

## **POLICIES TO REDUCE DEATH AND DISEASE RELATED TO THE USE OF TOBACCO PRODUCTS AND ADDRESS THE E-CIGARETTE EPIDEMIC**

**Joint principles of the following organizations representing frontline physicians:**

**American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Physicians  
American College of Obstetricians and Gynecologists  
American Osteopathic Association  
American Psychiatric Association**

On behalf of the more than 597,000 physicians and medical students represented by the combined memberships of the above organizations, we adopt the following principles regarding policies to reduce death and disease related to the use of tobacco products and to address the recent epidemic in youth use of e-cigarettes.

While the implementation of evidence-based policies by federal, state, and local governments to reduce tobacco use is considered one of the great public health achievements of the 20th century, tobacco use remains the leading cause of preventable death. Every year, almost a half million adults in the United States die prematurely as a result of smoking.

Recent reductions in the use of tobacco products, however, are being threatened by a surge in use of e-cigarettes, especially by young people. From 2017 to 2019, current e-cigarette use increased by 135% among high school students. Sleek and compact new e-cigarette products that contain high levels of nicotine and come in youth appealing flavors are causing a vaping epidemic in children, leading to increasing nicotine addiction, and resulting in cases of severe lung illness. Additionally, one in 14 women who gave birth in the United States in 2016 reported smoking during pregnancy. Despite the many known significant health risks for women and fetuses, many tobacco manufacturers target women with specific marketing that “feminizes” tobacco products. Urgent action is needed to stop these trends before the historic progress that has been made toward reducing youth tobacco use is undone. Despite marketing from tobacco companies designed to convince consumers otherwise, no e-cigarette products have been approved by the Food and Drug Administration (FDA) for smoking cessation. Policies should support the use of—and development of more effective—FDA-approved smoking cessation therapies.

**Strengthening FDA regulation and enforcing premarket review.** The Tobacco Control Act gave the FDA strong authority to regulate tobacco products. Among other provisions, it requires new tobacco products to receive marketing authorization from the FDA based on data sufficient to show that the product is appropriate for the protection of public health. FDA’s failure to enforce premarket review for e-cigarettes has fueled the youth vaping epidemic. FDA must begin premarket review for e-cigarettes as soon as possible and ensure that products without authorization are removed from the marketplace.

**Prohibiting flavored tobacco products.** Decades of research make clear that flavored tobacco products attract children and are a significant contributor to the development of lifelong tobacco addiction. Youth consistently report that they begin using tobacco products because they come in flavors they like, and the vast majority of adolescents and young adults who use tobacco products reported use of a flavored

product. Current evidence does not support that flavored products can be marketed to adults without attracting children nor that flavored e-cigarettes are necessary to help adults stop use of combustible cigarettes. Congress and FDA should act to eliminate flavored tobacco products, including menthol cigarettes, from the marketplace.

**Raising the tobacco purchase age.** More than 90% of adult smokers begin smoking before the age of 18 and 95% begin before the age of 21. A growing body of evidence, including a report by the Institute of Medicine (IOM), shows that increasing the purchase age of tobacco products to 21 would significantly reduce adult daily tobacco use and would lead to thousands of fewer deaths from tobacco-related disease. Raising the purchase age would reduce the number of young people who are legally able to buy these products and would reduce access to tobacco products through social sources among adolescents. Raising the purchase age to 21 is a smart public health intervention that can prevent youth from using these products in the first place. Congress should act quickly to raise the tobacco purchase age nationwide to 21 years of age.

**Preserving smoke-free environments.** Tobacco use harms not only individual tobacco users but also others who are exposed through secondhand and thirdhand tobacco smoke and vapor exposure. We support continued work to strengthen tobacco-free environments (indoors and public places).

**Preventing harmful tobacco marketing.** Tobacco product marketing has historically misrepresented the health risks associated with tobacco use and targeted youth and vulnerable populations. FDA must vigilantly enforce restrictions on the use of health claims in tobacco marketing. Marketing tactics that appeal to children must be strictly prohibited.

**Funding tobacco prevention, research, and treatment efforts.** Effective tobacco prevention efforts at the state and federal levels must be appropriately funded. In addition, tobacco cessation treatment and counseling should be covered by payers without cost sharing. Additional research is needed to better advance tobacco regulatory science and the health impacts of e-cigarette use. Tobacco taxes have been shown to significantly reduce tobacco use and can be used to fund tobacco prevention programs.