Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for House Bill 7070. With the rapid and concerning increase in e-cigarette use among youth, which I will highlight later in my testimony, it is imperative to have comprehensive and effective school policies related to tobacco use. Superintendents across the state need tools and prevention strategies to combat this issue. This bill would allow adoption of consistent policies, curriculums, and programs relating to the health risks of e-cigarettes.

School Policies on Electronic Nicotine Delivery Systems
Effective January 1, 2018, Rhode Island law prohibits the use of all tobacco products including e-cigarettes in schools and related properties. Although this state law is in effect, in order to be effective, schools must also update their policy on how they plan to enforce the state law – this is why this bill is so important.

School enforcement policies should:

- Focus enforcement on education and cessation support
- Be aligned with other tobacco enforcement strategies
- Include education about impacts of e-cigarettes and tobacco products
- Include referral to a school counselor or social worker
- Notify the parent/guardian
- Confiscate the product

These elements are included in the *Rhode Island Smoke-Free School Policy* produced by Tobacco Free Rhode Island, a statewide network of organizations and individuals working to reduce tobacco use. We recommend that this model policy be used as this work moves forward.

When developing effective school policies and health curriculum related to the risks associated with e-cigarette use, it is important that the Rhode Island Department of Education (RIDE) collaborates with the Rhode Island Department of Health (RIDOH). RIDOH’s Tobacco Control Program monitors tobacco use among youth, evaluates emerging and best practices to reduce tobacco initiation, and provides and supports evidence-based cessation services to individuals who utilize tobacco products. Rhode Island KIDS COUNT requests your consideration of a possible amendment to the language of the bill that would include RIDE collaborate with RIDOH to ensure that the curriculums, programs, and policies created to combat the youth vaping epidemic are comprehensive and effective.
Background Data on Increase of E-cigarette Use Among Youth
Rhode Island KIDS COUNT has been tracking youth who report using tobacco and nicotine products for many years. While tremendous progress had been made to decrease youth cigarette use in the previous decade, youth use of electronic cigarettes has recently rapidly increased. On December 18, 2018, the U.S. Surgeon General declared use of e-cigarettes among youth an epidemic.1

- **Declines in Youth Use of Traditional Cigarettes:** The percentage of Rhode Island middle school students who report ever trying cigarettes declined from 16% in 2007 to 5% in 2019. Current cigarette use also declined from 4% to 2% during that time period. Similar declines were reported among Rhode Island high school students. Between 1997 and 2019, reports of ever trying a cigarette declined from 69% to 18% and current cigarette use declined from 35% to 4%.2

- **Rising Youth Use of Other Tobacco Product including ENDS or E-Cigarettes:** Electronic vapor products are one of the most popular emerging products being used. The latest data shows that in 2019, 49% of Rhode Island high school students report ever using an electronic vapor product and 30% reported current use in the past 30 days. Similarly, 16% of Rhode Island middle school students reported ever using an electronic vapor product and 7% reported current use during that time.3 Results reported by the *Journal of the American Medical Association* determined that flavors such as mint and mango were the most popular flavors among high school students.9

**Electronic Cigarettes Harmful to Youth:**
E-cigarettes are harmful to youth and contain nicotine, a highly addictive chemical that can harm brain development which continues through the teens and into the early to mid 20’s.4,5 Some e-cigarette pods can have up to as much nicotine as a pack of traditional cigarettes and some e-cigarette products that market themselves as having zero nicotine have been found to contain nicotine.6,7 Young people who use e-cigarettes may be more likely to transition to regular cigarettes and increase the frequency and amount of cigarette smoking in the future.8 Bystanders can breathe in exhaled or “secondhand” aerosols from an e-cigarette user.9

**Suspensions related to Tobacco Use in Schools**
An indication of why this bill is important and timely is the increase we have observed in suspensions related to tobacco use – including e-cigarettes. As you know, the General Assembly passed a law that restricts the use of out-of-school suspensions to situations when a child’s behavior poses a demonstrable threat that cannot be dealt with by other means.11 During the 2016-2017 school year, there were 223 suspensions related to tobacco use. During the 2017-2018 school year, **there were 833 suspensions related to tobacco use, including 425 in-school suspensions and 414 out-of-school suspensions.**12 This bill would ensure children and youth receive education on the health risks of e-cigarettes, establishes school enforcement policies, and is a critical step towards preventing children and youth from using e-cigarettes and addressing the alarming increase in school suspensions related to tobacco use in schools.

**Closing**
Youth use of tobacco and nicotine products, including ENDS and electronic cigarettes is a serious public health issue in Rhode Island. This bill is an important step forward to addressing the youth vaping epidemic. Thank you for the opportunity to provide testimony and for your continued leadership on children’s health.
References
2 Rhode Island Department of Health, Youth Risk Behavior Survey, 1997-2019
8 Rhode Island General Law. 23-20.9.5
9 Rhode Island General Law, and schools are required to post this signage. 16-2-17.1.