

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF GENESEE

RPF OIL COMPANY
A Michigan corporation,

Plaintiff

Case No. 17-109107

v.

GENESEE COUNTY and GENESEE
COUNTY HEALTH DEPARTMENT

Defendants

**BRIEF OF AMICI CURIAE IN OPPOSITION TO
PLAINTIFF’S MOTION FOR PRELIMINARY INJUNCTION**

Amici respectfully submit this brief in opposition to Plaintiff’s Motion for Preliminary Injunction. By this filing, amici seek to demonstrate that a preliminary injunction against Genesee County’s Regulation to Prohibit the Sale of Tobacco Products to Individuals Under 21 Years of Age (“Tobacco 21 Regulation”) would be contrary to the public interest because it would deprive the residents of the county, and particularly its young people, of the demonstrable public health benefits of prohibiting the sale of deadly tobacco products to persons under 21. Indeed, those benefits have led the states of California and Hawaii, and over 240 localities across the nation, to enact similar laws. None have been struck down by the courts, on state preemption or any other grounds.

STATEMENT OF IDENTITY AND INTEREST OF AMICI CURIAE

Amici include the following national, Michigan and Genesee County organizations, each of which works, on a daily basis, to protect the public from the devastating harms caused by tobacco products: [list participating groups]

A description of the amici is included in the Appendix to this Brief.

Each of the amici has a strong interest in the implementation of tobacco control policies that will prevent the initiation of tobacco use by young people and save lives. Raising the minimum age for sale of tobacco products is such a policy. A landmark 2015 Report of the Institute of Medicine of the National Academy of Science (IOM Report) concluded that raising the minimum age for tobacco sales “will reduce tobacco initiation, particularly among adolescents 15 to 17 years of age, will improve health across the life span, and will save lives.”¹ The Tobacco 21 regulation will bring those public health benefits to Genesee County. The amici have an interest in enhancing this Court’s understanding of the public health benefits of the regulation under attack and in assuring its timely implementation.

SUMMARY OF ARGUMENT

The use of tobacco products exacts a terrible toll in disease and death nationally, in the State of Michigan, and in Genesee County. An injunction against the Tobacco 21 regulation in Genesee County would be contrary to the public interest because that regulation is a science-based policy that will help to protect this community from the scourge of tobacco-related disease and mortality. Thus, the argument made by *amici* is directly relevant to two of the factors that determine whether a preliminary injunction should issue under Michigan law: harm to the public

¹ Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, D.C.: The National Academies Press (2015), at 259.

interest if an injunction issues and whether harm to the applicant in the absence of a stay outweighs the harms to the opposing party if a stay is granted. *See State Employees Ass'n v. Dept. of Mental Health*, 421 Mich. 152, 157-58, 365 N.W.2d 93, 96 (1984).

Implementation of the Tobacco 21 Regulation will reduce the use of tobacco products, particularly cigarettes, because virtually all initiation of smoking begins before age 21; indeed, if individuals do not begin smoking before that age, it is unlikely they ever will. Moreover, adolescents are particularly vulnerable to the addictive effects of nicotine and can begin to evidence signs of nicotine dependence with even minimal exposure to tobacco products. Most teen smokers end up smoking into adulthood, even though they did not intend to continue smoking. Delaying the age when young people first begin using tobacco can reduce the risk that they will transition to regular or daily tobacco use.

The tobacco industry has long recognized that its long-term profitability depends on addicting young people and its marketing has long targeted adolescents and young adults. Policies that limit youth access to tobacco products, like the Tobacco 21 Regulation, help prevent young people from being victimized by this predatory marketing.

Raising the minimum age for tobacco sales also will make youth in the age group 18-20 less available as social sources of tobacco products for younger children, thus making acquisition of tobacco products more difficult. In turn, this helps to reduce and delay initiation of tobacco use among children below the age of 18. With the minimum legal sale age set at 21, legal purchasers would be less likely to be in the same social networks as high school students and therefore less able to sell or give them cigarettes.

Based on its thorough review of the available evidence, the Institute of Medicine has found that national implementation of 21 as the minimum tobacco products sale age would

substantially reduce smoking prevalence and smoking-related mortality over time, as well as immediately improving the health of adolescents and young adults. Implementation of the Tobacco 21 Regulation will allow the residents of this community, particularly its young people, to begin to realize those benefits to public health. For this reason, an injunction delaying or preventing its implementation would not serve the public interest.

ARGUMENT

I. TOBACCO USE EXACTS A TERRIBLE TOLL IN DISEASE AND DEATH, ACROSS THE NATION AND IN MICHIGAN

Each day, 400 kids under the age of 18 become regular, daily smokers and almost one-third will eventually die from smoking.² The 2014 Report of the Surgeon General projected that, if current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness.³

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.⁴ Indeed, smoking kills more Americans than alcohol, AIDS, car accidents, illegal drugs, murder and suicides *combined*.⁵ Cigarette smoke contains over 7,000 chemicals, at least 69 of which are known carcinogens.⁶ Smoking impacts nearly

² Campaign for Tobacco-Free Kids, *Toll of Tobacco in the United States*, April 1, 2017, http://www.tobaccofreekids.org/facts_issues/toll_us, derived from U.S. Dept of Health & Human Services (HHS), "Results from the 2015 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables," <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>) and Centers for Disease Control and Prevention. "Projected Smoking-related Deaths Among Youth--United States." *MMWR. Morbidity and Mortality Weekly Report* 45(1996) at 972.

³ U.S. Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General* (2014), at 1 (Executive Summary) (2014 SG Report).

⁴ *Id.* at 11.

⁵ Centers for Disease Control and Prevention, "Cigarette Smoking and Radiation," <https://www.cdc.gov/nceh/radiation/smoking.htm>

⁶ U.S. Department of Health and Human Services (HHS), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking Attributable Disease: A Report of the Surgeon General*, HHS, U.S. Centers for

every organ of the body; more than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease are attributable to smoking and exposure to secondhand smoke.⁷

In addition to this staggering toll of premature mortality, millions of Americans suffer from debilitating medical conditions throughout their lives due to smoking. The Centers for Disease Control estimated that in 2000, approximately 8.6 million persons in the United States suffered from serious medical conditions due to smoking,⁸ a figure that now is likely to be a substantial underestimate, given updated evidence on the number of diseases caused by smoking.⁹ As the IOM Report points out, cigarette smoking contributes to adverse health effects “shortly after smoking initiation – long before the chronic disease that smoking causes at older ages become clinically apparent.”¹⁰ “In short, soon after the initiation of smoking, an array of smoking-induced short-term deleterious health effects sets in motion a lifelong trajectory that leaves persistent smokers highly disadvantaged compared to their counterparts who never smoked.”¹¹

Although much progress has been made in recent years in reducing smoking prevalence, the continuing devastating impact of smoking on the nation’s health is due, in large part, to the highly addictive nature of nicotine in tobacco products. Most smokers want to quit, but are unable to. The 2015 National Health Interview surveys revealed that 68% of adult smokers

Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010, at iii.

⁷ *Id.* at 2 (Executive Summary).

⁸ Centers for Disease Control and Prevention. "Cigarette Smoking-attributable Morbidity- United States, 2000." *MMWR. Morbidity and Mortality Weekly Report* 52 (2003) at 843.

⁹ 2014 SG Report, at 670.

¹⁰ IOM Report, at 97.

¹¹ *Id.* at 96.

wanted to stop smoking and over 55% made an attempt to quit during the past year, but only 7.4% recently stopped smoking.¹²

Use of tobacco products also exacts a staggering economic toll on the health care system and on the economy. During the years 2009-2012, annual smoking-attributable economic costs in the United States were between \$289-332.5 billion, including \$132.5-175.9 billion for direct medical care, \$151 billion for lost productivity due to premature death, and \$5.6 billion for lost productivity due to exposure to secondhand smoke.¹³

Michigan communities are suffering greatly from tobacco-related disease and death. Every year, tobacco takes the lives of approximately 16,200 Michigan residents;¹⁴ 213,000 Michigan children alive today ultimately will die from smoking,¹⁵ or one in every ten Michigan kids now under 18.¹⁶ Every year, smoking costs the state nearly \$9.4 billion in direct healthcare expenses and lost productivity.¹⁷ Smoking continues at unacceptably high levels in Michigan communities, including among young people. Across the State, over 20% of Michigan adults smoke;¹⁸ a survey in Genesee County revealed that over 29% of its residents smoke every day.¹⁹ Over 9% of Michigan high school students smoke cigarettes or cigars;²⁰ indeed, every year

¹² Centers for Disease Control and Prevention. "Quitting Smoking Among Adults - United States, 2000-2015." *MMWR. Morbidity and Mortality Weekly Report* 65 (2017) at 1457.

¹³ 2014 SG Report, at 17 (Executive Summary).

¹⁴ Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/at_100.

¹⁵ Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/at_100.

¹⁶ Tobacco 21 Regulation, Section 1003 (Purpose and Findings).

¹⁷ Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs 2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm at 100, adjusted for inflation and updated to 2009 dollars; Giovino, Gary A., et al. "Cigarette smoking prevalence and policies in the 50 states: an era of change—the Robert Wood Johnson Foundation ImpacTeen Tobacco Chart Book." *Buffalo, NY: University at Buffalo, State University of New York* (2009), at 46, Table 4, adjusted for inflation and updated to 2009 dollars.

¹⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2015 online data, http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports

¹⁹ Tobacco 21 Regulation, Section 1003 (Purpose and Findings).

²⁰ Kann, Laura. "Youth Risk Behavior Surveillance—United States, 2015." *MMWR. Surveillance Summaries* 65 (2016) at 82, 90.

approximately 34,700 Michigan young people under 18 will try cigarettes for the first time; 5,800 will become daily smokers.²¹

As the discussion below demonstrates, the Tobacco 21 Regulation is a science-based policy that is urgently needed to protect Genesee County residents, and particularly the community's young people, from the scourge of tobacco-related disease and mortality.

II. BECAUSE THE TOBACCO 21 ORDINANCE WILL REDUCE USE OF DEADLY, ADDICTIVE TOBACCO PRODUCTS IN GENESEE COUNTY, PARTICULARLY AMONG YOUNG PEOPLE, AN INJUNCTION WOULD NOT BE IN THE PUBLIC INTEREST

A. Smoking Initiation Starts with Young People Under 21, Who Are Particularly Vulnerable to Nicotine Addiction

The critical importance of the Tobacco 21 Regulation to public health in Genesee County becomes clear when it is understood that, according to national data, 80% of adult smokers begin smoking before age 18 and 95% of adult smokers begin smoking before they turn 21.²² For smoking initiation, the ages 18-20 are pivotal. According to one national survey, 18-20 year olds are twice as likely as 16-17 year olds to be current smokers (27.1% vs. 11.4%).²³ The tobacco industry has long known the importance of “getting them while they’re young.” In 1982, one

²¹ Campaign for Tobacco-Free Kids, *Toll of Tobacco in Michigan*, April 1, 2017, http://www.tobaccofreekids.org/facts_issues/toll_us/michigan (derived from U.S. Dept of Health & Human Services (HHS), “*Results from the 2015 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables*,” [http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf) and U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>, at 693.

²² United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>; see also IOM Report, at 43.

²³ U.S. Dept. of Health and Human Services, Substance Abuse & Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings* (2014) at 49, <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>.

researcher for the RJ Reynolds Tobacco Co. observed, “If a man has never smoked by age 18, the odds are three to one he never will. By age 24, the odds are twenty to one.”²⁴

Adolescents are particularly vulnerable to the addictive effects of nicotine. According to the Institute of Medicine, “[t]he parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are particularly vulnerable to the effect of nicotine and nicotine addiction.”²⁵ Also, young people can often feel dependent earlier than adults.²⁶ Key symptoms of dependence can be apparent after just minimal exposure to nicotine.²⁷ The IOM Report summarized the evidence: “It is clear that the juxtaposition of numerous risk factors during the adolescent and young adult years is likely to increase the probability that first trial of tobacco use will turn into persistent use.”²⁸ As a result of nicotine addiction, about three out of four teen smokers end up smoking into adulthood, even if they intended to quit after a few years.²⁹ Not only are individuals who start smoking at younger ages more likely to smoke as adults, they also are among the heaviest smokers.³⁰ In addition to

²⁴ RJ Reynolds, “Estimated Change in Industry Trend Following Federal Excise Tax Increase,” September 10, 1982, Bates Number 513318387/8390, at 2
<http://legacy.library.ucsf.edu/tid/tib23d00:jsessionid=211D4CCF0DBD25F9DC2C9BB025239484.tobacco03>.

²⁵ Institute of Medicine, “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products,” *Brief Report*, Washington, D.C.: The National Academies Press (2015), at 3.

²⁶ 2014 SG Report, at 113, see also HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012
<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html> at 24 and U.S. Dept. of Health and Human Services, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General* (2010), (Executive Summary) at 4.

²⁷ U.S. Dept. of Health and Human Services, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General* (2010) (Executive Summary) at 4.

²⁸ IOM Report, at 82.

²⁹ U.S. Department of Health and Human Services, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (Fact Sheet)* (2012), at 1 <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>.

³⁰ U.S. Department of Health and Human Services, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General* (1994), at 6, https://profiles.nlm.nih.gov/NN/B/C/F/T/_/nnbcft.pdf.

longer-term health risks such as cancer and heart disease, young people who smoke are at risk for more immediate health harms, like respiratory symptoms, and reduced lung growth.³¹

Delaying the age when young people first experiment or begin using tobacco can reduce the risk that they will transition to regular or daily tobacco use and increase their chances of successfully quitting if they do become regular users.³² Noting that the age of initiation is critical, the IOM Report predicts that “increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults.”³³ It is no mystery as to why an internal Philip Morris document expressed the company’s fear that “[r]aising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes”³⁴

B. The Vulnerability of the Young to Nicotine Addiction and Tobacco Use Is Exacerbated by Tobacco Industry Marketing, Which Has Long Targeted Youth and Young Adults

The tobacco industry has exploited the vulnerability of the young through its marketing strategies, which have long targeted youth, particularly the 18-20 age group, and continue to do so. Reducing the legal access of young people to tobacco products is an important tool to protect young people from being victimized by this industry marketing.

Tobacco companies have heavily targeted young adults through a variety of marketing activities – such as music and sporting events, bar promotions, college marketing programs,

³¹ *Id.* at 6.

³² See, e.g., Khuder, SA, et al., “Age at Smoking Onset and its Effect on Smoking Cessation,” *Addictive Behavior* 24(5):673-7, September-October 1999; D’Avanzo, B, et al., “Age at Starting Smoking and Number of Cigarettes Smoked,” *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, “Age of Smoking Initiation: Implications for Quitting,” *Health Reports* 9(4):39-46, Spring 1998; Everett, SA, et al., “Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students,” *Preventive Medicine* 29(5):327-33, November 1999; Breslau, N & Peterson, EL, “Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences,” *American Journal of Public Health* 86(2):214-20, February 1996.

³³ IOM Report, at 4 .

³⁴ Philip Morris, *Discussion Draft Sociopolitical Strategy*, January 21, 1986, Bates Number 2043440040/0049, at 9, <http://legacy.library.ucsf.edu/tid/aba84e00>.

college scholarships and parties.³⁵ Tobacco industry internal documents make clear that long-term profitability will depend upon increasing consumption within this target market, as these quotations from R.J. Reynolds documents attest:

- Our aggressive Plan calls for gains of about 5.5 share points of smokers 18-20 per year, 1990-93 (about 120,000 smokers per year) . . . [I]f we hold these YAS [young adult smokers] for the market average of 7 years, they would be worth over \$2.1 billion in aggregate incremental profit. I certainly agree with you that this payout should be worth a decent sized investment.”³⁶
- “eighteen to twenty-four year olds will be “[c]ritical to long term brand vitality as consumption increases with age.”³⁷
- “. . . [t]he number one priority for 1990 is to obtain younger adult smoker trial and grow younger adult smoker share of market.”³⁸
- “To stabilize RJR’s share of total smokers, it must raise share among 18-20 from 13.8% to 40% . . . ASAP.”³⁹

In 2006, Judge Gladys Kessler of the U.S. District Court for the District of Columbia, after a nine-month trial involving thousands of internal tobacco industry documents, found that the major cigarette companies had engaged in a 50-year conspiracy to defraud the American people about the dangers of tobacco use, holding them liable under the federal Racketeer Influenced and Corrupt Organizations (RICO) Act. She found the evidence “clear and convincing – and beyond any reasonable doubt – that Defendants have marketed to young people

³⁵ Ling, PM, et al., “Why and How the Tobacco Industry Sells Cigarettes to Young Adults: Evidence From Industry Documents,” *American Journal of Public Health*, 92(6):908 – 916, June 2002. Sepe, ES, et al., “Smooth Moves: Bar and Nightclub Tobacco Promotions That Target Young Adults,” *American Journal of Public Health*, 92(3):414 – 419, March 2002. Ernster, VL, “Advertising and promotion of smokeless tobacco products,” *NCI Monograph*, 8:87 – 94, 1989. Griffith, D., “Tobacco pitch to college students: Free samples of smokeless products are offered near campuses,” *Sacramento Bee*, May 25, 2004, <http://www.calstate.edu/pa/clips2004/may/25may/tobacco2.shtml>.

³⁶ Quoted in *United States v. Philip Morris, USA, Inc.*, 449 F.Supp. 2d 1, 564 (D.D.C. 2006), *aff’d in relevant part*, 566 F3d 1095 (D.C. Cir. 2009), *cert. denied*, 130 S.Ct. 3501 (2010).

³⁷ Quoted in *United States v. Philip Morris*, *supra* at 564.

³⁸ Quoted in *United States v. Philip Morris*, *supra* at 565.

³⁹ Quoted in *United States v. Philip Morris*, *supra* at 562.

twenty-one and under while consistently, publicly, and falsely, denying that they do so.”⁴⁰ She continued: “Defendants’ marketing activities are intended to bring new, young, and hopefully long-lived smokers into the market in order to replace those who die (largely from tobacco-caused illnesses) or quit.”⁴¹ In 2014, the Report of the Surgeon General found that the industry’s youth marketing was continuing: “[T]he root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products.”⁴² Thus, the tobacco companies have long known their long-term profitability depends upon continuing to attract the youth market, including young adults, and their marketing has been driven by that understanding. These marketing tactics make it all the more imperative that communities like Genesee County be able to implement tools like the Tobacco 21 Regulation to help protect their young people from being victimized by these predatory industry activities.

C. The Tobacco 21 Regulation Will Reduce the Availability of Tobacco Products to Young People Under 18 by Curbing 18-20 Year-Olds as Sources of Such Products

In addition to protecting 18-20 year olds from the adverse health effects of tobacco products, raising the minimum age for tobacco sales will make youth in that age group less available as supply sources for younger children, thus reducing the prevalence of tobacco use among children below the age of 18.

To the extent that kids below 18 are able to get access to tobacco products despite current restrictions on their legal sale, research shows that youth smokers identify supply sources such as friends and classmates. Data from the federal Population Assessment of Tobacco and Health study shows that three in four smokers aged 15-17 obtain cigarettes from such social sources,

⁴⁰ *United States v. Philip Morris*, *supra* at 691.

⁴¹ *Id.*

⁴² 2014 Surgeon General Report, at 871.

including giving such sources money to buy cigarettes from a store or simply asking the source for cigarettes.⁴³ In enacting its Tobacco 21 Regulation, Genesee County found these sources to be significant sources of cigarettes for County high school students, with 15.6% of County high school smokers reporting they usually give someone money to purchase their cigarettes and 26.2% reporting they usually get their cigarettes by asking someone they know for them.⁴⁴

Research shows that underage smokers generally turn to persons close in age to them as supply sources. A study of the sources of cigarettes for minors, based on the California Tobacco Survey, found that the majority of adolescents who smoke are primarily dependent on others for their cigarettes and that “[a]dolescents seemed most likely to get cigarettes from persons that were approximately their own age.”⁴⁵ “In particular,” according to this study, “16 to 17-year olds were more likely to obtain cigarettes from 18-20 year olds than were younger adolescents.”⁴⁶ Moreover, “[t]he majority of people approached by adolescents to purchase cigarettes were of legal age to do so (18+ years).”⁴⁷ Another study of the age groups 18 and above most likely to be asked to furnish cigarettes to minors found that the subgroups “with the highest rates of being asked to provide tobacco to minors were smokers aged 18 and 19 years, smokers aged 20 to 24 years, and nonsmokers aged 18 and 19 years.” Older age groups were far less likely to be asked.⁴⁸

Raising the tobacco sale age to 21 would significantly limit these social sources of tobacco for minors because it “would increase the age gap between adolescents taking up

⁴³ “Highlighted Findings From Wave 1, of the Population Assessment of Tobacco and Health (PATH) Study,” Slide 63, presented at 2016 Society for Research on Nicotine and Tobacco Conference, Chicago, Illinois.

⁴⁴ Tobacco 21 Regulation, Section 1003 (Purpose and Findings).

⁴⁵ White, MM, et al. “Facilitating Adolescent Smoking: Who Provides the Cigarettes?” *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005, at 358.

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ Ribisl, KM, et al., “Which Adults Do Underaged Youth Ask for Cigarettes?” *American Journal of Public Health*, 89(10):1561 – 1564, 1999, at 1562.

smoking and those who can legally provide them with cigarettes.”⁴⁹ For example, it would limit tobacco availability in high schools, where 15 to 17 year olds may have school or social connections to 18 and 19 year olds who can legally buy cigarettes. With the minimum legal sale age set at 21, legal purchasers would be less likely to be in the same social networks as high school students and therefore less able to sell or give them cigarettes. In turn, the supply of cigarettes to younger teens would be diminished as well because their older teen suppliers would have reduced access to tobacco products. The IOM Report found that the greatest impact of raising the legal age to 21 would be on social sources for adolescents between 15-17 years of age.⁵⁰ That is the age group where adolescents are at greatest risk for becoming established smokers.⁵¹

Thus, the Tobacco 21 Regulation can be expected to reduce the supply of tobacco products from social sources to the adolescent population in Genesee County.

D. The Tobacco 21 Regulation Will Reduce the Prevalence of Tobacco-Related Disease and Death in Genesee County

By ending the legal availability of tobacco to 18-20 year-olds, an age group highly vulnerable to tobacco initiation and nicotine addiction, Genesee County’s Tobacco 21 Regulation will diminish tobacco use among older teens, with demonstrably beneficial effects on their health throughout their lives. The Tobacco 21 Regulation also will diminish the 18-20 age group as a ready source of supply for younger teens, helping to reduce and delay initiation of tobacco use, and the concomitant risk of disease, among younger teens as well.

Of course, the Tobacco 21 Regulation will not completely eliminate access to tobacco products by the County’s children and teens, nor will it eliminate use of those products in the

⁴⁹ White, et al., *supra* at 359.

⁵⁰ IOM Report, at 6.

⁵¹ White, *supra* at 359.

County or the horrific diseases caused by those products. Nevertheless, it will measurably enhance the public health in this community. Here a useful analogy is our nation's movement to increase the legal age for consumption of alcohol.

In the early 1980s, many states raised the legal drinking age to 21. By 1988, all states had such laws. Research has shown that raising the minimum drinking age to 21 is associated with reduced alcohol consumption among youth and young adults and fewer alcohol-related crashes.⁵² The National Highway Traffic Safety Administration estimates that, since 1975, increasing the minimum drinking age has saved more than 21,000 lives.⁵³ Thus, although young people continue to consume alcohol, and are still involved in tragic alcohol-related automobile accidents, the public health and safety benefits of the nation's move to a higher minimum drinking age are readily apparent.

Laws like the Tobacco 21 Regulation can be expected to have a similarly beneficial impact on public health. Based on a thorough review of the existing scientific literature and predictive modeling based on the existing data, the Institute of Medicine, in its March, 2015 Report, reached these conclusions about the likely health effects of raising the minimum age for tobacco sales:

- Raising the minimum age of legal access to tobacco products, particularly to age 21 or 25, will likely lead to substantial reductions in smoking prevalence.
- Raising the minimum age of legal access to tobacco products will likely lead to substantial reductions in smoking-related mortality.

⁵² Wagenaar, AC and Toomey, TL, "Effects of Minimum Drinking Age Laws: Review and Analyses of the Literature from 1960 to 2000," *J Stud Alcohol*, Supplement No. 14: 206-225, 2002; O'Malley, PM, and Wagenaar, AC, "Effects of Minimum Drinking Age Laws on Alcohol Use, Related Behaviors and Traffic Crash Involvement among American Youth: 1976-1987," *J Stud Alcohol*, 52:478-491, 1991; Dejong, W and Blanchette, J, "Case Closed: Research Evidence on the Positive Public Health Impact of the Age 21 Minimum Legal Drinking Age in the United States," *J Stud Alcohol Drugs*, Supplement 17:108-115, 2014.

⁵³ Kindelberger, J, *Calculating Lives Saved Due to Minimum Drinking Age Laws*, National Highway Traffic Safety Administration (NHTSA), March 2005, at 3. See also, NHTSA, *Lives Saved in 2012 by Restraint Use and Minimum Drinking Age Laws*, November 2013.

- Raising the minimum age of legal access to tobacco products (MLA) will likely immediately improve the health of adolescents and young adults by reducing the number of those with smoking-caused diminished health status. As the initial birth cohorts affected by the policy change into adulthood, the benefits of the reductions of the intermediate and long-term adverse health effects will also begin to manifest. Raising the MLA will also likely reduce the prevalence of other tobacco products and exposure to secondhand smoke, further reducing tobacco-related adverse health effects, both immediately and over time.
- An increase in the minimum age of legal access to tobacco products will likely improve maternal, fetal and infant outcomes by reducing the likelihood of maternal and paternal smoking.⁵⁴

The IOM Report found that raising the minimum age for tobacco products to 21 on a national scale will, over time, reduce the overall smoking rate by about 12% and smoking-related deaths by 10%, which translates into 223,000 fewer premature deaths and 4.2 million fewer years of life lost.⁵⁵

CONCLUSION

Like California, Hawaii and over 240 other localities across the nation, Genesee County has acted to give its residents, and particularly its young people, the benefits of the life-saving policy of raising the minimum sale age for tobacco to 21. A preliminary injunction delaying implementation of the Tobacco 21 Regulation would not be in the public interest and should be denied.

Dated: June 12, 2017

Respectfully submitted,

VALDEMAR L. WASHINGTON, PLLC

Valdemar L. Washington (P-27165)
Local Counsel for Campaign for Tobacco-Free Kids
718 Beach Street/P.O. Box 187

⁵⁴ IOM Report, at 7-9.

⁵⁵ IOM Report, at 9.

Flint, MI 48501-0187
810.407.6868

OF COUNSEL:

Dennis A. Henigan
Director, Legal and Regulatory Affairs
Campaign for Tobacco-Free Kids
1400 Eye St., NW
Washington, D.C. 20005

APPENDIX

Description of *Amici Curiae*

1. American Cancer Society Cancer Action Network

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization dedicated to making cancer issues a priority. Created in 2001 as the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, ACS CAN educates the public, government officials, and candidates about cancer's devastating impact on public health and encourages them to make fighting cancer a top priority. ACS CAN has more than one million volunteers nationwide, many of whom advocate for effective tobacco control at the federal, state, and local levels. In 2015, an estimated 221,000 people in the US will be diagnosed with lung and bronchus cancer, the vast majority of which is attributable to tobacco use. This devastating impact makes regulation of tobacco products critical to our mission.

2. American Heart Association

The American Heart Association ("AHA") is a voluntary health organization that, since 1924, has helped protect people of all ages and ethnicities from the ravages of heart disease and stroke. AHA is one of the world's premier health organizations, with local chapters in all 50 states, as well as in Washington D.C., and Puerto Rico. The association invests in research, professional and public education, and advocacy so people across American can live stronger, longer lives. AHA has long been active before Congress and regulatory agencies on tobacco and other health-related matters and has petitioned the Food and Drug Administration ("FDA") on several occasions seeking regulation of cigarette and other tobacco products under the Federal Food, Drug, and Cosmetic Act.

3. American Lung Association

The American Lung Association is the nation's oldest voluntary health organization, with over 429,000 volunteers in all 50 states and the District of Columbia. Because cigarette smoking is a major cause of lung cancer and chronic obstructive pulmonary disease (COPD), the American Lung Association has long been active in research, education and public policy advocacy regarding the adverse health effects caused by tobacco use, as well as efforts to regulate the marketing, manufacture and sale of tobacco products.

4. Campaign for Tobacco-Free Kids

The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. The Campaign envisions a future free of the death and disease caused by tobacco, and it works to save lives by

advocating for public policies that prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke.

5. Tobacco Control Legal Consortium

The Tobacco Control Legal Consortium is a national network of nonprofit legal centers working to protect the public from the devastating health consequences of tobacco use. The Consortium's activities are coordinated by the Public Health Law Center, Inc., of the William Mitchell College of Law in St. Paul, Minnesota. Affiliated legal centers include: ChangeLab Solutions, Oakland, California; Legal Resource Center for Tobacco Regulation, Litigation & Advocacy, at University of Maryland School of Law, Baltimore, Maryland; Public Health Advocacy Institute and the Center for Public Health and Tobacco Policy, at Northeastern University School of Law, Boston, Massachusetts; Smoke-Free Environments Law Project, at Center for Social Gerontology, Ann Arbor, Michigan; Tobacco Control Policy and Legal Resource Center at New Jersey GASP, Summit, New Jersey.

6. Preventing Tobacco Addiction Foundation

Established in 1996, the Preventing Tobacco Addiction Foundation strives to reduce the terrible toll of smoking and tobacco use through a preventive effort. The belief that tobacco use is a voluntary risk undertaken by smokers themselves is belied by the fact that virtually all nicotine use begins in adolescence when experimentation and risk-taking are part of normal development. To prevent early exposure to tobacco products, the Foundation supports raising the legal minimum sales age to 21, as well as a concerted societal and political strategy including school-based education, reduced media exposure to tobacco products, counter-marketing, and smoke-free homes and public areas.

7. Trinity Health

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health is headquartered in Michigan and owns several healthcare facilities in Michigan. It serves people and communities in 22 states from coast to coast with 93 hospitals, and 120 continuing care locations — including home care, hospice, PACE and senior living facilities — that provide nearly 2.5 million visits annually. Trinity Health employs more than 97,000 full-time colleagues, including 5,300 employed physicians. Tobacco use is one of the largest driver of health care costs. Chronic diseases are the most common and costly of all health problems, but are also the most preventable. For these reasons, Trinity Health has prioritized tobacco control policy, playing a key role in advocating for laws raising the minimum legal sales age for tobacco products to 21 (Tobacco 21). Trinity Health has disseminated Tobacco 21 toolkits to all of its health Ministries and across the country; invested in legal research and developed model policies; shared information with other health systems; and presented on this topic at several national conferences, including co-hosting a briefing on Capitol Hill.

8. Truth Initiative

Truth Initiative envisions an America where tobacco is a thing of the past and where all youth and young adults reject tobacco use. Truth Initiative's proven -effective and nationally recognized public education programs include truth®, the national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; EX®, an innovative smoking cessation program; and research initiatives exploring the causes, consequences and approaches to reducing tobacco use. Truth Initiative also develops programs to address the health effects of tobacco use –with a focus on priority populations disproportionately affected by the toll of tobacco –through alliances, youth activism, training and technical assistance. Located in Washington, D.C., Truth Initiative was created as a result of the November 1998 Master Settlement Agreement (MSA) between attorneys general from 46 states, five U.S. territories and the tobacco industry.