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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future. This week, Mark and Margaret speak with Matthew Myers, Cofounder, President and CEO of Campaign for Tobacco-Free Kids an organization dedicated to reducing tobacco use and the harmful effects it causes. He talks about his decades of work increasing regulation on the tobacco industry and the dangers of the recent dramatic rise of vaping and e-cigarette use among teens and what needs to be done about it. Lori Robertson also checks in, Managing Editor of FactCheck.org. She looks at misstatements spoken about health policy in the public domain, separating the fake from the facts and we end with a bright idea, that's improving health and wellbeing in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter or wherever you listen to podcasts and you can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Matthew Myers, CEO of Campaign for Tobacco-Free Kids on Conversations on Health Care.

Mark Masselli: We're speaking today with Matthew Myers, President and CEO and Cofounder of the Campaign for Tobacco-Free Kids dedicated to reducing tobacco use in the United States and around the world. Mr. Myers has worked on tobacco control policy efforts since 1980 from his time at the Federal Trade Commission to the Clinton White House to the World Health Organization and the Bloomberg Philanthropies. He's earned numerous awards for his legacy of advocacy, including the US Surgeon General's Medallion for commitment to public health and the medal of honor from the American Cancer Society. He earned his law degree from the University of Michigan School of Law. Mr. Myers, welcome to Conversations on Health Care.

Matthew Myers: Thank you. It's a pleasure to be here.

Mark Masselli: You've been a tireless advocate and a founding member of the Campaign for Tobacco-Free Kids and certainly, we want to look at this vaping trend. Before we get there, we really want to hear from you directly about the role you've played in reducing smoking rates in this country, it's phenomenal. How they've mitigated the harm caused by tobacco?

Matthew Myers: In the Campaign for Tobacco-Free Kids, it was created at a period of time where the decline in tobacco use among adults had stagnated a little over 25% in over 36% of American high school kids smoke cigarettes. We were created -- the first was a recognition that we actually knew how to reduce tobacco use among our population and among young people, and that required an organization. That wasn't

just strictly a public health organization. In the 23 years we have been in existence, the change has been nothing short of remarkable. When we started out excise taxes on tobacco, we're about \$0.57 nationwide. Today they're close to \$3 nationwide. Less than 1% of our public was protected from secondhand smoke indoors. Today, over 60% of our public is protected. As a result of our work and the work of many others, Food and Drug Administration now has authority to regulate the manufacturer sale and marketing of cigarettes and other tobacco products. The net result is truly significant. Smoking rates among adults have gone from over 25% to an all-time low at about 14%. Among kids, the decrease is even greater. When we opened our door, 36% of high school kids smoked cigarettes, today that number is down to about 7%. We also have a great deal more to do, because tobacco remains this nation's number one preventable cause of premature death and disease. As you correctly have said, we have had introduced a host of new products that threatens all the progress we've made.

Margaret Flinter: Well, Matthew, I'm going to pick up there and certainly anyone who's been following the news in recent weeks has been very alarmed by the use of e-cigarettes or vaping to ingest nicotine and how that's exploded in recent years. The marketing of these products with candy flavored products being particularly egregious from a healthcare point of view. We now have been seeing that people are dying from these products. Maybe help us understand how this vaping craze has taken hold the specific health risks what we already knew and now we're learning, and especially for young people using these vaping products?

Matthew Myers: We face a threat to the progress we've made that is unprecedented in its scope and potential long-term impact. In the last two years, we've seen 135% increase in the number of kids who use e-cigarettes. Now, over 5 million kids are using e-cigarettes. The newest generation of e-cigarettes deliver such a powerful impact of nicotine that kids are becoming addicted to the product more rapidly, and in many cases, more intensely than they ever did with cigarettes. We face a real public health threat. 28% of high school kids currently use e-cigarettes. Over 11% of them do so nearly daily. What the data doesn't show, the kids who are currently using cigarettes are kids who never would have smoked a cigarette. What we're seeing is that we have more kids addicted to nicotine today than we've had in the last two decades. This wasn't an accident. This came about because, the e-cigarette industry read, memorized and implemented the tobacco industry's old playbook. They introduce products with sweet flavors that the industry is known for decades appealed to kids. They packed it with massive amounts of nicotine and delivered in a way that eliminated the harshness of traditional cigarettes. They made it cool among kids by engaging in the kind of social marketing that didn't

exist when the Marlboro Man existed.

They were able to target our kids with images that we know work with kids without adults even seeing it. Then when the public health scare became widespread, they hired more lobbyists than we can count to try to undermine efforts at reasonable thoughtful government regulation. The net result is that we face a real epidemic among kids. The good news is, we're not helpless. Virtually every kid who starts using an e-cigarette uses one of those flavored products, whether it be mango or gummy bear or cotton candy. That if we prohibit the sale of any flavored e-cigarette, we can dramatically cut the number of young people who start. We can cut off that on-ramp. This is an issue that we can do at the city level; San Francisco, Oakland, Minneapolis, Saint Paul, and a number of other cities have already done it. We can do it at the state level. A month ago, the governor of Michigan declared a public health emergency and announced that in Michigan it would no longer be legal to sell flavored e-cigarette products.

At the same time, there's a real role for the federal government. The Food and Drug Administration has long had jurisdiction to act here and has failed to do so. I'm delighted to say the White House announced that it plans to implement an order to ban the sale through the FDA of all flavored tobacco products. They haven't done it yet, and we're going to have to watch and see do they follow through? If they do, it'll make a real difference. The other thing that can be done, the Food and Drug Administration has authority to prevent the sale of any e-cigarette products that haven't first been reviewed for safety and to ensure that it does not have undue appeal to kids. The FDA has kicked this ball down the field repeatedly and not exercised that authority. We need to call on the FDA to ensure that all these products that are serving as the on-ramp to our kids for another generation of addiction, comes to an end.

Mark Masselli: Matthew, you were saying earlier about the other folks who've fought the battle against the tobacco industry and Margaret and I was thinking about Tom Frieden when he was New York 20 years ago with Mayor Bloomberg who would have thought that you could battle the tobacco industry in New York city and stop all of the smoking in every gin joint around there and help lead the effort to begin taxing tobacco industry back in the '80s. Your efforts also led the FDA, as you said earlier, to gain jurisdiction over these products. I think about the climate control. If we left it up to the government, I'm not sure where we would get, but we got a million kids out in the street who are marching. How do we engage a whole generation of people to be on guard for this?

Matthew Myers: This kind of problem requires a comprehensive solution that involves

engaging our communities, engaging our parents, engaging our young people, but also holding our government accountable for doing what it needs to do. We've demonstrated that we can succeed. In eight states last year, smoking rates among high school students were lower than 5%. We did it by following proven evidence-based best strategies that include raising the price on tobacco products, and that makes an enormous difference, ensuring that nobody has to breathe somebody else's smoke and encourage moms and dads to make their homes smoke-free, engage in the type of public education campaigns. Frankly, that Tom Frieden was among the innovators of in New York to bring a comprehensive tobacco control approach to the community. Then lastly, it's to ensure that everybody who wants to quit is provided the resources to maximize their chance necessary to do so. When Tom was the Commissioner of Health in New York City and Mike Bloomberg was the Mayor, is a result of the reduction in tobacco use plus a number of other public health measures taken in New York during that 12-year period. The actual life expectancy of a citizen of New York rose over three years.

Mark Masselli: Oh, my God. That's incredible.

Matthew Myers: We know what works. We have proven examples of success. Because we succeeded so well in some places, we know that we could actually make tobacco history. The question is, do we have the perseverance and political will to finish that job, and then to take the steps to make sure that the e-cigarettes and vaping doesn't undermine our efforts?

Margaret Flinter: Well, its great news about New York. If I lift my eyes up and look across the oceans, rates of smoking are still headed straight up in countries like India and China. I wonder if you could comment on the public health challenge on a global international basis. Is this on the list of absolute priorities in public health in other countries the way it is in the United States?

Matthew Myers: In that place, Tom Frieden and Mike Bloomberg are really the giants. In over the last 13 years, Mike Bloomberg has actually spent a \$1 billion, funding nongovernmental organizations in low income countries. Our organization worked on developing an international treaty designed to reduce tobacco use and to bring best practices to low income countries across the globe. We have been engaged with many partners throughout these countries to raise their tobacco taxes, increase protection against secondhand smoke, ensure that tobacco products had strong visible, in many cases, pictorial health warnings on them. When the Framework Convention on Tobacco Control was adopted in 2005, cigarette smoking rates, particularly in low income countries, were rising geometrically. By 2013, we had seen that rise come to a halt. Since 2013, each year, we have seen a slow but measurable decline in overall smoking rates across the globe.

Matthew Myers – Campaign for Tobacco-Free Kids

In India, 27% of people use one form of tobacco or another. Over the last five and a half years, the actual tobacco use rates in India have dropped by 20%. In China, the progress has been slower in part, because the Chinese government owns the tobacco industry. China is beginning to realize that if it doesn't address this problem, it faces a public health crisis of a magnitude that's hard to believe. In China, there are more smokers than there are people in the United States.

Mark Masselli: We're speaking today with Matthew Myers, President and CEO of the Campaign for Tobacco-Free Kids. Matthew, I am thinking about the private sector coming to play a major role in this. Walmart announced that they were ceasing e-cigarette sales, a very good message. CVS, of course, hasn't sold any tobacco products for five years. Talk to us a little bit about the market strategy here. How effective do you think this will be in terms of making an impact?

Matthew Myers: There's a very important role for the private sector. Companies that have stepped out have really stood out. Our hope is that we can get enough companies who step out, so that it becomes the norm. Many companies around the US, and now across the globe, now provide their workers with smoke-free environments. Frankly, they do it in part because, employees who aren't breathing secondhand smoke are more productive, and it's just good business practice. Other companies like CVS deserve enormous credit.

Mark Masselli: Yes.

Matthew Myers: They set a standard by being the first pharmacy company in the United States to swear off tobacco products. It's hard to say too much good about the kind of leadership that CVS has shown. Our hope is that a company like Walmart, which deserves credit for first stopping selling flavored tobacco products will actually make the bigger step, make the step of no longer selling cigarettes. It is cigarettes that are the number one preventable cause of premature death and disease. If they were less available, it would contribute enormously to the efforts to reduce their use across the globe.

Margaret Flinter: Matthew, I wonder if we could pivot a little bit to the issue of tobacco cessation since we're going to have to move on to thinking about vaping as well, and as a clinician, as a health care organization, we have all lived through both the progress, the advent of centrally acting medications, nicotine replacement systems for most of our patients. It probably took multiple attempts for people to be successful, but they could get there. Tell me how the Campaign for Tobacco-Free Kids is partnering with the public health and the healthcare communities to continue to advance helping people with smoking cessation?

Matthew Myers: We have tobacco cessation tool that have been approved by the FDA that more than double your likelihood of quitting. Then if we can get

health care providers to consistently ask people about their smoking status consistently offer to provide them assistance in quitting, we can dramatically increase the number of people who successfully quit. The population that has been least well-served are low income individuals. There needs to be a concerted effort, so that every individual, who is on Medicaid, when they see a health care provider is in fact asked about their smoking status and is in fact offered barrier free access to the best available tobacco cessation products. We can so rapidly, dramatically increase their health. It actually saves money to the tax payer. With 480,000 Americans dying every year, 34 million Americans are still smokers. We need to do more to provide incentives to the established companies to do the research to provide even better tobacco cessation products. The Food and Drug Administration has a role in promoting that, but they actually haven't done it. They should be treating tobacco as a healthcare emergency, bringing in all responsible businesses and asking them what do we need to do to encourage you to bring to market tobacco cessation tools that will be even more effective than we have today.

Mark Masselli: Matthew, I want to go back a little and think about the work that you did orchestrating the Master Settlement Agreement. Unfortunately, it seemed to me that there were a lot of greedy state representatives who decided to rob that fund. I was trying to think about it in the framework of the opioid crisis as they think about a Master Settlement Agreement, what advice would you pass along to them? How you might modify that agreement to make it more effective?

Matthew Myers: There are multiple lessons to be learned. One actually is to Public Health Advocates, and that is Public Health Advocates themselves need to engage with the lawyers who are handling this case. Public Health leaders need to decide what they believe will have the greatest impact and make sure that it's communicated effectively to the lawyers who will be in the room, negotiating the settlement. We also have to be realistic. We're working with lawyers who are not long time Public Health Advocates. They're going to want to find a resolution to these cases. During the time they're in office, we need very clearly to say to them, money that you obtain as a result of this settlement needs to be locked down, so that we're sure that it's used for the purposes for which you claim you sued the companies. A mistake that was made in the Master Settlement Agreement was the failure to require States to commit a substantial portion of those funds to assist in further driving down tobacco use. Our organization does a review every year. The latest study shows that only about 2% of the money each year is being used for tobacco [Inaudible 00:18:40].

The attorney generals who are involved in these cases will shortly move to other jobs. If you want to ensure that this money is used for

the right purpose over a long period of time, there has to be a provision, which very clearly articulates the goals and purposes in how the money will be used. We need to ask ourselves what were the root causes of the opioid epidemic, just like we needed to ask ourselves what were the drivers of the tobacco epidemic. The tobacco settlement had some good things and it had restrictions on tobacco marketing that have proved to be very, very valuable. We need to ask ourselves the question of what additional controls could be imposed on the manufacture and sale of products like opioids, and ensure they're built into an injunction in every court, in which these cases are pending.

Margaret Flinter: We'd been speaking today with Matthew Myers, the President and CEO of the Campaign for Tobacco-Free Kids. You can hear more about their incredible work by going to tobaccofreekids.org and follow them on Twitter at Tobacco-Free Kids. Matthew, we want to thank you for this incredible work that you've been doing on this very important -- most important public health issue and we want to thank you for joining us today on Conversations on Health Care.

Matthew Myers: I want to thank you for having us. Thank you for making sure that the word gets out.

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US Politics. Lori, what have you got for us this week?

Lori Robertson: Last year, President Donald Trump signed the Right-to-try act, legislation that provided another avenue for terminally ill patients to gain access to unapproved medications still in development, but there's no evidence that the new law is saving "a lot of people" as the President claimed in September. The US Food and Drug Administration, which is responsible for collecting data on patients treated with so-called investigational medicines under the Right-to-try act, told us that it has no information on the number of people who have used the law to gain access to the medication. A group that advocated for the new law has publicly identified two people who have used it.

The FDA for years has approved applications from patients seeking access to investigational drugs through the agency's expanded access program for the Right-to-try law circumvents the FDA and gives terminally ill patients access to unapproved drugs more quickly. The act requires drug manufacturers to submit an annual summary report of any use of investigational medicines, but so far the FDA has only published a public notice saying that the agency intends to propose a

deadline for those reports. The Goldwater Institute, a proponent of the law, has disclosed examples of two people being helped by the new law in the first year. Other companies have decided not to make their investigational medicines available under the new law either, because it does not require FDA oversight. We don't know if other people have access to investigational drugs under Right-to-try beyond the two identified by the Goldwater Institute.

That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Each year, more than 1 million babies die at birth and another 3 million die within the first few weeks of life. Newborns and particularly premies have a considerable amount of difficulty regulating their own body temperature. Without access to incubators, babies in the third world often succumb to hypothermia that got former Stanford MBA student Jane Chen thinking, how do we develop a low cost solution to the problem.

Female: A low cost solution, something that could work without electricity. That was simple enough for a mother or a midwife to use. We needed something that was portable, something that could be sterilized and reused across multiple babies and something ultra low cost compared to the \$20,000 that an incubator in the US costs.

Margaret Flinter: Speaking at a recent TED Talk, Chen said that they developed a cocoon like device called simply Embrace, a thermal body wrap that in cases the baby and helps regulate body temperature for up to six hours.

Female: It looks like a small sleeping bag for a baby. It's waterproof, but the magic is in this pouch of wax. This is a phase change material. It's a wax like substance with a melting point of human body temperature. You can melt this simply using hot water. Then when it melts, it's able to maintain one constant temperature for four to six hours at a time and it creates a warm micro environment for the baby.

Margaret Flinter: Chen and her developers have managed to keep the cost of the Embrace Baby Warmer at around \$25 per unit. Since launching the product in 2010, they estimate that over 150,000 babies lives may

have been saved with the device. The Embrace infant warmer has earned numerous international awards for design and efficacy, a low cost, high tech portable temperature regulator designed to regulate premies body temperatures to ensure that they not only survive premature birth, but ultimately thrive as well. Now, that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.