STATE OF RHODE ISLAND PROVIDENCE, SC.		SUPERIOR COURT
K&W AUTOMOTIVE, LLC, WENDY & KENNETH WAJDA, ECIG SHED, INC., and LOUIS DELSESTO Plaintiffs	:	
v.	:	C.A. No. PC-2018-0471
TOWN BARRINGTON, Defendant	:	
and	:	
REGENCY CIGAR EMPORIUM, LLC, MAXI DRUG SOUTH, L.P., RHODE ISLAND COUNTRY CLUB, INC., SOWAMS A.M., INC., K&W AUTOMOTIVE, LLC, SHAW'S SUPERMARKETS, INC., GRAPES AND GRAINS, INC., Interested Parties	:	

BRIEF OF *AMICI CURIAE* IN OPPOSITION TO PLAINTIFFS' MOTION FOR TEMPORARY AND PERMANENT INJUNCTION AND PLAINTIFFS' MOTION FOR DECLARATORY JUDGMENT

By consent of the parties, *amici* respectfully submit this brief in opposition to plaintiffs' motion for temporary and permanent injunction and plaintiffs' motion for declaratory judgment. *Amici* submit this brief because the issues in this case should be considered by the Court with a full understanding of the public health importance of localities in Rhode Island having the authority to enact science-based laws to protect their residents, and particularly their young people, from addiction to tobacco products and the tragic toll of tobacco-related disease and death.

STATEMENT OF IDENTITY AND INTEREST OF AMICI CURIAE

Amici include the following national, state and local Rhode Island public health, medical, community and other interested organizations and entities, each of which works, on a daily basis, to protect the public from the devastating harms caused by tobacco products: American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Campaign for Tobacco-Free Kids, Tobacco Control Legal Consortium, Rhode Island Thoracic Society, Truth Initiative and the City of Providence, Rhode Island.

A brief description of the amici is included in the Appendix to this Brief.

Each of the amici has a strong interest, and expertise, in the implementation of local tobacco control policies that will prevent the initiation of tobacco use by young people and save lives. The Town of Barrington's Ordinance §170-9 (the "Tobacco Ordinance") enacts two restrictions to reduce access to tobacco products by young people and to reduce the appeal of tobacco products to young people: (1) a provision prohibiting the sale of tobacco products to persons under the age of 21, thus increasing the minimum age for such sales from 18 to 21 (Tobacco 21 Provision); and (2) a provision limiting the sale of flavored tobacco products to consumers, thus restricting the availability of the tobacco products most appealing to young people (Flavored Tobacco Provision). Given that tobacco use predominately starts with the young, these measures will reduce the incidence of tobacco-related disease and death in Barrington for many years to come. As the following discussion demonstrates, it is essential to public health in Barrington that the Town have the authority to enact such measures to protect its residents and particularly its young people.

I. TOBACCO USE EXACTS A TERRIBLE TOLL IN DISEASE AND DEATH, ACROSS THE NATION AND IN RHODE ISLAND

Each day, more than 350 kids under the age of 18 become regular, daily smokers and almost one-third will eventually die from smoking.[1] The 2014 Report of the Surgeon General projected that, if current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness.[2]

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.[3] Indeed, smoking kills more Americans than alcohol, AIDS, car accidents, illegal drugs, murder and suicides *combined.*[4] Smoking impacts nearly every organ of the body; more than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease are attributable to smoking and exposure to secondhand smoke.[5]

In addition to this staggering toll of premature mortality, millions of Americans suffer from debilitating medical conditions throughout their lives due to smoking. More than 16 million Americans are living with a disease caused by smoking.[6]

Among combusted tobacco products, cigars also contribute significantly to the toll of disease and death. According to the U.S. Food and Drug Administration (FDA), in 2010 alone, regular cigar smoking was responsible for "approximately 9,000 premature deaths or almost

---

1 Campaign for Tobacco-Free Kids, *Toll of Tobacco in the United States*, April 5, 2018, http://www.tobaccofreekids.org/facts_issues/toll_us, derived from U.S. Dept of Health & Human Services (HHS), *"Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables*," https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf) and Centers for Disease Control and Prevention (CDC),"Projected Smoking-related Deaths Among Youth--United States." *Morbidity and Mortality Weekly Report (MMWR)* 45(1996) at 972.

2 U.S. Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General* (2014), at 1 (Executive Summary) (2014 SG Report).

3 *Id.* at 11.

4 CDC, "Cigarette Smoking and Radiation," Dec. 7, 2015, https://www.cdc.gov/nceh/radiation/smoking.htm.

5 2014 SG Report at 2 (Executive Summary).

6 2014 SG Report, at 870.

140,000 years of potential life lost among adults 35 years or older."[7] FDA has observed that "[a]ll cigar smokers have an increased risk of oral, esophageal, laryngeal, and lung cancer compared to non-tobacco users," as well as "other adverse health effects, such as increased risk of heart and pulmonary disease;" "a marked increase in risk for chronic obstructive pulmonary disease;" a higher risk of death from COPD; and "a higher risk of fatal and nonfatal stroke than nonsmokers."[8]

Although much progress has been made in recent years in reducing cigarette smoking prevalence, the continuing devastating impact of smoking on the nation's health is due, in large part, to the highly addictive nature of nicotine in tobacco products. Most smokers want to quit, but are unable to. The 2015 National Health Interview Survey revealed that 68% of adult smokers wanted to stop smoking and over 55% made an attempt to quit during the past year, but only 7.4% recently stopped smoking.[9]

Rhode Island communities are suffering greatly from tobacco-related disease and death. Every year, tobacco takes the lives of approximately 1,800 Rhode Island residents;[10] given current smoking levels, 16,000 Rhode Island children alive today ultimately will die from smoking.[11] Every year, smoking costs the state over $1 billion in direct healthcare expenses and lost productivity.[12] Smoking continues at unacceptably high levels in Rhode Island communities,

---

[7] FDA, "Deeming Tobacco Products to be Subject to the Federal Food, Drug and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products, Final Rule," 81 Fed. Reg. 28974, 29020 (May 10, 2016) (FDA Final Deeming Rule).

[8] *Id.*

[9] CDC. "Quitting Smoking Among Adults - United States, 2000–2015." *MMWR.* 65 (2017) at 1457.

[10] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014,* http://www.cdc.gov/tobacco/stateandcommunity/best_practices/ at 100.

[11] *Id.*

[12] CDC, Best Practices for Comprehensive Tobacco Control Programs 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm at 100, adjusted for inflation and updated to 2009 dollars; Giovino, Gary A., et al. "Cigarette smoking prevalence and policies in the 50 states: an era of change–the Robert Wood Johnson Foundation ImpacTeen Tobacco Chart Book." *Buffalo, NY: University at Buffalo, State University of New York* (2009), at 46, Table 4, adjusted for inflation and updated to 2009 dollars.

including among young people. Across the State, over 14% of Rhode Island adults smoke;[13] every year approximately 2,300 Rhode Island kids under 18 try cigarettes for the first time and 300 become daily smokers.[14] In Rhode Island, the prevalence of cigar smoking among high school boys is more than double that of cigarettes (11.7% vs. 5.0%).[15]

Although cigarettes are the most hazardous tobacco products and take the greatest toll in tobacco-related disease and death, smokeless tobacco[16] also poses significant health risks. Smokeless tobacco has been found to cause oral, pancreatic and esophageal cancer, lesions in the mouth and tooth decay, in addition to being addictive.[17] In 2014, the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) released a global report, *Smokeless Tobacco and Public Health*, which concluded, "There is sufficient evidence that ST [smokeless tobacco] products cause addiction; precancerous oral lesions; cancer of the oral cavity, esophagus, and pancreas; and adverse reproductive and developmental effects including stillbirth, preterm birth, and low birth weight."[18]

---

[13] CDC, Behavioral Risk Factor Surveillance System 2016 online data, http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports

[14] Campaign for Tobacco-Free Kids, *Toll of Tobacco in Rhode Island*, April 12, 2018, (derived from HHS, *"Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables*," (Sept. 7, 2017).

[15] CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR* 65(6), June 10, 2016, at 82, 90.

[16] "Smokeless tobacco" is a category of tobacco products defined in federal law as consisting of "cut, ground, powdered or leaf tobacco" that is intended to be "placed in the oral or nasal cavity" and generally includes moist snuff, chewing tobacco and dry snuff. *See* 21 U.S.C. §387 (18). *See generally*, FDA, "Tobacco Product Standard for N-Nitrosonornicotine Level in Finished Smokeless Tobacco Products," 82 Fed. Reg. 8004 (January 23, 2017).

[17] *See generally*, HHS, *The Health Consequences of Using Smokeless Tobacco: A Report of the Advisory Committee to the Surgeon General*, NIH Publication No. 86-2874, April 4, 1986; National Institutes of Health (NIH), National Cancer Institute (NCI), *Smoking and Tobacco Control Monograph No. 2: Smokeless Tobacco or Health: An International Perspective*, September 1992; NCI & U.S. Centers for Disease Control and Prevention (CDC), *Smokeless Tobacco and Public Health: A Global Perspective*, Bethesda, MD: HHS, CDC and NIH, NCI, NIH Publication No. 14-7983, 2014; HHS, Public Health Service, National Toxicology Program, *Report on Carcinogens, Eleventh Edition*, January 31, 2005; World Health Organization, Scientific Advisory Committee on Tobacco Product Regulation, *Recommendation on Smokeless Tobacco Products*, 2003. .

[18] NCI & CDC, *Smokeless Tobacco and Public Health: A Global Perspective*, Bethesda, MD: U.S. Department of Health and Human Services, CDC and NIH, NCI, NIH Publication No. 14-7983, 2014, at 14.

Moreover, although cigarette smoking in the U.S. has been on the decline, figures from the National Youth Tobacco Survey show that rates of usage of smokeless tobacco among high school adolescents (8.3% among boys and 3.3% among girls in 2016) remain steady, and an estimated 860,000 adolescents have used smokeless tobacco products during the past thirty days.[19] Data from the 2014 National Youth Tobacco Survey (NYTS) also found that 43 percent of high school smokeless tobacco users and about 29% of middle school smokeless tobacco users used these products frequently (20-30 of the previous 30 days).[20] Each year, 402,000 kids ages 12-17 use smokeless tobacco for the first time.[21] In Rhode Island, 8% of high school boys use smokeless tobacco.[22]

Finally, during the past five years, e-cigarettes, which generally deliver a nicotine-containing aerosol to the user, have become the fastest growing segment of the tobacco market. Although much is still uncertain about the long-term health risks from using e-cigarettes, there is little doubt that many e-cigarettes generate toxins, including cancer-causing agents, although generally at levels lower than cigarettes.[23] The vast majority of e-cigarettes, like traditional cigarettes, contain highly addictive nicotine, often at the same levels as traditional cigarettes.[24] For this reason alone, e-cigarettes are a serious threat to young people. Adolescents are particularly vulnerable to the addictive properties of nicotine and nicotine may have lasting adverse effects on

---

[19] CDC, "Tobacco Use Among Middle and High School Students — United States, 2011–2016," *MMWR* 66(23), June 16, 2017, at 599.

[20] CDC, "Frequency of Tobacco Use Among Middle and High School Students — United States, 2014," *MMWR* 64(38):1061-1065, October 2, 2015.

[21] Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2016 National Survey on Drug Use and Health, NSDUH: Detailed Tables,* 2017. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf.

[22] CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR* 65(6), June 10, 2016, at 90.

[23] *See generally,* FDA Final Deeming Rule, at 29029-32.

[24] *Id.* at 29029, 29031.

adolescent brain development.[25] As the Surgeon General has concluded, "The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe."[26]

E-cigarette usage among high school students has surged in recent years, rising from 1.5% in 2011 to 11.3% in 2016.[27] Over 1.6 million high school students and 500,000 middle school students currently use e-cigarettes, more than smoke traditional cigarettes.[28] In Rhode Island, 19.3 percent of high school students use e-cigarettes.[29]

Moreover, new e-cigarette devices are being marketed which are made to look like everyday objects, like computer flash drives, that can easily avoid detection in schools and other places where young people can use them surreptitiously. For example, a new device called JUUL "fits easily in a pocket and looks nondescript when plugged into a laptop's USB drive to recharge or sitting on a desk."[30] As FDA Commissioner Scott Gottlieb recently noted, JUUL-like products "have become wildly popular with kids" and are "more difficult for parents and teachers to recognize or detect . . . ." [31] JUUL's manufacturer claims that the device "delivers a nicotine experience truly akin to a cigarette, with two times the nicotine strength . . . of leading competitive products."[32]

---

[25] *Id.* at 29029, 29047. *See also*, HHS, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General* (2016), at 121-22 (noting lasting damage to adolescent brain development during nicotine exposure) (2016 SG Report).

[26] 2016 SG Report, at 5.

[27] CDC, "Tobacco Use Among Middle and High Students – United States, 2011-2016," *MMWR*, 66(23):597-603, June 16, 2017.

[28] *Id.*

[29] CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR* 65(6), June 10, 2016, at 92.

[30] Anne Marie Chaker, "Schools & Parents Fight a 'Juul' E-Cigarette Epidemic," Wall Street Journal (April 4, 2018), https://www.wsj.com/articles/schools-parents-fight-a-juul-e-cigarette-epidemic-1522677246.

[31] Press Release, FDA, "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 (April 2018), https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm605432.htm.

[32] *See* Press Release, Business Wire, PAX Labs, Inc. Introduces Revolutionary Technologies with Powerful E-Cigarette JUUL (April 21, 2015), https://www.businesswire.com/news/home/20150421005219/en/PAX-Labs-Introduces-Revolutionary-Technologies-Powerful-E-Cigarette.

Research also indicates that e-cigarettes may lead to the use of other more hazardous tobacco products like cigarettes. A Report of the National Academies of Sciences, Engineering & Medicine, *Public Health Consequences of e-Cigarettes* 16-30 (2018), recently concluded: "There is substantial evidence that e-cigarette use increases [the] risk of ever using combustible tobacco cigarettes among youth and young adults."[33] A recent study estimated that, because of e-cigarette use in 2014, 168,000 adolescents and young adults would transition to smoking conventional cigarettes in 2015, eventually becoming daily cigarette smokers, resulting in more than 1.5 million years of life lost.[34] Thus, in addition to the direct harm of e-cigarettes to the health of young people, their increasing use threatens to undermine the progress of communities across the nation, and in Rhode Island, in curbing youth smoking.

II. BARRINGTON'S TOBACCO ORDINANCE, BY PROHIBITING TOBACCO PRODUCT SALES TO PERSONS UNDER 21, WILL REDUCE USE OF TOBACCO PRODUCTS BY YOUNG PEOPLE, PREVENT DISEASE AND SAVE LIVES

A landmark 2015 Report of the Institute of Medicine (now the National Academy of Medicine) of the National Academy of Science, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products* (IOM Report), concluded that raising the minimum age for tobacco sales "will reduce tobacco initiation, particularly among adolescents 15 to 17 years of age, will improve health across the life span, and will save lives."[35] Barrington's prohibition of the sale of tobacco products to persons under 21 years of age (Tobacco 21 Provision)

---

[33] *See also,* Bold KW, et al., "Trajectories of E-Cigarette and Conventional Cigarette Use Among Youth," *Pediatrics,* 2018: 141(1):e20171832 ("…e-cigarette use is prospectively associated with a greater risk of future conventional cigarette use. . .").

[34] Soneji, S, et al., "Quantifying population-level health benefits & harms of e-cigarette use in the United States," *PLOS ONE* 13(3):e0193328, at 1 (March 14, 2018).

[35] IOM Report at 259.

is a science-based measure that will reduce tobacco-related disease and save lives in this community by helping to protect young people from tobacco addiction.

A. Tobacco Initiation Starts with Young People Under 21, Who are Particularly Vulnerable to Nicotine Addiction

The critical importance of the Tobacco 21 provision to public health in Barrington becomes clear when it is understood that, according to national data, 80% of adult smokers begin smoking before age 18 and nearly *95% of adult smokers begin smoking before they turn 21*.[36] The 18-20 year old age range is a pivotal time of transition to regular use of cigarettes.[37] According to one national survey, 18-20 year olds are twice as likely as 16-17 year olds to be current smokers (27.1% vs. 11.4%).[38] The tobacco industry has long known the importance of "getting them while they're young." In 1982, one researcher for the RJ Reynolds Tobacco Co. observed, "If a man has never smoked by age 18, the odds are three to one he never will. By age 24, the odds are twenty to one."[39] The industry well understands what is confirmed by research – because the brain is not fully developed until about age 25, and adolescence is a time of high sensation seeking and peer influence, adolescents and young adults are more likely to engage in risky behaviors such as smoking.[40]

---

[36] HHS, Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. http://doi.org/10.3886/ICPSR36361.v1; see also IOM Report, at 43.

[37] *See* National Survey on Drug Use and Health, 2014, http://www.icpsr.umich.edu/icpsrweb/SAMHDA/. See also: Hammond, D, "Smoking behaviour among young adults: beyond youth prevention," *Tobacco Control*, 14:181 – 185, 2005. Lantz, PM, "Smoking on the rise among young adults: implications for research and policy," *Tobacco Control*, 12(Suppl I):i60 – i70, 2003.

[38] HHS, Substance Abuse & Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings* at 49 (2014), https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf.

[39] RJ Reynolds, "Estimated Change in Industry Trend Following Federal Excise Tax Increase," September 10, 1982, Bates Number 513318387/8390, at 2 http://legacy.library.ucsf.edu/tid/tib23d00;jsessionid=211D4CCF0DBD25F9DC2C9BB025239484.tobacco03.

[40] IOM Report, at 63, 68-69.

Adolescents are particularly vulnerable to the addictive effects of nicotine. According to the IOM Report, "[t]he parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are particularly vulnerable to the effect of nicotine and nicotine addiction."[41] Also, young people can often feel dependent earlier than adults.[42] Key symptoms of dependence can appear after just minimal exposure to nicotine.[43] The IOM Report summarized the evidence: "It is clear that the juxtaposition of numerous risk factors during the adolescent and young adult years is likely to increase the probability that first trial of tobacco use will turn into persistent use."[44] As a result of nicotine addiction, about three out of four teen smokers end up smoking into adulthood, even if they intended to quit after a few years.[45] Not only are individuals who start smoking at younger ages more likely to smoke as adults, they also are among the heaviest smokers.[46] In addition to longer-term health risks such as cancer and heart disease, young people who smoke are at risk for more immediate health harms, like respiratory symptoms, and reduced lung growth.[47]

Delaying the age when young people first experiment or begin using tobacco can reduce the risk of addiction and transition to regular or daily tobacco use and increase their chances of

---

41 IOM Report, at 3.

42 2014 SG Report, at 113, see also HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012 http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html at 24; U.S. Dept. of Health and Human Services, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General* (2010), (Executive Summary) at 4.

43 HHS, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General* (2010) (Executive Summary) at 4.

44 IOM Report, at 82.

45 HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (Fact Sheet)* (2012), at 1 https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html.

46 HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General* (1994), at 6 (2012 SG Report).

47 *Id.* at 6.

successfully quitting if they do become regular users.[48] Noting that the age of initiation is critical, the IOM Report predicts that "increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults."[49] It is no mystery why an internal Philip Morris document expressed the company's fear that "[r]aising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes . . . ."[50]

B. The Vulnerability of the Young to Nicotine Addiction and Tobacco Use Is Exacerbated by Tobacco Industry Marketing, Which Has Long Targeted Youth and Young Adults

The tobacco industry has exploited the vulnerability of the young through its marketing strategies, which have long targeted youth, particularly the 18-20 age group, and continue to do so. Reducing the young people's legal access to tobacco products is an important tool to protect them from being victimized by this industry marketing.

Tobacco companies have heavily targeted young adults through a variety of marketing activities – such as music and sporting events, bar promotions, college marketing programs, college scholarships and parties.[51] Tobacco industry internal documents make clear that long-term

---

[48] See, e.g., Khuder, SA, et al., "Age at Smoking Onset and its Effect on Smoking Cessation," *Addictive Behavior* 24(5):673-7, September-October 1999; D'Avanzo ,B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," Health Reports 9(4):39-46, Spring 1998; Everett, SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine* 29(5):327-33, November 1999; Breslau, N & Peterson, EL, "Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences," *American Journal of Public Health* 86(2):214-20, February 1996.

[49] IOM Report, at 4.

[50] Philip Morris, *Discussion Draft Sociopolitical Strategy*, January 21, 1986, Bates Number 2043440040/0049, at 9, http://legacy.library.ucsf.edu/tid/aba84e00.

[51] Ling, PM, et al., "Why and How the Tobacco Industry Sells Cigarettes to Young Adults: Evidence From Industry Documents," *American Journal of Public Health,* 92(6):908 – 916, June 2002. Sepe, ES, et al., "Smooth Moves: Bar and Nightclub Tobacco Promotions That Target Young Adults," *American Journal of Public Health,* 92(3):414 – 419, March 2002. Ernster, VL, "Advertising and promotion of smokeless tobacco products," *NCI Monograph,* 8:87 – 94, 1989. Griffith, D., "Tobacco pitch to college students: Free samples of smokeless products are offered near campuses," *Sacramento Bee,* May 25, 2004, http://www.calstate.edu/pa/clips2004/may/25may/tobacco2.shtml.

profitability will depend upon increasing consumption within this target market, as these quotations from R.J. Reynolds documents attest:

- "Our aggressive Plan calls for gains of about 5.5 share points of smokers 18-20 per year, 1990-93 (about 120,000 smokers per year) . . .[I]f we hold these YAS [young adult smokers] for the market average of 7 years, they would be worth over $2.1 billion in aggregate incremental profit. I certainly agree with you that this payout should be worth a decent sized investment."[52]

- "eighteen to twenty-four year olds will be [c]ritical to long term brand vitality as consumption increases with age."[53]

- ". . . [t]he number one priority for 1990 is to obtain younger adult smoker trial and grow younger adult smoker share of market."[54]

- "To stabilize RJR's share of total smokers, it must raise share among 18-20 from 13.8% to 40% . . . ASAP."[55]

In 2006, Judge Gladys Kessler of the U.S. District Court for the District of Columbia, after a nine-month trial involving thousands of internal tobacco industry documents, found that the major cigarette companies had engaged in a 50-year conspiracy to defraud the American people about the dangers of tobacco use, holding them liable under the federal Racketeer Influenced and Corrupt Organizations (RICO) Act. She found the evidence "clear and convincing – and beyond any reasonable doubt – that Defendants have marketed to young people twenty-one and under while consistently, publicly, and falsely, denying that they do so."[56] She continued: "Defendants' marketing activities are intended to bring new, young, and hopefully long-lived smokers into the market in order to replace those who die (largely from tobacco-caused illnesses) or quit."[57] In

---

52 Quoted in *United States v. Philip Morris, USA, Inc.*, 449 F.Supp. 2d 1, 564 (D.D.C. 2006), *aff'd in relevant part*, 566 F3d 1095 (D.C. Cir. 2009), *cert. denied*, 130 S.Ct. 3501 (2010).

53 Quoted in *United States v. Philip Morris, supra* at 564.

54 Quoted in *United States v. Philip Morris, supra* at 565.

55 Quoted in *United States v. Philip Morris, supra* at 562.

56 *United States v. Philip Morris, supra* at 691.

57 *Id.*

2014, the Report of the Surgeon General found that the industry's youth marketing was continuing: "[T]he root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products."[58] More recently, the e-cigarette manufacturers, some of which also are leading cigarette companies, have used marketing strategies and tactics that mimic those used for many years to attract youth to smoking, including advertising that associates e-cigarettes with virility and sex appeal, the use of popular celebrities in advertising, sponsorship of musical and sports events with substantial youth attendance, providing free product samples at such events and offering non-tobacco products with tobacco branding.[59]

The tobacco companies have long known that their long-term profitability depends upon continuing to attract the youth market, including young adults, and their marketing has been driven by that understanding. These marketing tactics make it all the more imperative that communities like Barrington be able to implement tools like the Tobacco 21 Provision to help protect their young people from being victimized by predatory industry activities.

C. The Tobacco 21 Provision Will Reduce the Availability of Tobacco Products to Young People Under 18 by Removing 18-20 Year-Olds as Sources of Such Products

In addition to protecting 18-20 year olds from the adverse health effects of tobacco products, raising the minimum age for tobacco sales will make youth in that age group less available as supply sources for younger children, thus reducing the prevalence of tobacco use among children below the age of 18.

---

[58] 2014 SG Report, at 871.

[59] *See* Comments of 24 Public Health Groups in Docket No. FDA-2014-N-0189, RIN 0910-AG38, Proposed Rule on Deeming Tobacco Products to be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products (August 8, 2014) at 21-23 and Exhibits at Tab A.

To the extent that kids below 18 are able to get access to tobacco products despite current restrictions on their legal sale, research shows that youth smokers rely upon supply sources such as friends and classmates. Data from the federal Population Assessment of Tobacco and Health study shows that three in four smokers aged 15-17 obtain cigarettes from social sources, including giving such sources money to buy cigarettes from a store or simply asking the source for cigarettes.[60]

Research shows that underage smokers generally turn to persons close in age to them as supply sources. A study of the sources of cigarettes for minors, based on the California Tobacco Survey, found that the majority of adolescents who smoke are primarily dependent on others for their cigarettes and that "[a]dolescents seemed most likely to get cigarettes from persons that were approximately their own age."[61] "In particular," according to this study, "16 to 17-year olds were more likely to obtain cigarettes from 18-20 year olds than were younger adolescents."[62] Moreover, "[t]he majority of people approached by adolescents to purchase cigarettes were of legal age to do so (18+ years)."[63] Another study of the age groups most likely to be asked to furnish cigarettes to minors found that the subgroups "with the highest rates of being asked to provide tobacco to minors were smokers aged 18 and 19 years, smokers aged 20 to 24 years, and nonsmokers aged 18 and 19 years." [64] Older age groups were far less likely to be asked.

Raising the tobacco sale age to 21 would significantly limit these social sources of tobacco for minors because it "would increase the age gap between adolescents taking up smoking and

---

60 "Highlighted Findings From Wave 1, of the Population Assessment of Tobacco and Health (PATH) Study," Slide 63, presented at 2016 Society for Research on Nicotine and Tobacco Conference, Chicago, Illinois.

61 White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion,* 19(5): 355 – 360, May/June 2005, at 358.

62 *Id.*

63 *Id.*

64 Ribisl, KM, et al., "Which Adults Do Underaged Youth Ask for Cigarettes?" *American Journal of Public Health,* 89(10):1561 – 1564, 1999, at 1562.

those who can legally provide them with cigarettes."[65] For example, it would limit tobacco availability in high schools, where 15 to 17 year olds may have school or social connections to 18 and 19 year olds who can legally buy cigarettes. With the minimum legal sale age set at 21, legal purchasers would be less likely to be in the same social networks as high school students and therefore less able to sell or give them cigarettes. In turn, the supply of cigarettes to younger teens would be diminished as well because their older teen suppliers would have reduced access to tobacco products. The IOM Report found that the greatest impact of raising the legal age to 21 would be on social sources for adolescents between 15-17 years of age.[66] That is the age group where adolescents are at greatest risk of becoming established smokers.[67]

Thus, the Tobacco 21 Provision can be expected to reduce the supply of tobacco products from social sources to the adolescent population in Barrington.

D. The Tobacco 21 Provision Will Reduce the Prevalence of Tobacco-Related Disease and Death in Barrington

Based on a thorough review of the existing scientific literature and predictive modeling based on the existing data, the Institute of Medicine reached these conclusions about the likely health effects of raising the minimum age for tobacco sales:

- Raising the minimum age of legal access to tobacco products, particularly to age 21 or 25, will likely lead to substantial reductions in smoking prevalence.

- Raising the minimum age of legal access to tobacco products will likely lead to substantial reductions in smoking-related mortality.

- Raising the minimum age of legal access (MLA) to tobacco products will likely immediately improve the health of adolescents and young adults by reducing the number of those with smoking-caused diminished health status. As the initial birth cohorts affected by the policy move into adulthood, the benefits of the reductions

---

65 White, et al., *supra* at 359.
66 IOM Report, at 6.
67 White, *supra* at 359.

of the intermediate and long-term adverse health effects will also begin to manifest. Raising the MLA will also likely reduce the prevalence of other tobacco products and exposure to secondhand smoke, further reducing tobacco-related adverse health effects, both immediately and over time.

- An increase in the minimum age of legal access to tobacco products will likely improve maternal, fetal and infant outcomes by reducing the likelihood of maternal and paternal smoking.[68]

The IOM Report found that raising the minimum age for tobacco products to 21 on a national scale will, over time, reduce the overall smoking rate by about 12% and smoking-related deaths by 10%, which translates into 223,000 fewer premature deaths and 4.2 million fewer years of life lost.[69]

Therefore, Barrington's Tobacco 21 provision, by reducing access of young people to tobacco products, can be expected to lower the prevalence of tobacco use in Barrington, reduce the risk of tobacco-related disease and save lives in the community.

III. BARRINGTON'S TOBACCO ORDINANCE LIMITING SALES OF FLAVORED TOBACCO PRODUCTS WILL REDUCE USE OF TOBACCO PRODUCTS BY YOUNG PEOPLE, PREVENT DISEASE AND SAVE LIVES

Barrington's Tobacco Ordinance limits the availability of flavored tobacco products—including cigars, e-cigarettes and smokeless tobacco products-- by providing that flavored products can only be sold in electronic smoking device establishments (Flavored Tobacco Provision).[70] Flavors are responsible for increased usage of cigars, e-cigarettes and smokeless tobacco products in recent years, particularly among kids and young adults.[71] From 2011-2015,

---

68 IOM Report, at 7-9.

69 IOM Report, at 9.

70 The Ordinance would not apply to cigarettes because the federal Tobacco Control Act already prohibits the marketing of cigarettes with flavors other than menthol.

71 *See generally*, Campaign for Tobacco-Free Kids, et al., *The Flavor Trap: How Tobacco Companies Are Luring Kids with Candy-Flavored E-Cigarettes and Cigars* (March 15, 2017). https://www.tobaccofreekids.org/microsites/flavortrap/full_report.pdf

sales increased for flavored cigarillos and flavored chewing tobacco—at a time when cigarette sales have been gradually decreasing.[72] Additionally, the e-cigarette market also continues to grow, estimated to reach $5.5 billion in 2018.[73]

As discussed above, use of any tobacco products by kids is a serious concern because the vast majority of regular smokers become addicted while they are adolescents. Flavored tobacco products make it much more likely that kids will experiment with tobacco and become addicted to nicotine.

A. Use of Flavored Tobacco Products Has Increased Sharply, Particularly Among Kids and Young Adults.

As noted previously, youth usage of e-cigarettes has increased dramatically in recent years. The 2016 Surgeon General Report on e-cigarettes concluded that flavors are among the reasons most commonly cited by youth as a reason for using e-cigarettes.[74] As of January 2014, researchers had identified more than 7,700 unique e-cigarette flavors available online, with an average of more than 240 new flavors being added per month. Among more than 400 available brands, 84 percent offered fruit flavors and 80 percent offered candy and dessert flavors.[75]

The same is true for small cigars and smokeless tobacco, which are frequently flavored. According to the 2012 Surgeon General Report, "Much of the growing popularity of small cigars and smokeless tobacco is among younger adult consumers (aged <30 years) and appears to be linked to the marketing of flavored tobacco products that, like cigarettes, might be expected to be attractive to youth."[76] A 2013 survey of internet tobacco retailers found that more than 40% of cigarette-sized cigars, machine-made cigars, moist

---

72 Kuiper, NM, et al., "Trends in sales of flavored and menthol tobacco products in the United States during 2011-2015," *Nicotine & Tobacco Research*, published online June 1, 2017.

73 Wells Fargo Securities. *Nielsen: Tobacco 'All Channel' Data 3/24*. Equity Research. San Francisco (CA): Wells Fargo Securities, April 3, 2018.

74 2016 SG Report, at 6.

75 Zhu, S-H, et al., "Four Hundred and Sixty Brands of E-cigarettes and Counting: Implications for Product Regulation," *Tobacco Control*, 23(Suppl 3):iii3-iii9, 2014.

76 2012 SG Report, at 539.

snuff smokeless tobacco and dry snuff smokeless tobacco were flavored, including fruit, sweet and mint/menthol.[77]

Kids and young adults have a stronger preference than adults for sweet products. A systematic review of flavor preferences across all consumer products, spanning eight decades, concluded that, "Children have a strong, likely innate, preference for sweet tasting substances such as sugar and artificial sweeteners…Sweet tastes and sweet odours form a powerful sweet flavour mix that can be particularly attractive to children."[78] The tobacco companies have manipulated this innate preference among young consumers to improve the taste and reduce the harshness of tobacco products, making them more appealing and easier for beginners – often kids – to try the product and ultimately become addicted. Internal tobacco industry documents show that tobacco companies have a long history of developing and marketing flavored tobacco products as "starter" products that attract kids.[79]

B. Flavors Appeal Disproportionately to Kids and Young Adults.

No matter what the tobacco product, flavors appeal disproportionately to youth and young adults and are responsible for increasing usage of these products by young people. Data from the government's 2013-2014 Population Assessment of Tobacco and Health (PATH) study found that 80.8% of 12-17 year olds who had ever used a tobacco product initiated tobacco use with a flavored product and 79.8% of current tobacco users had used a flavored tobacco product in the past month. Moreover, for each tobacco product, at least two-thirds of youth report using these products "because they come in flavors I like."[80]

Additional national data from the 2014 NYTS found that 70% of current middle and high school tobacco users – a total of over 3.2 million youth (12% of all American youth) – had used a flavored tobacco

---

[77] Morris, DS, Fiala, SC, "Flavoured, non-cigarette tobacco for sale in the USA: an inventory analysis of Internet retailers," *Tobacco Control*, published online August 8, 2013.

[78] Hoffman, AC, et al., "Flavour preferences in youth versus adults: a review," *Tobacco Control*, published online September 15, 2016.

[79] Marketing Innovations, "Youth Cigarette - New Concepts," Memo to Brown & Williamson, September 1972, Bates No. 170042014. R.J. Reynolds Inter-office Memorandum, May 9, 1974, Bates No. 511244297-4298.

[80] Ambrose, BK, et al., "Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014," *Journal of the American Medical Association*, published online October 26, 2015.

product in the past month.[81] Another national study found that 18.5% of young adult tobacco users (18-34 years old) currently use a flavored tobacco product, with younger age being a predictor of flavored tobacco product use. In fact, the study found that those aged 18-24 years old had an 89% increased risk of using a flavored tobacco product compared to those aged 25-34 years old.[82] Across all products, use of flavors declines with age, reflecting their primary appeal among youth and young adults who are initiating tobacco use.

Although there has been significant progress in reducing youth cigarette smoking in recent years, overall use of tobacco products among youth has not shown any significant declines from 2011 to 2016, with 3.9 million middle and high school students reporting current tobacco product use.[83] The proliferation of flavored tobacco products, particularly e-cigarettes, and the continued popularity of cigars, has hindered progress in reducing overall tobacco product use among youth.

C. Growing E-Cigarette Usage by Kids and Young Adults is Attributable to Flavors

As noted above, e-cigarettes are now the tobacco product most widely used by kids.[84] The prevalence of kid-friendly flavors is largely responsible for their popularity among the young. The 2016 Surgeon General Report on e-cigarettes concluded that flavors are among the most commonly cited reasons for using e-cigarettes among youth and young adults.[85] The 2013-2014 PATH study found that 81% of 12-17 year olds who had ever smoked an e-cigarette used a flavored e-cigarette the first time they tried the product, and 85.3% of current users used a flavored e-cigarette in the last month. Additionally, 81.5% of current youth e-cigarette users said they used e-cigarettes "because they come in flavors I like."[86] JUUL, which makes up over 60 percent of the e-cigarette market share,[87] and which news stories and letters from

---

81 Corey, CG, et al., "Flavored Tobacco Product Use Among Middle and High School Students—United States, 2014," *MMWR* 64(38):1066-1070, 2015.

82 Villanti, AC, et al., "Flavored Tobacco Product Use Among U.S. Young Adults," *American Journal of Preventive Medicine* 44(4):388-391, 2013.

83 CDC, "Tobacco Use Among Middle and High School Students—United States, 2011-2016," *MMWR*, 66(23): 597-603, June 15, 2017.

84 *Id*.

85 2016 SG Report, at 88.

86 Ambrose, BK, et al., 2015.

87 Nielsen Total US xAOC/Convenience Database & Wells Fargo Securities, LLC, in Wells Fargo Securities, Nielsen: Tobacco 'All Channel' Data 5/19, May 29, 2018.

schools have documented as extremely popular among high school students, comes in flavors like mango, fruit medley and cool cucumber.[88]

Flavored e-cigarettes are more popular among youth and young adults than older adults. One study found that compared to college students, high school students were more likely to report experimenting with e-cigarettes because of appealing flavors (47% vs. 33%).[89] The 2013-2014 National Adult Tobacco Survey found that use of flavored e-cigarettes was highest among young adults (ages 18-24), compared to those over age 25, and that flavored e-cigarettes were most popular among adults who were never cigarette smokers.[90]

D. Flavors Make Cigars Attractive to Youth and Young Adults

Cigars continue to be popular among youth, and are more popular than cigarettes among high school boys, with 9.9% of high school boys reporting current cigar use in 2016, compared to 9.1% for cigarettes.[91] Using data from the 1999-2013 Youth Tobacco Surveys, a 2017 study analyzed the impact of the 2009 ban on characterizing flavors in cigarettes on youth tobacco use. The researchers found that cigarette use declined significantly after the ban, whereas cigar and pipe tobacco use significantly increased.[92]

Flavors play a key role in the popularity of cigars among youth and young adults. The 2013-2014 PATH study found that 65.4% of 12-17 year olds who had ever smoked cigars smoked a flavored cigar the first time they tried the product, and 71.7% of current cigar smokers had used a flavored product in the last month. Additionally, 73.8% of current youth cigar smokers said they smoked cigars "because they come in

---

88 See for example Hafner, J. "Juul e-cigs: The controversial vaping device popular on school campuses," *USA Today*, October 31, 2017, https://www.usatoday.com/story/money/nation-now/2017/10/31/juul-e-cigs-controversial-vaping-device-popular-school-campuses/818325001/. Chen, A. "Teenagers Embrace JUUL, Saying It's Discreet Enough to Vape in Class," *NPR*, December 4, 2017, https://www.npr.org/sections/health-shots/2017/12/04/568273801/teenagers-embrace-juul-saying-its-discreet-enough-to-vape-in-class.

89 Kong, G, et al., "Reasons for Electronic Cigarette Experimentation and Discontinuation Among Adolescents and Young Adults," *Nicotine & Tobacco Research* 17(7):847-54, July 2015.

90 Bonhomme, MG, et al., "Flavoured non-cigarette tobacco product use among US adults: 2013-2014," *Tobacco Control*, 25: ii4-ii13, 2016.

91 CDC, "Tobacco Use Among Middle and High School Students—United States, 2011-2016," *MMWR*, 66(23): 597-603, June 15, 2017.

92 Courtemanche, CJ, et al., "Influence of the Flavored Cigarette Ban on Adolescent Tobacco Use," *American Journal of Preventive Medicine*, published online January 9, 2017.

flavors I like."[93] The 2014 NYTS found that 63.5% of middle and high school cigar smokers – a total of 910,000 youth – had smoked a flavored cigar in the past month.[94]

Youth and young adults prefer brands that come in a variety of flavors, and that preference declines significantly with age. In one national study, 95% of 12-17-year-old cigar smokers reported a usual brand that makes flavored cigars compared with 63% of cigar smokers aged 35 and older.[95] Data from the 2013-2014 National Adult Tobacco Survey indicate that use of flavored cigars decreases with age. Flavored cigar use among cigar smokers was 48.3% among 18-24 year olds, 41.0% among 25-29 year olds, 37.1% among 30-44 year olds, 28.8% among 45-64 year olds and 17.8% among those ages 65 and older.[96]

E. Flavored Smokeless Tobacco Products Are Attractive to Youth and Young Adults

As with cigarettes, characterizing flavors in smokeless products mask the tobacco flavor and can make the products appealing to youth. The 2013-2014 PATH study found that 68.9% of 12-17 year olds who had ever used smokeless tobacco used flavored smokeless tobacco the first time they tried the product, and 81% of current smokeless tobacco users had used a flavored product in the last month.[97] The 2014 NYTS found that 58.8% of middle and high school smokeless tobacco users – a total of nearly 700,000 youth – had used flavored smokeless tobacco in the past month.[98]

These data demonstrate the key role that flavors play in increasing the usage of tobacco products by youth and young adults. The flavors provision of the Barrington Ordinance would significantly reduce the availability of these products to youth and young adults by restricting the retail sale of such products to electronic smoking device establishments.

CONCLUSION

---

93 Ambrose, BK, et al., 2015.
94 Corey, CG, et al., 2015.
95 Delnevo, C, et al., "Preference for flavoured cigar brands among youth, young adults and adults in the USA," *Tobacco Control* 24(4):389-94, 2015.
96 Bonhomme, MG, et al., 2016.
97 Ambrose, BK, et al., 2015.
98 Corey, CG, et al., 2015.

Barrington's Tobacco Ordinance is a science-based law that will reduce the prevalence of youth usage of tobacco products in this community and prevent countless local residents from the debilitating and often fatal effects of tobacco-related disease. For these reasons, there are compelling public health reasons for local communities in Rhode Island like Barrington to have the authority to enact and implement such life-saving measures.

Date: June 1, 2018

Respectfully submitted

/s/ Robert J. McConnell
Robert J. McConnell (R.I. Bar #3888)
MOTLEY, RICE, LLC
55 Cedar St., Suite 100
Providence, RI 02903

Of counsel:

Dennis A. Henigan
Mark Greenwold
CAMPAIGN FOR TOBACCO-FREE KIDS
1400 Eye St., NW, Suite 1200
Washington, D.C. 20009

CERTIFICATION

I hereby certify that on this 1st day of June, 2018, I caused a true copy of the within document to be electronically filed and served via the Rhode Island Judiciary's Electronic Filing System where this document is available for viewing and/or downloading.

/s/ Susan Hargreaves

APPENDIX

Description of *Amici Curiae*

1. American Cancer Society Cancer Action Network, Inc.

   American Cancer Society Cancer Action Network, Inc. ("ACS CAN") is the nonpartisan advocacy affiliate of the American Cancer Society, a nationwide, community-based voluntary health nonprofit organization. Because smoking is a principal cause of lung and other forms of cancer, ACS CAN has been a leader in educating the public about the dangers of using tobacco products and in advocating for policies and programs to discourage tobacco initiation and encourage cessation. ACS CAN advocates for effective tobacco control at every level of government, including supporting efforts by the town of Barrington to restrict access to tobacco products by youth. ACS CAN has 50 advocates in the State of Rhode Island.

2. American Heart Association

   The American Heart Association is a voluntary health organization that, since 1924, has been devoted to saving people from heart disease and stroke—the two leading causes of death in the world. AHA teams with millions of volunteers to fund innovative research, fight for stronger public health policies, and provide lifesaving tools and information to prevent and treat these diseases. The Dallas-based association with local offices in all 50 states, as well as in Washington, D.C. and Puerto Rico, is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke.

3. American Lung Association

   The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. For more than 110 years, we have led the fight for healthy lungs and healthy air, including our strategic imperative to eliminate tobacco use and tobacco-related diseases.

4. Campaign for Tobacco-Free Kids

   The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. The Campaign envisions a future free of the death and disease caused by tobacco, and it works to save lives by advocating for public policies that prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke.

5. City of Providence, Rhode Island

   Providence, with a population of nearly 180,000, is the capital of Rhode Island and the center of a metropolitan area including 1.6 million residents. The City of Providence has a

unique interest in this case given of our commitment to reducing youth tobacco access in the retail environment.

6. Rhode Island Thoracic Society

The Rhode Island Thoracic Society is a state chapter of the American Thoracic Society, whose mission is to improve health worldwide by advancing research, clinical care, and public health in respiratory disease, critical illness, and sleep disorders. More than 15,000 physicians, research scientists, nurses, and other allied health professionals are members of the national organization, with approximately 60 members in Rhode Island.

7. Tobacco Control Legal Consortium

The Tobacco Control Legal Consortium is a national network of nonprofit legal centers working to protect the public from the devastating health consequences of tobacco use. The Consortium is a program of the Public Health Law Center, Inc., located at Mitchell Hamline School of Law in Saint Paul, Minnesota. Affiliated legal centers include: ChangeLab Solutions in Oakland, California; Legal Resource Center for Tobacco Regulation, Litigation & Advocacy at the University of Maryland School of Law in Baltimore, Maryland; Public Health Advocacy Institute and the Center for Public Health and Tobacco Policy at Northeastern University School of Law in Boston, Massachusetts; Smoke-Free Environments Law Project at the University of Michigan in Ann Arbor, Michigan; and Tobacco Control Policy and Legal Resource Center at New Jersey GASP in Summit, New Jersey.

8. Truth Initiative

The Truth Initiative envisions an America where tobacco is a thing of the past and where all youth and young adults reject tobacco use. Truth Initiative‘s proven -effective and nationally recognized public education programs include truth®, the national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; EX®, an innovative smoking cessation program; and research initiatives exploring the causes, consequences, and approaches to reducing tobacco use. Truth Initiative also develops programs to address the health effects of tobacco use–with a focus on priority populations disproportionately affected by the toll of tobacco–through alliances, youth activism, training, and technical assistance. Located in Washington, D.C., Truth Initiative was created as a result of the November 1998 Master Settlement Agreement between attorneys general from 46 states, five U.S. territories, and the tobacco industry.