

February 6, 2019

Randi Frank
Office on Smoking and Health
Centers for Disease Control and Prevention
4770 Buford Hwy
Mail Stop S107-7
Atlanta, GA 30341

Dear Ms. Frank:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the [request for information](#) regarding “Advancing Tobacco Control Practices To Prevent Initiation of Tobacco Use Among Youth and Young Adults, Eliminate Exposure to Secondhand Smoke, and Identify and Eliminate Tobacco-Related Disparities” as published by the Centers for Disease Control and Prevention in the December 11, 2018, *Federal Register*.

The AAFP recognizes preventing youth tobacco use is crucial to arresting the leading cause of preventable death in the United States and we acknowledge there are many evidence-based strategies to prevent youth tobacco use. Tobacco-related disparities are found across race, age, gender, sexual orientation, socioeconomic status, mental health status, educational attainment, and geographic region. Disparities range from increase rates of use, age of initiation to health status and death related to tobacco product use. These disparities can be attributed to many factors, including but not limited to: targeted marketing, social situations, cultural practices, and regulatory environments.

The breadth and scope of tobacco-related disparities cannot be addressed with one single solution. Further research to continue to identify disparities will inform best practices to address the disparities. However, many evidence-based strategies already exist and have successfully reduced negative health outcomes and overall tobacco use rates. **The AAFP supports the attainment of the highest level of health for all people and recognizes the social determinants of health associated with tobacco use and tobacco-related disparities.**

Preventing tobacco use is instrumental in reducing the [leading cause of death](#) in the United States. **The AAFP** supports evidence-based cessation methods, including over the counter nicotine replacement therapy (NRT), prescription NRT, pharmacological options, and counseling. The AAFP recognizes and applauds the robust and impactful efforts by the CDC to address tobacco use. **The AAFP supports increasing the age of [sale of tobacco](#) products**

STRONG MEDICINE FOR AMERICA

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to 21, including electronic nicotine delivery systems (ENDS). [Research](#) shows that 84 percent of those who smoke begin using these products before the age of 21. Research also shows that 81 percent of all people who smoke begin using tobacco products before the age of 18. By increasing the legal age of sale to 21, tobacco use could decrease by 12 percent and 223,000 deaths among people born between 2000 and 2019 could be prevented.

The AAFP also supports robust tobacco product and ENDS taxation. [Increasing tobacco taxes](#) is an effective tobacco initiation prevention and tobacco use reduction strategy, particularly among youth and young adults. The [AAFP calls](#) for funds from the Master Settlement Agreement and/or tobacco excise taxes to be allocated for tobacco prevention, cessation, education and other elements of comprehensive tobacco control.

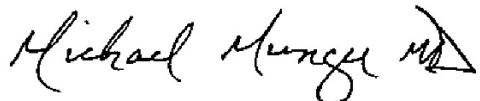
ENDS use is an alarming epidemic and must be swiftly and aggressively addressed. Evidence suggests that [youth who use ENDS](#) are more likely to try and use traditional tobacco products; [nearly 60%](#) of all youth who use ENDS also smoke cigarettes. **The AAFP calls for marketing and advertising of ENDS, especially to youth and children, to stop immediately.** Focused efforts to decrease ENDS accessibility to youth and young people must be prioritized to avoid a future generation of nicotine addiction. Rigorous research must be conducted to study the long-term health effects of ENDS use, as well as research addressing differences between ENDS cessation and traditional tobacco product cessation. Research must also address the gap in youth cessation recommendations for all tobacco products to treat existing tobacco and nicotine dependence.

The AAFP calls on the FDA to regulate flavors in all tobacco products, including ENDS. [Youth and young adults](#) are significantly more likely to use flavored tobacco products when compared to older tobacco users, and 80 percent of youth ages 12-17 first used flavored tobacco products. [Vulnerable populations](#), including women, and sexual, racial and ethnic minorities also use flavored tobacco products at higher rates. **Banning all flavored tobacco products, including menthol, has the potential to reduce youth tobacco initiation rates drastically**, improve health outcomes among vulnerable populations, prevent long-term addiction to tobacco products, curb spending due to tobacco-related illnesses and reduce the overall number of long-term tobacco users.

Approximately [40,000 deaths annually](#) due to lung cancer and heart disease can be attributed to secondhand smoke. Smoke-free spaces and clean-air ordinances must be enacted and strictly enforced to reduce and ultimately eliminate secondhand smoke exposure. The AAFP calls for hospitals to implement and enforce restrictions on tobacco use on hospital premises and other health care facilities making them tobacco-free premises with no designated smoking areas. **The AAFP strongly supports the prohibition of the use of all tobacco products, including ENDS, in all public places, both indoors and outdoors.** The AAFP urges all employers to provide smoke-free work and breaktime environments. Comprehensive, universal clean indoor air policies that include prohibiting the use of ENDS are essential to reducing and eliminating exposure to secondhand smoke. Separating people who smoke or use any device containing nicotine that emits a vapor from those who do not use those products within the same air space, cleaning the air, opening windows, or ventilating buildings does not effectively eliminate secondhand smoke exposure. [Smokefree housing](#), especially in multi-unit housing, is important to protect residents, children and visitors from secondhand smoke exposure.

We appreciate the opportunity to provide these comments. Please contact Kait Perry, AAFP Population Health Strategist, at 913-906-6142 or kperry@aafp.org, with any questions or concerns.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.