

Nicotine-Free Generation Frequently Asked Questions and Answers

Won't youth just go to the next town over?

When Needham Massachusetts became the first town to enact Tobacco 21, opponents of the policy made the argument that youth between 18-21 would just buy from the next town over. Yet following the passage of Tobacco 21, Needham witnessed over a 50% decrease in high school smoking. The percentage of high schoolers who smoked declined at nearly triple the rate in Needham compared to surrounding towns that had not adopted the policy ([Winickoff 2014](#); [Schneider 2016](#)). Decreasing access to tobacco in even one town has been proven to work.

Doesn't NFG take away free choice for adults? Doesn't it infringe on personal rights?

The tobacco industry likes to frame NFG as a free choice issue. However, 95% of tobacco use begins before the age of 21, and 99% before 26. Early tobacco use is more likely to lead to addiction, which by definition means the loss of free choice. There is no free choice when addiction drives desire. Tobacco is not a freedom, it is an addiction to nicotine and a burden—just ask people who use tobacco. Do they smoke because they want to, or because they need to? Almost all current smokers wish they had never started. People who are addicted to nicotine continue to use tobacco not because they enjoy it but because they are treating the intolerable negative effects of nicotine withdrawal whenever the level gets too low in their brain.

Because tobacco has been sold legally for so long, it's understandable why it might feel like a right or freedom. However, halting the sales of lead paints, asbestos, or FDA-banned supplements for public health reasons obviously don't take away any "personal rights." Tobacco has caused the greatest health detriment of any consumer product in history, causing more annual deaths than AIDS, alcohol, care accidents, illegal drugs, murders, and suicides combined. NFG does not take away personal rights or freedoms, it phases out the sale of a dangerous and addictive product over years.

Is NFG constitutional?

Nicotine is not a constitutional right. The Massachusetts Supreme Judicial Court upheld the legality of NFG policy in Brookline, affirming that it was "not inconsistent with the Constitution" and was "rationally related to the town's legitimate interest in mitigating tobacco use overall and in particular by minors" (see [Six Brothers Inc. v. Town of Brookline](#) pg. 11 and 32).

Doesn't NFG split adults into two groups? Why are we judging who is "adult enough" to buy nicotine?

It is important to remember that tobacco products are dangerous at all ages; there is no safe age of nicotine sale. NFG recognizes that tobacco industry nicotine is a harmful and addictive product that should not be sold to anyone: it's not about who is an adult or not. The goal of the cutoff date is to ensure a smooth, practical transition to a nicotine-free future. The distinction NFG makes is rational, because it allows sale to individuals already using nicotine, and curtails sales to those too young to be using at the time the law is passed. This approach avoids a black market, safeguards future generations from addiction, gives retailers time to adjust, and continues nicotine access for current users.

What about veterans?

Men and women who serve in the United States armed forces have greater military readiness, including increased stamina, fitness, and work capacity, when they do not use tobacco products. ([Institute of Medicine 2009](#)). Additionally, non-users enjoy superior wound healing so they can get back faster after injuries ([Silverstein 1992](#)) and are nearly twice as likely to successfully complete basic training ([Klesges 2000](#)). NFG will improve our military readiness over time because fewer and fewer recruits will use tobacco products. Someone who is addicted to tobacco will have more trouble hauling gear over distance due to their diminished lung capacity. NFG does not change current veterans' access to tobacco in any way. Rather, it aids the creation of a stronger and more resilient American fighting force.

What about young people who have already been trapped by their tobacco addiction?

What happens to them with NFG?

Over time, there will be fewer and fewer users who fall into this category. However, safe and effective FDA-approved nicotine (NRT) is available throughout Massachusetts over the counter and is covered by all Massachusetts insurance programs. In addition, the MA quitline gives away free NRT as part of their program. As an outcome of NFG, those who are already addicted to tobacco products will now use safe and freely available FDA-approved nicotine, retaining more money to spend on basic necessities, experiencing a lower incidence of disease, and living longer, more productive lives.

What about those who smoke and want to switch to less harmful forms of nicotine like e-cigarettes?

NFG prevents addictive products from falling into the hands of those who have never tried nicotine, and doesn't limit access for those who already smoke. While established cigarette smokers may switch to vapor products in an effort to reduce their risk of health complications, young adults and adolescents covered by NFG policies are commonly becoming addicted to nicotine by those same vape products. NFG retains alternatives for current combustible tobacco users who might seek harm reduction through vapes, while limiting the most common source of youth nicotine initiation and use ([Centers for Disease Control and Prevention 2023](#), [American Lung Association 2024](#)).

Will a "Black Market" develop?

NFG doesn't create additional black market sales. In fact, the policy attempts to avoid further black market nicotine, because current users can continue to legally be sold nicotine, and therefore have no need to turn to a black market. NFG also prevents future generations from becoming addicted, gradually shrinking the dependent user base the black market relies on. Reducing demand for nicotine products means reducing black market sales. A 2015 study found that banning menthol cigarettes resulted in no surge in illicit cigarettes. NFG is even safer than menthol bans because it never removes access to nicotine where a demand exists. NFG allows safe, FDA approved nicotine to be sold over the counter in the form of nicotine patches, nicotine gum, and nicotine lozenges. These forms of nicotine have low addictive potential because of the

slow onset of their effect. Keeping these slow release forms of nicotine on the market is important so that people who are addicted to tobacco products can continue transitioning to safer, FDA approved products.

Isn't NFG like Prohibition?

NFG is nothing like Prohibition. Prohibition fueled a massive Black Market because it immediately removed access to a substance that at least half of the adult population wanted to use. It removed the supply of alcohol while demand remained high, creating a huge economic incentive for illegal sales. On the other hand, NFG naturally reduces nicotine demand over time by preventing those under a certain age from becoming addicted. Additionally, NFG never removes the nicotine access of current users like Prohibition did, preventing any increase in illegal sales. In addition, safer FDA approved nicotine will continue to be available.

How can I support this while Marijuana access is increasing, etc.? What about existing tobacco control programs

Nicotine-Free Generation addresses the specific issue of nicotine use, and does not hinder other public health initiatives in any way. Supporters of NFG recognize that nicotine is uniquely dangerous and addictive, and that the policy offers a practical way to prevent tobacco-related deaths among the next generation. Additionally, as NFG starts to reduce the scope of the tobacco issue, it will allow more public health resources to be allocated towards addressing other problems over time.

Is NFG too experimental? Is it actually being considered anywhere else?

NFG is innovative, and builds on the success of tobacco age restrictions such as Tobacco-21. Though it is a relatively new approach, NFG has already received serious consideration globally. British Prime Minister Sunak proposed an NFG law in 2023, which received endorsement from King Charles and the Opposition Party. In New Zealand, NFG was nearly enacted on a nationwide scale until a new government came in and succumbed to tobacco industry pressure in early 2024. Bills have been forwarded in California, Hawaii, Minnesota, the Philippines, Singapore, Malaysia, Denmark, Spain, France, and the European Union. Nine towns in Massachusetts have already adopted the policy, likely with more to come following the MA Supreme Judicial Court ruling that upheld the policy in Brookline. Policymakers everywhere are recognizing the effective approach and public benefit that NFG provides.

Will NFG hurt small-business retailers?

Nicotine-Free Generation laws are gradual, and the market for tobacco will only decline gradually each year. Most retailers won't see a difference for years. The policy provides time for retailers to develop their business model so as to not depend on selling a harmful and exploitative product. Since Brookline enacted their policy in 2019, not a single tobacco retailer has gone out of business.

Why are we preventing nicotine from being sold to adults? Shouldn't we focus on youth use?

NFG aims to tackle youth nicotine addiction first, by preventing youth from ever trying nicotine and becoming addicted. 99% of smokers start before they are 26 (2014 Surgeon General Report). The tobacco industry relies on older peers sharing and distributing tobacco to youth. Over time, youth will be further removed in age from anyone who can be sold nicotine legally and any peers who uses. The 2024 Surgeon General Report states that endgame efforts to eliminate tobacco-related disease, disability, and death should create opportunities and conditions for all people to live healthy lives that are free from commercial tobacco.¹

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¹ U.S. Department of Health and Human Services. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024.