



City of Easthampton Department of Health
Community Health Worker Report

March 25, 2026

Directors Rist and Coughlin,

Since our last meeting, I have completed two deliverables at your request. A review of authorities granted to you as the Board of Health as it pertains to the Nicotine-Free Generation policy (Appendix A), and a document to print out for our public hearing the public can use to follow along. This is included at the end of this report for your review.

I have made significant progress moving forward with the Remembrance Garden at Lower Mill Pond to honor those we have lost to addiction. Recall this work is done in tandem with Learn2Cope's planning committee comprised of Learn2Cope staff, DART representatives, and the City of Easthampton's Health Department. I have received approval from Mayor Derby to utilize opioid abatement funds to pay for the development, and initial approval from DPW and the Planning Department.

I am currently making my rounds through allied community partners like the Manhan Rail Trail Committee, the BEES Committee, and the Community Preservation Act Committee to seek letters of support, and will begin the approval process with the Conservation Commission in the next few weeks.

Irza and I have received our certifications to become Honoring Choices Ambassadors, granting us the ability to plan an event with the Council on Aging on identifying health care proxies, and steps to create personal directives, and durable power of attorneys in case of medical emergencies. This training will take place on May 13th.

Finally, I am putting the finishing touches on some research regarding Kratom for your consideration. You should receive this in my next report.

Otherwise, my work networking with community partners continues. As always, I'm happy to be of service to you in any capacity.

Brad Riley, Ed.M, MPPA
Community Health Worker

Appendix A

Review of Board of Health Regulations and Authorities

I have reviewed your regulations and authorities and identified the following information to help you with your public hearing regarding the Nicotine-Free Generation policy. In the document titled "Restricting the Sale of Tobacco Products," on the city website, the following information is true:

1. On page 3, under "Authority," the language states:

This regulation is promulgated pursuant to the authority granted to the Easthampton Board of Health by Massachusetts General Laws Chapter 111, Section 31 which states "Boards of Health may make reasonable health regulations."

This is your primary legal mechanism. A Nicotine-Free Generation policy would need to be legally framed and defended as a "reasonable health regulation" under this state law. Local newspapers must run advertisements before public hearings where this authority is exercised. *"Notice of the time, place and subject matter of which, sufficient for identification, shall be given by publishing in a newspaper of general circulation in the city or town once in each of two successive weeks, the first publication to be not less than fourteen days prior to the date set for such hearing."*

2. Also on page 3, the language states:

Whereas the Massachusetts Supreme Judicial Court has held that "...the right to engage in business must yield to the paramount right of government to protect the public health by any rational means," as cited in *Druzik et al. v. Board of Health of Haverhill*, 324 Mass. 129 (1949).

This judicial precedent is a powerful implied authority. Opponents of a sales ban will likely argue it infringes on business rights. This established court ruling legally justifies the Board of Health restricting commercial sales if that restriction is a "rational means" of protecting public health.

3. Intergovernmental backing for local bans is discussed on page 2.

"Whereas the U.S. Surgeon General recognized in his 2014 report that a complementary strategy to assist in eradicating tobacco related death and disease is for local governments to ban categories of products from retail sales."

This demonstrates that the U.S. Surgeon General explicitly encourages local governments to enact product bans to eradicate tobacco-related disease, providing strong federal public health backing for a phase-out. This is also supported by the Massachusetts Supreme Judicial Court's ruling in *Six Brothers, Inc. v. Town of Brookline* (2024) confirming that local public health measures can be *more* protective than statewide baselines in this domain, provided they are drafted properly and remain consistent with state authority.

4. On pages 5 (Section C) and 6 (Section D) the document defines a Minimum Legal Sales Age (MLSA) as:

The age an individual must be before that individual can be sold a tobacco product in the municipality," and mandates that "No person shall sell tobacco products...to a person under the minimum legal sales age."

While currently set at age 21, the existence of an established, enforceable "minimum legal sales age" demonstrates that the Board of Health already possesses—and actively exercises—the authority to conditionally ban the sale of nicotine based entirely on a purchaser's date of birth.

I want to be clear: I am not a lawyer, and I am not providing legal advice. I have simply pulled from an established legal framework that already exists in Easthampton. If you have legal questions such as defining a "reasonable health regulation" or what "rational means" entails, I encourage you to consult a solicitor for an accurate legal interpretation.



Nicotine-Free Generation Policy

A plain-language guide for Easthampton residents

1 WHAT IS THIS POLICY?

Nicotine-Free Generation (NFG) uses a birthdate cutoff. Anyone born on or after that date can never legally be sold tobacco or nicotine products in Easthampton.

Unlike *Tobacco 21* — which delays access until an age everyone eventually reaches — NFG permanently retires these products for newer cohorts.

Key point: This restricts retailers only. It is **not** a criminal ban on personal possession or use.

2 WHY THIS APPROACH?

Traditional age laws can unintentionally signal that tobacco use is an adult milestone to look forward to. **NFG eliminates that framing entirely.**

The goal: prevent nicotine addiction in future generations and shift social norms so it is no longer seen as a normal adult behavior.

At least **21 Massachusetts communities** have adopted similar policies by late 2025 — the most of any state in the country.

3 IS IT LEGAL HERE?

Yes. In March 2024, the Massachusetts Supreme Judicial Court upheld Brookline's policy in *Six Brothers, Inc. v. Town of Brookline*, confirming that cities and towns may adopt public health rules stricter than state law.

4 DECISIONS THE BOARD IS WEIGHING

- **Scope:** tobacco only, or also vapes and nicotine pouches?
- **Cutoff date:** anyone already eligible to buy today stays eligible.
- **Enforcement:** civil fines through existing retail licensing — no new criminal penalties.

5 WHAT TO EXPECT OVER TIME

SHORT-TERM · 0–2 YRS

Improved retailer ID verification, staff training, and early normative shifts. Some cross-border purchasing possible if neighboring towns haven't adopted similar rules.

MEDIUM-TERM · 2–5 YRS

Cohort effects become visible. Fewer social signals that nicotine becomes acceptable at a future birthday. Regional adoption strengthens impact.

LONG-TERM · 5–20+ YRS

Modeling studies project meaningful reductions in smoking rates and tobacco-related illness as the never-eligible population grows into adulthood.

6 EQUITY & FAIRNESS COMMITMENTS

- **Uniform enforcement:** compliance checks will not target specific neighborhoods or retailer types.
- **Language access:** translated guidance and support for small business retailers.
- **Cessation support:** investment in services for current users — NFG focuses on future cohorts, not current ones.
- **Annual review:** product definitions updated as the nicotine market changes.

7 COMMON QUESTIONS

Isn't this unfair to younger adults?

No one who can legally buy today loses that right. The policy applies only to future cohorts. Ethics scholars who have examined NFG note that preventing addiction justifies treating birth cohorts differently.

Won't people just buy elsewhere?

Some cross-border purchasing is expected at first — which is why regional coordination matters. As neighboring communities and the state adopt similar rules, that gap closes.

Is this prohibition?

No. Prohibition bans a product entirely. NFG is a grandfathered phaseout — current eligible buyers keep their access. Only future cohorts who have not yet developed a dependence are affected.

Questions or comments? Reach out to the Board of Health, City Hall · 50 Payson Ave, Easthampton, MA 01027 · *Full policy memo and source citations available from the Department of Health.*