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H7805 Testimony Re: Sale of Tobacco Products in Pharmacies

House Health & Human Services Committee

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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today regarding House Bill 7805. Rhode Island KIDS COUNT supports this legislation which prohibits the sale of tobacco products in pharmacies.

Rapid Increase in Youth Use of Electronic Nicotine Delivery Systems (ENDS) also known as E-Cigarettes or Vaping

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. In Rhode Island in 2019, 49% of high school students reported 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
- **ENDS (Electronic Cigarettes or products like JUUL) are Harmful to Youth:** Although e-cigarettes pose less risk to an individual than traditional cigarettes, e-cigarettes are harmful to youth.^{4,5} E-cigarettes contain nicotine, a highly addictive chemical that can harm brain development which continues through the teens and into the early to mid-20s. 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 use.

Public Health Benefits of this Bill

Prohibiting the sale of tobacco products at pharmacies is a smart public health measure to address youth tobacco use. Evidence indicates that tobacco price promotions are more common at pharmacies than at almost all other tobacco retailers, and a 2017 study found that 85% of pharmacy tobacco retailers use price promotions to advertise tobacco products in ways that appeal to youth. This prevalence exceeded convenience stores without a gas station, beer, wine, and liquor stores, and even tobacco stores.⁹

Prohibiting tobacco sales in pharmacies reduces tobacco retailer density. This has been seen in Massachusetts and California, where cities that banned the sale of tobacco in pharmacies saw a three times greater reduction in retailer density compared to cities that did not.¹⁰

Removing tobacco sales from pharmacies can encourage users to quit. In February 2014, CVS announced its decision to stop selling tobacco products, becoming the first retail pharmacy chain in the U.S. to take such action. In addition, during the two years after CVS stopped selling tobacco, quit attempts increased by 2.21% among people who smoke and live in counties with a high density of CVS stores compared to people who smoke and live in an area with no CVS stores.¹¹

Closing

For all these reasons, we urge you to pass House Bill 7805. Thank you for the opportunity to testify.

References

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- ^{2,3} Rhode Island Department of Health, Youth Risk Behavior Survey, 1997-2019
- ⁴ E-cigarette use among youth and young adults: A report of the Surgeon General - Executive summary. (2016). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- ^{5,9} Public health consequences of e-cigarettes. 2018. Washington, DC: The National Academies of Sciences, Engineering, and Medicine.
- ⁶ Centers for Disease Control and Prevention. (2018). Quick facts on the risks of e-cigarettes for kids, teens, and young adults. Retrieved October 17, 2018, from www.cdc.gov
- ⁷ Goniewicz, M., et al. (2015). Nicotine levels in electronic cigarette refill solutions: A comparative analysis of products from the United States, Korea, and Poland. *Int J Drug Policy*, 26(6),583–588.
- ⁸ Barrington-Trimis, J., et al. (2016). E-cigarettes and future cigarette use. *Pediatrics*, 138. (1), e20160379.
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- ¹¹ Ali, Fatma Romeh M., et al. "Tobacco-Free pharmacies and US adult smoking behavior: evidence from CVS health's removal of tobacco sales." *American journal of preventive medicine* 58.1 (2020): 41-49.