

THE EVIDENCE BASE FOR NFG

Because the NFG policy has only been in effect (anywhere in the world) since late in 2021, there is sparse literature documenting its impact. This is not surprising because the policy, by design, produces slow and gradual changes in the population in jurisdictions where it has been adopted which will take some time to be able to measure and evaluate.

The concept, also known as “Tobacco Free Generation,” was first described by Professor Jon Berrick in 2013.⁵ Berrick cites an historical precedent which also involved the inhaling of an addictive drug: The phase-out of opium smoking in Formosa and British Ceylon in the early twentieth century. In both places, the policy was found to be an effective means of phasing out the use of opium beginning with the next generation.

In June of 2024, UCSF Professor Ruth Malone and former director of the CDC’s Office on Smoking and Health, Timothy McAfee co-authored an analysis of the policy which they describe as a “birthdate-based commercial tobacco sales restriction.”⁶ They found it to be a promising, albeit very gradual means to ending the sale of tobacco products. The authors also found that there is no evidence to date regarding NFG or any other endgame tobacco policies because they are new and have yet to be assessed. The authors warned that NFG should not be adopted unless the community has already adopted other key policies, like licensing, compliance checks, flavor restrictions, tobacco taxes. Massachusetts is fortunate to have these policies already in place to provide a solid foundation for NFG.

A commentary describing the Nicotine Free Generation policy was published in the New England Journal of Medicine in 2024 which was co-authored by one of the law’s sponsors in Brookline, Boston University law professor Katherine Silbaugh.⁷ It is included herein as Appendix B.

While NFG is designed to eventually end all tobacco product sales in jurisdictions where it is adopted, it is also expected to have some very positive near to mid-term effects. Older peers are a significant source of tobacco products for youth.⁸ It is expected that youth access to tobacco through older peers will decrease through the progressive increase of the minimum age of those able to be sold products. While a 21-year-old may now be an older peer or sibling to a high school student, it becomes less likely that someone in their mid-to late twenties would be in a teen’s social circle. This effect was forecast by the Institute of Medicine’s model used to predict the impact of raising the minimum tobacco sales age to 21 or 25.⁹ This modeling was important evidence supporting the policy to increase the minimum sales age for tobacco products to 21 nationwide.

Likewise, peers visibly modeling the use of tobacco products has been associated with youth initiation.¹⁰ Thus, under NFG, with fewer local older peers modeling the use of Nicotine Products, it can be expected to contribute to a reduction in product initiation by middle and high school populations.

While for some, NFG might seem like a controversial policy, they may be in the minority. A study published by the U.S. Centers for Disease Control and Prevention in 2023 found that in a national survey, most Americans (57%) favored a policy to ban the sale of all tobacco products.¹¹

Conclusion: NFG is a new policy, and it is too early to meaningfully measure its effects on tobacco use. There is good reason to expect very good outcomes for public health not only in the long term as the existing tobacco purchasing population ages out, but also in the near and mid-term through reductions in youth initiation of tobacco use and nicotine dependence.

REFERENCES

⁵ Berrick AJ. *The tobacco-free generation proposal*. Tobacco Control 2013;22:i22-i26.

⁶ Malone RE, McAfee T. *Birthdate-based commercial tobacco sales restrictions: will 'tobacco-free generation' policies advance or delay the endgame?* Tobacco Control Published Online First: 19 June 2024. doi: 10.1136/tc-2024-058716.

⁷ Silbaugh K, Del Valle L, Robertson C. *Toward a Tobacco-free Generation - A Birth Date-Based Phaseout Approach*. *N Engl J Med*. 2024 May 30;390(20):1837-1839. doi: 10.1056/NEJMp2403297. Epub 2024 May 25. PMID: 38804507.

⁸ White MM, Gilpin EA, Emery SL, et al. *Facilitating adolescent smoking: who provides the cigarettes?* Am J Health Promot 2005;19:355–60. doi:10.4278/0890-1171-19.5.355.

⁹ Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Washington (DC): National Academies Press (US); 2015 Jul 23.

¹⁰ East, K., McNeill, A., Thrasher, J. F., and Hitchman, S. C. (2021) *Social norms as a predictor of smoking uptake among youth: a systematic review, meta-analysis and meta-regression of prospective cohort studies*. Addiction, 116: 2953–2967. [https://doi.org/10.1111/\(ISSN\)1360-0443](https://doi.org/10.1111/(ISSN)1360-0443)

¹¹ Al-Shawaf M, Grooms KN, Mahoney M, Buchanan Lunsford N, Lawrence Kittner D. *Support for Policies to Prohibit the Sale of Menthol Cigarettes and All Tobacco Products Among Adults, 2021*. Prev Chronic Dis. 2023 Feb 2;20:E05. doi: 10.5888/pcd20.220128. PMID: 36729702; PMCID: PMC9923936