



STATEMENT OF POLICY

Make New York Commercial Tobacco Free

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

Problem Statement

Commercial tobacco, used as directed, is the leading causing of preventable death in NYS, with the exception of the COVID pandemic. Nearly half of those who use tobacco regularly die prematurely as a direct result. Billions are spent on healthcare costs, as well as lost productivity from the multiple diseases which are caused by cigarette smoking and spit tobacco. The tobacco industry is an adjudicated conspiratorial enterprise that has repeatedly lied about the harms of tobacco, worked tirelessly to undermine the scientific evidence of tobacco dangers, targeted vulnerable communities thru deceptive advertising, and spend millions on litigation and lobbying to oppose efforts to reduce the harms of tobacco products. Cigarettes have been systematically engineered to increase their addictiveness. Health inequities produced by tobacco use are widespread, with higher use and harms experienced by those with lower education and income, disabilities, behavioral health challenges, as well as people of color, LGBTQ New Yorkers, and Native Americans. Cigarette butts are the most littered item in the world. Recently, the advent of vaping has reached epidemic proportions, with unknown long-term effects, and mounting evidence of the harms to youth.

Policy Statement

The New York State Public Health Association (NYSPHA) advocates for health equity through promoting efforts to ensure that residents in New York live in a commercial tobacco free society. We encourage our partners in public health to act separately and together to ensure this goal.

As part of our work to eliminate the harms from commercial tobacco, NYSPHA promotes a commercial tobacco free norm thru advocacy, education, professional development and networking, and encourages itself and its public health partners to act on components that are central this effort:

1. Implement the proven best practices of tobacco control as evidenced by Surgeon General Reports and CDC recommendations, including:
 - a. adequately funding comprehensive state funded tobacco control programs

- b. reducing the time, place, and manner of tobacco retailers
 - c. ensuring no cost tobacco dependence treatment is easily accessible
 - d. expanding tobacco free policies in housing, indoor and outdoor areas
 - e. keeping the price of tobacco products high
 - f. eliminating tobacco imagery from youth rated films
 - g. implementing robust public service media campaigns
2. Eliminate menthol flavored products, which are designed to mask the harshness of tobacco, facilitate youth addiction, making it more difficult to quit, and disproportionately affecting African Americans
3. Support funding of the New York State Department of Health Tobacco Control Program at 100% of CDC recommended level
4. Recognize the sacred uses of tobacco in many Native American communities, which is manifestly different from commercial tobacco, and should be respected
5. Support more aggressive tobacco control efforts to reduce commercial tobacco use, often called tobacco “endgame proposals”. (footnote)

Justification

Much success has been accomplished through public health measures in reducing tobacco use and its related harms since the first Surgeon General Report on tobacco in 1964. The World Health Organization estimates that there are 1.3 billion tobacco users in the world and that tobacco kills more than 8 million users each year, of which 1.2 million deaths are the result of second-hand smoke (World Health Organization, 2021). Estimates are that over 1 billion people will die prematurely from tobacco related diseases globally in the 21st Century (Jha et al., 2015).

In the United States, more than 480,000 deaths occur yearly due to tobacco use and more than \$300 billion are spent yearly on direct medical care costs and lost productivity (Centers for Disease Control and Prevention, 2021). In New York State over 2 million adults smoke and about 28,000 adults die yearly. NYS spends over \$10.4 billion in healthcare expenses on tobacco related illnesses. Tobacco use causes many diseases including cancer, heart disease, stroke, chronic obstructive pulmonary disease, type 2 diabetes, eye illnesses, fertility and rheumatoid arthritis ((New York State Department of Health, 2021).

Smoking rates are disproportionately high for those with poor mental health, substance abuse disorders, low SES, people in rural areas, the LGBTQ community, and people of color. (CDC, 2021). Approximately 35,000 high school students smoke in New York, starting with their first cigarette by 13 years old. Over 25% of high school youth are regularly using E-cigarettes, which is now the most commonly used tobacco product and has increased 160% between 2014 and 2018 (New York State Department of Health, 2021). If current trends continue, over 280,000 youth will die prematurely of tobacco related illness in NYS (Campaign for Tobacco-Free Kids, 2021). The cost of tobacco dependence treatment can be prohibitive for some and the benefits of quitting smoking result in a better health outcome physically, financially and psychologically (CDC, 2021).

As a result of years of education, advocacy, and policy change, there has been significant success in NYS in reducing tobacco use and the resulting harms. The New York State Tobacco Control Program (NYS TCP) was instituted in 2000 and has implemented milestones along the way that include, the New York State Clean Indoor Air Act (CIAA), laws restricting minor’s access to cigarettes, increasing the minimum legal sale age to purchase tobacco to 21, eliminating flavored e-cigarettes, ending the sale of all tobacco

products in pharmacies, ending the use of tobacco coupons and multi-pack discounts, requiring smoke free Public Housing Authority apartments, putting controls on internet sales, instituting compliance checks by health departments to ensure age-appropriate sales, implementing tobacco free parks, colleges, businesses and community organizations, and maintaining one of the highest tobacco taxes in the country. In addition, New York State has increased access to cessation services for those who want to stop smoking (New York State Department of Health, 2021).

These policy changes have helped decrease the tobacco use rates in NYS from 18.1% in 2011 to a current rate of 12.8% (New York State Department of Health, 2021). They deserve our praise and support. However, much more needs to be done to eliminate commercial tobacco use. NYSPHA supports deepening efforts to help New Yorkers live healthy, commercial tobacco free lives.

Footnote: Two recent examples of endgame proposals are the Tobacco Free Generation and Project Sunset. In the Tobacco Free Generation proposal, children born after a certain date would not be allowed to purchase tobacco products, while current smokers would be grandfathered in to continue to be able to purchase tobacco. The result being a phasing out of the sale of tobacco. Project Sunset is a campaign for local jurisdictions to end the sale of commercial tobacco. Under this proposal, tobacco sales would be eliminated over time as more communities became commercial tobacco-free.

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Record of Action

8/11/21 – Adopted by the NYSPHA Policy and Advocacy Committee (PAC)

8/25/21 – Approved by NYSPHA Board of Directors