REPORT OF THE BOARD OF TRUSTEES

B of T Report 8-A-18

Subject: Annual Update on Activities and Progress in Tobacco Control: March 2017 through February 2018

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This report summarizes American Medical Association (AMA) activities and progress in tobacco control from March 2017 through February 2018 and is written pursuant to AMA Policy D-490.983, “Annual Tobacco Report.”

TOBACCO USE IN THE UNITED STATES: CDC MORBIDITY AND MORTALITY WEEKLY REPORTS (MMWR)

According to the Centers for Disease Control and Prevention (CDC) tobacco use remains the leading preventable cause of disease and death in the United States with an estimated 480,000 premature deaths annually, including more than 41,000 deaths resulting from secondhand smoke exposure. These data translate to about one in five deaths related to tobacco use annually, or 1,300 deaths every day. From March 2017 through February 2018, the CDC released 13 MMWRs related to tobacco use. These reports provide useful data that researchers, health departments, community organizations and others use to assess and develop ongoing evidence-based programs, policies and interventions to eliminate and/or prevent the economic and social costs of tobacco use.

2017:

2018

Youth Smoking Rates and Trends

According to the June 16, 2017 MMWR, which was an analysis of data from the 2011-2016 National Youth Tobacco Surveys (NYTS), there were substantial increases in electronic cigarette (e-cigarette) and hookah use among high school and middle school students, whereas significant decreases were observed in the use of cigarettes, cigars, smokeless tobacco, pipe tobacco, and bidis. The NYTS is a cross-sectional, voluntary, school-based, pencil-and-paper questionnaire self-administered to U.S. middle and high school students. A three-stage cluster sampling procedure was used to generate a nationally representative sample of U.S. students attending public and private schools in grades 6–12.

Specifically among all high school students, current use of any tobacco product did not change significantly from 2011 (24.2%) to 2016 (20.2%); however, there was a significant decrease in current use of any combustible tobacco product (21.8% to 13.8%). The use of e-cigarettes increased from 1.5% to 11.3% during this same period.
In 2016, among youth tobacco products users, 47.2% of high school students and 42.4% of middle school students used 2 or more tobacco products. E-cigarettes were the most commonly used tobacco product among high school (11.3%) and middle school (4.3%) students.

The authors highlight the need for sustained efforts to implement proven tobacco control policies and strategies that are critical to preventing youth use of all tobacco products. There is concern about the rising popularity of e-cigarettes. The FDA deeming rule that went into effect in August 2016, gives FDA jurisdiction over products made or derived from tobacco, including e-cigarettes, cigars, pipe tobacco and hookah tobacco. This oversight could reduce youth tobacco product initiation and use if combined with other environmental strategies such as taxes and raising the purchase age to 21.

Adult Smoking Rates

To assess progress toward the Healthy People 2020 target of reducing the proportion of U.S. adults aged 18 years and older who smoke cigarettes to 12.0% or lower, the January 19, 2018 MMWR analyzed data from the 2016 National Health Interview Survey (NHIS). The NHIS is an annual, nationally representative in-person survey of the noninstitutionalized U.S. civilian population. The NHIS core questionnaire is administered to a randomly selected adult in the household (the sample adult).

In 2016, the prevalence of current cigarette smoking among adults was 15.5%, which was a significant decline from 2005 (20.9%); however, no significant change has occurred since 2015 (15.1%). Current cigarette smoking prevalence was higher among males (17.5%) than among females (13.5%). By age group, prevalence was higher among adults aged 25–44 years (17.6%) and lower in adults 65 and older (8.8%).

Veterans Smoke at Higher Rates

The January 12, 2018 MMWR looked at tobacco use among military veterans in the U.S. from 2010-2015. An estimated 30% of veterans reported tobacco use and among those, 7% reported use of two or more tobacco products. Cigarettes were the most commonly used tobacco product (21.6%), followed by cigars (6.2%), smokeless tobacco (5.2%), roll-your-own tobacco (3.0%), and pipes (1.5%). Within subgroups of veterans, current use of any of the assessed tobacco products was higher among persons aged 18–25 years (56.8%), Hispanics (34.0%), or persons with less than a high school diploma (37.9%).

The authors highlighted the significant impact of tobacco use among veterans on healthcare costs. During 2010, the Veterans Health Administration (VHA) spent an estimated $2.7 billion on smoking-related ambulatory care, prescription drugs, hospitalization, and home health care for the segment of the veteran population receiving VHA services. Tobacco use among active military personnel can eventually contribute to VHA expenditures. Reducing tobacco use among both active duty military and veterans can therefore result in a substantial reduction in tobacco-related morbidity and mortality and billions of dollars in savings from averted medical costs.

Recommendations to address the high rates of tobacco use in veterans include promoting cessation to current military personnel and veterans, implementing tobacco-free policies at military installations and Veterans Affairs medical centers and clinics, increasing the age requirement to buy tobacco on military bases to 21 years, and eliminating tobacco product discounts through military retailers.
AMA TOBACCO CONTROL ACTIVITIES

AMA Calls on Walgreens to Stop Selling Cigarettes

According to an online survey, 82% of Walgreens’ shoppers surveyed agreed that “the primary focus of stores with pharmacies should be to sell products that help people get and stay healthy” and 73% reported that they favor a ban on tobacco sales at Walgreens. The survey was conducted by the Truth Initiative, a national nonprofit focused on eliminating tobacco use through youth engagement research and education.

The survey results were highlighted in a joint letter (January 2018) signed by the AMA and other medical and health groups calling on Walgreens to discontinue sales of tobacco products. The letter to the Walgreens Chief Medical Officer cited research that confirms that retail marketing, in-store advertising, and displays are associated with compromising quit attempts and cause the initiation and progression of tobacco use among young people. The letter also called on Walgreens to:

- refrain from opposing policies that reduce tobacco use including those that require tobacco-free retailers and regulate retail licensing and density;
- eliminate sales of tobacco products while continuing to sell FDA approved nicotine therapies; and
- employ pharmacy-based plans to assist smokers with quit attempts including cessation counseling.

The AMA opposed sales of tobacco products in pharmacies as early as 2003. As stated in the Board of Trustees Report 02-I-03, “Opposition to Sales of Tobacco in Pharmacies”, the sale of tobacco products in pharmacies presents an ethical conflict for pharmacists; sends unhealthy, mixed messages to consumers about the role of pharmacies in the community; is not a clear economic necessity; and negatively affects the health of our patients. By selling and promoting tobacco, pharmacies undermine the tobacco control efforts of the rest of the health community.

AMA first adopted its policy calling for a ban on sales of tobacco products in pharmacies in 2009 and reaffirmed Policy D-495.994, in 2013.

Declines in Smoking in Movies Stalled since 2010

In response to the July 7, 2017, MMWR, Tobacco Use in Top-Grossing Movies - United States, 2010–2016, the AMA signed on to a letter to film industry leaders demanding that movie producers, distributors and exhibitors apply an R-rating to all films that include depictions of smoking or tobacco. According to the MMWR, the average number of tobacco incidents increased 55% in youth-rated movies with any tobacco depiction from 22 incidents in 2010 to 34 incidents in 2016. Previous studies had shown a steady decline, and if that trend had continued, all youth-rated films would have been smoke-free by 2015.

The AMA was one of several organizations, including the American Academy of Pediatrics, American College of Physicians, American Heart Association, American Lung Association, American Public Health Association and others, who signed the letter citing the report. The medical and public health groups set a deadline of June 1, 2018 for the industry to end its practice of using tobacco depictions in youth-rated movies because research has shown these images have a direct impact on children.
In a press statement, AMA President Dr. David O. Barbe said “We urge the motion picture industry to listen to the collective plea of the nation's physicians and once and for all apply an 'R' rating to films depicting cigarette smoking to help keep lethal, addictive tobacco products out of the hands of young people. We will continue to advocate for more stringent policies and support efforts to protect our nation's youth from the dangers caused by tobacco use.”

**AMA House of Delegates Continues to Support Strong Tobacco Control Policies**

The AMA House of Delegates adopted new or modified existing tobacco control policies at its 2017 Annual Meeting and 2017 Interim Meeting. Among the policies adopted was H-490.905, “Use of Tobacco Industry-Sponsored Cessation and Prevention Materials,” which called on physicians to use smoking cessation materials from credible sources when talking with their patients. Physicians and health organizations are urged to avoid providing to patients and consumers information or materials on tobacco cessation that come from tobacco companies or other groups aligned with the tobacco industry.

The AMA also adopted D-490.974, “Corrective Statements Ordered to be Published by Tobacco Companies for the Violation of the Racketeer Influenced and Corrupt Organizations Act,” that calls for educating the public and policymakers about the organized conspiracy of several tobacco companies to commit fraud and mislead consumers about the negative health effects of tobacco use. In 2006, several tobacco companies were found in violation of the U.S. Racketeer Influenced and Corrupt Organizations (RICO) Act. Ten years after that decision, the U.S. Court of Appeals finalized the content of the corrective statements the companies are required to make public.

Under this policy, the AMA will work with state and medical specialty societies as well as public health organizations to increase public awareness of the tobacco companies that were found in violation of the RICO Act and the corrective statements that they are being required to publish. The policy also encourages state and medical specialty societies to work with appropriate public health organizations in their states to help identify public policies that may have been directly or indirectly influenced by tobacco companies, and encourage lawmakers to reject any potential tobacco industry influences on future policy.

**AMA Fights for Tobacco Provisions in Appropriations Bill**

The AMA joined with medical groups and health organizations to oppose the House Agriculture, Rural Development, Food and Drug Administration (FDA), and Related Agencies appropriations bill. The bill called for weakening the FDA’s authority over certain tobacco products and would exempt the Agency’s oversight over large and premium cigars entirely. This bill was of particular concern because it would have created a loophole that would enable manufacturers of some cheap, fruit- and candy-flavored cigars to escape from FDA oversight and prevent FDA from implementing common sense rules for all cigars.

A 2009 law requires FDA review of new or changed tobacco products and applies to new products introduced after February 15, 2007. This review is critical to stop tobacco companies from introducing products that are more appealing to children, more addictive and even more harmful. The House appropriations language would completely exempt from this requirement any e-cigarettes or cigars that are already on the market. Exempted products would include cigars and e-cigarettes in an array of candy and fruit flavors that clearly appeal to children. The proposed language would allow these products to stay on the market without any FDA review to determine whether they attract children or otherwise harm public health.
The advocacy efforts by the medical and health groups were successful. In March 2018, the House policy riders to exempt “large and premium cigars” from FDA oversight and to change the “grandfather date” in order to exempt e-cigarettes, cigars, and other tobacco products from an FDA product review requirement were not included in the final bill.