February 11, 2019

Randi Frank  
Office on Smoking and Health  
Centers for Disease Control and Prevention  
4770 Buford Hwy, Mail Stop S107-7  
Atlanta, Georgia 30341

RE: CDC-2018-0115; Advancing Tobacco Control Practices To Prevent Initiation of Tobacco Use Among Youth and Young Adults, Eliminate Exposure to Secondhand Smoke, and Identify and Eliminate Tobacco-Related Disparities; Request for Information

Dear Ms. Frank,

The Children’s Hospital Association (CHA) appreciates the opportunity to provide comments on the Centers for Disease Control and Prevention (CDC) request for information on advancing tobacco control practices to prevent initiation of tobacco use among youth and young adults. We support the recognition by the Department of Health and Human Services (HHS) and the CDC’s focus on the dramatic increase in e-cigarette use, particularly flavored products, among our nation’s youth. On behalf of the nation’s children’s hospitals, we thank you for the steps HHS is taking to address this epidemic.

Children’s hospitals are vital providers for all children, treating children across the country who are uninsured, underinsured, enrolled in Medicaid, or covered by commercial insurance. Although they care for the majority of children with serious illnesses and complex chronic conditions, children’s hospitals also play a key role in caring for the overall health and wellbeing of the children they serve. Our institutions are committed to responding to the health needs of their communities.

Beyond serving as the foundation of children’s health care, children’s hospitals are also major community partners that support child health broadly outside the walls of the hospital. This includes engaging with their communities to educate and increase awareness of the risks associated with tobacco and e-cigarette use. The need for this engagement is imperative as e-cigarette use has increased dramatically over the past decade. According to the Surgeon General’s advisory on e-cigarette use among youth, current e-cigarette use increased 78 percent among high school students during the past year; with 3.6 million youth, 1 in 5 high school students and 1 in 20 middle school students, currently using e-cigarettes.¹

E-cigarettes, originally intended to assist adults with smoking cessation, are very appealing to youth because of their design and sweet or fruity flavors. Successful marketing campaigns launched by e-cigarette manufacturers have led to increased use of e-cigarettes, and a misconception among youth that e-cigarettes are not as harmful as other tobacco products. This misconception is particularly alarming because there is approximately the same amount of nicotine in a single e-cigarette pod as in a full pack of cigarettes.

The growing number of youth using e-cigarettes, along with the addictive nature of nicotine, demonstrates the vital need to address this issue. Youth and young adults are particularly vulnerable to the effects of nicotine, as brain development continues into the early to mid-twenties. There is currently little research or data available that provides a clear understanding


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of the impacts of nicotine on youth and young adults. Available research does show that exposure during this particularly vulnerable time in brain development may result in permanent neurological changes that can lead to a lifelong addiction to nicotine. We respectfully submit the following comments in support of the administration to address this issue. Specifically, we support increased research on treatment options, more emphasis on prevention by improving access to education on the risks of e-cigarette use and ways to reduce and eliminate use.

**Increased research is needed to identify treatment options for youth**

There is currently very little research on evidence-based approaches to address youth nicotine addiction and cessation. Successful treatment of nicotine addiction for youth does not look the same as it does for adults. Teenagers with nicotine addiction often times have a co-occurring mental health condition and there is little evidence to support the types of therapies that may be successful in treating an e-cigarette addiction in young people. Addiction experts primarily rely on counseling for teenagers; however, these treatment programs are limited.

The Food and Drug Administration (FDA) recently held a hearing to address this issue and explore possible therapeutic treatment options for youth e-cigarette addiction. Investing in research to identify effective treatment programs for an increasing number of youth who are living with a nicotine addiction because of e-cigarette use is an investment in their future health and wellbeing. There is an opportunity for the CDC to invest in the nation’s future and be proactive in identifying effective treatment programs for youth struggling with a nicotine addiction.

**Prevention as the primary goal**

The most effective solution to the growing epidemic of e-cigarette use among our nation’s youth is the prevention of the use of these products in the first place. Increased education and awareness about the risks associated with e-cigarette use for youth and their families is critical. A recent study from the National Institutes of Health showed that 66 percent of teenagers using e-cigarettes believe that there is only flavoring in the product; with only 13 percent realizing that nicotine was an ingredient. Additional research reflects these findings, showing that about 80 percent of youth do not see risk of harm from e-cigarettes.

Increasing resources for parents and educators to raise awareness and educate youth on the risks of e-cigarettes is an important tool in reducing usage. The FDA’s recently released Real Cost Youth E-cigarette Prevention Campaign, encompassed in its broader Youth Tobacco Control Prevention Plan, leverages an advertising campaign to educate children and youth about the dangers of e-cigarettes. A commitment to increase access to education and prevention programs in schools in particular is an investment in future generations.

Children’s hospitals are also working to address the issue of prevention in various ways. For example, some children’s hospitals are working with their communities to prevent access to e-cigarettes through the passage of Tobacco 21 (T21) laws that increase the age of purchase for tobacco and e-cigarette products from 18 to 21 years. These laws are impactful in preventing e-cigarette use because research shows that 95 percent of adult smokers began smoking before the age of 21 and 80 percent of new smokers are under 21. Raising the legal age to purchase tobacco and e-cigarettes to age 21 is important because children’s hospitals have learned that youth often times obtain tobacco and e-cigarette products from older siblings or friends, aged 18 to 20, who are currently able to purchase them legally. Creating barriers, such as raising the legal age to purchase these products to age 21, limits access for susceptible youth and aids in the prevention of tobacco and e-cigarette use.

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Additional policy opportunities

A recent study has also shown that strong local tobacco retail licensing (TRL) requirements may reduce e-cigarette use. The study found that youth living in areas with strong local TRL were less likely to begin using e-cigarettes compared to youth living in areas with less stringent regulations.\(^4\) Currently, 16 states require retail licenses to sell e-cigarettes over the counter.\(^5\) The FDA has also expressed interest in increasing enforcement on e-cigarette sales to youth in convenience stores and other retail sites.

Furthermore, recent efforts by the FDA to encourage e-cigarette retailers to limit or eliminate the sale of flavored e-cigarette products by issuing warning letters and fines, demonstrates a commitment to limiting access to flavored products that target youth and young adults. Research on e-cigarette use has indicted that flavors are key to enticing use among teenagers. In addition, marketing research has shown that greater exposure to tobacco product marketing is related to a higher likelihood of e-cigarette use. A crucial component of the FDA’s Youth Tobacco Prevention Plan is curbing marketing of tobacco products aimed at youth. Limiting the marketing of tobacco and e-cigarette products and regulating or banning access to flavored products both present opportunities to reduce as well as prevent new usage of e-cigarettes.

Thank you for the opportunity to provide comments on innovative strategies to prevent and eliminate tobacco and e-cigarette use among youth and young adults. A proactive approach to addressing the need for effective treatment options, increased access to educational resources and exploration of policy options geared towards prevention are vital to addressing this epidemic. We applaud the CDC’s efforts to address the issue of increased e-cigarette use among youth. If we can provide additional information or otherwise be of assistance, please contact Rachel Bonesteel at (202) 753-5339 or rachel.bonesteel@childrenshospitals.org.

Best Regards,

Mark Wietecha
President and Chief Executive Officer

\(^4\) Astor et al. Tobacco Retail Licensing and Youth Product Use. *Pediatrics.* Originally published online January 7, 2019; Pediatrics

\(^5\) CDC State Tobacco Activities, July 2018