1. Welcome/Introductions

2. Approval of Minutes
   - April 13, 2017

3. Work Group Reports/Discussions—Helen Evans
   - Prevention
   - Treatment
   - Recovery
   - Enforcement

4. Advocacy Platforms- overall discussion
   - Prevention
   - Treatment

5. Old Business
   - Hungry Heart – Ashley Buchholz, Julie Tomasi
   - Pill Drops
   - Marijuana Legalization- next time

6. New Business
   - Advocacy: Tobacco 21- (please refer to attachments with this agenda email)
   - Resource speakers

7. Good of the Order
   - Announcements

8. Next Meetings
   - Ad Hoc: Thursday, June 8, 2017
   - Work groups:

7. Adjournment
Tobacco 21 for a Healthier Future

Smoking among adolescents and young adults
Smoking is the single most preventable cause of death and disease in the United States and New York State, costing the lives of more than 26,000 New Yorkers annually.1 “Tobacco 21” laws, which raise the minimum age of legal access to purchase tobacco to 21 years, discourage youth from becoming addicted to tobacco, reduce tobacco use, and prevent costly tobacco-related diseases.

Why raise the minimum age to purchase tobacco to 21?

**Most regular smokers start by age 21.**
- 95% of adult smokers start smoking before age 21.2
- Many smokers transition from experimental to regular tobacco use between ages 18 and 21.2

**Reduce youth access to tobacco.**
- Studies show that high school smokers under age 18 are more likely to get cigarettes from social sources, such as borrowing or having someone else buy the cigarettes they smoked.3
- 90% of people who buy cigarettes to give to minors are under age 21.4
- Smokers age 18 to 19 are the most likely age group to be asked to provide tobacco to minors.5

**Reduce youth smoking rates.**
- In the five years following a law in Needham, MA that raised the age for tobacco sales to 21, youth smoking in Needham dropped by nearly half, from 13% to 7%.6

It could result in substantial health benefits.
- In March 2015, the Institute of Medicine (IOM) concluded that raising the tobacco sale age to 21 could substantially reduce youth tobacco use initiation, smoking prevalence, and negative health consequences of smoking.7

Nicotine has a stronger impact on youth and young adults.8
- Brain development continues through young adulthood, making young people highly susceptible to nicotine.
- Adolescents become addicted to nicotine more quickly and at lower levels of use than adults.

Tobacco and E-cigarette companies target youth.
- Tobacco companies market heavily to youth and young adults to recruit “replacement smokers” to sustain their profits.9

State and local “Tobacco 21” laws8
Although the federal minimum age for tobacco sales is 18, states and local jurisdictions have the authority to enact laws requiring a higher minimum age.
- In 2015, Hawaii became the first state to raise the minimum age of tobacco sales to 21.
- Over 200 municipalities in the U.S., including New York City, and the NY Counties of Suffolk, Chautauqua, Cattaraugus, Schenectady, Cortland, Albany, Orange, and Sullivan have raised the minimum age for tobacco sales to 21.
References


11: 2015 Evalumetrics Youth Survey: Allegany County Grades 7-12, February 1, 2016. Survey administered February of 2015 by ACASA.


Tobacco 21 delays smoking initiation

- Tobacco 21 prohibits tobacco sales to anyone younger than 21, the period during which the vast majority of smokers become addicted.\(^1\)
- Approximately \textbf{96\% of smokers begin smoking before age 21}\(^2\) with most beginning before age 16.\(^3\) Smokers frequently transition from experimentation to addiction between the ages of 18 and 21.\(^4\)
- Youth get their cigarettes from social sources,\(^5\) most of whom are peers ages 18 to 21.\(^6\) Today, there are more 18 and 19 year olds in high school than in past years;\(^7\) thus, permitting tobacco sales to 18 or 19 years olds no longer makes sense.
- Few 21 year olds travel within high school social circles; \textbf{Tobacco 21 will effectively remove this critical source of tobacco},\(^8\) thereby delaying or preventing smoking initiation.\(^9\)

Starting later means fewer addicted, long-term smokers

- Evidence shows the \textbf{younger the age of initiation, the greater the risk of nicotine addiction}, heavy daily smoking and difficulty quitting.\(^10\)
- Adolescents are particularly susceptible to the “rewarding” effects of nicotine.\(^11\) In fact, nicotine addiction (which can develop at low levels of exposure, well before established daily smoking\(^12\)) causes three out of four young smokers to continue smoking into adulthood, even if they intended to quit after a few years.\(^13\)
- We now know the brain continues to develop until approximately age 25,\(^14\) particularly in ways that affect impulsivity, addiction\(^15\) and decision making.\(^16\) Thus, science does not support permitting the sale of nicotine to 18 year olds.
- \textbf{Delaying smoking initiation reduces the likelihood of ever starting}! It also reduces the number of regular smokers\(^17\) and immediate, mid- and long-term health effects of smoking to an individual.\(^18\)

Stopping the tobacco epidemic requires policies that delay and prevent smoking initiation.\(^19\)

- Tobacco industry survival depends on youth tobacco use and addiction.\(^20\) Without policy intervention,\(^21\) the industry will continue to successfully entice youth to use their products.\(^22\)
- Despite declines in New York State’s smoking rate, 2.1 million adults continue to smoke statewide.\(^23\)
- African Americans, non-Hispanic multiple race individuals, the mentally ill, LGBT individuals and individuals of low-socioeconomic status or lower education smoke at higher rates compared to the general population.\(^24\)
- Despite declines in youth smoking rates, 7.3\% of New York high school students and 1.2\% of New York middle school students reported smoking cigarettes in 2014.\(^25\) \textbf{Without sustained action, nearly 874,000 New York youth alive in 2014 are projected to become smokers, and an estimated 280,000 of them will die prematurely.}\(^26\)
Tobacco 21 can be effective even as a local policy.

- In 2005 Needham, MA became the first municipality to implement Tobacco 21. The city realized a significantly greater reduction in youth smoking compared to surrounding communities immediately following adoption of Tobacco 21, despite the mobility of Needham youth.27
- All Needham tobacco retailers remain in business ten years after stopping tobacco sales to 18-20 year olds.28
- New York jurisdictions are taking notice. With the implementation of Tobacco 21 policies in New York City and Suffolk County, half of all New Yorkers are covered by the policy.29

**Tobacco 21 policies have broad public support.**30

- Three out of four American adults (and 70% of cigarette smokers) favor Tobacco 21.31
- Tobacco 21 will not harm business—only 2% of national cigarette sales are made to 18-20 year olds.32 Because declines in smoking occur gradually, retailers will have time to adjust to the changing market conditions.33 Additionally, Tobacco 21 will make ID checks easier for New York retailers.34
- Despite initial resistance to raising the legal drinking age to 21, the policy resulted in lower rates of youth drinking.35 Additionally, the alcohol industry was unharmed.36
- Tobacco 21 is gaining momentum; one state and 84 local jurisdictions in eight states have adopted Tobacco 2137 (and more are considering it38).

**Tobacco 21 is most effective when it is a part of a comprehensive tobacco control plan.**39

- Comprehensive tobacco control policies (which include high excise taxes, smoke-free laws, effective enforcement of youth access restrictions, mass-media campaigns and accessible cessation services) are associated with reduced tobacco use among adolescents and adults.40 Importantly, **comprehensive policies are associated with decreased youth smoking prevalence.**41
- A strong Tobacco 21 policy will include electronic nicotine delivery devices (ENDS). ENDS are currently the most common nicotine products used by high school and middle school students42 and ENDS use has been associated with an increased likelihood of cigarette smoking.43

**Examples of Tobacco 21 policies:**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk County, NY</td>
<td>Prohibits the sale of tobacco products, including electronic cigarettes, and herbal cigarettes to persons under age 21. <em>Suffolk Cty, NY Local Law</em> §792(A)(2).</td>
</tr>
<tr>
<td>New York, NY</td>
<td>Prohibits the sale of tobacco products, including electronic cigarettes, to persons under age 21. <em>NYC Admin. Code.</em> §17-706</td>
</tr>
<tr>
<td>Needham, MA</td>
<td>Prohibits the sale of tobacco products or nicotine delivery products to persons under age 21. <em>Needham, MA: Board of Health Regulation</em> §1.6.1</td>
</tr>
</tbody>
</table>

*August 26, 2015*
for at least the next 25 years.

“They represent tomorrow’s cigarette business. . . As this brand (Newport) being purchased by black people (all ages), young adults (usually college age), but see also Winickoff, Retail Impact, supra note 7 at 2-21; see also id. at 4-14 (“A younger age of initiation is associated with an increased risk of many adverse health outcomes, such as a hospital inpatient stay in the past year and lifetime risk of respiratory disease, especially chronic obstructive pulmonary disease, ad lung cancer”); 2014 SG REPORT, supra note 1 at ; see also Winickoff, Retail Impact, supra note 7 at IOM REPORT, supra note 6 at 3-13 and 3-16; Winickoff, Retail Impact, supra note 7 at e3.

IOM REPORT, supra note 6 at 2-20.


IOM REPORT, supra note 6 at 3-12.

Winickoff, Retail Impact, supra note 7 at e1.

IOM REPORT, supra note 6 at 3-14; see also id. at 3-8 (“The development of some cognitive abilities, such as understanding risks and benefits, is achieved by age 16. However, many areas of psychosocial maturity, including sensation seeking, impulsivity, and future perspective taking continue to develop and change through late adolescence and into young adulthood.”); see also id. at 3-12 (“While the development of some cognitive abilities is achieved by age 16, the parts of the brain most responsible for decision making, impulse control, sensation seeking, future perspective taking, and peer susceptibility and conformity continue to develop and change through young adulthood.”); Alexander C. Wagenaar and Traci L. Toomey, Effects of Minimum Drinking Age Laws: Review and Analyses of the Literature from 1960 to 2000, J. STUDIES ON ALCOHOL, Suppl. 14, 220, 222 (2002).

IOM REPORT, supra note 6 at S-6 and S-3.

IOM REPORT, supra note 6 at 8-20. Short-term/immediate health effects include: nicotine addiction, inflammation, impaired immune status, oxidative stress, and respiratory effects which render the individual more susceptible to other adverse health outcomes such as acute illness and a reduced capacity to heal wounds. Intermediate health effects include: subclinical atherosclerosis, impaired lung function, sensitivity to lung disease, Type 2 diabetes, periodontitis, and adverse surgical outcomes/wound healing (among others) which also lead to reduced productivity and absenteeism. Long-term health effects include: cancer, vascular disease, COPD, RA, and bone disease. Maternal/fetal health effects include: decreased likelihood of conception, pregnancy complications, and impairment of fetal development. Id. at 8-12 to 8-18

See Ahmad, supra note 6 at 74 (finding that efforts to prevent youth smoking initiation could produce health benefits seven times greater than efforts to promote adult smoking cessation).

See RJ Reynolds, “Estimated Change in Industry Trend Following Federal Excise Tax Increase,” September 10, 1982, Bates Number 513318387/8390, http://legacy.library.ucsf.edu/tib23d00/jsessionid=211D4CCF0DBD25F9DC2C9BB025329484:toacco023 (“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.”); see also August 30, 1978Lorillard memo from Achey to CEO Curtis Judge about the “fantastic success” of Newport. Bates No. TNY0003062 (“Our profile taken locally shows this brand [Newport] being purchased by black people (all ages), young adults (usually college age), but the base of our business is the high school student.”); see also September 30, 1974 R.J. Reynolds Tobacco Co. marketing plan presented to the company’s board of directors. Bates No. 501421310-1335 (“They represent tomorrow’s cigarette business. . . As this 14-24 age group matures, they will account for a key share of the total cigarette volume -- for at least the next 25 years.”)
Tobacco use is driven by industry marketing tactics; comprehensive tobacco control programs are necessary to combat industry actions and includes implementation of evidence based policies. 2012 SG REPORT, supra note 1 at ES-7, 8, 487, 508, 540, 601, and 851-852.

See Press Release, Governor of New York, Governor Cuomo Announces New York’s Smoking Rates Reduced to Lowest Levels in Recorded State History (June 8, 2015), https://www.governor.ny.gov/news/governor-cuomo-announces-new-yorks-smoking-rates-reduced-lowest-levels-recorded-state-history (last accessed August 2, 2015) (adult smoking rate was 14.5% in 2014); see also New York State Behavioral Risk Factor Surveillance System (2014) (weighted adult population for 2014 was 14,461,387).


Shari Kessel Schneider, Community Reductions in Youth Tobacco Smoking After Raising the Minimum Tobacco Sales Age to 21, TC ONLINE First (June 2, 2015) 3-4; Winickoff, Retail Impact, supra note 7 at e3.

Winickoff, Retail Impact, supra note 7 at e3 (while high school smoking rate declined by 47% in 4 years following age increase, no retailers went out of business as of 2014).


Jonathan P Winickoff et al., Public Support for Raising the Age of Sale for Tobacco to 21 in the United States, TC ONLINE First (April 15, 2015); King et al., Attitudes toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults, AM. J. OF PREVENTIVE MED. 1, 3 (July 15, 2015); see Ahmad, supra note 6 at 76

King, supra note 29 at 3.

Winickoff, Retail Impact, supra note 7 at e2 (uses number of cigarettes consumed by 18-20 year olds, so includes sales to those individuals as well as to others on behalf of those individuals.)

Winickoff, Retail Impact, supra note 7 at e2.


Winickoff, Retail Impact, supra note 7 at e2

Winickoff, Retail Impact, supra note 7 at e2.


IOR REPORT, supra note 6 at 6-20.

See also IOM REPORT, supra note 6 at 6-20.

2012 SG report, supra note 1 at ES-7.

Id. at ES-7, 696 and 854; see also IOM REPORT, supra note 6 at 6-20; see generally CENTER FOR PUBLIC HEALTH AND TOBACCO POLICY, TOBACCO RETAIL LICENSING: LOCAL REGULATION OF THE NUMBER, LOCATION AND TYPE OF TOBACCO RETAIL ESTABLISHMENTS IN NEW YORK (2013) (effectiveness of limiting/reducing density of tobacco retail outlets and youth access); see also CENTER FOR PUBLIC HEALTH AND TOBACCO POLICY, TOBACCO PRICE PROMOTION: LOCAL REGULATION OF DISCOUNT COUPONS AND CERTAIN VALUE-ADDED SALES (2013) (effectiveness of maintaining high prices on tobacco products and youth access); see also CENTER FOR PUBLIC HEALTH AND TOBACCO POLICY, CAUSE AND EFFECT: TOBACCO MARKETING INCREASES YOUTH TOBACCO USE (2012).

Rene A. Arrozola et al., Tobacco Use Among Middle and High School Students-United States, 2011-2014, 64 MMWR 381, 381 (April 2015).

LOCAL LAW  
INTRODUCTORY NO. X - XX  
ALLEGANY COUNTY  
A LOCAL LAW TO RAISE THE LEGAL AGE FOR PURCHASE OF  
TOBACCO PRODUCTS IN ALLEGANY COUNTY TO 21  

BE IT ENACTED, by the County Legislature of the County of Allegany, New York, as follows:

Section 1. Legislative Findings and Intent.

The sale in Allegany County of tobacco and related products to individuals under twenty-one years of age should be prohibited in order to:

a) further the goals of New York State’s tobacco use prevention and control program, as identified in New York State Public Health Law §1399-ii;

b) respond to the fact that tobacco is the leading cause of preventable death and disease in New York State;

c) respond to findings made by the Institute of Medicine, which prepared a report at the request of the U.S. Food and Drug Administration entitled “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products,” concluding and suggesting that:

i. adolescent brains are uniquely vulnerable to the effects of nicotine;

ii. a younger age of initiation is strongly associated with greater nicotine dependence and is also associated with greater intensity and persistence of smoking beyond adolescence and into adulthood;

iii. almost one in five high school seniors is a current cigarette smoker;

iv. underage users rely primarily on social sources, such as friends and family, to acquire tobacco, and most of these sources are likely to be between eighteen and twenty years old;

v. raising the minimum legal age to twenty-one will mean that those who can legally obtain tobacco are less likely to be in the same social networks as high school students;

vi. delaying initiation rates will likely decrease the prevalence of tobacco users in the U.S. population; and

vii. raising the minimum legal age will likely immediately improve the health of adolescents and young adults by reducing the number of those with adverse physiological effects;

d) address the fact that, when adjusted for age, 28.1 percent of adults in Allegany County smoke, which is the eighth highest county smoking rate in the State;

e) respond to findings that most of those addicted to tobacco, start using tobacco before twenty-one years of age;
f) respond to the growing rates of electronic cigarette use among youth, which expose users to unhealthy levels of nicotine and other unknown harmful chemicals;
g) reduce the exposure of our youth to disease-causing toxins in secondhand smoke and in chemicals emitted from electronic cigarettes, liquid nicotine, shisha, herbal cigarettes, and other Prohibited Products as defined herein;
h) apply evidence-based strategies to address the public health issues that result from tobacco use including but not limited to cancer, heart disease, and lung disease;
i) prevent exposure of youth, who are particularly susceptible to addiction, to the chemically addictive effects of tobacco and related products, in an effort to improve public wellness and reduce health insurance expenditures; and
j) protect young County residents from the unregulated and unknown effects of electronic cigarettes, herbal cigarettes, and other Prohibited Products.

Section 2. Definitions.

a) “Prohibited Products” means:
   i. cigarettes, cigars, chewing tobacco, powdered tobacco, shisha, bidis, gutka, other tobacco products, nicotine water, herbal cigarettes, electronic cigarettes, liquid nicotine, snuff, rolling papers, and smoking paraphernalia, as those terms are defined in New York State Public Health Law Article 13-F and, when not so defined, as commonly understood to be defined; and
   ii. all other products which are prohibited from being sold to minors by New York State Public Health Law Article 13-F, as the same may be amended from time to time.

b) “Enforcement Officer” means the County of Allegany Board of Health.

Section 3. Policy.

a) The sale of Prohibited Products to those under the age of twenty-one is prohibited in Allegany County to the same extent that sale of such products to those under eighteen years of age is prohibited by New York State Public Health Law Article 13-F, as the same may be amended from time to time.
b) The identification requirements contained in New York State Public Health Law Article 13-F Section 1399-cc(3), as the same may be amended from time to time, are hereby incorporated into this law by reference, except that the age to be proven by such identification shall be twenty-one.
c) Prohibited Products may not be sold in vending machines located in the County.
d) No person operating a place of business wherein Prohibited Products are sold or offered for sale shall sell, permit to be sold, offer for sale or display for sale any Prohibited Product in any manner, unless such Product is stored for sale (a) behind a counter in an area accessible only to the personnel of such business, or (b) in a locked container; provided, however, such restriction shall not apply to tobacco businesses as defined in subdivision eight of §1399-aa of New York State Public Health Law Article 13-F, as the same may be amended from time to time, and to places to which admission is restricted to persons twenty-one years of age or older.

Section 4. Posting of Signs

Vendors of Prohibited Products shall post a sign in a conspicuous place imprinted with the statement “SALE OF CIGARETTES, CIGARS, CHEWING TOBACCO, POWDERED TOBACCO, SHISHA, BIDIS, GUTKA OR OTHER TOBACCO PRODUCTS, HERBAL CIGARETTES, LIQUID NICOTINE, ELECTRONIC CIGARETTES, ROLLING PAPERS, OR SMOKING PARAPHERNALIA, TO PERSONS UNDER TWENTY-ONE YEARS OF AGE, IS PROHIBITED BY LOCAL LAW.” Such sign shall be printed on a white card in red letters at least one-half inch in height. Signs shall be protected from tampering, damage, removal, or concealment. In the event additional sign language is required due to changes to New York State Public Health Law Article 13-F, vendors shall add such additional language to their signs, including, but not limited to, reference to additional products which may become prohibited for sale to minors.

Section 5. Enforcement.

a) The Enforcement Officer is charged with ensuring compliance with this Local Law.
b) In the event a violation of this Law also constitutes a violation of New York State Public Health Law, as the same may be amended from time to time, the Enforcement Officer shall take enforcement action pursuant to and in accordance with New York State Public Health Law Article 13-F §1399-ee, as the same may be amended from time to time.
c) For a violation of this Law which does not constitute a violation of New York State Public Health Law:

   i. the Enforcement Officer may issue and serve upon the person complained against a written hearing notice, in accordance with the provisions of the Allegany County Sanitary Code, together with the complaint made against him or her. The Complaint shall specify the provision(s) of this Local Law of which such person is alleged to be in violation, accompanied by a statement of the manner in which that person is alleged to have violated it, and shall require the person so complained against to answer the charges of such complaint at a public hearing before the Board of Health or its designated hearing officer, at a specified location, date, and time, not fewer than fifteen (15) days after the date of service of the notice;

   ii. notwithstanding the above, the Board of Health or its designee may, in its discretion, offer a proposed stipulation to the person complained against, in which case the person complained against will have the option of executing
the proposed stipulation within any time frame specified, or proceeding with a formal hearing;

iii. when the Enforcement Officer determines after a hearing that a violation of this Local Law has occurred, a civil penalty may be imposed by the Enforcement Officer pursuant to Section 6 of this Local Law. Nothing herein shall be construed as prohibiting an Enforcement Officer from commencing a proceeding for injunctive relief to compel compliance with this Local Law;

iv. any person who desires to register a complaint under this Local Law may do so through the Enforcement Officer;

v. the decision of the Enforcement Officer shall be reviewable pursuant to Article 78 of the Civil Practice Law and Rules; and

vi. the Enforcement Officer, subsequent to any appeal having been finally determined, may bring an action in a court of proper jurisdiction to recover the civil penalty assessed in accordance with Section 6 of this Local Law.

Section 6. Violations and Penalties.

Violation of any provision of this Local Law shall be punishable by a civil penalty in an amount determined by the Allegany County Board of Health, within the parameters of the minimum and maximum penalties set forth in New York State Public Health Law §1399-ee(2), as the same may be amended from time to time.

Section 7. Severability.

If any clause, sentence, paragraph, subdivision, section, or part of this law or the application thereof to any person, individual, corporation, firm, partnership, or business shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section, or part of this law, or in its specific application.

Section 8. Effective Date.

This local law shall become effective XXXXXXX, XX, XXXX.