Whereas, It is a known fact that nearly 95 percent of adult smokers began smoking before age 21; and

Whereas, Approximately 4.9 million middle and high school students were current tobacco users in 2018; and

Whereas, The percent of high school seniors who had used an e-cigarette in the past 30 days increased from 1.5 percent in 2010 to 26.7 percent in 2018; and

Whereas, Use among 8th grade students has more than doubled; and

Whereas, Eighth grade students who use e-cigarettes are 10 times more likely than their peers who do not use e-cigarettes to eventually smoke tobacco cigarettes; and

Whereas, It is suggested that adolescents and teens who use e-cigarettes are likely to become regular tobacco smokers as they get older; and

Whereas, E-juice contains nicotine which is addictive and changes the teens developing brain by causing perturbations of cholinergic systems; and

Whereas, Some studies suggest that nicotine exposure may induce epigenetic changes that sensitize the brain to other drugs and prime it for future substance abuse; and

Whereas, Increasing the legal age to purchase tobacco and e-cigarettes to 21 will reduce tobacco use among youth and young adults; and

Whereas, Nearly all tobacco use begins during the teenage and adolescent years; and

Whereas, Increasing the legal age to 21 will help keep tobacco out of high schools, where younger students often get e-cigarette products from older students; and

Whereas, A 2015 report by the National Academy of Medicine concluded that increasing the tobacco sale age to 21 would improve public health and have both immediate and long-term benefits; and

Whereas, In Georgia, tobacco kills 11,700 people and costs over $3 billion in health care expenses each year; and
Whereas, 204,000 kids now under 18 and alive in Georgia will ultimately die prematurely from smoking; and

Whereas, Increasing the tobacco age to 21 will reduce tobacco’s terrible toll on the health of all Georgia residents; and

Whereas, The FDA in 2009 banned all flavors in cigarettes other than menthol, to protect the American public, particularly children from being attracted to cigarettes; and

Whereas, Currently there are 15,500 flavors of e-juice and pods including sweet candy flavors that attract kids; and

Whereas, The American College of Physicians (ACP) recommends that characterizing flavors should be banned from all tobacco products, including electronic nicotine delivery systems (ENDS); and

Whereas, The ACP supports legislative or regulatory efforts to restrict promotion, advertising, and marketing for ENDS products in the same manner as for combustible cigarettes, including a prohibition on television advertising. Youth tobacco prevention efforts, such as antismoking media campaigns and school-based interventions, should include information about the potential risks of ENDS use; and

Whereas, 18 states have raised the age to 21 to legally purchase tobacco and e-cigarettes; therefore be it

RESOLVED, That our American Medical Association reaffirm policy on tobacco sales and flavoring and renew efforts to advocate to make these policies universal in all the states in the Union. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/24/19

RELEVANT AMA POLICY

Tobacco Advertising and Media H-495.984

Our AMA:
(1) in keeping with its long-standing objective of protecting the health of the public, strongly supports a statutory ban on all advertising and promotion of tobacco products;
(2) as an interim step toward a complete ban on tobacco advertising, supports the restriction of tobacco advertising to a "generic" style, which allows only black-and-white advertisements in a standard typeface without cartoons, logos, illustrations, photographs, graphics or other colors;
(3) (a) recognizes and condemns the targeting of advertisements for cigarettes and other tobacco products toward children, minorities, and women as representing a serious health hazard; (b) calls for the curtailment of such marketing tactics; and (c) advocates comprehensive legislation to prevent tobacco companies or other companies promoting look-alike products designed to appeal to children from targeting the youth of America with their strategic marketing programs;
(4) supports the concept of free advertising space for anti-tobacco public service advertisements and the use of counter-advertising approved by the health community on government-owned property where tobacco ads are posted;
(5) (a) supports petitioning appropriate government agencies to exercise their regulatory
authority to prohibit advertising that falsely promotes the alleged benefits and pleasures of smoking as well worth the risks to health and life; and (b) supports restrictions on the format and content of tobacco advertising substantially comparable to those that apply by law to prescription drug advertising;
(6) publicly commends those publications that have refused to accept cigarette advertisements and supports publishing annually, via JAMA and other appropriate publications, a list of those magazines that have voluntarily chosen to decline tobacco ads, and circulation of a list of those publications to every AMA member;
(7) urges physicians to mark the covers of magazines in the waiting area that contain tobacco advertising with a disclaimer saying that the physician does not support the use of any tobacco products and encourages physicians to substitute magazines without tobacco ads for those with tobacco ads in their office reception areas;
(8) urges state, county, and specialty societies to discontinue selling or providing mailing lists of their members to magazine subscription companies that offer magazines containing tobacco advertising;
(9) encourages state and county medical societies to recognize and express appreciation to any broadcasting company in their area that voluntarily declines to accept tobacco advertising of any kind;
(10) urges the 100 most widely circulating newspapers and the 100 most widely circulating magazines in the country that have not already done so to refuse to accept tobacco product advertisements, and continues to support efforts by physicians and the public, including the use of written correspondence, to persuade those media that accept tobacco product advertising to refuse such advertising;
(11) (a) supports efforts to ensure that sports promoters stop accepting tobacco companies as sponsors; (b) opposes the practice of using athletes to endorse tobacco products and encourages voluntary cessation of this practice; and (c) opposes the practice of tobacco companies using the names and distinctive hallmarks of well-known organizations and celebrities, such as fashion designers, in marketing their products;
(12) will communicate to the organizations that represent professional and amateur sports figures that the use of all tobacco products while performing or coaching in a public athletic event is unacceptable. Tobacco use by role models sabotages the work of physicians, educators, and public health experts who have striven to control the epidemic of tobacco-related disease;
(13) (a) encourages the entertainment industry, including movies, videos, and professional sporting events, to stop portraying the use of tobacco products as glamorous and sophisticated and to continue to de-emphasize the role of smoking on television and in the movies; (b) will aggressively lobby appropriate entertainment, sports, and fashion industry executives, the media and related trade associations to cease the use of tobacco products, trademarks and logos in their activities, productions, advertisements, and media accessible to minors; and (c) advocates comprehensive legislation to prevent tobacco companies from targeting the youth of America with their strategic marketing programs; and
(14) encourages the motion picture industry to apply an "R" rating to all new films depicting cigarette smoking and other tobacco use.
Citation: (CSA Rep. 3, A-04; Appended: Res. 427, A-04; Reaffirmation A-05; Reaffirmation A-14)