



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, July 16, 2015**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, July 16, 2015 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Huy Nguyen, MD, Interim Executive Director
Harold Cox
Manny Lopes
Myechia Minter-Jordan, MD, MBA

Also Present Were:

John Townsend, Chuck Gagnon, Kathy Hussey, PJ McCann, Mimi Brown, Lisa Conley, S. Atyia Martin, Margaret Reid, Michelle Grohe, Elizabeth Church, Maia BrodyField, Cassie Soucy, Alyssa Cabrera, Ann Henry, Rachel Glogowski, Osagie, Ebekozien, Klein Fernandez, Anne Heerdegen, Jeanne Cannata, Vivien Morris, Debbie Allen, Debra Paul, Devon McCarley, David Susich, and Katherine Connolly.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Dr. Johnson called the meeting to order at 4:05p.m and thanked everyone for attending. She commented the Committee's work continues, search progresses narrowing the field. We will have more information in the near future; things are looking very positive. Dr. Johnson asked Dr. Nguyen for his update.

Report from the Executive Office

Huy Nguyen, MD, Medical Director and

Interim Executive Director, Boston Public Health Commission

- Dr. Nguyen stated shortly after last month's meeting, BPHC opened a new emergency shelter facility at 112 Southamptton Street. As mentioned at the last meeting, this facility will house over 400 beds for men seeking emergency shelter, including 70 recovery program beds in a dedicated space on the second floor for our SOAR and Safe Harbor programs. We are also using this opportunity to convert Woods Mullen into an all women shelter. We are renovating the shelter which should be completed within the next several months. We are working with the female guests, as well as other homeless services providers who service female guests in the City, to do a unique and even better job to insure the services we provide meets the needs of our women guests. Also, our Board Member Kate Walsh was present at the opening. We truly appreciate the support we receive from the Board.
- We received two (2) related grant awards from SAMSA which are going to the Early Childhood Mental Health Program within our Child, Adolescent and Family Health Bureau ("CAFH"). One is going to BPHC as part of a multi-city partnership that includes Worcester and Springfield as well as community partners here in Boston. The grant is for \$1million a year and allows us and our partners to replicate the Project Launch and My Child service delivery model that we tested and have been building here in Boston.

- The service delivery model is intended to build a sustainable model of early childhood mental health integration that's available to families with children from birth to age eight (8). Included in that award is funding for a family partner childhood mental health clinician here in Boston at the Home for Little Wanderers. The second piece of the SAMSA award, which is actually a subcontract through DPH, allows us the ability to be the trainer and provide technical assistance to the sister sites of Worcester, Springfield and Chelsea.
- The final update Dr. Nguyen shared with the Board was that Boston Emergency Medical Services will be featured in a TV series along with MGH, BMC, and Brigham. It will be an eight week series called **"Save My Life: Boston Trauma"** premiering July 19th on ABC affiliates. Boston EMS already has their own spinoff, called **"Boston EMS"**. They did such a wonderful job, there will be two shows premiering July 25th at 9pm. Of course, for all of the patients who were both filmed and included in the final airing, we received both verbal and written consent.

Presentation: Proposed Updates to BPHC's Tobacco Regulation

Nikysha Harding, Director, Tobacco Prevention and Control Program

Margaret Reid, Director, Division of Healthy Homes and Community Supports and

PJ McCann, Interim Chief of Staff and Assistant General Counsel

- Dr. Johnson stated we would be talking about the tobacco regulations we began discussing at last month's meeting. We're going to pick that up and revisit what our thinking is at the Commission and discuss next steps. Unfortunately, Ms. Harding could not be here today, Ms. Reid will begin and Mr. McCann will take up Ms. Harding's part of the presentation as well as his own.
- Ms. Reid gave a brief background on some of the data used by explaining that a lot of that data comes from the Youth Risk Behavior Survey ("YRBS"), which is a national survey used and overseen by the Centers for Disease Control ("CDC"). In Boston, it's administered to Boston public high school students by the Boston Public Schools ("BPS"). BPS has been really amazing not just for us for tobacco but with other parts of the Commission, adding very relevant questions that's made it possible for us to get really detailed information on tobacco use among Boston public high school students. She went on to discuss tobacco use trends.
- Smoking is the leading preventable cause of death in the United States, causing more deaths than HIV, illegal drug use, alcohol use, motor vehicle accidents, and firearm-related incidents combined. Youth cigarette use is declining, but it is being replaced by other tobacco products, including flavored cigars and e-cigarettes.
- Although use is declining in Boston and the U.S., cigarettes are being replaced by cheaper products; among the 18 year olds in schools, 16.4% of them are females; youth have access to tobacco products among their peers. Boston's rate of cigarette use by adolescents in the past month was 7.9% in the 2013 YRB Survey, well below the national average of 15.7%. The rate of Boston students ages 18 or older who ever smoked cigars, cigarillos or little cigars that look like cigarettes and were flavored like candy, fruit, chocolate or other sweets is 25%.
- The use of nicotine delivery devices by Boston adolescents increased from 2.7% in 2010 to 5.3% in 2013 - a doubling that tracks with national CDC data. Cigar use is higher among youth who use other tobacco products or other drugs, such as alcohol, marijuana, and inhalants, than among youth who do not use these products.
- Ms. Reid show a chart depicting the national decline in high school cigarette smoking from 1991 at 27.5% to 2013 at 15.7%, the lowest in 22 years. Another chart depicted the decline in cigarette use among Boston high school students from 15.3% in 2005 to 7.9% in 2013.
- Tobacco use demographics in Boston show use of cheap cigars and cigarillos among youth increased from 11% in 2010 to 20% in 2013. Nationally, during 2011-2012, cigar use increased significantly among non-Hispanic Black high school students to 16.7%. In Boston, we have seen an increase in use of cigars and cigarillos between 2010 and 2013, which is being driven by disproportionate use among Black and Latino youth (YRBS). The percentage of students who have ever used a blunt wrap or a cigar wrapper, such as a Phillie Blunt or Dutch Master to smoke marijuana is 31.2% (YRBS). Among adults,

smoking rates are highest among Black residents. Adults in Boston with lower income and lower educational attainment report higher smoking rates (HOB).

- Mr. McCann noted that back in 2009 when Congress passed the Family Smoking & Tobacco Control Act, it included language that prohibited there being a national increase in the minimum sales age, but did order that the FDA convene a panel of experts to study the issue of health impact with raising the age to 21. That Institute of Medicine Tobacco 21 Report released in March believes raising the MLA to 21 will reduce tobacco use initiation, particularly among adolescents ages 15-17, improve the health of Americans across the lifespan, and save lives. The report states that adolescent brains are uniquely vulnerable to nicotine. 90% of daily smokers report first smoking before age 19.
- Raising the MLA to 21 will mean that those who can legally obtain tobacco are less likely to be in the same social networks as high school students. The impact of raising the age to 21 will likely be substantially higher than raising it to 19. It will decrease the prevalence of smoking by 12% across the nation by 2100, preventing 250,000 premature deaths due to smoking among people born between 2000 and 2019. A chart depicting estimates regarding the reduced effects on Initiation Rates by age groups was also shown. Dr. Johnson asked if there was any movement on lowering the drinking age to 18. Ms. Lisa Conley responded that Federal funding for highways is attached to that regulation, so it's highly unlikely it would be lowered.
- Based on national data, the impact on retailers is not expected to be significant. While over 90% of smokers begin before age 21, only 2% of all tobacco sales are to those under 21. A recent survey found that three out of four adults in the U.S. support increasing the age to 21 including 7 in 10 current smokers.
- We recommend increasing the minimum sales age for tobacco and nicotine products, including e-cigarettes, to 21 and to increase the age for admission to adult-only retail tobacco stores and smoking bars to 21.
- Flavored tobacco is appealing to youth as it masks the harshness of tobacco smoke and comes in candy, fruit and other flavors that are attractive to youth. Flavored tobacco is marketed to youth of color through branding and celebrity endorsements.
- A youth-led survey of 1,200 Boston youth conducted by "The 84" showed that communities of color are being targeted by marketing: 60% of respondents agreed or strongly agreed that teens are influenced by rappers and hip-hop artists to use these products; 74% had seen them promoted in music videos. Flavored tobacco is taxed at a lower rate than cigarettes and is more affordable for youth.
- We recommend prohibiting the sales of flavored tobacco products and nicotine delivery products other than menthol in all retail outlets other than adult-only retail tobacco stores and smoking bars.
- What is considered a "*flavored tobacco product*"? A flavored tobacco product is any tobacco product or component part thereof that contains a constituent that imparts a characterizing flavor. A public statement or claim made or disseminated by the manufacturer of a tobacco product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such tobacco product, that such tobacco product has or produces a characterizing flavor shall constitute presumptive evidence that the tobacco product is flavored.
- What constitutes a "*characterizing flavor*"? A characterizing flavor is a distinguishable taste or aroma, other than the taste or aroma of tobacco, menthol, mint or wintergreen, imparted either prior to or during consumption of a tobacco product or component part thereof, including but not limited to, tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, herb or spice; provided, however, that no tobacco product shall be determined to have a characterizing flavor solely because of the use of additives or flavorings that do not contribute to the distinguishable taste or aroma or because of the provision of ingredient information.
- We believe the following additional amendments be made: Consolidate the Restricting the Sale of Tobacco Products Regulation (Pharmacy ban) into the Youth Access Regulation to eliminate the loophole that allows to the sale of e-cigarettes and nicotine delivery products in pharmacies and educational institutions (Combining would also streamline the regulations, making them easier to understand and administer). Address the relatively few retailers responsible for most of the violations by adding language giving the Tobacco Control Program more discretion to review applicants' suitability when they apply or reapply for permits.

Acceptance and Approval of June 2015 Board Meeting Minutes

- Dr. Johnson asked for a motion to approve the minutes from the June 18, 2015 meeting. Dr. Minter-Jordan and Mr. Cox seconded the motion with no objections. The minutes were unanimously approved by the Board members in attendance.

Adjournment

With no further business before the Board, Dr. Johnson thanked everyone for coming and adjourned the meeting at 5:40p.m.

Submitted by:

Kathy Hussey, Board Secretary