

HONOR COMMITMENTS TO PROGRESSIVE TOBACCO CONTROL AND ENFORCEMENT

2020 was a notable year for public health in New York State, not only because of COVID-19, but also due to the enactment of several progressive tobacco and vaping control and enforcement measures as part of the SFY 2020-21 Budget. These proposals, long championed by legislative leaders and put forward by the Governor included:

- Prohibiting the Sale of Flavored E-Liquid, including menthol
- Authorizing the State Commissioner of Health to promulgate regulations related to carrier oils tied to acute illness, including prohibition on sale, intent to sell, or distribution of any ingredient of carrier oil suspected of causing acute vaping-related illness.
- Prohibiting on-line sale or delivery of vaping products to individuals/residences
- Requiring disclosure of ingredients in vaping products
- Banning sale of tobacco and vaping products in pharmacies
- Restricting advertising and display of tobacco and vaping products within 1500 feet of a school (500 feet in NYC)
- Prohibiting use of price reduction instruments (coupons) for tobacco and vaping products

This comprehensive package, following on the heels of the passage in 2019 of Tobacco 21 – raising the age of purchase from eighteen to twenty-one, created some of the strongest prevention and enforcement measures in the country. Enacting progressive public health policies, however, is only the first step in reducing disease, illness and deaths associated with tobacco products. The full measure and effectiveness of policy comes at the local level, through education and enforcement.

Enforcement of these tobacco control laws falls to local health departments through their environmental health staff. Enforcement, like all other public health activities, requires people – trained staff, with detailed understanding of tobacco control statutes and firsthand knowledge of the regulated community. Enforcement requires education of retailers of their legal responsibilities, compliance checks, and where necessary, fines and other enforcement activities.

Similarly, tobacco prevention and control regarding the harm related to tobacco use and vaping falls largely to local health departments through their health educators, who work with community partners to on prevention, counter-messaging, and promotion of smoking cessation.

The 2020 COVID-19 pandemic has also brought into sharp relief the interconnectedness of public health and personal health behaviors and outcomes. Diseases where tobacco is a major contributing factor, e.g. COPD, ischemic heart disease, cancers and diabetes, were identified early in the pandemic as significant risks/health conditions that contributed to a poor prognosis in those infected with COVID-19.

In sharp contrast to the public health threat presented by COVID-19 and to the strong statutes enacted in the 2020-21 State Budget, the 2021-22 Executive Budget proposal offers not a strengthening of public health efforts in this area, but instead proposes 25% cuts– that is a full quarter reduction – to the aid to localities funding for tobacco enforcement and education, and tobacco use prevention and control.

Cuts to this funding make no sense from both a public health and a fiscal standpoint. According to the New York State Department of Health: “In addition to the human costs, every year smoking costs NYS: \$10.4 billion in health care, of which more than a third (\$3.3 billion) is paid for by Medicaid. Billions of dollars more in lost workplace productivity.”

Now is the time to recognize the risks that chronic disease conditions related to tobacco use and other lifestyle factors often increase vulnerability to communicable diseases. Restore funding for these public health positive programs to honor the state’s commitment to implementing its own tobacco control policies and to protecting people from COVID-19.

COVID-19 Comorbidities and Tobacco Use	
COVID-19 Comorbidities	Relationship to Tobacco Use
Hypertension	Nicotine in cigarettes and other tobacco products causes blood vessels to narrow and increases heart rates, which increases blood pressure
Diabetes	Risk of developing Type 2 diabetes is 30-40% higher in smokers than non-smokers
Hyperlipidemia	Smokers often have higher concentrations of LDL (bad) and lower concentrations of HDL (good) in their blood. This increases their risk for plaque build-up, which contributes to heart disease.
Coronary Artery Disease	Carbon monoxide, nicotine, and other substances in tobacco smoke promote atherosclerosis and trigger symptoms of coronary artery disease. Second-hand smoke increases other people's risk of coronary artery disease.
Renal Disease	Smoking is an independent risk factor for renal failure; smokers are four times more likely to develop renal failure compared to non-smokers.
COPD (Chronic Obstructive Pulmonary Disease)	20% of smokers develop COPD.
Arterial Fibrillation	Smoking is associated with elevated blood pressure and heart rate, risk factors for atrial fibrillation
Cancer	Cancers linked to tobacco use make up 40% of all cancers
Congestive Heart Failure	Congestive heart failure is often a result of atherosclerotic heart disease, and risk factors include hyperlipidemia, hypertension, diabetes – and smoking

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