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March 5, 2024

The Honorable Marvin L. Abney, Chair
House Committee on Finance
State House
82 Smith St.
Providence, RI 02903

RE: H 7225 – an Act Making Appropriations for the Support of the State for the Fiscal Year Ending June 30, 2025 – Budget Article 6: Sections 3, 6, 16-20 (Electronic Nicotine-Delivery System Products) and Sections 14-15 (Cigarette Tax)

Dear Chair Abney:

I am writing in strong support of the tobacco and nicotine control and prevention initiatives in Article 6. These initiatives contain public health-aligned, evidence-based approaches to reduce tobacco and nicotine access and use and related adverse health outcomes and health disparities. Nationally and locally, tobacco-related disparities exist that negatively impact health equity.¹

Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 individuals each year, or approximately 1 out of every 5 deaths.² An additional 16 million Americans live with a disease caused by smoking. Secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year.³ In Rhode Island, nearly 30% (29.8%) of all cancer deaths are attributed to smoking, and each year, approximately 1,800 Rhode Island adults die from smoking-related diseases. Smoking directly causes \$744 million in annual healthcare costs and \$233 million in annual Medicaid costs in Rhode Island.⁴

Tobacco and nicotine use among Rhode Island youth pose a significant public health challenge. An estimated 1,400 youth in Rhode Island will try smoking cigarettes for the first time this year,⁴ and 11.8% of Rhode Island adults report current use of cigarettes.⁵ Nearly 9 out of 10 adults who smoke cigarettes started using tobacco products by age 18, and 99% started by age 26.⁶ According to the US Food and Drug Administration (FDA), youth who start using e-cigarettes are more likely to smoke combustible cigarettes in the future.⁷ In 2022, 14.1% of high school students nationwide reported current e-cigarette, also known as electronic nicotine-delivery systems (ENDS), use.⁸ In Rhode Island

¹ Centers for Disease Control and Prevention. [Health Disparities Related to Commercial Tobacco and Advancing Health Equity](#). June 2022.

² Centers for Disease Control and Prevention. [Current Cigarette Smoking Among Adults in the United States](#). May 2023.

³ Centers for Disease Control and Prevention. [Health Effects. Smoking and Tobacco Use](#). April 2020.

⁴ Campaign for Tobacco-Free Kids. [The Toll of Tobacco in Rhode Island](#). November 2023.

⁵ Rhode Island Department of Health. Center for Health Data and Analysis. [Behavioral Risk Factor Surveillance System](#). 2022.

⁶ U.S. Department of Health and Human Services. [The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General](#). Atlanta, GA: HHS, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2014.

⁷ U.S. Food and Drug Administration. [Think E-Cigs Can't Harm Teens' Health?](#) April 30, 2020.

⁸ Cooper M, Park-Lee E, Ren C, Cornelius M, Jamal A, Cullen KA. [Notes from the Field: E-cigarette Use Among Middle and High School Students - United States, 2022](#). *MMWR Morb Mortal Wkly Rep* 2022;71:1283-1285.

in 2021, 17.8% of high school students reported current (past 30 days) use of e-cigarettes, and 32% of youth reported using e-cigarettes at least one or more times in their life.⁹

Research demonstrates that flavors are significant contributors to high youth e-cigarette use rates. According to the Centers for Disease Control and Prevention (CDC), most youth ENDS users report using flavored products, and flavors are the primary reason youth report using e-cigarettes.¹⁰ In Rhode Island, 93% of high school students who use e-cigarettes use flavored products.⁹ The most common flavors nationwide are fruit, candy, desserts, or other sweets, and mint.⁸ Most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development. E-cigarettes can contain other harmful substances besides nicotine. Youth and young adults up to age 25 are most vulnerable to nicotine's effects, as their brains and bodies are still developing, and sustained nicotine use impairs memory, learning, concentration, emotional processing, and impulse control, while also priming the brain for further addiction.¹⁰

Provisions in Article 6 would codify existing State Regulations (216-RICR-50-15-6, effective as of 2019), which restrict the sale of flavored electronic nicotine-delivery systems other than tobacco. Article 6 would also provide centralized and streamlined tobacco product (including e-cigarette) licensing, as well as needed funding for flavored e-cigarette retail compliance support. Following Rhode Island's flavor restrictions, according to the Monitoring the E-cigarette Use Among Youth in Select US Cities and States CDC Foundation program,¹¹ between October 2019 and September 2023, Rhode Island experienced significant decreases in total e-cigarette unit sales and unit sales of flavors other than tobacco. However, Rhode Island more recently experienced a notable increase in e-cigarette unit sales of flavors other than tobacco, between June 2022 and September 2023, despite existing flavor restrictions. Rhode Island is experiencing a concerning trend increase in both flavored e-cigarette use and sales.

An evaluation of Providence tobacco product sales policies conducted by the Rhode Island Department of Health, which was published in CDC's *Preventing Chronic Disease* journal in 2019, found policies restricting flavored tobacco product sales to be effective, demonstrating significant reduction in high school students' use of tobacco products including cigarettes and e-cigarettes.¹² In addition, a study using 2011-2017 data of Massachusetts municipal-level restrictions on the sale of flavored tobacco products found that counties with a greater population covered by the policies were associated with a decrease in number of days smoked per month and a decrease in the likelihood of ENDS use among youth.¹³

According to the CDC,¹⁴ increasing the price of tobacco products through strategies such as excise tax increases is one of the most effective methods to prevent or reduce tobacco product use and promote cessation. This strategy is especially effective in discouraging initiation among young people who have not developed an addiction, thus protecting their health and increasing their likelihood of remaining tobacco-free. Through such strategies, states can realize reductions in private and public

⁹ Rhode Island Department of Health. Center for Health Data and Analysis. [Rhode Island Youth Risk Behavior Survey](#). 2021.

¹⁰ Centers for Disease Control and Prevention. [Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults](#). November 2023.

¹¹ CDC Foundation. [Monitoring the E-cigarette Use Among Youth in Select U.S. Cities and States](#). September 2023.

¹² Pearlman D, Arnold J, Guardino G, Welsh E. [Advancing Tobacco Control Through Point of Sale Policies](#). Providence, Rhode Island. *Prev Chronic Dis* 2019;16:180614.

¹³ Hawkins S, Kruzik C, O'Brien M, et al. [Flavoured tobacco product restrictions in Massachusetts associated with reductions in adolescent cigarette and e-cigarette use](#). *Tobacco Control* 2022;31:576-579.

¹⁴ Centers for Disease Control and Prevention. [STATE System Excise Tax Fact Sheet](#). January 2024.

healthcare costs and improve the health of their residents. Rhode Island is currently the only state in the Northeast without an ENDS excise tax.¹⁵

Most people who smoke want to quit; however, quitting smoking is extremely difficult. The combination of counseling and FDA-approved cessation medication can double a person's success in quitting.¹⁶ FDA has approved seven different products—three over the counter and four requiring a prescription—that have been shown to help individuals quit using cigarettes, e-cigarettes, and other tobacco products. Even brief advice to quit from a health professional improves cessation rates and is highly cost-effective. Free, evidence-based nicotine dependence support is available to Rhode Islanders through the Rhode Island Nicotine Helpline. To date, no e-cigarette has been approved as a smoking cessation device.

As a result of countless community-based, combined efforts across the state, significant progress has been made over many years in reducing the negative health outcomes associated with tobacco and nicotine access and use in Rhode Island. The Rhode Island Department of Health concurs with the Governor in recognizing the work is not done. Thank you for the opportunity to comment on this Article's provisions, which we believe would strengthen ongoing public health initiatives, keep Rhode Islanders safe, protect young people and other vulnerable populations from unintended harm, and establish supportive environments that empower freedom from addiction.

Sincerely,



Utpala Bandy, MD, MPH
Interim Director

CC: The Honorable Members of the House Committee on Finance
Nicole McCarty, Chief Legal Counsel
Lynne Urbani, Director of House Policy

¹⁵ Centers for Disease Control and Prevention. [Map: States with Laws Taxing E-Cigarettes](#). January 2024.

¹⁶ U.S. Department of Health and Human Services. [Smoking Cessation: A Report of the Surgeon General](#). Atlanta, GA: HHS, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2020.



Burden of Tobacco/Nicotine Use in Rhode Island

Tobacco use remains the leading preventable cause of death and disease in the United States and in Rhode Island. Approximately 480,000 deaths each year are attributed to smoking and other tobacco use in the United States, with 1,800 deaths in Rhode Island¹. Approximately 29.8% of cancer deaths in Rhode Island are attributable to smoking¹. Nationally and locally, tobacco-related disparities exist that negatively impact health equity².

An estimated 1,400 youth in Rhode Island will try smoking cigarettes for the first time this year¹. Nearly 9 out of 10 (90%) adults who currently smoke cigarettes started using tobacco/nicotine products by age 18, and 99% started by age 26². Youth are more likely to use flavored tobacco/nicotine products. In Rhode Island, 93% of high school students who use e-cigarettes use flavored products³, and the most common flavors used nationwide are fruit, candy, mint, and menthol. Youth and young adults up to age 25 are most vulnerable to nicotine's effects as their brains and bodies are still developing, and sustained nicotine use impairs memory, learning, concentration, emotional processing, and impulse control, while also priming the brain for further addiction⁵.

Rhode Island Current Tobacco Use

High School, 2021 ³	Percent (%)
E-cigarettes	17.8
Daily e-cigarette use	4.6
Cigars, cigarillos, or little cigars	2.7
Cigarettes	3.0
Smokeless tobacco products	2.5
Middle School, 2021 ³	Percent (%)
E-cigarettes	5.6
Adults, 2022 ⁴	Percent (%)
Cigarettes	11.8
E-cigarettes	6.7
Menthol cigarettes*	49.0

*among current adult cigarette users

Rhode Island Youth Tobacco Use Behaviors

High School, 2021 ³	Percent (%)
Ever tried cigarettes	11.9
Ever tried e-cigarettes	32.0
Flavored e-cigarette use	16.6
Purchased cigarettes from store*	15.6
Purchased e-cigarettes from store	12.8
Borrowed e-cigarette from someone†	50.63

*not including e-cigarettes

†among current e-cigarette users under 18

For more information please contact the Rhode Island Department of Health Tobacco Control Program:

- Kirsten Skelly, MPA, Program Manager
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Reducing the Tobacco/Nicotine Use Burden with Treatment:

Rhode Island offers free, effective, customized, and confidential help for adults and youth interested in quitting or reducing tobacco/nicotine use:

Rhode Island Nicotine Helpline

- Recommended for adults ages 18+
- Text: "Start" to 300500
- Call: 1-800-QUIT-NOW / 1-800-8-DEJALO
- Visit: QuitNowRI.com

QuitNowRI.com



My Life, My Quit™

- Recommended for youth ages 13-17
- Text: "Start" to 36072
- Call: 855-891-9989
- Visit: mylifemyquit.com

MYLIFEMYQUIT.COM



Smoking-Caused Monetary Costs for Rhode Island per Year¹

\$744 million

Annual healthcare costs

\$233.0 million

Medicaid costs

\$1.1 billion

Losses in productivity

References:

- ¹ Campaign for Tobacco-Free Kids. [The Toll of Tobacco in Rhode Island](#).
- ² Office of the Surgeon General. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#).
- ³ Rhode Island Department of Health. Center for Health Data Analysis. [2021 Youth Risk Behavior Survey](#).
- ⁴ Rhode Island Department of Health. Center for Health Data Analysis. [2022 Behavioral Risk Factor Surveillance System](#).
- ⁵ Centers for Disease Control and Prevention. [Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults](#).



Impact Statement: Tobacco/Nicotine Use among Rhode Island Youth

The Burden of Tobacco/Nicotine Use among Rhode Island Youth

Tobacco/nicotine use among Rhode Island youth poses a significant public health challenge. According to recent data, 19.3% of high school students reported current tobacco/nicotine use, with 17.8% using e-cigarettes or electronic nicotine delivery systems (ENDS) and 16.6% of high school students reporting current flavored ENDS use. Additionally, 23.7% of Rhode Island high school students reported exposure to secondhand smoke, highlighting the pervasive nature of this issue¹.

What Rhode Island is Doing

To address this issue, Rhode Island and its statewide Tobacco Control Program (TCP) have focused on the following strategies: prevent youth access to tobacco products; curb marketing of tobacco products aimed at youth; educate youth about the dangers of using any tobacco product, including ENDS; and educate tobacco retailers about their key role in protecting youth. These strategies include enhancing tobacco control policies, expanding community-based education and outreach, and promoting youth engagement in tobacco prevention efforts. Specific examples of recent initiatives include:

- October 4, 2019: enacted restrictions to prohibit sales of flavored ENDS, including menthol, through emergency health regulations; March 26, 2020: regulations made permanent.
- July 7, 2021: passed Tobacco 21 (T21) policy to align with federal policy; collaborated with community partners on T21 legislation and education campaigns aimed at youth and retailers.
- Engaged youth-focused community partners to build capacity to design culturally sensitive educational programming and build local coalitions. Collaborative initiatives included: [South County Regional Prevention Coalition's local broadcast on vaping](#); [Tobacco Free Rhode Island Youth Ambassador Program](#); [Oasis International's Mobilized about Menthol initiative](#).
- Launched and promoted [My Life, My Quit™](#), a youth-specific statewide cessation platform through the [Rhode Island Nicotine Helpline](#).
- Engaged healthcare workers to expand screenings to youth and e-cigarette use; provided education on how to refer patients to quit services using [QuitWorks-RI](#).
- Strengthened tobacco-free policies in K-12 schools and on post-secondary campuses to be inclusive of all tobacco/nicotine products; provided schools with information on restorative practices and [INDEPTH™](#) programs; distributed tobacco-free campus signage, assessment tools, toolkits, and print materials to school administrators and school health professionals.
- Invested annually in counter-marketing campaigns tailored to youth to educate on tobacco/nicotine health risks and promote youth-specific cessation resources.

To support these youth prevention and education initiatives, Rhode Island has accessed CDC's guidance on best practices, sought technical assistance from Networking2Save partners, and secured financial support to implement evidence-based strategies. Rhode Island has also utilized CDC resources from the [Tips From Former Smokers®](#) campaign and additional Media Campaign Resource Center (MCRC) social media assets.

Outcomes and Impact

Rhode Island's efforts have begun to reduce the burden of tobacco/nicotine use among Rhode Island youth:

- *Reduced youth tobacco use:* Youth tobacco use peaked in 2019 at 33.3% and declined to 19.3% in 2021^{1,2}. E-cigarette use among high school students substantially declined from 30.1% in 2019 to 17.8% in 2021^{1,2}.
- *Decreased youth exposure to secondhand smoke:* The percentage of high school students exposed to secondhand smoke dropped by 8.7% between 2015 and 2021¹.
- *Positive health outcomes:* These reductions are projected to yield significant health improvements, including fewer respiratory issues and a reduced risk of nicotine addiction.

These outcomes serve as evidence of the effectiveness of a comprehensive approach to this work.

¹ Rhode Island Department of Health. Center for Health Data Analysis. 2021 Youth Risk Behavior Survey

² Rhode Island Department of Health. Center for Health Data Analysis. 2019 Youth Risk Behavior Survey