

1 AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

2
3 Resolution: (Assigned by HOD)
4 (A-25)
5

Introduced by: New England Delegation

Subject: Support for a Nicotine Free Generation

Referred to: Reference Committee (Assigned by HOD)

6 Whereas, the addictive nature of nicotine is established¹; and
7

8 Whereas, the combustible form of nicotine delivery has serious morbidity and mortality
9 consequences in that “smoking kills more people in this country than HIV, drug overdoses,
10 alcohol use, motor vehicle crashes, and firearm-related injuries combined”;² and
11

12 Whereas, there is evidence that non-combustible forms of nicotine delivery systems have
13 cancer-causing chemicals and precursors similar to combustible forms — “E-cigarette devices
14 and vaping fluids demonstrably contain a series of both definite and probable oncogens
15 including nicotine derivatives (e.g., nitrosornicotine, nitrosamine ketone), polycyclic aromatic
16 hydrocarbons, heavy metals (including organometal compounds) and aldehydes/other complex
17 organic compounds. These arise both as constituents of the e-liquid (with many aldehydes and
18 other complex organics used as flavorings) and as a result of pyrolysis/complex organic
19 reactions in the electronic cigarette device (including unequivocal carcinogens such as
20 formaldehyde — formed from pyrolysis of glycerol). Various studies demonstrate in vitro
21 transforming and cytotoxic activity of these derivatives”;³ and
22

23 Whereas, there is a concerning prevalence of noncombustible addictive nicotine delivery system
24 use in this country by children and adolescents — 5.9% use e-cigarettes and 1.8% use
25 addictive nicotine pouches, for a combined total of 1,600,000 children;⁴ and
26

27 Whereas, every day, almost 2,500 children under 18 years of age try their first cigarette, more
28 than 400 of them will become new, regular daily smokers, and half of them will ultimately die
29 from their habit;^{5,6} and
30

31 Whereas, cigarette smoking causes about one out of every three cancer deaths in the United
32 States;⁷ and
33

34 Whereas, the nicotine-free generation (NFG) concept is a relatively new tobacco control
35 strategy that phases in an end to commercial nicotine use by prohibiting the sale of nicotine
36 products to anyone born after a chosen date (e.g., January 1, 2004), while permitting those born
37 before that date to be sold products indefinitely, thereby preventing sales to the next generation
38 and phasing out sales slowly over time;⁸ and
39

40 Whereas, in New England the Massachusetts Medical Society supported the town of Brookline,
41 Massachusetts, by signing on to an amicus brief in SIX BROTHERS, INC. vs. TOWN OF
42 BROOKLINE, wherein the bylaw prohibits the sales of nicotine products to anyone born on or
43 after January 1, 2000. The MA Supreme Judicial Court unanimously supported Brookline in its
44 decision;⁹ and

Whereas, as of April 2, 2025, the following Massachusetts cities and towns have adopted NFG policy: Brookline via by-law, Stoneham, Wakefield, Melrose, Malden, Winchester, Reading, Concord, Manchester, Chelsea, Belchertown, Needham, and Newton via city ordinance, and Pelham via resolution; and

Whereas, legislation has been filed in the Massachusetts State House and Senate, An Act to create a nicotine free generation (HD2372 and SD1317);^{10, 11} therefore, be it

RESOLVED, that our American Medical Association advocate for legislation establishing a “Nicotine Free Generation” through the prohibition on sale of addictive nicotine products to anyone born after a chosen date; and be it further

RESOLVED, that our AMA alert its members to current opportunities to create “Nicotine Free Generation” policies through the prohibition on sale of addictive nicotine products to anyone born after a chosen date within the towns, cities, and states where they practice and live.

Fiscal Note: (Assigned by HOD)

Date Received:

REFERENCES

1. Picciotto CR and Kenny PJ, 2021 Cold Spring Harbor Perspectives in Medicine; Benowitz NL, 2010 *N Engl J Med* 362(24) 2295-2303
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3. Bracken-Clarke et al., 2021, *Lung Cancer*, 153, pp 11–20
4. Centers for Disease Control and Prevention. 2024 National Youth Survey. October 17, 2024
5. Substance Abuse and Mental Health Services Administration. 2015 National Survey on Drug Use and Health: Detailed Tables. 2016
6. Centers for Disease Control and Prevention. Office on Smoking and Health. Sustaining State Programs for Tobacco Control: State Data Highlights, 2006. Accessed on June 9, 2008
7. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. U.S. Dept of Health and Human Services; 2014. Accessed March 28, 2024
8. Public Health Law Center. THE NICOTINE-FREE GENERATION APPROACH A Policy Option Overview. Available: <https://www.publichealthlawcenter.org/sites/default/files/resources/Nicotine-Free-Generation.pdf>
9. Action on Smoking and Health. Massachusetts Supreme Judicial Court Upholds Tobacco-Free Generation Law. Available <https://ash.org/massachusetts-supreme-court-upholds-tobacco-free-generation-law/>
10. The 194th General Court of the Commonwealth of Massachusetts. Bill HD2372. An Act to create a nicotine-free generation. <https://malegislature.gov/Bills/194/HD.2372>
11. The 194th General Court of the Commonwealth of Massachusetts. Bill SD.1317. An Act to create a nicotine free generation. <https://malegislature.gov/Bills/194/SD1317>

RELEVANT [AMA POLICY](#)

H-30.958. Ethyl Alcohol and Nicotine as Addictive Drugs.

The AMA (1) identifies alcohol and nicotine as drugs of addiction which are gateways to the use of other drugs by young people; (2) urges all physicians to intervene as early as possible with their patients who use tobacco products and have problems related to alcohol use, so as to prevent adverse health effects and reduce the probability of long-term addiction; (3) encourages physicians who treat patients with alcohol problems to be alert to the high probability of co-existing nicotine problems; and (4) reaffirms that individuals who suffer from drug addiction in any of its manifestations are persons with a treatable disease.

H-490.911. Smoke-Free America.

Our AMA makes the passage of legislation for a smoke-free America, that includes all public and workplaces and includes provisions for support of smoking cessation programs, a

legislative priority for the AMA until such legislation is passed.

D-490.998. Tobacco Control and Settlement

Our AMA: (1) will undertake action to publicize, support and implement the elements of its policies that have not been adequately addressed by the Master Settlement Agreement and other agreements, including but not limited to:

- (a) A complete ban on tobacco industry promotion and advertising;
- (b) Regulation of tobacco sales, including a ban on vending machines and a mandate for behind the counter sales;
- (c) Tax increases on tobacco products;
- (d) Protection from environmental tobacco smoke;
- (e) Regulation of nicotine as a drug by the Food and Drug Administration; and
- (f) Look back provisions; and

(2) will work with Congress, the Administration and other groups to achieve public health goals and accomplish the issues addressed by our AMA policies through federal and state tobacco control legislation.

H-495.977. Banning the Sale of Tobacco Products in Pharmacies and Health Care Facilities

Our AMA supports efforts to ban the sale of tobacco products meeting the definition of "tobacco product" under the Family Smoking Prevention and Tobacco Control Act, with the exception of medicinal nicotine products approved by the FDA, where health care is delivered or where prescriptions are filled, including retail outlets housing store-based health clinics.

H-495.983 Tobacco Litigation Settlements

1. Our American Medical Association strongly supports the position that all monies paid to the states in the Master Settlement Agreement and other agreements be utilized for research, education, prevention and treatment of nicotine addiction, especially in children and adolescents, and for treatment of diseases related to nicotine addiction and tobacco use.
2. Our AMA supports efforts to ensure that a substantial portion of any local, state or national tobacco litigation settlement proceeds be directed towards preventing children from using tobacco in any form, helping current tobacco users quit, and protecting nonsmokers from environmental tobacco smoke, and that any tobacco settlement funds not supplant but augment health program funding.
3. Our AMA strongly supports efforts to direct tobacco settlement monies that are not directed to other specific tobacco control activities to enhance patient access to medical services.
4. Our AMA strongly supports legislation codifying the position that all monies paid to the states through the various tobacco settlements remain with the states; and that none be reimbursed to the Federal government on the basis of each individual state's Federal Medicaid match.
5. Our AMA opposes any provision of tort reform legislation that would grant exclusion from liability or special protection to tobacco companies or tobacco products.

H-495.986. Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes

1. Our American Medical Association recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette

and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21;

2. Our AMA encourages the passage of laws, ordinances and regulations that would set the minimum age for purchasing tobacco products, including electronic nicotine delivery systems (ENDS) and e-cigarettes, at 21 years, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors;
3. Our AMA supports the development of model legislation regarding enforcement of laws restricting children's access to tobacco, including but not limited to attention to the following issues: (a) provision for licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to deter violation of laws restricting children's access to and possession of tobacco; (c) requirements for merchants to post notices warning minors against attempting to purchase tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-package cigarette sales ("loosies"); and (f) requiring tobacco purchasers and vendors to be of legal smoking age;
4. Our AMA requests that states adequately fund the enforcement of the laws related to tobacco sales to minors;
5. Our AMA opposes the use of vending machines to distribute tobacco products and supports ordinances and legislation to ban the use of vending machines for distribution of tobacco products;
6. Our AMA seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products;
7. Our AMA opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail;
8. Our AMA:
 - a. publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products;
 - b. encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores;
 - c. urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and
 - d. encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members.
9. Our AMA opposes the sale of tobacco at any facility where health services are provided; and
10. Our AMA supports that the sale of tobacco products be restricted to tobacco specialty stores.
11. Our AMA supports measures that decrease the geographic density of tobacco retail stores, including but not limited to, preventing retailers from selling tobacco products in stores in close proximity to schools.