¹ It is also a time when the industry tries to deter cessation and recapture recent quitters.³²

Tobacco companies realize that the transition into regular smoking that occurs during young adulthood is accompanied by an increase in consumption, partly because the stresses of life transitions during that time—going to college, leaving home, starting a new job, joining the military, etc.—invite the use of cigarettes for the effects of nicotine.³³ Statements obtained from the tobacco industry's internal documents emphasize the importance of increasing consumption within this target market in order to maintain a profitable business:

"...eighteen to twenty-four year olds will be "[c]ritical to long term brand vitality as consumption increases with age."³⁴

"...[t]he number one priority for 1990 is to obtain younger adult smoker trial and grow younger adult smoker share of market."³⁵

"To stabilize RJR's share of total smokers, it must raise share among 18-20 from 13.8% to 40%...ASAP."³⁶

*"Our aggressive Plan calls for gains of about 5.5 share points of smokers 18-20 per year, 1990-93 (about 120,000 smokers per year). Achieving this goal would produce an incremental cash contribution of only about \$442MM during the Plan period (excluding promotion response in other age groups and other side benefits). However, if we hold these YAS [young adult smokers] for the market average of 7 years, they would be worth **over \$2.1 billion in aggregate incremental profit**. I certainly agree with you that this payout should be worth a decent sized investment." [emphasis in original]³⁷*

In 2006, after reviewing the evidence against the tobacco companies in a civil racketeering case brought forth by the U.S. Department of Justice, U.S. District Court Judge Gladys Kessler made this conclusion about the industry's marketing practices:

"From the 1950s to the Present, Different Defendants, at Different Times and Using Different Methods, Have Intentionally Marketed to Young People Under the Age of Twenty-one in Order to Recruit 'Replacement Smokers' to Ensure the Economic Future of the Tobacco Industry."³⁸

Benefits of Raising the MLSA to 21

Though a higher MLSA will not eliminate underage tobacco use, it would offer several benefits that could help reduce youth tobacco use and increase the likelihood that youth will grow up to be tobacco-free:

- Raising the MLSA to 21 would increase the age gap between adolescents initiating tobacco use and those who can legally provide them with tobacco products by helping to keep tobacco out of schools.³⁹
- Delaying the age when young people first begin using tobacco would reduce the risk that they will transition to regular or daily tobacco use and increase their chances of quitting, if they become regular users.⁴⁰
- Younger adolescents would also have a harder time passing themselves off as 21-year-olds than they would 18-year-olds, which could reduce underage sales.⁴¹
- In addition, a MLSA of 21 may simplify identification checks for retailers, since many state drivers' licenses indicate that a driver is under the age of 21 (e.g. license format, color or photo placement).⁴²

Campaign for Tobacco-Free Kids, April 30, 2013

¹ Philip Morris, "Discussion Draft Sociopolitical Strategy," January 21, 1986, Bates Number 2043440040/0049, <http://legacy.library.ucsf.edu/tid/aba84e00>.

² U.S. Centers for Disease Control and Prevention (CDC), "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004," *Morbidity and Mortality Weekly Report (MMWR)* 57(45), November 14, 2008 <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>.

- ³ See Campaign for Tobacco-Free Kids fact sheets: "Toll of Tobacco in the United States of America," <http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>, and "Health Harms from Smoking and Other Tobacco Use," <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>.
- ⁴ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2010 National Survey on Drug Use and Health, NSDUH: Volume I Summary of National Findings*.
- ⁵ American Lung Association, State Legislated Actions on Tobacco Issues (SLATI), <http://www.lungusa2.org/slati/>.
- ⁶ Nassau County Administrative Code, December 31, 2010, http://www.nassaucountyny.gov/website/GenericServices/docs/NassauCountyAdminCode_Dec2010.pdf. Onondaga Local Law Filing, January 12, 2009, <http://www.nysac.org/legislative-action/documents/ProhibitingSaleofTobaccoProductsforAnyoneUnder19Onondaga.pdf>. Suffolk County Code, January 3, 2005, <http://ecode360.com/14948475>.
- ⁷ Bartalini, A, "Belmont raising age to purchase tobacco to 19 come August," *Wicked Local Belmont*, July 24, 2012, <http://www.wickedlocal.com/belmont/news/x915675698/Belmont-raising-age-to-purchase-tobacco-to-19-come-August#axzz2RxRiOnYh>.
- Applebaum, T., "Vote ups Brookline smoking age to 19," *Wicked Local Brookline*, May 30, 2012, <http://www.wickedlocal.com/brookline/news/x639965119/Vote-ups-Brookline-smoking-age-to-19#axzz2RxRiOnYh>. Watertown Board of Health, "New Board of Health Regulation increases purchase age of tobacco and nicotine products from 18 to 19 and older," n.d., <http://www.ci.watertown.ma.us/DocumentCenter/Home/View/5188>.
- ⁸ Needham Public Health Department, Application for Permit to Sell Tobacco and Tobacco Products, <http://www.needhamma.gov/DocumentCenter/Home/View/4162>.
- ⁹ Calculated based on data in the National Survey on Drug Use and Health, 2011, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>.
- ¹⁰ Calculated based on data in the National Survey on Drug Use and Health, 2011, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>.
- ¹¹ Calculated based on data in the National Survey on Drug Use and Health, 2011, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>. See also: Hammond, D, "Smoking behaviour among young adults: beyond youth prevention," *Tobacco Control*, 14:181 – 185, 2005. Lantz, PM, "Smoking on the rise among young adults: implications for research and policy," *Tobacco Control*, 12(Suppl 1):i60 – i70, 2003.
- ¹² U.S. V. Philip Morris USA, Inc., et al., No. 99-CV-02496GK (U.S. Dist. Ct., D.C.), Final Opinion, p. 974, August 17, 2006, http://www.tobaccofreekids.org/content/what_we_do/industry_watch/doj/FinalOpinion.pdf
- ¹³ See, e.g., Khuder, SA, et al., "Age at Smoking Onset and its Effect on Smoking Cessation," *Addictive Behavior* 24(5):673-7, September-October 1999; D'Avanzo ,B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," *Health Reports* 9(4):39-46, Spring 1998; Everett, SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine* 29(5):327-33, November 1999; Breslau, N & Peterson, EL, "Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences," *American Journal of Public Health* 86(2):214-20, February 1996.
- ¹⁴ U.S. Department of Health and Human Services (USDHSS), *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012; U.S. Department of Health and Human Services (USDHSS), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
- ¹⁵ U.S. Department of Health and Human Services (USDHSS), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
- ¹⁶ U.S. Department of Health and Human Services (USDHSS), *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
- ¹⁷ USDHSS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.
- ¹⁸ USDHSS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994. See also Campaign for Tobacco-Free Kids fact sheet, "Health Harms from Smoking and Other Tobacco Use," <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>.
- ¹⁹ CDC, Youth Risk Behavior Surveillance, United States, 2011," *MMWR* 61(No. 4), June 8, 2012; 2011 National Youth Tobacco Survey *MMWR* 61(No. 31), August 10, 2012. CDC, "Current Cigarette Smoking Among Adults—United States, 2011," *MMWR*, 61(44), November 9, 2012, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a2.htm>.
- ²⁰ Substance Abuse & Mental Health Services Administration, U.S. Dept. of Health & Human Services, *2011 National Survey on Drug Use and Health, Summary of National Findings*, 2012 <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#4.1>.
- ²¹ New York City Department of Health and Mental Hygiene, Youth Risk Behavior Surveillance Survey, 2011, <https://a816-healthpsi.nyc.gov/EpiQuery/>. New York City Department of Health and Mental Hygiene, Community Health Survey, 2011, <https://a816-healthpsi.nyc.gov/EpiQuery/>.
- ²² Johnston, LD, et al., *Monitoring the Future study*, 2012, http://www.monitoringthefuture.org/data/12data/pr12cig_2.pdf.
- ²³ Substance Abuse and Mental Health Services Administration, *FFY2011 Annual Synar Reports: Tobacco Sales to Youth*, <http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf>.

²⁴ New York State Office of Alcoholism & Substance Abuse Services, 2011 *Synar Amendment Compliance Survey (FFY2012)*, September 2011, <http://www.oasas.ny.gov/hps/evaluation/documents/SYNRPSTSUM0911.pdf>.

²⁵ Robinson, LA, et al. "Changes in Adolescents' Sources of Cigarettes," *Journal of Adolescent Health*, 39:861 – 867, 2006. White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005. DiFranza, JR, et al. "Sources of tobacco for youths in communities with strong enforcement of youth access laws," *Tobacco Control*, 10:323 – 328, 2001. Substance Abuse & Mental Health Services Administration, U.S. Dept of Health & Human Services, 2003 *National Survey on Drug Use and Health*, September 9, 2004, <http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch4>. CDC, "Youth Risk Behavior Surveillance – United States, 1999, CDC Surveillance Summaries," *MMWR* 49(SS-5), July 9, 2000, http://www2.cdc.gov/mmwr/mmwr_ss.html.

²⁶ National Center for Education Statistics, "Enrollment Trends by Age (Indicator 1-2012)," *The Condition of Education*, 2012, http://nces.ed.gov/programs/coe/pdf/coe_ope.pdf. U.S. Census Bureau, Current Population Survey, Data on School Enrollment, <http://www.census.gov/hhes/school/data/cps/index.html>. Ahmad, S, "Closing the youth access gap: The projected health benefits and costs savings of a national policy to raise the legal smoking age to 21 in the United States," *Health Policy*, 75:74 – 84, 2005. White, MM, et al.

"Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005.

²⁷ White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005.

²⁸ Ribisi, KM, et al., "Which Adults Do Underaged Youth Ask for Cigarettes?" *American Journal of Public Health*, 89(10):1561 – 1564.

²⁹ Substance Abuse & Mental Health Services Administration, U.S. Dept of Health & Human Services, 2003 *National Survey on Drug Use and Health*, September 9, 2004, <http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch4>

<http://www.oas.samhsa.gov/nhsda.htm#NHSDAinfo>. (Note: While there have been more recent NSDUH surveys, no questions on youth access have been asked since 2003.)

³⁰ New York City Department of Health and Mental Hygiene, Youth Risk Behavior Surveillance Survey, 2011, <https://a816-healthpsi.nyc.gov/EpiQuery/>.

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WHAT DOES THE “SENSIBLE TOBACCO ENFORCEMENT” BILL DO?

On March 18, 2013, Mayor Bloomberg introduced the Sensible Tobacco Enforcement bill (Int. No. 1021), which includes pricing policies and enforcement provisions to further reduce tobacco use among New York City youth.

The specific provisions of the bill can be grouped into four categories and include:

1. Prohibiting tobacco product discounts

- Prohibiting the redemption of coupons
- Prohibiting multi-pack discounts (i.e., buy-one-get-one free offers)
- Prohibiting sales or offers of other products with the purchase of cigarettes or other tobacco products (OTPs)
- Prohibiting sales or offers of cigarettes or OTPs for less than the listed price

2. Setting a minimum price on cigarettes and little cigars

- Cigarettes and little cigars cannot be sold at retail for less than \$10.50 per 20-pack. The price floor can be modified due to inflation or tax rate changes.

3. Setting minimum package sizes for certain cigars and little cigars

- Cigars that cost less than \$3.00 per cigar at retail must be sold in packs of 4 or more
- Little cigars must be sold in packs of 20

4. Enhanced tobacco tax enforcement efforts

- Retailers must post signs at the point of sale, display, or offer that states that “cigarettes sold in the city of New York must be in packages bearing valid tax stamps”
- Retailers cannot hide nor sell unstamped or illegally stamped cigarettes, or illegal tax stamps
- Higher penalties for violating retailer licensing provisions

Why Are These Provisions Necessary?

Pricing has become an important avenue for tobacco companies to keep tobacco users buying their products and appeal to kids. Tobacco tax increases effectively reduce tobacco use, but the tobacco industry uses price discounting strategies, including couponing and multi-pack discounts, to minimize the effects that tax increases have on price and thereby diminishes the effectiveness of tobacco tax increases in reducing smoking, especially among youth. The 2012 Surgeon General’s report states, “When retail prices rise following tax increases, companies engage in a variety of price-related marketing efforts that appear to be aimed at softening the impact of the increased prices.”¹

Campaign for Tobacco-Free Kids, April 24, 2013

For evidence of the effectiveness of these provisions, see *Strategies to Increase Tobacco Product Prices Will Reduce Tobacco Use and Initiation*.

¹ U.S. Department of Health and Human Services, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012, accessed April 20, 2012 from http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm, pg. 527.

