

**Interagency Committee on Smoking and Health
Reducing Tobacco Use by Youth and Young Adults
Capital Hilton, Federal AB Rooms
1001 16th Street, NW, Washington, DC 20036
December 16th, 2014, 9:00 a.m. – 4:30 p.m.**

Welcome, Introductions and Housekeeping

Simon McNabb, Senior Policy Advisor, Office on Smoking and Health, Centers for Disease Control and Prevention

Simon McNabb, Designated Federal Official for the Interagency Committee on Smoking and Health, Senior Policy Advisor, Office on Smoking and Health, CDC, welcomed guests to the meeting and reviewed the topic for the meeting –reducing tobacco use among youth and young adults – as well as what it will take to prevent 5.6 million future tobacco-related deaths among today’s children and youth.

The Acting Surgeon General added his welcome and asked ICSH Committee Members to introduce themselves. (See attached list of ICSH members and representatives).

Call to Order and Charge to the Committee

RADM Boris D. Lushniak, MD, MPH, Acting U.S. Surgeon General, Committee Chair

RADM Boris D. Lushniak, MD, MPH, Acting U.S. Surgeon General, welcomed members of the ICSH and public attendees to the meeting. RADM Lushniak discussed the importance of this meeting, and how critical this committee is to public health. He reminded members that the committee’s mission is a bold one - to save lives.

RADM Lushniak informed the committee that the announcement of a new Surgeon General had been released on December 15th, and said the United States will be in good hands with his successor, Dr. Vivek Murthy.

RADM Lushniak thanked the partners at the Legacy Foundation for helping to put on the meeting. He recognized special guest presenter Devan Ogburn and presented her with the Surgeon General’s 50th Anniversary Coin for her work in tobacco cessation efforts in the state of Maryland.

RADM Lushniak began the meeting by discussing new data that will be released by National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA). This survey, Monitoring the Future (MTF), measured drug use and attitudes among 8th, 10th, and 12th graders and is conducted by the University of Michigan in Ann Arbor. The good news is that daily smoking is decreasing among youth overall, and among current 12th graders, 6.7% report daily smoking, compared with 8.5% in 2013. The bad news is that report also shows that e-cigarette use among teens is rising at a dramatic and alarming rate, and that those who have ever used e-cigarettes are more than twice as likely to smoke traditional cigarettes. He warned that these statistics could well be a precursor to a reversal in the progress we’ve seen in lower initiation rates of smoking among youth, and asked the committee to be alert to trends that might indicate further slippage.

Despite significant progress since the first Surgeon General’s Report (SGR) 50 years ago, RADM Lushniak reminded the committee that smoking remains the number one killer in the United States. Even with declines reported in the MTF survey today, many young people are still using tobacco.

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Charge to the committee: RADM Lushniak stated that although January 2015 will start the 51st year since the first Surgeon General's Report, the enthusiasm to end the tobacco use epidemic cannot end. He asked members to consider how the ICSH can be used more widely and effectively to support tobacco control efforts worldwide in an effort to end the disease and death caused by this epidemic.

RADM Lushiniak introduced the first speakers for the meeting to discuss findings from the 2012 Surgeon General's Report.

Findings of the 2012 Surgeon General's Report

Cheryl L. Perry PhD, Professor and Austin Regional Dean; Rockwell Distinguished Chair in Society and Health, Michael & Susan Dell Center for Healthy Living, University of Texas School of Public Health, Austin

MeLisa Creamer, PhD, MPH, Faculty Associate at the University of Texas School of Public Health, Austin

- Dr. Perry stated that in 1994 when the first SGR on youth was released, rates of tobacco use among youth were increasing. When the second report on tobacco use among youth and young adults was released 18 years later, the Master Settlement Agreement, an agreement that changed the marketing scenario across the country, had been in place for over a decade. From 1999 onward, a dramatic decrease occurred in youth smoking rates, which have continued to go down even in the last year. Factors contributing to the decrease included the MSA and the regulation that went with it, the states receiving funding for tobacco control programs and initiatives, and the release of tobacco industry documents that provided knowledge on marketing tactics that worked to induce youth to smoke, but that can also work for tobacco cessation. The downward slope in youth prevalence now seems to be threatened, however, in part because funding for tobacco control programs is not as robust as it was in the early 2000s and also because new products like e-cigarettes are becoming more prevalent.
- Dr. Perry introduced Dr. Creamer, who presented key findings from the 2012 report. Dr. Creamer worked on all aspects of the 2012 SGR and is now one of the key leaders of the NIH and NCI-funded Tobacco Center of Regulatory Science on Youth and Young Adults.

Dr. Creamer began her presentation by sharing the Major Conclusions from the 2012 Surgeon General's Report on Smoking and Health:

- Major conclusions:
 1. Cigarette smoking has immediate health consequences
 2. Among adult daily smokers, 88% of the first use occurs before 18 and 99% by age 26
 3. Advertising and promotion by tobacco industry causes onset and continuation of smoking
 4. Declines in cigarette smoking have slowed and have stalled for smokeless tobacco
 5. Coordinated and multicomponent interventions are effective in reducing smoking
- Effective Prevention Efforts:
 1. **Mass Media Campaigns** The first tobacco counter-marketing ads appeared between 1967-1971 under the Fairness Doctrine. These ads focused on the adverse health consequences of smoking and did not directly target youth.
 - Massachusetts Campaign, Florida and National Truth Campaigns. These ads focused on changing social norms and exposed the manipulation of the tobacco

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industry. They also explained adverse health effects of smoking. The National Truth Campaign was fielded by the American Legacy Foundation.

- MA- Found that over time, adolescents exposed to the ads were less likely to initiate smoking
- FL- Number of ads recalled was associated with smoking initiation, with the larger number of ads recalled associated with lower incidence of initiation
- truth® campaign- Positive effects on attitudes, beliefs, intentions to smoke, prevalence, and initiation of cigarette smoking
- “Think don’t smoke” campaign: Studies generally indicated that this Philip Morris campaign had low efficacy for preventing youth smoking and in fact, increased favorable feelings about the tobacco companies among youth exposed to the ads
- Mass media campaign findings:
 - Youth are more receptive to messages on tobacco industry manipulation than on health effects
 - Ads can effectively teach social consequences and refusal skills
 - Youth respond positively to intensive imagery, fast/loud music, and ads having a surprising/shocking ending; these factors increase recall
 - Increased exposure over time increases likelihood of having beliefs associated with the campaign and changes in smoking behaviors
- Mass Media campaigns conclusions:
 - The evidence is **sufficient to conclude** that mass media campaigns, comprehensive community programs, and comprehensive statewide tobacco control programs can prevent the initiation of tobacco use and reduce its prevalence among youth.

2. Taxation as a means for increasing the price:

- Federal, state, and local governments tax cigarettes and other tobacco products
- The last increase in the federal excise tax was in April 2009, where the excise tax was increased from \$0.39 to \$1.01
- Lowest pack price currently in Missouri and highest in NY
- For every 10% increase in cigarette price there has been found a 3-5% reduction in cigarette consumption among youth
- Chapter conclusion: The evidence is sufficient to conclude that increases in cigarette prices reduce the initiation, prevalence, and intensity of smoking among youth and young adults.

3. Comprehensive Statewide Tobacco Control Programs

- Comprehensive programs include community interventions, counter marketing, program policy and regulation, and surveillance and evaluation.
- Comprehensive programs affect tobacco-related beliefs and attitudes, cigarette consumption, and smoking prevalence.

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- Evaluation of these programs is a challenge because there are multiple components so determining the level of contribution from each component is difficult.
 - AK and ND are the only states funded at recommended CDC levels. States are only spending 1.9% of tobacco-related revenues for funding of tobacco control
 - Chapter conclusion: Evidence is sufficient to infer a causal relationship between statewide programs and reduced prevalence of smoking among youth.
- 4. Effective school-based programs**
- Six key components necessary to have a successful program:
 1. They use interactive delivery methods.
 2. They employ the social influences model.
 3. They include components on norms and commitments not to use tobacco and intentions not to use this product.
 4. They add community components.
 5. They include the use of peer leaders rather than relying totally on adult providers.
 6. They include training and practice in the use of refusal and other life skills.
 - Task force on community preventive services evaluated 69 best practices programs
 - Conclusion: The evidence is **sufficient to conclude** that school-based programs with evidence of effectiveness, containing specific components, can produce at least short-term effects and reduce the prevalence of tobacco use among school-aged youth.
- Despite efforts, Dr. Creamer stated that there are still challenges posed by the tobacco industry:
 - 1. Increases in marketing expenditure by cigarette companies**
 - Promotional allowances, public entertainment, direct mail, internet marketing, etc.
 - Evidence from tobacco industry itself: industry document reveal that youth are targeted:
 - “Liggett acknowledges that the tobacco industry markets to ‘youth’, which means those under 18 years of age, and not just those 18–24 years of age” –Bennett S. LeBow, CEO
 - “Lorillard’s intended promotional campaign for Harley-Davidson cigarettes would appeal to... children who are below the legal age to buy or smoke cigarettes”
 - “Today’s younger adult smoking behavior will largely determine the trend of Industry volume over the next several decades.” RJR, 1983
 - 2. Tobacco Product Packaging**
 - Helps to shape perception of risk. Influential during youth and young adulthood
 - 3. New and Emerging Products**
 - Causal relationship between advertising and promotion efforts and use among young people

(End of presentation)

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Youth Tobacco Use—Trends in Current Use

Brian King, PhD, Senior Scientific Advisor, Office on Smoking and Health, CDC

Dr. King began his presentation by providing an overview of youth tobacco surveillance:

Overview of youth tobacco use surveillance:

- CDC's National Youth Tobacco Survey (NYTS)
- CDC's Youth Risk Behavior Surveillance System (YRBSS)
- SAMHSA's National Survey on Drug Use and Health (NDSUH)
- NIH's Monitoring the Future Survey (MTF)

Patterns of Conventional Tobacco Use among Youth:

- Dr. King shared a large amount of data concerning tobacco use among youth in the past 30 days. The data from all of the youth tobacco use surveillance outlets indicated that daily usage of cigarettes by youth has continued to decline over time since 2000. These data reflect cigarette use by both middle school and high school students.
- However, past-30 day use of other conventional products (cigars, smokeless products, etc.) has stayed the same, or increased among certain groups

Patterns of Emerging Tobacco Use among Youth:

- Alarming, past 30 day use of emerging tobacco products, particularly e-cigarettes, has rapidly increased among youth in recent years.
- **Different Products (e-cigarettes), Dual, Poly Use**
 - 13% of U.S. high school students using two or more tobacco products
 - Electronic Nicotine Delivery Systems (ENDS)
 - Over 450 brands that include e-hookahs, e-pipes, e-cigars, etc.
 - Marked increases in use of ENDS at the national level, and preliminary data from the states are showing similar trends
 - E-cigarette Use Among Never Smoking Youth
 - From 2011-2013, the number of never smoking youth who used an e-cigarette increased three-fold
 - In 2013, over ¼ of a million never smoking youth used e-cigarettes
 - Intention to smoke cigarettes was higher among e-cigarette users
 - 13% of U.S. high school students using two or more tobacco products
- **Factors That Lead to Youth Smoking**, according to the 2012 SGR:
 - Exposure to ads
 - Youth-resonating themes
 - Low prices/price promotions
 - Ease of access
 - Youth-appealing flavors
 - Health claims
 - Ease of product use
 - Smoking in movies

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Summary:

- Conventional cigarette smoking continues to decline among U.S. youth
 - However, past-30 day use of other conventional products (cigars, smokeless products, etc.) has stayed the same, or increased among certain groups
 - Past 30 day use of emerging tobacco products, particularly e-cigarettes, has rapidly increased among youth in recent years
 - The use of any tobacco product –combustible, non-combustible, or electronic – is unacceptable among youth because of known and potentially serious health effects, including effects of nicotine on adolescent brain development outlined in 50th Anniversary SGR released in January 2014
- Lastly, Dr. King discussed evidence-based tobacco prevention and control interventions that are proven to work.
 - 100% Smoke-Free policies
 - Tobacco price increases
 - Cessation access
 - Hard hitting media campaigns

(end of presentation)

Q&A with Committee and Presenters

RADM Lushniak: For both Dr. Creamer and Dr. King, what can be done on local and state levels to lower tobacco use?

Dr. Brian King: Increasing price in the states that have lower cigarette prices would be very effective to decrease consumption among youth and deter initiation. Other efforts, like restricting youth access for emerging products, can also help (40 states implemented youth access laws addressing ENDS). Finally, eliminating flavoring in tobacco products and ENDS has the potential to lower youth initiation. There are many steps states can take, including restrictions that de-normalize both tobacco products and ENDS in public places.

Dr. Susan Curry, University of Iowa: I am struggling with how individual prevention efforts all go together and where we should place our emphasis.

Dr. MeLisa Creamer: It can be difficult to evaluate what effect individual elements of comprehensive state-wide programs are accomplishing. For better results, it's important to field comprehensive prevention and tobacco control efforts with multiple strategies that support and reinforce each other and during evaluation to view them as a whole rather than trying to identify the impact of individual elements.

Dr. Susan Kansagra NYC Health and Hospitals Corporation: Are there data on the level of nicotine use by youth who are using ENDS?

Dr. Brian King: Efforts are currently underway to include nuanced questions about that in the National Youth Tobacco Survey (NYTS). It is difficult among young people to tease out nicotine use and exposure because most of them don't even know what nicotine is, but it is being worked on.

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Dr. Corinne Husten, Center for Tobacco Products, Food and Drug Administration (FDA): It is also challenging to assess nicotine levels based on the information provided on the ENDS labels since the amount listed does not necessarily match the amount in the product.

Dr. Curry: Regarding tobacco industry expenditures for the marketing of smokeless tobacco, what products and activities do these expenditures include besides advertising?

Capt. Kim Elenberg, Department of Defense (DoD): There are a wide range of marketing activities that are being used by the industry. One example my college-aged children report is that the industry has hired students in college lecture classes to vape or use an e-cigarette, and when they are called out by the professor, it gives them the opportunity to share why e-cigarettes are safe. Also the mall kiosks are of significant interest to teens even in locations where there is an age limit on buying electronic cigarettes and vape pens, because they see young adults hanging around them and using the product, possibly at the industry's invitation.

Dr. Nora Volkow, National Institute on Drug Abuse (NIDA): As much as great progress has been made on traditional cigarettes, I am curious how prevention efforts might be focused on other products as well? Little cigars seem to be the product of choice for many teenagers.

The discussion of the use of other tobacco products by youth ended this section of the program.

(end of Q & A session)

FDA's Actions to Protect Youth

Corinne Husten, MD, MPH, Senior Medical Advisor, CTP, FDA

Kathy Crosby, Director, Health Communication and Education, CTP, FDA

Dr. Husten began by sharing a summary of U.S. tobacco use:

- 23% of high school students report use of tobacco products
- Each day: Nearly 3,300 young people under 18 years of age smoke their first cigarette; nearly 2,800 smoke their first cigar; nearly 1,300 first use smokeless tobacco
- ENDS use is increasing rapidly among youth
- Dual/multiple product use is common

She went on to discuss the FDA's activities over the past 5 years:

- Expanding regulatory science:
 - National Youth Tobacco Survey (annual data collection)
- Funded and implemented a large cohort study in collaboration with NIH (PATH)
 - Longitudinal design which focuses on:
 - Changes in awareness, knowledge, attitudes, and perceptions
 - Attitudes toward and use of novel tobacco products
 - Changes over time in initiation, cessation, and relapse
 - Tobacco use patterns including poly tobacco use and switching between products
 - Emergence of addiction and dependence
 - Tobacco related disease progression

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- Assessing impact of changes in tobacco products over time
- FDA is also funding other research such as the Tobacco Regulatory Science Program, which includes the following:
 - Funded studies that involve youth: 26
 - Funded studies related to e-cigs: 25
 - Funded studies related to cigars: 21
- Marketing and Sales Restrictions
 - Prohibiting false/misleading claims of reduced risk: misleading descriptors (light, low, mild)
 - Dr. Husten discussed how the FDA restricts access and marketing of regulated tobacco products by prohibiting the following:
 - Sales to people under 18; proof of age for purchase < 27 years of age
 - Sales of cigarette packs with fewer than 20 cigarettes
 - Distribution of free samples of cigarettes; restricts the distribution of free samples of smokeless tobacco products
 - Brand name sponsorship of athletic, musical, or other social events, teams
 - Hats and tee shirts, etc., with brand names or logos
 - Sales in vending machines, self-service displays except in adult-only facilities
- FDA is enforcing the law:
 - Conducted over 365,000 retailer inspections covering 54 states and territories
 - Issued warning letters to online websites for violations
- Premarket Review:
 - Dr. Husten shared examples where FDA has refused to allow new tobacco products to come onto the market:
 - Inadequate information regarding the effect of a new characterizing flavor in smokeless tobacco products on product initiation and cessation
 - Addition of menthol as a characterizing flavor to a predicate product that does not contain menthol as a characterizing flavor
 - Inadequate information regarding the effect of increased free nicotine (unprotonated nicotine) in smokeless tobacco products on initiation and cessation
 - FDA is educating the public:
 - Enhanced health warnings on smokeless tobacco products

Dr. Husten closed out her presentation with mention of the FDA's robust media campaign, The Real Cost Campaign, and turned the presentation over to Kathy Crosby for a further description of the campaign.

Kathy Crosby, Director, Health Communication and Education, CTP, FDA

Ms. Crosby began her presentation by stating that in addition to the existing Real Cost campaign, which her presentation focused on, FDA is currently developing comprehensive integrated communication programs for children and youth in specific sub-populations: LGBT, American-Indian/Alaskan Native, etc.

Ms. Crosby went on to discuss the general marketing campaign: The Real Cost

Characteristics that can identify children who are at risk for tobacco use:

- Living a chaotic life
 - Aged 12–17

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- Smoke/use occasionally
- Lower socioeconomic status
- Poor school environment/low academic achievement
- Unmarried parents or parents who use tobacco at home
- Friends who use, too
- Not a cool kid – a troubled kid
 - Sensation seeking/risk-taking attitude
 - Feel stressed
 - Poor coping skills
 - Pessimistic outlook on life
 - Find it hard to regulate mood

Ms. Crosby discussed the three primary pillars the campaign focuses on:

- Find new ways to talk about the health consequences
- Disrupt beliefs about addiction by stressing loss of control
- Challenge their assumptions with new information

Ms. Crosby shared three ads that each focus on a different message to youth:

- Knowing the cost to their body
- Knowing the cost to their mind
- Knowing the cost of smoking just one

Ms. Crosby closed her presentation by sharing early success of the campaign:

- Paid Media:
 - Reached 95% of target audience an average of 20 times with TV ads each quarter, exceeding CDC best practice of 75% reach
 - Generated 1.6 million billion impressions on youth-focused sites such as MTV.com, IGN.com and Hulu.com
- Web and Social Media:
 - Engaged 3.4M unique visitors from all 50 states to the website
 - Produced 882,791 unique conversations about the campaign via Social Media
 - Garnered 13.3M views of ads on YouTube, with a 93% video completion rate—significantly more than government average of 80%

(end of presentation)

Legacy's TRUTH campaign

Dave Dobbins, JD, MPH, Chief Operating Officer, Legacy

Eric Asche, Chief Marketing Officer, Legacy

Mr. Dobbins began his brief overview by emphasizing that while today's presentation would focus on the Truth campaign, Legacy is more than just that one campaign. He stated that one of the things Legacy has tried to do with new leadership is refocus the organization around youth-led efforts. He shared that Legacy is currently supporting several smoke-free campus initiatives, specifically in community colleges and historically black colleges and universities, then turned the presentation over to Mr. Asche.

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Mr. Asche began by discussing TRUTH and the new campaign Legacy is launching:

- The brand TRUTH was largely built as an anti-brand using facts to expose Big Tobacco's lies. In today's data-rich, always connected, transparent world—the "facts" have a less revelatory impact.
- TRUTH focuses on 15-21 year olds and the new campaign will shift up into 18-24 year olds.

Mr. Asche reviewed the early TRUTH campaigns including the body bag spot, which was geared toward a generation X audience. For the current audience, Generation Y, tactics have been changed. He went on to discuss new causes of smoking among the newer audience: Generation X wanted to rebel, Generation Y wants to be empowered.

- The New TRUTH campaign launched in August:
 - PHASE 1: August-October—Creating the Movement (images)
 - PHASE 2: November-January—Documenting Progress
 - PHASE 3: Q1 2015—De-norm Social Smoking

Mr. Asche showed two video spots that covered phases 1 and 2.

He then showed three ads that are considered "progress reports" that will attempt to de-norm social smoking. These videos led into the discussion of message themes. The themes are:

- Disrupt the social acceptability of smoking
- Hijack the most personal of social interactions
- Dismantle beliefs held by social smokers

Mr. Asche elaborated another new approach, which is a music video that will premier on the Grammy Awards on February 8th, 2015. It will also air on both MTV and Spotify.

- Objectives of the video:
 - Reduce:
 - Combustible use among target audience
 - Intentions to smoke combustible tobacco
 - Progression from experimentation to established combustible tobacco use
 - Succeed in having a cultural influence

(end of presentation)

Youth Advocacy in Action

Gustavo Torrez, Associate Director Youth Advocacy, Campaign for Tobacco-Free Kids

Devan Ogburn, East Region Youth Advocate of the Year 2014

Mr. Torrez described Campaign for Tobacco-Free Kids (CTFK) as a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world.

He shared the vision of CTFK: A future free from the death and disease cause by tobacco. He also shared the steps CTFK takes to accomplish its mission:

- Promote public policies proven to reduce tobacco use and exposure to second hand smoke.
- Expose Big Tobacco's efforts to market to children and mislead the public.

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- Strengthen tobacco control efforts in the U.S. and worldwide by providing support and information to partners.
- Mobilize organizations and individuals to join the fight against tobacco.
- Empower a tobacco-free generation by fostering youth leadership and activism.
- Inform the public, policy makers, and the media about tobacco's devastating consequences and the effectiveness of the policies supported by CTFK.

Mr. Torrez discussed CTFK's youth leadership program and introduced Devan Ogburn, a Youth Advocate of the Year Award for 2014. Ms Ogburn is active in efforts to pass the Healthy Maryland Initiative which would raise the cost of cigarettes by one dollar.

Ms. Ogburn introduced herself and spoke to the group about her work with tobacco control, which began about two years ago. She also said her experiences with tobacco go back much further. As a child, Ms. Ogburn watched both her parents battle an addiction to nicotine. At four months old, she was diagnosed with chronic asthma, and has lost multiple family members to tobacco-related diseases. She has successfully helped almost all of her extended family to quit tobacco

Ms. Ogburn also shared some of her experiences as a youth advocate. Ms. Ogburn discussed the power of peer-to-peer advice and how she believes this a strong aspect of youth advocates. She stated that youth advocacy provides the opportunity to speak out on tobacco prevention and cessation.

(end of presentation)

Q&A with Committee and Presenters

Dr. Steven Schroeder, University of California, San Francisco (UCSF): For Kathy Crosby: In the list of vulnerable children, is there also a focus on populations with mental illness?

Ms. Crosby: FDA is not currently focusing specific messaging on a target audience of youth with a mental illness but the organization is confident that the messaging is still reaching them based on the fact that many youth with a mental illness also fall into another one of the categories that is being targeted in the campaign.

Dr. Schroeder: Where does marijuana fit into initiatives to reduce combustible product use among youth?

Mr. Dobbins: The TRUTH campaign focuses on tobacco, but the stance on marijuana is that it is not good to be used by youth. Legacy does believe they should keep an eye on what legalization means for current and future use of marijuana but marijuana use is not specifically addressed in the current campaigns.

Mr. Torrez: Mr. Torrez stated that although CTFK does not have a specific organization-wide opinion on marijuana use, the organization does stress the importance of tobacco control, the dangers associated with the use of combustible products, and secondhand smoke as a whole, which encompasses marijuana.

Dr. Curry:

- The group has heard repeatedly from various people that when you ask youth what percentage of their peers smoke, they will say 60% when it is actually 90%. The place we go to in order to fix that impression is good but from a devil's advocate perspective, how do we know that they are wrong and the data are right?

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- Do children know what “Big Tobacco” is?

Ms. Ogburn: I do not believe children know this term. In general, kids don’t know the consequences of big tobacco’s actions, so that education is key. This will ultimately lead to a higher level of understanding by children and more informed choices about tobacco use.

Dr. Curry: I believe there is a need for focus on a next generation of public health representatives in this country. Public health infrastructure is so important at the national level but if the fight against tobacco is ever going to be successful, there needs to be an increase in the number of people qualified for positions as public health officials.

Mr. Torrez: At CTFK, our purpose in working with young people is to help train the next generation, so that the war against tobacco can be won. It’s important for everyone in the room to understand our role in encouraging future generations to continue the fight against tobacco. There is a continuing and pressing need to let young people know that these opportunities exist.

Capt. Elenberg: With smoking on the decline, will tobacco companies continue to meet the market share requirements under the MSA for companies to be held accountable and required to participate in funding for the TRUTH campaign? Will they continue to meet the threshold contained in the law now that their profits are lower because smoking has decreased?

Mr. Dobbins: This is a great question and one that has already been looked at. The initial conclusions are that it is not likely the industry can make an argument strong enough to win legal action to get out of their requirements under the MSA.

Dr. Terry Pechacek, Georgia State University: One topic I have not heard as a theme today is anger that less than two cents on every dollar of all the tobacco money collected in the states is being used for tobacco control. Where is the anger on this issue?

Mr. Torrez: Personally, it is frustrating to me that so many states are not using these funds and are not willing to invest in tobacco control. I believe that this is where we need to rally our communities and let our legislatures know that we are tired of being ruled by the industry.

Dr. Tim McAfee, Centers for Disease Control and Prevention (CDC): Dr. McAfee began his comment by stating what an incredible year it has been and thanked Dr. Lushniak for his extraordinary leadership. He went on to share his question:

The tobacco industry is expert at re-writing history. One of my concerns is in the past year we have had an unprecedented amount of effort and success with the TIPS campaign and FDA’s new campaign, but all of our efforts have focused on cigarettes. Now we have an unprecedented increase we haven’t seen in decades in the use of a potentially dangerous product: e-cigarettes. The concern is who is going to influence history and decide how the American people interpret what has happened in 2014? If the industry has its way, one of the interpretations is going to be, “Isn’t this great that cigarette use has declined, even if e-cigarette use is increasing?” What we need to think about is how to we deal with this situation. What can be done from an evaluation perspective and to make sure that our messaging on both cigarettes and ENDS is clear and comprehensive?

Mr. Dobbins: The data on e-cigarettes are quite disturbing and should be a call for political action and also for regulatory action by the FDA to be taken immediately. The approach of the skeptical consumer is definitely one that should be applied to e-cigarettes.

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(end of Q & A session)

Break: 12:30 – 1:30

Emerging Interventions at the State and Local Level

Maggie Mahoney, JD, Tobacco Control Legal Consortium

Ms. Mahoney provided a brief overview of information on state and local level organizations that are working on tobacco control:

- Before the Family Smoking Prevention and Tobacco Control Act passed in 2009, which led to federal authority (FDA) regulation of tobacco products, the bulk of tobacco control policy was occurring at the state and local level.
- The authority of state and local governments to regulate tobacco is still present, but now there are areas where they share that authority with FDA.
- State and local governments are moving forward to address gaps that they see in FDA regulation of tobacco.
- The core activities that happen at the state and local level involve smoke-free/tobacco-free programs, access, and taxes and other pricing strategies.
- There is a direct inverse relationship to price and tobacco products, which makes taxes a great way to reduce tobacco consumption. Ms. Mahoney shared a few example of pricing strategies:
 - Providence, RI passed a law about two years ago which prohibits the redemption of coupons for tobacco products as well as prohibiting free samples. It also doesn't allow any discounting of tobacco products.
 - Restricted cigar pricing strategies: In NYC, cigars that cost less than \$3.00 per cigar have to be sold in packages of at least four. In MA, a single cigar must sell for at least \$2.50, otherwise it has to be in a package of two or more.
- Many communities are focusing on tobacco retailer licenses to limit retail saturation and youth access. They are making existing laws more robust or implementing new laws if there are not currently existing laws in place. Some existing laws only apply to specific products, so many states are trying to amend these laws to apply to all products.
- Other communities are restricting the location of tobacco retailers. For example, San Francisco, CA has prohibited the sales of tobacco products in pharmacies in the entire city. The reasoning behind this is that it is inconsistent with health to sell tobacco in the same location where medicine is being distributed.
- **Sales restrictions:** Under federal law, there are no flavored cigarettes with the exception of menthol or tobacco flavored cigarettes. Many communities are interested in addressing flavor restrictions.
 - **Flavored product:** NYC and Providence, RI both have restrictions on flavored products.
 - Chicago has prohibited the sale of flavored products (including menthol products) within 500 feet of schools with the exception of adult-only tobacco retailers.
 - **Increasing minimum purchase age to 21:** Some communities have also raised their minimum age to purchase tobacco products to 21, but no states have yet passed this type of law.

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- **Advertising and Marketing of Emerging Products**
 - State and local governments are trying to figure out how to address the advertising of new and emerging products as these new products do not have the same type of advertising restrictions that exist for cigarettes.
- Communities are always fighting very hard to address ongoing industry behavior. The tobacco industry continues to fight community action, and one way they do this is by pursuing passage of state laws that will limit local authority. They do this because they know that it's easier to enact different kinds of restrictions or tax increases on the county, city, or local level than it is on a state level.

(end of presentation)

What will it take to save 5.6 million kids?

Terry Pechacek, PhD, Professor of Health Management and Policy, School of Public Health Georgia State University

Dr. Pechacek began his presentation by discussing the 50th Anniversary Report and the key findings from the report:

- The current rate of progress in tobacco control is not fast enough.
- The tobacco industry continues to position itself to sustain sales by recruiting youth and young adults and maintaining current smokers as consumers of all their nicotine-containing products, including cigarettes.
- Disparities in smoking rates persist.
 - Low SES smokers
 - Some racial/ethnic minority groups
 - Sexual minorities
 - High school drop-outs
 - Other vulnerable populations
- Patterns of tobacco use are changing.
 - Increasing prevalence of use of multiple types of tobacco products
 - More intermittent use of cigarettes
- For each smoker who dies from tobacco-related disease, there are two new, younger replacement smokers taking his or her place in the pipeline of tobacco use.
- Due to persisting prevalence of smoking among young adults in this country, 5.6 million Americans younger than 18 years of age (in 2012) are projected to die prematurely from a smoking-related illness.

Dr. Pechacek shared how the tobacco industry has adapted to the public health solutions for tobacco cessation. For example, when taxes go up on tobacco products in an effort to deter use, the industry makes more money on those sales and then uses those funds to find replacements for the individuals losing their lives as a result of tobacco.

He went on to discuss key assumptions that led to the projection of 5.6 million future deaths:

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- Initiation rates of smoking among adolescences and young adults remain high
- Peak birth cohort smoking prevalence in young adulthood remains high
- Adult cessation rates in young adulthood remain low
- Tobacco products most commonly used remain highly lethal

Dr. Pechacek stressed the importance of viewing the number of replacement addicts as opposed to prevalence. The epidemic is being fed at rates that will produce even more than the 5.6 million deaths initially calculated as the number of children alive today who will die early from smoking.

Dr. Pechacek discussed the critical and immediate importance of adopting and acting on key 2014 SGR recommendations:

- **Sustain** high-impact media campaigns such as CDC Tips and FDA Real Cost for 12 months a year for 10+ years
 - Recommendation: High-frequency level and exposure for 12 months a year for a decade or more (CDC's TIPS, FDA's Real Cost, Legacy's TRUTH)
- **Raise** excise taxes—Average retail price of at least \$10 per pack will be the most effective, especially to prevent youth initiation
- **Expand** smoking cessation assistance for all smokers.
 - Provide access to barrier-free proven tobacco use cessation treatments
 - Promote proven tobacco use cessation treatment as a standard of medical care in primary and specialty care settings
- Fully fund comprehensive statewide tobacco control programs at CDC-recommended levels
 - Less than 2% of tobacco revenue is used to fund tobacco prevention
- Protect 100% of U.S. population by adopting comprehensive smoke-free indoor air policies

Dr. Pechacek discussed smoking in the movies as a significant factor in encouraging youth initiation and prevalence. Before the 2012 Surgeon General's Report, many film companies began reducing the prevalence of smoking in movies, but in the last several years we have only seen increases in scenes that include smoking in movies.

Dr. Pechacek ultimately closed his presentation by summarizing how many of the projected 5.6 million premature deaths can be prevented by specific tobacco control strategies:

- Raising average retail price of cigarettes to \$10 per pack
 - 1.5-3.0 million deaths prevented
- Sustained high-impact national media campaigns for 10 years
 - 1.0 to 2.0 million deaths prevented
- Comprehensive state-wide tobacco control programs funded at CDC recommended levels
 - 1.0 to 3.0 million deaths prevented
- Expand smoking cessation support for all smokers
 - 1.0 to 2.0 million deaths prevented
- Protect 100% of U.S. population from SHS by expanding number of states with comprehensive smoke-free laws
 - 0.5-1.0 million deaths prevented
- Smokefree movies
 - 1.0 million deaths prevented

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(end of presentation)

Q&A with Committee and Presenters

Dr. Susan Curry: The Institute of Medicine is going to release a report in the near future on the impact of raising the minimum age for the purchase of tobacco products. Dr. Curry also shared that FL spends 4% of their tobacco-related revenue on tobacco control, which is only 1/3 of what CDC recommends, and they are showing remarkable progress. Are there other states spending 4% that are also showing progress? If so, would CDC now have enough information to move the bar down?

Dr. Terry Pechacek: Spending more gets states more on a dollar-for-dollar basis and at an accelerated rate. Yet there are states that are spending more than FL but not showing as much benefit. Success also depends on how they are spending their money. The bottom line is that there aren't sufficient data to suggest that CDC can change the levels and achieve the tobacco control goals they have for the states, so at this time the recommendations should not be lowered.

Dr. Tim McAfee: I would be interested in knowing what the dynamics are that are making it so hard for state-level governments to implement successful tobacco control programs that yield results, especially given the improved economic climate.

Dr. Steve Schroeder: I believe that this is a problem that more heavily inflicts the less fortunate, so we should not kid ourselves that justice will prevail unless we really yell for it.

Dr. Susan Kansagra: Regarding smoke-free movies, governments are subsidizing imagery in the movies in the form of tax credits to the industry, which ultimately goes toward more smoking imagery. This far surpasses the amount of smoke-free imagery being developed by the government. What can we do about this?

Dr. Terry Pechacek: State policy makers need to pose this as "why are you so proud to promote the disease and death of your children?" Many states are putting more money into fueling increased youth exposure to smoking in the movies than they are putting into all other kinds of youth prevention combined.

Dr. Deirdre Kittner, Pinney Associates: I am curious about scenes of smoking in video games. Are there data around those kinds of images?

Dr. Terry Pechacek: This is a very relevant question about the role of other tobacco imagery in video games as well as YouTube and other forms of social media. We have to develop a methodology for tracking the exposure and finding a link to association or use. There is a general precautionary principal that would say that we do not have to show in a prospective study that these things are increasing risk because we have all the evidence we need that these are increasing risks, based on the data we have on risk from exposure to smoking scenes in movies.

Dr. Kansagra: Looking at the list of take-aways, I am struck by the New York City experience while, despite doing many of the things on the list, we are still not achieving a huge decline in rates.

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Dr. Terry Pechacek: New York City had tremendous success several years ago by fielding a comprehensive set of initiatives to lower youth smoking. One thing to look at today is who is still using: Low SES, minority, and other harder to reach populations are the ones who are still smoking, in NYC and throughout the U.S.

Mr. Dobbins: On the issue of images and gaming and TV, Legacy experimented and certainly found that messaging worked. For example, they did an iPhone game and incorporated tobacco messaging into the game. Not only did it show great learning of the messages by the user but it showed no indication of whether the user liked the game more or less. Corporate America is not paying hundreds of millions of dollars a year for product placement because it doesn't work. Just because the use of cigarettes in these platforms is incidental, there is no evidence that it is not influencing behavior.

Lynne Haverkos, National Institute of Child Health and Human Development: One topic we haven't discussed related to e-cigarettes is nicotine poisoning. On December 10th a one-year-old child died after ingesting liquid nicotine from an e-cigarette. This is proof that e-cigarettes can be fatal to children.

Ms. Mahoney: The biggest issue with these products is that we don't know exactly what is in them. Testing has shown that even products that say they do not include nicotine, actually do.

Simon McNabb thanked the panel discussants and wrapped up the endgame discussion. After a short break, the committee invited the public members of the audience to make their comments.

(end of Q & A session)

Public Comments

No public comments were made.

Member Discussion

Simon McNabb asked members to discuss the question: "What more can you do in your position to reduce youth initiation and consumption of tobacco products?"

Tina Fan, Agency for Healthcare Research and Quality: In terms of AHRQ, there are some ways they are addressing tobacco cessation and health. The two major efforts for smoking cessation are participating in the Million Hearts Initiative and supporting the US preventive task force.

Rosemary Rosso, Federal Trade Commission: The Federal Trade Commission is a law enforcement agency, not a public health agency. We try to provide support services; for example, we have been working closely with FDA to help them get their enforcement center up and running.

Dr. Jack Smith, DoD: DoD has the good fortune of focusing on readiness and maintaining a culture of fitness to support their mission. Unfortunately, there is a link between a strong soldier and being inherently addicted to tobacco. The DoD is doing their best to provide counseling for those who want to quit as well as looking at policy opportunities to establish smoke-free environments. Lastly, they are also looking to engage patients in partnership with their clinicians so that both will change their focus to healthy lifestyle instead of treatment of preventable disease.

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Captain Elenberg, DoD: I also want to thank the agencies in the room for their guidance and support that has allowed DoD to make changes.

Douglas Tipperman, Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA is particularly concerned about how the demographics of the people who smoke has changed and how we are now dealing with a new population of smokers. SAMHSA released a new report last year that found more than 40% of individuals with mental illness use tobacco products.

Lynne Haverkos, NICHHD: NICHHD is definitely interested in childproof containers for nicotine products, and having parents understand that even small amounts can be harmful to children. Additionally, the institute is working on providing the knowledge to healthcare providers to help get the message out that nicotine in any form is dangerous to children. The institute is also working on educating pregnant women on the effects of e-cigarettes on themselves and their fetuses.

Dr. David Weissman, NIOSH: One big take-away for NIOSH from the occupational world is the data that 88% of first use is by age 18 and 99% is by age 26. A big focus at NIOSH is not only protecting people from occupational hazard but also optimizing health to help people protect themselves and engage in healthy lifestyles. We believe we can play a big role by focusing on younger workers. We have a total worker health program where we are promoting workplaces taking health precautions and providing access to cessation programs within a workplace context. We have posted a draft submitted on Workplace Tobacco Policies for public comment.

Dr. Glen Morgan, National Cancer Institute (NCI): I really tried to find something today I wasn't very interested in and failed. Every one of these topics was very important to the entire group at NCI. We are very interested in trajectories on youth and young adult prevalence and consumption, and intervention strategies. NCI is involved in collaborative research on addiction at NIH and is working with NIDA and NIAAA on some new research that is very exciting.

Susan Weiss, NIDA: NIDA has a number of different interests in this area. One that we are excited about is a very large project that we are doing with a number of other agencies. NIDA is hoping to be able to study different patterns of tobacco use, cessation, and co-use of other substances. We are also very concerned about the intersection of electronic delivery devices and marijuana.

Helen Meissner, Office of Disease Prevention, NIH: My office coordinates the research program for the FDA when they work with all the NIH institutes to support regulatory research. Groups like these strengthen our ability to make progress. In fiscal 2014, we funded over a hundred million dollars in tobacco regulatory research. Additionally, there were 26 new research projects. Already in this fiscal year there are nine projects focused on flavors in cigarettes and e-cigarettes.

Antonello Punturieri, National Heart, Lung, and Blood Institute (NHLBI): There is very little known on the pathophysiology of nicotine. It is currently unknown what nicotine exposure does to an asthmatic children. NHLBI is trying to address important research questions like this.

Marya Levintova, Fogarty International Center: You cannot underestimate the importance of U.S. tobacco control policies and their impact on our international colleagues and different countries. Many other countries are building tobacco cessation plans based on the plans of the U.S. and they are failing. There has also been a lack of discussion on exercise. It would be interesting to look at schools that have regular physical education (P.E.) and how their smoking rates compare to schools with no P.E.

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Dr. McAfee: I'd like to thank all of my colleagues in all of the federal agencies for moving this agenda forward. In terms of the magnitude of this issue, we desperately need to work as hard as we can to try and do more. The top few things CDC is doing that are worth mentioning include trying to bolster the efforts of state health departments to address tobacco use. Additionally, large federal media campaigns are a gift that we have had in the past four years. These campaigns are a tool we have not have for many of the last 50 years. Ideally, we'd like to expand these. Lastly, the need for surveillance around this topic is important and there is more we need to do in that area.

Allison Freeman, U. S. Environmental Protection Agency (EPA): EPA has been engaged to promote the use of smoke-free policies in multi-unit housing and low income housing. EPA looks forward to increasing our effort in other areas. There is more that can be done between EPA state counterparts and state tobacco control programs, and that's something I'd like to look at and see if we could do more there. Some of the individuals in these low-income categories are young parents. We have found that a motivator in any parent in quitting smoking is the health of their children so that is something we want to keep in mind in terms of exploration of powerful and motivating messages.

Dr. Corinne Husten: There is still a need to develop regulatory framework around children's exposure to nicotine. The FDA is going to continue enforcing the marketing restrictions to kids. It is also important to look at the research in terms of children's use of these new products and answer some of the questions raised today on what the data we've seen means in terms of future use and the trends.

Dr. Kim Hamlett-Berry, Veterans Health Administration: I am incredibly impressed by the passion and the commitment of all the organizations here today. Dissemination science, policy implementation science is critically important. If we can close the gap of what we know works and what we do, we can save lives. I think we need to consider what factors get in the way of achieving our goals. For example, we may need cohort studies that do not just include children. We also have organizations already joining forces and maybe we should think about picking up on other health issues like exercise and occupational health. Please continue to pay attention to how we feed the pipeline of the next generation of public health practitioners.

Dr. Deirdre Kittner, Pinney Associates: This meeting has been a reminder that smokers are diverse and are using diverse products. I want to encourage everyone to think more about cigars as they seem to get lost. The media campaigns seem to be very effective for cigarette campaigns so I would like to see those same efforts be used for cigar use.

Closing Comments from the Chair

RADM Lushniak shared that right now we are on a pathway that is pointing in the right direction, in large part because of the capabilities, energy, and dedication of the people in this room. 25 years from now there will be a whole new group of people, and hopefully when we issue the 75th Anniversary SGR, data on smoking prevalence will yield zeros.

RADM Lushniak also discussed Dr. McAfee's contribution to this field and congratulated him on a job well done in the leadership he has demonstrated in his years as director of CDC's Office on Smoking and Health. RADM Lushniak presented Dr. McAfee with the Surgeon General's Certificate of Appreciation and a Surgeon General's Coin.

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Dr. McAfee thanked the group and noted that while he is stepping down as the CDC OSH director, he is continuing to work for the CDC OSH from his Seattle, WA office. He also thanks RADM Lushniak for his outstanding job leading the release of the 50th Anniversary SGR in January.

Adjourn

Simon McNabb, DFO, thanked the Committee for their time and comments.

Dr. Lushniak also thanked the Committee members for their thoughtful discussion. Dr. Lushniak dismissed the Committee and the meeting was adjourned.

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I certify that this report of the December 16, 2014 meeting of the Interagency Committee on Smoking and Health is an accurate and correct representation of the meeting.

Chair, ICSH