



2018 Maryland Tobacco Control Conference

Navigating the Changing Landscape: The Future
of Tobacco Control in Maryland

May 8, 2018

2018 Maryland Tobacco Control Conference
Navigating the Changing Landscape: The Future of Tobacco Control in Maryland

8:30 AM to 9:15 AM	Registration/Breakfast		
9:15 AM to 9:35 AM	<p align="center">Opening Remarks Kathleen Hoke, JD, Legal Resource Center (LRC) Dawn Berkowitz, MPH, CHES, Maryland Department of Health (MDH) Howard Haft, MD, MMM, CPE, FACPE, Maryland Department of Health (MDH)</p>		
9:35 AM to 10:15 AM	<p align="center">Plenary Gustavo Torrez, Campaign for Tobacco-Free Kids</p>		
10:15 AM to 10:30 AM	LRC Legislative Update and Joan Stine Award Presentation		
10:30 AM to 10:45 AM	Networking Break		
10:45 AM to 12:00 PM		Morning	
	<i>Innovative Points of Entry and Approaches for Cessation</i>	<i>Innovative Tobacco Policy</i>	<i>Emerging Enforcement Issues</i>
	1. Kerry Cork, JD, Tobacco Control Legal Consortium 2. Payam Sheikhattari, MD, MPH, Prevention Sciences Research Center 3. Vicki Petro and Melissa Book, Easton Utilities Moderator: Brooke Torton Lakeview Ballroom A	1. Kevin Schroth, JD, New York City Department of Health 2. Scott Hall, JD, MBA, Greater Kansas City Chamber of Commerce 3. Desmond Jenson, JD, Tobacco Control Legal Consortium Moderator: Mellissa Sager Lakeview Ballroom B/C	1. Cole Dowden, JD; Sgt. Tony Hatcher; Nate Essey; Timothy McNeal; Office of the Comptroller of Maryland 2. Wayne Farrare, Caroline County Health Department 3. Kathleen Hoke, JD, Legal Resource Center Moderator: Kathleen Hoke Lakeview Ballroom D
12:00 PM to 12:10 PM	Break		
12:10 PM to 1:15 PM	<p align="center">Lunch Panel Discussion: Tobacco Prevention and Cessation Through the Health Equity Lens Rod Lew, MPH, Asian Pacific Partners for Empowerment, Advocacy and Leadership Juan Carlos Vega, MLS, LGBT HealthLink Delmonte Jefferson, National African American Tobacco Prevention Network</p>		
1:15 PM to 1:25 PM	Break		
1:30 PM to 2:30 PM		Afternoon	
	<i>Vaping, Juuling, & Youth</i>	<i>Substance Use: Intersection with Tobacco Law and Policy</i>	<i>FDA and Strategic Communications</i>
	1. Jeff Willett, PhD, MA, Truth Initiative 2. High School Student: Tiffany Zheng and Arlette Felix, Easton High School Students; Noah Rich, Julia Batavick, Sean Christensen, Towson High School Students; Conor Curran, Old Mill High School Student Moderator: Brooke Torton Lakeview Ballroom B/C	1. Will Tilburg, JD, Maryland Medical Cannabis Commission 2. Ilana Richman, MD, Yale School of Medicine 3. George Kolodner, MD, Kolmac Outpatient Recovery Centers Moderator: Mellissa Sager Lakeview Ballroom A	1. Rashaeta Fairnot, LGSW, Center for Tobacco Products 2. Jessica Rowden, MA, Center for Tobacco Products Moderator: Kathleen Hoke Lakeview Ballroom D
2:30 PM to 2:40 PM	Break		
2:40 PM to 3:20 PM	<p align="center">Emerging Threats to Tobacco Control Success: How Juuls and Vapes are Changing Maryland's Landscape Dawn Berkowitz, MPH, CHES, Maryland Department of Health</p>		
3:20 PM to 3:30 PM	End of Conference for Non-Local Health Department Attendees; Break for Local Health Department Attendees		
3:30 to 4:30 PM	Local Tobacco Coordinator Meeting		

Plenary:

Gustavo Torrez, Campaign for Tobacco Free Kids

Slideshow Uploaded Separately

Innovative Points of Entry and Approaches for Cessation

1. Kerry Cork, JD, Tobacco Control Legal Consortium
2. Payam Sheikhattari, MD, MPH, Prevention Sciences Research Center
3. Vicki Petro and Melissa Book, Easton Utilities

**OVERLOOKED & UNDERTREATED:
NICOTINE ADDICTION IN HOMELESS SHELTERS**



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Tobacco Control Legal Consortium

5/30/2018

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Tobacco Control Legal Consortium

5/30/2018

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LEGAL TECHNICAL ASSISTANCE

-  Legal Research
-  Policy Development, Implementation, Defense
-  Publications
-  Trainings
-  Direct Representation
-  Lobby

OVERLOOKED & UNDERTREATED: NICOTINE ADDICTION IN HOMELESS SHELTERS

- Background
- Patterns of Tobacco Use
- Barriers & Challenges
- Promising Policy Options

U.S. HOMELESS POPULATION OVERVIEW



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DEFINING HOMELESSNESS?

Homelessness =
“State of being
without a home”

“State of abject poverty,
often accompanied by
high-risk comorbidities”



HOMELESSNESS

- Individuals and families who do not have a fixed, regular, and adequate night time residence, including those who live in emergency shelters or places not meant for human habitation
- Individuals and families at imminent risk of losing their main night-time residence
- Unaccompanied youth and families with children and youth who meet other definitions of homelessness
- Individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual violence, stalking, or other dangerous or life-threatening conditions

FACES OF THE HOMELESS

- Chronically homeless
- Episodically homeless
- Transitionally homeless



DEMOGRAPHICS

Approximately 554,000 people homeless on a given night in U.S.
(2017)

- Poor, marginalized, vulnerable
- Those experiencing mental health issues / addiction
- Victims of domestic & sexual abuse, etc.
- Veterans (suffering from PTSD, depression, etc.)
- Runaway youth
- Seniors
- Families with children



HOST OF PROBLEMS



- Mental disorders
- Alcoholism
- Substance abuse
- Hunger
- Little or no access to health care
- Lack of social support
- Depression



NICOTINE ADDICTION

- 3 out of 4 homeless people smoke cigarettes, a rate 4 times higher than in general population
- 2 to 5 times more likely to die prematurely



THE LIST GOES ON

- Medical concerns
 - Cardiovascular disease
 - Obstructive lung disease
 - Other chronic / infectious diseases
 - Brain injury
- Cognitive impairment
- Limited education
- Legal / criminal justice challenges
- Displacement (eviction, natural disaster, etc.)



PATTERNS OF TOBACCO USE

- Sniping: Collecting & using discarded cigarette butts or filters
- Rolling own cigarettes
- Blocking filter vents
- Smoking other tobacco or organic substances
- Borrowing, sharing or trading single cigarettes



BARRIERS & CHALLENGES



WHY IT'S HARD FOR THEM TO QUIT

- Many have mental illness or addictions
- Smoking is a way to --
 - Cope with stress, boredom, hunger
 - Self-medicate; regulate their moods
 - Provide instant gratification
 - Socialize; a means of camaraderie
 - Retain control in one area of their lives



TOBACCO USE AMONG HOMELESS PEOPLE

“An expression of autonomy in the face of desperation and a source of comfort in the midst of chaos.”

Dr. Travis Baggett

369 New England Journal of Medicine 201-04 (2013)



WHY IT'S HARD FOR THEM TO QUIT

- Tobacco industry's predatory marketing tactics (Project SCUM)
- Pricing discounts, coupons, cheap alternative tobacco products



AND YET . . .

A majority of homeless individuals want to quit smoking.

TYPES OF SHELTER FOR HOMELESS INDIVIDUALS

- Day Shelters / Rescue Missions
- Emergency Homeless Shelters
- Halfway Housing
- Permanent Affordable Housing
- Residential Drug and Alcohol Rehab Programs
- Supportive Housing
- Shared Housing
- Transitional Housing
- Rooming House or Boarding House

CHALLENGES FOR HOMELESS SERVICE PROVIDERS #1

- Traditional use of tobacco by providers to build trust
- **High percentage of provider staff smoke**
- Nicotine addiction “less a priority” than other coexisting issues
- Lack of coordination / collaboration among social services, primary care, behavioral health/substance use experts & tobacco addiction experts



CHALLENGES FOR HOMELESS SERVICE PROVIDERS #2

- Service providers lack –
 - Funding for nicotine replacement products
 - Organized cessation counseling programs and trained counselors
- Challenge in providing service to (and retaining contact w/) transient population
- Challenge in determining the most effective cessation treatments, given diverse needs of (& subgroups in) homeless population

PROMISING POLICY OPTIONS



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TOBACCO-FREE SHELTERS

- Most shelters are smoke-free on premises
- Many prohibit smoking on entire grounds; others permit smoking w/in a certain distance of entrances & exits (e.g., 20 – 25 ft.)
- Challenge: Enforcing smoke- or tobacco-free policies. Staff often smoke with residents.



TRAIN PROVIDER STAFF

- Make tobacco cessation a priority among staff
- Train staff on how to assist homeless smokers with tobacco cessation
- Engage staff who are former smokers to provide positive support
- Consider recruiting former homeless clients to serve as peer advisors



ENFORCE SMOKE-FREE POLICIES

- Ensure that all staff, residents comply with smoke-free policies, and that policies are enforced fairly and consistently.



LEVERAGE OUTREACH OPPORTUNITIES

- Cessation information in food distribution packages
- Annual one day event where free services are made available at convention center (e.g., haircuts, HIV/AIDS testing housing, healthcare, dental, tobacco cessation)
- Weekly free lunches provided by local parish, offering cessation info / referrals
- Free CT lung screenings and follow-up cessation information

RECRUIT HOMELESS CLIENTS IN STUDIES



- Set up flexible visit schedules
- Provide incentives that meet their needs:
 - Bus tokens & metro cards
 - Gift cards at each visit
 - Hygiene kits
 - Calendar/planner to record their visit times
- Obtain multiple forms of contact info
- Use outreach staff with experience in homelessness

PROVIDE COUNSELING & NRT



- Behavioral counseling (short in-person sessions) or motivational interviews are often preferred over quit lines)
- Pharmacotherapy (NRT cessation medications) are useful when combined with counseling
- If possible, make cessation info and resources available, along w/ access to NRT

INTERVENTION STRATEGIES AT DIFFERENT LEVELS

- Individual (e.g., NRT and behavioral counseling)
- Interpersonal (e.g., group & peer-based cessation interventions)
- Health care delivery (e.g., consistent smoke-free message during clinical encounters)
- Shelter (e.g., tobacco-free settings; educational messaging; training, resources & referrals for clients & staff)
- Policy (e.g., expanding health insurance that covers comprehensive tobacco treatment; evidence-based tobacco control policies at state and local levels – pricing, POS, advertising & marketing, licensing)

HUD'S SMOKE-FREE RULE IN PUBLIC HOUSING

Rule requires more than 3,100 public housing agencies across the U.S. to prohibit lit tobacco products in all living units, indoor common areas, administrative offices, and all outdoor areas within 25 feet of housing and administrative office buildings.



“HOUSING FIRST” APPROACH

- Offer permanent, affordable housing as quickly as possible to individuals and families experiencing homelessness,
- . . . and then . . .
- provide supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness



TOBACCO USE AMONG THE HOMELESS POPULATION: FAQ

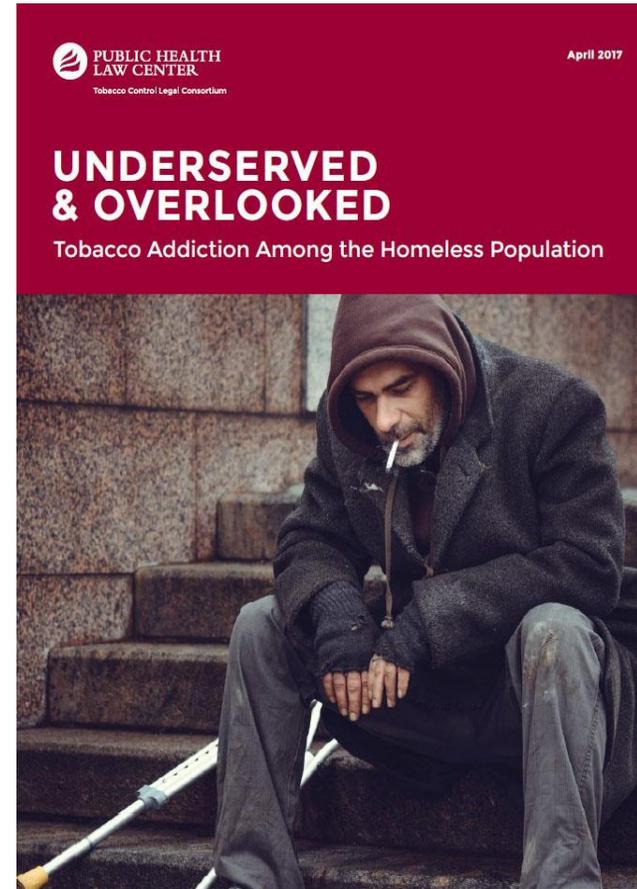


This publication provides answers to several common questions about tobacco use among members of the homeless population, including those who are chronically, episodically or transitionally homeless, and policies and approaches that state and local organizations, including shelters and related facilities, can take to reduce the use of tobacco in this population.¹

For more information about tobacco policies in residential settings for vulnerable populations, check out the publications and resources on the Public Health Law Center's website at www.publichealthlawcenter.org.



www.publichealthlawcenter.org



CONTACT US



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www.publichealthlawcenter.org



[@phealthlawctr](https://twitter.com/phealthlawctr)



facebook.com/publichealthlawcenter



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CEASE



A NEW APPROACH TO SMOKING CESSATION ENGAGING PEERS IN COMMUNITY BASED SETTINGS



Payam Sheikhattari, MD, MPH

On behalf of the CEASE partnership

Background

CEASE: Communities Engaged and Advocating for a Smoke-free Environment



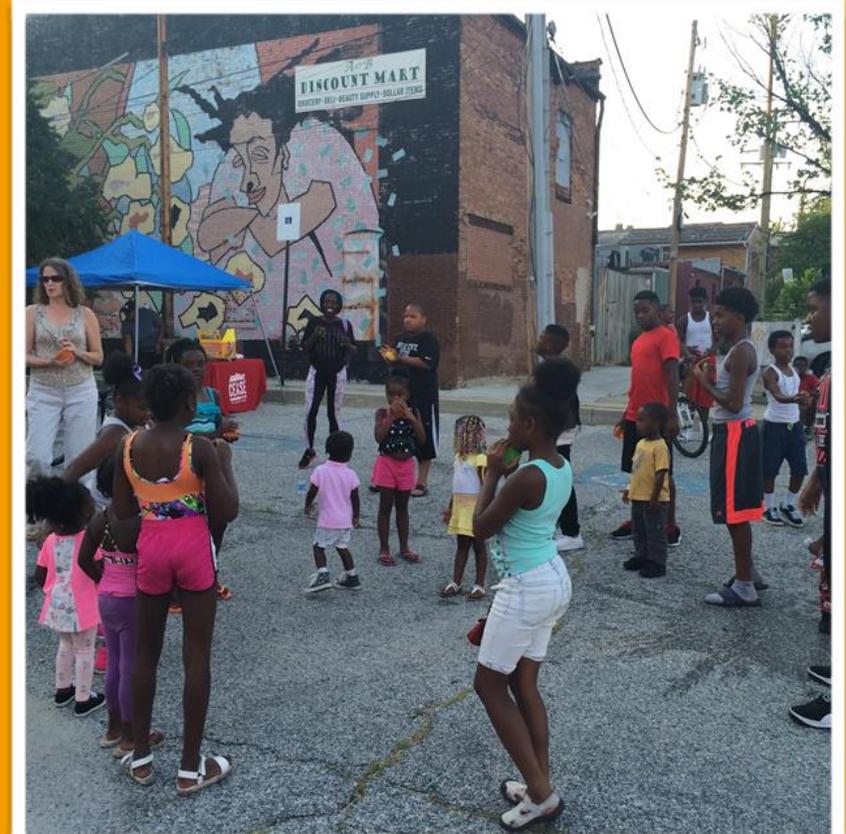
- ✓ CEASE is a community driven smoking cessation initiative that evolved through a collaboration between Morgan State University and residents of the Southwest Baltimore communities with a mission to educate, encourage, and support individuals to choose a smoke-free lifestyle.
- ✓ CEASE especially focuses on underserved and low-income populations that lack affordable, consistent, or accessible community health related resources.



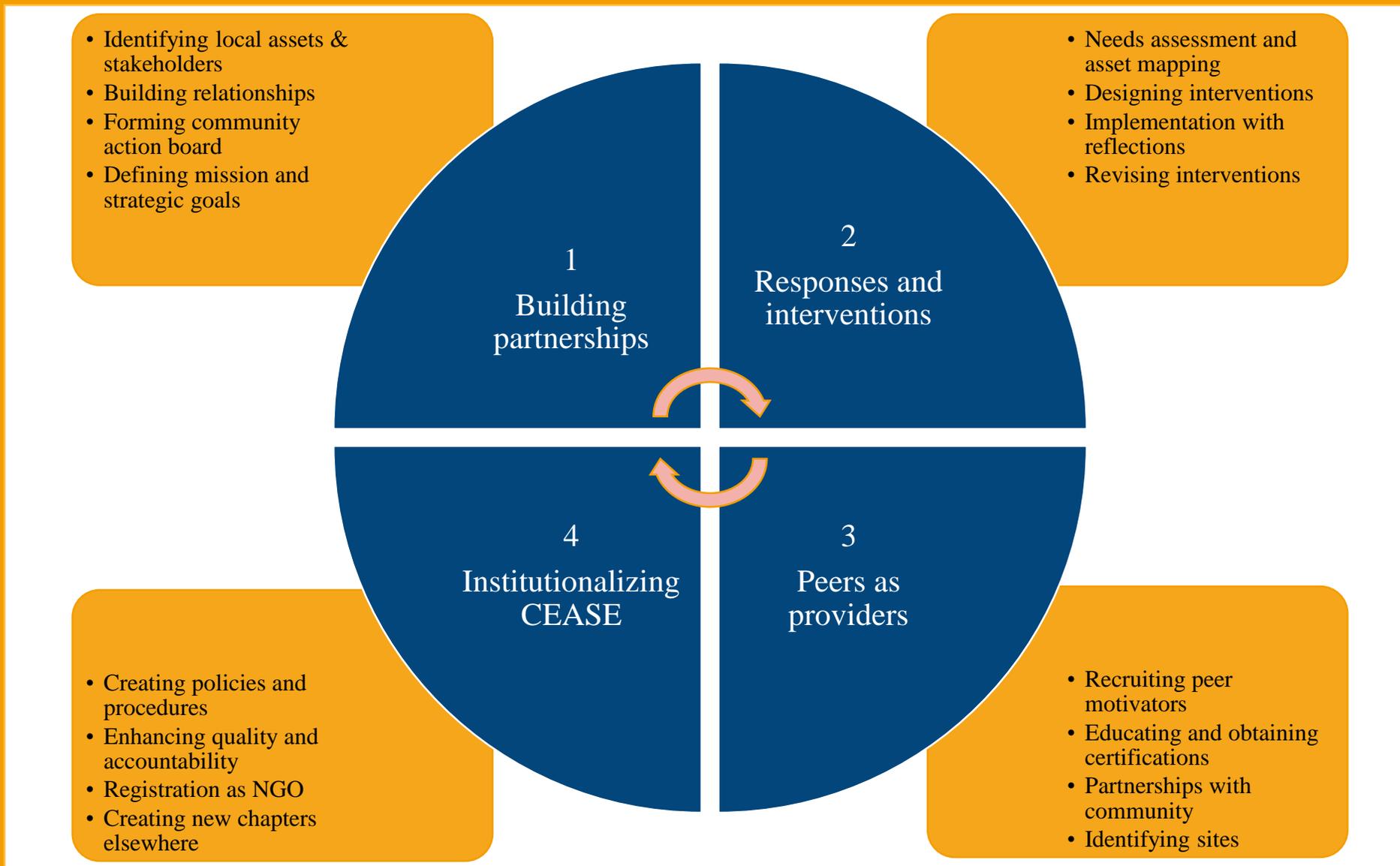
The Community Walk Through Theater on Monroe Street is the School of Community Health and Policy's engagement project, in collaboration with Ground Root, Inc, that uses a high powered projector to screen movies, messages, and provides a safe place for community activities.

History of the CEASE

- **2002:** Community assessment
- **2006:** Small initiatives
- **2007:** Forming a partnership to address tobacco use
- **2008:** Clinical model (Phase I)
- **2011:** Peer-led Community model (Phase II)
- **2013:** Further adaptations (Phase III)
- **2015:** Different intensities (Phase IV)



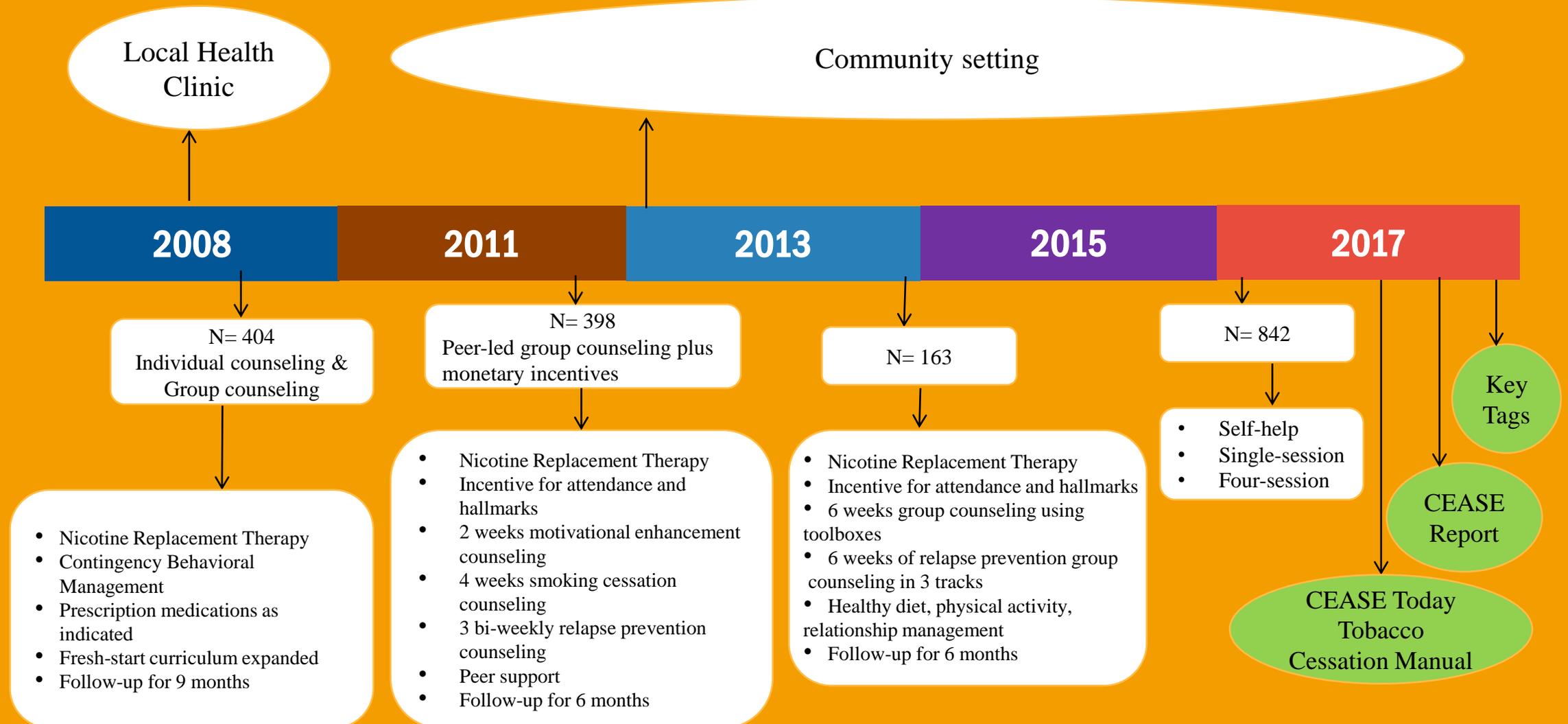
CEASE Model



Target communities

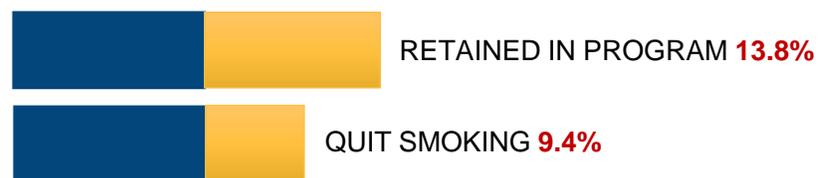


CEASE Timeline



CEASE Outcomes

Traditional Clinic-Based Setting



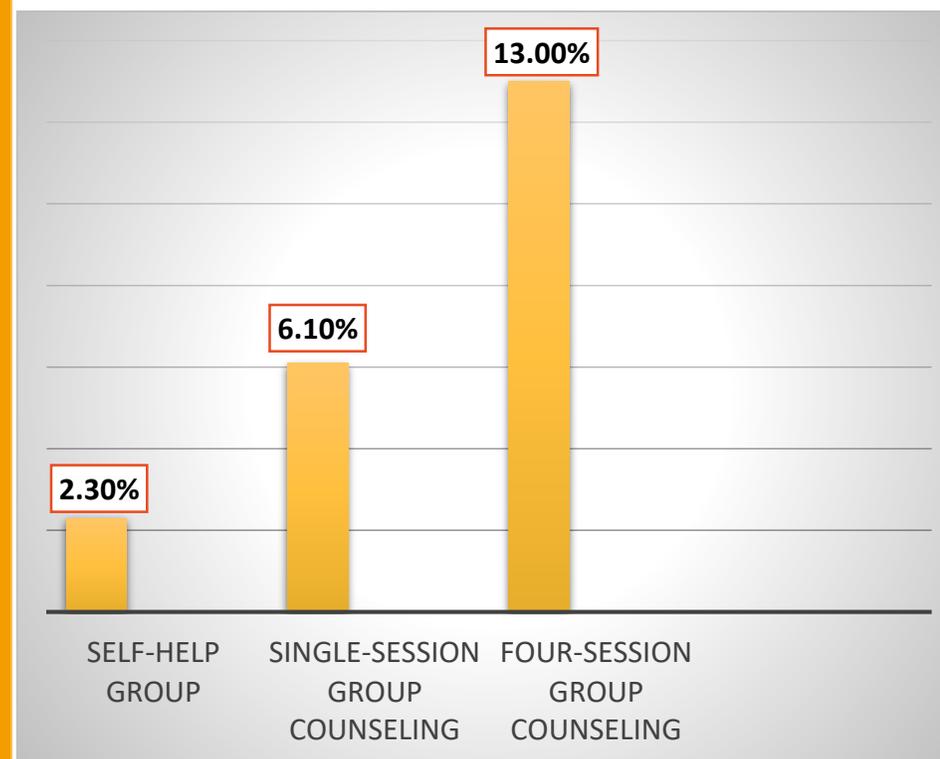
Community-Based Setting



Expanded Community-Based Setting



Further Improved Community-based Setting (Participant's quit rate)



Cease Today Tobacco Cessation Manual

MODULE 1: Motivating and Preparing

Module 1 will increase your knowledge about smoking and will help you get motivated to quit.

Lesson 1: Facts about tobacco

Lesson 2: Facts about quitting

Lesson 3: Deciding to quit

Activities

MODULE 2: Quitting

Module 2 will teach you more about nicotine dependence and present different options for stopping. You will develop your own quit plan to master the first few days of being smoke-free.

Lesson 4: Quitting with help

Lesson 5: Planning to quit

Lesson 6: Your quit-smoking day

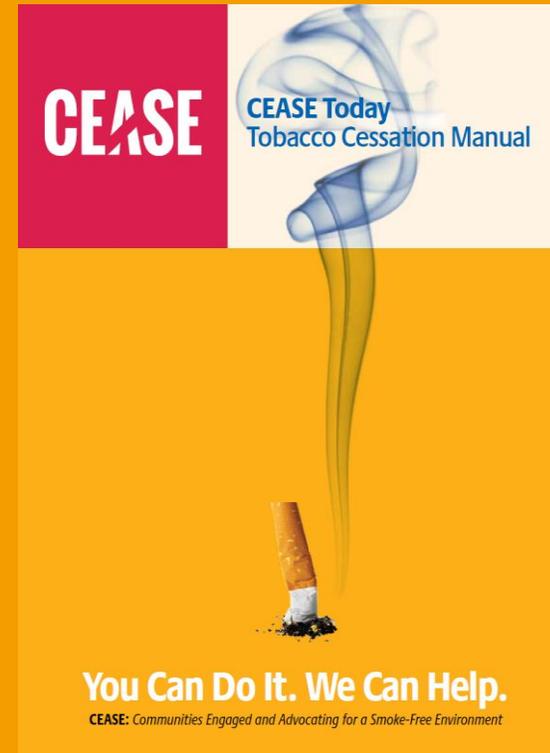
Activities

MODULE 3: Preventing Relapse

Module 3 will introduce you to resources that can help you maintain a smoke-free lifestyle.

Lesson 7: Staying smoke-free

Activities



Future goals and opportunities

- Training tobacco-cessation workforce
- Public and scientific presentations
- Tobacco-cessation classes
- Providing technical assistance
- Collaboration with research institutions and conducting more research



THANK YOU!

Acknowledgment

CEASE research projects received financial support from the National Institute on Minority Health and Health Disparities (grants MD000217 and MD002803), the National Institute on Drug Abuse (Grants DA012390 and DA019805), and Pfizer Inc.

Empowering our Employees In Health and Wellness



Life. Made better.™



Vicki Petro, Director of Human Resources
Melissa Book, Human Resources Assistant

Overview

- Maryland's first municipally owned public utility founded in 1914
- Seven business units:
 - Electric
 - Natural Gas
 - Water
 - Wastewater
 - Cable Television
 - Internet
 - IT Professional Services

MISSION

To enhance the quality of life in our community by providing reliable, competitively priced utility and communication services through skilled, safety-oriented and customer focused employees.

Demographics

- 1,948** years of experience!
- 145** full time employees
- 13.4** years average service
- 45** years average age
- 82** employees over 10 years tenure



The graphic features the Easton Utilities logo at the top, which consists of a stylized house icon with a yellow dot in the center. Below the logo, the text reads "EASTON UTILITIES" in a small, grey, sans-serif font, followed by "CORE VALUES" in a large, bold, black, sans-serif font. Underneath, the three core values are listed: "Integrity • Commitment • Excellence" in a smaller, black, sans-serif font. The bottom half of the graphic is a dark blue background with three sections, each featuring a core value in a yellow, cursive font followed by a brief description in a white, sans-serif font.

EASTON UTILITIES
CORE VALUES
Integrity • Commitment • Excellence

Integrity
Operating with uncompromised values.

Commitment
Unwavering dedication to our customers, our employees, our community, and our environment.

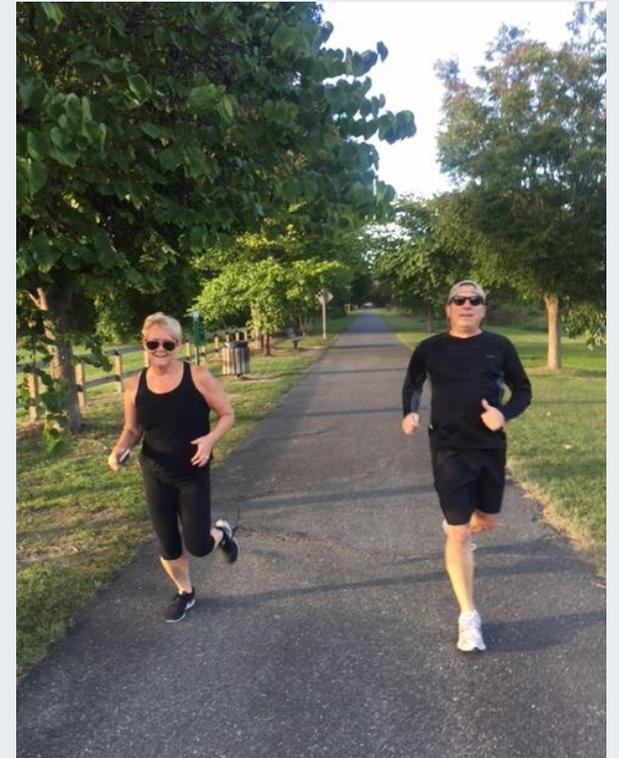
Excellence
An obvious distinction in all we do.

History of Wellness Program

- Started wellness awareness in 2002
- Random and disconnected
- Slow start



Senior Level Support



2018 Wellness Committee



Scorecard



EASTON UTILITIES FY18 WELLNESS & SAFETY SCORECARD

To qualify for the corporate incentive payout on our wellness goal you must have earned 100 or more points from the below scorecard. (Those who do not achieve 100 points will not be eligible for the incentive for this goal).

*Must achieve 100 or more points

*Points must be from a minimum of three categories

*Must be an active employee at the time of payout to receive incentive

*Programs are to be formal programs established by EU, Health Ins carrier or your physician

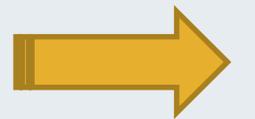
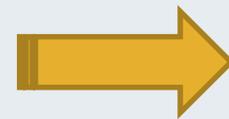
Activity	Description	Points Value	Points Earned	Cash (C) Gift card (G)
Health Risk Assessment	Complete the confidential, Rally Survey including biometric numbers on myuhc.com. Learn your Rally Age and get recommendations based on your health profile to help enhance your health and well-being.	10		\$25.00 G
	Spouse (on UHC insurance) completes the confidential, personal health assessment on myuhc.com	-	-	\$25.00 G
	Non UHC employees only (not spouses) complete their providers HRA	10		\$25.00 G
Biometric Screening	UHC Members Complete biometric screenings	10		\$75.00 G
	Employee (non UHC) completes biometric screenings	10		
Preventive Care Visit	Annual Physical from Primary Care Physician	10		
	Flu Shot	5		
	Use "Doc on Demand" or "Amwell" through UHC	5		
	Preventive Care - Mammogram	5		
	Preventive Care - Colonoscopy	5		
	Vision Exam	5		
Wellness & Safety Seminars (no maximum)	Dental checkup and cleanings 5 points each . Visits during the quarter before and after FY18 may be included up to 10 points .	10		
	Attend on-site wellness & safety seminars (please fill in as attended):			
	1)	5		
	2)	5		
	3)	5		
4)	5			

Lifestyle Improvement (no maximum)	Participate in wellness lifestyle area (examples subject to change):			
	Complete approved Smoking Cessation Program	10		pd in full by EU
	Member completes 3 Rally Missions in 5 weeks	10		\$50.00 G
	Spouse completes 3 Rally Missions in 5 weeks	-		\$50.00 G
	Non UHC members complete an approved hospital or health department sponsored class on health improvement i.e. diabetes education	10		\$50.00 G
	UHC members attend YMCA 12x a month. 10 month max.	-		\$20.00 G
	Gym attendance, EU fitness room or run/walk/bike with GPS tracker for 60 to 119 sessions. (30 minute minimum workouts)	5		\$100.00 C
	Gym attendance, EU Fitness room or run/walk/bike with GPS tracker 120 to 179 sessions. (30 minute minimum workouts)	10		\$200.00 C
Community Engagement (Physical Activity) (no maximum)	Gym attendance, EU Fitness room or run/walk/bike with GPS tracker 180 or more sessions. (30 minute minimum workouts)	10		\$300.00 C
	Participate in a community focused physical event. Examples include:			
	Kickball League	5		
	Ride for Clean Rivers (formally Tour de Talbot)	5		
	YMCA Chesapeake Run for Hospice	5		
	Bark in the Park	5		
Community Engagement Volunteer work (max of 5 points)	EVFD "Stop, Drop & Run" 5K	5		
	Across the Bay 10K	5		
	Participate in a community focused event. Examples include:			
	Dobson Reading Participation	5		
	Fundraising for a Non-Profit Organization	5		
Wellness Program Involvement	Serve as Boardmember for Local Organization	5		
	Volunteer Mentor	5		
	Play a roll in continued growth of our wellness program			
	Complete end of year wellness program assessment	5		
	Participate as member of wellness committee	5		
Participate as member of events committee	5			
Participate as safety committee member attending 80% of monthly mtgs.	10			
Participate as safety committee member attending less than 80% of monthly mtgs.	5			
		240	0	



Growth of Wellness Program

- 2008 Began new alignment
- Use of available resources
- President's Goal
- 2014 Employee Wellness Committee formalized
- 2016 Healthiest Maryland Business *Silver* Award
- 2017 Healthiest Maryland Business *Silver* Award



2018 Wellness & Safety Program

- Combined Wellness and Safety Programs
- Corporate Fitness Consultant
- Healthy Food Options
- **Tobacco Cessation Program launched with committee consisting of 15 tobacco/nicotine using employees**
- Healthiest Maryland Business **GOLD** Awarded



Tobacco Committee Member Success

“The main reason I wanted to quit was for my family. When EU offered to allow time during work for meeting with the Talbot County Health Department, which is a free service, it was an easy choice for me to quit.”

Matt Thompson
Seven weeks tobacco free



Revised Policy: Issues to Address

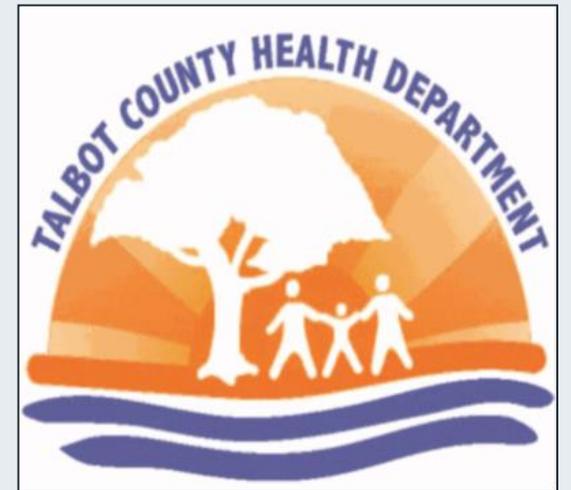
- Policy too vague
 - What is “inside” vehicle
 - What is customer property
 - Is personal vehicle a designated area
- Involvement of Talbot Co Health Department
- Disciplinary procedures

Tobacco Free Campus



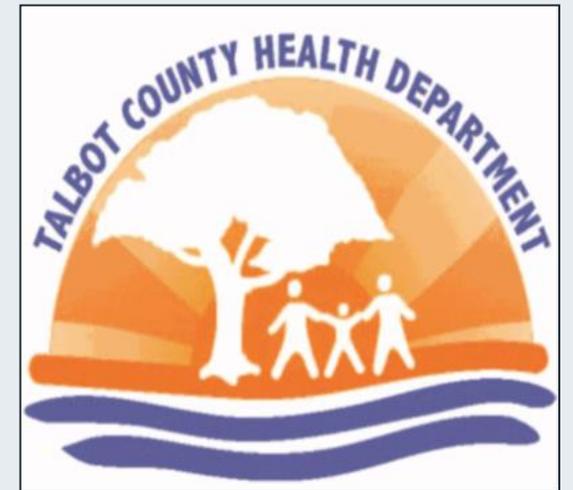
Talbot County Health Dept.

- Tobacco Cessation Program
- Funded by Maryland Cigarette Restitution Fund
- Free to all Talbot County Residence
- Requires physician referral



Talbot County Health Dept.

- Educational Classes
- Counseling
- Free Cessation Products
- Confidential consultations
- Support System



Future of Wellness Program

- **Three to five year plan**
 - Continue partnership with Corporate Fitness Consultant
 - Fitness facilities enhancements
 - Enhance presentations
 - Interactive events
 - **100% tobacco/nicotine free workplace**



Business Challenges

- Insurance Premium Incentive or Penalty
- Recruiting of Non Tobacco Users
- Inclusion of all Facilities
- Drawing the Line





Life. Made better.™



Employees are your greatest asset! A healthy, empowered employee will positively impact your bottom line.

Innovative Tobacco Policy

1. Kevin Schroth, JD, New York City Department of Health
2. Scott Hall, JD, MBA, Greater Kansas City Chamber of Commerce
3. Desmond Jenson, JD, Tobacco Control Legal Consortium



NYC Tobacco Control Innovations

Kevin R.J. Schroth, Esq.

NYC Department of Health & Mental Hygiene

Primary Care & Prevention

Chronic Disease Prevention & Tobacco Control

NYC's Five-Point Plan for Tobacco Control

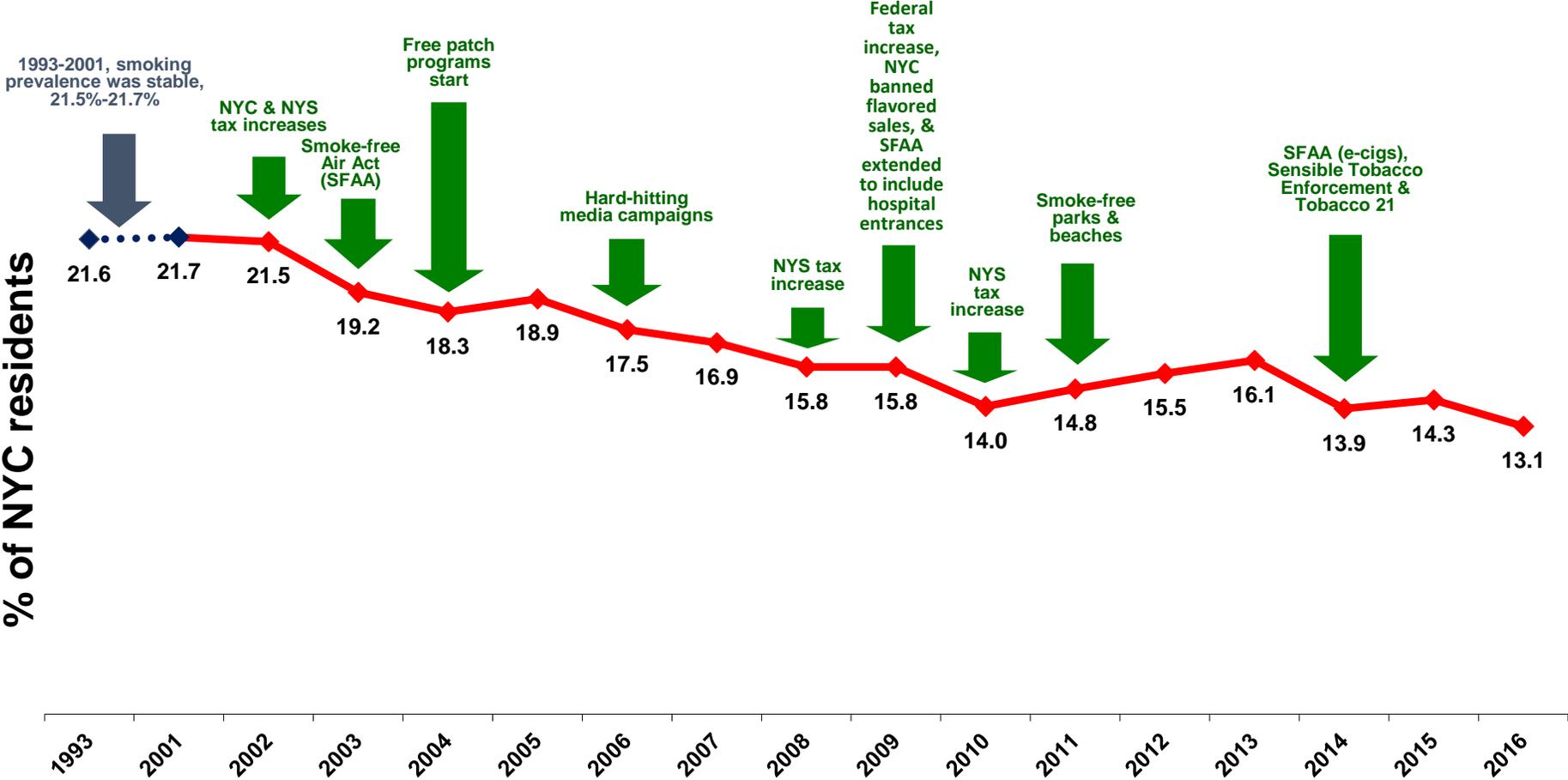
- Taxation
- Legal Action
- Cessation
- Education
- Evaluation

Making it hard to smoke

Making it easy to quit

Is it working?

Adult Smoking Prevalence in NYC



Source: NYC Community Health Survey

2017 Tobacco Legislation

Laws signed August 28, 2017

Price

1. Minimum Prices and Tax on OTP

Access

2. Pharmacy Ban
3. Retail reduction
4. E-cigarette License
5. License fee

Residential smoking

5. Disclosure (residential policies on smoking)
6. Common areas in multi-unit housing

Laws signed October 16, 2017

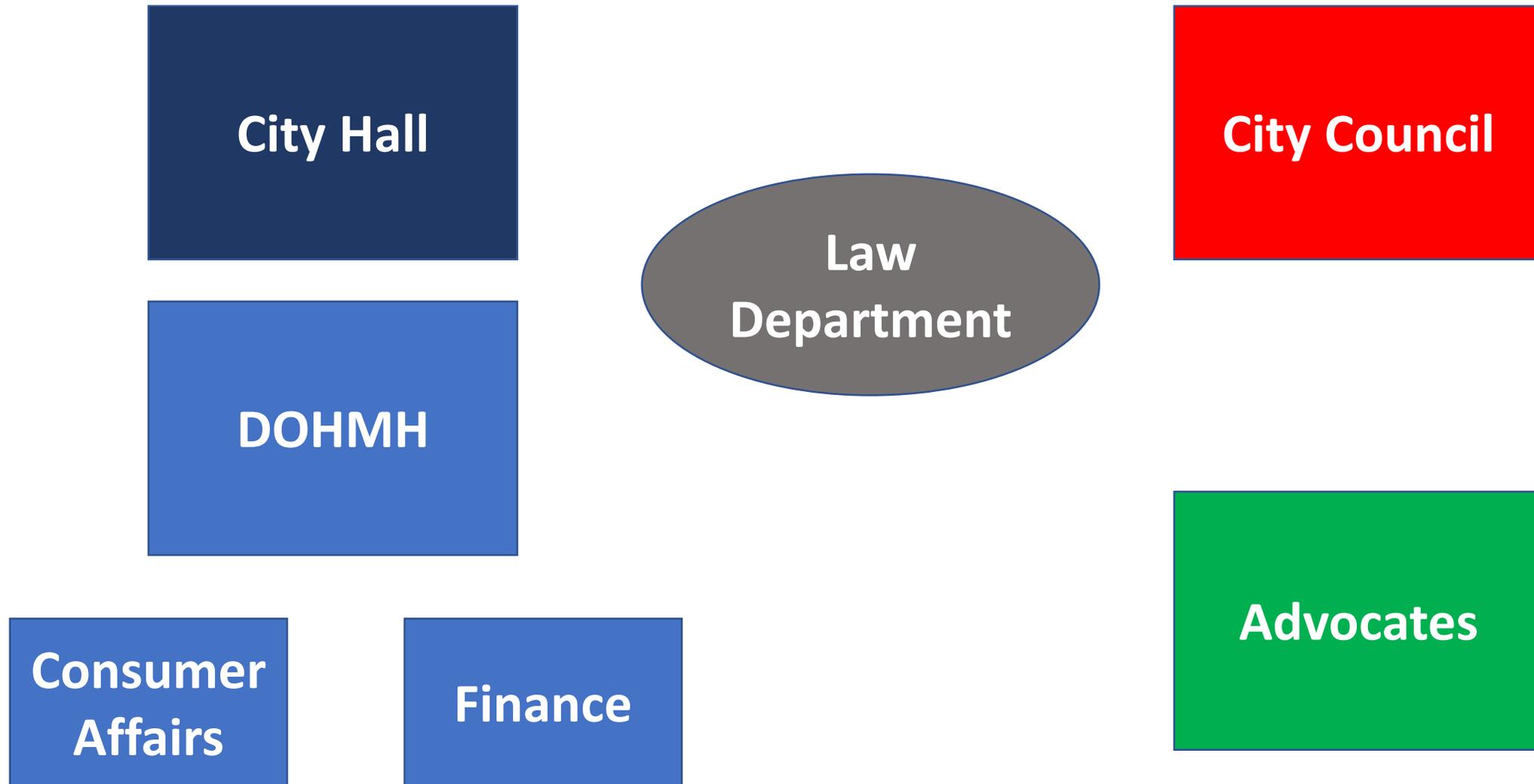
1. Hookah permit
2. Hookah warning signs
3. Hookah 21



The Shot



The Room Where it Happens



OTP Tax & Price Floors

Other Tobacco Products (“OTP”) Comprise An Increasing Portion of Tobacco Market



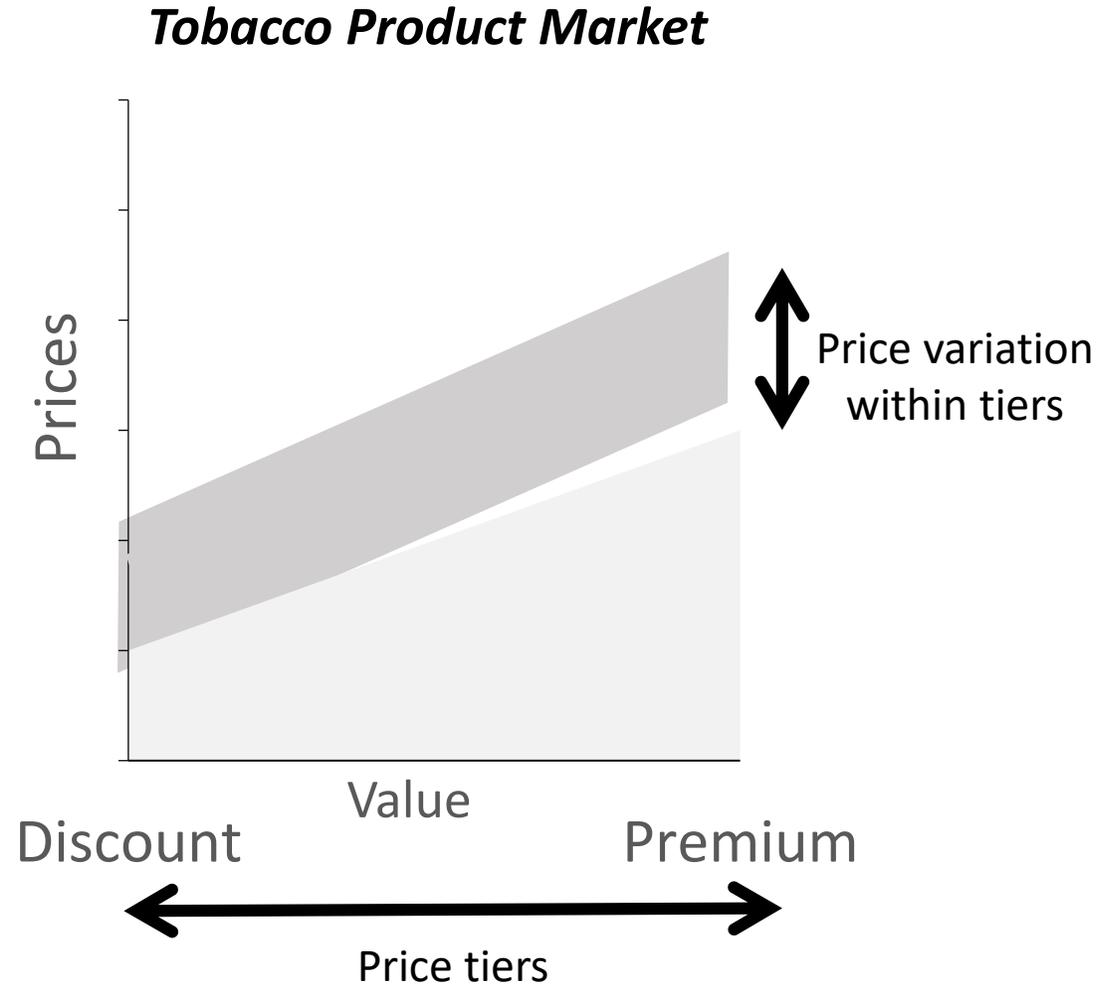
How to Raise Taxes in NYC – Option A



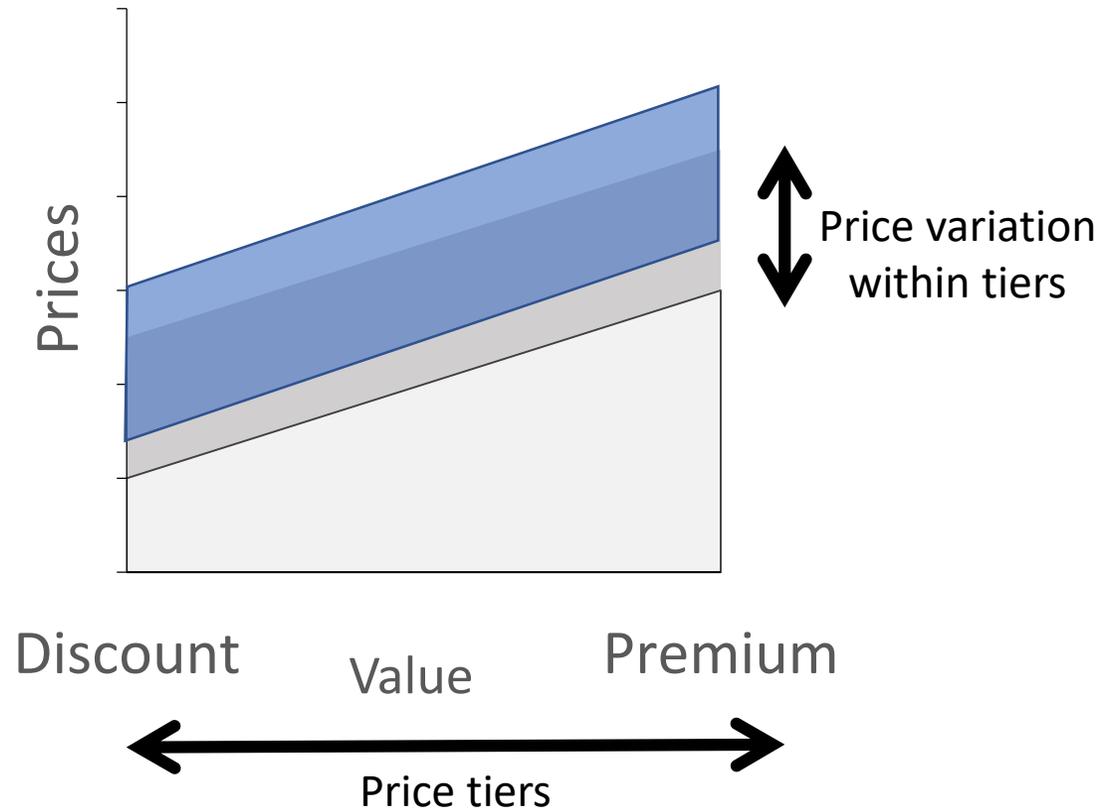
How to Raise Tax in NYC – Option B

- In, 1937 the federal government become involved in public housing, United States Housing Act (created precursor to HUD)
- US government built public housing projects
- **Local governments needed to pay for operations—**
 - Need for revenue
- In **1939**, NYS law authorized towns (pop > 5000) to ***tax non-cigarette tobacco products (OTP)*** at 10% of the retail price
 - ***Revenue must go to public housing.***

How Prices Regulations Can Complement Taxes



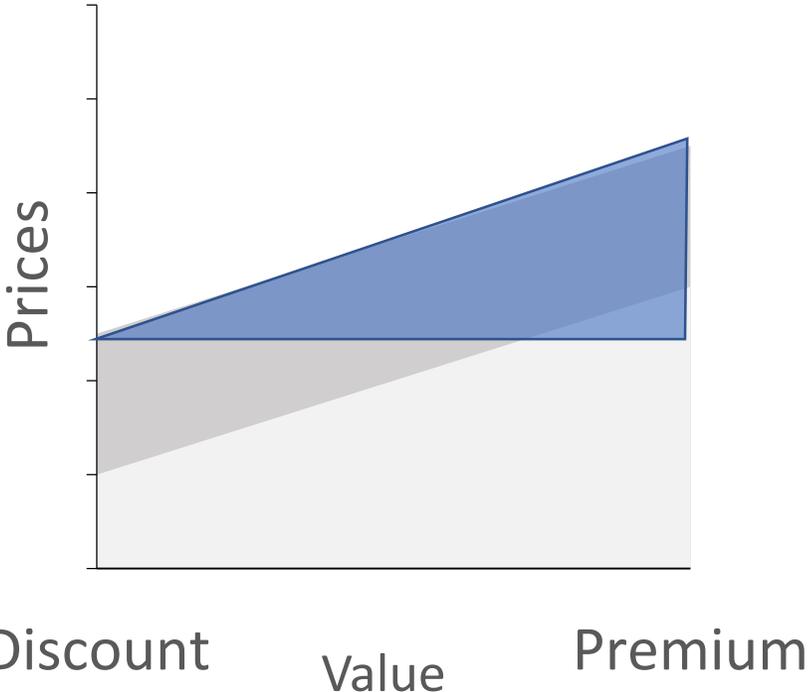
How a Unit-Based Excise Tax Works



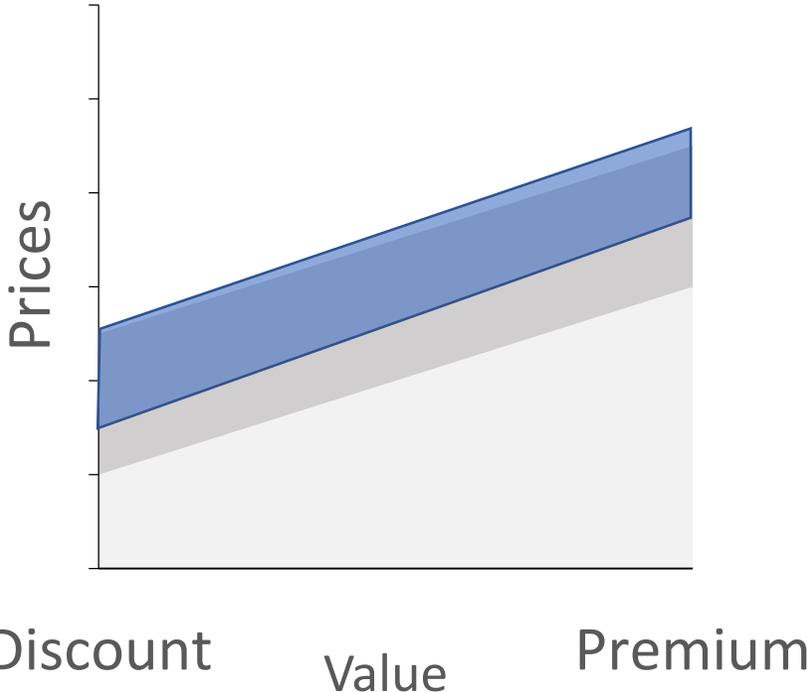
Original range of prices within & between price tiers in the original market Hypothesized new range of prices after policy implementation

Non-tax price policies work differently

Minimum price eliminates cheaper price tiers



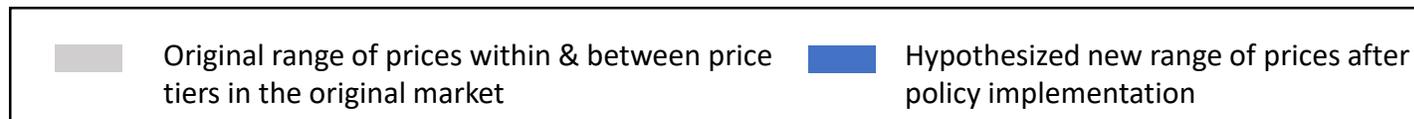
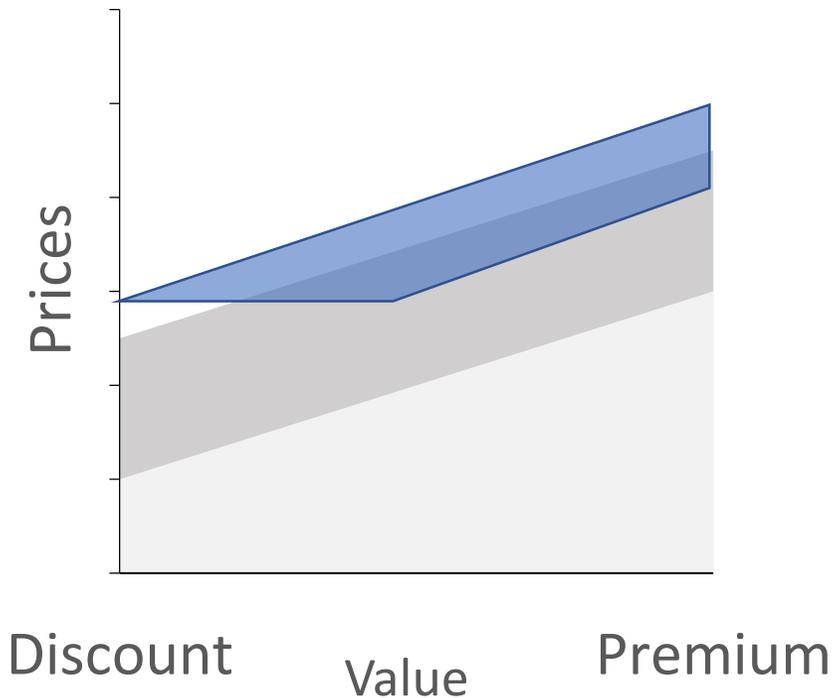
Discount ban eliminates cheaper sales within tier



■ Original range of prices within & between price tiers in the original market ■ Hypothesized new range of prices after policy implementation

Source: Kurt Ribisl and Shelly Golden, University of Chapel Hill, North Carolina

Tax + Minimum Price + Discount ban

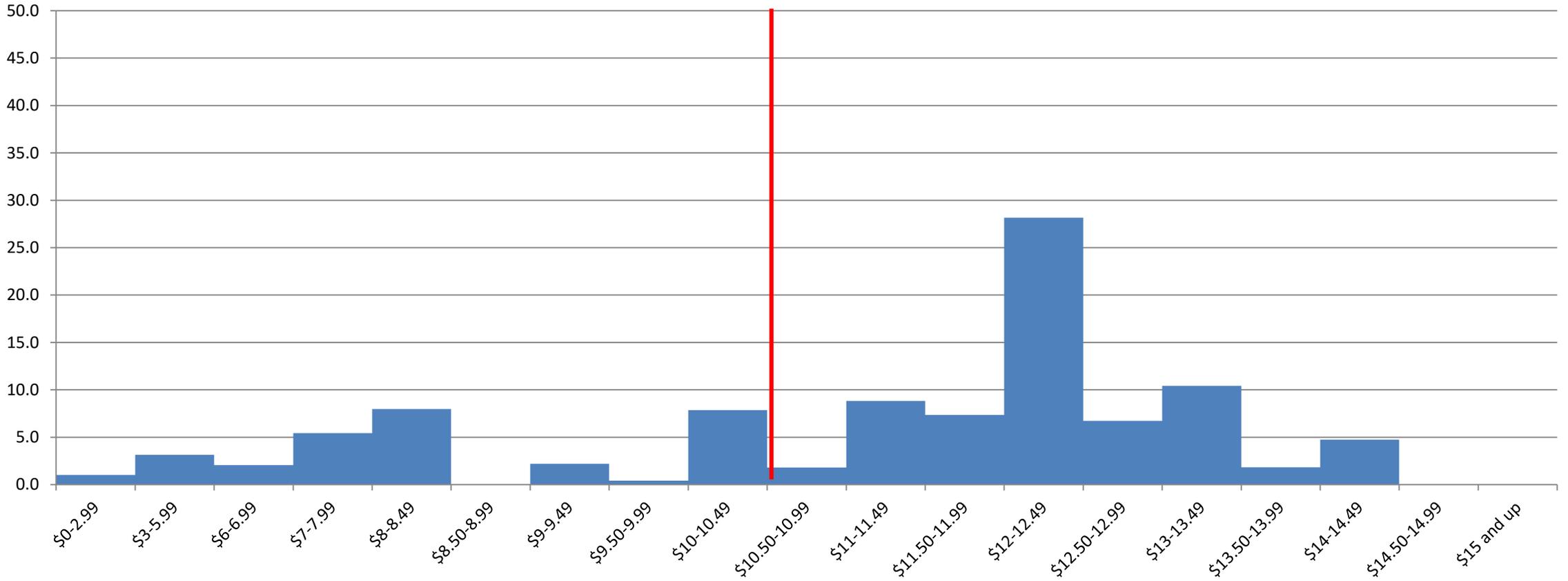


Can Government *Fix* Prices?

- Maximum prices for *natural gas* rates upheld. *In re Permian Basin Area Rate cases*, 390 U.S. 747 (1968).
- Minimum price laws for *cigarettes* upheld. *Simonetti, Inc. v. State ex rel. Gallion*, 272 Ala. 398, 399 (1961).
- States' power to set minimum prices for milk affirmed even though the law was struck down on unrelated grounds. *West Lynn Creamery v. Healy*, 512 U.S. 186, 201 (1994).
- In another *milk* case, the Court upheld a milk control board's power to regulate the milk industry and set minimum prices paid by dealers. *Milk Control Bd. of Pennsylvania v. Eisenberg Farm Prod*, 306 U.S. 346 (1939).
- It has long been settled that regulation of “**ordinary commercial transactions**” is subject to “**rational basis review**” requir[ing] deference to reasonable underlying legislative judgments.” *Armour v. City of Indianapolis*, 132 S. Ct. 2073, 2080 (2012) (quoting *United States v. Carolene Products Co.*, 304 U.S. 144, 152 (1938)).
- **Minimum and maximum price laws** have been considered **constitutionally unproblematic** for decades. *West Lynn Creamery, Inc. v. Healy*, 512 U.S. 186, 201 (1994)

Minimum Price Laws

Pack price paid NYC, all locations, 2013



Minimum Prices & OTP Tax

Tobacco Product	Minimum Price	Minimum Pack size
Cigarette	\$13.00 (now \$10.50)	20 cigarettes
Little cigar	\$13.00 (now \$10.50)	20 little cigars
Cigar	\$8 / single cigar \$1.75 per additional cigar	None
Smokeless	\$8.00	1.2 ounces
Snus	\$8.00	0.32 ounces
Tobacco-containing shisha	\$17.00	3.5 ounces
Non-tobacco shisha	\$17.00	3.5 ounces
Loose tobacco (pipe & RYO)	\$2.55	1.5 ounces

Retail Density

Tobacco Retail Density

CITY	RETAILERS	SQUARE MILES	RETAILERS/ SQUARE MILE
Philadelphia	2973	142	20.9
Boston	860	90	9.6
San Fran	850	47	18
NYC	8200	304	27
NYC Starbucks + Dunkin Donuts	791	304	2.6

Retail Density of Tobacco Outlets

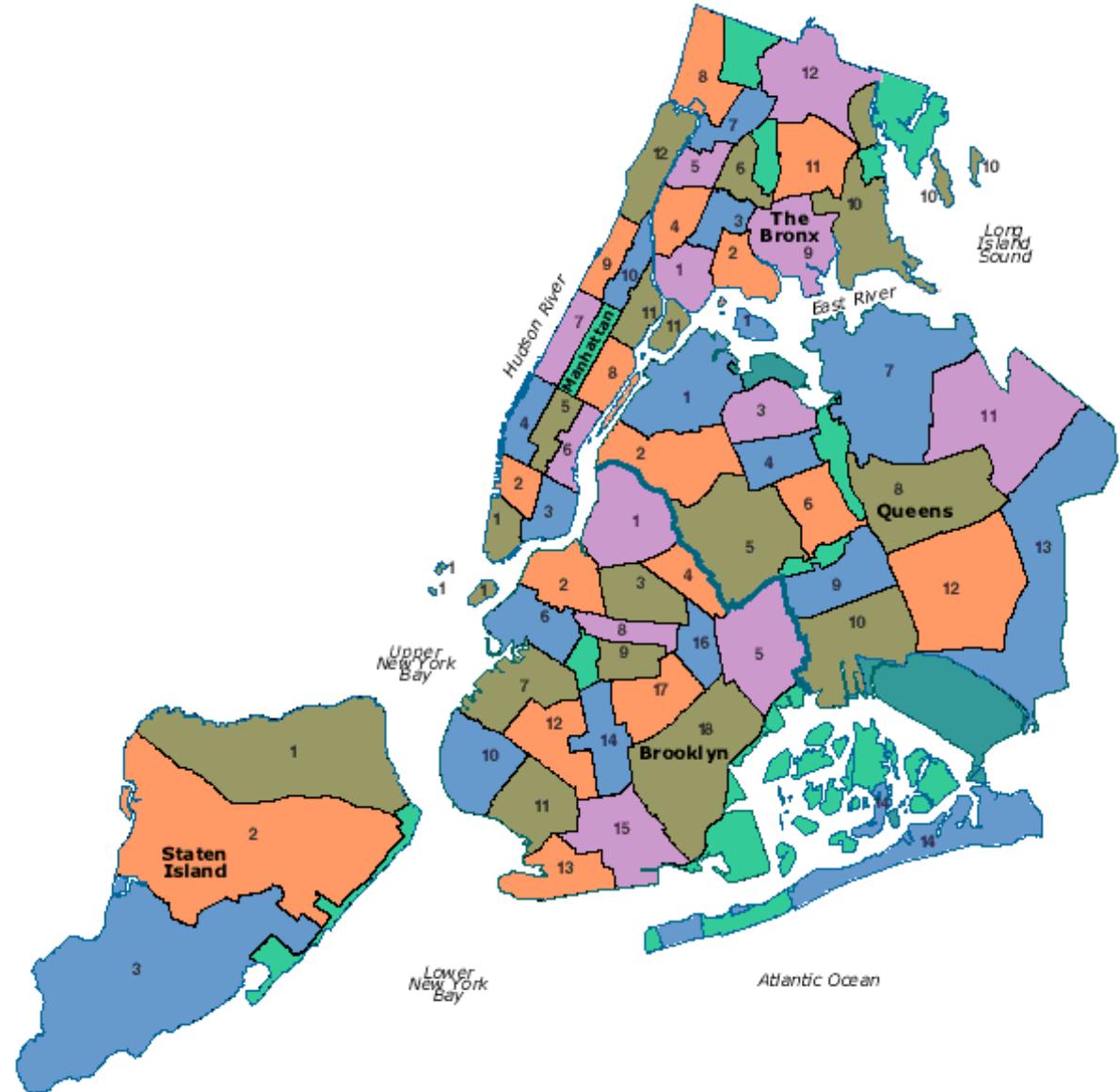
- Physical environment has an impact on health
 - Easy access to tobacco retailers can make it harder to quit
 - The odds of experimenting with smoking was **40% higher** among NYC youth exposed to tobacco retailers **two or more times per week**



Tobaccofreenys.org

Planning Density Reduction

- Licenses – starting point
- Citywide cut
- Cuts based on districts
- Cap on licenses
 - Flat cap – San Francisco
 - % cut per district -- NYC
 - % cut based on population -- Phila



Potential Impact

- East/Central Harlem
- All Pharmacies
- All Tobacco Retailers

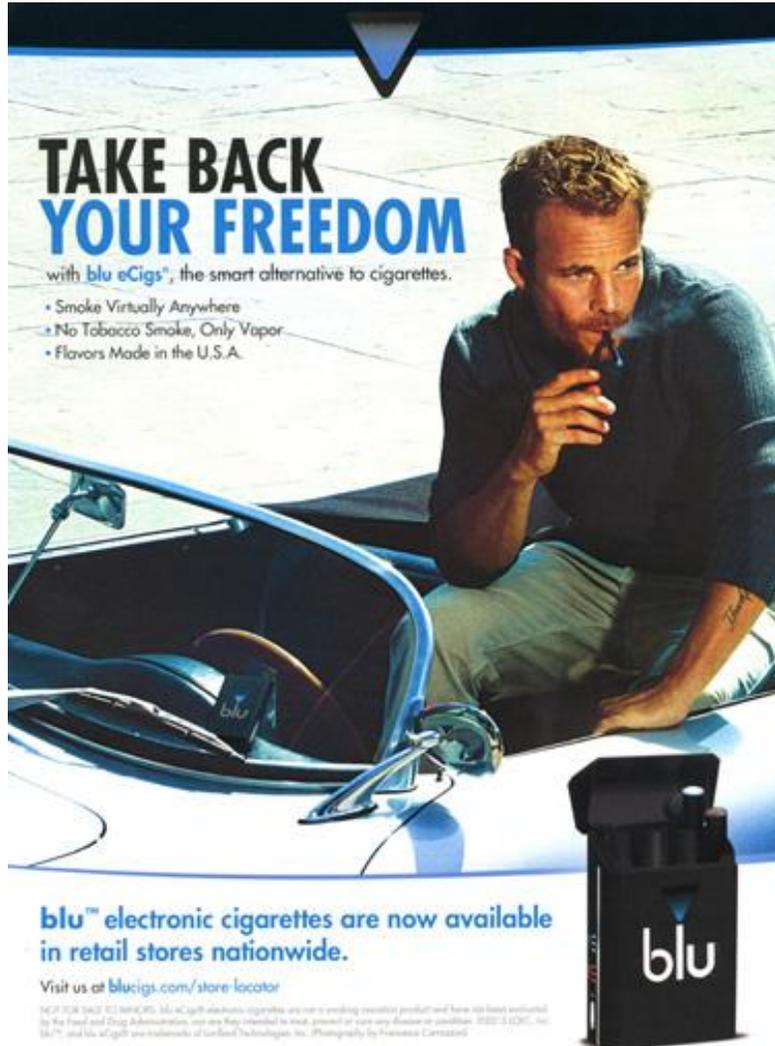
Current

9% pharmacy reduction

Random 50% reduction



E-Cigarettes



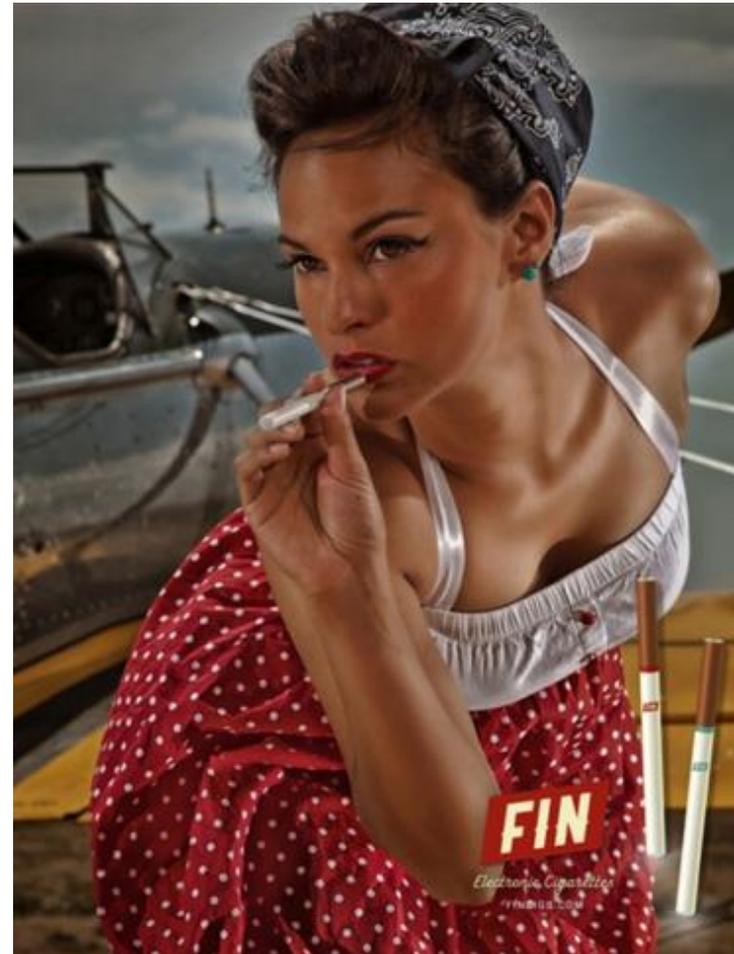
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YOUR FREEDOM**
with blu eCigs®, the smart alternative to cigarettes.

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- No Tobacco Smoke, Only Vapor
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NOT FOR SALE TO MINORS. blu eCigs® electronic cigarettes are not a smoking cessation product and have not been evaluated by the Food and Drug Administration, and are only intended to meet, prevent or ease any desire or addiction. ©2013 LOEC, Inc. blu™ and blu eCigs® are trademarks of Lorillard Technologies, Inc. (Photography by Francesco Carrazzini)



FIN
Electronic Cigarettes
finus.com



E-Cigarette License Cap

Why?

- Since 2013, Tobacco 21 has banned e-cigarettes sales to persons under 21
- Without a license, enforcement gaps persist

How?

- Create a new e-cigarette license with CD caps
- Open enrollment: Application must be filed within 90 days from law's effective date
- Pharmacies cannot get a license
- Biennial fee--\$200 (same as tobacco license)



Hookah

Operation Caterpillar

- SFAA's definition of smoking covered only "tobacco" smoking
- Hookah bars (395) claimed to serve shisha without tobacco
- In November 2014, DOHMH investigated 14 hookah bars
- Every shisha sample tested positive for tobacco



Hookah Laws

- **Permit** required for hookah establishments
 - **Cap** grandfathers existing hookah bars
 - **50%** revenue must be hookah-related
 - **Non-tobacco** shisha only
- **Shisha 21**
 - Hookah establishments
 - Retail sales OTC (all smoking paraphernalia)
- **Warning signs**
 - Outside door
 - Rooms where hookah smoking occurs



Questions?



FOR A GREATER KANSAS CITY





HEALTHY **KC**

IN PARTNERSHIP WITH BLUE CROSS AND BLUE SHIELD OF KANSAS CITY



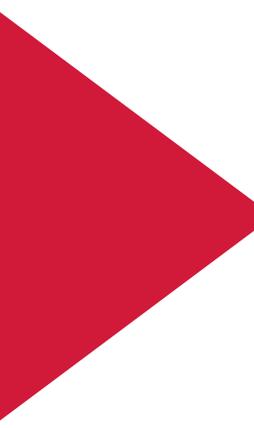


The sale and purchase of tobacco products, including alternative nicotine delivery devices, and paraphernalia limited to those 21 and over





- » Youth and teen smoking is **10.2% in KS**
(U.S. average 9.2%--range 5.9 to 17.8%)
- » Kansas earned an **F for tobacco prevention efforts** (American Lung Association State of Tobacco Control 2016)



TOBACCO
21|KC

- » Youth and teen smoking rate is **11.0% in MO**
(U.S. average 9.2%--range 5.9 to 17.8%)
- » Adult smoking rate is **22.3% in MO**
(U.S. average is 15.1%--range is 9.1 to 25.9%)
- » In 2015, **32.1% of Missouri youth** reported using any tobacco product, including e-cigs

TOBACCO NATION

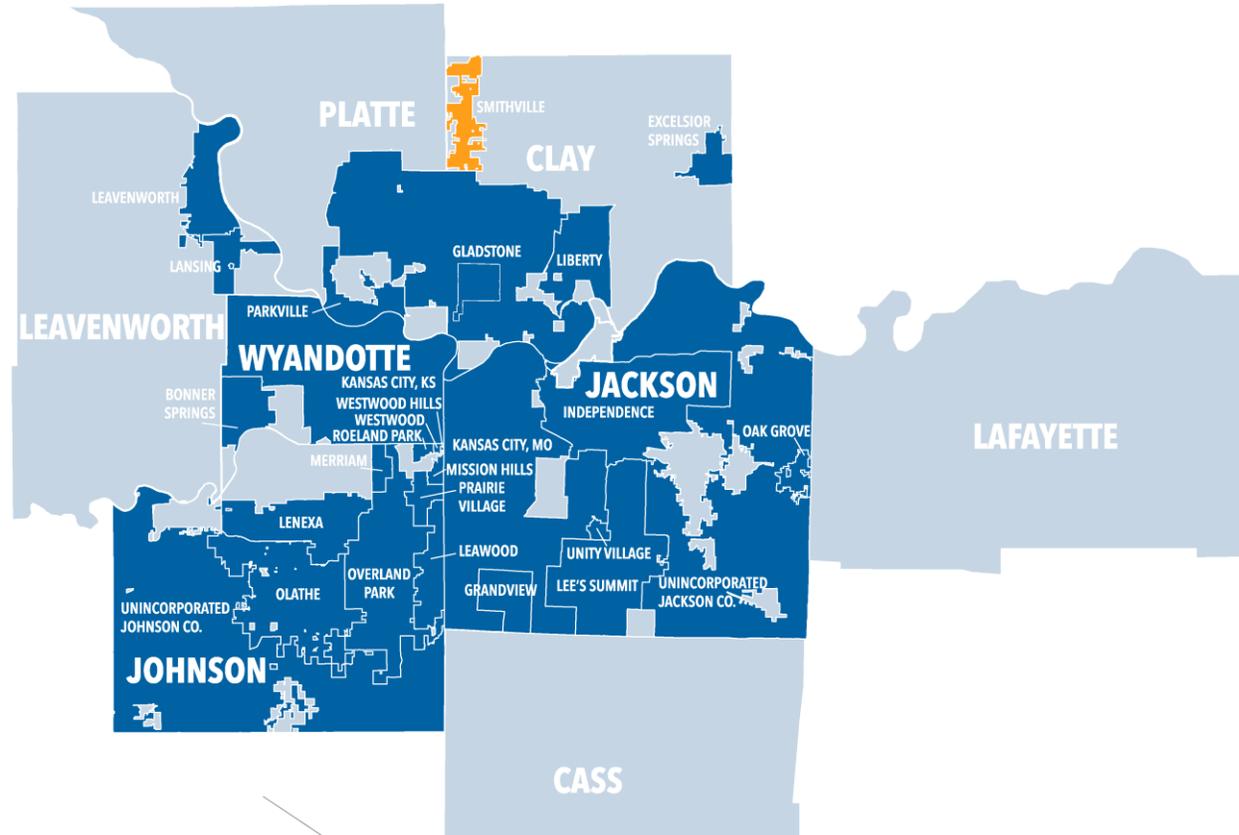




Total Annual Excess Cost of a Smoker
to a Private Employer

Excess Absenteeism	\$517
Presenteeism	\$462
Smoke Breaks	\$3,077
Excess Health Care Costs	\$2,056
<u>Pension Benefit</u>	<u>(\$296)</u>
TOTAL ANNUAL COSTS	\$5,816

TOBACCO 21 CITIES



POPULATIONS OF ADOPTED CITIES

KANSAS CITY, MO	470,800	UNINC. JOHNSON CO., KS	14,988
OVERLAND PARK, KS	181,260	LANSING, KS	11,642
KANSAS CITY, KS	149,636	EXCELSIOR SPRINGS, MO	11,488
OLATHE, KS	133,062	MERRIAM, KS	11,174
INDEPENDENCE, MO	117,494	OAK GROVE, MO	7,994
LEE'S SUMMIT, MO	93,184	BONNER SPRINGS, KS	7,553
LENEXA, KS	50,344	ROELAND PARK, KS	6,840
LEAVENWORTH, KS	35,251	PARKVILLE, MO	5,554
LEAWOOD, KS	32,991	IOLA, KS	5,553
LIBERTY, MO	30,450	MISSION HILLS, KS	3,582
GLADSTONE, MO	25,410	WESTWOOD, KS	1,528
GRANDVIEW, MO	25,290	WESTWOOD HILLS, KS	359
PRAIRIE VILLAGE, KS	21,877	UNITY VILLAGE, MO	80
UNINC. JACKSON CO., MO	16,492	TOTAL	1,471,876

● ORDINANCE PASSED
● ACTIVE DISCUSSIONS



- » 290 Communities in 19 states (and D.C.) have enacted Tobacco 21 policies.
- » More than 80,000,000 people live in Tobacco 21 communities.



TOBACCO 21 | KC

	2014			2017		
	T21	Control	Others*	T21	Control	Others
Lifetime Use (%)						
Cigarettes	14.8	12.6	17.9	10.1	9.4	13.8
Smokeless	10.0	8.9	12.3	6.4	6.3	9.9
E-cigarettes				18.7	15.2	16.9
30-day use (%)						
Cigarettes	5.0	4.4	6.2	3.1	3.2	3.9
Smokeless	5.3	3.7	5.5	2.8	2.7	4.0
E-cigarettes				9.2	6.0	5.1

"A Quasi-experimental Study of the Effect of Tobacco 21 on Youth Smoking Prevalence in Kansas", Hongying Dai, et al, 2018



HEALTHY **KC**

IN PARTNERSHIP WITH BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

FDA REGULATION OF TOBACCO PRODUCTS 2018 AND BEYOND



**PUBLIC HEALTH
LAW CENTER**

Tobacco Control Legal Consortium

5/8/18

The Public health law center



Agenda

1. Deeming Rule: Where Are We Now?
2. Litigation
3. New FDA Tobacco & Nicotine Regulatory Plan
4. State and Local Regulation in Light of FDA Action

Deeming Rule

Where are we now



Deeming Rule

Where are we now

FDA Policy	Enforcement Date
Minimum sales age of 18 and age verification under 27	August 8, 2016
Prohibition on vending machine sales except adults-only facilities	August 8, 2016
Prohibition on free samples	August 8, 2016
Regulation of adulterated products	August 8, 2016
Prohibition on false or misleading advertising	August 8, 2016
Required premarket review of modified risk tobacco products	August 8, 2016
Required disclosure of health-related documents	February 8, 2017

Deeming Rule

Where are we now

FDA Policy	Enforcement Date
Required registration of manufacturers and disclosure of product lists	October 12, 2017
Applications for premarket review of tobacco products seeking a substantial equivalence exemption marketing order	November 8, 2017
Prohibition of the use of “light,” “mild,” “low,” or similar descriptors	November 8, 2017 + 30 day sell-off period
Required disclosure of ingredients, substances, compounds and additives	May 8, 2018
Required premarket review of tobacco products seeking a substantial equivalence marketing order	May 8, 2018
Required warning labels	August 10, 2018
Required premarket review of tobacco products seeking a PMTA marketing order	November 8, 2018
Required disclosure of harmful and potentially harmful constituents	November 8, 2019

Deeming Rule

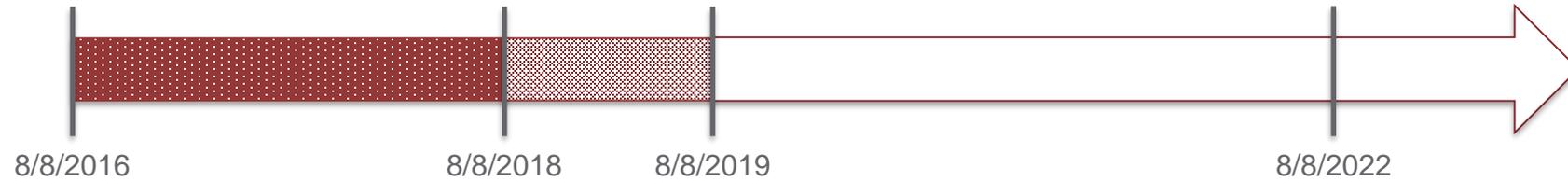
Where are we now

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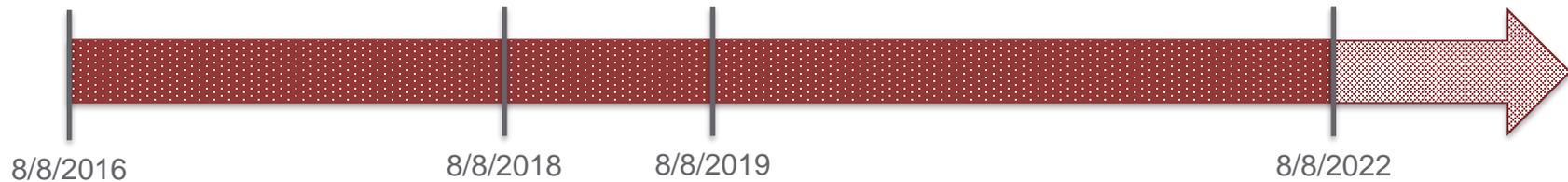
Deeming Rule

Where are we now

Final Rule



Regulatory Plan



-  New Products without application
-  Continued marketing without application
-  Continued marketing with application
-  Marketing with affirmative order

Agenda

1. Deeming Rule: Where Are We Now?
- 2. Litigation**
3. New FDA Tobacco & Nicotine Regulatory Plan
4. State and Local Regulation in Light of FDA Action

Litigation

Filing Date	Court	Plaintiff
5/10/16	D.D.C.	NicoPure Labs et al.
5/19/16	C.D. Cal.	Lost Art Liquids et al.
5/26/16	D.D.C.	John Middleton Co.
6/1/16	S.D. Fla.	Sanchez Icaza et al.
6/10/16	S.D. W.V.	Faircloth
6/20/16	D.D.C.	Right to Be Smoke-Free Coalition et al.
7/8/16	M.D. Ala.	Cyclops Vapor 2
7/15/16	D.D.C.	Cigar Association of America et al.
1/11/18	E.D. Tex.	En Feugo et al.
1/30/18	D.D.C.	Moose Jooce et al.
1/30/18	N.D. Tex.	Rave Salon et al.
1/30/18	D. Minn.	Hoban et al.

Litigation

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1/30/18	D.D.C.	Moose Jooce et al.
1/30/18	N.D. Tex.	Rave Salon et al.
1/30/18	D. Minn.	Hoban et al.



Litigation

3. Due to the recent change in administrations, new leadership personnel at the Department of Health and Human Services seek additional time to more fully consider the issues raised in this case, and Defendants therefore respectfully request a 3-month extension of all pending deadlines.

4. The FDA has represented that it will defer enforcement of all future compliance deadlines under the deeming rule for e-cigarette products for 3 months, and that it plans to issue guidance to that effect. Accordingly, Plaintiffs join in this motion.

Litigation



CENTER FOR TOBACCO PRODUCTS

SPECIAL ANNOUNCEMENT

Upcoming Cigar Compliance Date Among Those Extended for Three Months

Per a recent legal filing, the FDA is [extending certain compliance dates](#) related to the final deeming rule for three months.

Among the dates extended is the [requirement to submit cigar rotational warning plans](#) by May 10, 2017. The new deadline for this requirement is **Aug. 10, 2017**.

The FDA intends to issue a guidance on these date extensions in the near future.



Litigation

FDA ANNOUNCES COMPREHENSIVE REGULATORY PLAN

“Addressing the addictive levels of nicotine in combustible cigarettes must be part of the FDA’s strategy for addressing the devastating addiction crisis that is threatening American families.”

FDA COMMISSIONER **Scott Gottlieb, M.D.**



Center for Tobacco Products



Litigation

JOINT MOTION TO VACATE BRIEFING SCHEDULE AND STAY CASE

The parties jointly move the Court to vacate the current briefing schedule and stay all proceedings in this case in view of two recent developments: First, the U.S. Food and Drug Administration's announcement of a new comprehensive plan for the regulation of tobacco products, which affords Plaintiffs much of the relief they seek, and second, anticipated appellate proceedings in an analogous case in the D.C. Circuit that would, at a minimum, significantly inform the resolution of the issues presented here. In support of this motion, the parties state as follows:

Litigation

Plaintiff	Intervention	Stay of Proceedings	Status
NicoPure	Withdrawn	No	Appeal pending
Lost Art Liquids	No	No	Pending
Sanchez Icaza	No	Yes	Closed
Faircloth	No	No	Several counts dismissed
Cyclops Vapor 2	Granted	Yes	Stayed pending Nicopure
Cigar Association	Withdrawn	No	Pending
En Fuego	No	No	Motion to transfer pending
Moose Jooce	No	No	Motion to transfer pending
Rave Salon	No	No	Motion to transfer pending
Hoban	No	No	Motion to transfer pending

Litigation

- » American Academy of Pediatrics et al. v. FDA (D. Mass.)
 - Seeking to compel graphic warnings for cigarette packages and advertisements

- » American Academy of Pediatrics et al. v. FDA (D. Md.)
 - Challenging the delay of the implementation of premarket review for products covered by the deeming rule

- » Public Citizen v. Trump (D.D.C.)
 - Challenging Executive Order 13771

Agenda

1. Deeming Rule: Where Are We Now?
2. Litigation
- 3. New FDA Tobacco & Nicotine Regulatory Plan**
4. State and Local Regulation in Light of FDA Action

Tobacco & Nicotine Regulatory Plan

FDA ANNOUNCES COMPREHENSIVE REGULATORY PLAN

“Addressing the addictive levels of nicotine in combustible cigarettes must be part of the FDA’s strategy for addressing the devastating addiction crisis that is threatening American families.”

FDA COMMISSIONER **Scott Gottlieb, M.D.**



Center for Tobacco Products



Tobacco & Nicotine Regulatory Plan

- » Nicotine Reduction (March 16, 2018 ANPRM)
- » Flavored Products (March 21, 2018 ANPRM)
- » Premium Cigars (March 21, 2018 ANPRM)
- » NRT Strategy (January 26, 2018 Public Hearing)
- » Premarket Review Changes (August 4, 2017 Guidance)
- » Juul Collection of Information (April 8, 2018)
- » E-liquid Warning Letters (May 1, 2018)

Tobacco & Nicotine Regulatory Plan



Tobacco & Nicotine Regulatory Plan



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product

Agenda

1. Deeming Rule: Where Are We Now?
2. Litigation
3. New FDA Tobacco & Nicotine Regulatory Plan
4. **State and Local Regulation in Light of FDA Action**

State and Local Regulation

- Sale
- Distribution
- Possession
- Exposure
- Access
- Advertising and Promotion
- Use
- Information Reporting
- Taxation

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facebook.com/publichealthlawcenter

Emerging Enforcement Issues

1. Cole Dowden, JD; Sgt. Tony Hatcher; Nate Essey; Timothy McNeal; Office of the Comptroller of Maryland
2. Wayne Farrare, Caroline County Health Department (No Slides)
3. Kathleen Hoke, JD, Legal Resource Center

ENDS Legislative Update

Electronic Nicotine Delivery Systems

Notes from the 90-Day Report issued by the
Maryland Department of Legislative Services.

2017 Leftovers and State of the Law

Chapter 814 of 2017 established a licensing and regulatory framework for the manufacture, wholesale distribution, and retail sale of electronic nicotine delivery systems (ENDS) (i.e., e-cigarettes, other similar devices, and their components).

A person with a tobacco-related license is authorized to manufacture, distribute, or sell ENDS in the same capacity as the person is licensed for tobacco and does not need a separate ENDS license. Three ENDS licenses authorize the sale of ENDS to consumers under specified circumstances: manufacturer, retailer, and vape shop vendor.

However, only the manufacturer license explicitly authorizes the sale of ENDS to consumers through the mail or an electronic network. Further, an ENDS wholesaler distributor or importer license does not authorize the sale of ENDS to a vape shop vendor – only to another ENDS wholesaler or an ENDS retailer. Likewise, a vape shop vendor license does not authorize the purchase of ENDS from an ENDS wholesaler – only from an ENDS manufacturer.

SB 90 and HB 47

- These two bills both passed and were enrolled as Emergency Bills now allow for the following:
- Repeal a specific prohibition against the sale of ENDS by an ENDS retailer to a consumer through the mail or an electronic network.
- The bills also allow an ENDS wholesaler distributor or importer to sell ENDS to a vape shop vendor, allow a vape shop vendor to buy ENDS from a wholesaler distributor or importer, and repeal an outdated reference to an ENDS storage warehouse.

What's an Emergency Bill?

- Essentially, it is a bill that seeks to be effective upon passing the legislature and enrollment into the appropriate chapter of the law.
- These are used to fix important issues or problems left over from previous bills or legislative sessions.

HB 1094

- This bill further regulates the sale of ENDS by establishing:
 - the distribution of ENDS to a minor as a misdemeanor,
 - subjecting a minor in possession of ENDS to civil penalties,
 - and increasing civil penalties for subsequent civil violations, among other changes.
- For more information on this bill, see the subpart “Public Health – Generally” within Part J – Health and Human Services of the 90 Day Report.

What is an ENDS device?

- As defined in statute, this definition covers several technologies and their associated components, including electronic cigarettes (or e-cigarettes), Part J – Health and Human Services J-11 vaporizers, vape pens, and vaping liquid.
- Essentially, anything that vaporizes a liquid nicotine product for inhalation.

ENDS “Vape” Devices Anatomy



- For more see the FDA website:
<https://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm>

ENDS “Vape” Devices



Why is this important to control?

- According to the U.S. Centers for Disease Control and Prevention, between 2011 and 2015, electronic cigarette use among high school students increased from 1.5% to 16%. In addition, a 2017 National Institutes of Health survey of high school seniors found that 27.8% had reported “vaping” in the prior year.
- Essentially, this is the new thing for minors to try and get; cigarettes and Black and Mild's are becoming passé.



E-CIGARETTE USE IN CLASSROOMS BOOMS AS TEACHERS BLAME JUUL VAPE

BY **KATHERINE HIGNETT** ON 4/30/18 AT 8:00 AM



SHARE f t t in G+ 📧 🗨️

TECH & SCIENCE | SMOKING | VAPING | E-CIGARETTES | FDA



SPONSORED CONTENT The Worlds' Leading International Schools

By *Newsweek Educational Insight*

What makes International Schools such a great choice for your children and where are the best ones around the world?

Updated | Children are vaping in schools, teachers and health and education officials have warned. Kids are hiding e-cigarette vapor under their shirts as they smoke in hallways, bathrooms and even classrooms, the [Associated Press](#) reported.

The news came just days after the U.S Food and Drug Administration (FDA) started a [nationwide crackdown](#) on e-cigarettes, including efforts to stop their sale to minors online.



A man exhales e-cigarette vapor in Bristol, England, on December 30, 2016. Teachers in the U.S. are concerned about kids vaping in schools.

MATT CARDY/GETTY IMAGES

POLITICS & T

Colorful vape packets draw warning

BY LAURIE MCGINLEY

Federal regulators warned 13 manufacturers, distributors and retailers Tuesday that they are endangering children by marketing e-cigarette liquids in packaging that resembles kid-friendly products such as juice boxes, candy and whipped cream.

The Food and Drug Administration and the Federal Trade Commission said the packaging — some of which features cartoon-like images — could mislead children into thinking the products are actually things they commonly eat and drink.

“E-liquids,” as they are called, are typically a mix of ingredients including nicotine and flavoring. Ingesting them can cause nicotine poisoning — and even death — in young children, experts say. A recent analysis found that between January 2012 and 2017, more than 8,200 instances of e-cigarette and liquid-nicotine exposure occurred among children younger than 6.

The products being targeted include: “One Mad Hit Juice Box,” which resembles children’s apple juice containers, such as Tree Top-brand juice boxes; “Vape Heads Sour Smurf Sauce,” which looks like WarHeads candy; “V’Nilla Cookies & Milk,” which resembles Nilla Wafer and Golden Oreo cookies; “Whip’d Strawberry,” which resembles Reddi-wip dairy whipped topping; and “Twirly Pop” — which, the FDA said, “not only resembles a Unicorn Pop lollipop but is shipped with one.”

The agencies told the companies that the products are “misbranded” under the Federal Food, Drug, and Cosmetic Act “because their labeling and/or advertising imitating kid-friendly foods is

Regulators see danger in e-liquids that mimic children’s products

false or misleading.” In joining the FDA, the FTC cited its authority under the Federal Trade Commission Act, which prohibits unfair or deceptive advertising.

The companies have 15 days to say how they will change the packaging of the products. Failure to make changes “may result in further action such as seizure or injunction,” the agencies warned.

FDA Commissioner Scott Gottlieb, in a telephone briefing with reporters, said it would be hard for “any reasonable person” to examine the products and not conclude that “they are deliberately being packaged and marketed in a way that is designed to not only be appealing to kids” but also to confuse them by mimicking items they frequently consume.

He added that he planned to take more action against entities selling tobacco products to youths or marketing them in “this egregious fashion.”

Acting FTC chairman Maureen K. Ohlhausen warned, “Nicotine is highly toxic, and these letters make clear that marketing methods that put kids at risk of nicotine poisoning are unacceptable.”

Several of the businesses that got the letters also were cited for illegally selling the products to minors, the officials said.

Nicholas Warrender, owner of Lifted Liquids, a Wisconsin manufacturer of e-liquids, got one of the warning letters — about the company’s Vape Heads Sour Smurf

Sauce.e-liquid, which had packaging that resembled WarHeads candy. But Warrender said he recognized the problem last year and changed the design in November to feature a bearded man, which he said signaled adult use of the product. Warrender said that he has been trying to contact the FDA but that reaching the agency was like “trying to pull teeth out of a chicken.”

Cosmic Fog Vapors, a California manufacturer, said in an email that in response to FDA concerns, it stopped selling Whip’d Strawberry liquid.

American Vaping Association President Greg Conley said he felt little sympathy for companies that “rip off the trademark of an existing product,” referring to packaging that resembled children’s drinks and snacks. “That’s not responsible marketing,” he added.

Gottlieb said the warning letters were part of the FDA’s new Youth Tobacco Prevention Plan. Last week, the agency announced a nationwide undercover “blitz” against the sale of e-cigarettes — particularly the hugely popular Juul products — to children and teenagers in stores and online. The agency said it had uncovered dozens of violations of the law and issued 40 warning letters related to Juul e-cigarettes.

Juul e-cigarettes resemble USB flash drives but contain high levels of nicotine. They come in flavors such as mango, creme brulee and cool mint, and their emissions can be virtually invisible, making it difficult for teachers to spot and stop the use of the products.

laurie.mcginley@washpost.com

More at [washingtonpost.com/news/to-your-health](https://www.washingtonpost.com/news/to-your-health/)

What Does HB 1094 Do?

- Establishes that the distribution of ENDS to minors is a misdemeanor subject to existing criminal penalties for the distribution of tobacco products to minors;
- Establishes that the possession of ENDS by minors is a civil offense subject to existing civil procedures and dispositions for the possession of tobacco products by minors;
- And increases civil penalties for subsequent civil violations of distributing ENDS to minors.

HB 1094 Fine Schedule

- **Fines for underage distribution:**
 - \$300 for first violation
 - \$1,000 for second violation within 2 years after first violation
 - \$3,000 for subsequent violation within 2 years after preceding violation

HB 1094 Empowers Local Health Departments

- **Reporting by local health departments required for the following violations:**
- “A person who distributes tobacco products for commercial purposes, including a person licensed under Title 16 of the Business Regulation Article, may not distribute to a minor: (1) A tobacco product; (2) Tobacco paraphernalia; or (3) A coupon redeemable for a tobacco product.” See 24-307 (b) and (c) (2).

Local Health Departments Reporting Obligations

- It still to be determined the form of the reporting here, but may likely follow same procedure for under-age sales to minors referrals.
- The reporting may likely resemble the bullet points for violation reporting found in our sales to minors referrals.
- **Stay Tuned to the Comptroller's office for pending guidance.**

Reporting Sales to Minors Violations

Local Health Departments are our best asset for keeping minors away from tobacco.

Comptroller's Reporting Obligations

- Md. Code Ann., Tax-Gen. § 2-107 (e) - **Reporting of tobacco distribution violations**
 - (e) On or before October 1 each year, the Comptroller's Office shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on:
 - (1) the aggregate number of licensed tobacco retailers that committed a violation of § 10-107 of the Criminal Law Article and the aggregate number of minors who committed a violation of § 10-108 of the Criminal Law Article during the reporting period;
 - (2) the number of prior violations for licensed tobacco retailers and minors that committed a violation during the reporting period; and
 - (3) the subsequent action taken by the Comptroller's Office against each violator and, for each action taken, the number of violations committed by the violator.

Local Health Department's Obligation

- MD Health General Article 24-307 (c)(2)
 - “The local health departments shall report violations of subsection (b) of this section to the Comptroller's Office.”
 - Subsection (b) reads:
 - A person who distributes tobacco products for commercial purposes, including a person licensed under Title 16 of the Business Regulation Article, may not distribute to a minor:
 - (1) A tobacco product;
 - (2) Tobacco paraphernalia; or
 - (3) A coupon redeemable for a tobacco product.

That's nice and all, but what does it mean?

- THE NAME AND ADDRESS OF THE PERSON CHARGED;
- THE NATURE OF THE VIOLATION;
- THE LOCATION AND TIME OF THE VIOLATION;
- THE AMOUNT OF THE CIVIL PENALTY;

THE NAME AND ADDRESS OF THE PERSON CHARGED

- This needs to be as accurate as possible. At the comptroller's office we cross reference this information with the licensee bureau to make sure we summon the appropriate license holder.
- Example:
 - Name of person who sold the tobacco (clerk name?)
 - Address of the location of the offense (store address?)

NATURE OF THE VIOLATION

- Here, the details of the violation are important.
 - What we need:
 - the item purchased;
 - whether ID was asked for, scanned, swiped, or visually verified is very helpful to FED in order for us to determine the appropriate penalty.
 - Was a manager or owner involved present at the time of the sale or involved in the sale.
 - **Any Comments or statements against the interest of the clerk/licensee made at the time of the violation and the citation being issued.**
- Example:
 - Items purchased
 - Age of purchaser
 - ID asked for?
 - ID provided with or without request by clerk.
 - What did the clerk say?

LOCATION AND TIME OF THE VIOLATION

- This is the time, date, and location of the violation. The details can be helpful here but mainly to make sure the address is accurate.
- Example:
 - Time of day
 - Address and city of location of sale
 - Verifying the license displayed against your records to make sure a new owner is not operating at the location.

EVIDENCE OF AT LEAST TWO NEW VIOLATIONS

- Evidence of one conviction
- Evidence of at least one other violation
 - Warning Letter (FDA version acceptable)
 - Citation (FDA version acceptable)

Great, but how do you want the referral?

- Right now, the referrals are sent in via physical mail.
 - We'd love to get them electronically and in some standard form.
 - Baltimore and Howard Counties are great examples of active enforcement programs and they contribute a great deal toward keeping tobacco out of the hands of minors.
 - but maybe there is room for a few tweaks.

What works for your agency?

- A physical packet with a cover letter and the violations for each licensee works for now.
- Would the following work for you?
 - An email PDF packet option?
 - A fillable cover letter that outlines the violations that you'd then email/upload to us.
 - Something that is excel or database friendly for your convenience.
 - An electronic packet submission upload through the Comptroller's website?

When would you prefer to report?

- Solution: **REPORT TIMING** of two (2) or more **NEW** violations within a **FLOATING** six month period.
 - Does this give you time to investigate and enforce and does it give you the opportunity to be effective?

Remember we're in this together

- “The Maryland Department of Health, in collaboration and consultation with the Office of the Comptroller, local health departments, and local law enforcement agencies, shall develop ongoing strategies for enforcement of §§ 10-107 and 10-108 of the Criminal Law Article.”

Md. Code Ann., Health-Gen. § 24-307 (West)

Sales To Minor's Violations Hearing Overview

What goes on at a Sales to Minor Violation
Hearing?

Notice and Opportunity to be Heard

- The Licensee has the right to be heard and give evidence supporting their side of the reported violation.
- This an informal hearing held at the Comptroller's office in Annapolis, MD.

Firsts Things First

- FED receives a report of a violation from the Local health Department.
- The referrals are assigned to a hearing officer.
- Internally, FED determines the licensee responsible for the violations and makes a determination on the next step.

Send it off in a letter...

- FED through its hearing officers, will send a letter to the licensee on this violation and will offer an opportunity to be heard in order to avoid a number of penalties that the licensee may face for the violation.
- The Licensee has the right to counsel – at their own expense – during this entire process.

The Hearing

- Upon the established hearing date, the Hearing Officer, along with the local health department representative, and the licensee, meets in Annapolis.
- Prior to the hearing the FED Hearing Officer will explain the purpose of the hearing and the rough outline of the process and procedure.
- The parties are administered a perjury oath.
- The Local Health Department representative offers evidence of the violations and presents the case.
 - These include details of the age of the underage agent.
 - Details of the time of day, etc.

The Hearing, con't.

- After the Local Health Department representative presents their case, the Licensee is allowed to respond.
- There, the Licensee explains their actions; and
- Whether they have made any remedial efforts to correct this behavior that resulted in the violations.

Examples of Remedial Efforts by the Licensee

- Training provided to the clerks;
- Changes to point of sale procedures;
- Termination of violators;
- Point-of-Sale systems to require scanning or electronic verification of IDs;
- Changes in sales policies within the store;
Changes to staffing requirements for clerks, etc.

The Hearing, con't.

- After the Licensee offers their case and explanations, the hearing officer informs them that within 30 days of the hearing date the hearing officer will issue their written determination and it will be mailed to the licensee via certified mail.
 - The determination is also forwarded to the local health department to keep them in the loop on whether the licensee was given a warning, suspension, or revocation.

Questions?



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SCHOOL OF LAW

Maryland Clean Indoor Air Act: Enforcement Challenges

Kathleen Hoke

Law School Professor and Director
Legal Resource Center for Public Health Policy

May 8, 2018

Clean Indoor Air Act of 2007



Enough Celebrating . . .

Enforcement Challenges:

 Retail Tobacco Business Exemption

 Outdoor Smoking

 ENDS/Vaping

Retail Tobacco Business Exemption

Maryland Health-General §24-505 exempts:

(3) A ***retail tobacco business*** that is a sole proprietorship, limited liability company, corporation, partnership, or other enterprise, in which:

(i) The ***primary activity is the retail sale of tobacco products and accessories***; and

(ii) The ***sale of other products is incidental***.

Hookah Lounges

Fact: Maryland's Clean Indoor Air Act (2007) prohibits smoking in bars, restaurants and other indoor areas open to the public.

Question: *If smoking is prohibited in bars and restaurants, why is smoking allowed inside hookah bars?*

Answer: The Clean Indoor Air Act has an exemption (§ 24-505) created for establishments whose "primary activity is the retail sale of tobacco-containing products and accessories" and the "sale of other products is incidental." Hookah bars claim to operate under this exemption.

Question: *If I believe that that a hookah bar is "primarily" selling food and drinks rather than hookah, or that food and drinks are more than "incidental" to hookah sales, what should I do?*

Answer: You can 1) report the matter to the Department of Health and Mental Hygiene, or 2) report to your local health department. The Code of Maryland Regulations (COMAR 10.19.04.07-10) grants local health officers the authority to investigate potential CIA violations, issue citations and levy penalties

Fact: Maryland's Clean Indoor Air Act § 24-510 preserves the power of county and municipal governments to enact and enforce more stringent measures to reduce involuntary exposure to environmental tobacco smoke.

Question: *What more can county governments do to regulate hookah?*

Answer: State law grants "police power," to the County Council in home rule counties. This gives counties the authority to adopt ordinances in the interest of "maintaining the peace, good government, health and welfare of the county." Md. Code Ann., Art 25A, §5(s). The sale or use of shisha, the restriction or prohibition of hookah bars, and zoning of hookah bars and retailers may fall under this broad source of power.

Board of Health Authority: State law gives County Boards of Health the authority to "adopt and enforce rules and regulations on any nuisance or disease in the county." Md. Code Ann. Health-Gen. 3-202(d). The use and sale of hookah is a cause of disease and a may be source of nuisance, giving the County Board of Board authority to adopt rules governing sanitation, health and safety of hookah establishments.

Health Officer's nuisance abatement authority: State law grants local health officers the authority to abate nuisances, which include any condition dangerous to health or safety, including any condition "transmitted by...air currents" or "humans." Md. Code Ann., §20-301(14). The use and sale of hookah is dangerous to health in a number of ways, so the Health Officer may act to abate the nuisance by restricting the use or sale of hookah, and sanitation and safety of hookah establishments.

*Laurel's first cigar lounge hopes to
create 'elite, VIP experience'*

Baltimore Sun (June 16, 2015)

Main Street's Aroma Cigar Lounge 2015:



Currently Closed

Prince George's County Exemption

Zoning Code §27-107

Retail Tobacco Business: A retail store where the ***primary use*** is the retail sale of tobacco products and tobacco smoking accessories which may include on site consumption . . . and the ***incidental sale*** of food and or beverage provided the ***gross floor area of the food and or beverage area does not exceed forty-nine percent (49%) of the gross floor area.***

Cigar Bar Legislation: Maryland General Assembly

At least five bills between 2011 and 2017 to permit indoor smoking at cigar bars:

-  HB396 (2017)
-  HB1445 (2017)
-  SB326 (2017)
-  HB1069 (2016 – passed without smoking exception)
-  HB605 (2011)

MDH Responds

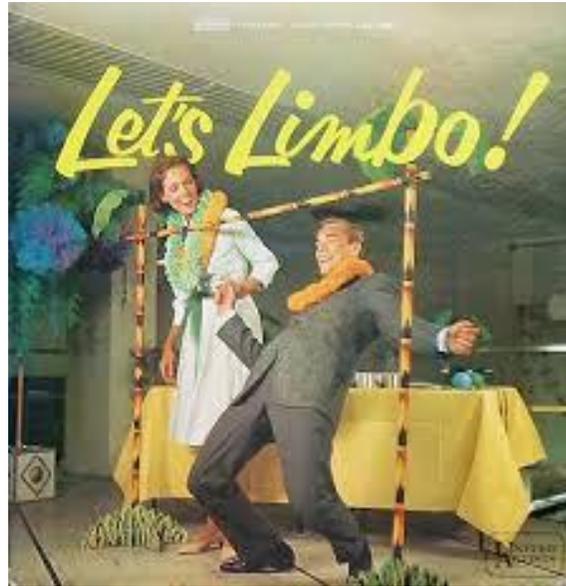
“The Maryland Department of Health is seeking comments on a proposal to amend COMAR 10.19.04 - Prohibition of Smoking in Indoor Areas Open to the Public. The purpose of this proposal is to clarify that the tobacco retailer exemption to the Clean Indoor Air Act applies only to businesses in which the sale of non-tobacco products and accessories is less than 25 percent of total sales.”

Published May 25, 2017

Closed September 25, 2017

No action taken

Where are we now?



Outdoor Smoking

- ⊘ *Does the CIAA prohibit smoking outdoors if the smoke wafts inside a protected enclosed area?*
- ⊘ *Are there perimeter smoking restrictions in the CIAA?*
- ⊘ *Does the CIAA prohibit smoking in outdoor dining areas?*

Read the Act then read Meagan's lips . . .



Live Casino in Arundel Mills

Baltimore Sun (May 3, 2018)

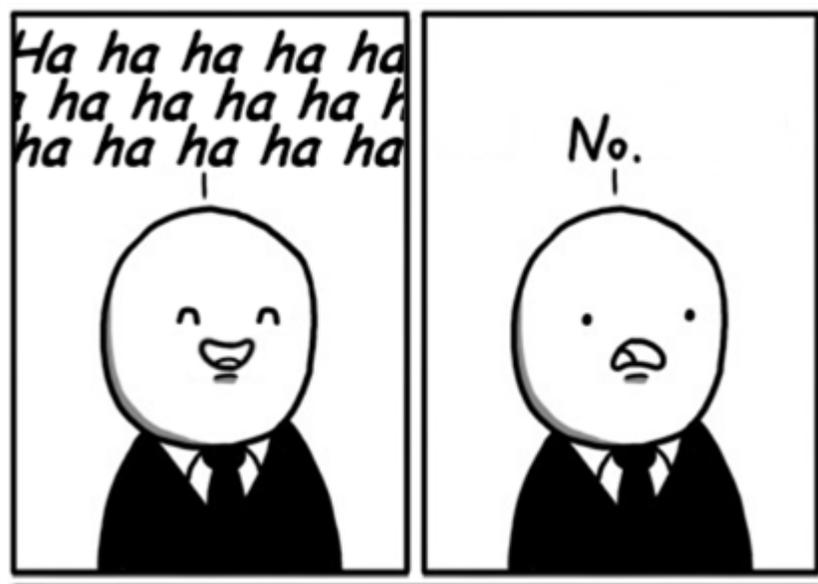
“With the snip of a ceremonial cigar rather than a ribbon, Live Casino & Hotel officially opened the Orchid Gaming & Smoking Patio on Thursday.

The 8,000-square-foot space, which is open on one side, offers both table games and slots as well as a full-service bar/lounge and a large fireplace.”



ENDS/Vaping

Does the CAAA prohibit vaping in enclosed areas?



The END(S)

Lunch Panel Discussion

Tobacco Prevention and Cessation Through the Healthy Equity Lens

1. Rod Lew, MPH, Asian Pacific Partners for Empowerment, Advocacy and Leadership
2. Juan Carlos Vega, MLS, LGBT HealthLink
3. Delmonte Jefferson, National African American Tobacco Prevention Network

Prevalence of Tobacco Product Use by Race/Ethnicity

2016 Maryland BRFSS (Adult Use)

	Any Tobacco Use	Cigarette Use	Cigar Use	Smokeless Tobacco	E-Cigarette Use
Hispanic/Latino	12.1%	10.2%	3.8%	***	***
White, Non-Hispanic	18.0%	14.8%	3.4%	2.1%	3.9%
Black, Non-Hispanic	16.9%	13.7%	5.1%	0.7%	2.3%
Asian, Non-Hispanic	5.5%	13.7%	***	***	***
American Indian/Alaskan Native, Non-Hispanic	42.6%	37.7%	***	***	***
Other Race, Non-Hispanic	22.9%	19.3%	***	***	***
Total:	780,867	608,816	154,865	70,410	141,529

14.8% of heterosexual adults reported currently using tobacco products compared to 29.9% of adults who identified as LGBT.

2016 Maryland YRBS (Youth Use)

	Any Tobacco Use	Cigarette Use	Cigar Use	Smokeless Tobacco	E-Cigarette Use
Hispanic/Latino	11.4%	7.5%	6.2%	4.0%	11.8%
White, Non-Hispanic	14.4%	8.6%	8.3%	5.7%	16.0%
Black, Non-Hispanic	12.3%	5.7%	8.6%	5.0%	9.1%
Asian, Non-Hispanic	5.4%	3.5%	3.8%	2.5%	5.4%
Indian/Alaskan Native, Non-Hispanic	26.2%	15.4%	16.7%	15.7%	22.4%
Multiracial, Non-Hispanic	14.6%	8.1%	9.4%	5.3%	15.4%
Native Hawaiian, Other Pacific Islander	29.7%	19.8%	21.0%	18.7%	30.5%
Total:	35,448	20,653	22,136	15,225	30,026

27.6% of High School Students reported currently using tobacco products compared to 55.9% for the youth LGBT population.

Smoking Cessation Rates Past 12 Months (Adults)

Hispanic/Latino	18.2%
White, Non-Hispanic	10.1%
Black, Non-Hispanic	11.7%
Asian, Non-Hispanic	***
American Indian/Alaskan Native, Non-Hispanic	***
Other Race, Non-Hispanic	20.4%

Smoking Cessation Rates Past 12 Months (Youth)

Hispanic/Latino	52.4%
White, Non-Hispanic	34.2%
Black, Non-Hispanic	49.6%
Asian, Non-Hispanic	58.9%
American Indian/Alaskan Native, Non-Hispanic	54.1%
Multiracial, Non-Hispanic	36.1%
Native Hawaiian, Other Pacific Islander	52.3%

Vaping, Juuling, & Youth

1. Jeff Willett, PhD, MA, Truth Initiative
2. Tiffany Zheng and Arlette Felix, Easton High School Students
3. Noah Rich, Julia Batavick, Sean Christensen, Towson High School Students
4. Conor Curran, Old Mill High School Student

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TOBACCO-FREE
LIVES

JUUL: Recognition, use and perceptions

JEFFREY WILLETT

VICE PRESIDENT, SCHROEDER INSTITUTE

Popular Pod Mod Brands

- JUUL (closed system, but can be easily refilled)
- Aspire Gusto mini
- Cue Vapor
- Kandypens RUBI (open system, can use any type of e-juice, leak proof)
- Suorin Drop/Air (popular open system)
- Envii FITT (both open and closed system possible)
- Other Brands: LAAN Pod Mod, Kimsun Smart 4R, Phix Vape, Kilo, Boulder, Bo Vape, Space Jam Juice: The Bird, 7 Daze, Kado, Smok, Baton Vapor, Ro Vape, Vaptio, Perl Vape, Myle Vapor, 12 Vapor, Joyetech, Myjet, Limitless, Xfirevape, SMPO, Aspire, Edge Vapor, Sigelei, Cig2O, Mystic, Hilo, V2 Vertx

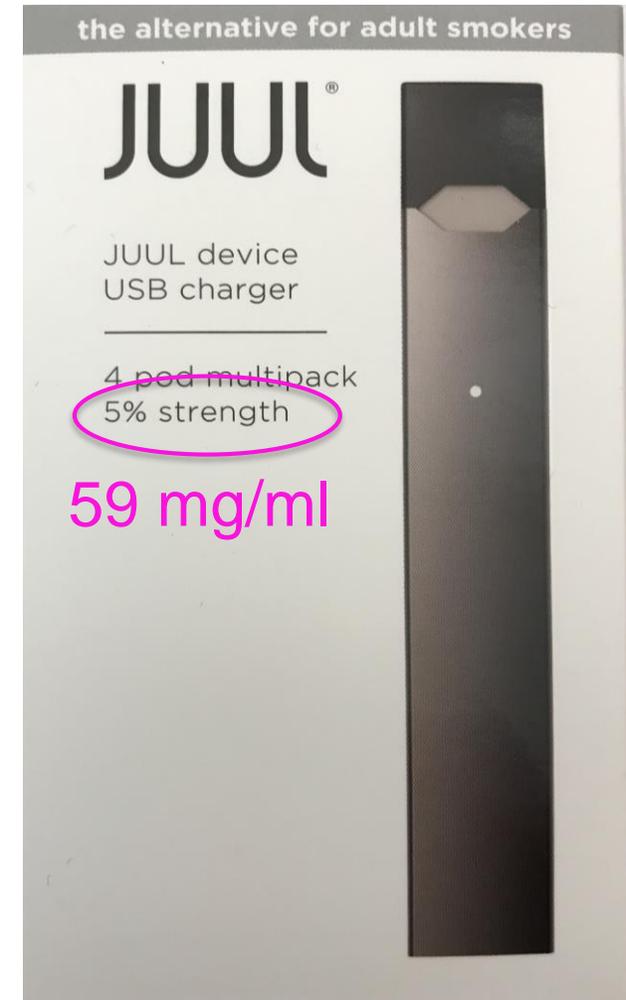
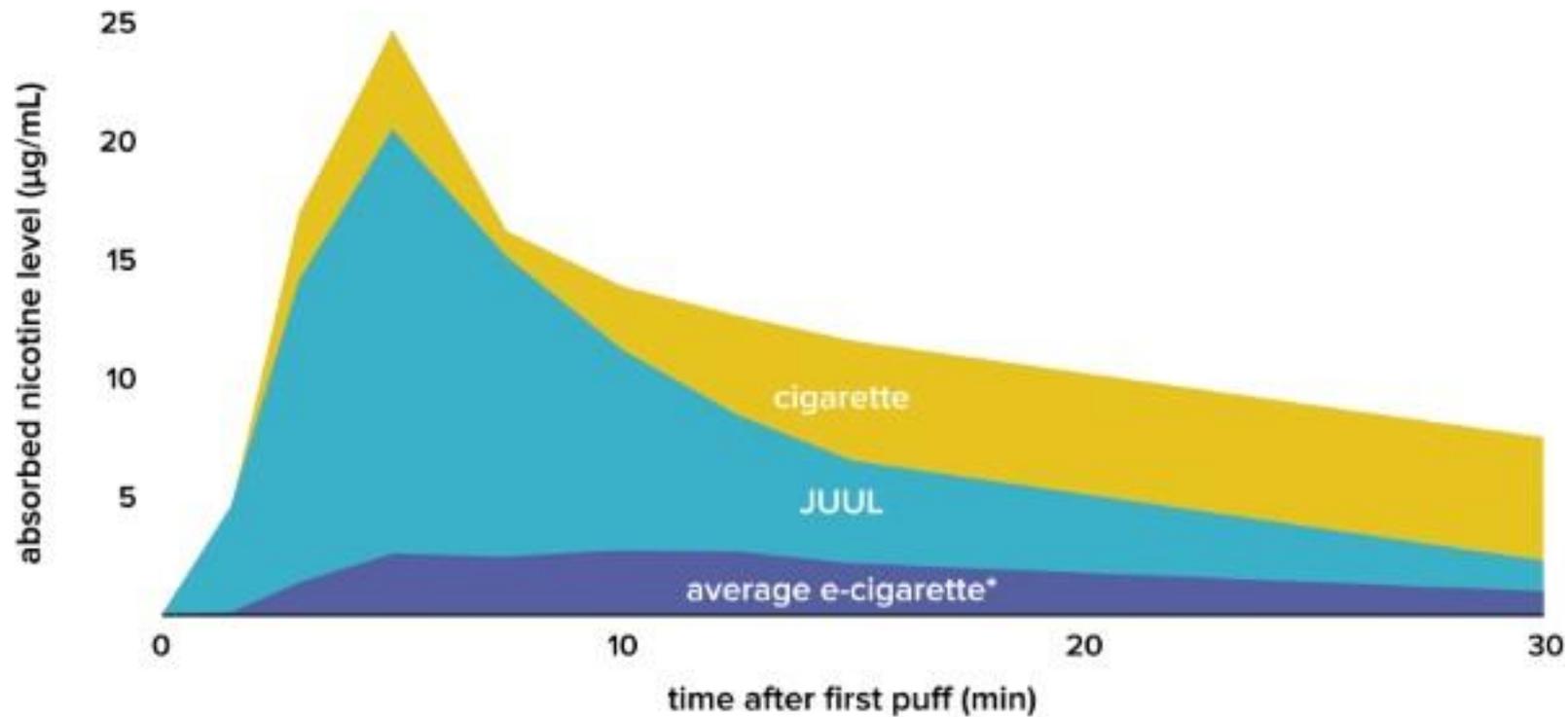


What is JUUL?

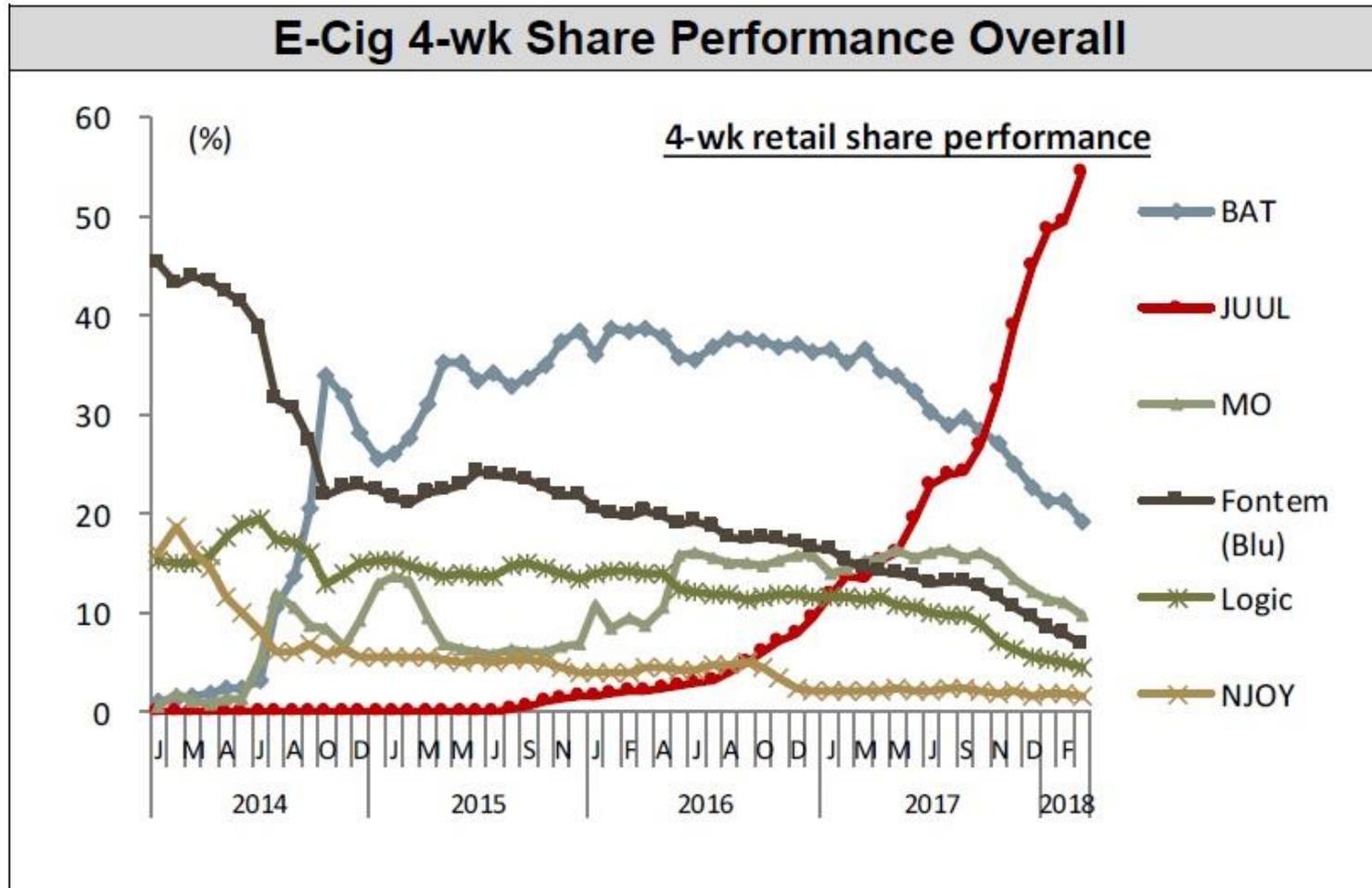
- Not your typical e-cigarette
 - nicotine salts
 - IT product design
- “By accommodating cigarette-like nicotine levels, JUUL provides satisfaction to meet the standards of smokers looking to switch from smoking cigarettes.”
- Pods with nicotine liquid available in a range of flavors.
- Every JUUL flavored pod contains nicotine.



JUUL – Nicotine Delivery

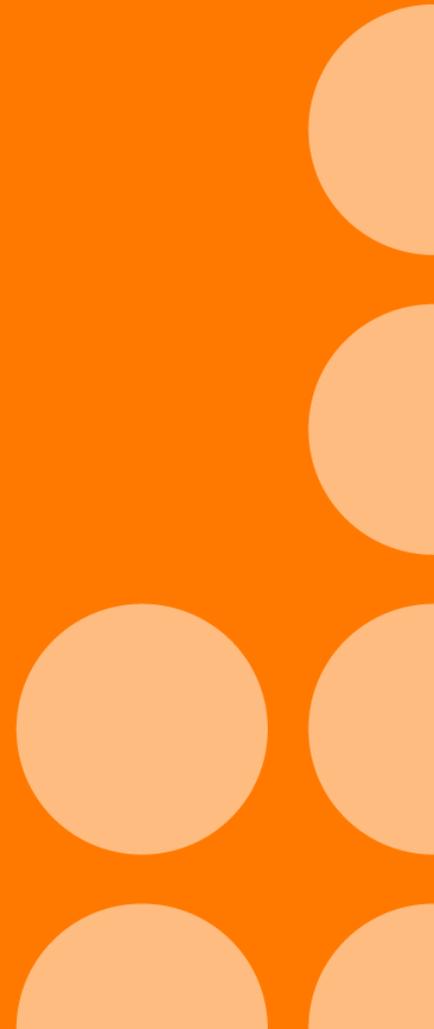


JUUL – Market Growth and Concern



- In April, 2018, JUUL represented 60.1% dollar share and 42.0% unit share of the e-cigarette traditional retail market.
- On April 24th, the FDA requested that JUUL Labs, Inc. submit documents relating to marketing practices and research on marketing, effects of product design, public health impact, and adverse experiences and complaints related to JUUL.

**Purpose of Truth Initiative
JUUL studies: To learn more
about JUUL awareness, use,
perceptions and terminology**



Recognition, use and perceptions of JUUL among youth and young adults

BACKGROUND

In recent years, use of electronic nicotine delivery systems (ENDS) has drastically increased, exceeding the prevalence of combustible tobacco use among youth in the USA.¹ ENDS products are heavily

salts extracted from tobacco leaves, rather than the 'freebase formulations'⁸ of nicotine used in other ENDS, PAX Labs claims JUUL provides a nicotine concentration comparable with a traditional cigarette and delivers nicotine 1.25–2.7 times faster than competing ENDS. Since its introduction in early 2015, JUUL has experienced tremendous growth in market share. As of 24 February 2018, JUUL represented an astonishing 49.6% dollar share and 31.1% unit share of the ENDS market.⁹ With such rapid emergence into the ENDS

for those who responded affirmatively, asked what people their age call the device and how they describe the use of the device. Respondents who recognised JUUL were also asked about their ever and past 30-day use. Survey items also assessed respondents' perceptions regarding the nicotine content of JUUL. The following demographic characteristics were also measured: age, gender, race/ethnicity and perceived financial situation (live comfortably, meet needs with a little left over, just meet basic expenses, don't meet basic

Published in
Tobacco Control,
April, 2018

November 2017 JUUL study findings

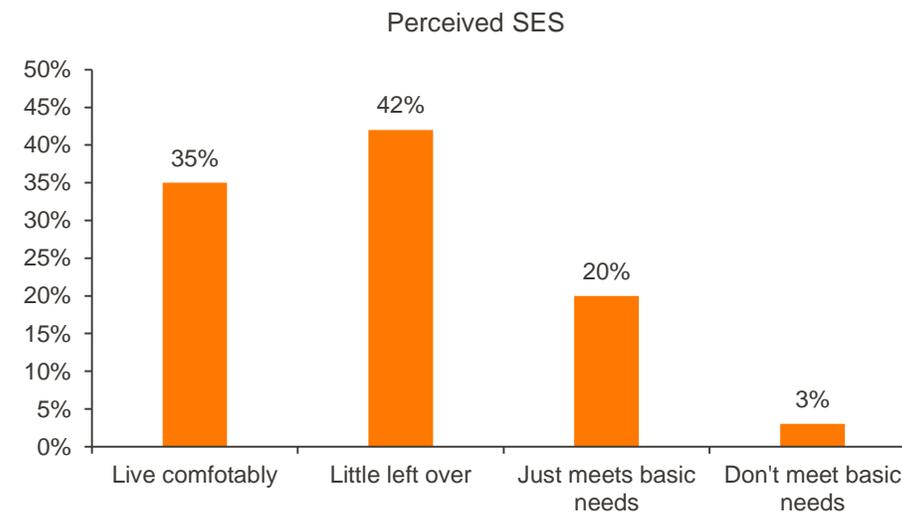
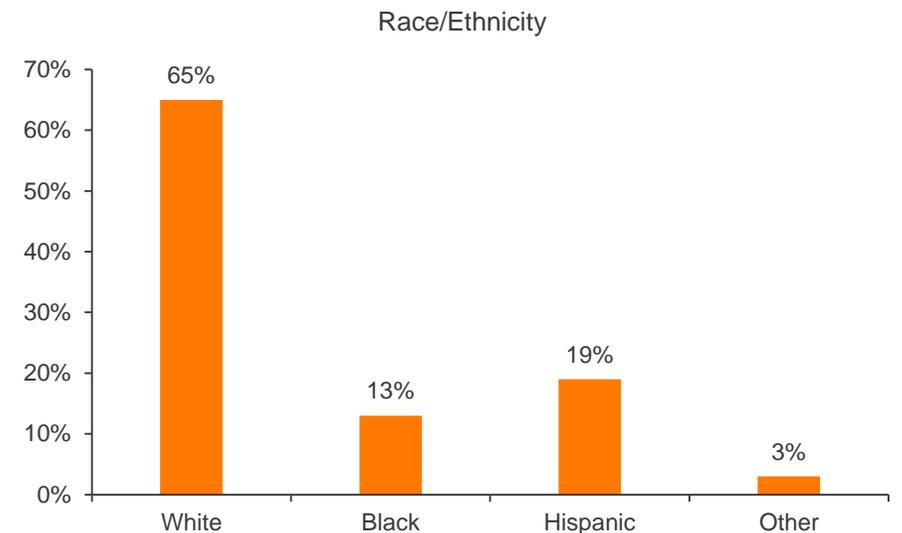
- 25% of **15-24 year olds** recognized JUUL
- 10% had ever used a JUUL; 8% used in past 30 days
- Use significantly higher for males, higher SES and 18-24 year olds
- 25% of those who recognized JUUL referred to use as "JUULing"
- Most were not aware that JUUL pods always contain nicotine.

April 2018 JUUL Study

Included 12-14 year olds and expanded questions related to JUUL use.

Sample

- Source: Qualtrics panel, N=1,025
- Age: 12-17 year olds (50% 12-14, 50% 15-17)
- 50% male, 50% female
- Data collected online, 4/3/18 to 4/9/18.

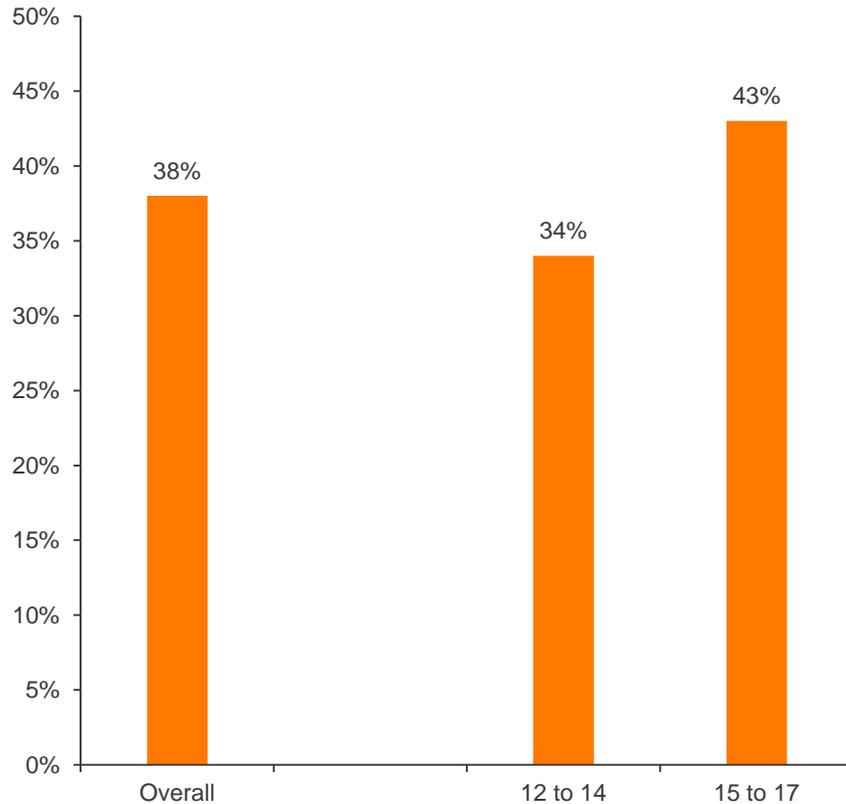


Awareness

Among entire sample, N=1,025 12-17 year olds

Do you recognize this product?

YES (%)

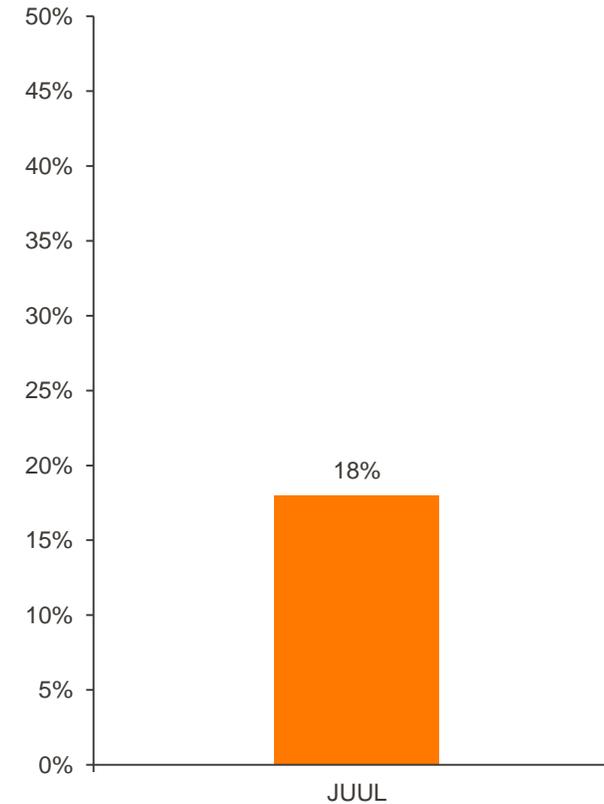


Awareness among 15-17 was 21% in November.

Greater awareness may reflect increased attention at schools and by media.

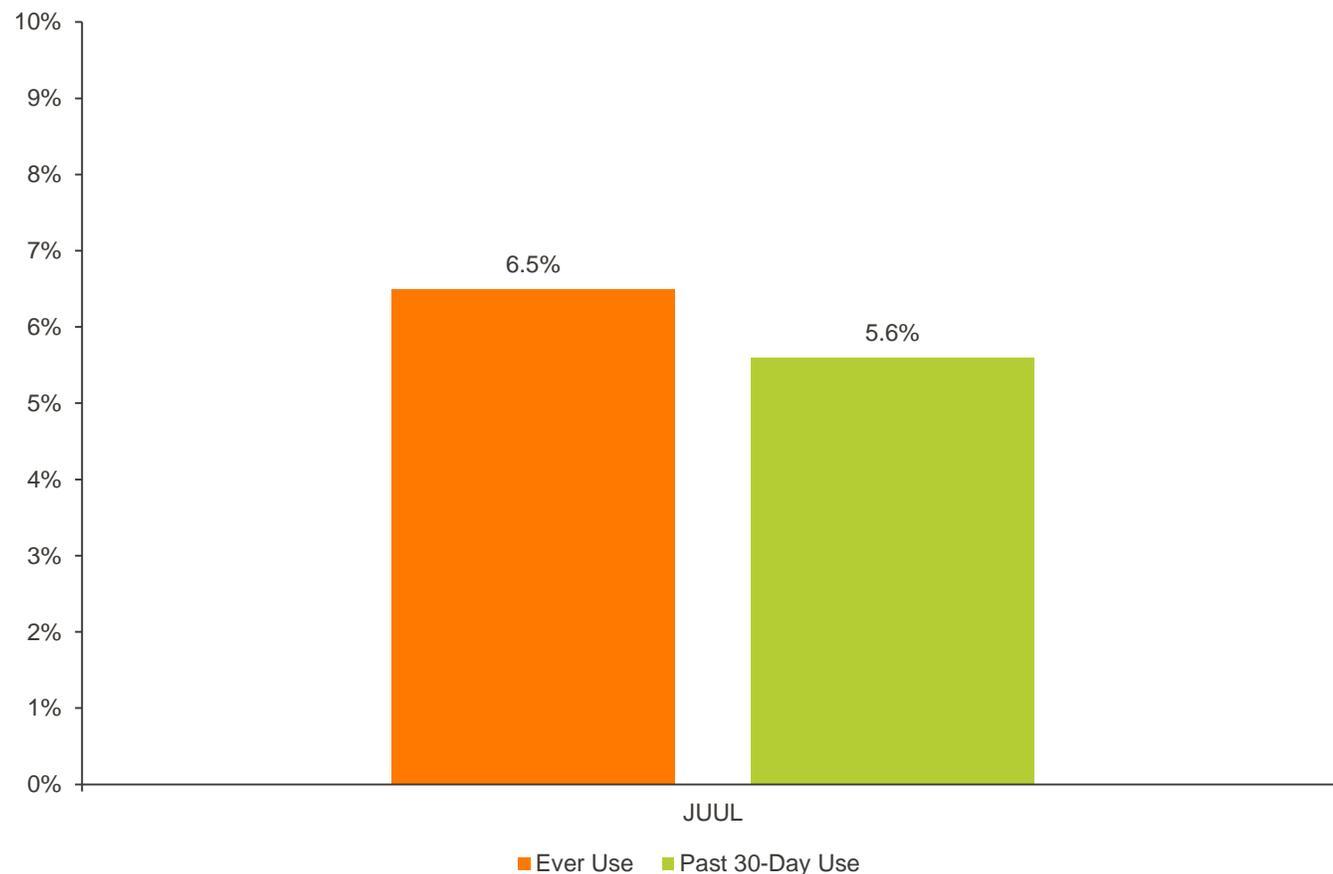
Seen JUUL used at school?

YES (%)



Ever and Past 30-Day Use of JUUL

Among entire sample, N=1,025 of 12-17 year olds



Ever Use

12-14 = 5.2%

15-17 = 7.8% (was 7.0% in November)

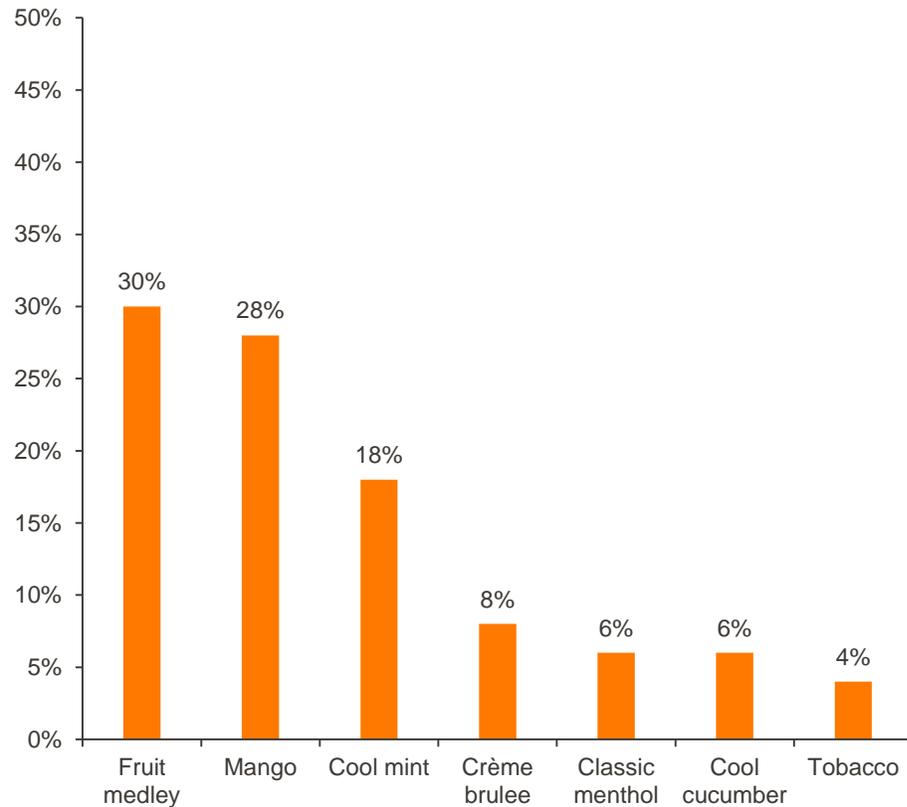
Past 30-Day Use

12-14 = 4.6%

15-17 = 6.5% (was 6.1% in November)

Flavor and Substance Use

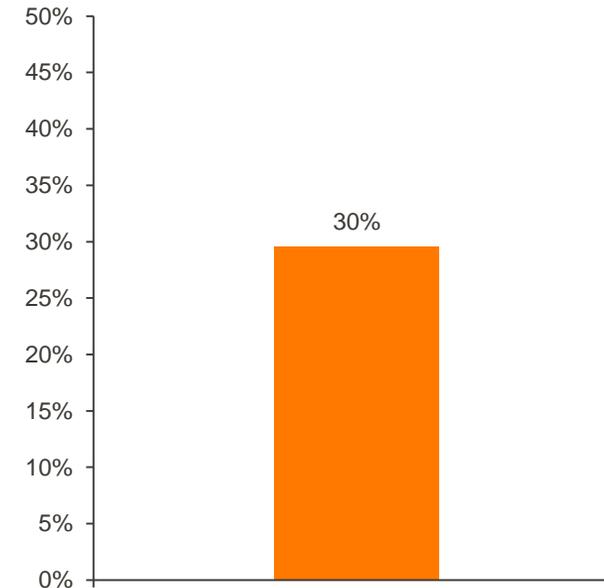
Which JUUL flavor pod used most recently?



Among past 30-day users

Ever used marijuana with JUUL?

YES (%)



Among ever users

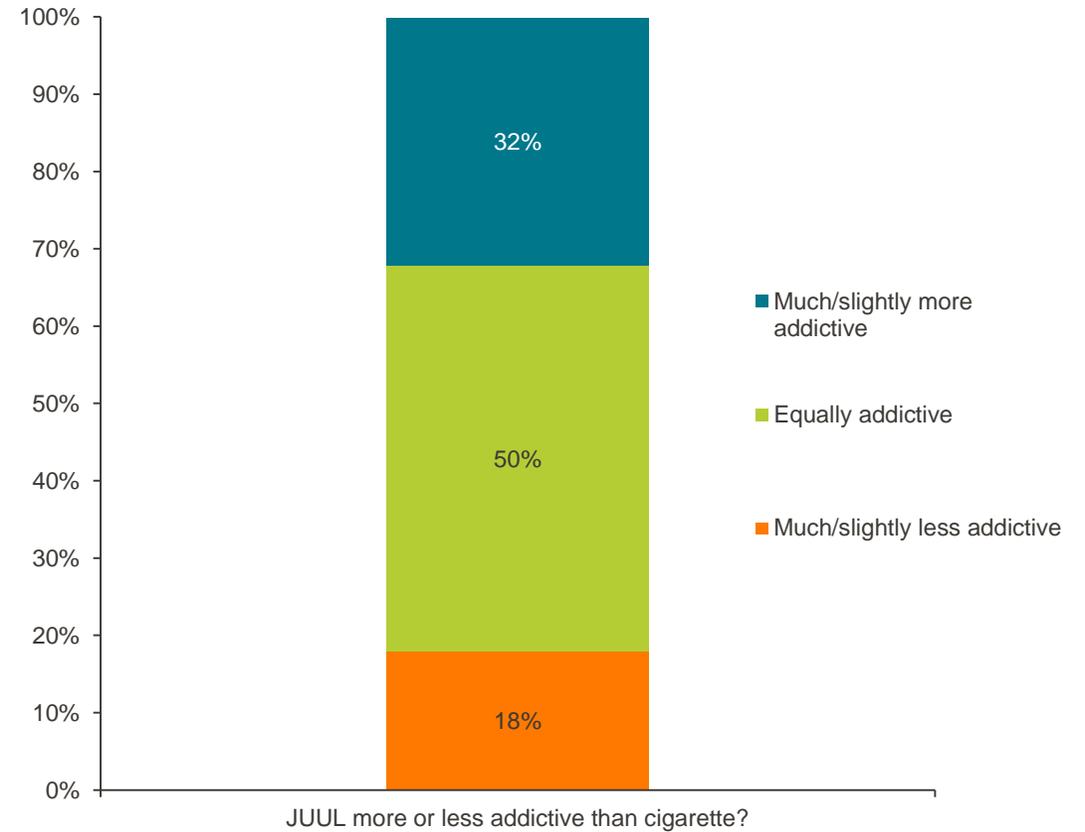
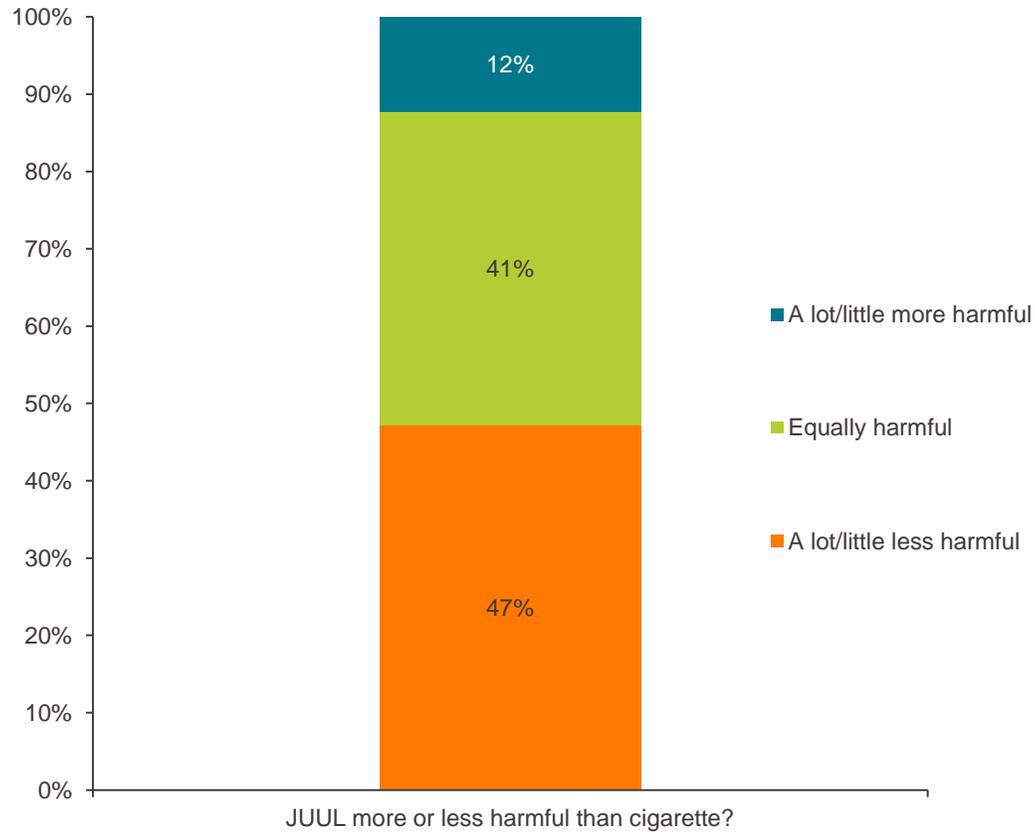
Product Access

Those who “used in past 30 days” were asked how they bought or got the JUUL devices they had used over the past 30 days. Respondents could select multiple response options.

- 74% reported a physical retail location
- 52% reported social sources
- 6% reported Internet

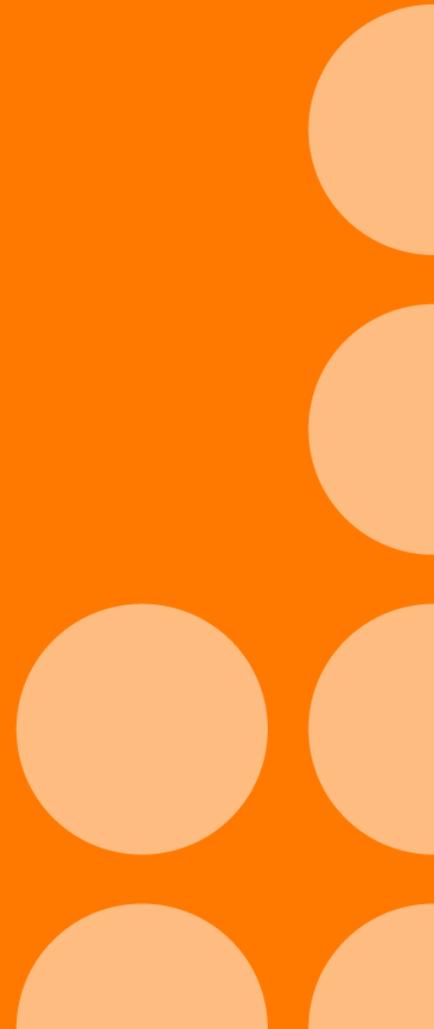
While Internet was not the most common point of access, 89% of youth who attempted to purchase online were successful.

Product Perceptions



Among those who recognized JUUL (n=394)

Summary

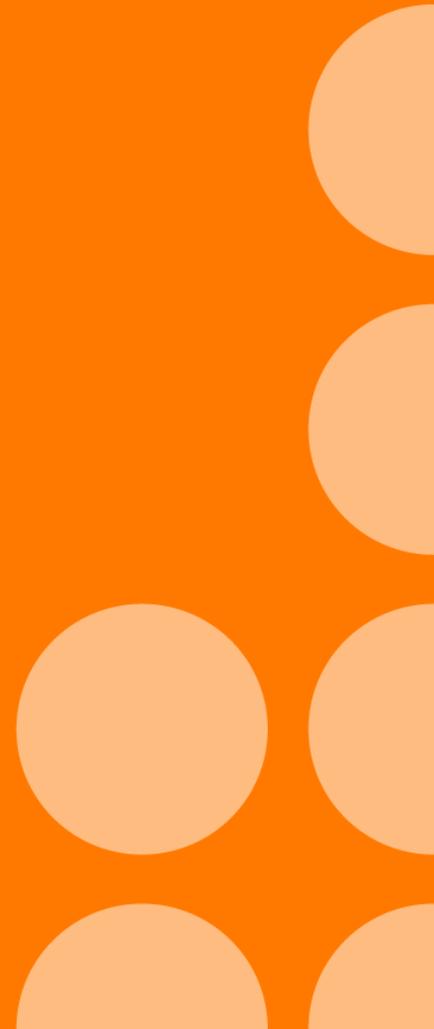


Conclusions

- Pod Mod devices represent the newest generation of e-cigarette products.
- JUUL represents 60% of e-cigarette retail market share and 38% of 12-17 year olds recognized a JUUL device. Nearly 1-in-5 youth have seen JUUL used at their school.
- JUUL users largely report use of fruity and sweet flavors. Of youth who have ever used JUUL, one-in-three have used marijuana with the device.
- Youth largely obtained JUUL through physical retail outlets or social sources. Youth reported relative ease obtaining JUUL devices online.
- Nearly half of those who are aware of JUUL believe it is “a lot” or “a little” LESS harmful than cigarettes. One-in-three believe JUUL is “much” or “slightly more” addictive than cigarettes.

Thank you

jwillett@truthinitiative.org

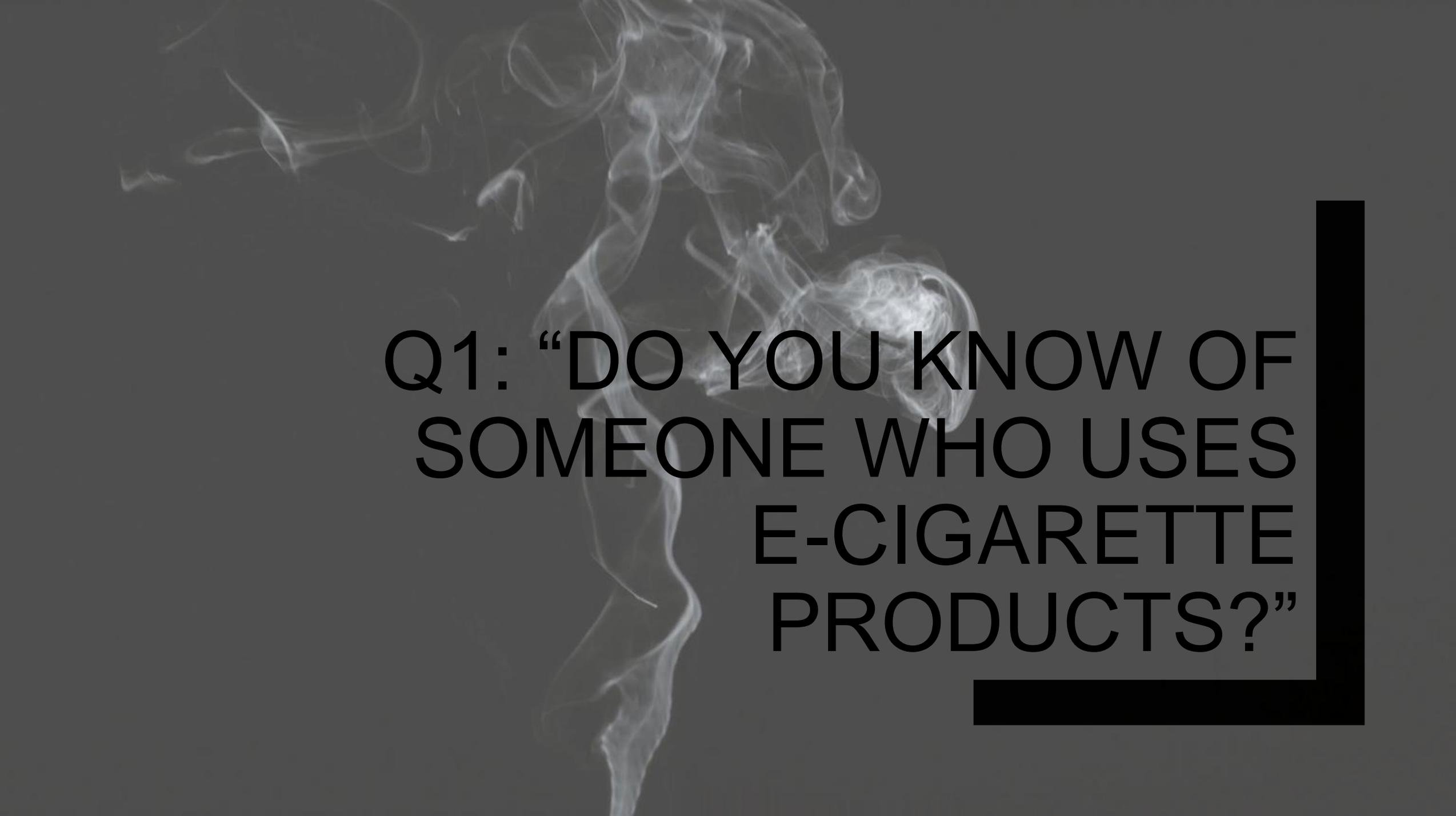




E-CIGARETTES & OUR YOUTH

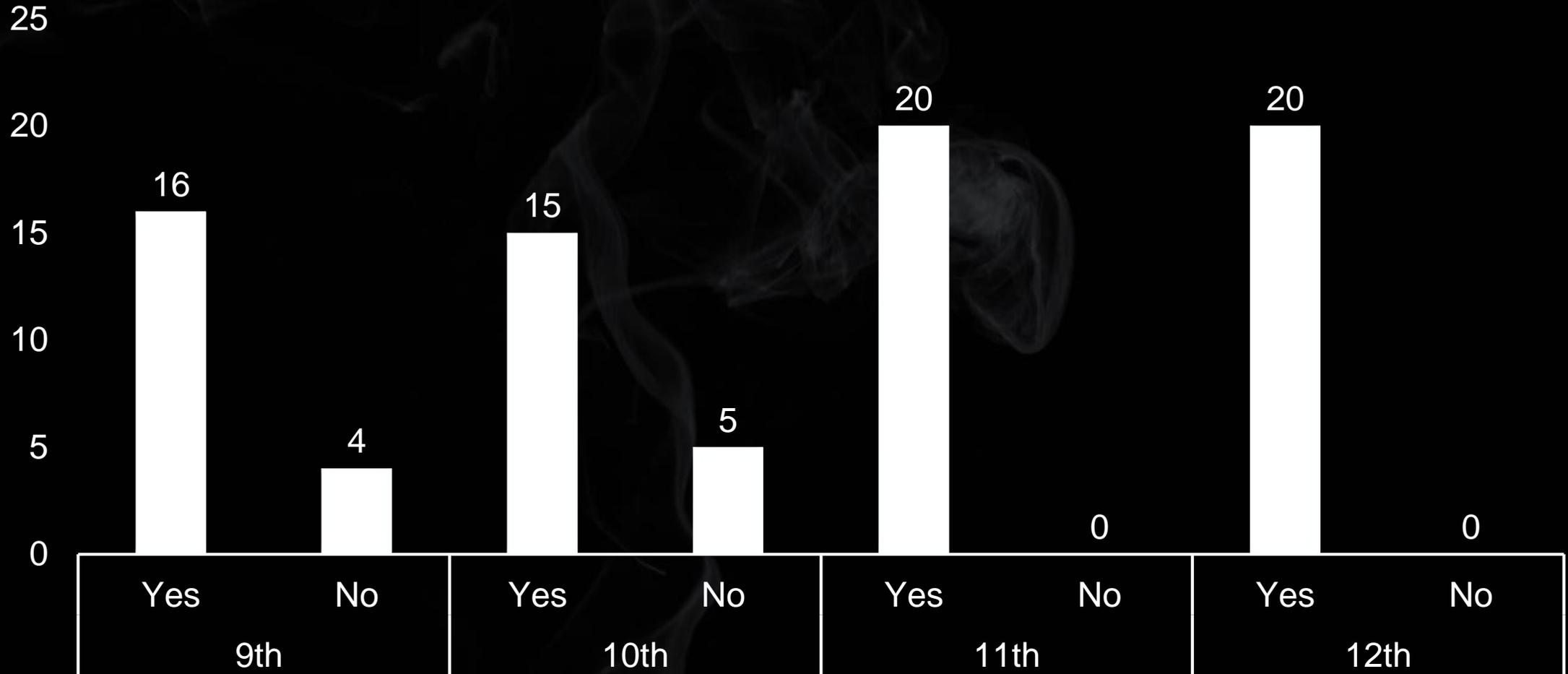
**DATA COLLECTION QUESTIONNAIRE CONDUCTED ON 80
STUDENTS IN EASTON HIGH SCHOOL**

Arlette Felix & Tiffany Zheng

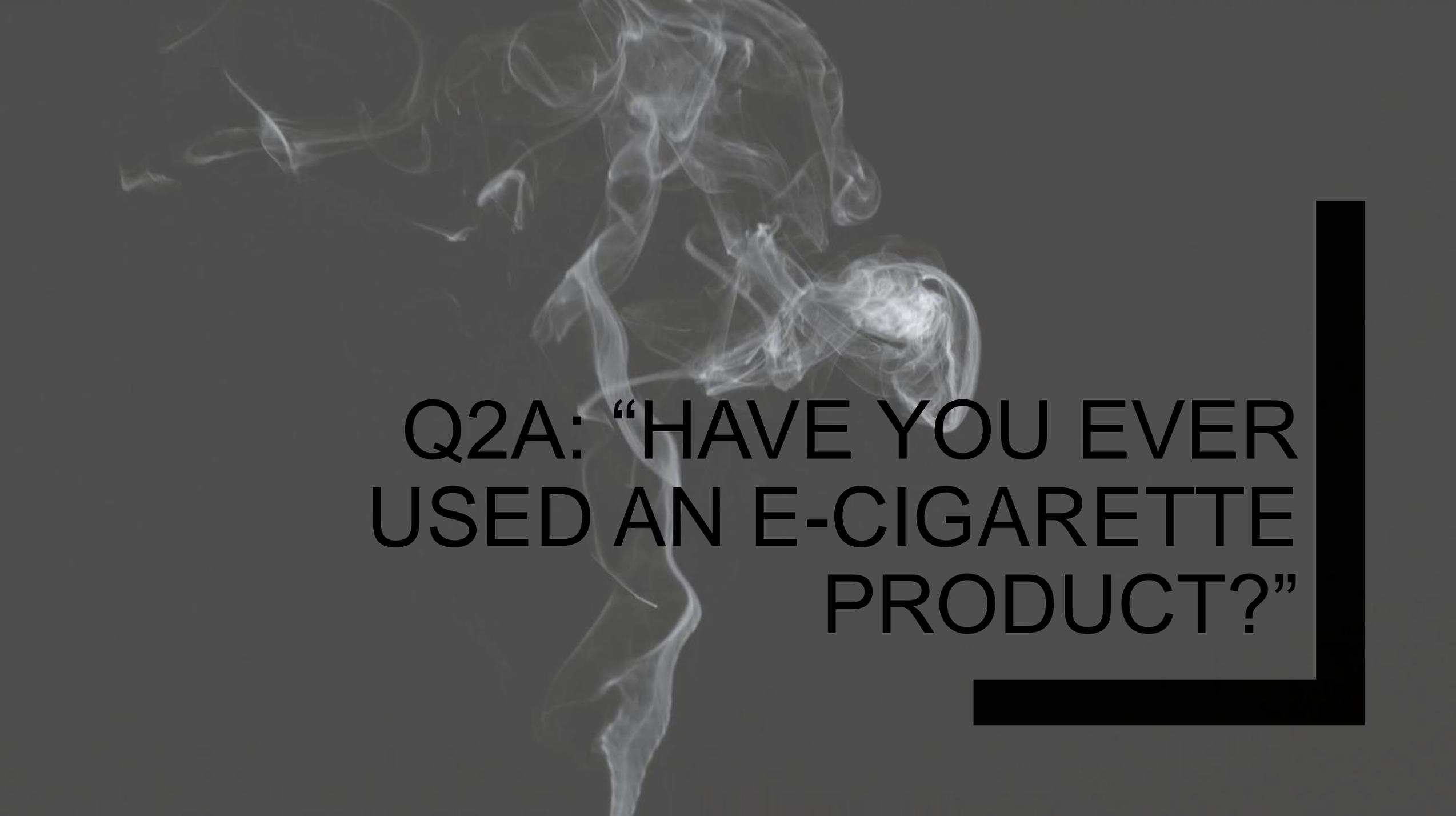


**Q1: “DO YOU KNOW OF
SOMEONE WHO USES
E-CIGARETTE
PRODUCTS?”**

"DO YOU KNOW OF SOMEONE WHO USES E-CIGARETTE PRODUCTS?"

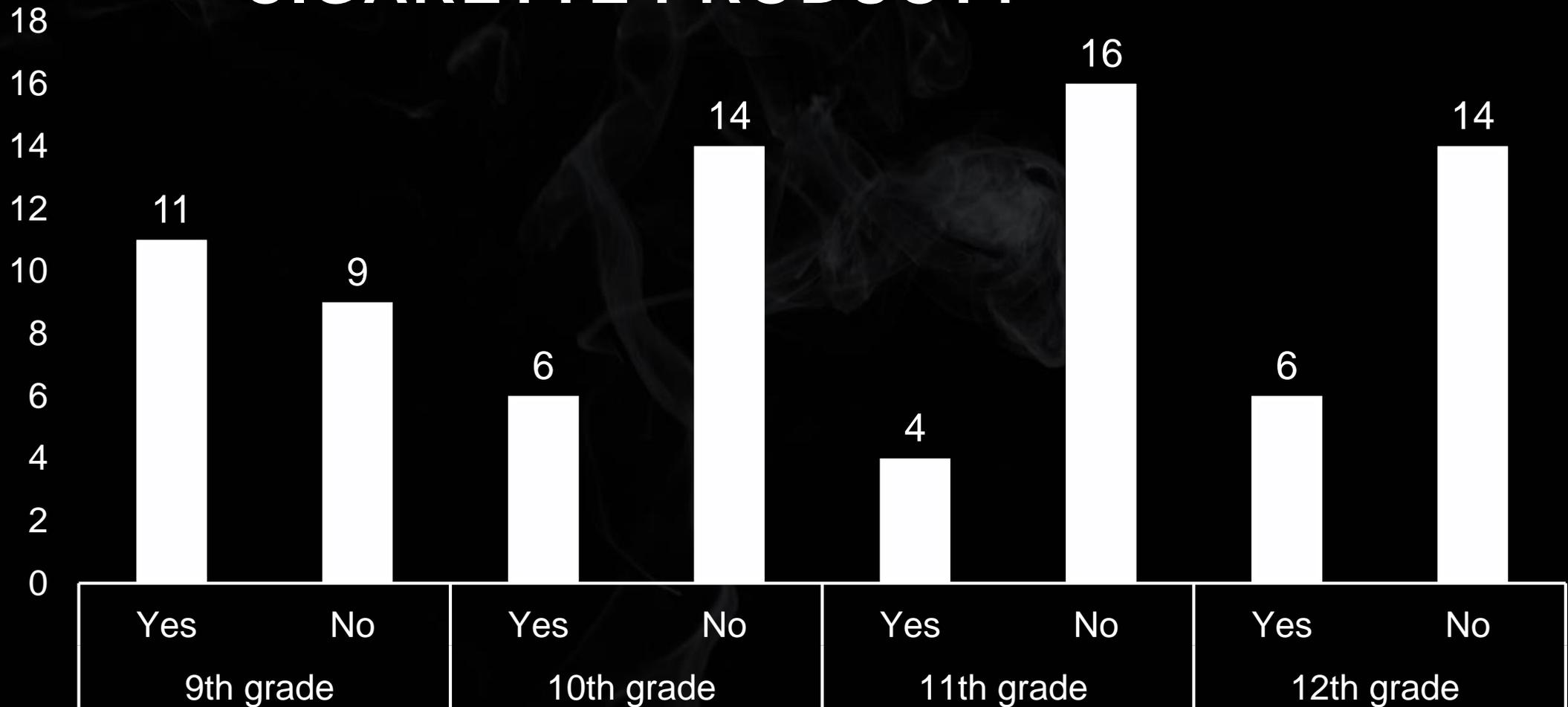


89% of students surveyed at Easton High School knew of someone who uses e-cigarette products.

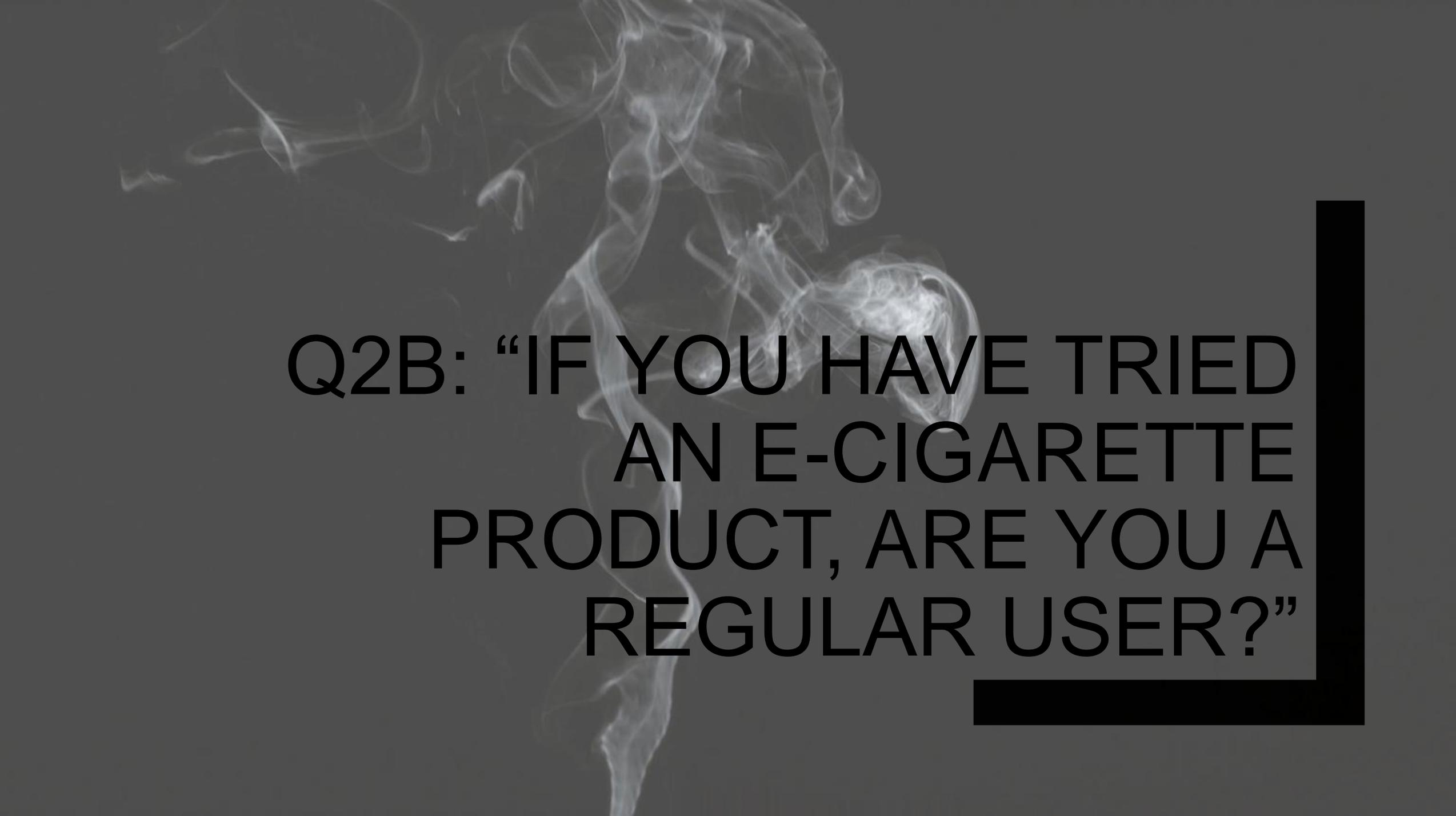


**Q2A: “HAVE YOU EVER
USED AN E-CIGARETTE
PRODUCT?”**

"HAVE YOU EVER USED AN E-CIGARETTE PRODUCT?"



55% of 9th grade students at Easton High School have used an e-cigarette product.

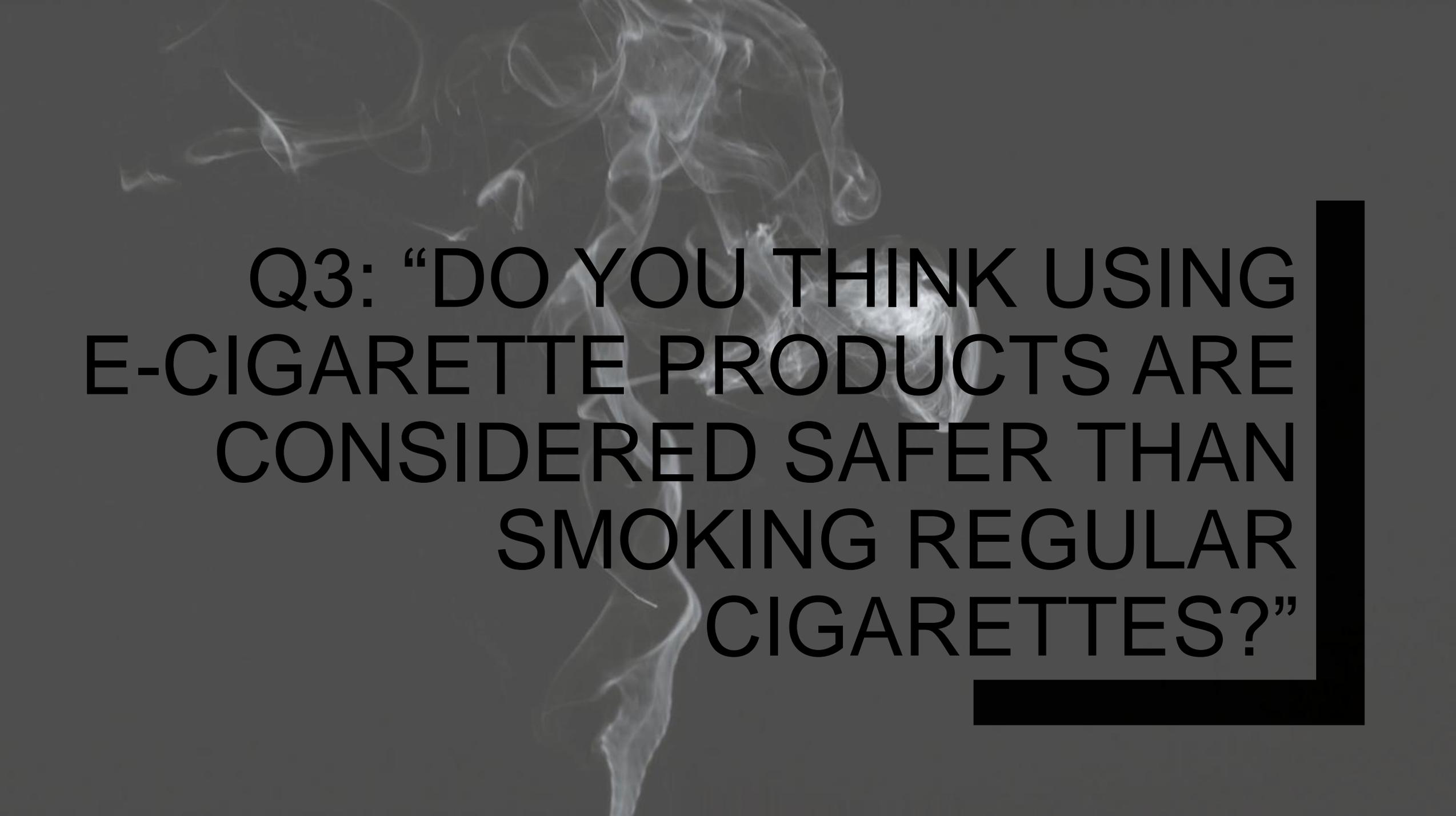


**Q2B: “IF YOU HAVE TRIED
AN E-CIGARETTE
PRODUCT, ARE YOU A
REGULAR USER?”**

"IF YOU HAVE TRIED AN E-CIGARETTE PRODUCT, ARE YOU A REGULAR USER (AT LEAST ONCE A DAY)?"

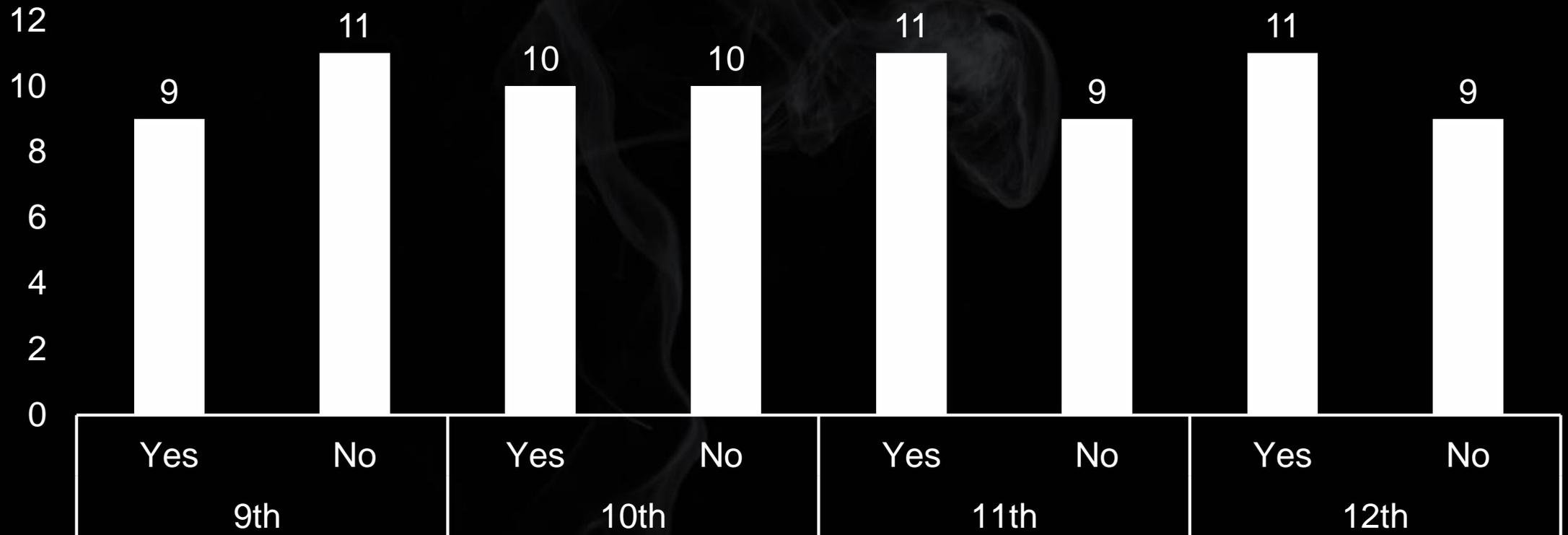


Of the $\frac{1}{3}$ of students that have tried an e-cigarette product, 37% of those students are now regular users.

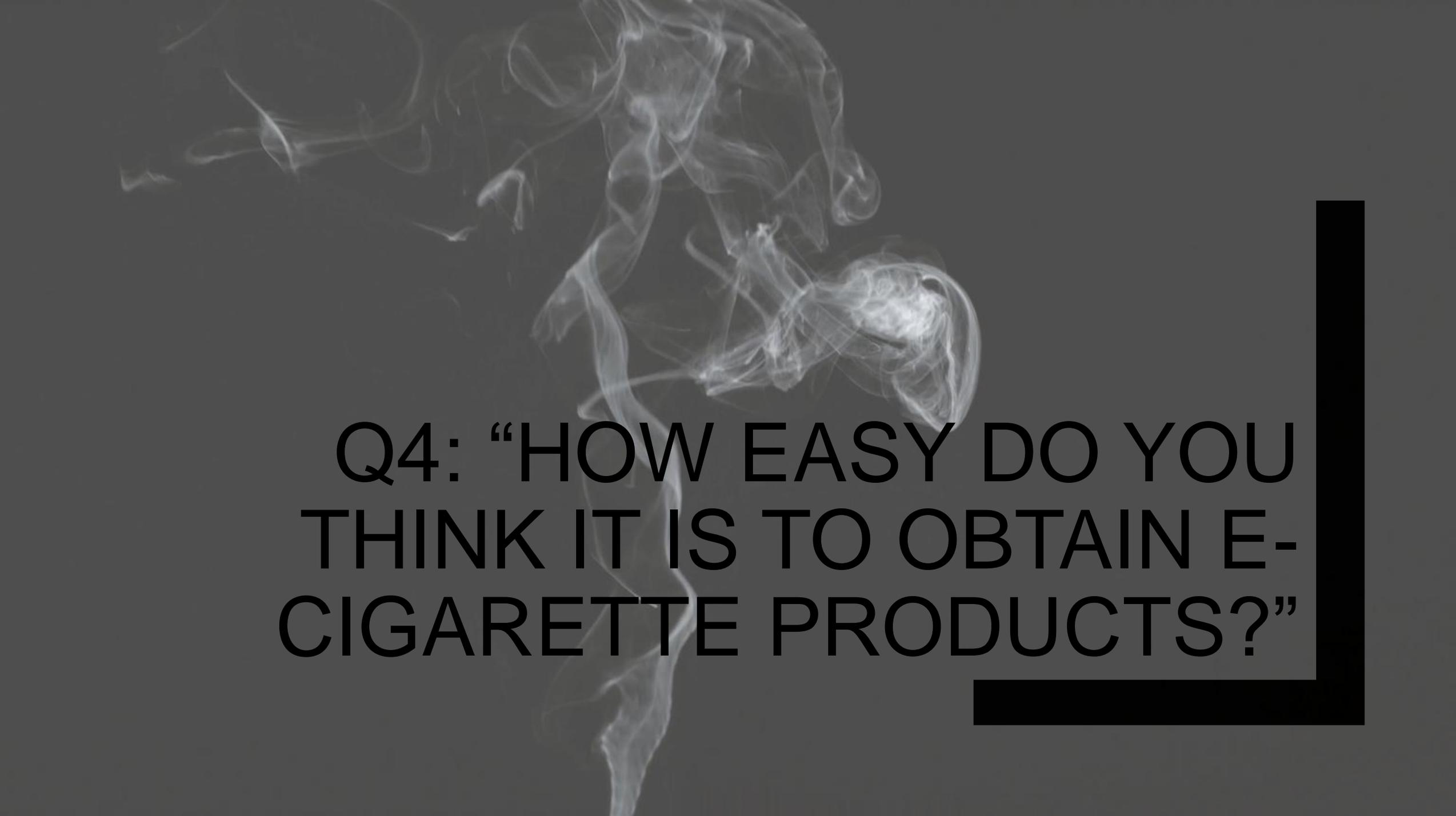


**Q3: “DO YOU THINK USING
E-CIGARETTE PRODUCTS ARE
CONSIDERED SAFER THAN
SMOKING REGULAR
CIGARETTES?”**

"DO YOU THINK USING E-CIGARETTE PRODUCTS ARE CONSIDERED SAFER THAN SMOKING REGULAR CIGARETTES?"

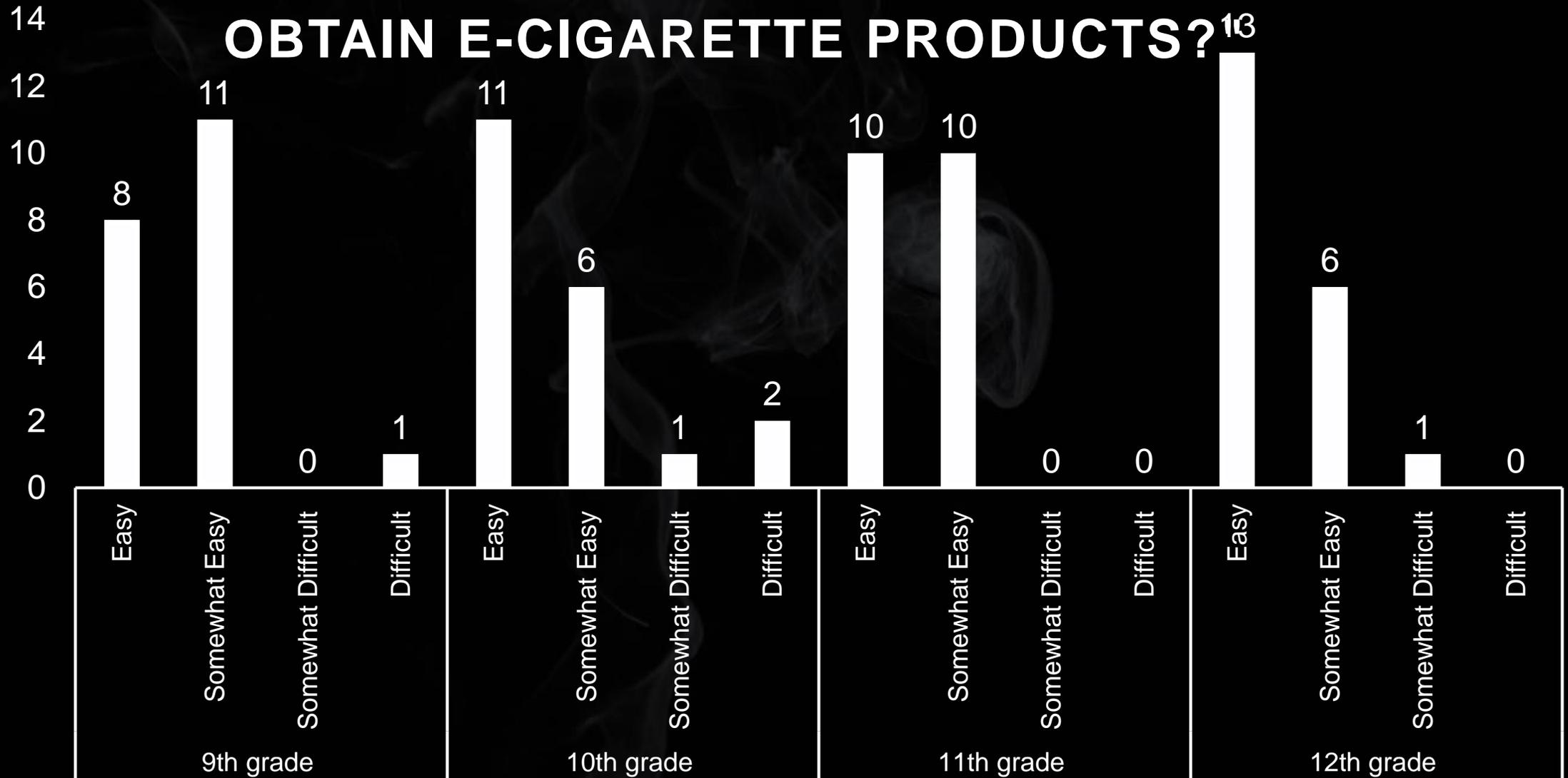


51% of students think that using e-cigarette products are safer than smoking regular cigarettes.

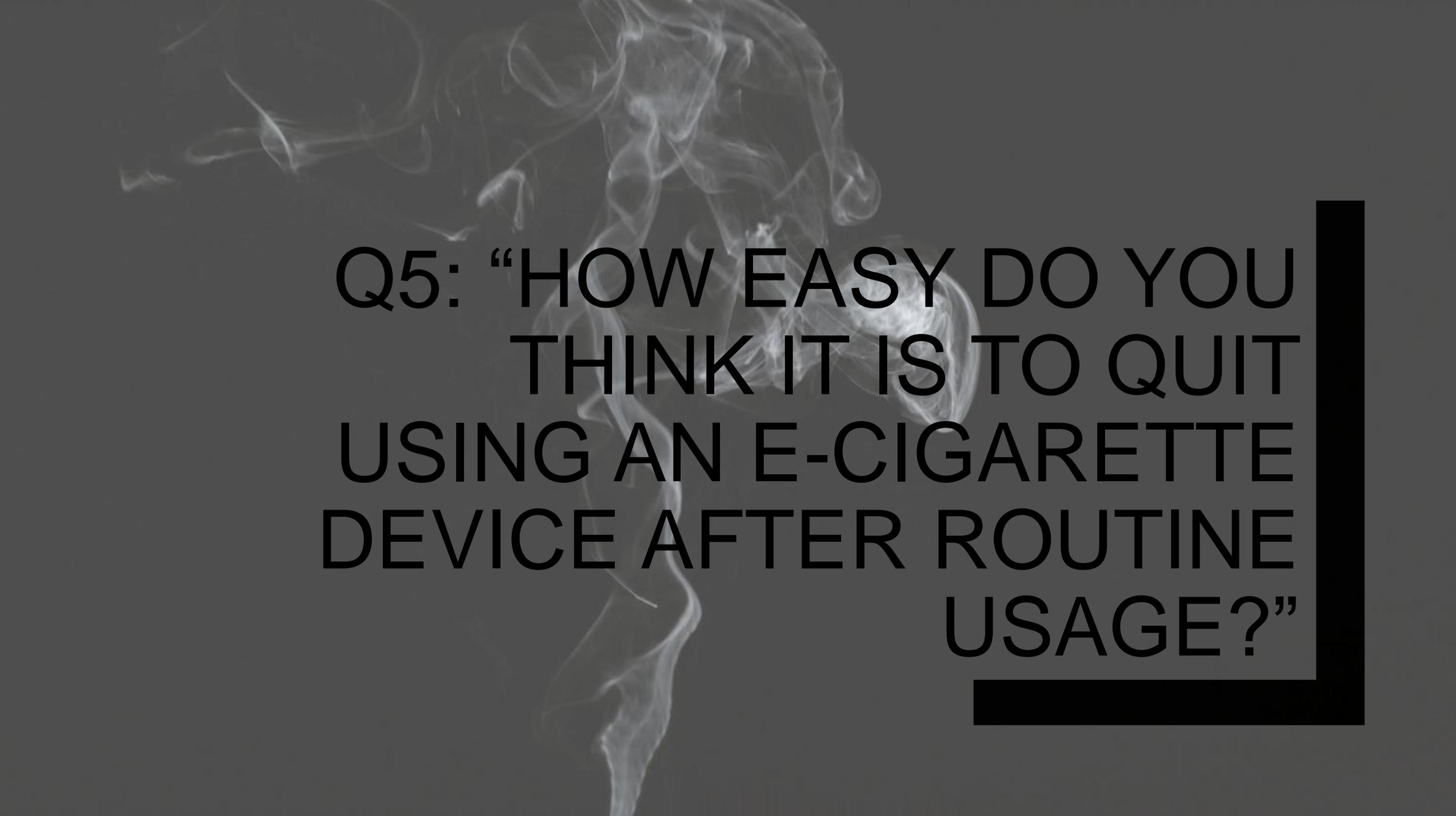


**Q4: “HOW EASY DO YOU
THINK IT IS TO OBTAIN E-
CIGARETTE PRODUCTS?”**

"HOW EASY DO YOU THINK IT IS TO OBTAIN E-CIGARETTE PRODUCTS?"¹³

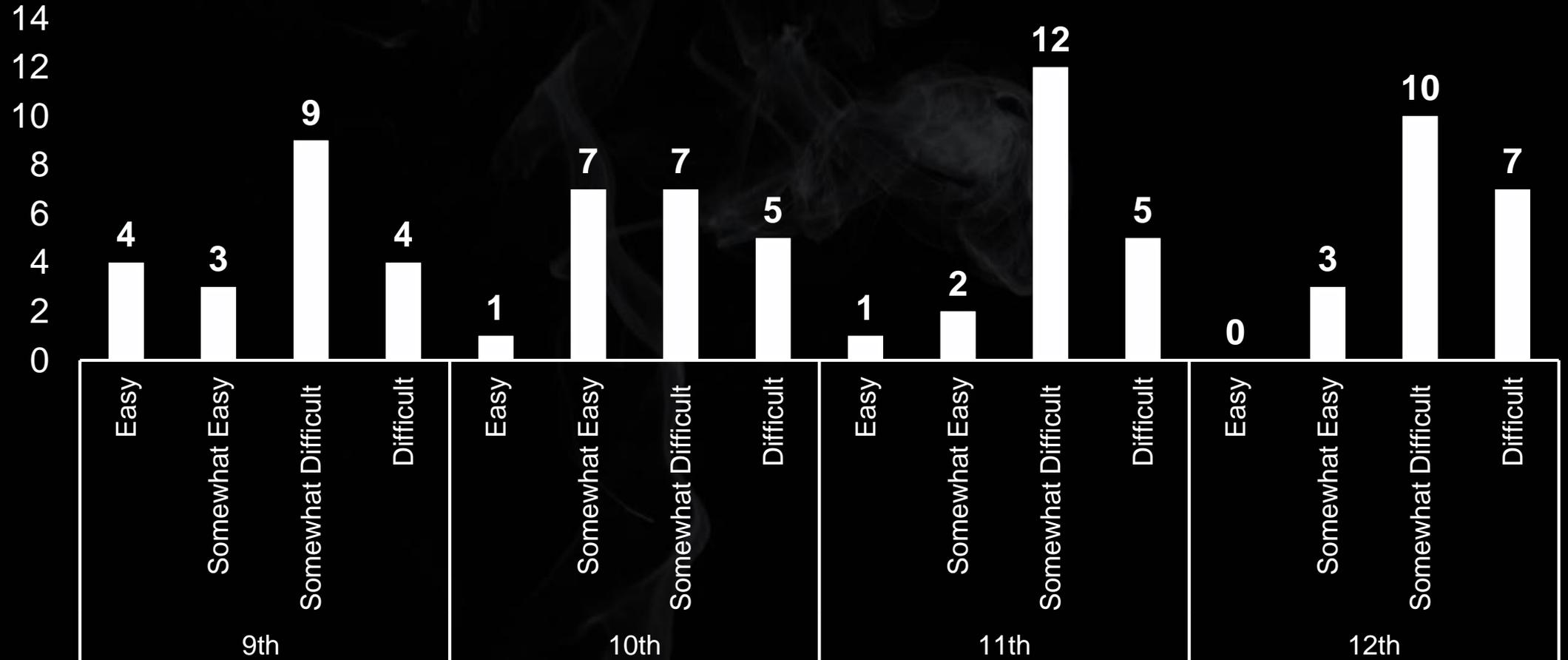


94% of students think it is 'easy' or 'somewhat easy' to obtain e-cigarette products.

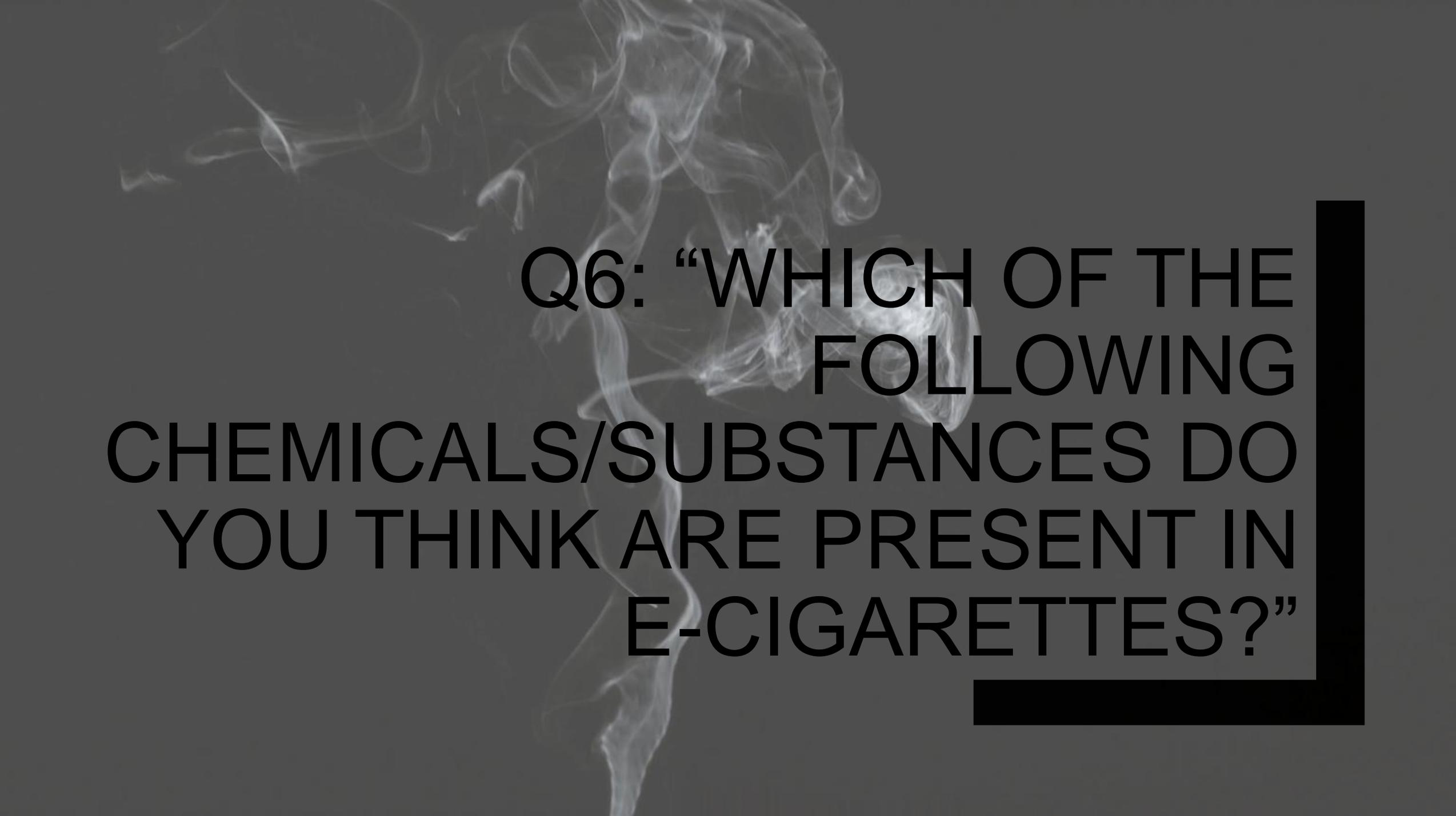


**Q5: “HOW EASY DO YOU
THINK IT IS TO QUIT
USING AN E-CIGARETTE
DEVICE AFTER ROUTINE
USAGE?”**

"HOW EASY DO YOU THINK IT IS TO QUIT USING AN E-CIGARETTE DEVICE AFTER ROUTINE USAGE?"

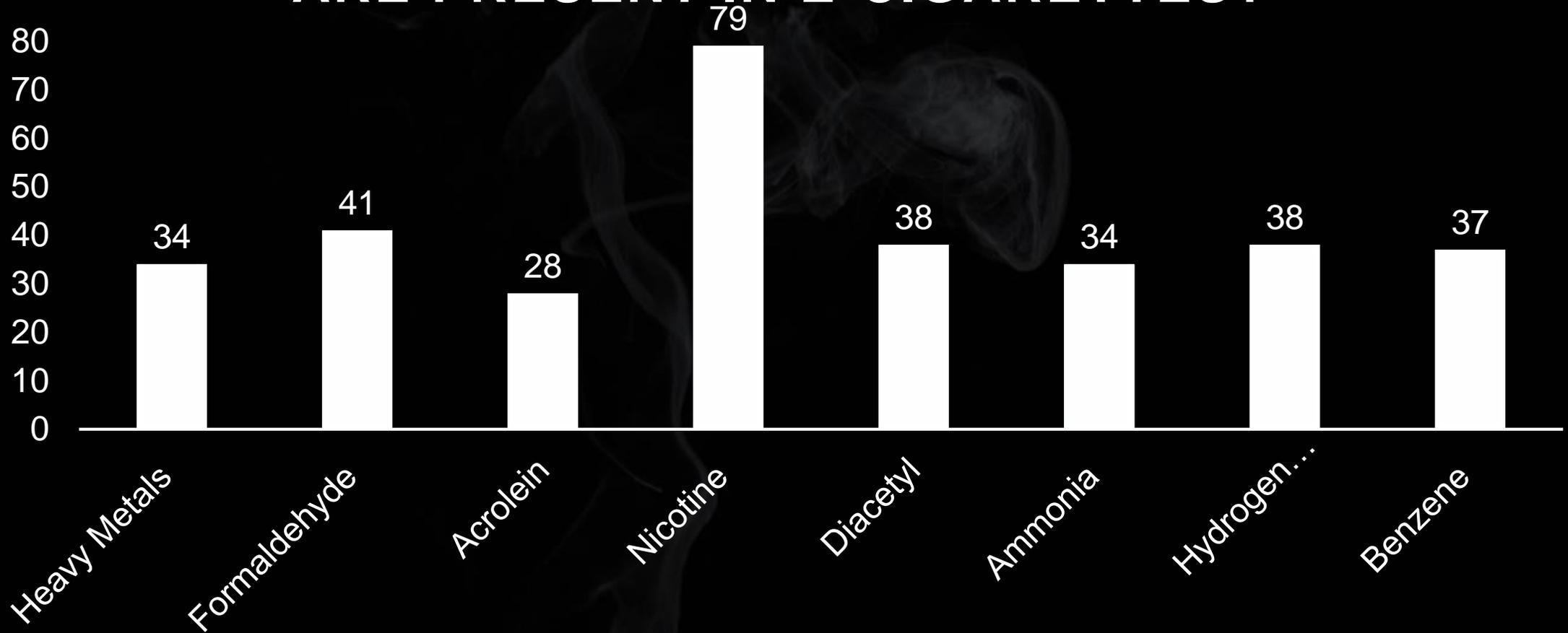


47% of the surveyed students think it is “somewhat difficult” to quit a e-cigarette device after routine usage.

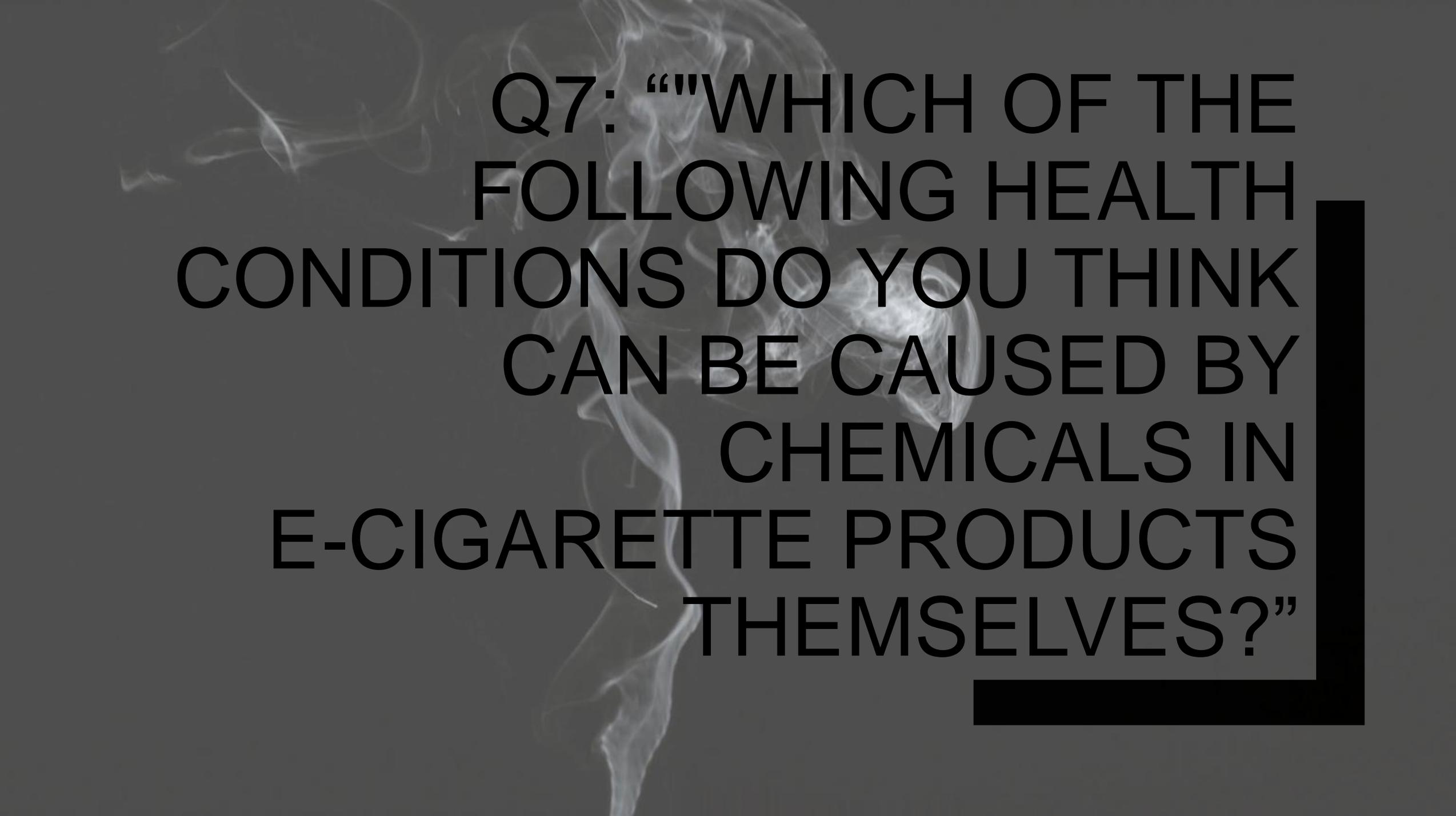


**Q6: “WHICH OF THE
FOLLOWING
CHEMICALS/SUBSTANCES DO
YOU THINK ARE PRESENT IN
E-CIGARETTES?”**

"WHICH OF THE FOLLOWING CHEMICALS/SUBSTANCES DO YOU THINK ARE PRESENT IN E-CIGARETTES?"

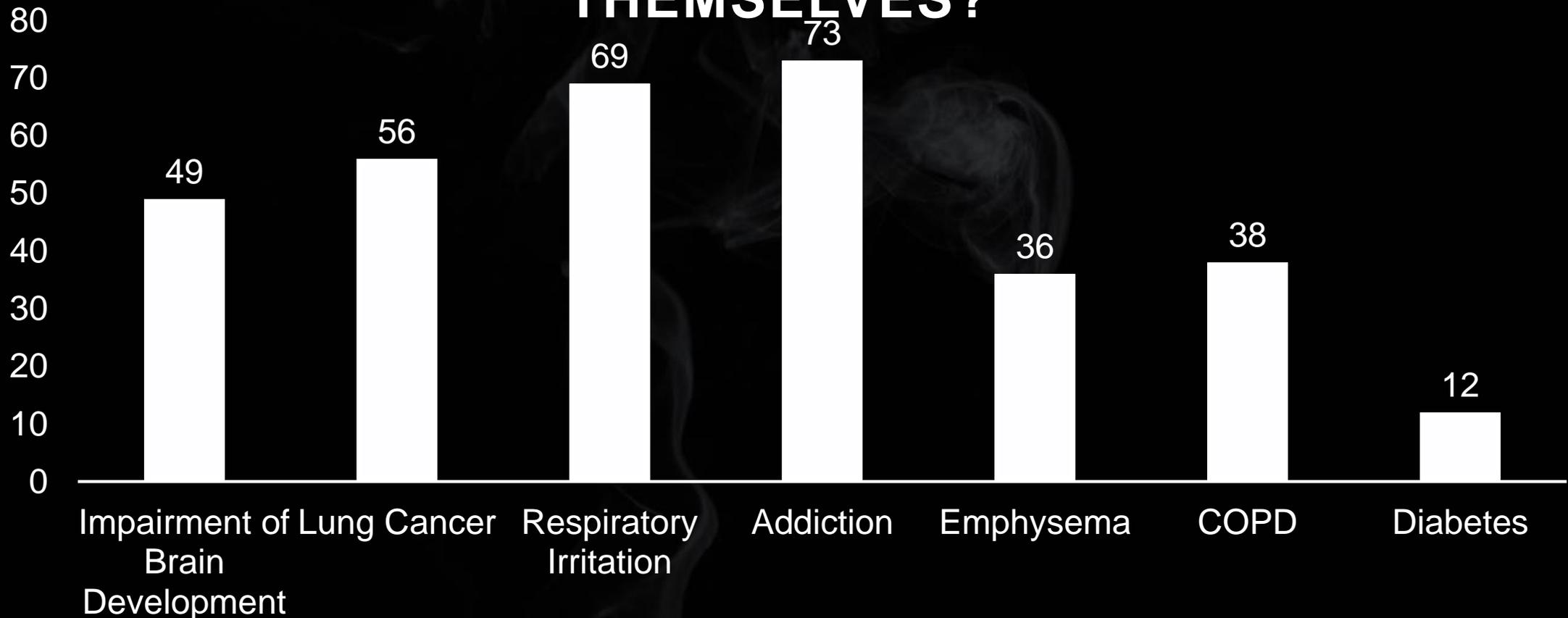


99% of the surveyed students know that nicotine is present in e-cigarette products.



**Q7: “WHICH OF THE
FOLLOWING HEALTH
CONDITIONS DO YOU THINK
CAN BE CAUSED BY
CHEMICALS IN
E-CIGARETTE PRODUCTS
THEMSELVES?”**

"WHICH OF THE FOLLOWING CONDITIONS DO YOU THINK CAN BE CAUSED BY CHEMICALS IN E-CIGARETTE PRODUCTS THEMSELVES?"



61% of the surveyed students believe that e-cigarette products can lead to the impairment of brain development. 86% of the surveyed students believed that e-cigarette products cause respiratory irritation. While 90% of the surveyed high school students think that the chemical in e-cigarettes can lead to addiction.

Substance Use: Intersection with Tobacco Law and Policy

1. Will Tilburg, JD, Maryland Medical Cannabis Commission
2. Ilana Richman, MD, Yale School of Medicine
3. George Kolodner, MD, Kolmac Outpatient Recovery Centers

Medical Cannabis in Maryland

2018 Maryland Tobacco Control Conference
May 8, 2018

William C. Tilburg, JD, MPH
Director, Policy and Government Relations



Overview

- MMCC Mission, Core Competencies, and Background
- Current Statistics
- Legislative Update
- Public Health Issues
 - Medical cannabis use in schools
 - Density of medical cannabis dispensaries
 - Advertising

MMCC Mission

The Maryland Medical Cannabis Commission (MMCC) develops policies, procedures, and regulations to implement programs that ensure medical cannabis is available to qualifying patients in a safe and effective manner.

The MMCC oversees all licensing, registration, inspection, and testing measures pertaining to Maryland's medical cannabis program and provides relevant program information to patients, providers, caregivers, growers, processors, dispensaries and testing laboratories.



MMCC Core Competencies

Licensing – ensuring that growers, processors, dispensaries, and independent-testing lab facilities are in compliance with COMAR 10.62

Registration – oversee the process of adding patients, caregivers, and providers to participate in the program.

Compliance – A team of inspectors ensure that facilities are adhering to safety and security measures before initiating sales and during the operational stage.

Safety & Quality – Commission and ITLs work together to test products for potency and purity, stability, contaminants, the product's cannabinoid profile, and other measures that provide consumer safety and confidence.



Program History

2013

General Assembly establishes the MMMC to oversee academic medical centers growing and dispensing medical marijuana

2015

MMCC issues regulations and accepts license applications

2017

Dispensaries open and begin selling cannabis

2015

Marijuana is out, cannabis is in.

Authorizes MMCC to license processors and independent testing laboratories

Est. immunity for licensed entities

2016

Dentists, podiatrists, nurse practitioners, and certified nurse midwives added to certifying providers

Preapprovals announced for growers, processors, and dispensaries

2018

HB 2 passed by General Assembly

Altering the makeup of the Commission and the industry



Current Statistics



Statewide Cannabis Patient Statistics

Registered Patients	35,013
Certified Patients	23,448
Pending Patients	10,425

60% need corrections by patients

Registered Caregivers	1,967
Pending Caregiver	273

Statewide Cannabis Patient Statistics

Minor Patients

Registered	127
Certified	82

Hospice

Registered	134
Certified	78

Statewide Cannabis Provider Statistics

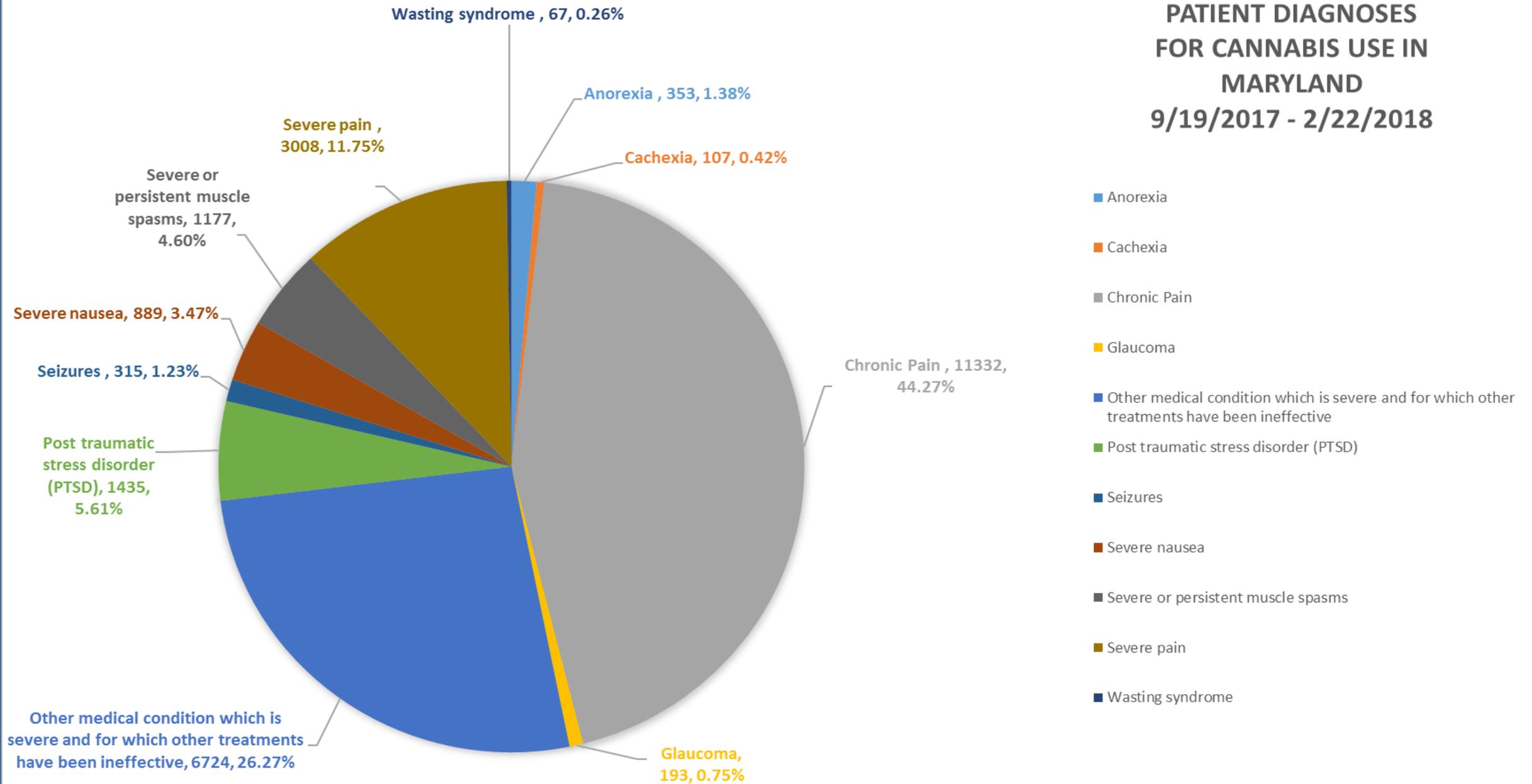
Physicians 562

Nursing (NP & CNMW) 213

Dentists 44

Podiatrist 7

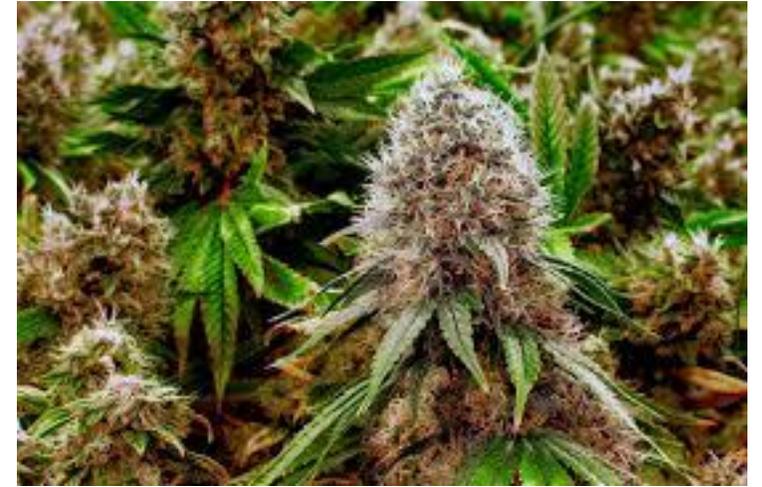
PATIENT DIAGNOSES FOR CANNABIS USE IN MARYLAND 9/19/2017 - 2/22/2018



Grower – 14 licensed in MD

Grow several varieties of cannabis

Ship cannabis material to processor, dispensaries or ITL



Processor – 13 licensed in MD

Transform cannabis into multitude of products or extracts



Dispensary – 46 licensed in MD

Storefront where patient purchase medical cannabis flower or infused products



Medical Cannabis Products in MD

- Flower/ Pre-rolls
- Extracts, Oils, & Tinctures
- Vape Cartridges
- Capsules & Patches
- Salves, Lotions, Ointments
- Cannabis- infused edible food products **ARE NOT** approved in Maryland



Tinctures



Pre-rolls



Extracts



Oils

Maryland General Assembly 2018: Legislation Recap

Note: The information presented here are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or problem.



Vital Statistics

- **38** cannabis-related bills introduced during the 2018 session
- **34** cannabis-related bills failed to pass
- **4** cannabis-related bills passed by the General Assembly
 - **HB 2** – Medical Cannabis Commission Reform Act
 - **SB 874** – Immunity
 - **HB 1035/SB 1063** – Certifying Providers – Referrals
 - **HB 698/SB 1201** – Industrial Hemp Pilot Program



HB 2 – Medical Cannabis Commission Reform Act

- Increase number of grower licenses from 15 to 22;
- Increase number of processor licenses from 15 to 28;
- Conduct outreach to small, minority, and women businesses, including, (1) training programs for employment, and (2) educational information on licensing process;
- Reduce the number of Commissioners from 16 to 13, beginning on October 1, 2019;
- Develop regulations to establish the Compassionate Use Fund program (MDH), which will provide access to medical cannabis for Medicaid enrollees and Veterans;
- Submit a report on the: (1) fees and revenues necessary to implement the Compassionate Use Fund; (2) providers, product demand, and consumer price; (3) progress of emergency regulations; (4) advertising and marketing practices of licensees; and (5) use of medical cannabis to treat opioid use disorder; and
- Submit emergency regulations to implement remedial measures to promote diversity in the medical cannabis industry.



Public Health Issues



Medical Cannabis in Schools

- **Restrictions on Medical Cannabis Use**
 - Smoking cannabis in any public place
 - Smoking cannabis in a motor vehicle
 - Smoking cannabis on private property that is subject to a policy
- *Public place* means “ a place to which the public or a portion of the public has access and a right to resort for business, dwelling, entertainment, or other lawful purpose
- *Public place* includes:
 - A restaurant, shop, shopping center, tavern or other place of business
 - A public building
 - A public parking lot
 - A public street or sidewalk
 - The common area of a building
 - A hotel or motel
 - An institution of elementary, secondary, or high education



Medical Cannabis in Schools

- No express provision prohibiting use or administration in schools
- For minor patients:
 - A parent or guardian must serve as a caregiver
 - A caregiver must purchase and administer the medical cannabis
- School nurses are not authorized to serve as a caregiver for a minor patient or otherwise be involved in the administration of medical cannabis to a minor patient
- The issue of administration or use in schools is left up to MSDE or the county boards of education
- At least a dozen states restrict use of medical cannabis on school grounds.
- At least one court (Illinois) has struck down the state ban on the grounds it violated the state's disability act

Density of Medical Cannabis Dispensaries

- 102 dispensaries pre-approved by the Commission in December 2016
- 46 dispensaries are currently licensed
- Up to 2 licensed dispensaries permitted per Senatorial district*
- Licensed Dispensaries by County:
 - Allegany (1)
 - Anne Arundel (1)
 - Baltimore City (5)
 - Baltimore (5)
 - Calvert (1)
 - Cecil (2)
 - Charles (2)
 - Frederick (3)
 - Harford (1)
 - Montgomery (11)
 - Prince George's (4)
 - Queen Anne's (1)
 - St. Mary's (1)
 - Wicomico (1)
 - Worcester (2)

Medical Cannabis Advertising

- **No cannabis-specific advertising restrictions in Maryland**
- **By the numbers:**
 - 30 states have medical and/or adult-use cannabis programs
 - 19 states have laws restricting cannabis advertising
 - 13 states restrict false or misleading advertising
 - 13 states restrict ads targeted at children
 - 7 states restrict ads in print or on radio and television
 - 6 states restrict internet advertising
- **Priority issue for the Commission moving forward**
- **Commission Meeting: May 24 at 2:00 PM**
- **Public Comment will be accepted on any steps the Commission should take to address cannabis advertising**



**Any Questions?
E-mail:**

William.tilburg@Maryland.gov

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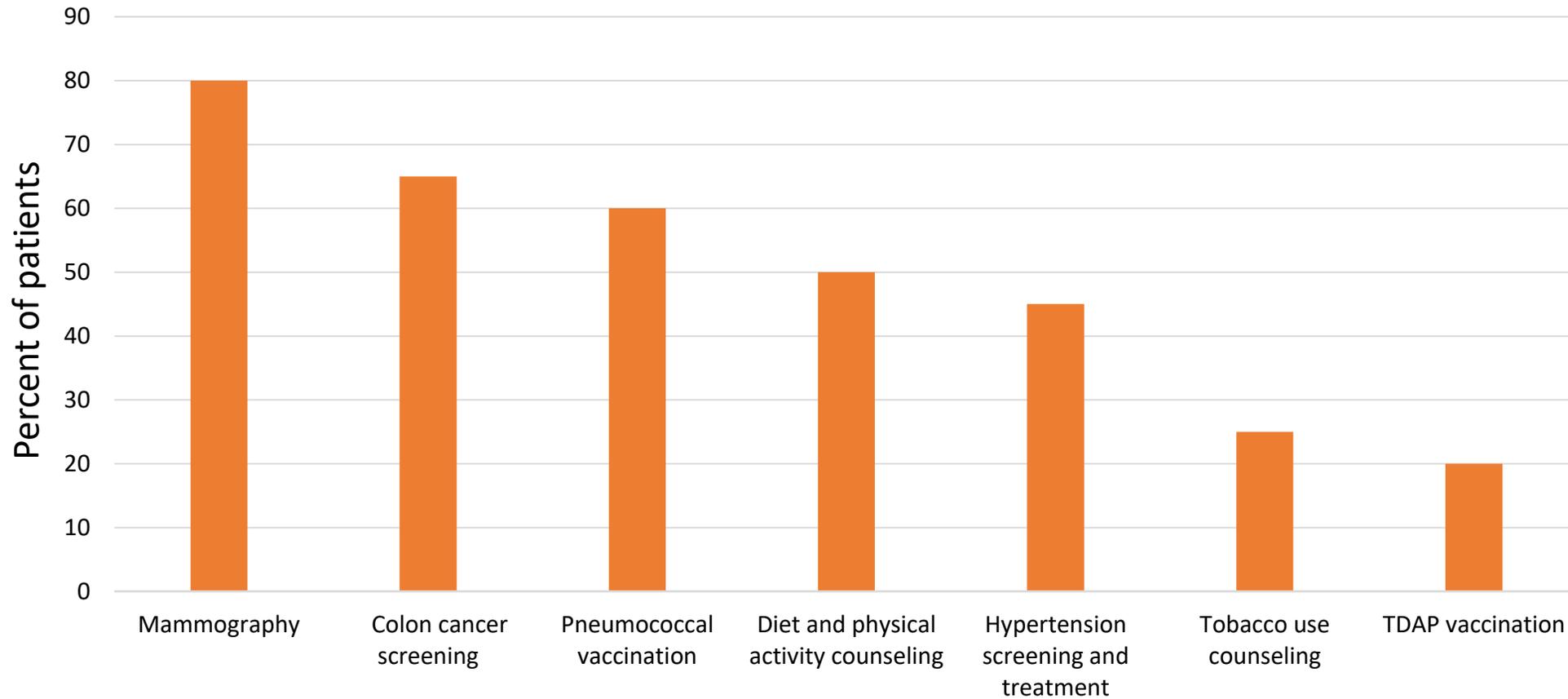


Tobacco addiction treatment in primary care: Can we learn from the opioid epidemic?

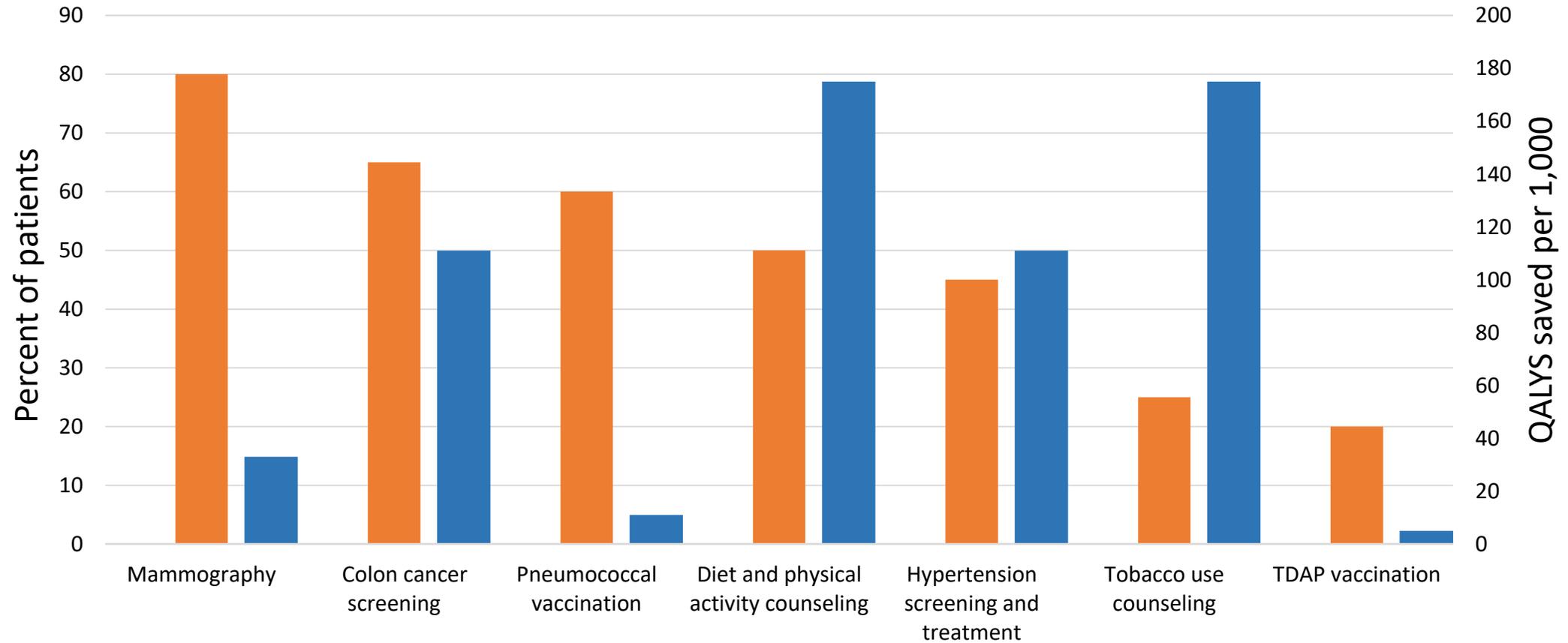
Ilana Richman, MD

Yale University School of Medicine

A central paradox in primary care



A central paradox in primary care



Why is this the status quo?

- Tobacco use is not treated as an important health problem
- Provider beliefs about the efficacy of interventions
- Provider beliefs about safety concerns
- Relative difficult/ease of interventions
- Financial incentives
- Reactive model

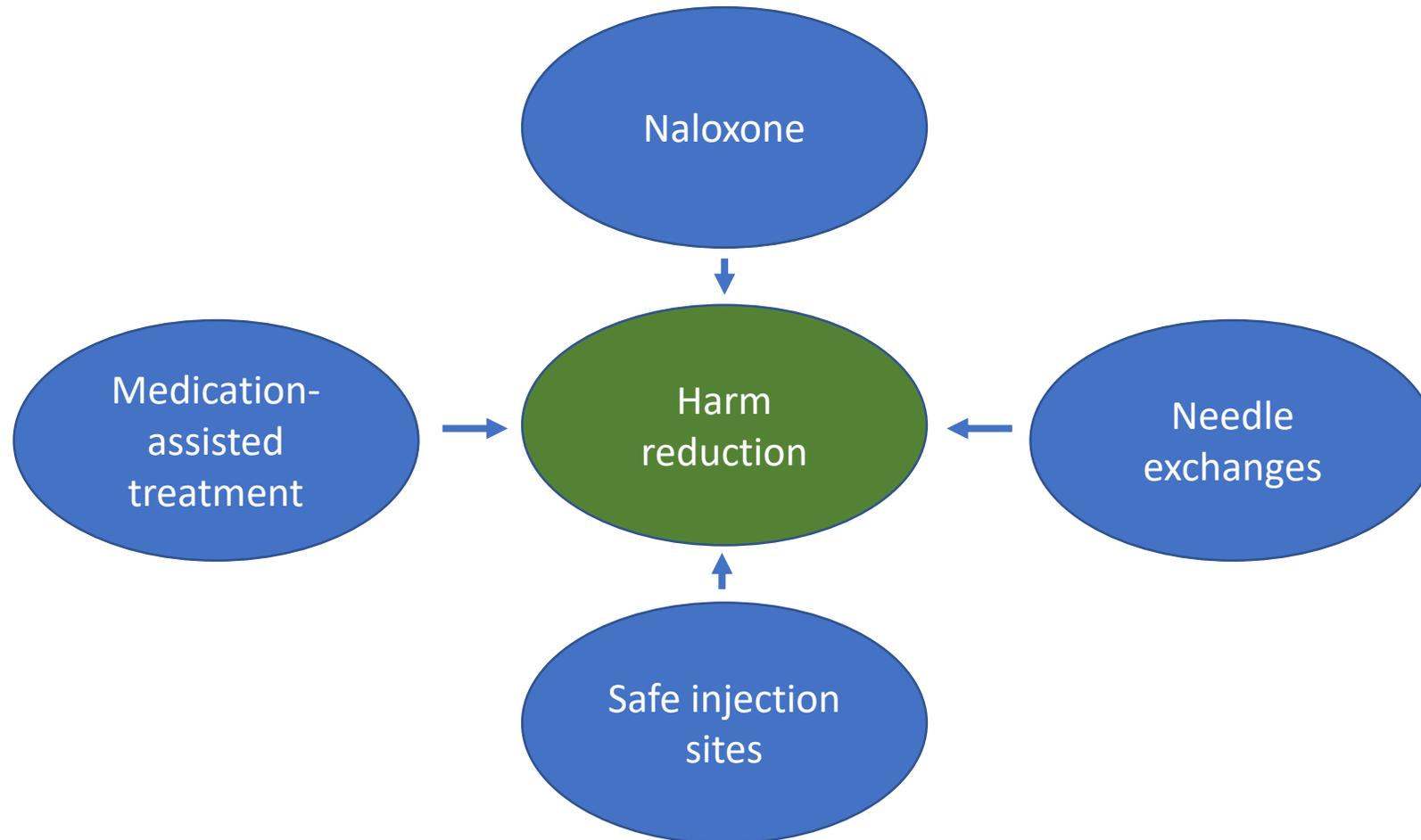
Why is this the status quo?

- Tobacco use is not treated as an important health problem
- Provider beliefs about the efficacy of interventions
- Provider beliefs about safety concerns
- Relative difficult/ease of interventions
- Financial incentives
- **Reactive model**

Can we learn from the opioid epidemic?

- Opioid epidemic has captured national attention
- Conversation about addiction is beginning to change
- Can strategies used in combatting the opioid epidemic also gain traction in treating nicotine addiction?
 - Harm reduction
 - Lowering barriers to treatment

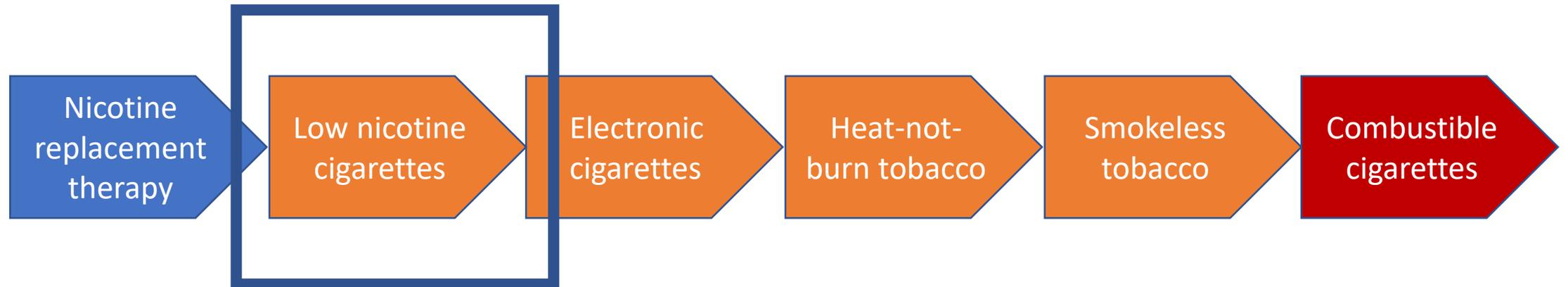
Harm Reduction: Opioids



Harm Reduction: Tobacco



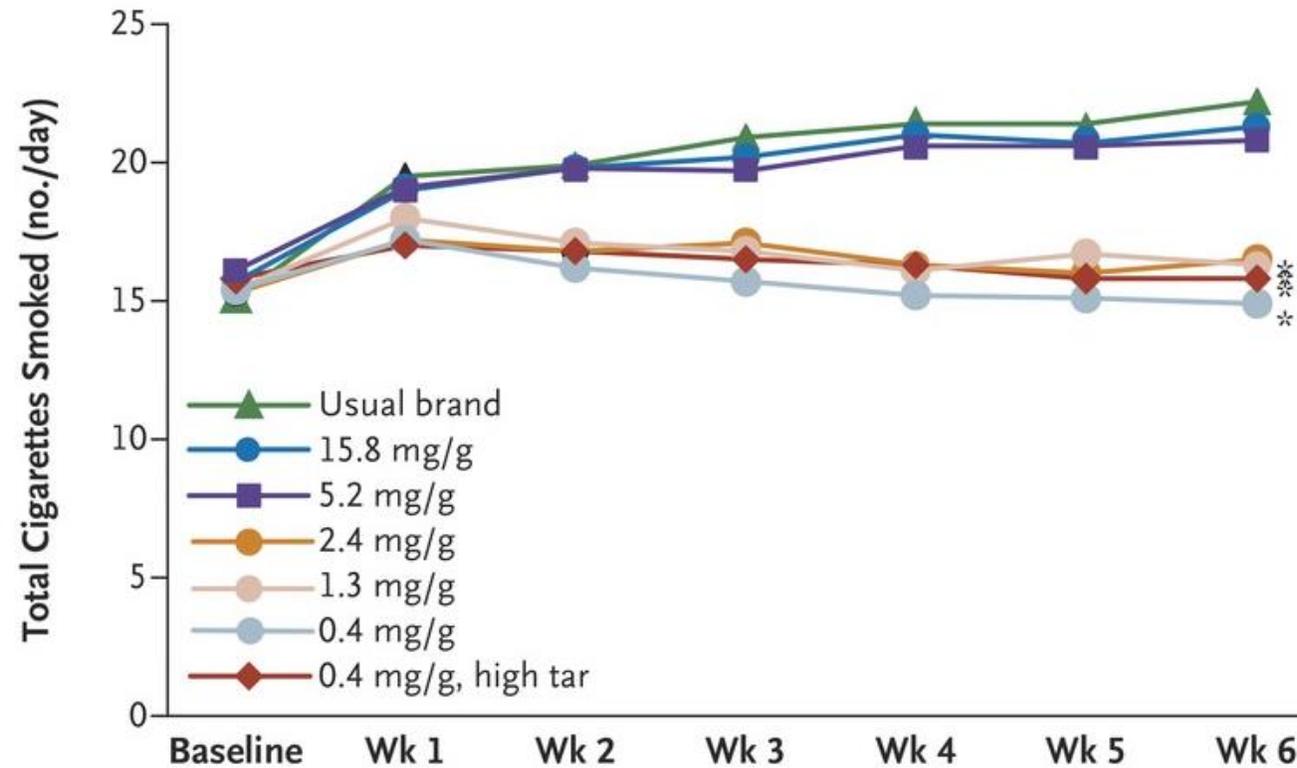
Harm Reduction: Tobacco



Low nicotine cigarettes

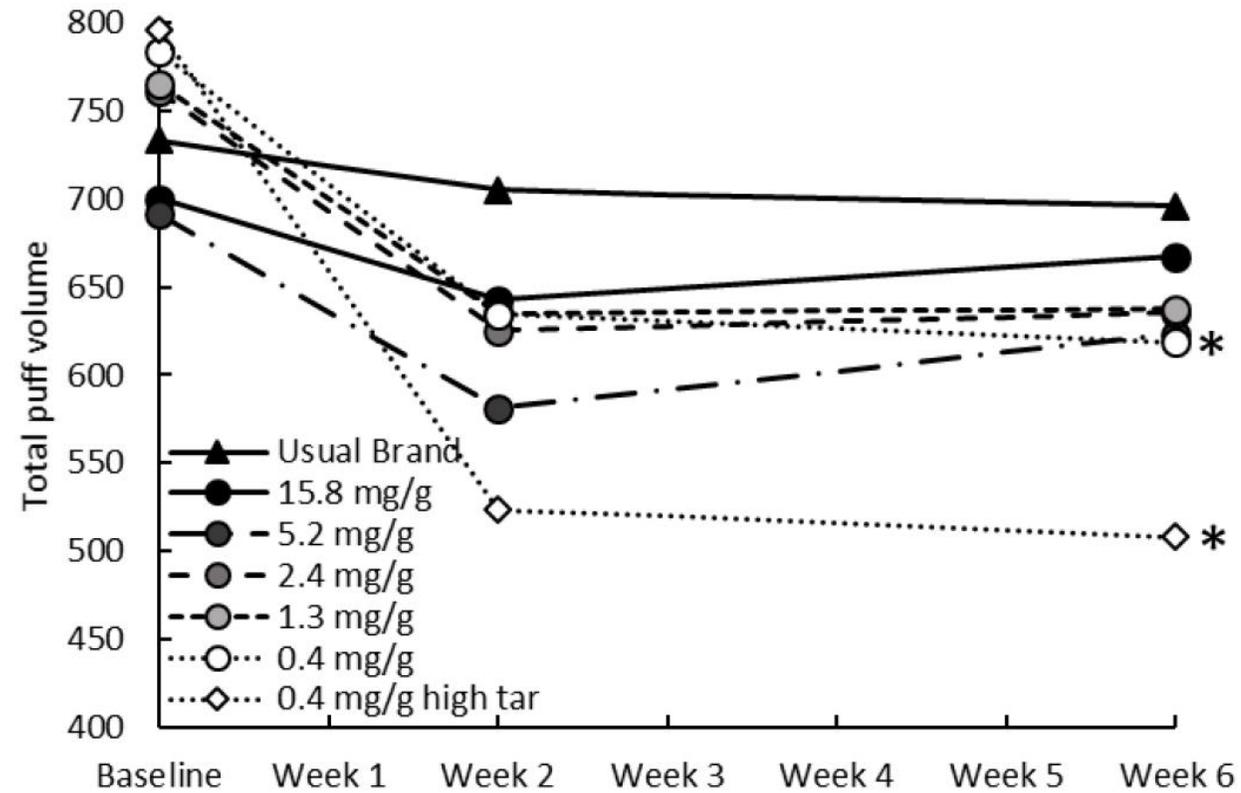
- FDA is permitted to regulate nicotine content of cigarettes under the Family Smoking Prevention and Tobacco Control Act of 2009
- Cannot reduce nicotine to zero
- FDA has proposed reducing nicotine in combustible cigarettes to non-addictive levels
- But would such a policy be effective? Might there be unintended consequences?

Randomized trial of low nicotine cigarettes



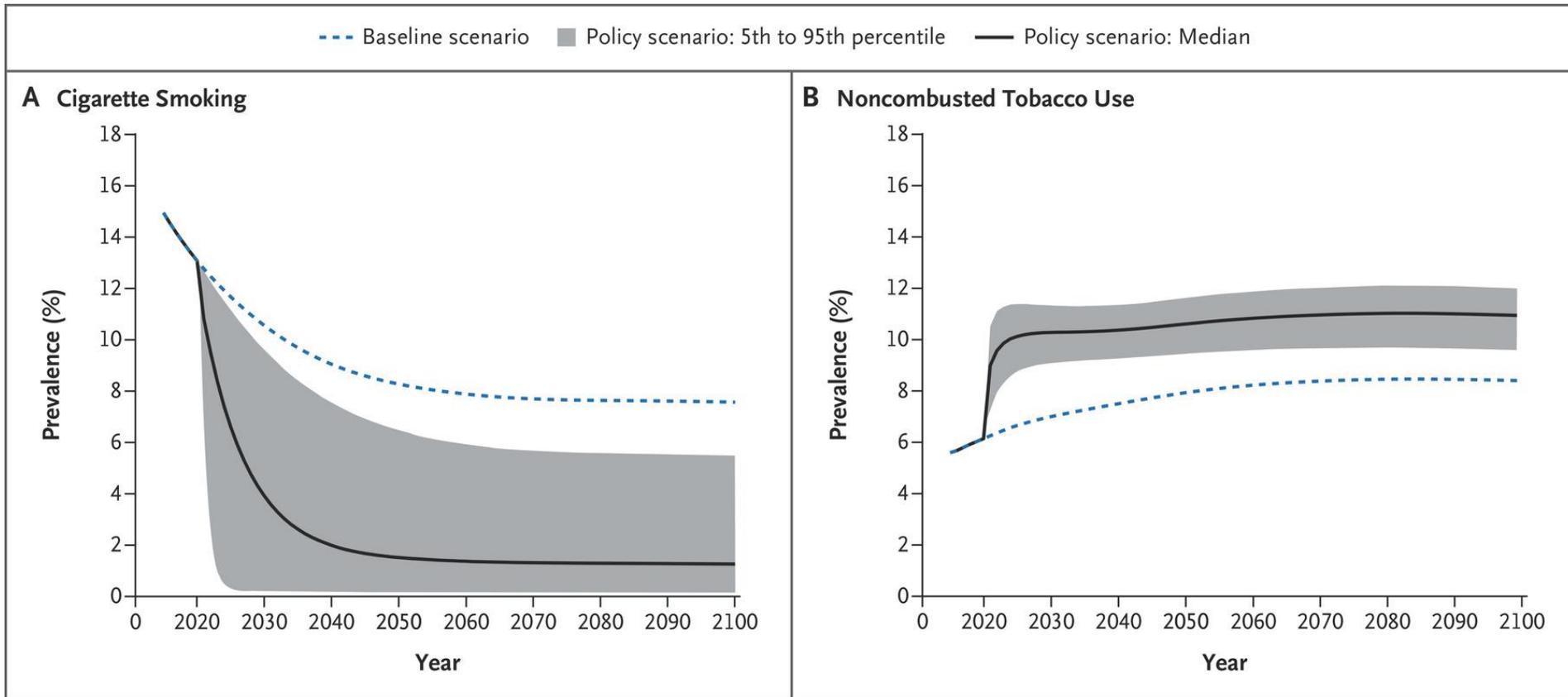
Donny, E. et al, NEJM 2015

Randomized trial of low nicotine cigarettes

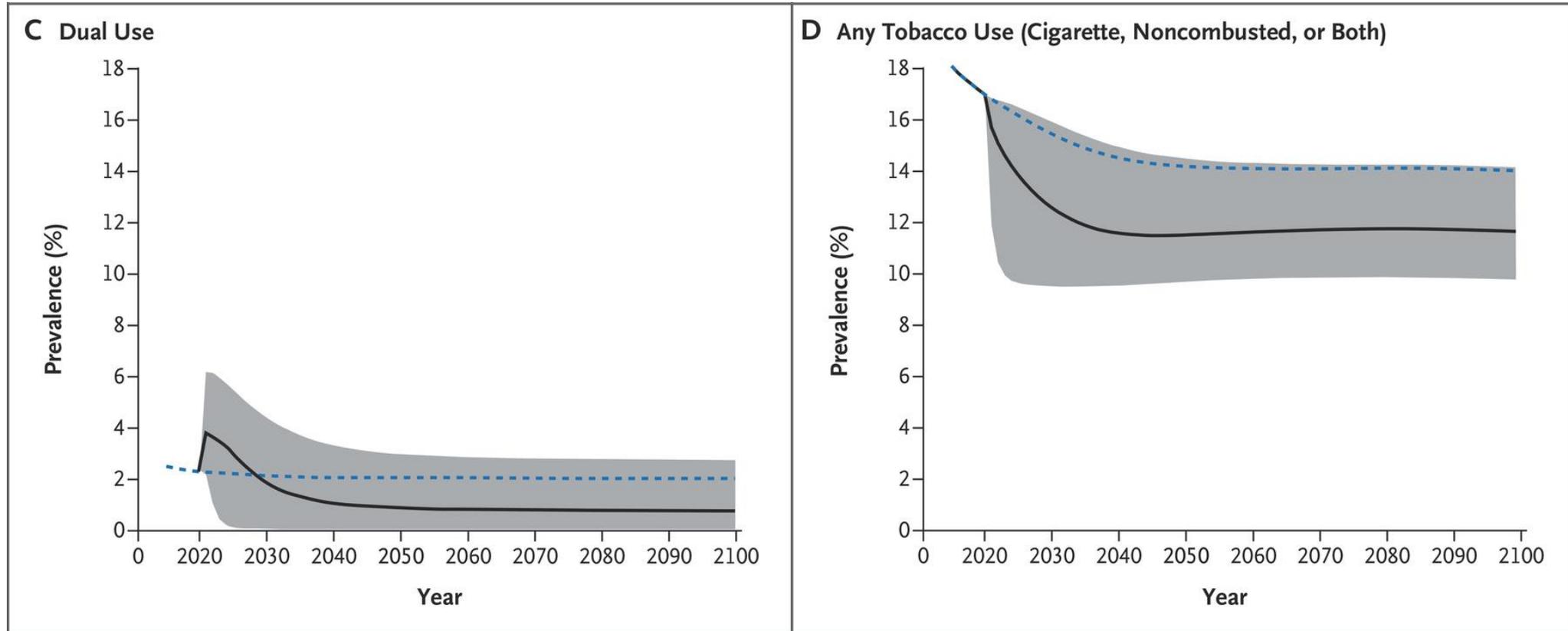


Donny, E. et al, NEJM 2015

Projected impact of reducing nicotine in combustible tobacco



Projected impact of reducing nicotine in combustible tobacco

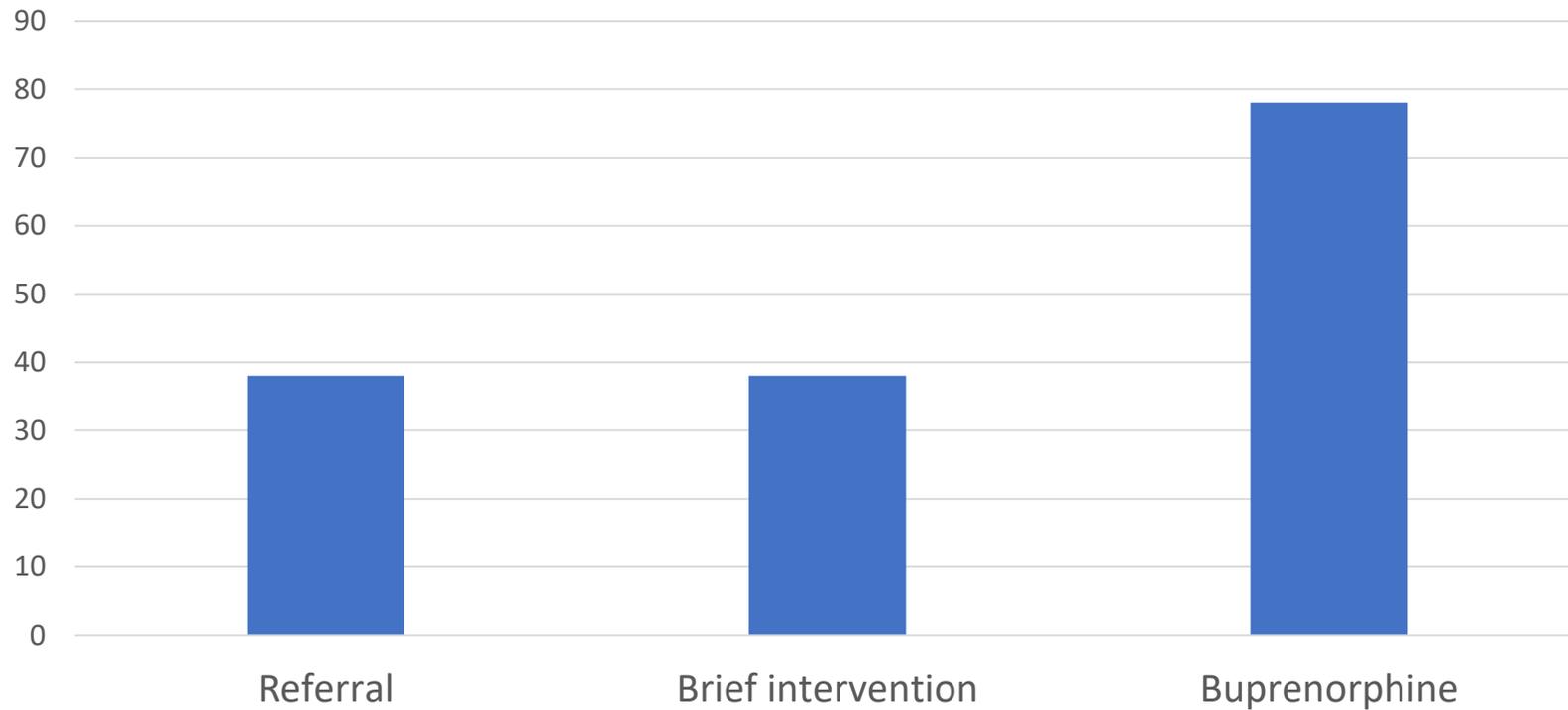


Linkage to care

- Opioids:
 - Increasing interest in bringing treatment for opioid use disorder into a range of settings
 - Focus on screening and initiating treatment, particularly with medication assisted treatment
- Tobacco:
 - Treatments are widely available (e.g., nicotine replacement therapy)
 - But treatment initiation is still an afterthought, approached piecemeal, with higher barriers to initiation, including assessing patient readiness

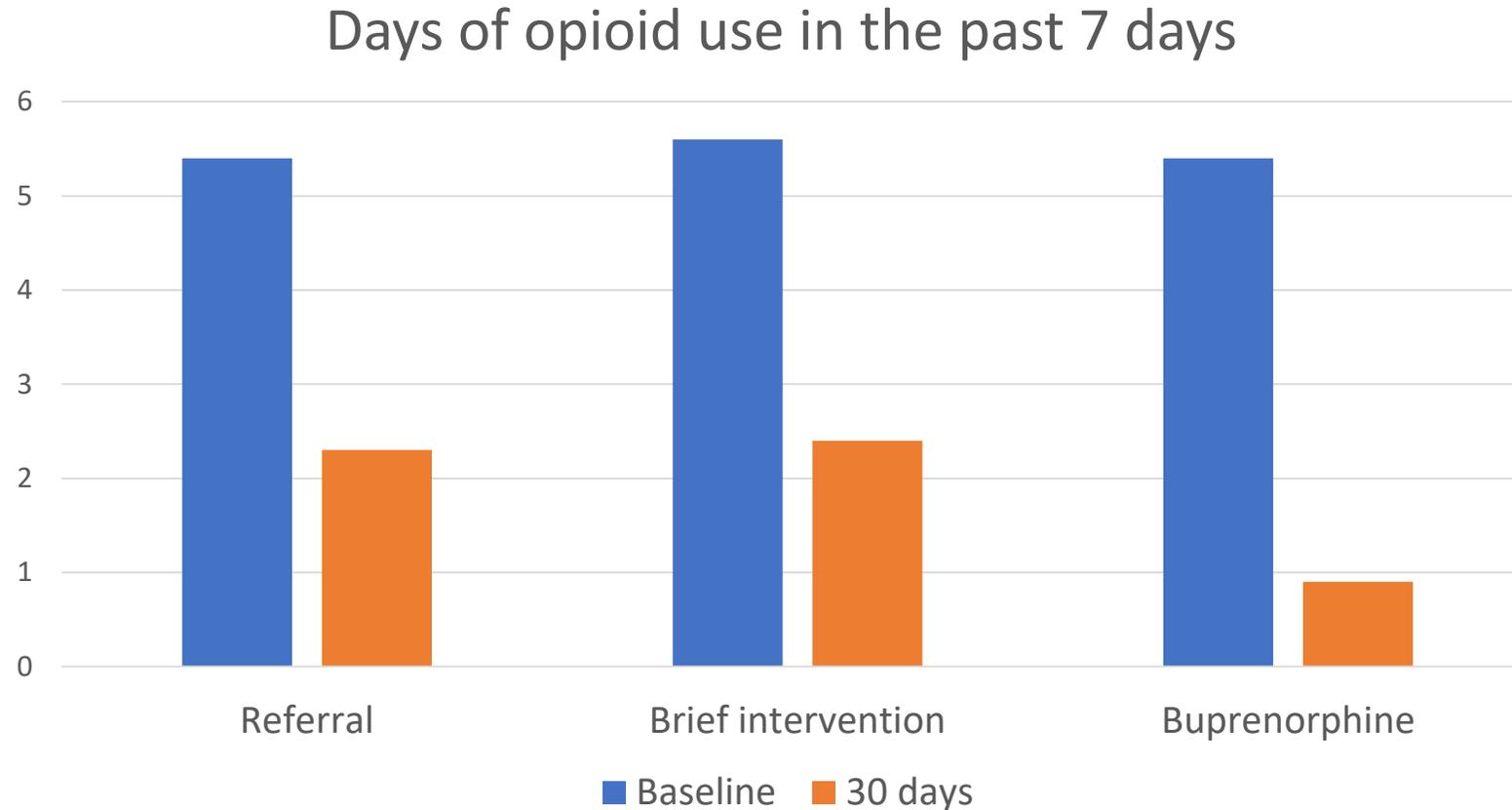
Linkage to care: Opioid use disorder

Percentage of patients in treatment at 28 days
(n=369)

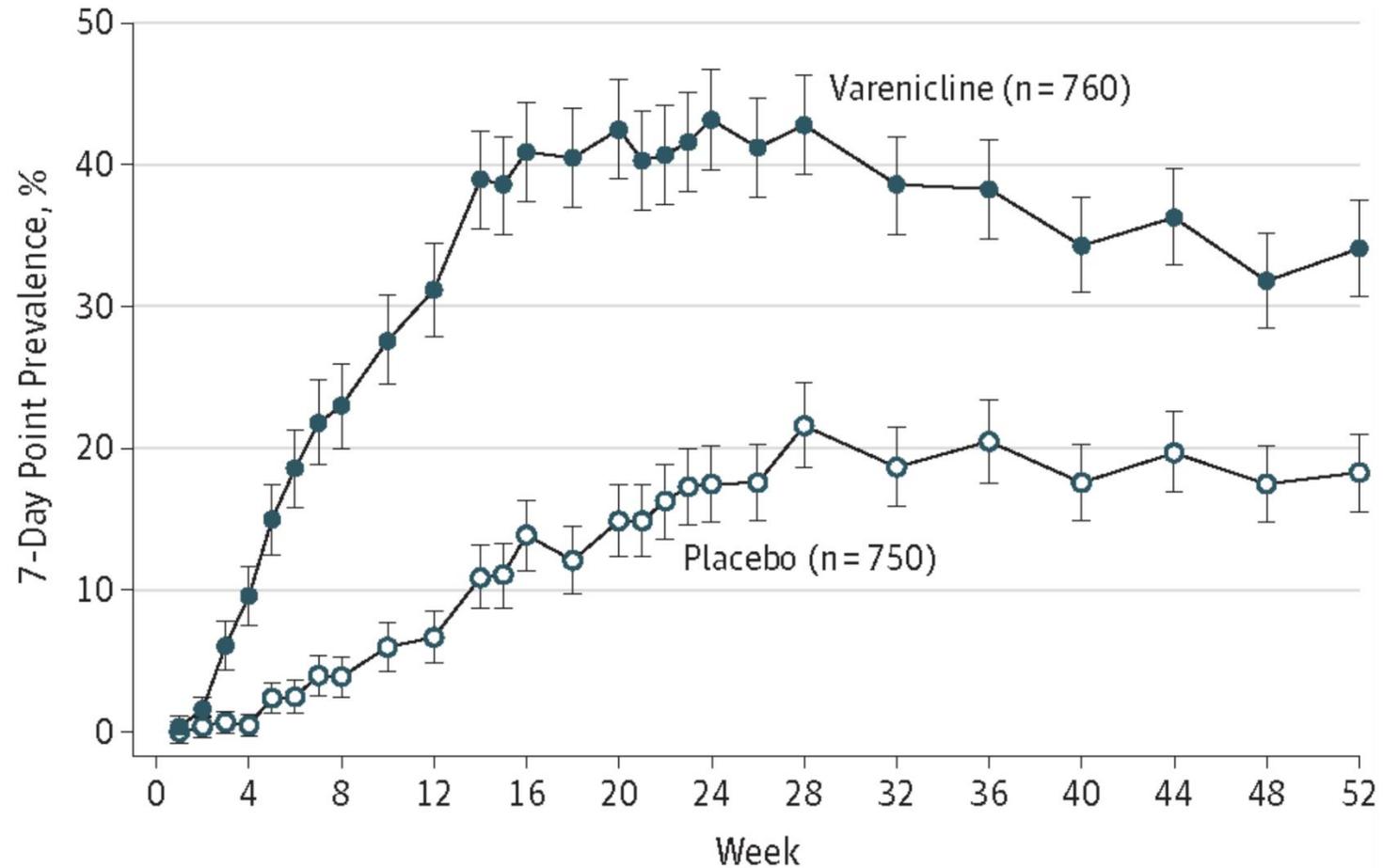


D'onofrio, G. et al, JAMA, 2015

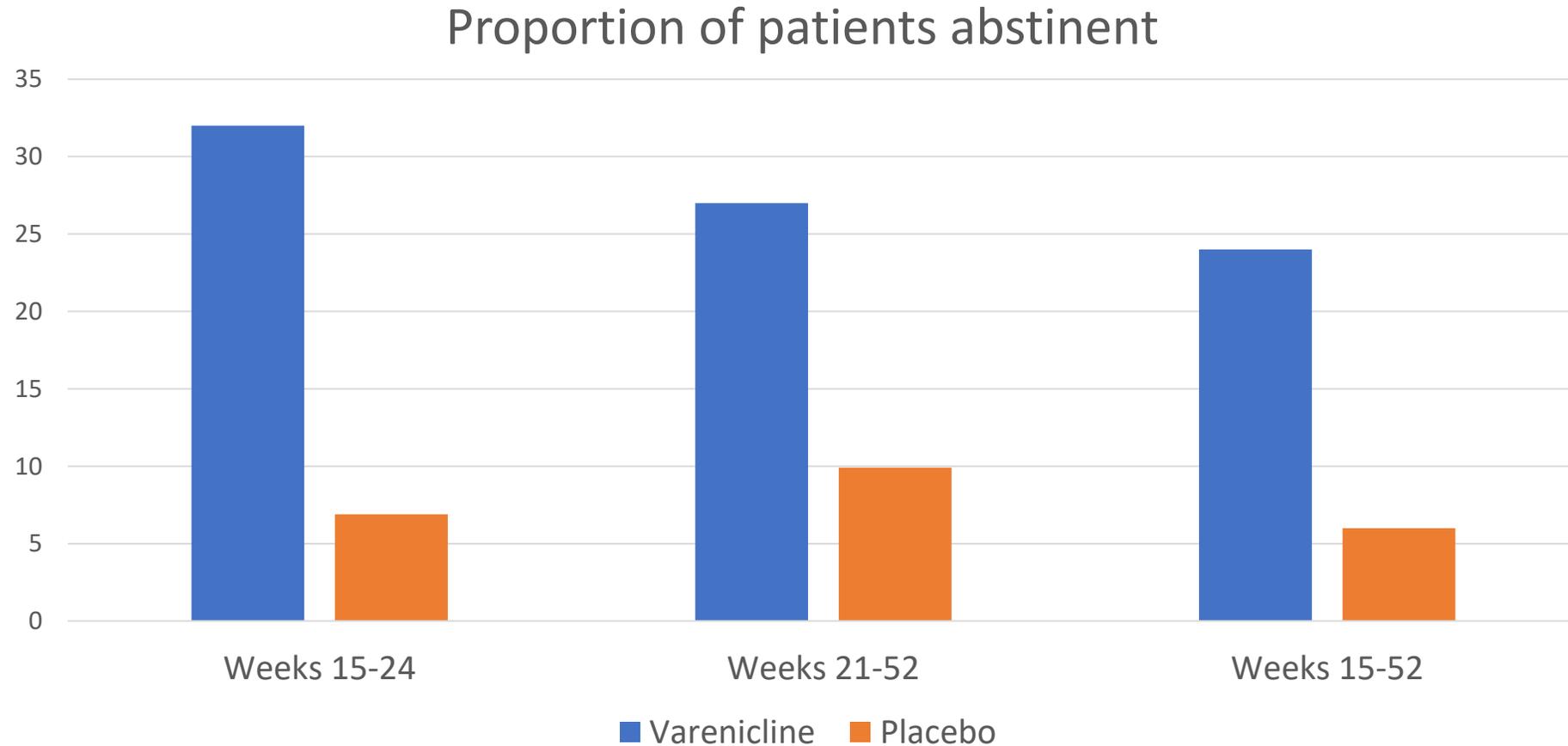
Linkage to care: Opioid use disorder



Proactive treatment for tobacco addiction



Proactive treatment for tobacco addiction



Ebert, J. et al, JAMA, 2015

Summary

- Tobacco addiction treatment remains widely underutilized despite its enormous population health benefit
- The current opioid epidemic may be an opportunity to introduce new enthusiasm and new approaches for treating tobacco use
- Using new treatment paradigms, including those that parallel strategies used in treating opioid use disorder, may be effective

Tobacco and Other Substance Use Disorders (SUDs)

George Kolodner, MD DLFAPA FASAM

Chief Clinical Officer



Leaders in addiction treatment since 1973

Clinical Professor of Psychiatry

Georgetown University School of Medicine

University of Maryland School of Medicine

Tobacco Use by SUDs Patients

- People with SUDs have not had the reduction in tobacco use seen in the general population
 - Alcoholics: 34% to 56%
 - Drugs: 52% to 68%
- Highest in patients in treatment for other SUDS
 - 65% to 85% (especially methadone)
 - Relapse on tobacco when enter SUDs treatment

Comparison With Other SUDs

- Similarities
 - Continued use despite adverse consequences
 - Genetically influenced
 - Rapid nicotine metabolizers are more susceptible to physical dependence than slow metabolizers
 - High degree of physical dependence
 - Use is perpetuated by addictive thinking
- Differences
 - Language
 - Person: ex-smoker vs. recovering
 - Treatment: smoking cessation vs. addiction rehabilitation
 - Funding: most NIH money is in National Cancer Institute, not National Institute for Drug Addiction

Treatment of Tobacco Addiction Has Been Neglected in the Addiction Treatment Community

- All addictive substances except for tobacco are prohibited in treatment programs
 - Despite the fact that tobacco shortens the life span of addicts in recovery
- The recovery support community maintains that stopping tobacco use can endanger recovery from other SUDs
 - Nicotine Anonymous meetings are rare

Treatment of Tobacco Addiction Has Been Neglected by the Health Insurance Industry

- Treatment programs for tobacco use disorders are not covered by most insurance plans
 - Similar to non-coverage of alcohol and drug addiction programs until 1980's
- Initially also denied coverage for medication

Consequences of This Neglect

- Intensive, structured treatment programs focused on tobacco use disorders are rare
 - Those that exist (e.g. Mayo Clinic) have positive outcomes
- Treatment of tobacco use disorders in traditional addiction rehabilitation programs can only be done if other SUDs exist

Elements of Effective Treatment for SUDs

- Withdrawal symptoms managed with medication
- Separation from the substance through medication or geography
- Intensive engagement in therapeutic milieu
- Continued treatment following intensive engagement
- Collaboration with recovery support community

Integrating Treatment of Tobacco Addiction Into Addiction Programs

- Most users express a desire to quit
- Practical problems:
 1. How to address this desire while also respecting the desire of others not to quit
 2. Importance of not activating negative side of ambivalence by too aggressive an intervention
 - Tobacco control versus addiction treatment

“Talking About Tobacco” Groups

- Once weekly
- No requirement of commitment to quit
- Interventions
 - Challenging belief about timing of quitting
 - Introduction to “the easier way” to quit
 - Reducing anxiety about nicotine replacement
 - Nicotine as the addictive, but not the toxic agent in tobacco
 - Input from recent quitters

Proposal: Treat Tobacco Use Disorders In Same Way as Other Substance Use Disorders

- Use medication to
 - Manage withdrawal symptoms (detoxify)
 - Reduce relapses
- Immerse in short term addiction rehab
 - Intensive outpatient (IOP) with inpatient backup
- Follow with longer term continuing care
- ❖ Transition to recovery support community

Thank you

George Kolodner, M.D.
gkolodner@kolmac.com

Follow Kolmac Blog:
www.kolmac.com

FDA and Strategic Communications

1. Rashetta Fairnot, LGSW, Center for Tobacco Products
2. Jessica Rowden, MA, Center for Tobacco Products

FDA

U.S. FOOD & DRUG
ADMINISTRATION

& DRUG
ON

FDA CENTER FOR TOBACCO PRODUCTS

PUBLIC EDUCATION CAMPAIGNS

Presented by: Rashetta Fairnot & Jessica Rowden

FDA Center for Tobacco Products



This information is not a formal dissemination of information by FDA/CTP and does not represent Agency position or policy.

CENTER FOR TOBACCO PRODUCTS

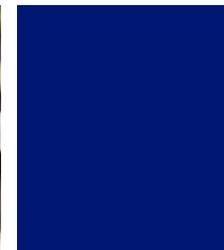
ACKNOWLEDGING THE TOLL OF TOBACCO

A grayscale background image showing the lower legs and feet of a group of people sitting on the ground, possibly at a protest or public gathering. The text is overlaid on this image.

Tobacco use is the leading **preventable** cause of disease, disability, and death in the United States, costing us more than **480,000 American lives** and approximately **\$300 billion** in healthcare costs and lost productivity from premature death **every year**

PUBLIC EDUCATION IS PART OF THE SOLUTION

- Public education campaigns are a proven strategy in preventing and reducing population-level tobacco use
- Campaigns have contributed to significant declines in tobacco use over the past several decades
- FDA has multiple efforts targeting discrete, at-risk audiences:
 - ✓ *The Real Cost*: General market teens at risk or already experimenting with cigarettes (February 2014)
 - ✓ *Fresh Empire*: Multicultural teens at risk of smoking (October 2015)
 - ✓ *The Real Cost Smokeless*: Rural male teens at risk of using smokeless (April 2016)
 - ✓ *This Free Life*: Lesbian, Gay, Bisexual, Transgender (LGBT) young adults at risk of becoming regular smokers (May 2016)
 - ✓ The Real Cost ENDS: General market teens at risk or already experimenting with ENDS (October 2017)
 - ✓ *Every Try Counts*: Adult smokers ages 25-54 who have attempted to quit in the past year (January 2018)



EVERY TRY COUNTS

ADULT SMOKING CESSATION
CAMPAIGN AT POINT-OF-SALE



EVIDENCE OF NEED



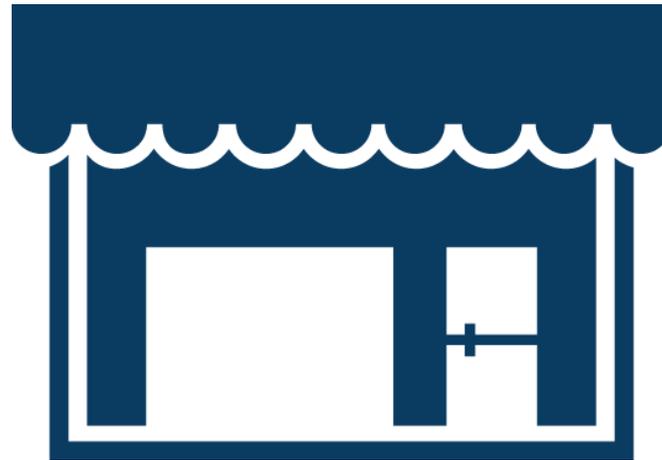
Tobacco use is the leading **preventable** cause of disease, disability, and death in the United States, costing us more than **480,000 American lives** and over **\$289 billion** in healthcare costs and lost productivity from premature death **every year**.

- More than 2 out of 3 adult smokers, about **22 million people**, say they would like to quit
- In 2015, 55.4% of adult smokers made a quit attempt but only 7.4% were successful in quitting for 6-12 months
- Evidence has shown the more quit attempts someone makes the more likely they will succeed

CAMPAIGN OBJECTIVE

Drive an increase in motivation to quit among smokers who want to quit but were recently unsuccessful, utilizing paid media tactics in and around where tobacco is sold to:

- Get smokers to try again by **reframing what it means to quit**
- Get smokers to try quitting more often by **practicing the quit**



RATIONALE FOR EDUCATION AT POINT-OF-SALE

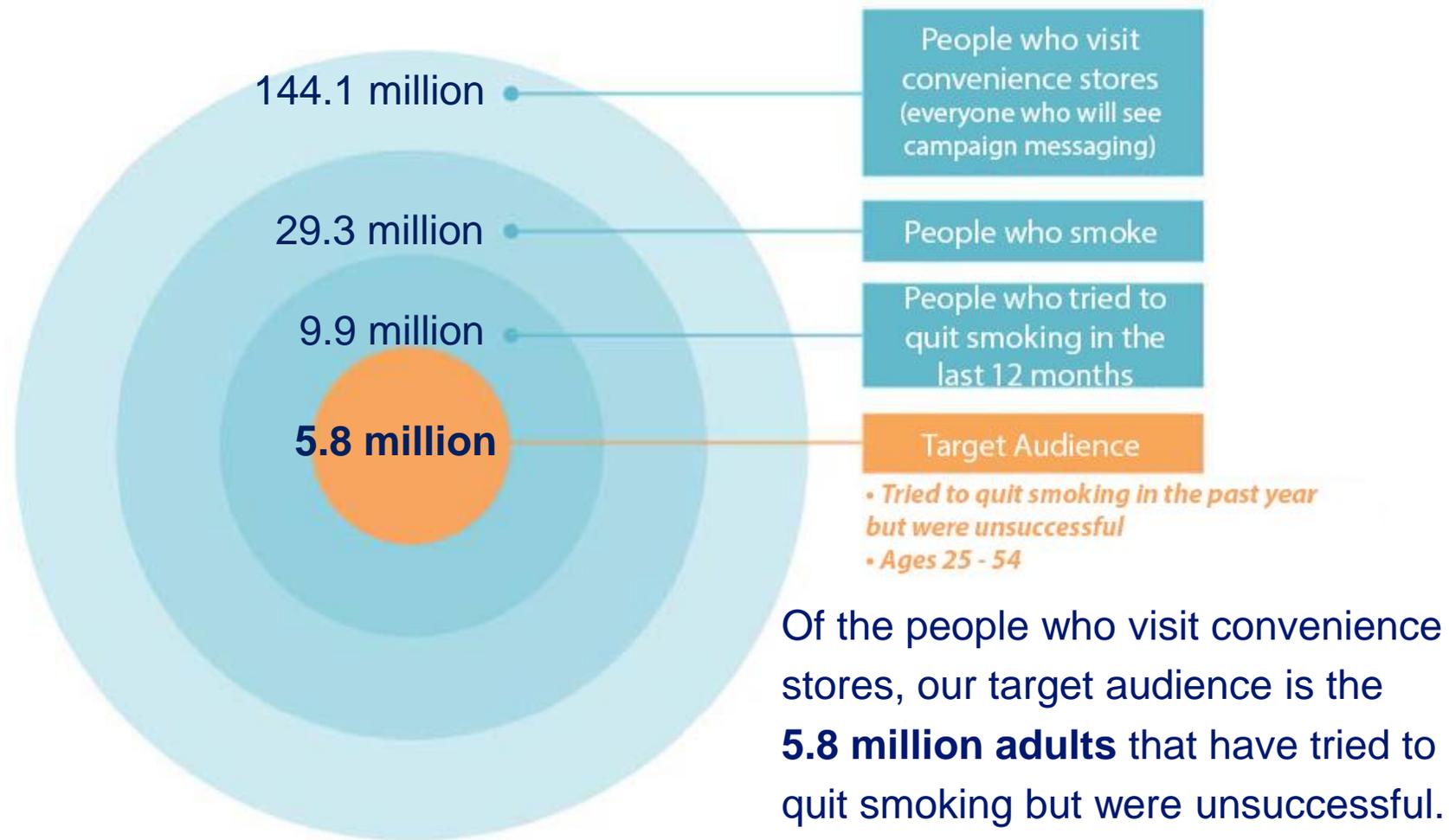


Established smokers report that the point-of-sale environment can discourage their quit attempts:

- Average customer spends 3-4 minutes in a convenience store per visit
- Tobacco companies spend over \$8 billion annually on point-of-sale advertising and promotions
- When they're trying to quit smoking the retail environment can generate a strong urge to smoke, prompting a slip or a relapse
- The point-of-sale environment can elicit an increase in unplanned purchases of tobacco products

“And you go into a store and make a purchase or something, when you look up, what do you see? Cigarettes. Even when I wanted to quit, they were coming at me.” – Research Participant

DEFINING THE TARGET AUDIENCE



Data Source: SIMMONS 2016 Fall NCS/NHCS Adults Full Year – SM6HF

LEARNING FROM THE TARGET AUDIENCE



Started **smoking**
as youth, have
friends &
family who smoke

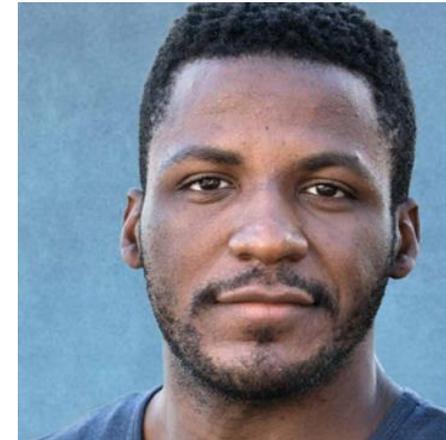


They **have tried**
quitting for
many **reasons**:
health, family, cost

They feel
defeated &
stuck in the
cycle of trying
to quit



Don't know how
the **next quit**
attempt will be
different



DICHOTOMY OF QUITTING



SMOKERS WANT TO STOP SMOKING

- They know it's bad for them
- Heard about health risks from their doctor
- They know that quitting will give them long-term benefits
- Want to be there for their family

SMOKERS WANT TO KEEP SMOKING

- They enjoy smoking
- They're 'experts' at smoking
- They're resigned to smoking as part of their identity
- Quitting is hard
- They feel as if they're stuck in a cycle of trying to quit and smoking again

Research identified key barriers to their success:

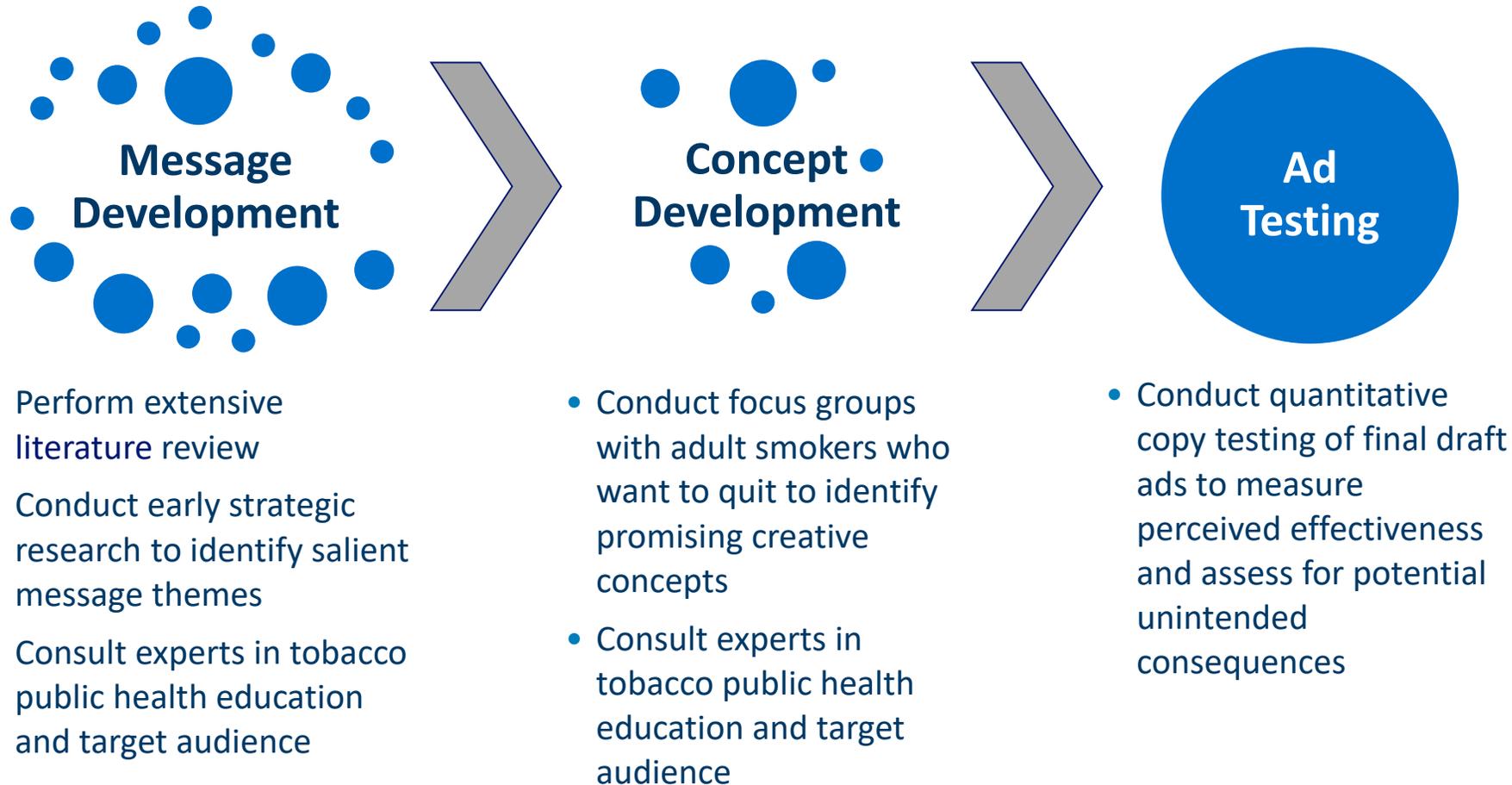
1. No one's celebrating them as they try
2. They've "heard it all" before
3. Smokers don't feel "ready" to attempt again

Where the opportunity lies:

- ✓ Celebrate smoker's attempts to quit smoking
- ✓ Reframe past failures as an important part of the quit journey
- ✓ Encourage belief that smokers are more ready than they know
- ✓ Work in synergy with messaging from CDC's *Tips from Former Smokers* to encourage trying again

QUANTITATIVE AD TESTING RESULTS

FORMATIVE RESEARCH PROCESS



QUANTITATIVE AD TESTING



Data were collected via an online questionnaire with a sample that was obtained from a panel provider.

Respondents were eligible if they were smokers aged 25 to 54 who:

- Had previously attempted to quit smoking in the past year
- Visit a convenience store at least once a month
- Purchase cigarettes at convenience stores

There were **1,576 total respondents** who were distributed across five groups—one control and four experimental (one for each ad execution).

Sample included cigarette-only smokers (referred to as “smokers”) and smokers who also use other tobacco products (“poly-users”).

OVERALL AD TESTING RESULTS



All ads were perceived as highly effective

- ✓ Perceived effectiveness (PE) scores ranged from 3.96–4.28. This is the highest scoring group of ads CTP has tested over five campaigns in four years.
- ✓ Responses indicate potential for positive changes in attitudes and other outcomes targeted by our campaign messages.
- **All ads performed well on other performance measures** – the majority of participants who viewed the ads:
 - ✓ Reported feeling more ready to make a quit attempt
 - ✓ Indicated a high level of trust in the information in the ads
 - ✓ Reported feeling highly motivated, empowered, determined, inspired, understood and hopeful

No potential unintended consequences were found between ad exposure and control groups for knowledge, attitudes, beliefs about smoking & the quit process



**YOU DIDN'T FAIL
AT QUITTING.
YOU JUST HAVEN'T
FINISHED
THE PROCESS.**

With each quit, you learn more about what works for you and get closer to quitting for good. So don't give up. There are benefits to quitting at any age. Keep going at EveryTryCounts.gov.



EXECUTION B

FDA

**IF AT FIRST
YOU DON'T
SUCCEED,
TRY, TRY, TRY,
TRY AGAIN.**

It takes most smokers multiple tries
to finally quit smoking. Don't give up.
It's never too late to quit.
Keep going at EveryTryCounts.gov.



EXECUTION C

FDA

HMM, HOW ABOUT GUM INSTEAD OF CIGARETTES?

If you're chewing that over, it's a sign you're ready to try quitting. Every quit attempt gets you closer to becoming a non-smoker, so take a small step today. Start moving in a healthier direction at EveryTryCounts.gov.



EVERY
TRY
COUNTS



EXECUTION D

FDA

**EVERY TIME YOU
PUT OUT A CIGARETTE
IS A NEW CHANCE
TO TRY QUITTING
AGAIN.**

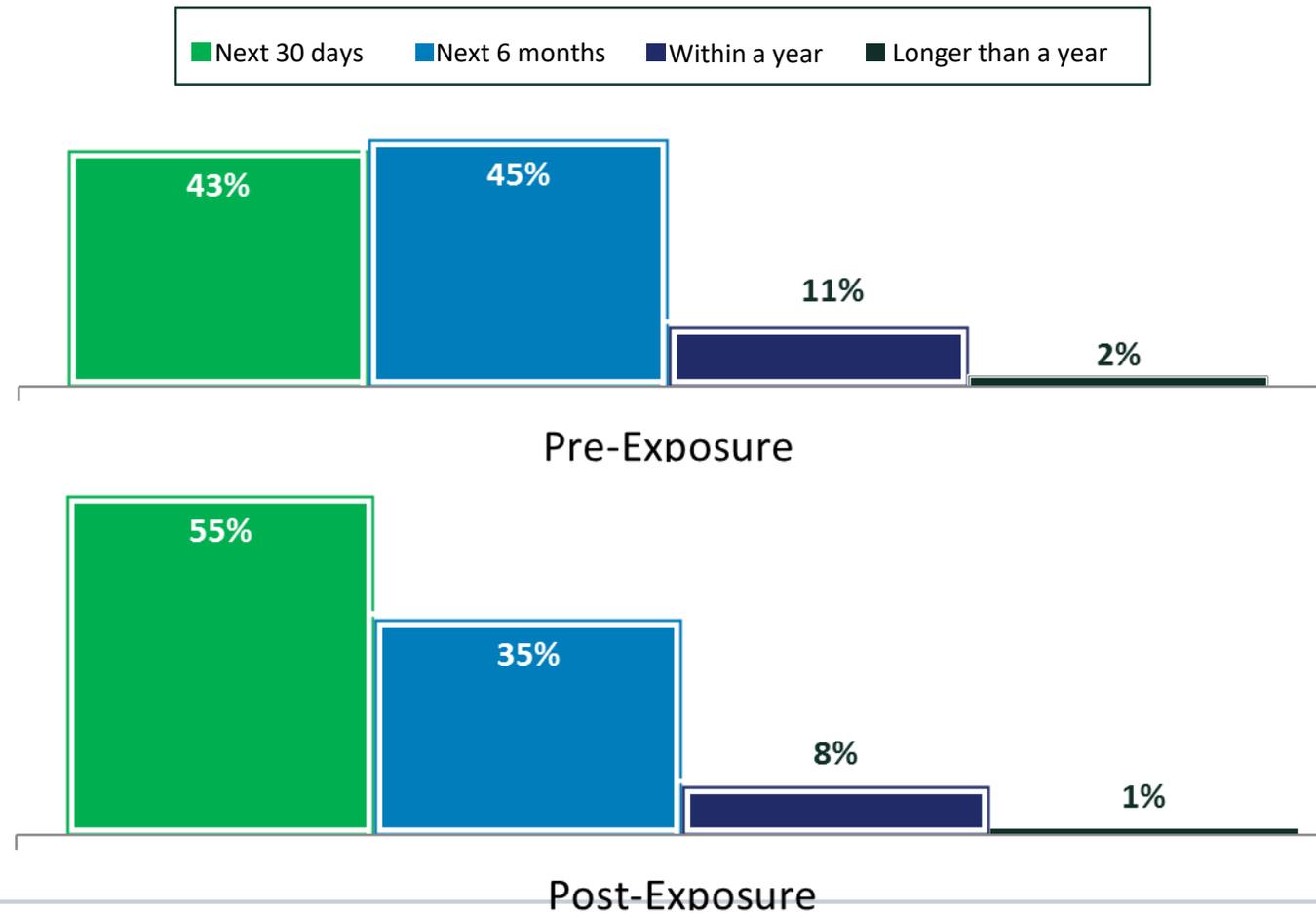
The more you try to quit, the more you learn about what works for you. You're getting closer to quitting for good. It's not too late to quit. Keep going at EveryTryCounts.gov.



**EVERY
TRY
COUNTS** 

INTENTION TO QUIT

How soon are you likely to try to quit smoking cigarettes? Would you say...



PAID MEDIA OVERVIEW

PAID MEDIA OVERVIEW



Paid Media Objective

- Reach smokers who want to quit with messaging of encouragement and support in an environment that can trigger unplanned tobacco purchases

Paid Media Implementation

- The *Every Try Counts* campaign will run in **35 markets for at least 24 months**
- Markets selected have high smoking prevalence, a smoking population of 20K+, and have available paid media opportunities in and around convenience stores

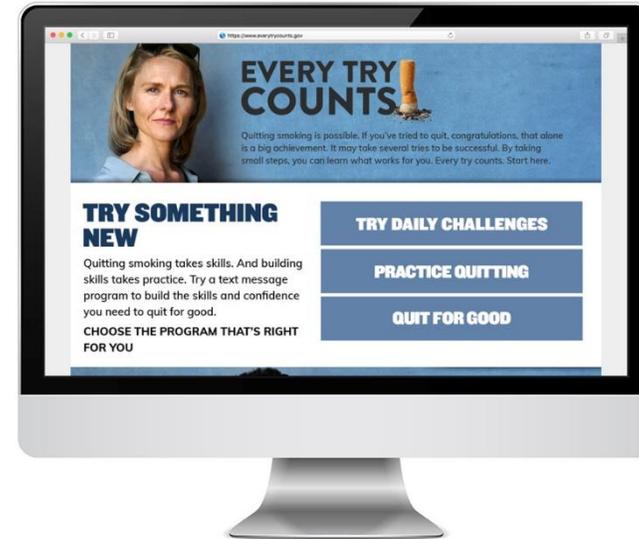
Retailer Receptivity

- Ad vendors saw no concerns with this type of campaign messaging in ads and placing advertising in local convenience stores.

Deployment plan starting with a January 2018 launch:

- Buy **local ad space** in and around convenience stores
- Additional **media tactics** include radio, digital video, and banners
- Promote **cessation** by linking to a website developed in partnership with NCI
- Monitor **real-time online engagement** metrics to inform digital content and website optimizations
- ***Every Try Counts*** is available for state and local programs to buy **additional ad space** and use the ads in their own counties (with exception of control markets)
- **Partnership strategy** currently in development to extend impact

EVERYTRYCOUNTS.GOV PREVIEW



HELPING SMOKERS QUIT AT EVERYTRYCOUNTS.GOV



A robust partnership with NCI allows FDA to encourage quitting and promote health benefits while NCI provides critical cessation services

A mobile friendly website features cessation resources to help visitors take small steps toward quitting including:

- Text Message Programs
 - ✓ Daily Challenges
 - ✓ Practice Quit for 1,3 or 5 day
 - ✓ SmokefreeTXT
- Mobile quitting app for download, QuitGuide
- Online chat with cessation coach
- NCI quit line, 877-44U-QUIT
- Access to other Smokefree.gov tools and information

LIST OF MEDIA MARKETS



COUNTY	DMA	STATE	SMOKING INDEX	SMOKING POPULATION
Black Hawk County	CEDAR RAPIDS - WTRLO - IWC&DUB	IA	130	23,868
Brazoria County	HOUSTON	TX	120	53,876
Bristol County*	PROVIDENCE - NEW BEDFORD	MA	112	82,299
Carter County	TRI - CITIES, TN - VA	TN	156	16,610
Cherokee County	GREENVLL - SPART - ASHEVLL - AND	SC	146	12,123
Citrus County*	TAMPA - ST. PETE (SARASOTA)	FL	191	43,849
Coweta County*	ATLANTA	GA	190	31,775
Crittenden County	MEMPHIS	AR	154	10,253
Hays County	AUSTIN	TX	169	36,375
Hillsborough County*	TAMPA - ST. PETE (SARASOTA)	FL	108	198,659
Independence County	LITTLE ROCK - PINE BLUFF	AR	186	10,194
Kenton County	CINCINNATI	KY	164	36,649
Kings County	FRESNO - VISALIA	CA	167	33,073
Lake County*	CHICAGO	IL	143	100,925
Lowndes County*	TALLAHASSEE - THOMASVILLE	GA	120	20,216
Lynchburg City	ROANOKE - LYNCHBURG	VA	130	15,711
Madison County	INDIANAPOLIS	IN	140	28,554
Marshall County*	HUNTSVILLE - DECATUR (FLOR)	AL	153	23,937

Products

LIST OF MEDIA MARKETS cont.



COUNTY	DMA	STATE	SMOKING INDEX	SMOKING POPULATION
Milwaukee County*	MILWAUKEE	WI	116	149,782
Mobile County	MOBILE - PENSACOLA (FT WALT)	AL	111	65,189
Mohave County	PHOENIX (PRESCOTT)	AZ	205	48,405
Oswego County	SYRACUSE	NY	154	22,717
Pierce County	SEATTLE - TACOMA	WA	129	97,477
Philadelphia County*	PHILADELPHIA	PA	134	276,382
Sedgwick County	WICHITA - HUTCHINSON PLUS	KS	112	65,767
Scioto County	CHARLESTON - HUNTINGTON	OH	148	21,818
St. Bernard Parish	NEW ORLEANS	LA	270	13,486
St. Louis*	ST. LOUIS	MO	121	244,533
Stanislaus County*	SACRAMNTO - STKTN - MODESTO	CA	129	70,937
Tazewell County	PEORIA - BLOOMINGTON	IL	157	32,926
Trumbull County*	YOUNGSTOWN	OH	162	57,907
Ulster County	NEW YORK	NY	235	41,227
Washington County*	WASHINGTON, DC (HAGRSTWN)	MD	195	26,521
Wayne County*	DETROIT	MI	108	293,563
Wilson County*	NASHVILLE	TN	116	20,824

*Counties with * are part of evaluation study*

Center for Tobacco Products

EVALUATING *EVERY TRY COUNTS*



Objective

- Measure the campaign's effectiveness in affecting key targeted tobacco-related knowledge, attitudes and beliefs, and changes in motivation to quit among adult smokers ages 25-54

Methods

- In-person door-to-door data collection in 15 campaign-targeted media markets and 15 control markets

Timeline & Sample

- Longitudinal data will be collected from smokers ages 25-54 in 4 waves
 - Wave 1: 4,300 participants
 - Wave 2: 3,500 participants
 - Wave 3: 2,900 participants
 - Wave 4: 2,500 participants

*sample sizes are approximate



FDA

FDA

PREVENTING YOUTH INITIATION:
Protect 10 million at-risk teens who are open to smoking or already experimenting with cigarettes

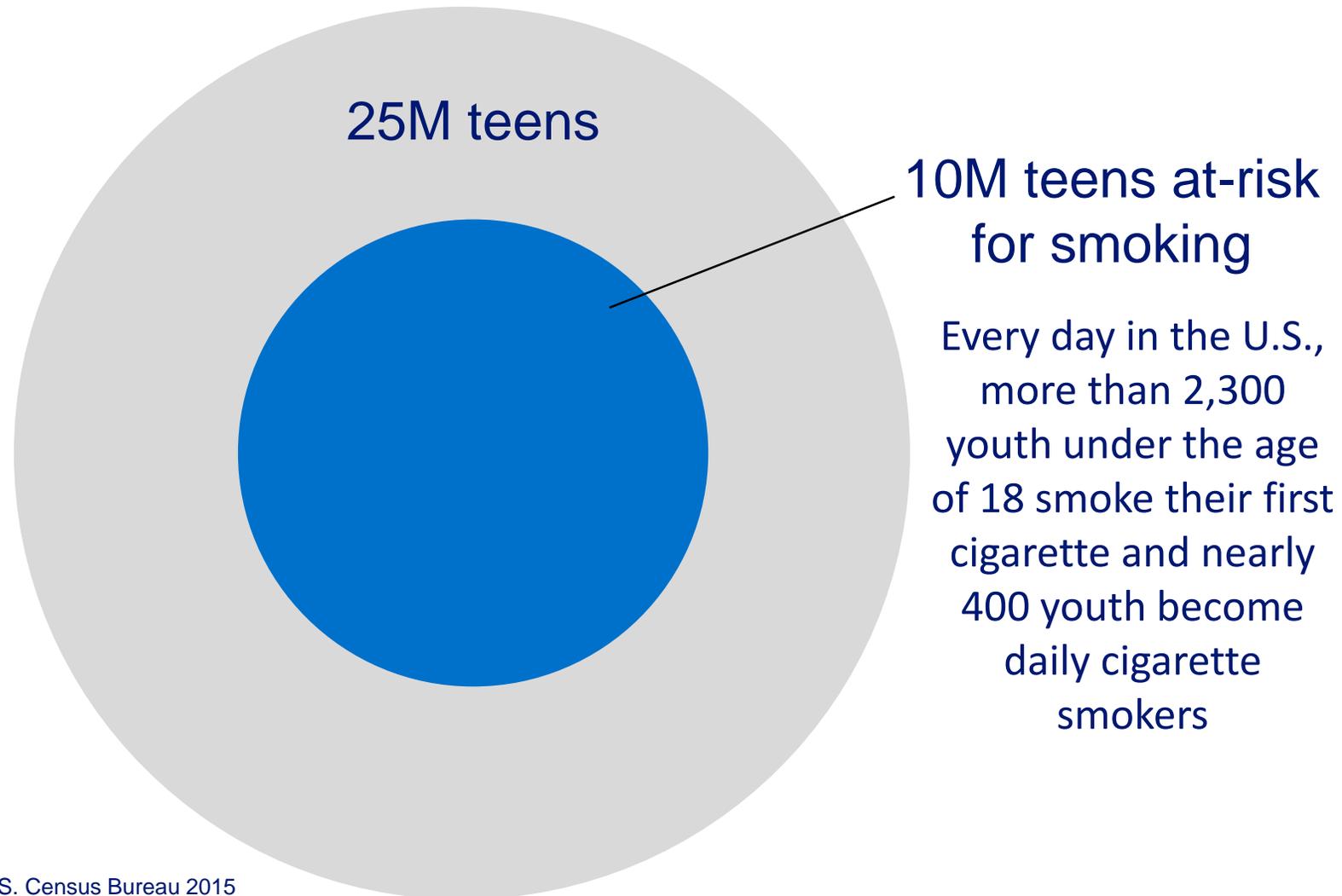
ACKNOWLEDGING THE TOLL OF TOBACCO

FDA



If the current trajectory of smoking rates continues, 5.6 million children in the United States alive today will die prematurely as a result of smoking

THE UNIVERSE OF AT-RISK TEENS (12-17)



LEARNING DIRECTLY FROM NEARLY 12,000 TEENS



They have
chaotic,
stressful home
and school
environments



They are not
academically
driven

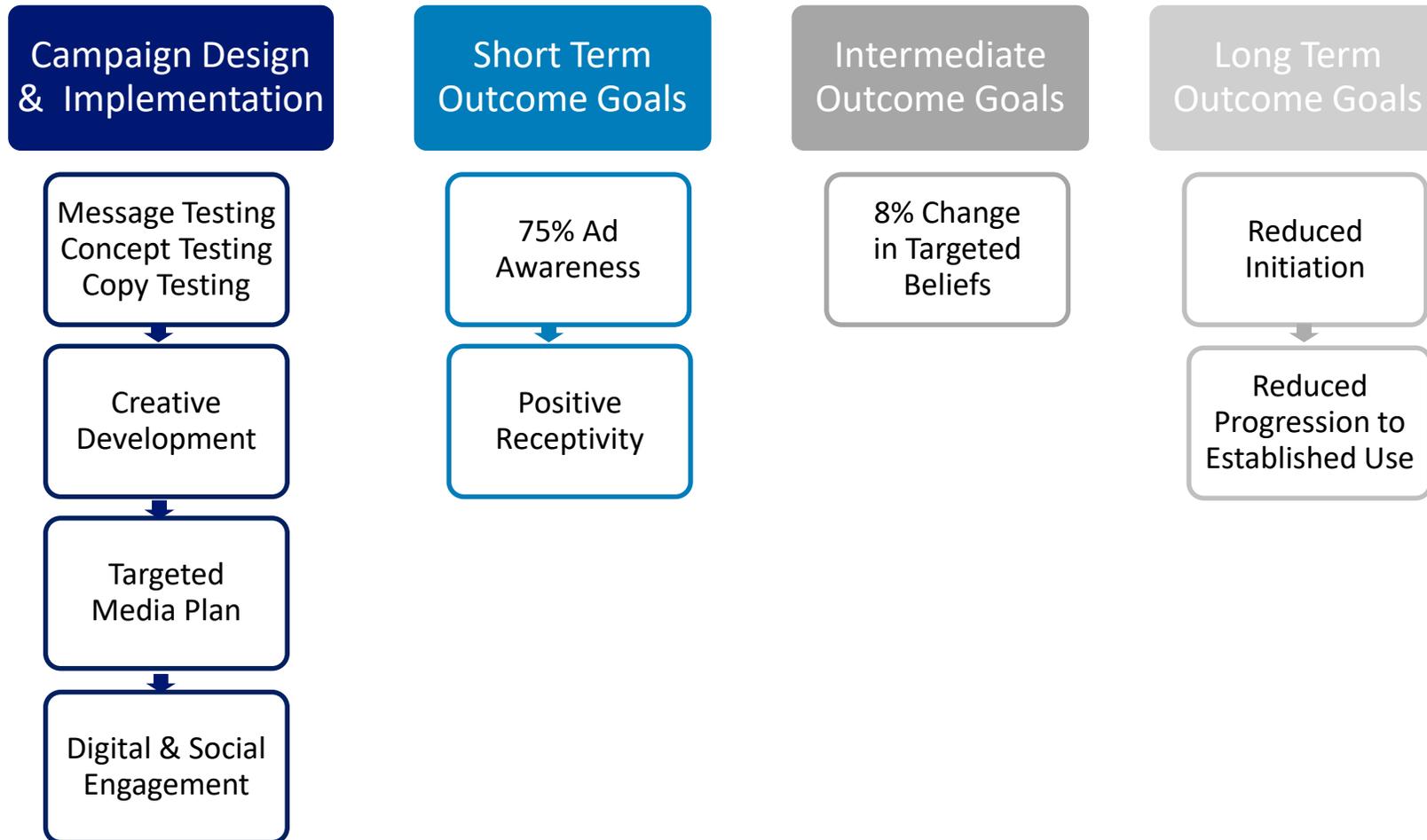
They are
surrounded by
smokers



They turn to
smoking to
cope



PURSuing A BEHAVIOR CHANGE LOGIC MODEL



REDUCING THE NUMBER OF YOUTH SMOKERS



Make teens **hyperconscious** of the **real cost** of every cigarette through **breakthrough**, fresh portrayals of the health and addiction **risks** of tobacco

Find new ways to talk about the health consequences



The cost to my body

Disrupt beliefs about addiction by stressing loss of control



The cost to my brain

Challenge their assumptions with new facts



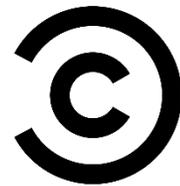
The cost of smoking just 1

REACHING AT-RISK TEENS WHERE THEY ARE

FDA

Run **continuous national** advertising at high reach and frequency levels and **precisely target** teen's media **passion points** like music, comedy, extreme sports, fashion and gaming

YouTube



COMEDY CENTRAL



MADDEN NFL 18



seventeen



RIDE TRANSWORLD bmx



MODERN COMBAT 5 BLACKOUT

EVALUATION RESULTS



Raising Awareness

9 in 10 youth reported seeing *The Real Cost* ads when measured 7 months after launch

Shifting Beliefs

The campaign positively influenced tobacco-related risk perceptions and beliefs with an 11.5% average change when measured 15 months after launch

EVALUATION RESULTS



From February 2014 to March 2016, an estimated **350,000** youth aged 11 to 18 were prevented from smoking as a result of *The Real Cost*

EXPANDING CAMPAIGN MESSAGING TO
INCLUDE E-CIGARETTES

- In July 2017, FDA Commissioner Gottlieb announced a new comprehensive plan for tobacco and nicotine regulation that places nicotine – and the issue of addiction – at the center of the agency’s efforts
- Acknowledges that nicotine is delivered through products on a continuum of risk with combustible cigarettes being at the most harmful end
- At the same time, CTP acknowledges that there is no level of tobacco or nicotine exposure that is safe for youth

ENDS YOUTH PREVENTION

- The campaign launched initial e-cigarette prevention messaging in October 2017 and plans to launch a full-scale campaign in September 2018.
- This content will be highly targeted through digital channels to reach youth in the places where they spend most of their time: YouTube, Hulu, mobile gaming apps, and other online platforms



Insight: Teens do not see vaping as dangerous

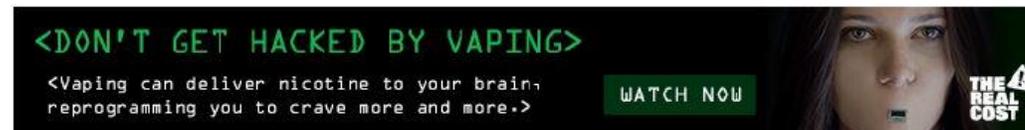
- Vaping does not have the same social stigma as cigarette smoking
- Vapes are available in flavors they like
- Vaping is “no big deal”
- They don’t have a good reason *not* to vape

Goal: To educate youth who are at-risk for or already experimenting with ENDS about the risks of using these products in adolescence



INITIAL MESSAGING: OCTOBER 2017

- OHCE developed an e-cigarette prevention ad called “Hacked” that highlights how exposure to nicotine can rewire a teens brain to crave more and more nicotine
- The ad is currently running on digital channels and is supported by online radio ads, banners ads, and content on the campaign website
- The tagline *don't get hacked by vaping* reinforces our message



NEXT STEPS



- CTP will launch new e-cigarette youth prevention advertising under The Real Cost campaign brand in September 2018
- This advertising will be based on qualitative and quantitative research that was completed in early 2018



THANK YOU! QUESTIONS?

Emerging Threats to Tobacco Control Success: How Juuls and Vapes are Changing Maryland's Landscape

Dawn Berkowitz, MPH, CHES, Maryland Department of Health

***EMERGING THREATS TO TOBACCO
CONTROL SUCCESS:***

How JUULs and Vapes are Changing Maryland's Landscape

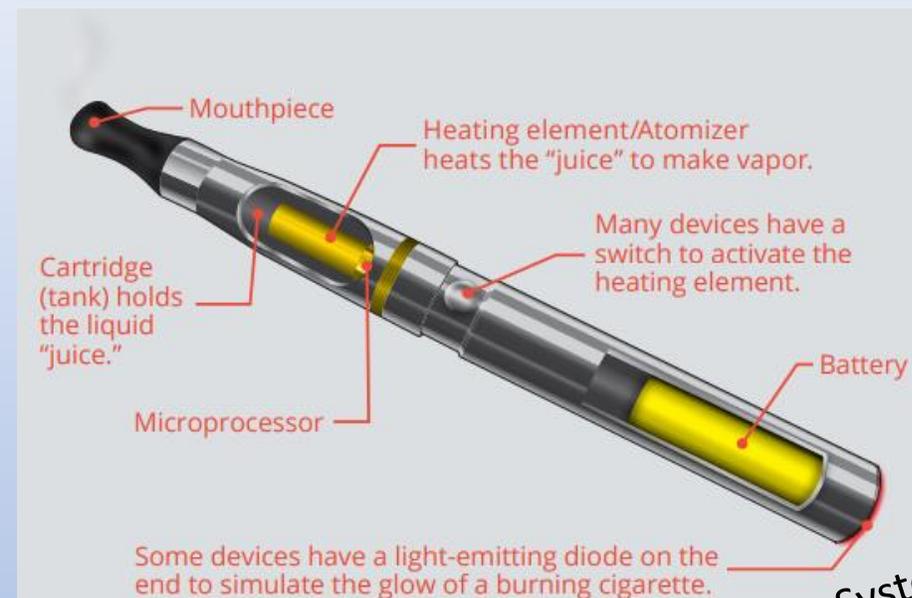
Dawn Berkowitz, MPH, CHES
Director, Center for Tobacco Prevention and Control

2018 Maryland Tobacco Control Conference
May 8, 2018

Changing Landscape of Popular Tobacco Products



What are ENDS?

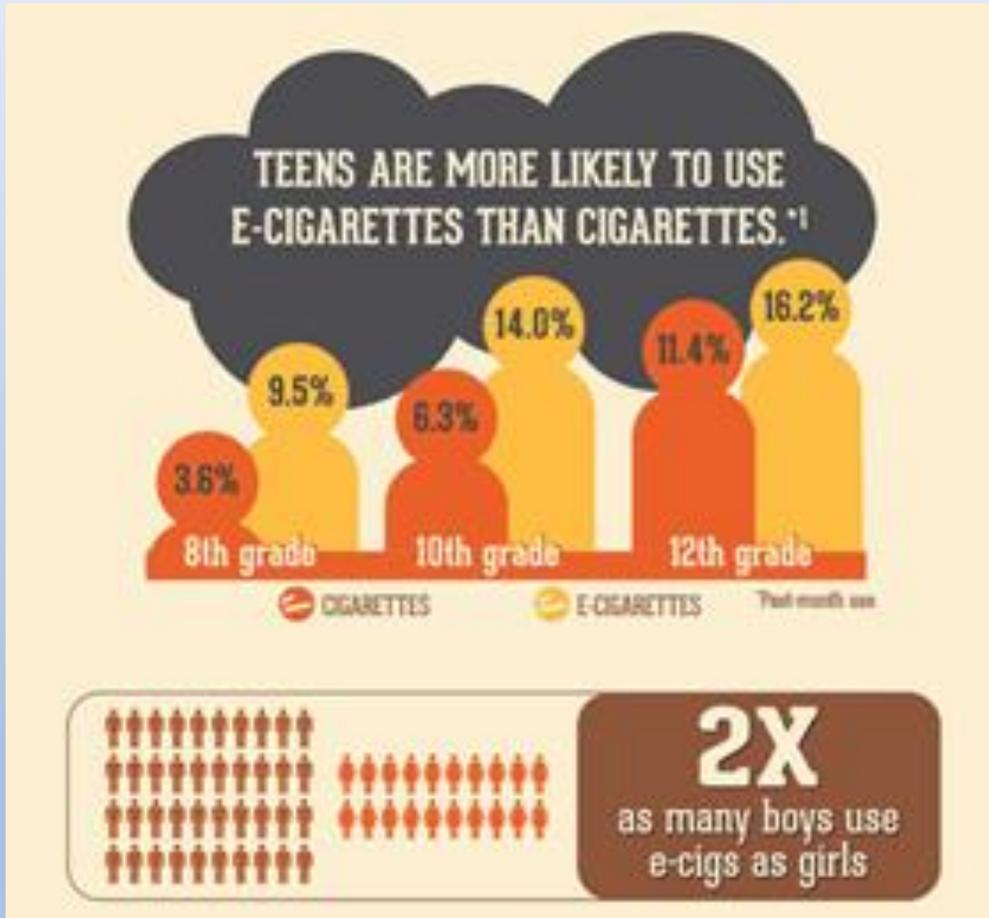


- ENDS: Electronic Nicotine Delivery System
- ESDs: Electronic Smoking Devices
- Vapes
- JUULs
- Electronic Cigarettes
- E-Cigarettes



MARYLAND
Department of Health

National Snapshot: Youth Use of ENDS



NIH National Institute for Drug Abuse, 2016

- Between 2011 and 2015, ENDS use grew dramatically among middle school and high school students
- **E-cigarettes are now the most commonly used form of tobacco by youth in the United States**
- Dual use, or use of ENDS and conventional cigarettes by the same person, is common among youth and young adults
- Over 3 million middle and high school students were past-30-day ENDS users
- An estimated 2.3 million high school students had used e-cigarettes at least once in the past 30 days
- 2016 Maryland data showed 13.3% ENDS use (vs 8.2% cigarettes) among HS youth.



What's the Risk?

First Surgeon General's Report on E-Cigarettes

- December 8th, 2016: 298 page report released
- Identified e-cigarettes as the **next evolution of tobacco products**
- Creating a new generation of Americans at risk of nicotine addiction
- No safe level of nicotine use for youth
- Recognized e-cigs as a public health concern, particularly due to the growing trends in ESD use among youth and young adults

Report is a call for action to reduce use among young people.

E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General



What's the Risk?

New Findings on the Public Health Consequences of E-cigarettes



- There is **conclusive evidence** that in addition to nicotine, most e-cigarettes contain and emit numerous potentially toxic substances.
- There is **conclusive evidence** that e-cigarettes can explode and cause burns and projectile injuries.
- There is **conclusive evidence** that intentional or accidental exposure to e-liquids (from drinking, eye contact, or skin contact) can result in adverse health effects such as seizures, anoxic brain injury, vomiting, and lactic acidosis.

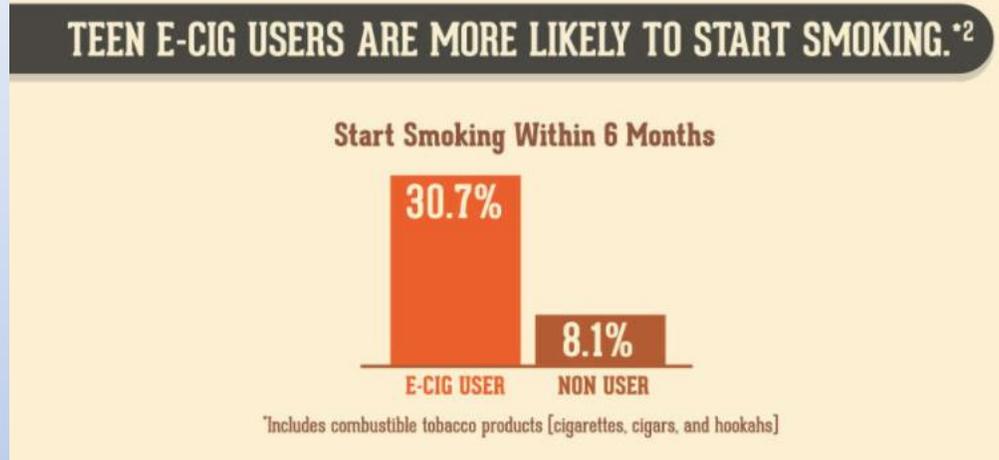
There is **conclusive evidence** that intentionally or accidentally ingesting e-liquids can be fatal.



What's the Risk?

Youth ENDS Users Increased Likelihood of Engaging in Risk Behaviors

- 34% of youth ENDS users also use cigarettes, 35% use cigars, and 25% use smokeless tobacco.
- **Youth electronic cigarette use**, like tobacco use, is **highly correlated with other risk behaviors** including drinking alcohol, marijuana use, and prescription drug abuse.



4 times increased likelihood of drinking alcohol

5 times more likely to use marijuana

4 times more likely to abuse prescription drugs

What's the Risk? Nicotine and the Developing Brain

- **Addiction**
 - Adolescents can get addicted more easily than adults as their brains are still developing.
 - Nicotine can prime the adolescent brain for addiction.
 - Early onset of substance abuse, including tobacco use, is associated with greater severity of addiction in adulthood.
- **Additional Effects on the Brain**
 - Changes the way synapses are formed, which can harm the parts of the brain that control attention and learning
 - Can lead to mood disorders and permanently reduced impulse control

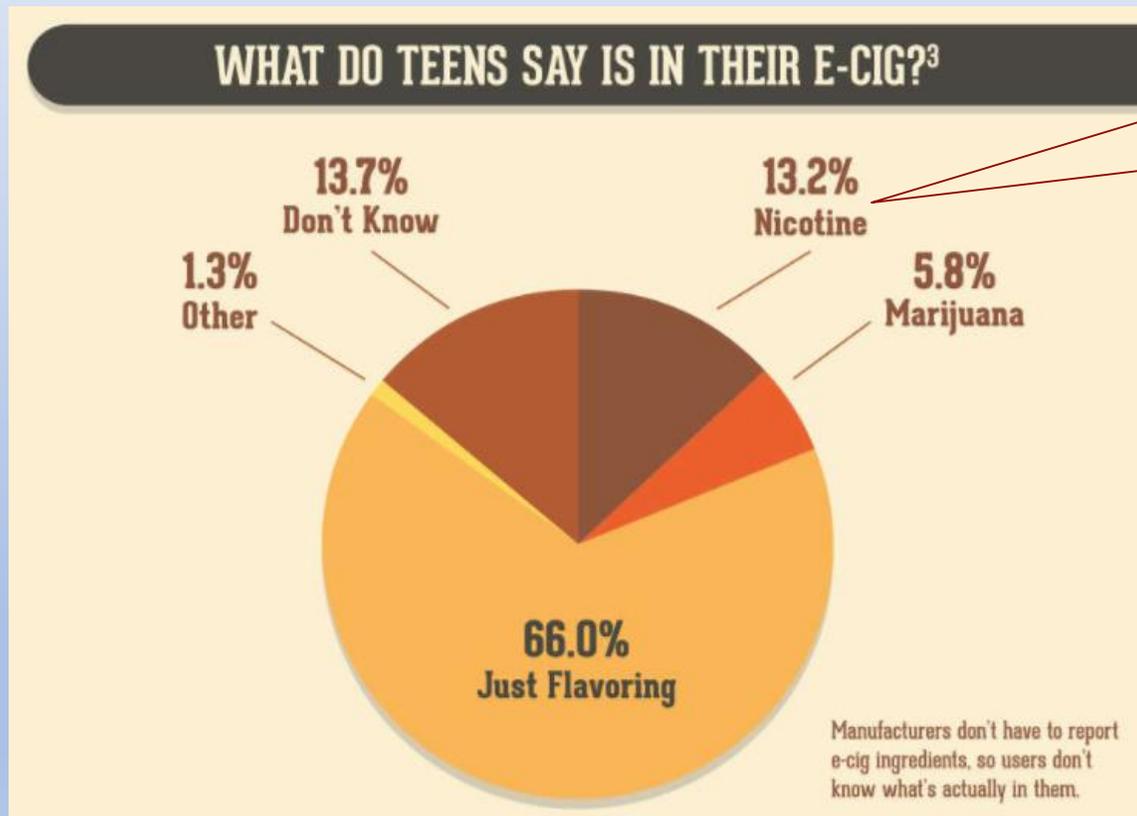


Until about age 25, the brain is still growing.



MARYLAND
Department of Health

Dispelling Myths and Misperceptions



“No one has ever become a cigarette smoker by smoking cigarettes without nicotine.”

- W.L. Dunn, **Philip Morris**, 1972

99%

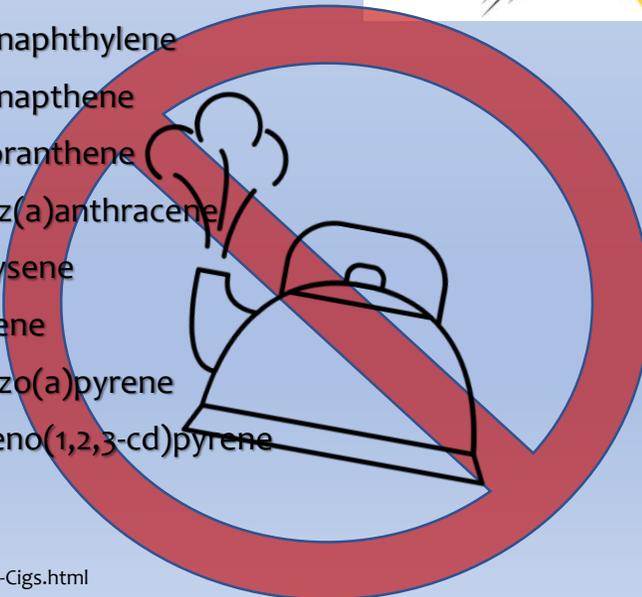
99% of e-cigarettes sold in U.S. convenience stores, supermarkets and similar outlets in 2015 contained nicotine

Dispelling Misperceptions: It's a Harmless Vapor

IT'S NOT A VAPOR, IT'S AN AEROSOL

- Propylene glycol
- Glycerol
- Flavorings
- Nicotine
- NNN
- NNK
- NAB
- NAT
- Ethylbenzene
- Benzene
- Xylene
- Toluene
- Acetaldehyde
- Formaldehyde
- Naphthalene
- Styrene
- Benzo(b)fluoranthene

- Benzaldehyde
- Valeric acid
- Hexanal
- Fluorine
- Anthracene
- Pyrene
- Acenaphthylene
- Acenaphthene
- Fluoranthene
- Benz(a)anthracene
- Chrysene
- Retene
- Benzo(a)pyrene
- Indeno(1,2,3-cd)pyrene

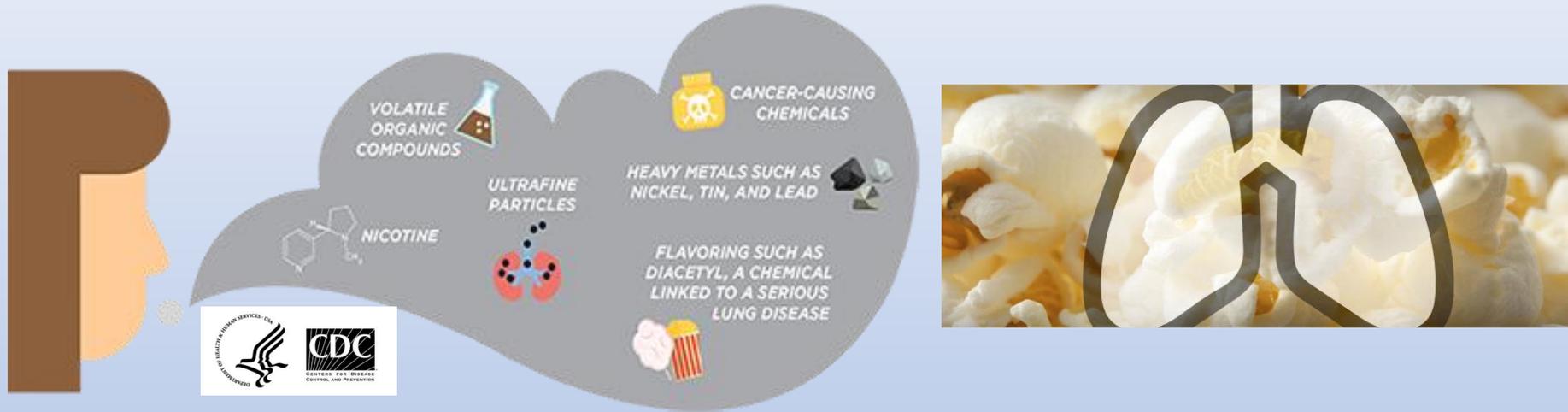


- Silver
- Nickel
- Tin
- Sodium
- Strontium
- Barium
- Aluminum
- Chromium
- Boron
- Copper
- Selenium
- Arsenic
- Nitrosamines,
- Polycyclic aromatic hydrocarbons
- Lead
- Magnesium
- Manganese
- Potassium
- Titanium
- Zinc
- Zirconium
- Calcium
- Iron
- Sulfur
- Vanadium
- Cobalt
- Rubidium



Popcorn Lung

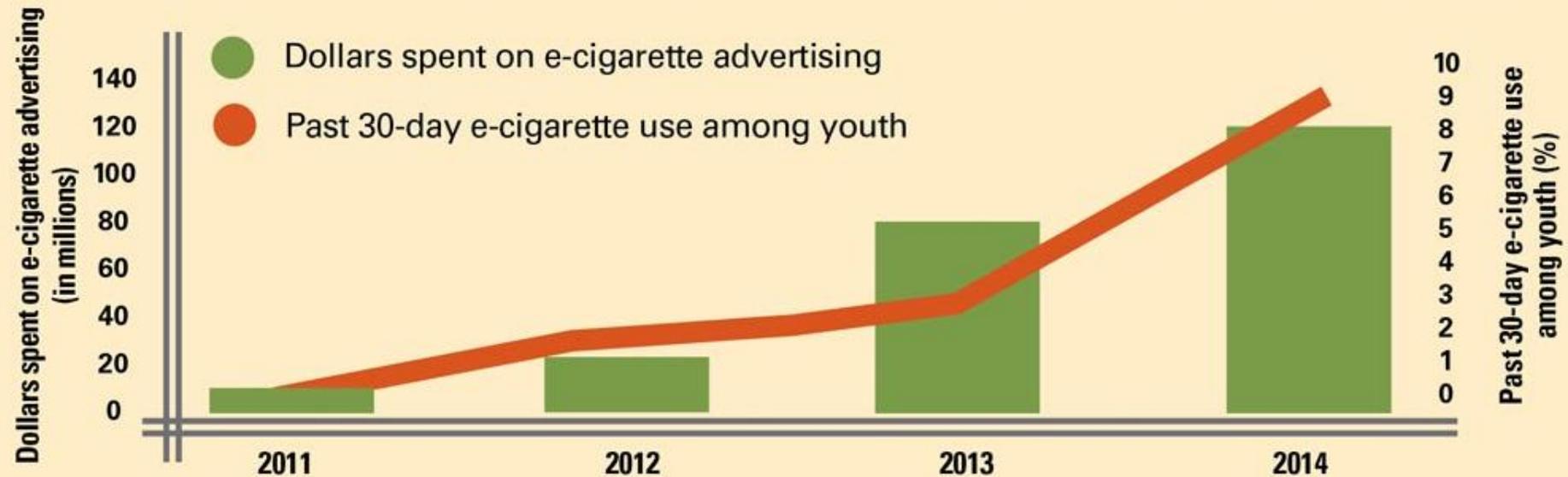
A perfect recipe of flavor and aerosol



- Popcorn factory employees who were always tired, wheezing, and out of breath were diagnosed with bronchiolitis obliterans, or more commonly known as, “popcorn lung.”
- “Popcorn lung” is a serious lung disease that causes coughing, wheezing and shortness of breath.
- It is caused by diacetyl – the chemical giving popcorn it’s ‘buttery’ flavor.
- While major popcorn manufacturers removed diacetyl from their products, it is **still found in combustible cigarettes and e-cigarette flavorings and aerosol.**

Marketing Appeal of ENDS to Youth

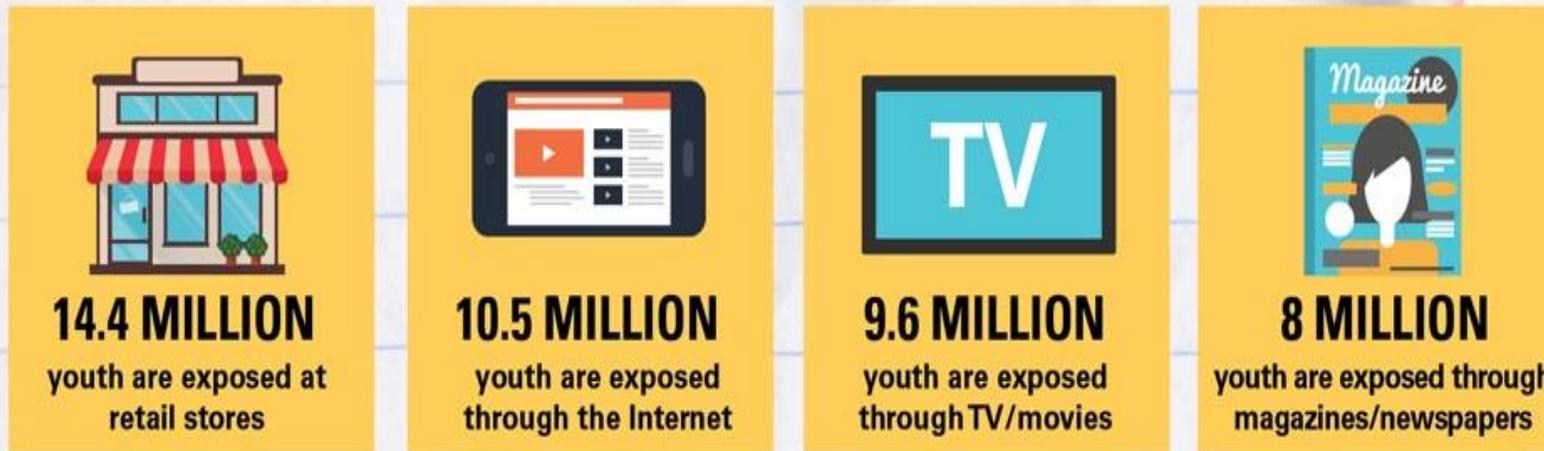
E-cigarette use among youth is rising as e-cigarette advertising grows



SOURCE: National Youth Tobacco Survey, 2011-2014; Kim et al (2014), Truth Initiative (2015).

Youth are exposed to e-cigarette advertisements from multiple sources.

Sources of e-cigarette advertisement exposure



71% of high school youth have been exposed to some type of e-cigarette advertising.

Recall of e-cigarette advertisements at point-of-sale and on the Internet

Significantly Associated with Adolescent e-cigarette susceptibility and use

Need to minimize adolescent exposure to these advertisements

Marketing Appeal: Social Media



#vapetricks
 #Juulvapor
 #doitforjuul
 #juulmemes



VGOD Vape Trick Tutorials: How To Bow-Tie Split
 Official VGOD • 330K views • 9 months ago
 Visit our homepage at: <https://officialvgod.com> Join @BrandonVGOD In Learning How To Do The Bow-Tie Split! Subscribe, Like, &



VGOD Vape Trick Tutorials: How To Jellyfish
 Official VGOD • 631K views • 9 months ago
 Visit our homepage at: <https://officialvgod.com> Join @Vajohnny2_VGOD In Learning How To Do The Jellyfish! Subscribe, Like, &



ohmmyjosh • Follow
 MR. Sauce

ohmmyjosh I usually don't like apple flavors. but this apple fritter by @vangobakery_eliquid is fire 🍏 Also in love with the Aegis kit from @geekvapetech this device is waterproof 🤖🤖 Cop yourself both of these and you won't be disappointed 😊

..m.faridx_ NICE PICTURE BROO
 http_blaire_dick Damn boi
 dchud_alc Get it Josh!

ohmmyjosh #VGOD #smoketricks #vapetricks #vapenation #vapefam #tricklyfe #Dripclub #vaping #vape #vapelove #instavape #teamcoolsmoketricks #vapejuice #vapemalaysia #indovape #vapeindonesia #vapecommunity #musically #instavaperz #instagood #subohm #vapedaily

3,840 likes
 1 DAY AGO



Adam Katz
 @adam_katz14

Admin: No vaping or juuling in the bathrooms
 Every student: nO VaPiNg Or JuUliNg iN ThE BatHrOomS
 11:42 AM - May 11, 2017
 60 21 people are talking about this

Marketing Appeal: Social Media



Marketing Appeal: Celebrity Sponsorships



Cardi B at a Swisher Sweets Pack Night Event in New Orleans, LA, December 29, 2017

Photo Source: Truth Initiative



DJ Khaled featuring KandyPens in "I'm the One" music video, April 2017



Bella Hadid tweeting about Dave Chappelle's JUUL use during his Netflix special – January 2018

MMA Fighter Brian Foster sponsored by VaporFi



7 year old beauty pageant contestant sponsored by vape company in the UK



Marketing Appeal: Personalized and Compact



Marketing Appeal: Flavors, Flavors, Flavors



Once In A Blue Moon By Kind E Juice



I Love Watermelon Candy E Juice (60mL)



I Love Rainbow Candy E Juice (60mL)



Lava Flow E-Juice By Naked 100



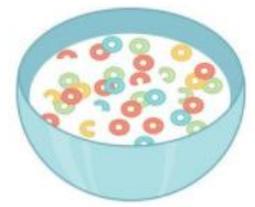
Banana Milk By Moo E Liquids



Meteor Milk E Juice By Space Jam



Candy
578 Products



Cereal
164 Products



Custard
135 Products



Dessert
1230 Products



Donut
63 Products



Fruit
1937 Products



Menthol
199 Products

SUGARCOATING ADDICTIVE PRODUCTS: FROM CIGARETTES TO CIGARS TO VAPES



Don't Fall for the TRAP

If offered by a friend, adolescents (ages 13-17) were more likely to try menthol-flavored, candy-flavored, or fruit-flavored e-cigarettes



Source: <https://e-cigarettes.surgeongeneral.gov/getthefacts.html>



Trademark Flavor Exploitation



HEALTH NEWS JANUARY 30, 2018 / 2:08 PM / 3 MONTHS AGO

Wrigley lawsuit: Don't use Starburst, Skittles to sell e-cigarette liquid

Jonathan Stempel

2 MIN READ



(Reuters) - The chewing gum and candy company Wm Wrigley Jr Co said in a new lawsuit that a seller of e-liquid for electronic cigarettes should stop trading off its Starburst and Skittles brands in its marketing.

In a complaint filed on Monday in Chicago federal court, Wrigley accused Get Wrecked Juices LLC of infringing its trademarks and causing unspecified damages by selling "Pink Starburst" and "Skeetlez" e-liquid in colorful advertising.

The unit of privately-held Mars Inc said this included the depiction of a pink square resembling Starburst, and colored round "lentils" imprinted with the letter S resembling Skittles.

Wrigley Beats Vape Co. In Starburst, Skittles Flavors TM Row

By Bonnie Eslinger

Share us on:

Law360 (April 13, 2018, 4:08 PM EDT) -- An Illinois federal judge Thursday handed Wrigley's a quick win in its trademark suit against a no-show e-cigarette company that it claimed marketed flavors exploiting the Starburst and Skittles names, saying the Lanham Act violations of Get Wrecked Juices LLC were "willful, intentional and deliberate."

W.M. Wrigley Jr. Co. sought default judgment against Get Wrecked and its purported owner, Brian Edward Turner, after the defendants didn't respond to the candy maker's **January complaint**.

On Thursday, U.S. District Judge John Z. Lee sided with Wrigley, finding that Get Wrecked violated the Lanham Act, along with Illinois statutes. As a result, Judge Lee ordered Get Wrecked to stop using the Starburst and Skittles trademarks and trade dress for the sale and marketing of its products. The ban includes "any colorable imitation or simulation" of the Wrigley confections, including the vaping company's Skeetlez product, the judge said.



MARYLAND
Department of Health

FTC and FDA Take Action Against Flavored Products

FDA News Release

FDA, FTC take action against companies misleading kids with e-liquids that resemble children's juice boxes, candies and cookies

Warning letters are part of joint effort to protect youth from dangers of nicotine and tobacco products and part of FDA's new Youth Tobacco Prevention Plan

[f SHARE](#) [TWEET](#) [LINKEDIN](#) [PIN IT](#) [EMAIL](#) [PRINT](#)

For Immediate Release

May 1, 2018

Release

As part of ongoing efforts to protect youth from the dangers of nicotine and tobacco products, today the U.S. Food and Drug Administration and the Federal Trade Commission (FTC) [issued 13 warning letters](#) to manufacturers, distributors, and retailers for selling e-liquids used in e-cigarettes with labeling and/or advertising that cause them to resemble kid-friendly food products, such as juice boxes, candy or cookies, some of them with cartoon-like imagery. Several of the companies receiving warning letters were also cited for illegally selling the products to minors.



E-liquid



Food product



E-liquid



Food product



E-liquid



Food product

Toxic Levels of Nicotine in Pretty Packages

Maryland Poison Center Data

- 123 e-cigarette device and liquid nicotine cases 2015-2017
- 64% children under six years old



A 2016 study found that **over half** of the labels on e-cigarette liquid nicotine **did not accurately reflect the levels of nicotine** found in the products.

Actual nicotine levels in some products were 172% higher than labeled.

Why Youth Say they Vape... and Why They Don't

The belief that e-cigarettes are less harmful than other forms of tobacco, such as cigarettes (17%)

The availability of flavors, such as mint, candy, fruit or chocolate (31%)

Because a friend or family member used them (39%)

“Yeah. I think it kind of sells itself. Because like when you're smoking it, it just looks cool. Like, it has a lot of effect. It's like hookah times two.”

“Smell is huge... because you don't smell like smoke. I could vape in my room and get away with it.”

Parental Disapproval

Cost

Minor Health Effects

Product Challenges/Learning Curve

Product Quality

Logistical Challenges

- *Communicate to teens how you feel about the behavior.*
- *Set the bar high.*
- *Let them know how upset you would be if something happened to them.*

The Next Wave ...



PRODUCT AWARENESS: JUUL aka “JUULing”

‘Juuling’: The most widespread phenomenon you’ve never heard of



SUZANNE KREITER/GLOBE STAFF

A Juul e-cigarette for sale at Fast Eddie's Smoke Shop. Shoppers must be 21 years of age.

By [Beth Teitell](#) | GLOBE STAFF NOVEMBER 16, 2017

YOUR HEALTH

Teenagers Embrace JUUL, Saying It's Discreet Enough To Vape In Class

December 4, 2017 · 11:58 AM ET



New E-Cigarette Popular Among Kids, Easy To Conceal From Parents

By [Jon Delano](#) December 13, 2017 at 12:06 am



MEN'S FITNESS

Training Nutrition Women Lifestyle Videos More -

TECHNOLOGY

Pax Juul: The iPhone of E-cigs?

The startup behind one of the most popular vaporizers in the world has made an e-cigarette.

USNews

NEWS Sections Opinion Photos Best Countries Best States Healthiest Communities The Report

HOME / NEWS / HEALTH CARE NEWS

Study: Potentially Toxic Level of Metals Found in E-Cigarettes

Researchers found chemicals in e-cigarettes that can lead to cancer and brain damage.

By [Alexa Lardier](#), Staff Writer Feb. 23, 2018, at 8:52 a.m.



HEALTH • PUBLIC HEALTH

Teens Are 'Juuling' At School. Here's What That Means

March 27, 2018



The Juul, a trendy vape that resembles a flash drive and can be charged in a laptop's USB port, accounted for 33% of the e-cigarette market as of late 2017, according to



MARYLAND
Department of Health

Marketing Appeal: Discreet, Flavored, Affordable



A Juul starter kit comes with the device, a charger and four pods of a flavored 5% nicotine solution. CREDIT: Juul Labs PHOTO: JUUL



JUULpod 4-Pack: Flavor Multipack

\$15.99

Four flavors in one JUULpod pack: Cool Mint, Virginia Tobacco, Creme Brulee and Fruit Medley.

QTY

ADD TO CART



MARYLAND
Department of Health

Marketing Appeal: Discreet, Flavored, Affordable

FLAVOR OPTIONS

<p>Mango LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Cool Mint LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Virginia Tobacco LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Cool Cucumber LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>
<p>Classic Menthol LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Fruit Medley LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Crème Brûlée LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>	<p>Classic Tobacco LEARN MORE</p>  <p>- 0 +</p> <p>ADD TO CART</p>



LIMITED EDITION: *BLUSH GOLD DEVICE KIT*

FINE PRINT

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AGE RESTRICTED PRODUCT. NOT FOR SALE TO MINORS.

Warning:

This product contains nicotine. Nicotine is an addictive chemical.

CALIFORNIA PROPOSITION 65 WARNING:

This product contains chemicals known to the state of California to cause cancer and birth defects or other reproductive harm.

JUULs and Nicotine

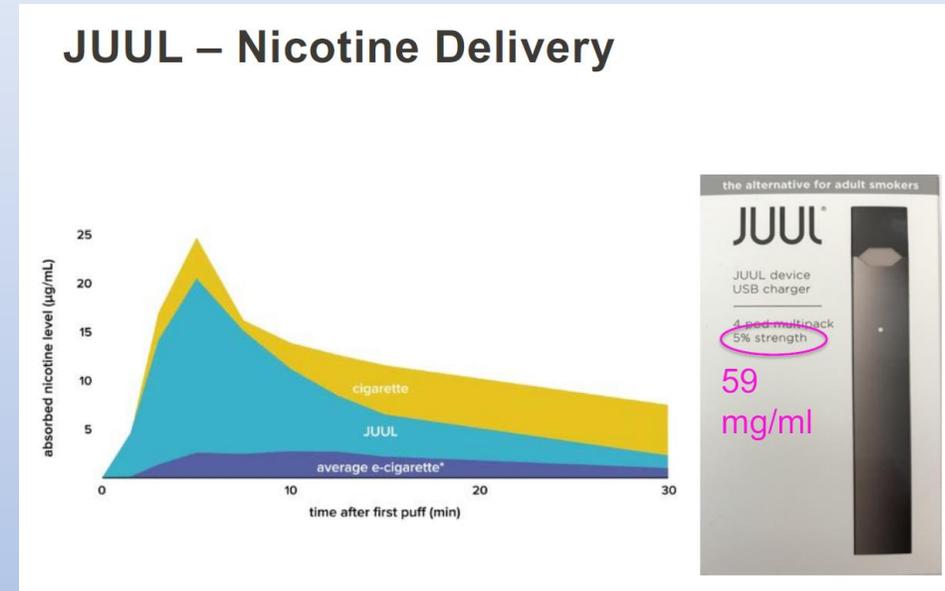
JUULs contain nicotine

JUULs have a higher nicotine content than most e-liquids

1 JUULpod = 1 pack of cigarettes

A product like JUUL, with nicotine salts ...

- ✓ Can mask the harshness of the high nicotine concentration with flavors.
- ✓ May hook new users more easily, including those who have never smoked.



What makes JUUL unique?

“We accommodate cigarette-like strength nicotine levels via JUULsalts™ ...”

Why is JUUL vapor intensely satisfying?

“By regulating ... our proprietary JUULsalts™ flavor formula...”

Dispelling Myths and Misperceptions

TC Online First, published on April 18, 2018 as 10.1136/tobaccocontrol-2018-054273

Research letter

Recognition, use and perceptions of JUUL among youth and young adults

BACKGROUND

In recent years, use of electronic nicotine delivery systems (ENDS) has drastically increased, exceeding the prevalence of combustible tobacco use among youth in the USA.¹ ENDS products are heavily

salts extracted from tobacco leaves, rather than the 'freebase formulations'⁸ of nicotine used in other ENDS, PAX Labs claims JUUL provides a nicotine concentration comparable with a traditional cigarette and delivers nicotine 1.25–2.7 times faster than competing ENDS. Since its introduction in early 2015, JUUL has experienced tremendous growth in market share. As of 24 February 2018, JUUL represented an astonishing 49.6% dollar share and 31.1% unit share of the ENDS market.⁹ With such rapid emergence into the ENDS

for those who responded affirmatively, asked what people their age call the device and how they describe the use of the device. Respondents who recognised JUUL were also asked about their ever and past 30-day use. Survey items also assessed respondents' perceptions regarding the nicotine content of JUUL. The following demographic characteristics were also measured: age, gender, race/ethnicity and perceived financial situation (live comfortably, meet needs with a little left over, just meet basic expenses, don't meet basic

Only 25% of individuals who recognized the product reported that JUUL always contains nicotine.
Tobacco Control
April 2018

“Personally, I don't think I'm extremely addicted now, but there was a time when **I could get a little anxious if I didn't have it on me or I hadn't used it in a few hours ...**”

“I don't think I'm addicted, **but I do Juul probably every day,**” ...
“I go through probably a pod every week and a half to two weeks.”

63%

OF JUUL USERS
DON'T KNOW THAT
THE PRODUCT
ALWAYS CONTAINS
NICOTINE.

Rise in Popularity: JUUL Labs Expansion

The image displays three overlapping screenshots of job listings from JUUL Labs. Each listing includes the company logo, the job title, location, and a brief description of the role and company mission. The first listing is for a Director of State Affairs in Washington, D.C. The second is for a Director of Youth Prevention and Outreach in San Francisco, CA. The third is for a Government Affairs & Public Relations Director in Tel Aviv, Israel. Each listing also features a 'Save' and 'Apply' button.

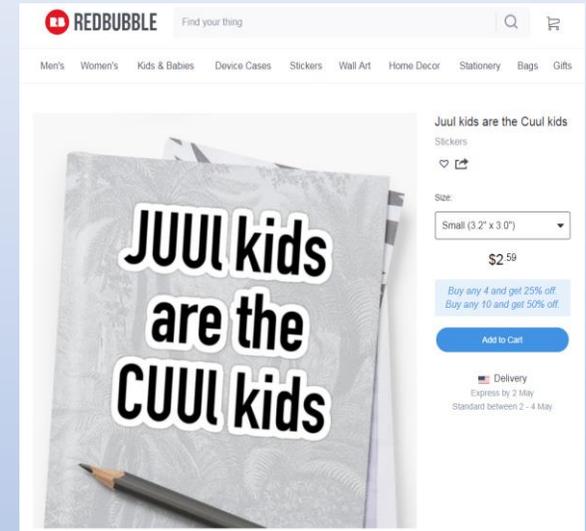
Job 1: Director, State Affairs
JUUL Labs
Washington, D.C., DC, US
Posted 54 days ago · 185 views

Job 2: Director of Youth Prevention and Outreach
JUUL Labs
San Francisco, CA, US
Posted 157 days ago

Job 3: Government Affairs & Public Relations, Israel
JUUL Labs · Tel Aviv, IL
Posted 6 days ago · 688 views

Late 2017,
JUUL sales
represented
1/3 of e-
cigarette
market at
\$225,000,000

Vape and JUUL Merchandising



JUUL 101: Available for all ages, at no cost on Youtube



juul party mode (stays in party mode)

188,570 views

893 likes

23 comments



Mini Vape Contest Bailey VS Jasmine

27,774 views

240 likes

15 comments

SHARE

...



Easily Refill Your Juul Pods! How to Refill a Juul Pod Tutorial

Sherlock Hometown Hero • 165K views • 3 months ago

Stop wasting money buying JUUL Pods!!! In this video I teach you how to refill them with your favorite mtl/ pod system juice!

4:09



PHIX & JUUL VAPE TRICKS FOR BEGINNERS! (HOW TO)

Garlatta Productions • 79K views • 3 months ago

Today i show you guys how to do some beginner vape tricks for the Juul or Phix! i Hope this helps you guys out! DROP A LIKE!

5:01



quick beginner juul tricks

Juul Army • 156K views • 3 months ago

Check out Juul Pod giveaway in this video!! Read Description! <https://www.youtube.com/watch?v=0V0xddk9584> ...

10:47



Best Places To Hide Your Vape And Not Get Caught

Jada Ann • 103K views • 6 months ago

I really hope you guys enjoy this video I know this video was a little different than what I usually post but I want to be guys ...

3:08



30 Second Juul Challenge *extreme nic buzz*

48,831 views

522 likes

121 comments

SHARE

...

On Trend: New USB-like Products

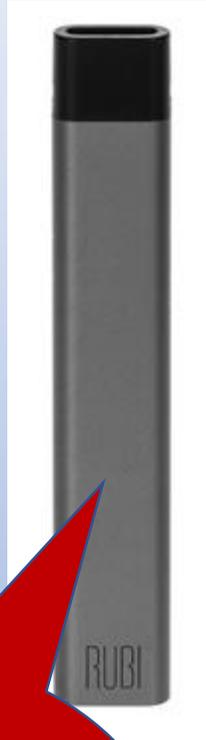


Bo One

"This pod vape is perfect for the new vaper who doesn't want anything too complicated."

Also, great to have as a backup stealth vape."

"It looks like your typical pod vape, but it puts out a bigger cloud than most. The best part is the freedom to use any e-liquid of your choice."



Kandypens
RUBI



MLV Phix

"It is perfect for beginners who are new to vaping."

It can also be used as a backup for vapers who need a portable solution when they are traveling."



Cue Vapor System

"... utilizes cCell ceramic coils which helps to produce awesome flavor."



THE PROMISE OF VAPING AND THE RISE OF JUUL

Teens have taken a technology that was supposed to help grownups stop smoking and invented a new kind of bad habit, molded in their own image.

- *“Smoking is gross ... Juuling is really what’s up.”*
- *“JUUL has been defined by Instagram and Snapchat.”*
 - *Referring to a popular video, “I know one of the girls in that video!” a high school girl in Maryland told me. It was a huge deal at my school.*
 - *“Dealers will announce on Snapchat that they bought 100 of them ... and they’ll write the meeting place for kids to show up with cash.”*
- *“I’m always surprised when I see an adult with a JUUL ... it’s sort of like seeing my Grandma with an Alexa.”*



Health Groups File Suit to Expedite FDA Review of E-Cigarettes, Cigars



Health Groups File Suit to Expedite FDA Review of E-Cigarettes, Cigars

Delay in Product Reviews Violates Law and Keeps Kid-Friendly Tobacco Products on the Market for Years, Lawsuit Asserts

March 27, 2018

WASHINGTON, D.C. – Seven public health and medical groups, and several individual pediatricians, filed suit today in federal court in Maryland challenging a U.S. Food and Drug Administration (FDA) decision that allows electronic cigarettes and cigars – including candy-flavored products that appeal to kids – to

Tobacco products that appeal to kids remain on the market

Deprives the FDA and the public of critical information about the health impact of products already on the market

Relieves manufacturers of the burden to produce scientific evidence that their products have a public health benefit.



MARYLAND
Department of Health

What are Maryland Laws for ENDS? – SCHOOLS

- **Statewide Law (MSDE)**

- The sale or use of tobacco in any form (including ENDS) is prohibited in school buildings at all times.
- In addition, the sale or use of tobacco in any form is prohibited on school grounds during the official school day.

- **Expanded Local Laws**

- The sale, use, or possession of tobacco in any form by students is prohibited in all Baltimore County Public Schools, in school system buildings, on school grounds, and at any school-sponsored activity. – Baltimore County
- The use or possession of any tobacco product or electronic cigarettes by students on school property and school busses at all times or at school-sponsored events. – Cecil County



“They can pin them on to their shirt collar or bra strap and lean over and take a hit every now and then, and who’s to know?”

The New York Times,
4/2/18

The problem has become widespread at their co-ed, religious school in New York, and administrators have listed it on announcements of banned substances, “no smoking, no drinking, no vaping,” said the two students, who asked not to be identified for fear of reprisals.

The Washington Times

April 1, 2018

“But vaping isn’t JUULing,” C. said. “JUULing is more intense.”

What are Maryland Laws for ENDS? – LICENSE/SALES



- Retailers selling cigarettes, other tobacco products, or ENDS must be licensed to do so.
- Selling or distributing tobacco products or ENDS without the appropriate licensure is a criminal misdemeanor subject to a fine up to \$1,000, and/or imprisonment up to 30 days.
- Tobacco products, including ENDS may ONLY be sold to individuals age 18 or older.
- Retailers MUST check photo ID of everyone under age 27 who attempts to purchase any tobacco product, including ENDS.
- Federal, state, and local fines exist for selling tobacco products to minors – as high as \$11,000.



Youth Access and Youth Use

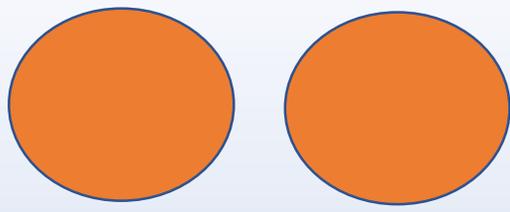


April 4, 2018

“I’ve had customers who just turned 18 and bought a bunch of Juuls,” presumably to distribute or sell to younger friends, says Alexander Terc, a sales associate at the Noon, a smoke shop in Silver Spring, Md. “We can’t stop them from buying a bunch.”

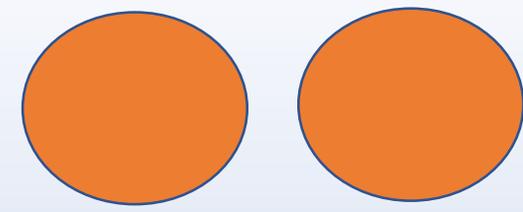


MARYLAND
Department of Health



Underage JUUL Use

National TRUTH Study April, 2018



- Those who “used in past 30 days” were asked how they obtained or got the JUUL devices.
 - ✓ 74% reported a physical retail location
 - ✓ 52% reported social sources
 - ✓ 6% reported Internet
- Of youth who attempted online purchases of JUUL, 89% were able to successfully purchase through this method.
- 30% had ever used marijuana with JUUL



Addressing JUUL Use in Schools

Vaping Prompts Maryland School To Remove Bathroom Doors

By Pat Warren April 23, 2018 at 4:22 pm Filed Under: Local TV, vaping



Watch & Listen LIVE

“Everyone does it ... every time I go in the bathroom there’s someone doing it.”

FOLLOW US



BALTIMORE (WJZ) – An Anne Arundel County high school has taken a unique approach to dealing with teens smoking in the bathrooms: It took off the bathroom doors.



MARYLAND
Department of Health

Addressing JUUL Use in Schools



THE NEW YORK TIMES, April 2, 2018

"...asked the school nurse about getting...nicotine gum or a patch, to help him get through the school day without violating the rules prohibiting vaping."

"...shut down all but two bathrooms... considering installing vaping detectors in bathrooms."

"With so many students caught multiple times, some schools have moved from punishment to intervention, requiring students caught vaping to receive counseling or substance abuse treatment."

"They don't want to be kicked out of school...and they don't want to have a bad relationship with their parents. They continue to use because it's an addiction."

"...asked if she could stand at the back of the class and shake her foot when she started to feel the twitch to vape."



Prevention Efforts?

Ashley Gould, chief administrative officer at Juul Labs, says that the product was created by two former smokers specifically and solely to help adult smokers quit, and that the company has numerous anti-youth-use initiatives in place because “we really don’t want kids using our product.” Gould also notes that Juul uses age authentication

Time, 3/27/18

“I don’t think any tobacco or nicotine delivery device company should be doing their own prevention work,” said Bonnie Halpern-Felsher, Ph.D., a developmental psychologist and pediatrics professor at Stanford University School of Medicine.

Ms. Halpern-Felsher said the flavors of JUUL products are huge draws for teens and that the FDA should ban all flavored tobacco products.

“The comparison is e-cigarette or JUUL versus nothing,” said Ms. Halpern-Felsher, whose research focuses on understanding and reducing health risks among youths related to tobacco, alcohol, drugs and other risk-seeking behavior. “A lot of the youths who are using e-cigarette or JUULs never intended on smoking. So it’s not a harm-reduction conversation that a lot of people are trying to make this. This is an initiation of any tobacco product.”

Washington Times, 4/1/18

JUUL

JUUL Labs Announces Comprehensive Strategy to Combat Underage Use

Company Will Support State and Federal Initiatives to Raise Minimum Purchase Age to 21+ and Work with a Group of Public and Tobacco Control Officials as Part of \$30 Million Initiative

SAN FRANCISCO (April 25, 2018) - Building on its existing youth prevention and education programs, JUUL Labs today announced it will take additional decisive action by actively supporting state and federal initiatives to raise the minimum age to 21+ to purchase tobacco products as part of an initial investment of \$30 million over the next three years dedicated to independent research, youth and parent education, and community engagement efforts.

JUUL Labs has seen significant success in its efforts to enable adult smokers to transition from cigarettes and also recognizes that young people have become aware of and gained access to its products. The company is committed to combating underage use of its products and engaging with the U.S. Food and Drug Administration (FDA), members of Congress, local and state officials and members of the public health community on this important issue.

JUUL Labs will work with Tom Miller, the Iowa Attorney General, and a group of public officials and tobacco control individuals he will assemble to continue strengthening existing initiatives and new efforts to keep JUUL out of the hands of young people. In addition, Attorney General Miller and the same group will work with JUUL Labs to develop a transparent and effective framework for independent research focused on the scientific and societal implications of vapor products.

“Our company’s mission is to eliminate cigarettes and help the more than one billion smokers worldwide switch to a better alternative,” said JUUL Labs Chief Executive Officer Kevin Burns. “We are already seeing success in our efforts to enable adult smokers to transition away from cigarettes and believe our products have the potential over the long-term to contribute meaningfully to public health in the U.S. and around the world. At the same time, we are committed to deterring young people, as well as adults who do not currently smoke, from using our products.”

“Our company’s mission is to eliminate cigarettes and help the more than one billion smokers worldwide switch to a better alternative,” said JUUL Labs Chief Executive Officer Kevin Burns. “We are already seeing success in our efforts to enable adult smokers to transition away from cigarettes and believe our products have the potential over the long-term to contribute meaningfully to public health in the U.S. and around the world. At the same time, we are committed to deterring young people, as well as adults who do not currently smoke, from using our products.”

Looking to shop? Head to JUULvapor.com →

JUUL: Significant Concerns

TOBACCO
PREVENTION
TOOLKIT

STANFORD
UNIVERSITY

tobaccopreventiontoolskit.stanford.edu

© Stanford University

Health

CDC Guidance on USB-shaped E-cigarettes

Released 4/12/18

TOBACCO INDUSTRY-SPONSORED YOUTH PREVENTION PROGRAMS IN SCHOOLS

CDC OFFICE ON SMOKING AND HEALTH

THE BOTTOM LINE

APRIL 2018

Tobacco industry-sponsored school-based tobacco prevention programs are ineffective and may promote tobacco use among youth. Despite this evidence, the tobacco industry, including e-cigarette product makers, continue to engage in school-based youth tobacco prevention initiatives. Because the presence of the tobacco industry in school settings may increase the likelihood of youth tobacco product initiation, it is critical that public health and school-based efforts to prevent youth tobacco product use remain independent of tobacco industry influences.

The 2012 Surgeon General's Report documents the ineffectiveness of tobacco industry-sponsored youth prevention programs.

The 2012 Surgeon General's report, *Preventing Tobacco Use Among Youth and Young Adults* (2012 SGR), reviewed tobacco industry-sponsored youth prevention initiatives in depth, including school-based programs. It found that "the tobacco industry's youth smoking prevention activities and programs have not provided evidence that they are effective at reducing youth smoking. Indeed, unpublished internal industry documents available to the public because of litigation, and published academic studies, indicate that they are ineffective or serve to promote smoking among youth."¹

Industry-sponsored youth prevention programs are intended to promote positive attitudes toward the industry. According to the 2012 Surgeon General's Report:

- "The industry uses [youth prevention] efforts to convey to the public, policymakers, judges, and members of juries that it is doing something substantial about the issue of youth's tobacco use. In this way, the programs serve to promote positive attitudes about the tobacco industry. Such positive attitudes could help to limit the industry's legal liability and make it easier for its views to be heard on legislative issues."¹
- Products "provided to students by the tobacco industry, as well as other industry-sponsored efforts with the stated purpose of preventing youth tobacco use, could create favorable impressions of the sponsoring tobacco companies among young people, their parents, or others in the community."¹
- In contrast, "a substantial body of research has demonstrated that anti-tobacco industry attitudes reduce the likelihood of future initiation of smoking among youth and young adults."¹

School-based prevention programs are most effective when part of a comprehensive approach to reduce and prevent tobacco use.

- The 2012 Surgeon General's Report concluded: "The evidence of effectiveness, containing specific component prevalence of tobacco use among school-aged youth."¹
- Because there is limited evidence of the long-term effect programs may not be fully effective as a stand-alone strategy.^{1,2}
- However, school-based prevention initiatives free of tobacco school grounds policies, can be undertaken in combination with other strategies.^{1,3} These can include:
 - High-impact media campaigns that warn young people
 - Strategies to raise the price of tobacco products,
 - Comprehensive smoke-free air laws that prohibit smoking on school grounds.
- Additional promising youth prevention strategies that are limited to, raising the age of tobacco sales to 21, restrictions on flavored tobacco product sales, and requirements that e-cigarette products be kept behind the store counter or in a locked box.

JUUL Labs, maker of JUUL e-cigarettes, is engaging school principals and youth prevention coordinators in multiple states to share a pilot youth prevention/education program and offering money to schools to test that program. The focus of the pilot program (the "JUUL Program") is to educate, prevent, and/or discourage students from using e-cigarettes and marijuana. The company also says it is developing technological solutions that prevent students from using JUUL products on school grounds.^{5,6}

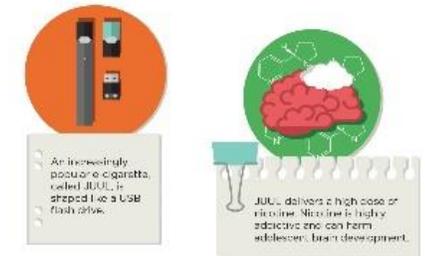
National Center for Chronic Disease Prevention and Health
Office on Smoking and Health



CDC: "Tobacco Industry Sponsored School Based Tobacco Prevention Programs are INEFFECTIVE and may PROMOTE TOBACCO USE among youth."



TEACHERS AND PARENTS:
That USB Stick Might Be an E-cigarette



LEARN MORE about the risks of e-cigarettes for youth and access tips for talking to youth at:
<https://e-cigarettes.surgeongeneral.gov/resources.html>



Addressing the Problem: Recent Action

FDA Statement

Statement from FDA Commissioner Scott Gottlieb, M.D., on new enforcement actions and a Youth Tobacco Prevention Plan to stop youth use of, and access to, JUUL and other e-cigarettes

f SHARE t TWEET in LINKEDIN p PIN IT e EMAIL p PRINT

For Immediate Release

April 24, 2018

Statement

- FDA cites 40 retailers for violations related to youth sales of JUUL e-cigarettes
- Agency announces a new blitz of retail establishments targeting youth sale violations
- Agency takes new action to examine youth appeal of JUUL
- Agency takes steps to foreclose online sales of JUUL to minors
- These are the first steps in a new effort aimed at stopping youth use of e-cigarettes

Protecting our nation's youth from the dangers of tobacco products is among the most important responsibilities of the U.S. Food and Drug Administration – and it's an obligation I take personally. We recognize that if the FDA is to end the tragic cycle of successive generations of nicotine and tobacco addiction, we must take every opportunity to disrupt that process where it starts: youth access to and use of tobacco products.

That's why, as part of our [comprehensive plan](#) announced in July, we're pursuing a

Warning Letters Issued to Retailers for Selling JUUL to Minors

f SHARE t TWEET in LINKEDIN p PIN IT e EMAIL p PRINT

These 40 retailers received warning letters from the FDA Center for Tobacco Products for selling e-cigarettes – specifically JUUL products – to minors. FDA issued these [warning letters](#) (PDF) in April 2018 as part of a concerted effort to ensure youth are not able to access these products.

Retailer	Address	City	State	Zip
3 D's Convenience Store	88 Point Judith Road	Narragansett	RI	02882
7-Eleven 27643	501 East Street	Frederick	MD	21701
7-Eleven	951 Brock Avenue	New Bedford	MA	02744
7-Eleven	1511 East Little Creek Road	Norfolk	VA	23518



MARYLAND
Department of Health

April 24, 2018

Truth Initiative Recommends: Five Things The FDA Should Do About JUUL E-Cigarettes

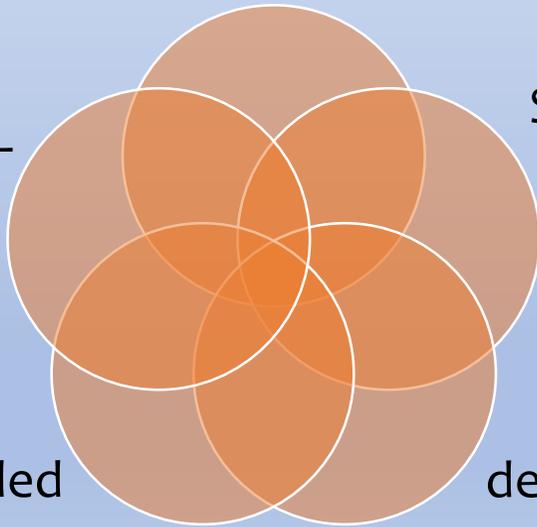
Order the removal of certain JUUL flavors

Suspend internet sales of JUUL

Reverse the decision to delay e-cigarette regulation

Order the removal of JUUL look-alikes

Prohibit branded merchandise



Voluntary Steps by Juul Are Not a Substitute for Effective FDA Regulation

Statement of Matthew L. Myers, President, Campaign for Tobacco-Free Kids
April 25, 2018

WASHINGTON, D.C. – The voluntary steps announced today by Juul Labs are not a substitute for effective FDA regulation of Juul e-cigarettes and all tobacco products. History has shown over and over again that voluntary action by tobacco manufacturers doesn't work. It is not a substitute for effective government regulation of the manufacturing, marketing and sale of tobacco products to protect public health and keep kids from using them.

The popularity of Juul with kids is due in part to how the product was designed and marketed, but it is also a result of the FDA's failure and delay in enforcing critical regulations. Other manufacturers are already



MARYLAND
Department of Health

Flavors Hook Kids

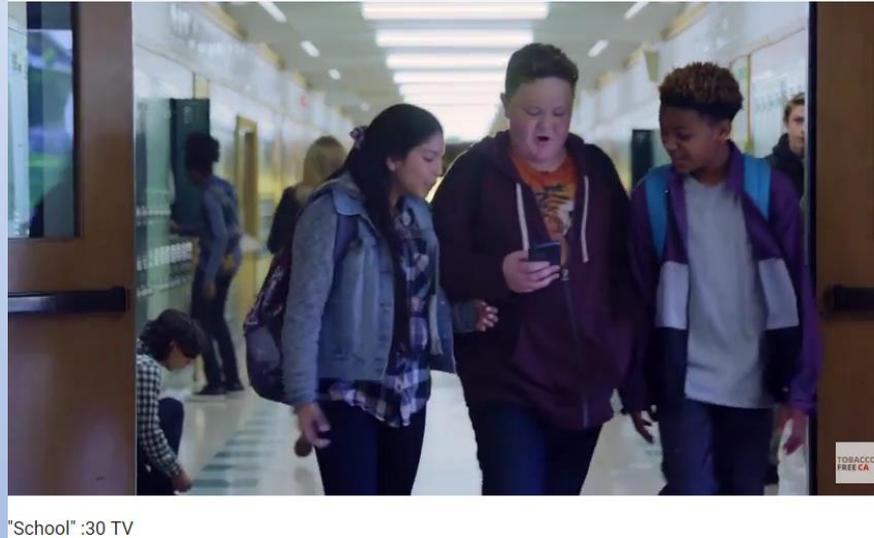
Campaign from California

THIS IS NOT APPLE JUICE.

What is it?



The tobacco industry has a kids menu.

it's flavored tobacco.



The tobacco industry has a kids menu.




THE TOBACCO INDUSTRY HAS A KIDS MENU.

4 5



UNICORN POOP IS A TOBACCO FLAVOR.

The less dangerous tobacco seems to teens, the more they use it.

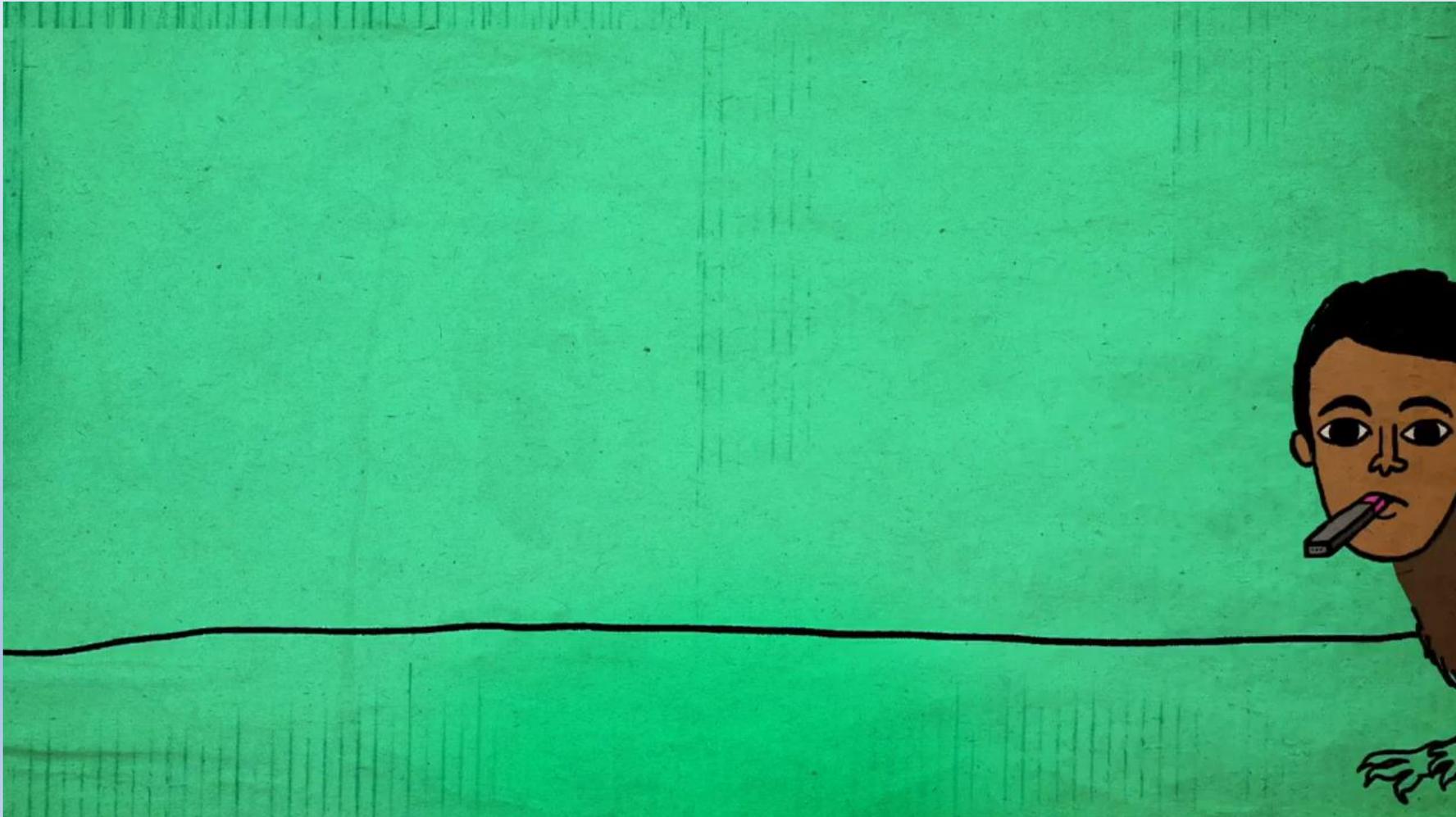
ADDITION IS NOT A PHASE. FlavorsHookKids.org

Prevention Campaigns from DE and ME



ROUGH CUT: MDH Youth Vape Prevention Campaign

The Vape Experiment



MARYLAND
Department of Health

{ Don't let your future
go up in smoke }



One in three **youth** smokers will eventually die from tobacco-related disease.

You can quit.

The Maryland Tobacco Quitline can help.
Call 1-800-QUIT-NOW.



- The *Maryland Tobacco Quitline* has a confidential, specialized cessation protocol for youth 13-17 years of age.
- Free Resources available to order from www.smokingstopshere.com

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go up in smoke }



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Required Corrective Statements

- Tobacco companies must attach corrective statement “onserts” on packs for 12 weeks over 2 years (2 weeks at a time, 3x/year, for 2 years)
- “Onserts” must include information on:
 - Adverse Health Effects of smoking and secondhand smoke
 - Addictiveness
 - Lack of benefit from “low-tar”, “light”, “mild”, “natural”
 - Manipulation of cigarette design and composition
- Must begin implementation by 11/21/18

Tobacco Companies Ordered to Place Statements about Products' Dangers on Websites and Cigarette Packs

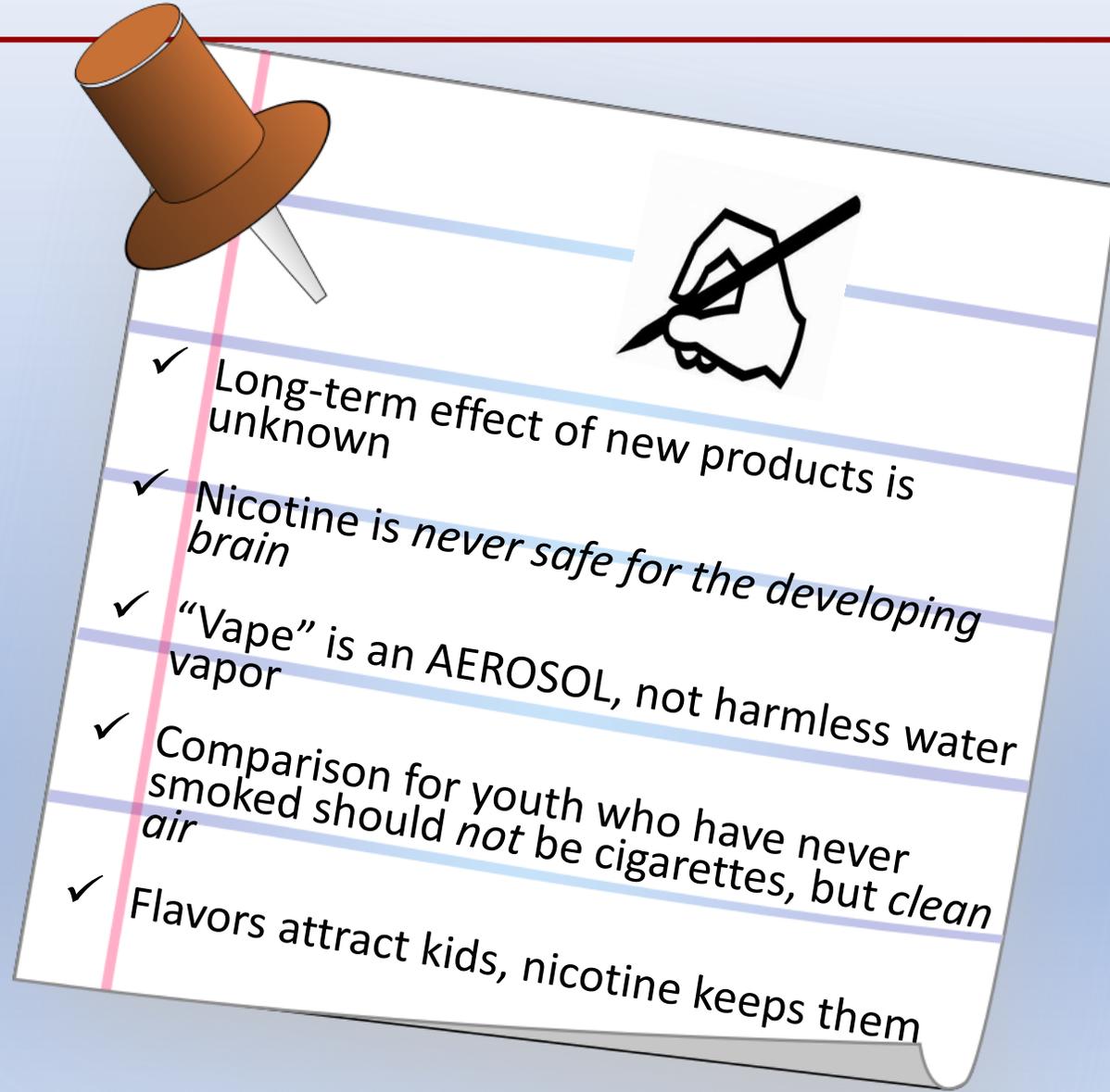
Statement of the American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers' Rights, National African American Tobacco Prevention Network and the Tobacco-Free Kids Action Fund (public health intervenors in the case)

May 01, 2018

WASHINGTON, D.C. – Tobacco companies must soon publish statements on their websites and cigarette

Cigarette packs: The tobacco companies must attach the corrective statements as “onserts” on cigarette packs for a total of 12 weeks over two years (two weeks at a time, three times a year, for two years). They have until November 21, 2018 to begin implementing this requirement.

Key Takeaway Points...



Today's youth are embracing these new products as their own, developing a new habit that fits the image of this generation ... and addicting themselves to nicotine at potentially higher levels than has been seen in decades.



Source: <https://www.youtube.com/watch?v=7EsNG7RcStQ&t=>



dawn.berkowitz@maryland.gov

410.767.2920

- ✓ Long-term effect of new products is unknown
- ✓ Nicotine is *never safe for the developing brain*
- ✓ “Vape” is an AEROSOL, not harmless water vapor
- ✓ Comparison for youth who have never smoked should *not* be cigarettes, but *clean air*
- ✓ Flavors attract kids, nicotine keeps them