

Statement of Richard E. Merritt
Chair, Alexandria Public Health Advisory Commission
Submitted for the Record

In Support of an Ordinance to Increase the Cigarette Excise Tax
(Docket 13-1293)

City Council Public Hearing
April 13, 2013

Seven years ago, the Surgeon General of the United States declared: *"The scientific evidence is indisputable: secondhand smoke (SHS) exposure is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children."* More recently, the Surgeon General added: *"There is no risk free exposure to secondhand smoke. Even a brief exposure to secondhand smoke can be harmful."*

Because a child's body is still growing and their lungs still developing, the chemicals and toxins in secondhand smoke are especially dangerous to their health. Multiple studies have confirmed that children who breathe secondhand smoke are more likely to develop ear infections, allergies, bronchitis, asthma and pneumonia. Research confirms that exposure to secondhand smoke increase the risk of wheezing and asthma in children and teens by at least 20 percent. And still another study found that children who live with smokers miss more school days due to illnesses, including ear infections (a major cause of hospitalization in children) and chest colds, compared with those who live in smoke-free homes.

Research published within the past month indicates that a woman's exposure to secondhand smoke during pregnancy may affect her child's risk of behavior problems. The study, published in the journal *NeuroToxicology*, showed that children whose mothers were exposed to secondhand smoke for at least 30 minutes daily were more than twice as likely to have attention and aggression problems at age 5 as the children whose mothers reported no secondhand smoke exposure.

It is true there has been a significant downward trend in nonsmoker's exposure to secondhand smoke over the past two decades – due largely to state and local smoking bans and restrictions and more individuals prohibiting smoking in their homes. Nevertheless, studies by the Centers for Disease Control and Prevention (CDC) clearly show that some groups remain disproportionately at risk:

- Children aged 3-11 years (53.6%) were more likely to be exposed to secondhand smoke than adults aged 20 years and older (36.7%).
- Black nonsmokers (55.9%) were exposed to secondhand smoke at much higher rates than whites (40.1%) or Hispanics (28.5%)

It is well-documented that public housing residents suffer higher rates of asthma and other chronic diseases, making them more susceptible to secondhand smoke exposure in their home. Exposure to secondhand smoke in public housing is especially troubling because it afflicts disadvantaged and vulnerable populations. According to the U.S. Department of Housing and Urban Development (HUD), on average, 32% of households in public housing include elderly persons, 35% include disabled persons and 41% include children.

A major study in 2012 conducted for the CDC provides estimates of on a state-by-state basis of the likely degree of secondhand smoke penetration in apartments or units within multiunit residential facilities. In the Commonwealth, it was estimated that of the approximately 2 million individuals who reside in a multiunit facility, about 1.66 million do not permit smoking in their apartment or unit. But of those 1.66 million with “smoke-free” policies, researchers estimate that between 44% (773,000) and 47% (777,000) Virginians have experienced secondhand smoke infiltration in their home.

In a 2009-2010 CDC study, 46% of adults in Virginia reported being exposed to secondhand smoke within the past 7 days. More alarmingly, the percentage of homes in Virginia without a non-smoking policy with children living in them was 37%, ranking Virginia fourth from the bottom of all states. The American Academy of Pediatrics estimates that 17-18% of children between the ages of 3-19 are regularly exposed to secondhand smoke in their home.

Extrapolating from the aforementioned studies, the Public Health Advisory Commission believes there are likely a few-to- several thousand children and youth in the City of Alexandria who are needlessly exposed to secondhand smoke on more than a casual basis. And because of the many childhood illnesses and other health and behavioral consequences for which such exposure places them at increased risk, and the fact that minority and low-income communities appear to be more acutely affected by secondhand smoke exposure, the Public Health Advisory Commission has identified the exposure of our children and youth to the harmful effects of secondhand smoke and the disproportionate health burden from tobacco use on our low-income residents as the two most significant tobacco-related public health threats in our community.

In its 2010 Strategic Plan, City Council clearly anticipated this concern. Under Goal #2’s Objective of *Supporting healthy lifestyles and disease prevention*, the Strategic Plan’s first Initiative calls for the establishment of a ***proactive health program to reduce respiratory illness by reducing exposures to second-hand smoke and indoor air contaminants.***

The U.S. Community Preventive Services Task Force (its recommendations are considered the “gold standard” for evidence-based research and practice) recommends two key strategies for addressing the problem:

- (1) Adopting mandatory or voluntary smoking bans and restrictions, and,
- (2) Increasing the level of smoking cessation among adults

The Public Health Commission believes that City Council action is critical for carrying out those two strategies. The Commission believes Council can be most effective in: (1) educating the public as to the seriousness of the problem and promoting voluntary, comprehensive smoke-free policies; and, (2) investing in effective programs that will significantly increase smoking cessation among adult smokers.

More specifically, the Commission calls on City Council to exercise its “bully pulpit” to raise awareness and educate the public about the dangers of secondhand smoke by:

- Endorsing the vision that *Alexandria will be the most smoke-free city of its size in America by the end of 2015.*
- Declaring all residents deserve to breathe clean air and live in a smoke-free environment and collaborate with the Commission to increase the number of smoke free housing units in the City;
- Declaring SHS as it drifts from one apartment to another a “public health risk” and call on owners, landlords and property managers to adopt voluntarily a comprehensive smoke free policy.
- Declaring a “preference” for smoke-free policies in all newly constructed multiunit housing facilities.
- Declaring all low-income residents shall have access to affordable and effective comprehensive smoking cessation services by 2015.

The Commission also requests that Council increase the local cigarette tax and invest at least \$250,000 of new revenues for each of the next two years among the following initiatives:

- (1) A pilot project to test a new delivery system for expanding availability and affordability of comprehensive smoking cessation services to low-income smokers.
- (2) An education and awareness campaign for ARHA residents on the negative consequences of smoking and exposure to SHS and the benefits of quitting.
- (3) A community-wide education and technical resource that can motivate and assist tenants, landlords and owners with advancing comprehensive smoke-free policies in non-subsidized multiunit residential facilities.
- (4) An education campaign to increase the number of primary care providers willing to screen patients (including youth) for tobacco use and counsel and refer smokers for tobacco cessation services.
- (5) Up to three small evidence-based or evidence-informed pilot projects that address the reduction of tobacco use and secondhand smoke exposure among special populations, e.g., low-income pregnant women, youth, mentally ill.

Currently, the City’s 80 cent per pack tax on cigarette generates over \$3 million from smokers, most of whom are part of our community and who are addicted to nicotine and need help to quit. The Commission feels strongly that any increase in the cigarette tax

must be accompanied by some financial investment in helping low-income smokers access comprehensive, evidence-based smoking cessation services.

Research validates the fact that quitting smoking improves a smoker's health immediately, but the most important health benefits are long term. A smoker who quits significantly reduces his or her risk for diseases like heart disease, chronic obstructive pulmonary disease (COPD), lung cancer and many other cancers. A very recent study show that while smokers who never stop lose about a decade of life expectancy, those who quit between ages 35 and 44 gain back nine of those years. Smokers who quit between 45 and 54 years of age gain back six otherwise lost years, and those who quit between 55 and 64 gain four years.

A 2010 CDC study showed that almost 70 percent of adult smokers wanted to stop smoking, 52 percent tried to do so over the past year, but only about 6 percent had actually quit. It is clear that many tobacco users require several quit attempts to quit for good, and many need help during the quitting process. Quitting "cold turkey" is not an effective method for the large majority of smokers.

A major research study published three years ago revealed that providing Medicaid recipients under the Massachusetts Medicaid program with access to a comprehensive and affordable smoking cessation benefit led to significant reductions in hospital inpatient admissions for acute for both acute myocardial infarction and for coronary atherosclerosis.

The Commission's proposal would spend less than 10 percent of current cigarette excise tax revenues for a life-saving program that can reduce active smoking among adults and at the same time help reduce exposure of our children and youth to secondhand smoke. If the City Council chooses to increase the cigarette tax above the level in the City Manager's budget to fund this initiative, the program can be fully funded without impacting other program lines.

If we truly want Alexandria to become "the most smoke free city of its size in America," we must help the most vulnerable in our community to free themselves from addiction to cigarettes and protect our children and youth from the short and long-term health consequences of breathing secondhand smoke on a regular basis.

Naturally, we cannot guarantee success if the City makes the investment we are seeking. However, experience and research point to the following outcomes if the City fails to act:

- More than 50 percent of tobacco users in Alexandria will try to quit each year, but without assistance and coverage for comprehensive smoking cessation services, the vast majority will fail;
- One of three current smokers in Alexandria will die prematurely of a disease caused by their dependence on tobacco, shortening their lives on average by 13-14 years.

- More school days will continue to be lost as a result of asthma and other respiratory diseases caused or complicated by exposure to secondhand smoke;
- Tobacco-related health disparities within low-income, minority communities will continue to widen.

The City of Alexandria has already established itself as a leader in attacking the problem of secondhand smoke exposure. The sign program which authorized the placement of *Thank you for not smoking ...* signs in all City parks, playgrounds and bus shelters remains the most far-reaching initiative of its kind in the Commonwealth with respect to protecting our citizenry from secondhand smoke exposure in public spaces.

We are asking City Council to take another big leadership step by addressing the problem of secondhand smoke exposure of our children and youth and in a place where it is most pernicious and pervasive – in the homes where they live and spend most of their time.

Of course, the primary reason for this initiative is that we believe it will make a significant contribution to the health and well-being of so many members of our community, and particularly those who are most vulnerable and most economically disadvantaged.

Endorsing the recommendations of the Public Health Commission, however, will certainly catapult the City of Alexandria into the vanguard of leadership not just in the Commonwealth but throughout all Dillon-ruled states in terms of a commitment to ensuring “all residents deserve to breathe clean air and live in a smoke-free environment.” Furthermore, the Alexandria “Secondhand Smoke and Smoking Reduction” initiative will more than likely serve as a model for other jurisdictions seeking a voluntary approach to these vexing public health challenges.

In endorsing the recommendations of the Commission, Alexandria will establish a number of “firsts” on its path to becoming **“the most smoke free city of its size in America by the end of 2015.”**

- It will be the first jurisdiction in the Commonwealth to declare secondhand smoke a “public health risk”;
- It will be the first jurisdiction to essentially guarantee access to affordable and effective smoking cessation services for its low-income population; and,
- It will be the first jurisdiction to use revenues from an increase in the cigarette tax for the purpose of encouraging smokers to quit and fostering smoke-free homes policies.

Vince Lombardi once said: *“PERFECTION IS NOT ATTAINABLE, BUT IF WE CHASE PERFECTION WE CAN CATCH EXCELLENCE.”* I believe the recommendations of the Public Health Advisory Commission provide a sound blueprint for achieving excellence in reducing smoking and secondhand smoke exposure in our great City. I hope City Council agrees, so we can quickly get on with the chase.

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4-13-13

Jackie Henderson

From: aff1214@gmail.com
Sent: Saturday, April 13, 2013 9:01 AM
To: City Council; City Council Aides; JoAnn Maldonado; Elaine Scott; Jackie Henderson
Subject: Call.Click.Connect. #32241: Mayor, Vice Mayor, City Council 13-1293I am a mother and health care p

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 32241.

Request Details:

- Name: Andrea Fus
- Address: No Address Specified
- Phone Number: 7033284241
- Email: aff1214@gmail.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: 13-1293

I am a mother and health care professional. We need to help people stop smoking!

1) I strongly support the recommendations of the Public Health Advisory Commission to raise the cigarette excise in order to fund a new cessation program that will help low income smokers quit and reduce exposure to secondhand smoke.

2) Lets raise the cigarette tax BUT lets put the cigarette tax to good use by helping those most at risk of tobacco related disease to improve their health and the health of those in their families.

3) This is an investment in the public health of our community.

Sincerely

Dr Andrea Fus

- Expected Response Date: Monday, April 22

Please take the necessary actions in responding, handling and/or updating this request at the *Call.Click.Connect.* staff interface.

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4-13-13

Cigarette Tax

Jessica Baird called to express her opposition to the proposed Cigarette Tax. Feels it is unfair to adult consumers. Requested that Council reconsider increasing more than the current local tax.

4/15/2013

13
4-13-13

Jackie Henderson

From: rforbes@aol.com
Sent: Friday, April 12, 2013 11:11 PM
To: City Council; City Council Aides; JoAnn Maldonado; Elaine Scott; Jackie Henderson
Subject: Call.Click.Connect. #32230: Mayor, Vice Mayor, City Council Attached are comments for Docket # 13-12

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 32230.

Request Details:

- Name: Ripley Forbes
- Address: No Address Specified
- Phone Number: 703-628-6002
- Email: rforbes@aol.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: Attached are comments for Docket # 13-1293 in support of an Ordinance to Increase the City Cigarette Excise Tax. April 13, 2013. Comments are presented on behalf of the Clean and SmokeFree Air Coalition of Alexandria.
- Attachment: <http://request.alexandriava.gov/GeoReport/UploadedFile.ashx/doc/c0d89a29-b758-4556-8759-24fd01a96ff3>
- Expected Response Date: Friday, April 19

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13
4-13-13

Jackie Henderson

From: hilgardp@yahoo.com
Sent: Friday, April 12, 2013 11:21 PM
To: City Council; City Council Aides; JoAnn Maldonado; Elaine Scott; Jackie Henderson
Subject: Call.Click.Connect. #32231: Mayor, Vice Mayor, City Council ON: Cigarette Tax VOTEAs a long memb

Dear *Call.Click.Connect.* User

A request was just created using *Call.Click.Connect.* The request ID is 32231.

Request Details:

- Name: Dr. Patricia Hilgard
- Address: No Address Specified
- Phone Number: 703-370-0292
- Email: hilgardp@yahoo.com
- Service Type: Mayor, Vice Mayor, City Council
- Request Description: ON: Cigarette Tax VOTE

As a long member of the City Coalition for Clean and Smoke-free Air,

1) I strongly support the recommendations of the Public Health Advisory Commission to raise the cigarette excise in order to fund a new cessation program that will help low income smokers quit and reduce exposure to secondhand smoke.

2) Lets raise the cigarette tax BUT lets put the cigarette tax to good use by helping those most at risk of tobacco related disease to improve their health and the health of those in their families.

3) This is an investment in the public health of our community.

4) This will also be a boon to those citizens who have already become chemically sensitized.

- Expected Response Date: Friday, April 19

Please take the necessary actions in responding, handling and/or updating this request at the *Call.Click.Connect.* staff interface.

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