

TOBACCO FREE

December 2015

EXPRESS

*On the move toward a smoke-free
Allegany County*

Widespread Support for a Raised Minimum Age For Tobacco Purchases

During the 1990's, the Minimum Legal Sale Age (MLSA) for tobacco products in the U.S. became 18 years old.⁽¹⁾ Since then, the federal government has had limited ability to further regulate the MLSA, leaving additional policy decisions up to individual states and municipalities.

Over the last several decades, higher tobacco taxes and smoke-free laws at federal and state levels have been used to combat underage tobacco initiation in lieu of raising the MLSA.⁽²⁾ However, in the last few years, the MLSA has once again become a topic of discussion. In 2013, New York City became the first locality to raise the MLSA to 21 years old, followed by over 80 other cities and towns across the country.⁽²⁾ This year, Hawaii became the first state to mandate a MLSA of 21.

A higher MLSA is expected to have widespread lifesaving potential. A report by the Institute of Medicine predicted that raising the MLSA to 21 will:

- reduce smoking rates by 12%,
- — prevent over 249,000 premature smoking-related deaths, and
- — reduce the number of adolescents and young adults who start smoking.⁽³⁾

The report indicates that over half of current smokers began before age 18; thus, an increase in the MLSA will likely prevent — or at the very least, delay — adolescent tobacco use. And the notion of raising the MLSA is gaining popularity among smokers and non-smokers alike: a recent CDC report stated that 75% of adults support a MLSA of 21, including 7 out of 10 smokers.⁽²⁾ These findings, along with the broad public health impacts, are prompting states across the U.S. to consider the idea.

(1) Tobacco Control Legal Consortium (2015, March). Raising the minimum legal sale age for tobacco and related products. Retrieved from <http://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-minimumlegal-saleage-2015.pdf>;

(2) Campaign for Tobacco-Free Kids (2015, July 15). Increasing the minimum legal sale age for tobacco products to 21. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>;

(3) Institute of Medicine (2015). Public health implications of raising the minimum age of legal access to tobacco products. National Academies Press: Washington, DC. Retrieved from <http://www.iom.edu/Reports/2015/TobaccoMinimumAgeReport.aspx>



You are invited to attend

MDQuit's 10th Annual Best Practices Conference

Thursday, January 21, 2016
8:00 am - 3:30 pm

at the Turf Valley Resort in Ellicott City, MD

This year's theme

**SUPPORTING SMOKING CESSATION:
EFFECTIVE PROGRAMS AND POLICIES**

*A Ten-Year Anniversary Celebration of
MDQuit and the Maryland Tobacco Quitline*

We proudly announce this year's invited keynote speakers:

CHRISTI PATTEN, Ph.D.

Professor of Psychology
Mayo Clinic

and

ROBERT W. GLOVER, Ph.D.

Executive Director
National Association of State Mental Health Program Directors

TO REGISTER GO TO: <http://www.mdquit.org>

PLEASE NOTE: Space is limited -- a waitlist will activate when capacity is reached.

*If you register and become unable to attend,
please contact us as soon as possible to cancel your registration.*

OFFERING 5.5 CEUs

Study Finds E-Cigarette Use Among Non-Smoking Youth Associated with Intentions to Smoke Conventional Cigarettes

Slightly more than one-fifth (21.9%) of 6th-12th grade students who have never smoked cigarettes say they intend to use tobacco cigarettes in the future, according to data from the 2011-2013 National Youth Tobacco Survey. Non-smoking youth who had ever used e-cigarettes were nearly twice as likely to have intentions to smoke conventional cigarettes in the future than those who had never tried e-cigarettes (43.9% vs. 21.5%). While it is not possible in this study to determine the causal direction of the association between e-cigarette use and intention to smoke, the authors conclude that “[i]rrespective of causality, nonsmoking youth who use e-cigarettes have nearly double the rate of smoking intention, a finding which, from a public health perspective, merits prevention efforts to protect youth.”

SOURCE: Adapted by CESAR from Bunnell, R.E., et. al., “Intentions to Smoke Cigarettes Among Never-Smoking U.S. Middle and High School Electronic Cigarette Users, National Youth Tobacco Survey, 2011-2013,” *Nicotine & Tobacco Research* 17(2):228-235, 2015. For more information, contact Rebecca Bunnell at rrb7@cdc.gov.

“Selling Tobacco to Kids – It’s Not a Minor Thing!”

Maryland Responsible Tobacco Retailer Program

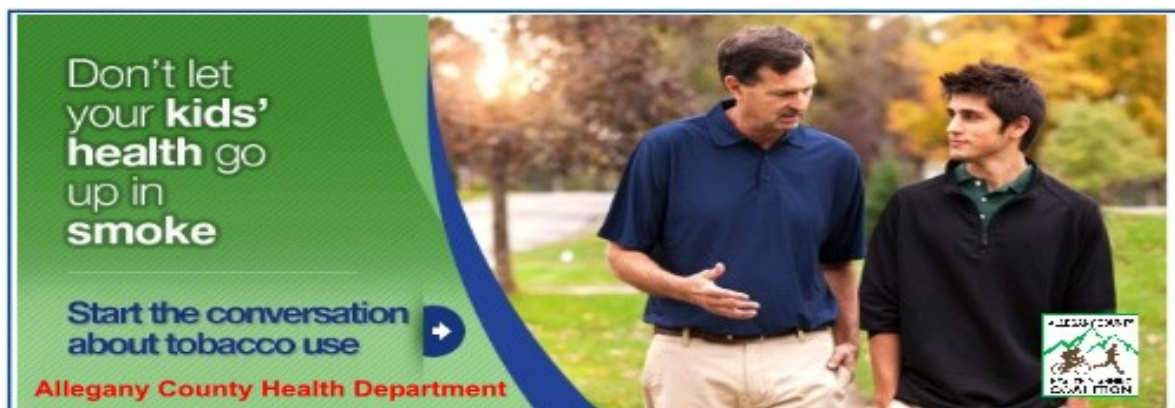
Retailers are an important part of our communities, providing goods and services to residents of all ages. Licensed tobacco retailers are uniquely positioned to act responsibly and help reduce and eliminate underage access to tobacco products in Maryland. Maryland is serious about keeping our kids tobacco-free and is increasing educational efforts and retailer compliance checks across the state. Understanding the roles retailers play in preventing tobacco sales to minors is essential.

Tobacco retailers are required by law to:

- Ask for photo ID for anyone under 27
 - Check to make sure everyone is at least 18
- ⇒ **REFUSE TO SELL TO ANYONE UNDER 18**



In connection with their Responsible Tobacco Retailer Initiative, the Center for Tobacco Prevention and Control at DHMH announces a new online training module for tobacco retailers at: www.NoTobaccoSalesToMinors.com Campaign materials are also available on the website for free download. If you have questions about the campaign or would like to order materials, contact: dhmh.notobaccosalestominors@maryland.gov



Sales to Minors: Electronic Cigarettes

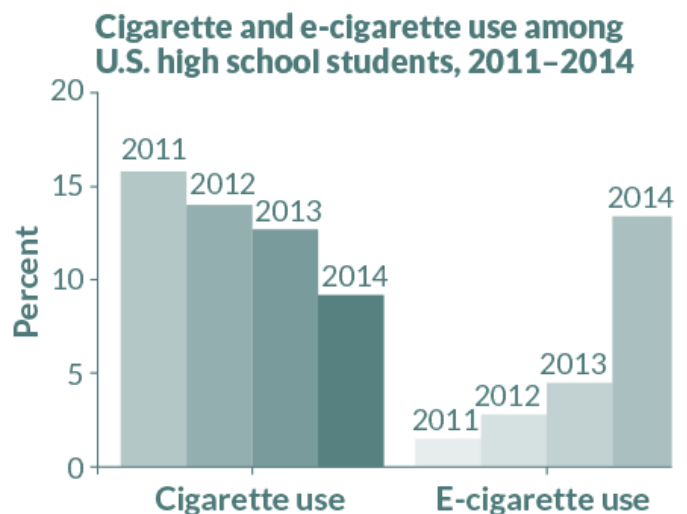
In 2015, the Maryland General Assembly enacted House Bill 489, which amends the State's prohibition against selling electronic cigarettes to a minor. The law, effective beginning October 1, 2015, continues to ban the sale of electronic cigarettes to a minor, while making the following improvements: (1) expanding the scope of the ban to include refillable containers of liquid nicotine and other component parts; (2) authorizing the County Health Officer or their designee to cite violators; (3) enabling violators to pay a fine in lieu of electing to stand trial; and, (4) exempting products sold as FDA approved tobacco cessation devices. This fact summary reviews the amended statute and provides insight on the law for enforcement officers, health officials and retailers.

Existing law: Prohibits: Sale, distribution, and offer for sale of an electronic cigarette to a minor; Violator: Clerk or owner (or both); Penalty: Criminal misdemeanor and fine of up to \$1,000 for each violation; Defense: Proof of valid ID check by retailer

Beginning on October 1, 2015: Prohibits: Sale, distribution, and offer for sale of: Electronic cigarettes; component parts; products used to refill or resupply an electronic cigarette (e.g., liquid nicotine containers) **Exemption:** Devices approved by the FDA for sale as tobacco cessation products; device must be marketed and sold only for tobacco cessation in order for this exemption to apply; Penalty: Violators subject to a civil penalty of \$300 for a first offense; \$500 for any subsequent offense occurring within 24 months of the previous offense; Issuer: Law enforcement officer, County Health Officer, or a designee (a retired law enforcement officer employed by a county health officer, or an employee of a local health department trained in civil enforcement) may issue civil citation to violators; Citation must include: 1) charged person's name and address, 2) nature of violation, 3) location and time of violation, 4) amount of penalty, 5) manner, location, and time in which the penalty may be paid, 6) notice of the charged person's right to stand trial for the violation, AND 7) warning that failure to pay the penalty or timely challenge liability is an admission of liability and may result in a

default judgment including the amount of penalty, court costs, and administrative expenses; Pay Fine or Elect to Stand Trial: Any violator may pay the fine in lieu or electing to stand trial, or file a notice of intention to stand trial at least 5 days before the deadline in the citation to pay the penalty; notice must be filed with the County Health Officer or designee; Violator: Clerk or owner (or both); Defense: Proof of valid ID check by retailer

Legal Resource Center for Public Health Policy at the University of Maryland Francis King Carey School of Law, with funding and support provided in part by the Centers for Disease Control and Prevention. The Legal Resource Center for Public Health Policy provides information and technical assistance on issues related to public health in Maryland. The legal information and assistance does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.



Nico-teen brain

The teenage brain is no place for nicotine. The prefrontal cortex, the area of the brain responsible for emotions and impulse control, doesn't finish developing until age 25 or so. It's an area especially vulnerable to nicotine addiction. Exposing the developing adolescent brain to nicotine "could lead to a high risk of lifelong addiction," says Garry Sigman, who heads adolescent medicine at the Loyola University Chicago Stritch School of Medicine in Maywood, Ill.

July 11, 2015, Science News, "The Dangers of Vaping."

Say it. Share it.
Spread the word about
being tobacco free.
Go to BeTobaccoFree.gov