Health and Human Services Committee
Regular Meeting Agenda
Monday, July 18, 2016 3:30 PM
Legislature Chambers

1. **Call to Order (3:30)**

2. **Changes to Agenda (3:30)**

3. **Public Comment (3:35)**

4. **Minutes Approval (3:40)**
   a. June 7, 2016
   b. June 20, 2016

5. **Chair's Report (3:45)**

6. **Reports (3:50)**
   a. **REPORT/DISCUSSION:** Implementation of Resolution-Freedom of Domestic Violence as a Human Right (Elizabeth Brundige, Assistant Clinical Professor of Law, Assistant Dean for International Programs & Director, Gender Justice Clinic, Cornell Law School) (ID #6441)

7. **Comments from Committee Members (4:05)**

8. **County Administrator's Report (4:10)**

9. **Health Department (4:15)**
   a. **RESOLUTION:** Authorization to Increase Hours - Community Health Nurse Positions - Health Department (ID #6446)
   b. **REPORT/DISCUSSION:** Advancing the minimum purchase age for tobacco products to 21 (T21) (ID #6448)

10. **Mental Health (4:45)**
    a. **RESOLUTION:** Creation of Position - Community Mental Health Nurse to Provide Utilization Review - Tompkins County Mental Health Department (ID #6429)

11. **County Administration (5:00)**
    a. **RESOLUTION:** Renewal of Alcohol and Drug Council of Tompkins County, Inc., Five-Year Lease (ID #6436)

12. **Liaison Assignments (if time allows) (5:15)**

13. **Adjournment (5:30)**

Budget Adjustment & Transfers (Info. Only)
2016 Budget Adjustment - DSS & Probation for 2015 Labor Settlement (ID #6425)
4016 Comm Hlth Transfer (ID #6434)
OHR Budget Transfer for Longevity (ID #6437)
Budget Transfer 7.1.16 (ID #6438)

Good afternoon. I was invited here to provide you with some background on "Tobacco 21", raising the legal minimum age for purchasing tobacco products from 18 to 21 years old.

I will begin by saying that there is strong evidence that increasing the tobacco purchase age to 21 will reduce youth smoking, reduce youth initiation of tobacco use, and ultimately reduce the prevalence of adult smokers and smoking caused chronic disease and premature death.

However, I would be remiss if I did not also point out that such a strategy would be even more effective in reducing the impact of tobacco use and nicotine dependence if considered as part of a comprehensive program to reduce youth access to tobacco, nicotine delivery systems, and smoking paraphernalia. I'll talk a little bit more about this before closing.

To begin, I'll give you the most current data I have for prevalence of tobacco use among youth and adults in Tompkins County. The data for adults is from the expanded Behavioral Risk Factors Surveillance System (BRFSS), surveyed in 2013 and 2014. The youth data is from the Communities that Care survey given to all Tompkins County students in grades 7 to 12. The survey is a collaboration, primarily by the Community Coalition for Healthy Youth and TST BOCES, most recently in October 2014.

- The adult smoking rate (age-adj) was 14.0%. This about the same as the in the previous expanded BRFSS.
- Across all grades 7 to 12, Lifetime use of cigarettes was 14.2%.
- Again, grades 7 to 12, Thirty day use of cigarettes was 4.7%
- For grade 12 alone, Thirty day use was 10.3%,
  (though the pattern for lower grades over the last 4 survey cycles suggests that will be lower when the next survey is done this coming fall.)

One other interesting number from the student survey:

- Just over half (51.4%) of students in grade 12 reported that cigarettes are very easy or sort of easy to get. For grades 9 to 12, that number was 34.6%.

Use of electronic nicotine delivery systems, ENDS or e-cigs, was not part of this survey, though numerous studies show that ENDS use among high schoolers is growing rapidly nationwide.

Up until last year, there had been no consensus regarding the effect of minimum legal age of purchase for tobacco. Then, in March 2015, the Institute of Medicine released a paper that looked at previous studies and did some modeling for how raising the age would impact youth tobacco initiation and use, and the long term implications for that change.

As I noted at the start, this report provides clear evidence that raising the minimum legal age of purchase for tobacco products would result in fewer youth trying tobacco, fewer youth becoming regular tobacco users, and ultimately fewer of the long term health outcomes that result from tobacco use.

Here are some stats from the report. The data I'll give you is for raising the age to 21. The study compared raising the age to 19, 21, and 25, but 21 was the sweet spot. These are projections for nationwide impacts.

- The tobacco use initiation rate would decrease as follows: for youth under age 15 it would decrease by about 15%, for ages 15-17 the initiation rate would decrease 25%, and for ages 18-20 it would go down a little over 15%.
- The study model projects that if the minimum age were raised today, by the time today's teenagers were adults, there would be a 12% decrease in the prevalence of tobacco use among those adults.
- The model also projected that, looking 30 years out, raising the age now would result in approximately 223,000 fewer premature deaths, and 4.2 million fewer years of life lost among those born in the first 20 years of this century.

Also important is the role that brain development plays in all of this. Some have argued that if 18 year olds are trusted to cast a vote and fight for our country, they should be considered responsible enough to decide whether or not to purchase — and use — tobacco products.

Our understanding of the stages of brain development deflects that argument, because we know that exposing the undeveloped adolescent brain to nicotine increases the chance that the brain will become essentially hardwired for nicotine. That is largely why about 90% of adult smokers started before age 18. Those who wait until the brain is fully developed, about age 25, are unlikely to become lifetime users. The longer use is delayed, the lower is the likelihood of lifetime addiction.

No one starts smoking for the nicotine, yet it is the nicotine that turns that so-called "responsible decision" into a long term addiction.

I want to conclude by returning to the idea of a comprehensive approach to reducing access to tobacco, nicotine, and smoking paraphernalia. I want to report to you about local licensing for retail sales of these products.

The Prevention Pillar was one of the 4 "subcommittees" of the mayor's Municipal Drug Policy Committee, which ultimately produced the Ithaca Plan. One of the recommendations in the Prevention Pillar's final report to the MDPC was that retailers who sell tobacco products, ENDS, or smoking paraphernalia be required to obtain a local license to do so. This could be a license issued by the city, a village or town, or the county.

In 2012, the Downtown Ithaca Alliance produced a draft ordinance for local licensing that was submitted to the Mayor and considered by a Common Council committee. The DIA's interest was to get a handle on the proliferation of head shops, which sold smoking paraphernalia, on and around The Commons.

At that time, and still to this day, there is tracking on where smoking paraphernalia, or for that matter, ENDS, are sold. Both smoking paraphernalia and ENDS are age restricted like tobacco products, but unlike tobacco retailers, which need to register with state tax and finance, there is no registration for those products. Local licensing would cover that. Then we would know where these products were being sold, and sales could be monitored, for example for adherence to minimum legal age restrictions.

When a new licensing program is implemented, all current retailers are brought in. However, over the long term licensing allows the jurisdiction to regulate certain factors such as minimum purchase age, store density such as in a downtown area, what kind of store can sell these products, how close a retailer is to a school or other youth- or family-focused center, and what the consequences are when a retailer is found in violation of the law.

Currently Cayuga County, Ulster County, Dutchess County, NYC, and the city of Newburgh require retailers to have a local license. Ulster just implemented its license this year, Newburgh last year, Cayuga County about 3 years ago.

Tobacco 21 laws have been passed in NYC, Suffolk County, Albany County, Chautauqua County, and Cortland County.

T21 and licensing are complementary means of regulating youth access to nicotine products and related devices. Plus they provide a healthier, more supportive environment for families, users who are trying to quit, and many more who live or visit here, by reducing the overall prevalence of these products and their use in our community and in the public landscape.

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