

The We Card Program, Inc.



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February 11, 2019

RE: Docket No. CDC-2018-0115

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; Request for Information

To Whom It May Concern:

On behalf of the *We Card Program, Inc.* sponsor of the *We Card* training and education program, we welcome the opportunity to provide our view on the Center for Disease Control's (CDC) request for information (RFI), particularly on preventing initiation of tobacco and e-cigarette use among underage youth.

CDC is "seeking information to inform future activities to advance tobacco control practices."

While youth access to tobacco and e-cigarettes is not specifically mentioned in the RFI, the information provided here seeks to raise the importance of the youth access issue as CDC considers its future activities and recommendations to state and local level tobacco control stakeholders.

Youth access to age-restricted products, such as cigarettes, alcohol, and e-cigarettes has been categorized into two main areas:

Commercial source (retail store and Internet sales)

Social source (non-commercial means, such as bumming, borrowing, gifting, sharing, black market purchases, adult purchases for minors, stealing or other innovative non-commercial ways – or as Merriam-Webster defines "black market" as "an illicit trade in goods or commodities in violation of official regulations.")

The purpose of our submission to CDC's RFI is to raise awareness of the "social source" component around the youth access issue, and its contribution to e-cigarette youth use. Additionally, we hope to raise awareness with CDC and the tobacco control community to consider efforts to address the social source problem.

We believe there is a dire need to address “social source,” because as an organization devoted to preventing youth access to age-restricted products at retail, over time we have seen a clear shift in the way youth access age-restricted products.

The *We Card* Program’s 24-years of leadership and service have provided training and education resources to the nation’s retailers to identify and prevent minors’ attempts to purchase age-restricted products. Our commercial access role helps retailers comply with state and federal laws and trains retailers to identify and deny suspected adult purchases for minors. But *We Card*’s reach can only address a portion of social source. The issue is so much more expansive.

Over the years the commercial access rates of illegal sales of tobacco to minors as measured by government enforcement of youth access to tobacco laws have declined from FFY 1997’s 40% retailer violation rate to 9.8% in FFY2014 (as measured by the Synar Report’s retailer violation rate). But while this rate has declined, social source has increased.

CDC – through its Youth Risk Behavior Survey (YRBS) – has significant data from 1995-2017 in every YRBS study on youth self-reported answers to the survey’s question on how they usually obtained access to cigarettes (and now e-cigarettes in the YRBS 2017.)

The YRBS data show that as the commercial source “bought at store” dropped over the years since the late 1990s, “social source” responses covering

Usual Source of Teenagers E-Cigarettes

Estimated proportion (%) of usual access to e-vapor products among high-school students 17 years of age or younger who used an e-vapor product during the past 30 days.

	%	n
I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store	13.6	195
I got them on the Internet	6.7	109
I gave someone else money to buy them for me	13.2	169
I borrowed them from someone else	37.4	528
A person 18 years old or older gave them to me	10.5	124
I took them from a store or another person	2.7	29
I got them some other way	16.0	199

Commercial Source

20.3 %

“Social Source”

79.8 %

Data from CDC’s Youth Risk Behavior Survey 2017

borrowing, gifting, stealing or getting others to purchase cigarettes continue to rise. In the most recent YRBS study released in June 2018, the data from the YRBS 2017 study shows commercial access identified as 13.6% (bought them in a store) and 6.7% (got them on the Internet.) The balance of 79.8% are varying forms of “social source.”

The CDC, tobacco control community and academia’s peer reviewed published articles on “social source” are extensive and go back 20 years. The problem of “social source” has been identified and thoroughly studied and reported. However, programs and interventions have lagged. Looking over prior CDC tobacco control activities, FDA activities and state level tobacco control

activities, there are very few programs addressing “social source” which remains an area of great opportunity to tackle youth access.

We are offering a few quotations from studies and research papers that highlight this issue.

“ . . . even a complete cut-off of retail tobacco to underage users will contain, but not eliminate, overall tobacco availability to them unless there is a major crackdown on social distribution.”

“Social sources, especially proxy purchases, will remain the primary sources of tobacco for underage persons, and it has been realistic about the high level of continuing availability to adolescents and young adults who are in the workforce or in college environments.”

“access to social sources could be reduced significantly if the laws prohibiting transfers to underage persons were aggressively enforced.”

“if a state or locality decided to ramp up the threat of detection and punishment against social sources and to sustain this policy, the impact on youth consumption could be greater than the committee has projected.”

Source: IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

“Instead of just preventing stores from selling to minors, interventions would need to prevent a diverse group of family members, friends, and strangers from overtly or unwittingly providing cigarettes to minors.”

Ribisl KM, Norman GJ, Howard-Pitney B, et al. Which adults do underaged youth ask for cigarettes? *Am J Public Health* 1999;89:1561–4.

“The findings show that social supply, particularly via friends, caregivers and others, such as older siblings, is a key tobacco source for adolescents; commercial supply is much less important. The findings raise questions about the additional measures needed to reduce smoking among youth. Endgame policies that make tobacco more difficult to obtain and less appealing and convenient to gift merit further investigation.”

BMJ Open. 2014 Apr 17;4(4):e004631. doi: 10.1136/bmjopen-2013-004631. Youth tobacco access: trends and policy implications.

In light of CDC’s request for information as follows, *“What science, tools, or resources does the public health sector need CDC to develop in order to enhance and sustain tobacco prevention and control efforts?”*

We suggest that **tools, resources and action** are all needed.

Key areas that can be addressed include:

- Adding a “social source” component to the tobacco control community’s in-school curriculum programs. Raising awareness of the issue, the illegality of black market sales of e-cigarettes on school grounds, and negative youth use impact of friends providing e-cigarettes to friends (the YRBS identified “bumming” and “borrowing” aspects of “social source.”)
- Developing a “social source” program to raise awareness amongst parents and youth-serving groups.
- Equipping the tobacco control community with information on “social source” and tools to address it.

We thank you for your interest in acquiring information to influence your decisions on future activities to reduce underage youth use of tobacco and e-cigarettes.

Sincerely,

A handwritten signature in black ink that reads "Doug Anderson". The signature is written in a cursive, flowing style.

Doug Anderson
President
The We Card Program, Inc.