Date: February 25, 2026

To: Ryan Griffin
Director of Public Health
City of Easthampton, Massachusetts

Elizabeth Rist, PA
Chair, Board of Health
City of Easthampton, Massachusetts

From: Brad Riley, Ed.M, MPPA
Community Health Worker
City of Easthampton, Massachusetts

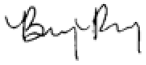
Re: Support decision-making and public communication for Nicotine-Free Generation policies with a verifiable, plain-language synthesis of literature

Director Griffin and Chair Rist,

Attached to this cover letter is a drafted memorandum on Nicotine-Free Generation Policies with special consideration for evidence, legal landscape, and local implementation. My goal in drafting this memo is to provide you with a clear, biased-free overview of the current state of nicotine-free generation policies at the international and municipal levels. Included are strategies for implementing policies, and even talking points for questions community members may have about such a policy were it to be enacted in Easthampton.

I have taken no position on what I feel you should do; I merely want you to make decisions from the best, most informed place possible. I'm happy to answer any questions you have, or probe further for evidence or greater synthesis of data.

Thank you,



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Memorandum

Nicotine-Free Generation Policies: Evidence, Legal Landscape, and Local Implementation Considerations

Executive summary

A Nicotine-Free Generation (NFG) policy uses a birthdate cutoff so that individuals born on/after a specified date are never eligible to be sold commercial tobacco products and, in many municipal models, nicotine delivery products (e-cigarettes, nicotine pouches, and related products). NFG is typically enforced as a retailer sales restriction through local licensing/inspection systems and civil penalties, not as a criminal prohibition on possession or use.

The empirical evidence base for NFG is still developing. Because the policy's primary outcomes unfold over many years, direct longitudinal evaluations of health and economic impacts are limited. Most peer-reviewed evidence currently comes from policy rationale papers, modelling studies (often evaluating endgame packages that include a generational phaseout), and qualitative work on acceptability and implementation.

In Massachusetts, the legal footing for municipal action strengthened after the Massachusetts Supreme Judicial Court upheld Brookline's tobacco-free generation bylaw in Six Brothers, Inc. v. Town of Brookline (March 8, 2024). Massachusetts has also become the leading U.S. municipal setting for NFG adoption, with multiple towns and cities implementing birthdate-based sales restrictions.

For municipal leaders, the policy should be understood as a long-run product retirement tool. Near-term benefits are more likely to show up as clearer norms, reduced initiation among the youngest cohorts, and tighter control of youth-appealing nicotine products. Long-run reductions in adult smoking prevalence and tobacco-related disease are plausible but should be communicated as expected over a multi-year horizon, with results dependent on enforcement design and regional diffusion.

1. What an NFG policy is

NFG policies differ from minimum-age laws (e.g., Tobacco 21) by tying sales eligibility to date of birth rather than an age that everyone eventually reaches. Over time, the ineligible population grows, creating a permanent sales phaseout for newer cohorts.

Key features. Typical municipal features include:

- Retailer-focused enforcement (civil penalties; licensing/permit conditions).
- Mandatory government-issued photo ID verification for in-scope products.
- A clearly stated birthdate cutoff (and often a clear statement that those already legally eligible are unaffected).
- Escalating penalty schedule (warning, fine(s), suspension/revocation).
- Retailer education and an implementation period prior to full enforcement.

NFG and “tobacco-free generation” policies share the same architecture; the main difference is scope. Some jurisdictions focus on tobacco products only, while others explicitly include nicotine delivery systems.

2. Why policymakers pursue NFG (theory of change)

The foundational scholarly rationale is that conventional youth access laws can unintentionally signal that tobacco use becomes legitimate at a future birthday. A birth-cohort rule aims to remove the “rite of passage” dynamic and reinforce that nicotine addiction is not a normal adult commodity but a preventable harm. The intended mechanisms are reduced initiation in future cohorts and a durable shift in social norms.

3. What the research says: current state of evidence

3.1 Evidence strength and limitations

Endgame policy reviews emphasize that evidence for generational sales phaseouts is still maturing. Many endgame policies are relatively new, outcomes accrue over long time horizons, and rigorous evaluation can be difficult when multiple policies change at once. As a result, staff communications should distinguish between (a) evidence on expected direction and mechanism and (b) long-run, observed impacts.

3.2 Modelling studies and projected health impact

Modelling studies that evaluate tobacco endgame packages frequently project substantial health gains over time. Where generational phaseouts are included, they contribute meaningfully to projected reductions in prevalence, particularly when paired with complementary measures such as retail outlet reduction, nicotine content reduction, and strengthened cessation supports. Modelling outputs depend on assumptions about compliance, substitution, and cross-border purchasing; they are best used to communicate expected direction and plausible magnitude rather than precise forecasts.

3.3 Acceptability and implementation research

Qualitative studies with youth and policy stakeholders suggest that acceptability depends heavily on framing and perceived fairness. Support tends to be stronger when NFG is presented as protecting future cohorts from addiction and retiring a uniquely harmful product, rather than as punitive control over individuals. Implementation concerns typically cluster around retailer burden, enforcement feasibility, and the risk of displacement to nearby jurisdictions.

3.4 Ethical considerations

A recurrent objection is that NFG creates different rules for adults based solely on birth year. Recent ethics scholarship treats this critique directly, evaluating whether differential treatment can be justified when a policy aims to prevent addiction and long-term harm from a uniquely dangerous consumer product. For municipal hearings, the practical approach is to acknowledge the concern, explain the public health purpose, and pair the policy with robust cessation support and equity guardrails.

4. Massachusetts legal and governance landscape

4.1 Brookline and the Massachusetts Supreme Judicial Court

Brookline's tobacco-free generation bylaw was challenged by retailers and upheld by the Massachusetts Supreme Judicial Court in Six Brothers, Inc. v. Town of Brookline (March 8, 2024). The court's decision reduced legal uncertainty for other Massachusetts municipalities by confirming that local public health measures can be more protective than statewide baselines in this domain, subject to proper drafting and consistency with state authority.

4.2 Regional diffusion and cross-border purchasing

Medical and policy commentary has emphasized that a single municipality acting alone can face cross-border substitution (purchases shift to nearby jurisdictions), which may blunt health impact and concentrate retailer effects. Regional adoption and coordination can strengthen public health impact and reduce displacement.

4.3 Municipal momentum in Massachusetts

Multiple Massachusetts municipalities have adopted birthdate-based restrictions through bylaws and/or Board of Health regulations. Public trackers list at least 21 Massachusetts communities with such policies as of late 2025. Municipal implementations vary in cutoff date and product scope (tobacco-only versus nicotine-inclusive).

5. Policy design choices that shape implementation and defensibility

5.1 Scope and definitions

A central design choice is which products the policy covers. Nicotine-inclusive approaches aim to prevent substitution to vaping products or oral nicotine products and to align the policy with the modern nicotine market. Narrower definitions may be simpler to enforce but can create loopholes. Broader definitions can increase opposition and require careful drafting to remain enforceable and clear.

5.2 Cutoff date and transition rule

Municipal policies typically select a specific cutoff date. Many also use a transition rule that avoids changing eligibility for those already legally able to purchase at the time the policy takes effect, while ensuring that younger cohorts never age into eligibility. Cutoff choices affect perceptions of fairness, administrative simplicity, and the pace at which the ineligible cohort grows.

5.3 Enforcement architecture

Enforcement is typically built on existing local authority: retail licensing, permitting, inspections, and civil penalties. Implementation is stronger when enforcement is predictable and paired with a defined retailer education period. A clear penalty schedule and consistent compliance checks reduce confusion and strengthen legitimacy.

5.4 Communications and public legitimacy

Because the policy design is unfamiliar to many residents, communications should anticipate fairness questions, explain the retailer-focused nature of enforcement, and describe how the policy complements

cessation and youth prevention efforts. Messaging is more effective when it emphasizes prevention of addiction and long-term harm rather than blame or stigma.

6. Public health impact: credible claims for a municipal context

Staff should communicate expected impacts using a time-horizon frame. NFG is designed to shift initiation patterns in future cohorts, so the strongest health gains are expected over years rather than months.

6.1 Short-term (months to 1–2 years)

- Implementation: retailer outreach, staff training, signage, and compliance operations.
- Improved consistency in ID verification and retailer practices for nicotine/tobacco products.
- Potential cross-border purchasing among newly ineligible cohorts if nearby jurisdictions do not adopt similar rules.
- Early shifts in youth access patterns are possible but may be difficult to detect without targeted surveillance.

6.2 Medium-term (2–5 years)

- Cohort effects become more visible as the never-eligible population grows.
- Norm shifts strengthen: fewer cues that nicotine use becomes legitimate at a future birthday.
- Regional coordination increases impact and reduces displacement.

6.3 Long-term (5–20+ years)

- Projected reductions in smoking prevalence and tobacco-related disease burden accrue as cohorts age.
- Potential health equity gains are possible when paired with equitable enforcement and cessation supports.

7. Economic and equity considerations

7.1 Economic impacts and uncertainty

Because longitudinal municipal economic evaluations are scarce, staff should be careful about economic claims. It is reasonable to anticipate some product-specific displacement in the short term (including cross-border purchasing) and to expect that long-run health benefits could yield downstream cost savings, but precise local economic effects are uncertain.

7.2 Equity risks and guardrails

Equity guardrails. Recommended guardrails include:

- Uniform compliance protocols to avoid disproportionate enforcement in particular neighborhoods or retailer types without a documented rationale.
- Clear language access and technical assistance for retailers (especially small businesses).
- Parallel investment in cessation and support services for current users (while NFG focuses on future cohorts).

- Ongoing monitoring of substitution to new nicotine products and timely updates to definitions if needed.

8. Implementation roadmap for staff

8.1 Pre-adoption (0–3 months)

- Confirm the legal pathway (Board of Health regulation vs ordinance/bylaw) with counsel.
- Decide product scope and definitions consistent with existing local regulations.
- Draft enforcement procedures and a penalty schedule; plan a retailer education period.
- Prepare plain-language communications and hearing materials.

8.2 Adoption and education (3–9 months)

- Hold public hearings; present evidence and acknowledge known gaps.
- Distribute retailer guidance and signage; conduct retailer trainings.
- Train inspection staff and integrate compliance checks with existing tobacco control operations.
- Coordinate with neighboring municipalities and regional public health partners where feasible.

8.3 Enforcement and monitoring (9–24 months)

- Begin compliance checks after the education window; maintain predictable schedules.
- Track violations and corrective actions; publish periodic summaries for transparency.
- Review product definitions annually to keep pace with the nicotine market.

8.4 Suggested metrics

Metrics. A feasible evaluation dashboard can include:

- Administrative: number of retailer trainings, compliance checks completed, violation rates, enforcement actions taken.
- Public health: youth nicotine/tobacco use indicators (where available), cessation referrals and utilization, community complaints/inquiries.
- Equity: geographic distribution of compliance checks and violations; accessibility of retailer education (language and format).
- Economic (limited): structured retailer survey on product displacement and compliance costs; changes in number of licensed retailers over time.

9. Anticipating common questions (staff talking points)

1. Is this legal in Massachusetts? Brookline's policy was upheld by the Massachusetts Supreme Judicial Court, strengthening municipal footing for similar approaches.
2. Isn't this unfair? Fairness concerns are common; ethics scholarship evaluates these concerns and many jurisdictions address them by emphasizing prevention of addiction and pairing NFG with cessation supports and equity guardrails.
3. Won't people buy elsewhere? Some displacement is likely if surrounding jurisdictions permit sales; regional coordination can reduce cross-border purchasing.

4. Do we have proof it will improve health? Direct longitudinal evidence is limited, but the policy's mechanism is grounded in tobacco control science and endgame modelling supports the expected direction of health gains over time.
5. Why include vapes and nicotine pouches? Nicotine-inclusive definitions reduce substitution and align with current patterns of youth nicotine initiation.

10. Massachusetts statewide policy context

Massachusetts has considered state-level legislation to scale a nicotine-free generation approach statewide. If adopted at the state level, uniform rules could reduce cross-border displacement between municipalities, but municipal action currently drives most policy diffusion within Massachusetts.

Conclusion

NFG is a cohort-based retail sales phaseout intended to prevent initiation and shift norms by eliminating the "eventually legal" milestone. The best available evidence combines policy rationale literature, endgame evidence mapping and modelling, and qualitative research on acceptability and implementation. In Massachusetts, the Brookline decision substantially strengthens the legal environment for municipal action. For local decision-makers, success is most likely when NFG is drafted clearly, enforced predictably with an education period, paired with equity guardrails and cessation supports, and coordinated regionally where possible.

Appendix A. Key sources

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- Six Brothers, Inc. v. Town of Brookline, Massachusetts Supreme Judicial Court. March 8, 2024. https://law.justia.com/cases/massachusetts/supreme-court/2024/sjc-13434.html
- Public Health Law Center. The Nicotine-Free Generation Approach (policy brief). https://www.publichealthlawcenter.org/sites/default/files/resources/Nicotine-Free-Generation.pdf
- ASH Project Sunset. Current policies (includes Massachusetts municipal NFG list; updated Dec. 4, 2025). https://projectsunset.ash.org/current-policies/
- PHAI. Nicotine-Free Generation in Massachusetts (overview). https://phai.org/nfgma/