

Agenda – April 24, 2018, 6:00 – 8:00 p.m.

Public Health Advisory Committee

Minneapolis City Hall, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions –	Peggy Reinhardt	6:00 – 6:10	Approve agenda
New Business <i>Tobacco 21 efforts in Minneapolis</i>	Amanda Szuck, Public Health Specialist II – Tobacco Prevention Coordinator	6:15 – 6:45	Information / Q&A
<i>Review draft T21 letter</i>	Paul Pentel	6:50 – 7:00	Move to approve / vote
PHAC Logistics			
Sub-committees <i>Communications/Operations:</i> <i>New member orientation with Brenna Loufek and Anna Arkin</i>	<i>Peggy Reinhardt</i>	7:00 – 7:50	Subcommittee actions
<i>Policy & Planning:</i> <i>Follow up on Lead presentation, i.e. disclosure form for lead inspections, ideas for future housing advisory committee?</i>	<i>Cindy Hillyer, Sarah Jane Keaveny</i>	7:00 – 7:50	
<i>Collaboration & Engagement:</i> <i>Tobacco 21 work to do-ideas for outreach? Follow up from Lead presentation in March?</i>			
Information Sharing <i>Announcements, news to share, upcoming events</i>	<i>Optional - if time allows</i>	7:50 – 8:00	Informational

Next Meeting of the Full Committee: May 22, 2018, Minneapolis City Hall, Room 132

For more information, visit: [Public Health Advisory Committee - City of Minneapolis](#)

If problems arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee

April 24, 2018

The Minneapolis Public Health Advisory Committee (PHAC) unanimously supports the proposed ordinance to raise the minimum age for purchase of tobacco products (T21), including e-cigarettes, to 21.

The PHAC is a citizen advisory committee for the City Council and the Minneapolis Health Department. As an advisory committee on policy matters affecting the health of Minneapolis residents, we serve as liaisons between the City and our community in addressing health concerns. The fundamental notion that drives our support for T21 is that it is far better to prevent adolescents from becoming addicted to tobacco products than to deal with its consequences.

There is a sound evidence base for raising the minimum age for tobacco sales to 21 years.

1. In the U.S. 95% of smokers start by the age of 21.¹ If we wish to prevent smoking initiation, we need measures addressing this age group.
2. T21 will reduce youth tobacco use by reducing the ability of 18-21 year olds to purchase tobacco directly from stores. T21 is expected to prevent 30,000 children and adolescents in Minnesota from becoming smokers over the next 15 years.³
3. There is a spillover effect so that T21 is expected to reduce the initiation of smoking among 15-17 year olds as well. 90% of Minnesota youth obtain tobacco products from acquaintances under 21 years of age. With T21 in place, 18 year olds will have less ability to supply 15-17 year olds with tobacco products.²
4. Nicotine, the addictive component in tobacco products, is harmful to the adolescent brain. Developmentally, 18-21 year olds are adolescents; brain development is still taking place. Adolescent exposure to tobacco smoke can have long-term effects on cognitive development and mental health.⁴ Adolescent initiation of smoking is associated with a higher risk of developing addiction to other harmful substances and greater difficulty in quitting smoking.
5. Five U.S. states and 290 localities including St. Louis Park, Edina, Bloomington and Plymouth have already enacted T21. This reflects a growing national and local consensus that we need to protect children from a lifetime of addiction and health problems from tobacco use. 75% of adults and 65% of those ages 18-24 favor a T21 strategy, as do 60% of current smokers.⁵

It is important to include e-cigarettes in the proposed T21 ordinance. E-cigarettes are considered a tobacco product according to state and Minneapolis law. E-cigarettes contain as much nicotine as cigarettes and pose the same risks to adolescent brain development.

T21 is not a substitute for the menthol ordinance. Opponents of T21 have proposed repealing the Minneapolis Menthol Ordinance in return for supporting T21. The PHAC strongly opposes doing so. T21 doesn't duplicate or render unnecessary the recently passed Minneapolis menthol ordinance. Menthol is a problem for adults as well as children and adolescents. 1) Menthol increases the addictiveness of tobacco and

makes it more difficult to stop smoking.⁶ Menthol is specifically used to target African-American and other minority communities to enhance the initiation of smoking and keep smokers addicted.⁷⁻⁹ 2) Restricting menthol product sales reduces youth exposure to the menthol marketing that is so abundant in the stores that they frequent. T21 is an effective public health measure, but one that is separate from and not intended or equipped to address the marketing and use of menthol flavored tobacco products.

Tobacco use is still the most common preventable cause of death in the U.S. The PHAC sees in T21 an opportunity for Minneapolis to use an evidence-based intervention to have a major impact on the health of our community. We urge the City Council to approve T21.

The City of Minneapolis Public Health Advisory Committee

Brenna Loufek	Ward 1
KJ Starr	Ward 2
Amal Karim	Ward 3
Akisha Everett	Ward 4
Jahana Berry	Ward 5
Kowsar Mohamed	Ward 6
Paul Pentel	Ward 7
Anna Arkin	Ward 8
Sarah Jane Keaveny	Ward 9
Margaret (Peggy) Reinhardt	Ward 10
Kristie Graume	Ward 11
<i>(currently vacant)</i>	Ward 12
Kathy Tuzinski	Ward 13
Ticiea Fletcher	Mayor's Representative
Cindy Hillyer	Minneapolis Public Schools
Jane Auger	Hennepin County Human Services and Public Health
Craig Hedberg	University of MN – School of Public Health
Joseph Desenclos	Member At-Large
Joey Colianni	Member At-Large
Yolonde Adams-Lee	Member At-Large

1. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2012.
2. Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. National Academy Press. 2015.
3. Boyle, R., Kingsbury, J. & Parks, M. Raising the Minimum Legal Sales Age for Tobacco to 21. *Minnesota Medicine*. 2017;100:35-7.
4. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014.
5. King BA et al. Attitudes toward raising the minimum age of sale for tobacco among U.S. Adults. *American Journal of Preventive Medicine*. 2015;49:583-8.
6. U.S. Department of Health and Human Services, National Cancer Institute, Centers for Disease Control and Prevention. The first conference on menthol cigarettes: Setting the research agenda. March 21-22, Atlanta, GA 2002.
7. Giovaino GA et al, Differential trends in cigarette smoking in the USA: is menthol slowing progress? *Tobacco control* 2015;24:28-37.
8. Forster J et al. Cigarette smoking among urban American Indian adults - Hennepin and Ramsey Counties, Minnesota, 2011. *Morbidity and Mortality Weekly Report* 2016;65:534-7.
9. Fallin et al. Menthol cigarette smoking among lesbian, gay, bisexual and transgender adults. *American Journal of Preventive Medicine*. 2014;48:93-7.