

COUNCIL OF THE CITY OF PHILADELPHIA  
COMMITTEE ON PUBLIC HEALTH AND  
HUMAN SERVICES

Room 400, City Hall  
Philadelphia, Pennsylvania  
Tuesday, March 4, 2025  
2:35 p.m.

PRESENT:

COUNCILWOMAN NINA AHMAD, CHAIR  
COUNCILWOMAN QUETCY M. LOZADA, VICE-CHAIR  
COUNCILWOMAN CINDY BASS  
COUNCILMAN MIKE DRISCOLL  
COUNCILWOMAN RUE LANDAU  
COUNCILMAN NICOLAS O'ROURKE

RESOLUTION: 241149

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2 COUNCILWOMAN AHMAD:

3 Good afternoon, everyone. Welcome  
4 to Philadelphia City Council's  
5 Committee on Public Health and  
6 Human Services. I now note that  
7 the hour has come.

8 Mr. Sham, would you  
9 please call the roll.

10 THE CLERK: Chair Ahmad.

11 COUNCILWOMAN AHMAD:

12 Present.

13 THE CLERK: Vice-Chair  
14 Lozada.

15 (No response.)

16 THE CLERK: Councilmember  
17 Thomas.

18 (No response.)

19 THE CLERK:  
20 Councilmember Driscoll.

21 COUNCILMAN DRISCOLL:

22 Present.

23 THE CLERK:  
24 Councilmember Bass.

1 COUNCILWOMAN BASS:

2 Present.

3 THE CLERK:

4 Councilmember Landau.

5 (No response.)

6 THE CLERK:

7 Councilmember O'Rourke.

8 COUNCILMAN O'ROURKE:

9 Present.

10 COUNCILWOMAN AHMAD: I

11 note for the record that a quorum

12 of this Committee is present and

13 this hearing is called to order.

14 This is a public hearing of the

15 Committee on Public Health and

16 Human Services considering

17 testimony on Resolution No. 241149.

18 Before we begin, I want

19 to just say a few words. First,

20 thank you for being patient. I

21 know we delayed our hearing from

22 2:00 to 2:30. That is to allow our

23 stenographer who worked so very

24 hard, she had another hearing she

1 was covering so she could get a  
2 little break before she did this  
3 hearing. And so, I want to thank  
4 Councilmember O'Rourke for letting  
5 us know they were running over. So  
6 I appreciate all of you being here.

7               This hearing is really  
8 about sounding the alarm and  
9 thinking of some solutions. We  
10 worked so very hard to reduce use  
11 of tobacco and we were quite  
12 successful, but now that trend is  
13 reversing with the use of  
14 e-cigarettes and vaping. And so,  
15 it's important for us to get ahead  
16 of this as much as we can.

17               I think we're already a  
18 little behind and we must look at  
19 all the methods we have that were  
20 used for tobacco control, whether  
21 they are relevant for this issue  
22 and what are those tools that we  
23 have, including educating the  
24 public on smoking dangers,

1 increasing the cost of products to  
2 taxes, restricting sales, banning  
3 tobacco advertising and passing  
4 smoke-free air laws. All of these  
5 things have helped reduce tobacco  
6 consumption. And now, we need to  
7 look at how we do this reduction of  
8 electronic cigarettes.

9                   And all of you here are  
10 experts, including young people  
11 whose voices are really important  
12 to inform us, what they see this  
13 issue as and how from their  
14 perspective and vantage point how  
15 we can work to make sure we make a  
16 safer world for them, because  
17 vaping and e-cigarettes cause harm.

18                   And I think there's a  
19 lot of misinformation out there  
20 that it is safer and all of that,  
21 and we'll hear from all our experts  
22 on that. So I thank you all for  
23 being here.

24                   I want to acknowledge

1 the presence of my Vice-Chair  
2 Councilmember Quetcy Lozada who  
3 just came. And I will now ask if  
4 any of my Councilmembers starting  
5 with Quetcy Lozada, do you have any  
6 opening remarks?

7 My Councilmember Cindy  
8 Bass. Thank you.

9 COUNCILWOMAN BASS:  
10 Thank you, Madam Chair.

11 I wanted to thank you  
12 for bringing forward this  
13 legislation today and have this  
14 very important conversation. I do  
15 apologize. I'm going to have to  
16 miss a good portion of it because I  
17 have another commitment at this  
18 time.

19 But I did want to be on  
20 the record and talk about just for  
21 a second vaping and the use of  
22 tobacco products and how much of a  
23 deficit here in the city of  
24 Philadelphia we are in terms of

1 actively regulating tobacco usage,  
2 and particularly around those who  
3 sell tobacco actively in the city  
4 of Philadelphia and do not have a  
5 valid tobacco license, a tobacco  
6 retailer's license by the City of  
7 Philadelphia.

8 Just recently we  
9 encountered what's called now a  
10 smoke shop here in a part of my  
11 District. We went into the smoke  
12 shop. They had, you know -- well,  
13 the first thing I want to point out  
14 is that they were selling illegal  
15 fake cigarettes. And it's one  
16 thing to be illegal. It's another  
17 thing to be both illegal and fake.

18 And somebody said to me,  
19 well, what's a fake cigarette? And  
20 it's a cigarette that looks like a  
21 regular cigarette, but it's not  
22 made by the manufacturers.  
23 Actually I have it in my desk  
24 upstairs, what looks to be a pack

1 of Newports and they're not  
2 actually Newports.

3           They're actually some  
4 other product. We don't know what  
5 the product is you are inhaling.  
6 You are ingesting something that  
7 you don't know what it is and where  
8 it's from. And I think even among  
9 smokers, there was the assumption  
10 that what you take into your body  
11 in this country has been regulated  
12 and has been approved and  
13 authorized and is safe and is not  
14 going to make you sick and it's  
15 certainly not going to be  
16 poisonous. And we found that there  
17 are a number of cases where these  
18 kinds of things are happening on a  
19 regular basis.

20           The fact that they are  
21 fake means not only are they  
22 illegal because they've been sold  
23 from another place with another  
24 stamp, they're not stamped with

1 Pennsylvania tax stamps. So  
2 they're making a profit on that.  
3 And then they're selling you a  
4 product that isn't really the  
5 product that you think it is.

6               So it's akin to --  
7 particularly, ladies would get  
8 this. If you went into a retailer  
9 and you thought you were purchasing  
10 a very expensive designer handbag,  
11 Gucci, Louis product, whatever and  
12 then you go home and you realize  
13 that that is not manufactured by  
14 the retailer that you thought it  
15 was at the very expensive price  
16 that you paid. And so, now in this  
17 case you have a fake handbag.

18               Smoking a fake product,  
19 a fake cigarette is much, much,  
20 much more dangerous obviously. And  
21 so, this is something that is  
22 happening. It's happening on the  
23 regular. And I just really want to  
24 again thank you for bringing it

1 forward because this is something  
2 that we have to do something about.

3               It was much to my dismay  
4 that when we went out and we saw  
5 this establishment and we saw the  
6 products they were selling and what  
7 was going on and we were trying to  
8 work around enforcement, we were  
9 advised that even though they were  
10 selling fake cigarettes that could  
11 harm people, that they still had  
12 time to get themselves in order.

13              And so, I just want to  
14 point out that they had -- I should  
15 have had it pulled up already, but  
16 they had no license to operate  
17 through the city of Philadelphia,  
18 through L&I, no operating license,  
19 no permit to sell tobacco, no  
20 permit to do the construction on  
21 the facility, plumbing violations  
22 with open pipes and things, you  
23 know, where radiators were removed,  
24 electrical code violations where

1 wires were hanging from the  
2 ceiling.

3                   There were about 12  
4 violations all very egregious, all  
5 which could be very dangerous and  
6 were still given a considerable  
7 amount of time to be able to get  
8 their act together, which is  
9 incredibly disrespectful to our  
10 neighborhood.

11                   So I say all that to say  
12 thank you so much for bringing this  
13 conversation to the forefront,  
14 Madam Chair. Thank you.

15                   COUNCILWOMAN AHMAD:  
16 Thank you. Thank you,  
17 Councilmember Bass, who used to be  
18 the Chair of the Public Health  
19 Committee so it is fitting that we  
20 are continuing in that same vein.

21                   Anybody else with any  
22 remarks?

23                   (No response.)

24                   COUNCILWOMAN AHMAD:

1 Okay. Mr. Sham, would you please  
2 read the title of the resolution.

3 THE CLERK: Resolution  
4 No. 241149, authorizing the  
5 Committee on Public Health and  
6 Human Services to hold a hearing on  
7 the prevalence of vaping among  
8 children and the effectiveness of  
9 current enforcement efforts.

10 COUNCILWOMAN AHMAD: The  
11 Clerk will please call the first  
12 panel to testify on this bill.

13 THE CLERK: Robert  
14 Listenbee, First Assistant District  
15 Attorney, Philadelphia District  
16 Attorney's Office; Ryan Coffman,  
17 Tobacco Policy and Control Program  
18 Manager, Philadelphia Department of  
19 Public Health.

20 (Witnesses approached  
21 Witness table.)

22 COUNCILWOMAN AHMAD:  
23 Good afternoon. Please state your  
24 name for the record and proceed

1 with your testimony.

2 MR. LISTENBEE: Thank  
3 you very much, Madam Chairman. My  
4 name is Robert Listenbee. I'm  
5 First Assistant District Attorney  
6 for the District Attorney's Office  
7 here. I'm here on behalf of  
8 District Attorney Larry Krasner. I  
9 would like to thank the Chair  
10 Councilmember Ahmad and other  
11 members of the Council for inviting  
12 me here today to talk about this  
13 very important issue.

14 It is not an issue that  
15 we've had extensive contact with in  
16 the District Attorney's Office. So  
17 I tasked our researcher to consult  
18 members of our staff and also  
19 statutes and so forth that are  
20 appropriate. And so, I'd like to  
21 present a testimony on those  
22 issues.

23 Vaping is legal.  
24 However, there are restrictions on

1 age of use, age to purchase and  
2 sales restrictions. Title 18,  
3 Section 6305 of the Pennsylvania  
4 Crimes Code states that any of the  
5 following sales violations are  
6 summary offenses. It's important  
7 to know that summary offenses are  
8 handled in the DA's Office by the  
9 Diversion Unit on the adult side.  
10 They're not handled in a regular  
11 course of municipal court or in a  
12 regular course of the felony  
13 sections of the office.

14 Sales of tobacco  
15 products to underage purchasers,  
16 these are people who are under the  
17 age of 21 unless they're in the  
18 military, then it's the age of 18,  
19 is prohibited. The furnishing of  
20 tobacco products to underage  
21 purchasers, again under 21 or 18  
22 for the military members, is  
23 prohibited.

24 Vending machines with

1 tobacco products are prohibited in  
2 any place where an underage  
3 purchaser can gain access.  
4 Displaying or offering sale of  
5 cigarettes out of pack is  
6 prohibited, referring to loosies, I  
7 believe those were referred to by  
8 Councilmember Bass in her earlier  
9 comments.

10                   The penalties for the  
11 above sales include the following:  
12 If you're an individual,  
13 nonretailer, the first time offense  
14 is a fine of \$100 to \$250. The  
15 second time offense is a fine of  
16 \$250 to \$500. And the third time  
17 offense or subsequent offense is a  
18 fine of \$500 to \$1,000. That's for  
19 the individuals.

20                   For retailers, and I  
21 believe one of the focuses of this  
22 discussion today is about  
23 retailers, for retailers the first  
24 offense is again \$100 to \$250;

1 second offense 250 to 500; and  
2 third offense or subsequent offense  
3 500 to \$1,000.

4 Title 18.6305 states the  
5 following purchasing violations by  
6 minors are summary offenses:  
7 Again, summary offenses subject to  
8 punishment, a minor attempting to  
9 purchase a tobacco product, a minor  
10 falsely representing themselves to  
11 be 21 years of age or a member of  
12 the military to purchase tobacco  
13 products.

14 Penalties for the above  
15 purchases by minors include the  
16 following: Up to 75 hours of  
17 community service. Must complete a  
18 tobacco use prevention and  
19 cessation program approved by the  
20 Department of Health or a fine of  
21 up to \$200. In addition to the  
22 above, students are also prohibited  
23 from having tobacco products on  
24 school property, including school

1 vehicles and buses and so forth.

2 Violation of these offenses can  
3 lead to summary offenses.

4 Now, back to  
5 specifically what has the DAO done  
6 in terms of vaping? Youth and  
7 adults under the age of 21 cannot  
8 possess, purchase or use vaping  
9 products in Pennsylvania. However,  
10 the DAO has not charged or  
11 prosecuted any youth that I'm aware  
12 of for these charges.

13 I consulted again with  
14 Caleb Arnold who is the supervisor  
15 of our Diversion Unit this  
16 afternoon. She stated that there  
17 were only three offenses within the  
18 last month when even charges in  
19 cases involving tobacco products on  
20 a SEPTA platform were actually  
21 charged. So it's even in terms of  
22 possessing tobacco products, very  
23 limited work. And PPD has not  
24 provided any citations that we are

1     aware of. So again, it's not  
2     something that's prosecuted or  
3     given citations by PPD or by the  
4     DAO.

5                     Discussion of vaping was  
6     important to me. What is vaping?  
7     It is a term used to describe  
8     smoking e-cigarettes that heat up a  
9     combination of nicotine flavoring  
10    and chemicals so that the user can  
11    inhale an aerosol byproduct. In  
12    addition to nicotine, e-cigarettes  
13    can also be used to smoke THC or  
14    other black market liquids.

15                    So there's a lot of  
16    stuff going on with vaping that's  
17    not directly to products sold by  
18    the retailers, but they're combined  
19    with other products being sold on  
20    the black market. How does it  
21    affect health? Again, I was very  
22    curious as to what kinds of impact  
23    it's having on modern youth.

24                    Health experts believe

1 that vaping exposes the user to  
2 fewer toxic chemicals than smoking  
3 traditional cigarettes. However,  
4 these products are still highly  
5 addictive and can cause health  
6 problems. In February 2020 the  
7 Center for Disease Control and  
8 Prevention, the CDC confirmed 2807  
9 cases of e-cigarette or vaping use  
10 associated lung injury that's  
11 referred to as EVALI. EVALI is an  
12 acute respiratory illness which can  
13 cause symptoms such as difficulty  
14 breathing, chest pain, nausea,  
15 vomiting, cough or more.

16 Of the identified cases,  
17 the CDC indicated that there were  
18 68 deaths due to this condition so  
19 kids can die from it. The CDC has  
20 confirmed the deaths of 68 people  
21 involving this, and it's important  
22 to note that this is a risk that  
23 we're not often talking about or  
24 thinking about because it's not as

1   widespread. The information is not  
2   as widespread.

3                   The CDC identified  
4   Vitamin E acetate as a chemical  
5   likely to cause EVALI. This  
6   chemical is a thickening agent used  
7   in e-cigarettes and was found in  
8   lung fluid samples of all the cases  
9   examined by the CDC. The CDC noted  
10   that EVALI appears to predominantly  
11   affect people who bought their  
12   e-liquids from the black market or  
13   modified their devices.

14                  So again, these aren't  
15   occurring just from direct sales by  
16   retailers, but people are modifying  
17   these products on the black market  
18   and this is something that's very  
19   difficult to control. In addition  
20   to concerns about EVALI, emerging  
21   data suggests that vaping is  
22   associated with lung disease and  
23   asthma.

24                  Additionally, nicotine

1 is the primary ingredient and is a  
2 highly addictive substance which  
3 can raise your blood pressure or  
4 heart rate, increasing the  
5 likelihood of heart attack. Now,  
6 why do young people vape? And it's  
7 important to note that for many  
8 years public health campaigns were  
9 highly effective at preventing  
10 young people from smoking, so we  
11 were successful at preventing one  
12 problem. And then along came  
13 e-cigarettes.

14                   They're blamed for  
15 reversing the decades of progress.  
16 A 2019 CDC report found that  
17 despite tobacco use having  
18 decreased among teens since 1998,  
19 the use of tobacco products grew by  
20 38% among high school students in  
21 the 2017-to-2018 school year,  
22 largely due to vaping products. So  
23 our high school kids are actively  
24 involved with vaping products.

1                   Specifically, the  
2   e-cigarette use increased from 11.7  
3   to 20.8% of high school students  
4   reported use in the last 30 days,  
5   while no change was found in other  
6   tobacco products, the last 30 days  
7   I believe of the 2017-2018 period.  
8   Public health experts say that  
9   vaping has undone decades of  
10   prevention work and puts a new  
11   generation at risk for nicotine  
12   addiction.

13                Is there any city or  
14   state agency tasked with  
15   supervising the vaping industry?  
16   This was important because as I  
17   thought about legislation that you  
18   may be involved in that we may be  
19   considering, the U.S. Food and Drug  
20   Administration, the FDA Center for  
21   Tobacco Products regulates the  
22   manufacturing, marketing and  
23   distribution of tobacco products,  
24   including e-cigarettes.

1                   This FDA also monitors  
2   usage of tobacco products. This  
3   includes administering an annual  
4   use survey to measure the use by  
5   youth. Is there an agency tasked  
6   with encouraging youth to avoid or  
7   stop vaping? In June of 2021 the  
8   Department of Justice and the U.S.  
9   Department Food and Drug  
10   Administration, the FDA, announced  
11   the creation of a federal multi-  
12   agency task force to combat illegal  
13   sales and distribution of  
14   e-cigarettes. The task force was  
15   particularly concerned about the  
16   vaping industry's targeting of  
17   youth. No results are yet  
18   available. This will be again a  
19   good area for further research. We  
20   will follow up on that as well.

21                   The FDA has a public  
22   education campaign known as the  
23   Real Cause, which aims to educate  
24   teens of the dangers of smoking.

1 In 2017, the campaign begin  
2 prioritizing e-cigarette prevention  
3 messaging. Have other cities  
4 developed rules or regulations or  
5 laws concerning vaping? In 2019  
6 Michigan became the first state to  
7 ban flavored-nicotine vaping  
8 products.

9 In 2020 New York City  
10 banned the retail and online sale  
11 of flavored e-cigarettes. New York  
12 State banned the retail sale. In  
13 Massachusetts the sale of flavored  
14 cigarettes is restricted to smoking  
15 bars for onsite adult consumption  
16 only. California banned the sale  
17 of most flavored tobacco products  
18 in 2022.

19 Federal law prohibits  
20 the sale of closed system devices,  
21 pods and cartridges containing  
22 e-liquid in flavors other than  
23 tobacco or menthol. However, this  
24 rule only applies to flavored

1 cartridge-based e-cigarettes and  
2 does not prohibit the sale of  
3 flavored disposable e-cigarettes or  
4 refillable flavored e-cigarettes.

5           How successful have they  
6 been? An NIH-funded study examined  
7 the effects of flavored bans.  
8 However, the study was exclusively  
9 done with adults so it's unclear  
10 about its findings, whether they  
11 apply to youth. Findings show that  
12 many people who use flavored vapes  
13 switched to unflavored vapes.  
14 Additionally, many retailers were  
15 still able to obtain banned flavors  
16 through legal channels.

17           So those are the  
18 comments we have. We think there's  
19 a big problem. We think there  
20 needs to be obviously further  
21 research. But other states have  
22 jumped into the area and done what  
23 they could to stop or prevent or  
24 focus on vaping by young people.

1 Perhaps there's an area for us to  
2 go further in this area. Thank you  
3 very much.

4 COUNCILWOMAN AHMAD:

5 Thank you very much. We will have  
6 Mr. Coffman give his testimony and  
7 then we'll ask questions from my  
8 colleagues and myself.

9 MR. COFFMAN: Good  
10 afternoon, Chair Ahmad, Vice-Chair  
11 Lozada and members of the Committee  
12 on Public Health and Human  
13 Services. My name is Ryan Coffman.  
14 I'm the Philadelphia Department of  
15 Public Health Tobacco Policy and  
16 Control Program Manager. On behalf  
17 of Health Commissioner Dr. Raval-  
18 Nelson and the Health Department, I  
19 appreciate the opportunity to  
20 testify regarding Resolution  
21 241149.

22 One of the core purposes  
23 of the Tobacco Policy and Control  
24 Program is to prevent youth from

1 using tobacco and vaping products,  
2 support Philadelphians who use  
3 tobacco and vaping products to quit  
4 and implement evidence-based  
5 citywide policies and public health  
6 strategies to protect residents  
7 from the leading cause of death and  
8 disability in our city.

9                   The Philadelphia  
10 Department of Public Health's  
11 Division of Environmental Health  
12 Services enforces Philadelphia's  
13 tobacco retail laws and partners  
14 with the Tobacco Policy and Control  
15 Program on their implementation.  
16 Youth vaping remains a significant  
17 public health concern both  
18 nationally and in Philadelphia.

19                   While national declines  
20 in youth vaping have been observed,  
21 the most recent data for  
22 Philadelphia show the highest youth  
23 vaping rate since data collection  
24 began in 2015. In 2023, 19% of

1 high school students in  
2 Philadelphia had used an  
3 e-cigarette within the past 30 days  
4 compared to 17% in 2015.

5 In 2023, 38% of  
6 Philadelphia high school students  
7 had tried e-cigarettes at least  
8 once. This exceeds the use of all  
9 other tobacco products, making  
10 vaping the most commonly used  
11 tobacco product among Philadelphia  
12 high school students. Even more  
13 troubling, the Tobacco Policy and  
14 Control Program has received  
15 reports of elementary and middle  
16 school students experimenting with  
17 vaping products.

18 In no uncertain terms  
19 vaping products are erasing decades  
20 of hard-fought progress reducing  
21 youth tobacco use. According to  
22 local sales data from 2021 to 2023,  
23 analyzed by the Philadelphia  
24 Department of Public Health, about

1 three-quarters of tobacco products  
2 sold in Philadelphia are flavored.

3               Despite being illegal  
4 under federal law, vaping products  
5 continue to be sold in fruit,  
6 alcohol, dessert and candy flavors,  
7 deliberately designed by the  
8 tobacco industry to appeal to youth  
9 and are heavily marketed on social  
10 media platforms by youth and young  
11 adults.

12              The types of vaping  
13 products used by our youth have  
14 also changed dramatically over the  
15 past decade. Today's products hold  
16 more e-liquids are cheaper and  
17 contain higher levels of nicotine  
18 than earlier generations of vaping  
19 products. In fact, some devices  
20 contain the nicotine equivalent of  
21 multiple packs of cigarettes.

22              To enforce the City's  
23 tobacco sale laws, the Philadelphia  
24 Department of Public Health

1 coordinates compliance checks with  
2 tobacco retailers, during which  
3 approved youth surveyors attempt to  
4 purchase tobacco products from  
5 retailers. In 2024, there were 291  
6 vape sale checks conducted which  
7 resulted in 14 violations or a 5%  
8 violation rate. Encouragingly,  
9 this is below the overall violation  
10 rate for compliance checks of 17%  
11 in FY24.

12                   The Philadelphia  
13 Department of Public Health plans  
14 to increase the number of youth  
15 vape sale checks conducted in  
16 Calendar Year 2025. Community  
17 members also play a vital role in  
18 reporting illegal tobacco sales.  
19 The Tobacco Policy Control Program  
20 actively solicits and responds to  
21 reports of establishments violating  
22 Philadelphia tobacco retailer laws.

23                   In recent years some  
24 retailers have continued to sell

1 tobacco products without the  
2 Philadelphia tobacco retailer  
3 permit and have repeatedly sold to  
4 minors, even after being shut down  
5 multiple times. The Philadelphia  
6 Department of Public Health works  
7 closely with the Law Department to  
8 act against these retailers.

9                   For youth vaping  
10 prevention, both the School  
11 District of Philadelphia and the  
12 Archdiocese of Philadelphia are  
13 essential partners for reaching  
14 large numbers of youth who are high  
15 risk for vaping or are already  
16 vaping. The Tobacco Policy and  
17 Control Program and our partners  
18 provide content expertise,  
19 technical assistance and additional  
20 resources to help these  
21 institutions develop comprehensive  
22 strategies to reduce youth vaping  
23 through communication, training,  
24 prevention, treatment and policy

1 revision.

2                   The ability to legislate  
3 at the local level to address youth  
4 vaping is currently obstructed by  
5 state law. In 2014, Philadelphia  
6 City Council added vaping products  
7 to the Clean Indoor Air Worker  
8 Protection law and prohibited their  
9 sale to minors.

10                   Subsequently in 2019,  
11 Philadelphia City Council  
12 restricted the sale of electronic  
13 smoking devices to adult-only  
14 establishments. However, this  
15 ordinance, Philadelphia Code 9-638,  
16 sale of electronic smoking devices  
17 and youth accessible establishments  
18 was challenged in court and ruled  
19 preempted by state law.

20                   A separate 2018  
21 Pennsylvania law further preempts  
22 Philadelphia from passing local  
23 laws or regulations on tobacco and  
24 vaping product sales, limiting the

1 City's ability to combat youth  
2 vaping effectively. On a positive  
3 note because of litigation by the  
4 Law Department, the City of  
5 Philadelphia recently received  
6 settlement payments from Juul Labs,  
7 Inc. and Altria Group.

8                   The Philadelphia  
9 Department of Public Health has  
10 submitted detailed budgets and  
11 proposals to use these funds to  
12 expand youth vaping prevention  
13 efforts, support youth-serving  
14 organizations and enhance  
15 enforcement efforts against illegal  
16 tobacco sales. Thank you very much  
17 for the opportunity to address you  
18 today. I'm ready to answer any  
19 questions that you may have at this  
20 time.

21                   COUNCILWOMAN AHMAD:  
22 Thank you so much. I want to  
23 acknowledge that my colleague Rue  
24 Landau has joined us. I wanted to

1 start with some questions for

2 Mr. Listenbee.

3 You mentioned there has  
4 been very few or zero prosecutions,  
5 correct --

6 MR. LISTENBEE: Correct.

7 COUNCILWOMAN AHMAD: --  
8 of young people, but any retailers  
9 who were found to violate the  
10 selling to minors is one question.  
11 And from what I understand, it's  
12 the Health Department who  
13 identifies these violations and  
14 then informs the Law Department.  
15 But where is the DA or police  
16 involved in this? Can you tell us  
17 about that?

18 MR. LISTENBEE: Yes,  
19 Madam Chairman. To the best of my  
20 knowledge, the only time that we  
21 are made aware of any of these  
22 cases is once there's been an  
23 arrest by the police department,  
24 and those come in as summary

1 offenses and then we respond. We  
2 handle the summary docket. And if  
3 there are various issues, they end  
4 up going to municipal court. But  
5 for the most part they handle the  
6 summaries by our staff.

7               We're more than willing  
8 to go forward with these if they  
9 come in. We're more than willing  
10 to work with City Council to  
11 develop a comprehensive policy,  
12 working in conjunction with the Law  
13 Division and with the Health  
14 Department to do something that  
15 sort of addresses the overall  
16 problem as opposed to one part of  
17 it. But it's just not something  
18 that's been high on our agenda thus  
19 far.

20               And again as I stated,  
21 we certainly welcome the  
22 participation by young people in  
23 helping us sort of develop an  
24 approach that will actually work

1 for prevention, rather than just a  
2 new hammer that's going to hammer  
3 them for doing something that many  
4 of them might like to do.

5 But again, I checked  
6 with the head of our Diversion Unit  
7 and they're only aware of four  
8 smoking violations, not even  
9 vaping, that involve smoking on  
10 SEPTA platforms, and that was  
11 within the last month. They don't  
12 have data on the overall period of  
13 time, but we're going to certainly  
14 be available to do more research,  
15 as you would request.

16 COUNCILWOMAN AHMAD:  
17 Seems like there's a disconnect  
18 between what data tells us who's  
19 using it, 19% of high schoolers,  
20 most of them probably underage, so  
21 clearly somebody is selling to  
22 them --

23 MR. LISTENBEE: Correct.

24 COUNCILWOMAN AHMAD: And

1 we don't know who's -- so I  
2 appreciate that we want to prevent  
3 rather than prosecute on these  
4 issues. But the prosecution is on  
5 the retailer side who know full  
6 well they're not supposed to sell  
7 to young people under the age of 21  
8 unless they're military. And so,  
9 we can address that issue and at  
10 the same time look at a prevention  
11 strategy for making sure our young  
12 people understand what is at risk,  
13 that they're going to have a lung  
14 problem forever and how they can be  
15 advised on what is the consequences  
16 of engaging in vaping.

17 So there are two  
18 separate things and we can do both  
19 things, hopefully chew gum and walk  
20 at the same time, because these  
21 people are deliberately taking  
22 advantage of young people. And  
23 that lawsuit, the Juul lawsuit was  
24 about misrepresentation, that they

1 were found guilty of that except  
2 they settled and they did not say  
3 they did anything wrong basically,  
4 but they just paid out, right, at  
5 the settlement.

6               So it seems to me that  
7 we need to have a more cohesive way  
8 of addressing those who are  
9 violating the law by selling to  
10 minors and then work with including  
11 law enforcement and our DA's Office  
12 on a strategy with the Health  
13 Department and other entities who  
14 care about young people to have a  
15 campaign to inform people.

16              This is how we did  
17 tobacco use way back when, right.  
18 And so, we have a model. We might  
19 obviously have to tweak it because  
20 we didn't have social media then.  
21 We didn't have that constant  
22 barrage of information and color  
23 and peach flavor and mango flavor  
24 coming our way.

1                   These are deliberate  
2   attempts to make people feel these  
3   are safer products. And I think  
4   that's the problem with this whole  
5   industry, is they are targeting  
6   young people and they're targeting  
7   young people in our city and we  
8   have to do something in response to  
9   that.

10                   So if there's any  
11   response from you, from the Public  
12   Health Department to understand the  
13   gap between finding those who are  
14   violating and sharing that with the  
15   police which would result in a  
16   summary offense, and then  
17   subsequent there would be a  
18   prosecution of that. Could you  
19   address that?

20                   MR. COFFMAN: Yeah.  
21   Thank you for your remark. I can  
22   take careful note of that. We'd be  
23   happy to follow up with folks here  
24   and then also to talk with our

1 colleagues in the District

2 Attorney's Office.

3 COUNCILWOMAN AHMAD: So  
4 do you think there is a gap between  
5 sharing that information that you  
6 find with our law enforcement?

7 MR. COFFMAN: It's not  
8 something that I'm aware of at the  
9 moment, but I'd be happy to take a  
10 note and follow up with this  
11 Committee and with our colleagues  
12 in the District Attorney's Office.

13 COUNCILWOMAN AHMAD: We  
14 would love that, because it seems  
15 like this has not risen to the  
16 level of concern that we should  
17 have because we are putting, you  
18 know, we don't need it to become a  
19 bigger problem before we address  
20 it. We need to tamp it down before  
21 it becomes a bigger problem, before  
22 we had to do what we had to do for  
23 regular tobacco products. We don't  
24 want to go there. We should have

1 learned some lessons, right.

2 And so, that's why I  
3 think it is our duty to our young  
4 people who are the leaders and  
5 future leaders of our city to know  
6 that we care enough about them that  
7 we are going to have a concerted  
8 effort from all entities involved  
9 who could possibly make a  
10 difference, right. So I thank you  
11 for that and I look forward to that  
12 information from you.

13 Anybody else have a  
14 question?

15 We'll go to  
16 Councilmember Quetcy Lozada.

17 COUNCILWOMAN LOZADA: I  
18 just want to also thank you. I  
19 think that I agree, right. There  
20 is a disconnect somewhere along the  
21 line of how do we get this  
22 information to those who understand  
23 the severity of these puff bars or  
24 whatever vaping or whatever they

1 are.

2 We see them pop up in  
3 neighborhoods like ours that are  
4 poor neighborhoods, right. They  
5 feel like they can -- they're  
6 predators to young people, right.  
7 And so, helping young people  
8 understand how serious these puff  
9 bars are to their health I think is  
10 something that we also need to do  
11 better, right. We need -- the  
12 education piece around vaping and  
13 around puff bars is extremely  
14 important and not only for the  
15 street vendors, right, but for the  
16 vendors in their own spaces, right,

17 I have a family member  
18 whose son was vaping and they took  
19 his vape off of him and when he  
20 came home from school, he already  
21 had another vape bar, right. So  
22 they're obviously available and  
23 very, very accessible to young  
24 people. We need to figure out how

1 we build education campaigns around  
2 the effects, the long-term effects  
3 of vaping.

4 To me, Madam Chair, I'd  
5 also like us to look at how do we  
6 work with our state partners,  
7 right, who preempt us on these  
8 types of situations. What are they  
9 doing at the federal and state  
10 level to make sure that the folks  
11 who are setting these illegally are  
12 held accountable and how do they  
13 help us educate and find funding to  
14 be able to create these campaigns  
15 in order to make sure that our  
16 young people understand the  
17 severity of vaping.

18 Would love to continue  
19 to work with the District  
20 Attorney's Office. But if we're  
21 all preempted, then we can't have a  
22 productive conversation without  
23 parts --

24 COUNCILWOMAN AHMAD:

1 Counterparts, yeah.

2 COUNCILWOMAN LOZADA: --

3 at the federal, state level who  
4 really are the enforcement piece to  
5 this puzzle.

6 COUNCILWOMAN AHMAD: But  
7 I do think even right now you gave  
8 us the gradation of fining, right.  
9 It starts at 250, goes up to 1000.  
10 I believe Massachusetts is a  
11 straight 1000, right. Yesterday we  
12 had a Streets Committee hearing  
13 about illegal dumping. Illegal  
14 dumping is 5000 and here we're  
15 putting poison into someone's lungs  
16 and causing damage to lungs and  
17 we're starting at 250. That we can  
18 fix. That we can fix right now,  
19 right.

20 So I think while we're  
21 waiting for a more hospitable  
22 legislation of our legislative  
23 partners in state government, we  
24 have some ability to do something.

1 That's one. Two, is really that  
2 education piece needs to go to our  
3 other legislators who are not aware  
4 what the impact of this is.

5 The CDC already has shut  
6 down communication with the public.  
7 So just because that's happening  
8 doesn't mean we stop. The Public  
9 Health Department, all other  
10 entities, elected and appointed I  
11 think we need to stand in that gap  
12 to say, this is our time to show  
13 our children we care about them and  
14 that here's the campaign to advise  
15 you, advise your parents because we  
16 also have very young children  
17 getting involved in this when  
18 they're swallowing these liquids or  
19 they're inhaling the vapor.  
20 Secondhand, thirdhand is happening  
21 too. So there's a -- we can spend  
22 all hours just talking about the  
23 impact.

24 But I just wanted to say

1 that there are some things we can  
2 do now while we work to have this  
3 preemption clause get around it  
4 somehow.

5 Are there any other  
6 questions? Yeah -- no. Okay.

7 So thank you panel.  
8 We'll ask the next panel to come  
9 up.

10 MR. COFFMAN: Thank you  
11 very much.

12 MR. LISTENBEE: Thank  
13 you very much.

14 COUNCILWOMAN AHMAD:  
15 We'll follow up with you.

16 THE CLERK: Students of  
17 Palumbo High School, Constitution  
18 High School, Motivation High  
19 School. Will Cavance Snaith and  
20 Rochelle Meneses-Nieto make their  
21 way to the panel.

22 (Witnesses approached  
23 Witness table.)

24 COUNCILWOMAN AHMAD:

1 Please state your name and begin  
2 your testimony.

3 MR. SNAITH: Hello. My  
4 name is Cavance Snaith. I am a  
5 senior at Constitution High School.  
6 I just turned 18 recently, but I'm  
7 happy to be here today to talk with  
8 you all about young people and  
9 vaping.

10 COUNCILWOMAN AHMAD:  
11 Just speak into it. Thank you.

12 MR. SNAITH: So to get  
13 started my testimony, I believe  
14 that young people start vaping for  
15 just one big reason, as a lack of  
16 education. I think that our public  
17 schools lack in just notifying  
18 students of the health risks that  
19 they may have, that they will face  
20 with putting this poison into their  
21 bodies.

22 Before coming today to  
23 City Council, I sent out a poll to  
24 students in my high school just to

1 get a basic understanding so I can  
2 bring you all statistics, current  
3 statistics, from students from my  
4 high school. Since I said that  
5 most young people are not having  
6 enough education, 80% of the  
7 students who responded to my polls  
8 said that there is not enough  
9 education in public schools that  
10 give them a sufficient knowledge  
11 about vaping. I think that right  
12 there just says that that is the  
13 catalyst to why we have more vaping  
14 in young people, not enough people  
15 know about the health risks.

16 Because of people not  
17 knowing about the health risk, 60%  
18 of students or respondents to the  
19 poll said that more of their peers  
20 are beginning to vape. So we can  
21 see a correlation or causation  
22 rather from just a lack of  
23 knowledge in them not knowing what  
24 they're putting into their bodies,

1 which is causing more students to  
2 vape which is 60% of students  
3 responded.

4 73% of students said  
5 that they know people personally  
6 who have vaped in the past that are  
7 around their age. And so, again we  
8 see more peers that could possibly  
9 be influenced to vape because again  
10 they have people who are actually  
11 close to them who are close to  
12 their age who they know personally  
13 that vape.

14 Also, 73% of students  
15 said that they know people that  
16 have vaped in a school setting. So  
17 now we see a problem of students  
18 vaping in schools. So this is not  
19 specific to Constitution High  
20 School, rather this is a problem  
21 that we are seeing Philadelphia  
22 high schools across the board.  
23 We're seeing that students are  
24 vaping in schools, making it more

1 accessible for students to pass  
2 those vapes to other students to  
3 share which is creating more health  
4 risk.

5               So I think the problem  
6 is I think part of the problem is  
7 that businesses are selling these  
8 vapes to students who are under --  
9 just people who are underage. But  
10 also once they obtain these vapes,  
11 they're then passing them along and  
12 sharing them which is unsanitary  
13 and they're doing this stuff in  
14 school. Like I said, again 73% of  
15 respondents said that they know  
16 people who have vaped inside of a  
17 school setting.

18               And so, I think some of  
19 the solutions that can come from  
20 what I've just said I have three:  
21 I think that the City of  
22 Philadelphia and the School  
23 District of Philadelphia can  
24 mention in the forms of the dangers

1 of vaping in schools. So this  
2 doesn't have to be just a pamphlet  
3 that we pass out during orientation  
4 week.

5                   This can be something  
6 that we can integrate with what our  
7 schools call peer group  
8 connections. And basically if you  
9 don't know what peer group  
10 connections mean, that is a group  
11 where students, usually seniors or  
12 juniors, lead an advisory or  
13 seminar class with freshmen.

14                   And so, we can integrate  
15 the knowledge and have the seniors  
16 and juniors just talk about the  
17 dangers of vaping and what they  
18 have seen with vaping, and we give  
19 in the city of Philadelphia help,  
20 provide some more facts so that  
21 they can share with their peers.

22                   I think it will ring  
23 easier and it will encourage  
24 students from young age to start.

1 And if we start this soon,  
2 eventually we'll see that the  
3 freshmen when they become  
4 sophomores, they are starting to  
5 have less vapes and when the  
6 sophomores become juniors and  
7 they're becoming the next PGC  
8 leaders, they're now teaching the  
9 next freshmen. And so, now we see  
10 in the cycle of just being more  
11 knowledge and more informed with  
12 our young people.

13 Also, I think that we  
14 need more collaboration with our  
15 families. I think that we can work  
16 with families that are part of the  
17 Community Advisory Council in the  
18 School District of Philadelphia.  
19 They are parents and they are  
20 community members of people in the  
21 School District and students. And  
22 so, we have parents, we have  
23 members of this community being  
24 more informed and hopefully they

1 will inform their child and I would  
2 imagine that we will start to see  
3 less vaping because again more  
4 people are informed. They are  
5 actually getting this direct talk,  
6 not from people, not from other  
7 adults but rather from their  
8 parents and community members.

9 I don't know how  
10 realistic my last solution would be  
11 with just the uncertainty with  
12 public education funding and other  
13 funding that schools are facing.  
14 But I think that the School  
15 District of Philadelphia and the  
16 City of Philadelphia can  
17 collaborate to purchase some  
18 sensors in these bathrooms.

19 So one company that I  
20 know is called Halo, H-a-l-o. Some  
21 school districts around in our  
22 state, our Commonwealth, have  
23 already in place some of these  
24 sensors that would notify

1 administrators in their schools if  
2 there is THC oil or vaping smoke in  
3 the air. And so, if these  
4 detectors in our school bathrooms,  
5 administrators and people who have  
6 access to that knowledge will  
7 immediately know that there's  
8 someone vaping in the school and  
9 hopefully it's addressed.

10 I do not believe that we  
11 should automatically go to  
12 punishment. I think that again  
13 these are teenagers. Teenagers try  
14 out all types of things. What I  
15 think that we should do is focus  
16 more about education and more of  
17 like a progressive thing, like the  
18 first time you get caught, you need  
19 to talk about this, the second time  
20 you just see why are you still  
21 doing this and then a third time  
22 you can go on from there if they're  
23 not understanding or listening.

24 And so, I think a lot of

1 the policies that surround vaping  
2 in public schools are just more so  
3 what's going to happen to -- like  
4 what's the punishment when you get  
5 caught vaping in school rather than  
6 I don't see any policy that is  
7 meant to educate young people  
8 rather than they're just punishing  
9 the students, which again just not  
10 addressing the problem is  
11 temporarily putting a band-aid over  
12 the issue because once they get  
13 reprimanded, then we start to see  
14 more, start to see them take some  
15 actions.

16 That concludes my  
17 testimony and I will be happy to  
18 share with you the results from my  
19 poll. It will be closed by this  
20 Thursday. And I will be more than  
21 happy to share with you everything.  
22 Thank you.

23 COUNCILWOMAN AHMAD: I'm  
24 so impressed. But we'll take the

1 next testimony and then we'll come  
2 back to both of you.

3 Please state your name  
4 and begin.

5 MS. MENESES-NIETO: Good  
6 afternoon to the Councilmembers.  
7 My name is Rochelle Meneses-Nieto  
8 and I'm a senior at Academy at  
9 Palumbo. So vaping is a constant  
10 problem among teenagers and it's an  
11 issue that has been plaguing teens  
12 around my school, not just at my  
13 school but all around the country.

14 Whether it's the  
15 pressure to fit in or just simple  
16 curiosity, there's no excuse for  
17 teenagers to end up addicted to  
18 something that's so dangerous. So  
19 I see it every day. There's vape  
20 pens all around school grounds and  
21 it's now just a casual part of  
22 their routine.

23 You think it's safe  
24 because it smells like mango or

1 cotton candy and it doesn't have  
2 this harsh stink of cigarettes, but  
3 I've done my research and according  
4 to all the statistics, vaping can  
5 cause lung damage, nicotine  
6 addictions and there's some risks  
7 that we don't even understand yet.

8                   It's not just for  
9 myself, but for my friends that I'm  
10 really worried about the situation.  
11 I watch kids make it through  
12 class -- they can't make it through  
13 class without a single puff as  
14 their hands start trembling and  
15 it's not normal. That's not okay  
16 because why are teenagers who  
17 should be focused on growing up and  
18 figuring out who they are being so  
19 focused -- being so dealing with  
20 withdrawal symptoms? Why is it  
21 becoming so normal for kids my age  
22 to carry pens, vape pens, as if it  
23 was a phone or a pencil?

24                   And that's what gets me

1 the most, how easy it is to get  
2 them. I've heard stories of people  
3 bragging about how they got their  
4 hands on a vape with either shops,  
5 older friends or corner stores and  
6 how despite these laws and the  
7 warnings, it's a simple online post  
8 that can get them a ton of likes or  
9 attention.

10                   And why are they so  
11 accessible when we know the damages  
12 that they can do? There are health  
13 risks that are so -- that have so  
14 many threats that are happening  
15 right now to people I know and they  
16 are just getting worse, as if it's  
17 becoming a more accepted part of  
18 teenage life.

19                   Some of the solutions I  
20 concluded were, as was stated  
21 before, instead of punishing the  
22 students around the school, it's  
23 only going to convince them to do  
24 it more -- workshops, teachers

1 talking, parent talks or meetings  
2 can help convince students that  
3 vaping shouldn't be a normal part  
4 of their life. Addiction is very  
5 dangerous and just a simple vape  
6 pen can lead to more dangerous and  
7 harmful drugs along the road.

8 A teenage brain is still  
9 developing and just because it  
10 doesn't have this strong scent of  
11 cigarettes, just because it's  
12 supposed to help with depression or  
13 anxiety, that isn't actually true.  
14 Helping students understand is a  
15 very important part of just helping  
16 them grow into very successful  
17 young adults into the future.

18 COUNCILWOMAN AHMAD: I  
19 think we have two more students who  
20 can come up and testify. Then  
21 we'll have a whole student panel to  
22 talk to after you're done.

23 So, Mr. Sham, would you  
24 call up the next two witnesses.

1 You guys don't leave. Stay.

2 THE CLERK: Kaseem

3 Jefferson and Rahim English.

4 (Witnesses approached  
5 Witness table.)

6 COUNCILWOMAN AHMAD:

7 Please state your name and begin  
8 your testimony.

9 MR. ENGLISH: Good  
10 afternoon. My name is Rahim  
11 English. I'm in 11th grade from  
12 Motivation High School and here to  
13 talk about vaping. I believe young  
14 people started vaping because of  
15 the older people, the adults. They  
16 get it from the adults. They get  
17 influenced by the adults. And once  
18 they see it, they should try it  
19 too. And they think that it's  
20 cool. They think that's cool, but  
21 it's not. And I believe we should  
22 stop it.

23 Vaping affects teen  
24 lives in many ways. I have friends

1 that get lightheaded from vaping,  
2 tell them to stop multiple times  
3 but some cases it don't work out.  
4 Adults can help people my age not  
5 vape or start not vaping by just  
6 stopping in general.

7               Adults smoke, vape, do  
8 all kinds of stuff in front of kids  
9 and they should just stop. And it  
10 will influence the kids to think  
11 it's cool to start vaping too. And  
12 I believe everybody just stop once  
13 and for all. That's it.

14               MR. JEFFERSON: Good  
15 afternoon, City Council. My name  
16 is Kaseem Jefferson, senior at  
17 Motivation High School. I believe  
18 young people started vaping because  
19 of their friends and they see again  
20 adults smoking so they think it's  
21 cool, they think it's fun, not  
22 knowing that nicotine is a strong  
23 and addictive drug.

24               I believe vaping affects

1 teens' lives. It causes lung  
2 cancer, give people  
3 lightheadedness, you start throwing  
4 up, you can get stomach sickness.  
5 A lot of things that come with it.  
6 And I feel as though adults can  
7 help with teens stopping vaping by  
8 if we come into school, like extra  
9 pat-downs, you feel me, metal  
10 detectors.

11 Parents should be more  
12 invested in what their kids are  
13 doing, checking on what they doing,  
14 you feel me. Like be more invested  
15 into them, give more time to your  
16 kids, make sure they're doing the  
17 right thing. And that's it.

18 COUNCILWOMAN AHMAD:

19 Thank you so much. I so deeply  
20 appreciate all of you taking time  
21 out of your busy lives to come and  
22 share your thoughts here, very  
23 important ones. We have a whole  
24 survey done by someone. I'm sure

1 we'll be able to connect and get  
2 that data because that's real data,  
3 right.

4                   And you're talking about  
5 peers, each other, influencing each  
6 other. But what I heard very  
7 clearly was adults in your lives  
8 normalizing this for you, right.  
9 And when I was your age, the issue  
10 was smoking caused a lot of smell  
11 and stink in your hair. So if I  
12 were to do anything like that, my  
13 mother would catch on like that,  
14 right, because my hair would be  
15 smelling. In fact, I did get  
16 caught once doing that.

17                   But in this case, you  
18 have these flavored, lovely, no  
19 smell and it seems like the impact  
20 is that people think they're less  
21 dangerous and they're less  
22 detectable, right.

23                   So what I really  
24 appreciate from all of you are the

1 thoughts you said, two things: One  
2 is punishment is just going to push  
3 it down temporarily and people will  
4 continue if people don't  
5 understand. Young people don't  
6 understand why we're telling them  
7 not to do this.

8                   So we've had very  
9 successful campaigns in the past  
10 around tobacco use. This is how  
11 tobacco use went down, just regular  
12 cigarettes because there was a  
13 concerted effort across the globe,  
14 not just this country, where they  
15 talked about the ill effects of  
16 tobacco. We need to ramp that up  
17 for this.

18                   That's what I heard from  
19 you, that let's not just focus on  
20 punishment. Yes, consequences are  
21 important but the biggest  
22 consequence is that your health is  
23 going to be impaired and you're  
24 forever going to have lungs that

1 are compromised. If people knew  
2 that, maybe they would think twice  
3 about doing this.

4 The second thing I heard  
5 was adults are a big factor.  
6 Adults are the ones selling these  
7 products. Adults are the ones who  
8 are using it and again normalizing  
9 it for young people. So, yes, we  
10 have a responsibility.

11 I also heard education  
12 in schools for parents. We do have  
13 something called Parent University,  
14 and maybe we'll talk to our  
15 Superintendent to see if this can  
16 be part of the curriculum where  
17 parents get in terms of addressing  
18 this.

19 But I can't tell you how  
20 impressed I am with all of you. I  
21 hope the rest of the city is  
22 watching you because we only hear  
23 when young people get into trouble.  
24 Here we see four smart young people

1 sitting in front of us giving us  
2 real information, actionable  
3 information that we can actually  
4 put a campaign together based on  
5 your responses.

6 So I thank you very much  
7 and hope we can stay in touch as we  
8 go ahead and think of ways and we  
9 can check in with you and test with  
10 you what we are doing, whether that  
11 makes sense in your community, in  
12 your age group.

13 So if anybody else has  
14 any questions?

15 COUNCILWOMAN LOZADA:

16 Yeah. I also want to say thank you  
17 for being here, right. It's always  
18 difficult as the legislator to make  
19 decisions about your future when  
20 you're not at the table. And so,  
21 thank you so much for being here.  
22 It is important for us to include  
23 you in the conversation or to have  
24 you lead conversations in order for

1 us to build legislation that  
2 ultimately will have an impact on  
3 you for the next 20 years or so,  
4 right, and so grateful for the  
5 opportunity to be here to hear  
6 directly from you.

7 And I agree with you,  
8 right, it doesn't always have to be  
9 about the consequences, right,  
10 about how do we punish you for  
11 doing certain things. I think  
12 that -- I'll go back to what I just  
13 said earlier, right, how do we  
14 build education campaigns that are  
15 built by you for you, right.

16 My son takes every shot  
17 he can when he says, mom, you're  
18 not cool and nobody's going to  
19 really listen to you, young people  
20 are not going to listen to you,  
21 right. But they'll listen to  
22 someone their age or someone that  
23 they feel will understand why  
24 they're doing the things that

1 they're doing.

2                   And so, I think it's  
3 important for you all to be in the  
4 forefront of this conversation and  
5 wanted to just let you know that I  
6 appreciate you having taken the  
7 opportunity to be here with us.  
8 Beyond today, continue to reach out  
9 to your elected officials and share  
10 information about the things that  
11 you're seeing at school and where  
12 you live in order to help us again  
13 make sure that your voices are  
14 heard and the things that we're  
15 working on.

16                   So grateful for you  
17 being here and looking forward to  
18 seeing more young people  
19 participate in these conversations  
20 in the future as we work towards a  
21 safer Philadelphia for all of us.

22                   COUNCILMAN O'ROURKE: Me  
23 three. Just want to echo exactly  
24 what the Chair as well as the Vice-

1 Chair have already lifted up. It  
2 means a lot to hear from you. We  
3 hear from so many folks day-in and  
4 day-out. I think that I have taken  
5 away great insight that I hadn't  
6 really considered about the  
7 responsibility of us on adults for  
8 our children.

9 I'm a young man and I'm  
10 going to bring a child into the  
11 world this year. And so, I'm  
12 thinking a lot about the  
13 representation, the example that's  
14 being set before them. Maybe you  
15 would always assume or don't always  
16 recognize how impressionable just  
17 little things that we can do can  
18 be. And so, thank you for making  
19 that call, and also for making the  
20 point around the lack of education  
21 that you're experiencing within the  
22 schools or at least precautions  
23 that are being given, dangers of  
24 folks being made aware of as it

1 relates to this.

2 Duly heard. These are  
3 things that we probably would not  
4 known had you not taken out your  
5 own poll in your own high school.  
6 This also is what democracy looks  
7 like. I don't know if any of y'all  
8 are 18 yet. When you do, you can  
9 vote. But before you can vote, you  
10 can also do this. And I thank you  
11 for doing it today. It's a great  
12 demonstration of what civic  
13 engagement can be. Thank you so  
14 much.

15 COUNCILMAN DRISCOLL: I  
16 guess it's me four. Listen, I  
17 can't thank you enough for sharing  
18 your stories with us. The young  
19 folks in this city have a lot to  
20 offer and we always read about the  
21 bad things, as the Chair pointed  
22 out earlier.

23 But when we see you  
24 coming in to civically engage with

1 the leadership in City Council, it  
2 warms our heart because sometimes  
3 we make decisions in vacuums. We  
4 think we know what's best for you.  
5 Sometimes we do. Sometimes we  
6 don't. But your presence today  
7 made a difference and I want you to  
8 know that. Thank you.

9 COUNCILWOMAN LANDAU:

10 And finally, me five. I want to  
11 thank you as well, but also want to  
12 remind you that we are always here  
13 for you. So if you have new ideas,  
14 please on this issue absolutely go  
15 to the -- you can write to the  
16 Chair of this Committee hearing and  
17 give us your ideas, but come to us  
18 for any of the other ideas that you  
19 have.

20 We're all here for you.  
21 Your voices are so important. I'm  
22 saying this also to the other young  
23 people that are out here today. We  
24 want to hear from you guys. It's

1 your city as well as all of our  
2 cities and we want to make sure  
3 that your voices are heard. So  
4 come to us with your ideas, your  
5 concerns and we'll see what we can  
6 do to help.

7 COUNCILWOMAN AHMAD:

8 Once again, thank you. And can I  
9 just say having you here and we  
10 have written testimony from two  
11 others who couldn't be here and we  
12 have other young people in this  
13 room, you have made this a  
14 successful hearing already, right,  
15 you being here.

16 This is our toughest nut  
17 to crack, to have those whose lives  
18 are most impacted to be at the  
19 table telling us what your thoughts  
20 are. So we're going to definitely  
21 work with the School District to  
22 reach you, to make sure you can  
23 reach us. And when we do something  
24 about this, I'm thinking about some

1 legislation, I would love to invite  
2 you back to say that your  
3 conversation and contribution is  
4 pushing us to actually make change.

5               So of course I'll invite  
6 everybody, but you will be our  
7 special guest if you're able to do  
8 it before you all graduate or  
9 whatnot, but we'll be in touch.

10 Thank you very much. I really  
11 appreciate your time and make sure  
12 that you are the leaders of our  
13 city that we are looking to, right.  
14 You have the solutions. Thank you.

15               We're done. You can be  
16 excused now and we'll go to the --  
17 Mr. Sham, if you can call up the  
18 next witness panel.

19               (Applause.)

20               THE CLERK: Dr. Rob  
21 Bassett, Associate Medical Director  
22 at Children's Hospital of  
23 Philadelphia Poison Control Center  
24 and Dr. Jayme Banks, Chief of

1 Student Support Services, School  
2 District of Philadelphia.

3 (Witnesses approached  
4 Witness table.)

5 COUNCILWOMAN AHMAD:

6 Please state your name and begin  
7 your testimony.

8 DR. BASSETT: Madam

9 Chair, I beg the Council's pardon  
10 on taking the selfie. But you've  
11 done me a great service at home as  
12 my kids simply cannot believe that  
13 there are smart people out there  
14 that care what daddy thinks. So  
15 thank you for that.

16 Robert Bassett, on  
17 behalf of Children's Hospital  
18 Philadelphia and Poison Control  
19 Center. Council, Madam Chair  
20 Ahmad, Vice-Chair Lozada,  
21 Councilmembers, thank you so much  
22 for the opportunity to speak today  
23 about a public health crisis that  
24 is literally unfolding before our

1 eyes, the epidemic of teen vaping  
2 and electronic cigarette use.

3 As an emergency  
4 physician who subspecializes in  
5 medical toxicology and addiction  
6 care, I encounter adolescents  
7 struggling with the consequences of  
8 vaping and e-cigarette addiction  
9 literally every day. I am here to  
10 tell you that this is not a fad.  
11 This is not harmless  
12 experimentation. This is a crisis,  
13 one that is rewiring young brains,  
14 compromising mental health and  
15 taxing our health care system with  
16 cases of nicotine toxicity,  
17 respiratory pathology and all the  
18 downstream psychosocial harms of  
19 addiction, including depression and  
20 suicidality.

21 To understand the  
22 gravity of this epidemic, let me  
23 introduce you to a patient Matt  
24 Murphy, a high-achieving athletic

1 high school senior, high school  
2 student, who never touched  
3 cigarettes but found himself hooked  
4 on electronic cigarette device  
5 after just a few puffs at a party.

6 I didn't personally take  
7 care of Matt. But after immersing  
8 myself in his story, as told to Jan  
9 Hoffman of The New York Times, I  
10 felt like I could have been his  
11 doctor or more excruciatingly, I  
12 could have been his parent.  
13 Forgive me, I get a little choked  
14 up when I read those words.

15 There was a gut punch to  
16 watch domino after domino tumble.  
17 His first hit brought a euphoric  
18 head rush, but what followed was a  
19 relentless addiction that drained  
20 his savings, left him breathless on  
21 the hockey rink and turned his vape  
22 device into what he called his 11th  
23 finger as his dependence on the  
24 electronic nicotine delivery system

1 was so strong that he felt like his  
2 vaping device became another  
3 appendage.

4 His grades slipped. His  
5 anxiety skyrocketed. His social  
6 life revolved around the next  
7 nicotine fix. At his worst, he  
8 kept his vape device strapped to  
9 his nightstand so it would be the  
10 first thing he reached for each  
11 morning. It wasn't until a  
12 gut-wrenching confrontation with  
13 his parents that he realized he was  
14 no longer in control. And that  
15 story is unfortunately not unique.

16 It's echoed in the halls  
17 of every high school in  
18 Philadelphia. It is the reality  
19 for millions of teenagers across  
20 the country and it's happening  
21 under our watch. The data is  
22 alarming. In our region alone,  
23 cases of e-cigarette exposure  
24 reported to the Philadelphia Poison

1 Control Center at CHOP, where I  
2 serve again as the Associate  
3 Medical Director, have surged from  
4 just 20 in 2020 to 248 in 2024, and  
5 that is a staggering 640% increase.

6 And simply, these are  
7 just not numbers. These are  
8 children and teens suffering from  
9 nicotine poisoning, respiratory  
10 distress, psychiatric  
11 complications. Many of these cases  
12 involve young children ingesting  
13 liquid nicotine, leading to severe  
14 poisoning and hospitalizations, and  
15 that I have taken care of  
16 personally.

17 In my field of  
18 toxicology, I will often paraphrase  
19 the ancient philosopher of  
20 Paracelsus, who's known to be the  
21 godfather of toxicology, in saying  
22 anything can be the poison, the  
23 dose makes the poison. These  
24 liquid cartridges deliver massive

1 doses of nicotine. Single  
2 cartridges can include as much as  
3 20 cigarettes or more. This case  
4 is as clear cut as it gets. The  
5 dose is making the poison.

6           As devastating as the  
7 physical harms of vaping can be, I  
8 worry the insidious impact on  
9 cognitive and mental health can be  
10 even more catastrophic. We know  
11 that nicotine hijacks the  
12 developing adolescent brain,  
13 worsening anxiety, depression,  
14 impulse control. Studies show that  
15 teens who vape are at significantly  
16 higher risk of developing mood  
17 disorders and even transitioning to  
18 combustible cigarettes.

19           We know that nicotine --  
20 excuse me. We also know that  
21 vaping exacerbates school  
22 absenteeism and academic struggles.  
23 Sarah Wagner is an Arizona high  
24 school student who wrote a prize-

1 winning essay about how vaping has  
2 become so normalized that students  
3 casually vape in bathrooms and then  
4 just toss their empty nicotine  
5 cartridges in hallways, no longer  
6 shocked by their peers' addiction  
7 but resigned to it.

8                   But alas, we can turn  
9 this around. We are not powerless  
10 against this epidemic. This City  
11 and this Council have taken great  
12 strides to reduce the harms  
13 associated with e-cigarettes and  
14 vaping. But this war is far from  
15 over.

16                   Just as we fought to  
17 reduce youth smoking rates through  
18 policy, education, enforcement, we  
19 must continue to take swift and  
20 decisive action against  
21 e-cigarettes and vaping. I urge  
22 the City Council to explore  
23 implementing or advocating to the  
24 appropriate governing body some of

1 the following policy changes:

2 First, a full ban on  
3 flavored vapor nicotine products,  
4 except for FDA-approved cessation  
5 products. Research shows, and as  
6 you've all talked about earlier  
7 today, that youth believe that  
8 flavored e-cigarettes and vapes are  
9 designed for them, incentivizing  
10 resistance to age-gating.

11 We'd also recommend a  
12 cap on nicotine concentrations.  
13 Teen use of highly concentrated  
14 nicotine pouches is rising  
15 alongside of vaping. Capping  
16 nicotine concentrations such as 10  
17 to 15 milligrams per milliliter  
18 would align with efforts in other  
19 countries like Canada. Also urge  
20 to close loopholes for purchasing  
21 nicotine online.

22 I heard the Council talk  
23 at great length about access and  
24 restricting access, and

1 unfortunately we're seeing that  
2 access to online sales dramatically  
3 increasing. Despite Pennsylvania  
4 restricting sales to those over  
5 21-plus, online purchases remain an  
6 important loophole used by many  
7 adolescents.

8                   Additional age  
9 verification efforts would help  
10 protect youth with developing  
11 brains while allowing adults with  
12 lower risks to access these  
13 products. We also recommend  
14 designate or emphasize via public  
15 promotion of vape-free zones like  
16 public transit stops,  
17 transportation hubs and parks or  
18 outdoor spaces frequented by  
19 families to limit secondhand smoke  
20 exposure.

21                   Research also shows that  
22 exposure to adult substance use  
23 like vaping in public parks models  
24 and normalizes its use for children

1 and teens, and has been proven to  
2 increase minors likelihood of  
3 using. Matt Murphy eventually  
4 broke free from his addiction but  
5 not without months of withdrawal,  
6 anxiety and suffering.

7 We cannot wait until  
8 more students fall into this cycle  
9 before we act. We have a moral  
10 obligation to protect the health  
11 and future of Philadelphia's youth.  
12 Let's get ahead of this crisis  
13 before we lose another generation  
14 to nicotine addiction. Thank you.

15 DR. BANKS: Dr. Jayme  
16 Banks. Thank you for having me  
17 this afternoon. Good afternoon,  
18 Councilmember Ahmad and members of  
19 City Council. My name is Dr. Jayme  
20 Banks and I serve as the Chief of  
21 Student Support Services at the  
22 School District of Philadelphia.  
23 Thank you for inviting the District  
24 to participate in this important

1 hearing on youth vaping.

2 We appreciate the  
3 opportunity to highlight the needs  
4 of our students and school  
5 communities while sharing our  
6 ongoing efforts to address this  
7 critical issue. The School  
8 District of Philadelphia  
9 prioritizes the physical,  
10 emotional, environmental safety of  
11 our students. The Superintendent's  
12 strategic plan makes that clear.  
13 Safe environments are essential for  
14 students to learn and grow.

15 To truly address this  
16 issue, we must work together with  
17 the City and our partners to make  
18 this happen. According to the 2023  
19 Philadelphia Youth Risk Behavior  
20 Survey, nearly 4 in 10 Philadelphia  
21 High School students, which is  
22 about 37.5%, have used a vape or  
23 e-cigarette at some point. 5.6% of  
24 high school students vape 20 or

1 more days a month. Vaping presents  
2 a serious challenge in our schools  
3 because the technology behind  
4 vaping changes rapidly, making it  
5 harder to detect.

6 Vaping products as  
7 discussed today are widely  
8 accessible, sold online, local  
9 stores, and there are limited  
10 proven strategies to effectively  
11 reduce the vaping. That's why we  
12 all have to come together and  
13 address from multiple sides. While  
14 again most Philadelphia youth are  
15 not vaping, the percentages  
16 continue to increase, right. This  
17 remains a major issue affecting  
18 student health, well-being and our  
19 learning environment.

20 The School District of  
21 Philadelphia is committed to  
22 tobacco and vape-free schools. To  
23 achieve this, we take a multi-  
24 tiered approach working closely

1 with the Philadelphia Department of  
2 Public Health and other key  
3 partners. One, around prevent --  
4 first tier is around prevention and  
5 education of all students.

6               So first is policy. We  
7 have Board Policy 222, which bans  
8 students from possessing, using  
9 purchasing and selling tobacco  
10 vaping products on school property.  
11 If a student is caught vaping, it's  
12 confiscated and not returned. But  
13 as we heard today, right, they  
14 easily get another.

15               Progressive discipline  
16 actions follow. But as we have  
17 made it clear, it's not about  
18 discipline, right. It's about  
19 getting support and help in  
20 education. We're actually  
21 currently reviewing our Policy 222  
22 right now to make it even more  
23 updated and current so it will be  
24 rather renewed this policy cycle

1 this spring.

2 Student education:

3 Prevention is embedded throughout  
4 the K-12 health curriculum. Health  
5 education helps students build  
6 decision-making and self management  
7 advocacy skills, crucial since many  
8 students begin vaping due to kind  
9 of peer pressure or even as we saw  
10 adult modeling, right.

11 Community partnerships  
12 with groups like Anti-Drug and  
13 Alcohol Crusaders, the Drug  
14 Enforcement Agency, CADEkids, they  
15 provide additional prevention  
16 programming through our partnership  
17 with Department of Behavioral  
18 Health in our schools.

19 Family Education: The  
20 District provides families with  
21 vaping information through  
22 quarterly health updates and  
23 resources on our Student Health  
24 Services website. This spring we

1 will host town halls for families,  
2 students and community members to  
3 discuss vaping and dangers of such.

4 In addition,  
5 Councilmember Ahmad spoke to Family  
6 and Parent University. That's in  
7 my shop as well and we will  
8 definitely be including that in our  
9 offerings, as again it takes  
10 everyone to lean into this work in  
11 order to push the bar.

12 The second tier is  
13 around support for at-risk  
14 students. Vaping harms students'  
15 mental health, contributing to  
16 anxiety, mood swings, impulsivity  
17 and learning difficulties. Many  
18 students vape to cope with stress,  
19 anxiety, even possibly depression.

20 In our schools we  
21 continue to increase our counseling  
22 supports. So every school has a  
23 minimum one counselor with over 60%  
24 of our schools having more than

1 one. 41 of our schools have an  
2 additional counselor called a  
3 behavioral health counselor, which  
4 is extensive experience in mental  
5 health. In 45 of our schools  
6 through our partnership with DBH  
7 and CBH we have the STEP program,  
8 which is another layer of mental  
9 health but also we have case  
10 management services, family peers,  
11 again to reach the whole child, the  
12 whole ecosystem.

13 In five of our schools,  
14 we have student-based health  
15 centers. Again, we have to target  
16 this through multi-lenses, multi-  
17 areas and that's how we're doing  
18 this. And then additionally, we  
19 have our Student Assistance  
20 Program, SAP as we call it, which  
21 connects students with mental  
22 health and substance abuse  
23 services, again via A partnership  
24 with DBH. And then of course, if

1 additional mental health needs are  
2 identified, we have intensive  
3 behavioral health services in every  
4 one of our schools to help with  
5 that as well.

6           The third tier is  
7 intervention for students who are  
8 actively vaping. Again, we said if  
9 a student is found vaping parents  
10 are notified, devices confiscated,  
11 but also looking at what else do  
12 they need in terms of support, what  
13 referrals need to be made, were  
14 they already connected to if  
15 they're not.

16           Narcan is available in  
17 our schools. Again, you can put  
18 other things in the vape pens so we  
19 have to think about fentanyl and  
20 other substances that could be  
21 laced in these products and have  
22 responses for that. And again as I  
23 stated, if needed we will refer to  
24 our services that are in our

1 schools or even other outpatient  
2 services, if needed.

3 Through listening  
4 sessions with our students, staff  
5 in partnership with the  
6 Philadelphia Department of Public  
7 Health, we've learned the  
8 following: Students want stress-  
9 reducing activities, mentorship,  
10 access to cessation programs.  
11 Remember again, it's the whole  
12 child and the more that we -- I  
13 mean, our students just got up here  
14 and spoke about modeling behavior  
15 that they're seeing from adults.  
16 So if we can increase the positive  
17 modeling, those positive safe  
18 places, that will help this as  
19 well.

20 Students need to kind of  
21 increase treatment as well as  
22 continue to increase our staff  
23 understanding of detection methods,  
24 more engaging as well as continue

1 to update our education that we  
2 give, not talking at our students  
3 but speaking with our students, and  
4 making sure our policies align with  
5 the current research and  
6 understanding of the topic.

7 To address youth vaping,  
8 we're launching a comprehensive  
9 awareness program with PDPH, which  
10 includes professional development  
11 and resources for staff, again  
12 family town halls which will start  
13 as early as this spring to help  
14 educate families and parents. We  
15 will also, as I said, include this  
16 as a strand within our Parent  
17 Family University that we're  
18 launching as well.

19 Student engagement  
20 through assembly, social media  
21 awareness, but students have to  
22 help lead this. This cannot be us  
23 again talking at them. Increased  
24 access in cessation programs,

1 partnerships with our City partners  
2 that can provide these resources  
3 and continue trauma-informed mental  
4 health supports and approaches, as  
5 sometimes this is just a symptom of  
6 a larger problem and issue.

7                   The School District of  
8 Philadelphia is committed to  
9 keeping our schools tobacco and  
10 vape-free while providing students  
11 with education resources and  
12 support they need to make healthy  
13 choices. Addressing this issue  
14 requires continued collaboration  
15 among City officials, public health  
16 partners, families and the broader  
17 community. We look forward to  
18 working together to protect the  
19 health and well-being of our  
20 students, and thank you again for  
21 taking the time to have this  
22 discussion.

23                   COUNCILWOMAN AHMAD:

24 Thank you so much. I appreciate

1 both your testimonies. I have a  
2 question about how we compare  
3 vaping e-cigarettes to -- we talked  
4 about mental health, right. And  
5 how this becomes addictive and then  
6 can be really problematic.

7                   When we compare the  
8 engagement with vaping as opposed  
9 to marijuana, for example, right,  
10 do we see there's different -- is  
11 it mostly because they saw  
12 something, it looks cool and then  
13 they get addicted? They don't know  
14 that they're -- what benefit are  
15 they getting from vaping as opposed  
16 to, say, a good high from -- what's  
17 a good high -- a high from some  
18 other substance?

19                   And the reason I'm  
20 asking this, the campaign to  
21 getting to educate people and to  
22 hopefully help them stop can look  
23 very different, right, from  
24 somebody who's using a mood-

1 altering substance to feel better  
2 because they have some issue at  
3 home and a mental health issue as  
4 opposed to starting vaping and then  
5 getting addicted to it. So I'm  
6 trying to understand how a campaign  
7 could work, given the fact that it  
8 seems more innocuous in how it  
9 starts, and I'm not sure that I  
10 understand why it starts.

11 DR. BASSETT: Yeah, I'll  
12 start. It's a great question, and  
13 one that I think has probably many  
14 different answers truthfully. One  
15 thing I want to be very clear about  
16 is this is one of the  
17 misconceptions about vaping often  
18 purported at the youth level and in  
19 sort of secondhand advertising  
20 schemes is sort of what you say,  
21 Madam Chair, that this isn't  
22 combustible cigarettes, this is  
23 safe, this is just flavored water.  
24 And nothing could be further from

1 the truth.

2 Do you want to know how  
3 they get addicted? It has drugs in  
4 it. I mean, it simply has drugs.  
5 And to your point, it's not -- and  
6 to your point, ma'am, it's because  
7 it's not regulated very well. We  
8 don't know all the extent of the  
9 drugs. And there are people that  
10 literally get dependence issues,  
11 substance use disorder from  
12 multiple substances because they've  
13 been buying black market or gray  
14 market products and they didn't  
15 even know they were getting exposed  
16 to opiates or stimulants and stuff.

17 But let's be very clear,  
18 nicotine is absolutely a drug just  
19 like caffeine and just like  
20 cocaine. And with enough  
21 repetitive exposure, it crosses the  
22 blood brain barrier. It provides  
23 this affinity. It affects their  
24 parts of the brain that are

1 underdeveloped and inhibits their  
2 decision-making capabilities. And  
3 with repetition, their bodies start  
4 to depend on it and crave on it.

5                   And again, I don't want  
6 to grandstand about something  
7 that's near and dear to my heart.  
8 I'm sure all the physicians can  
9 attest to this. But when you're  
10 dealing with an addiction use  
11 disorder, this is a public health  
12 crisis for sure. We've tried to  
13 penalize and punish our way out of  
14 drug addiction in the past and it  
15 wasn't successful. And I urge us  
16 not to make that same mistake again  
17 when we're talking about things  
18 that can help.

19                   But part of the reason  
20 is absolutely that they're getting  
21 exposed to drugs. Now, I will also  
22 fully admit, and I don't want to  
23 take up too much time, that the  
24 reasons why or the propensity for

1 developing dependence are multi-  
2 factorial, and there are some  
3 people that are genetically  
4 predisposed to addiction or  
5 alcoholism. We know that. That's  
6 been proven very, very well in the  
7 scientific literature.

8               So without knowing the  
9 genetic makeup of all the people  
10 that are exposed, there's no way to  
11 predict if somebody's going to have  
12 a much higher likelihood given the  
13 same exposure between two students,  
14 or two adolescents, per se. And  
15 again, I think, to comment on  
16 something Dr. Banks was saying too  
17 about, you know, some of the  
18 reasons that people start, to  
19 answer your question, ma'am, I  
20 think there's a lot of inspiration  
21 that's given from modeling, social  
22 media and other peers.

23               But I also think that  
24 it's a little bit of the chicken

1 and the egg. And there are people  
2 who start using liquid nicotine and  
3 vaping products who develop  
4 behavioral health and psychosocial  
5 effects. But the reverse is true  
6 too, that there are many people  
7 that have unmet treatment and they  
8 are self medicating because they're  
9 desperate and they want help and  
10 this is what they turn to. And  
11 once they start using, they add  
12 dependency to their problem list.

13 DR. BANKS: And I would  
14 just add that at this point you're  
15 not really sure what you're vaping.  
16 So when you talk about dependency,  
17 depending on what is in, right, the  
18 solution, you don't know. It may  
19 not be just a liquid nicotine. It  
20 could be something else. And so, I  
21 think those are all the variables  
22 in this that make it very  
23 challenging and hard.

24 I think a campaign for

1 this has to be kind of multi-  
2 dimensional. There is everything  
3 that my colleague just shared plus  
4 just kind of social, peer  
5 interaction pressure as well as  
6 just normal curiosity, right. And  
7 so, I think there is just multi-  
8 layered approach to this to try to  
9 hit it at kind of multiple layers  
10 to really be successful.

11 COUNCILWOMAN AHMAD: The  
12 student who mentioned having  
13 detectors in bathrooms, to tell you  
14 truth I don't know that there are  
15 such things. That was news to me.  
16 Is that such a thing that we could  
17 at least identify that this is  
18 happening or alert us to say  
19 there's a presence of, I mean, just  
20 like the drug-sniffing dog in the  
21 bathroom kind of thing?

22 DR. BANKS: Yeah. I  
23 would have to come back with more  
24 research on that. From what I've

1    seen, there's just so many -- these  
2    devices are -- again, the  
3    technology is changing really  
4    rapidly. There's so many different  
5    things in the contents that I think  
6    it's more challenging. You also  
7    don't want to overidentify, right.  
8    You don't want that. So I think we  
9    would have to kind of dive deeper  
10   to see the efficacy of such things.

11                   COUNCILWOMAN AHMAD: AS  
12   you said, it has to be multi-prong  
13   and we can't have one tool. It's  
14   going to be multi-factorial, but we  
15   can not do it because it seems  
16   daunting, where are we going to  
17   start. I think we've allowed it to  
18   go this far is our problem as  
19   adults who knew what the issue is  
20   and we should have acted sooner.

21                   But here we are. And I  
22   think if we collectively across the  
23   city everybody who's concerned,  
24   regardless of which angle you're

1 coming from, so I look forward to  
2 working with all of you, to come up  
3 collectively with some way for the  
4 City of Philadelphia to say no  
5 business as usual regarding vaping,  
6 right, and make sure our children  
7 know we're listening to them and  
8 responding. So thank you for your  
9 testimony.

10 We will do some follow-  
11 up as we go through all our  
12 transcripts to see what rises to  
13 the top in terms of low-hanging  
14 fruit, right. So thank you again.

15 Did you have any  
16 questions?

17 COUNCILMAN O'ROURKE:

18 Yes.

19 COUNCILWOMAN AHMAD:

20 Sorry.

21 COUNCILMAN O'ROURKE:

22 Thank you, Madam Chair.

23 And thank you both for  
24 your testimony and all that you

1 provided with us today. Dr. Banks,  
2 you mentioned in your testimony the  
3 efforts that the School District  
4 has made to educate students on the  
5 dangers of vaping on a K through 12  
6 level. And I was appreciating, as  
7 we all did, the testimony from the  
8 high school students, particularly  
9 the gentleman from I think,  
10 Constitution High who said that he  
11 did his own poll and was about 80%  
12 I think is the figure that he gave,  
13 of those at least within that high  
14 school, that felt like there was  
15 inadequate education around this.  
16 How often are they educated on the  
17 dangers of vaping? Is there a hard  
18 number that you can offer us?

19 DR. BANKS: I wouldn't  
20 say it's a hard number. It's  
21 definitely in the health  
22 curriculum. And so, depending on  
23 grade school how often it is  
24 provided kind of depends on that

1 frequency. I can't give a number.  
2 I will say that we need to continue  
3 to think about doing more as well  
4 as thinking about again the talking  
5 at versus talking with, and  
6 engaging.

7                   So I think what we're  
8 really trying to do, especially  
9 with our partners with the city, is  
10 really thinking about how to bring  
11 in the youth to provide training  
12 support for them and their families  
13 in a way in which it feels more  
14 accessible and not a lesson.

15                   COUNCILMAN O'ROURKE:  
16 Sure. And I also appreciated the  
17 affirmation that law enforcement  
18 may not be the focus here. I did  
19 want to ask though, you mentioned  
20 that you all were updating your  
21 protocols or updating your policy  
22 related to that. Could you give us  
23 a glimpse what that update might  
24 look like, just a little peek at

1 what we might expect to see as it  
2 relates to those new policies?

3 DR. BANKS: So it's in  
4 process right now so I can't share  
5 the finished product, but within  
6 the next month or so is when it  
7 starts to go in front of the Board.  
8 So we'll have a couple sessions  
9 with our Board Policy Committee as  
10 well as then in front of the Board  
11 where the public will be able to  
12 comment, provide feedback before  
13 it's officially voted on. So it's  
14 coming. When I say coming, you  
15 know, this current season again.

16 COUNCILMAN O'ROURKE:  
17 Thank you both for your testimony.  
18 I appreciate you. Thank you.

19 COUNCILWOMAN AHMAD:  
20 Mr. Sham, if you would call the  
21 next panel.

22 THE CLERK: Dr. Priya  
23 Shah, Pediatric Emergency Medicine,  
24 Children's Hospital of

1 Philadelphia.

2 (Witness approached  
3 Witness table.)

4 COUNCILWOMAN AHMAD:

5 Please state your name and proceed  
6 with your testimony.

7 DR. SHAH: Hello,  
8 Councilmembers. My name is  
9 Dr. Priya Shah. I'm a third-year  
10 resident physician at the  
11 Children's Hospital of Philadelphia  
12 pursuing a specialization in  
13 pediatric emergency medicine. I  
14 began my research on policy work on  
15 child injury prevention and youth  
16 mental health during my time at  
17 Harvard Medical School.

18 As a pediatrician, I ask  
19 every adolescent patient that comes  
20 before me about their diet, their  
21 exercise, their school life, their  
22 relationships or substance use.  
23 These conversations provide a lot  
24 of valuable insights into the

1 environmental influences that shape  
2 their interests and behaviors.

3 I'm here today to  
4 express my deep concern about the  
5 prevalence of vaping among youth in  
6 Philadelphia, the harmful effects  
7 of nicotine addiction on my  
8 patients' physical and mental well-  
9 being and accessibility and appeal  
10 of e-cigarettes and vaping devices.

11 I care for a patient  
12 whom we'll call Alex in the  
13 intensive care unit with extensive  
14 lung damage from vaping, a disease  
15 coined E-cigarette or Vaping  
16 Product-Associated Lung Injury or  
17 EVALI. The pressures of balancing  
18 school work with a demanding sports  
19 practice schedule and a job to  
20 support his mother financially led  
21 this young man to be intrigued by a  
22 sleek USB look-alike device that  
23 his friends swore would help him  
24 relax and enjoy life a little more.

1                   Fastforward a few years,  
2   Alex could not break his nicotine  
3   addiction despite falling grades at  
4   school and strained relationships  
5   with loved ones. He was  
6   hospitalized for weeks with severe  
7   lung injury and for worsening  
8   symptoms of anxiety and depression  
9   due to the havoc that vaping had  
10   caused in his life.

11                  Philadelphia has made  
12   great strides in reducing cigarette  
13   use among high school students, but  
14   we now face a new crisis,  
15   alarmingly high rates of electronic  
16   vaping device use among middle and  
17   high school students. E-cigarettes  
18   are now the most widely-used  
19   tobacco products among students,  
20   and over a quarter of current youth  
21   vapor are using on a daily basis.

22                  I want to emphasize that  
23   vaping is not a safe alternative to  
24   smoking. Teens often think they

1 are simply inhaling flavored water,  
2 but some vape pods contain as much  
3 nicotine as a whole pack of  
4 cigarettes and many teens use  
5 multiple pods in a day. The  
6 adolescent brain is uniquely  
7 vulnerable to the addictive and  
8 rewarding effects of nicotine.

9                   Vape aerosols also  
10 contain numerous other chemicals  
11 that can be toxic to both the user  
12 and bystanders. E-cigarettes were  
13 originally marketed to help adults  
14 quit smoking, a claim that itself  
15 lacks strong supportive evidence  
16 but have been particularly  
17 appealing to adolescents due to  
18 their discreet packaging and candy-  
19 flavored options.

20                   These products can look  
21 like pens, lipsticks, fidget  
22 spinners, key fobs and even asthma  
23 inhalers. Products boast sweet and  
24 fruity flavor profiles such as

1 strawberry donut, tropical rainbow  
2 blast and red gummy bear. When  
3 these products are resembling  
4 household items and they taste like  
5 candy, teens find it hard to resist  
6 the temptation even if they're  
7 aware of the risks linked to  
8 vaping.

9                   These products lack the  
10 necessary regulation to properly  
11 safeguard kids and teens. While  
12 it's illegal to sell the  
13 e-cigarettes to anyone under 21 in  
14 Pennsylvania, we know that minors  
15 are still accessing vaping products  
16 without strict identity  
17 verification. And although the  
18 long-term health consequences of  
19 vaping remain uncertain, the acute  
20 risk of nicotine addiction, lung  
21 damage and disrupted brain  
22 development are enough to raise  
23 alarm bells about the popularity of  
24 this addictive habit among

1 Philadelphia's youth.

2 I have seen firsthand in  
3 my short time of training the  
4 devastating effects that vaping has  
5 had on the physical, mental and  
6 psychosocial health of young users  
7 and those around them as both a  
8 concerned constituent and a  
9 pediatrician in Philadelphia, I  
10 thank the Committee on Public  
11 Health and Human Health Services  
12 for bringing attention to this  
13 critical issue and for prioritizing  
14 the health and well-being of our  
15 city's children and families.  
16 Thank you.

17 COUNCILWOMAN AHMAD:

18 Thank you for that testimony. I  
19 have a question about the impact on  
20 the lungs you were talking about,  
21 your patient. Is that reversible?

22 DR. SHAH: I think that  
23 there's been -- it's still a  
24 disease that we're learning a lot

1 more about. There could be  
2 depending on the types of chemicals  
3 that a certain user is exposed to,  
4 I think that would play into  
5 whether it's reversible or  
6 permanent lung damage, but it is  
7 quite severe either way.

8                   This patient that I  
9 cared for was in intensive care  
10 unit for multiple weeks because of  
11 this. And just looking at his  
12 chest CT scan was quite -- that  
13 image will always stick with me,  
14 how abnormal his lungs were and how  
15 diffused the injury was throughout  
16 his lungs because of these ultra  
17 fine particles and these really  
18 dangerous chemicals that are found  
19 in car exhaust and that are used to  
20 preserve corpse bodies and things  
21 like that that are found in these  
22 vape pens and how those particles  
23 are able to get really throughout  
24 the entire lungs.

1 COUNCILWOMAN AHMAD:

2 Deeply dangerous. In your opinion  
3 since you deal with young people in  
4 your practice, knowing this if we  
5 were to show what happened to Alex  
6 and showing Alex's lungs, you know,  
7 your brain on like the frying egg,  
8 your brain on drugs, do you think  
9 that is a viable path?

10 Maybe one of many, but  
11 is that a tactic that would impact  
12 young people to see how severe the  
13 damage was?

14 DR. SHAH: Absolutely.  
15 I think that I often kind of think  
16 to myself I really wish that  
17 lawmakers and students alike could  
18 come and spend a day with me in the  
19 hospital sometimes and see the  
20 effects of some of these things  
21 that we see as kind of everyday  
22 habits when we're out walking  
23 around the streets of Philadelphia  
24 and they're not necessarily seeing

1 the impacts that that's having on  
2 some of these patients who are  
3 spending many days to weeks in the  
4 hospital. So I think that using  
5 patient stories like this, like  
6 Alex's and from youth, and I really  
7 appreciate that you had so many  
8 youth on the panel today because I  
9 was also learned a lot from their  
10 personal experience and their  
11 reasons for why them and their  
12 friends are attracted to using  
13 these devices.

14 So I think really using  
15 youth stories and youth voices, I  
16 do agree with the teens that were  
17 here today that I think that that's  
18 the best path forward because I  
19 think that they're going to listen  
20 to people who are near peers and  
21 who kind of maybe can understand  
22 their reasoning a little bit more.  
23 And using those stories can be  
24 really impactful.

1 COUNCILWOMAN AHMAD: One  
2 last question: When cigarettes,  
3 regular tobacco cigarettes were  
4 introduced many years ago, they  
5 were good for digestion and for  
6 women particularly they looked very  
7 cool, very sleek. To disrupt that  
8 similar kind of this is cool, you  
9 know, it's not very harmful because  
10 it's got these flavors and looks  
11 different, doesn't have a horrible  
12 smell, how much of that and then  
13 adding Alex's story in terms of  
14 impact on a campaign would you  
15 think that that could have?

16 Because from this story,  
17 just this story, it sounded like  
18 Alex needed an outlet. He was a  
19 stressed young man doing a lot of  
20 things, right. And we have a lot  
21 of stressed young people in our  
22 city. So in sort of creating this  
23 vision that this is how you might  
24 start down this path, what

1 alternatives are we giving people  
2 to say, if you feel like this, here  
3 are some other things you can do  
4 because this is what a vape pen  
5 will do to you eventually?

6 DR. SHAH: Absolutely.  
7 I think alongside kind of teaching  
8 teens about what vaping can do and  
9 the physical damage to their lungs  
10 and their mental health, I think  
11 giving them something else to go to  
12 when they're facing these stresses,  
13 whether it's school work or life at  
14 home or all of the things that  
15 these teens are dealing with in  
16 their lives, I think providing  
17 those alternatives are very  
18 important.

19 My personal kind of  
20 background is in working with  
21 students at a university level in  
22 talking a little bit about  
23 strategies to help cope with  
24 stress, things like mindfulness and

1 kind of positive ways to be able to  
2 cope with stress. And I think that  
3 alongside kind of warning them  
4 about the dangers we also need to  
5 pair that with giving them  
6 something else to help them deal  
7 with these stressors.

8                   And I think educating  
9 both the teens about those other  
10 options that are safer as well as  
11 parents so that they can reinforce  
12 that at home when they're starting  
13 to see some of these behaviors or  
14 see some more levels of stress is  
15 the best way to take something  
16 away. But even with a toddler if  
17 you take something away from them  
18 or tell them not to do a certain  
19 activity, you have to give them an  
20 alternative and you have to give  
21 them something else.

22                   We celebrate that kids  
23 are exploratory and we talk a lot  
24 about kids that are learning to put

1 things in their mouth and that are  
2 exploring their environments, but I  
3 think that extends into teenagers  
4 too. We talk about teen  
5 experimentation because they're  
6 just kids. They want to know more  
7 about their environment and learn  
8 more from all of us adults that are  
9 modeling for them.

10 And so, I think it was  
11 really profound how many of the  
12 students were talking about how  
13 they're seeing adults do this and  
14 that's normalizing it for them.  
15 And so, we also need adults to  
16 normalize healthy coping strategies  
17 when they deal with stress in their  
18 lives and if they're not going to  
19 vaping and if they're going to a  
20 walk in the park or mindfulness  
21 strategies and things like that,  
22 and they're seeing that in the  
23 adults that they're looking up to,  
24 I think that that can be really

1 powerful.

2 COUNCILWOMAN AHMAD:

3 Well, thank you very much. I think  
4 going forward after we have looked  
5 at all the testimony and done a  
6 little bit more research, hopefully  
7 we'll have you and your institution  
8 as partners into how we move. But  
9 we would like to see how we can  
10 make this a youth-led kind of  
11 initiative, which would probably be  
12 very helpful and we would love to  
13 have your expertise in working with  
14 young people to see how you can  
15 move the needle and what makes them  
16 tick from a perspective of a  
17 pediatrician as well as of course  
18 the other partners we've heard from  
19 so far. So thank you very much.  
20 You'll be hearing more from us.

21 DR. SHAH: Absolutely.

22 COUNCILWOMAN AHMAD:

23 That was the long way of saying  
24 we've got more work to do.

1 DR. SHAH: Absolutely.

2 I look forward to working with you.

3 Thank you.

4 COUNCILWOMAN AHMAD:

5 Thank you.

6 Mr. Sham, do we have any  
7 more? Do we have another panel?

8 THE CLERK: Yes, Madam  
9 Chair. Jacob Zychick, Community  
10 Advocacy Director, American Heart  
11 Association; and Marquita Young,  
12 Program Coordinator, Health  
13 Promotion Council.

14 (Witnesses approached  
15 Witness table.)

16 COUNCILWOMAN AHMAD:  
17 Thank you. Please state your name  
18 and begin your testimony.

19 MS. YOUNG: Absolutely.  
20 Good afternoon, everyone. My name  
21 is Marquita Young and I am the  
22 Alumni Network Coordinator at the  
23 Advocacy Institute, a program  
24 within the Health Promotion Council

1 of Southeastern Pennsylvania.

2                   The Advocacy Institute,  
3 or AI for short, is a training  
4 program that empowers high school  
5 age youth in Philadelphia to  
6 identify and address public health  
7 issues that impact the way they  
8 learn, work and live. Since 2015,  
9 AI's youth participants have worked  
10 to fight the predatory practices of  
11 big tobacco and in recent years  
12 have pivoted to addressing the  
13 dangerous vaping epidemic.

14                   I got started in AI  
15 eight years ago as a youth  
16 participant when I was just 16  
17 years old. I was drawn to AI  
18 because it was the first time I  
19 learned about the ways in which the  
20 commercial tobacco industry  
21 strategically target marginalized  
22 communities and vulnerable  
23 populations including, but not  
24 limited to, Black and Brown people,

1 specifically those living in  
2 low-income communities, LGBTQIA+  
3 individuals, those with  
4 intellectual disabilities and  
5 children and teens who have been  
6 labeled as replacement smokers.

7 I was mortified to learn  
8 about the harms that were being  
9 inflicted upon my city, my  
10 neighbors and my peers every single  
11 day. It was the first time I  
12 learned about systematic racism and  
13 how intentional strategic and  
14 insidious these billion dollar  
15 commercial tobacco and vape  
16 companies are.

17 Today I am not here as a  
18 participant but as a professional  
19 that is invested in finding  
20 solutions to this public health  
21 epidemic that is still plaguing the  
22 lives of youth in Philadelphia.  
23 The methods that this industry uses  
24 to indoctrinate a new generation of

1 people to nicotine addiction have  
2 evolved. And as a public health  
3 advocate, we must protect this  
4 generation of young people.

5           Young people are aware  
6 of the stigma associated with  
7 cigarettes so those products are  
8 not their top choice anymore.  
9 Instead they are using electronic  
10 cigarettes and vape devices. In  
11 recent years we've seen rapid  
12 changes to this technology. And as  
13 it evolves, it's critical for  
14 public health advocates to  
15 recognize why these advancements  
16 make e-cigarettes more appealing to  
17 youth.

18           The sleek high-tech  
19 designs and flavor varieties make  
20 these devices enticing to young  
21 people. They look like USB flash  
22 drives, wireless earbud cases or  
23 smartphone accessories. I remember  
24 seeing one of my friends pull out a

1 Juul while we were on stage at our  
2 high school graduation.

3 I was surprised at how  
4 small, discreet and easily  
5 transportable the device was and  
6 even more shocked at how this trend  
7 has evolved. In the last two  
8 years, my organization has been  
9 contacted by a number of middle and  
10 elementary schools because there  
11 are students as young as 11 years  
12 old with a vaping addiction. We  
13 are talking about 5th and 6th  
14 graders that are addicted to  
15 nicotine and who face a potential  
16 lifetime of health challenges  
17 because this industry has been  
18 allowed a tremendous amount of  
19 access to them and these critical  
20 developmental years.

21 11-year-olds with  
22 nicotine addictions. Let's just  
23 sit with that for a moment. I  
24 cannot emphasize enough that the

1 commercial tobacco industry needs  
2 replacement smokers. Half a  
3 million people die each year from  
4 tobacco-related illnesses and  
5 diseases, and the earlier they can  
6 get people addicted the better  
7 their profits. That means colorful  
8 advertisement, flavors that mimic  
9 candy and misleading claims that  
10 this is a safer alternative to  
11 cigarettes, all to attract young  
12 vulnerable consumers that will be  
13 customers for the rest of their  
14 lives.

15 I would like to see our  
16 City leaders treat this youth  
17 vaping crisis like the public  
18 health crisis that it is and offer  
19 Philadelphia's youth population,  
20 their protection, care and support  
21 needed to push back against the  
22 tobacco e-cigarette and vape  
23 industry. Our youth deserve better  
24 and our city deserves better.

1 Thank you.

2 COUNCILWOMAN AHMAD:

3 Absolutely.

4 MR. ZYCHICK: Jacob --

5 COUNCILWOMAN AHMAD:

6 Yes, please proceed.

7 MR. ZYCHICK: Jacob

8 Zychick. Dear Councilmember Ahmad  
9 and members of the Committee on the  
10 Public Health and Human Services,  
11 on behalf of the American Heart  
12 Association thank you for the  
13 opportunity to provide testimony on  
14 the prevalence of electronic  
15 cigarette use and vaping among  
16 youth and the effectiveness of  
17 current prevention and control  
18 efforts intended to protect our  
19 young people from these harmful  
20 tobacco products.

21 The American Heart --

22 COUNCILWOMAN AHMAD: Did  
23 you state your name?

24 MR. ZYCHICK: Yes.

1 Jacob Zychick.

2 COUNCILWOMAN AHMAD:

3 Just because our stenographer needs  
4 to have your name. Okay.

5 MR. ZYCHICK: My  
6 apologies.

7 COUNCILWOMAN AHMAD: No  
8 problem.

9 MR. ZYCHICK: The  
10 American Heart Association is  
11 deeply concerned about the  
12 prevalence of e-cigarette use by  
13 kids in Philadelphia. 38% of youth  
14 have tried and 19% are currently  
15 using e-cigarettes. Each year the  
16 tobacco industry sells over \$300  
17 million worth of deadly products in  
18 our city. 74% of e-cigarette sales  
19 are flavored products.

20 Research has shown that  
21 most teens start using tobacco with  
22 flavored products. These products  
23 are appealing to young people and  
24 many mistakenly believe that these

1 are less harmful. A study  
2 presented at the American College  
3 of Cardiology's annual Scientific  
4 Session showed that people who have  
5 used e-cigarettes at any point were  
6 19% more likely to develop heart  
7 failure than those who have not  
8 used vaping products.

9 In addition, another  
10 published report showed worrisome  
11 changes to heart function for those  
12 using e-cigarettes. The American  
13 Heart Association would like to  
14 reiterate that there is no such  
15 thing as a safe tobacco product.

16 Unfortunately,  
17 preemption has limited  
18 municipalities in Pennsylvania from  
19 implementing evidence-based public  
20 policy as a strategy to reduce  
21 tobacco use in our communities.  
22 State preemption has prevented  
23 Philadelphia from implementing a  
24 prohibition on the sale of

1 flavored-tobacco products,  
2 including e-cigarettes.

3 But even with limited  
4 authority, Pennsylvania tobacco  
5 control advocates have found  
6 opportunities and success to  
7 address the use of these harmful  
8 products. One success has been the  
9 decline of tobacco retailer density  
10 by 20% in the three years that  
11 regulations were strengthened.

12 In October 2020, the  
13 City of Philadelphia filed a  
14 lawsuit against Juul for being a  
15 significant contributor to the  
16 city's youth-vaping epidemic. With  
17 Philadelphia's limited authority to  
18 enact tobacco control policies is  
19 imperative that we use every  
20 available resource to address the  
21 youth e-cigarette vaping epidemic,  
22 specifically using evidence-based  
23 prevention control and cessation  
24 services in our city schools.

1                   I wanted to highlight a  
2   few notes from some of the comments  
3   and testimony also earlier. At the  
4   American Heart Association, we  
5   continue to oppose the preemption  
6   of tobacco policies here in  
7   Philadelphia and other  
8   municipalities in Pennsylvania.  
9   We've been joined by great  
10   stakeholder organizations. We are  
11   full agreement with schools that  
12   have a policy that really promotes  
13   education cessation services rather  
14   than punishment like suspensions,  
15   and we are available to provide  
16   education and cessation resources  
17   to help the school districts.

18                  We also agree completely  
19   with the remarks that have been  
20   said that we need to look at  
21   innovative outside-the-box policy  
22   solutions that cannot just wait for  
23   the preemption to be uplifted and  
24   we are very excited to work with

1 City Council on that.

2 Lastly, we just want to  
3 acknowledge that with the  
4 settlement dollars that have been  
5 received by the City of  
6 Philadelphia, we want to ensure  
7 that those are being fully funded  
8 towards youth vaping and to really  
9 enact a citywide approach that  
10 touches into schools and retailers.

11 Once again, just wanted  
12 to say that when government  
13 agencies, elected officials, public  
14 health leaders and community  
15 stakeholders work together, we can  
16 address public health challenges  
17 like these harmful tobacco  
18 products. Thank you once again.  
19 We look forward to working with  
20 everyone.

21 COUNCILWOMAN AHMAD:  
22 Well, thank you for that. A quick  
23 question to you before we go to  
24 Marquita is you mentioned being

1 able to do some innovative ways to  
2 address this. Do you have any  
3 suggestions around what policy  
4 implementation we could do outside  
5 of just the fee, the fine,  
6 increasing the fine and making it a  
7 first-time offense fine or  
8 something to that end for those who  
9 are supplying it? Do you have any  
10 policy perspectives in addition to  
11 what has been offered already?

12 MR. ZYCHICK:  
13 Definitely. I think that we could  
14 share those with your office. I  
15 think one of the best approaches  
16 that we can take is look at other  
17 cities, like-minded and sizable  
18 cities, to see some of the work  
19 that they have done.

20 I know the Philadelphia  
21 Department of Health had earlier  
22 mentioned, I know the School  
23 District of Philadelphia mentioned  
24 and other great advocates kind of a

1 multi-pronged approach that has  
2 media and also addressing retailers  
3 and ensuring that schools have all  
4 of the available resources. So I  
5 would look at that while as we  
6 continue to develop, but we can  
7 definitely share with your  
8 fantastic office some of those  
9 opportunities and policy solutions  
10 that we have seen be implemented in  
11 other communities across the  
12 country.

13 COUNCILWOMAN AHMAD: And  
14 we will follow up.

15 To you, Marquita, you  
16 mentioned this deliberate sort of  
17 marketing, right, intentional.  
18 We've seen that with tobacco  
19 products like traditional tobacco  
20 products with cigarillos and nice-  
21 colored wrapping.

22 Also, previous to this I  
23 used to be a Deputy Mayor in the  
24 city a while ago and I did a little

1 study with a group of young people  
2 who surveyed their peers, and one  
3 of their findings was that people  
4 thought mentholated cigarettes were  
5 safer, and similarly we're seeing  
6 that same sort of impact of these  
7 flavored cigarettes.

8                   So I just wondered what  
9 your thoughts were on really what  
10 elements of a campaign would be  
11 useful to really peel this art in a  
12 way to show that for young people  
13 to know that they're being  
14 targeted, not just that it's bad.  
15 We understand it's bad and do all  
16 of that, but the injustice of that  
17 is what I think can mobilize people  
18 and have some advocacy.

19                   If you marry the  
20 physical harm and the psychological  
21 harm this does along with saying  
22 you're like a sitting duck being  
23 targeted by people, you have agency  
24 to do something and the best thing

1 you can do is say no and not use  
2 these products.

3 And almost right now in  
4 the country we are going through  
5 this boycott for other reasons.  
6 These work. So I think it's a very  
7 powerful message if we were to  
8 organize our young people to say,  
9 you're not going to take advantage  
10 of me and my health to make a buck.

11 And so, I would love to  
12 see your institution and others  
13 talk about how to do as we said a  
14 multi-factorial way of addressing  
15 this, including saying we boycott  
16 you because you're coming into the  
17 most underresourced spaces and  
18 marginalizing people further by  
19 impacting their health.

20 MS. YOUNG: Absolutely.  
21 Thank you, Councilmember. There  
22 are a few members of my team who  
23 are present here today that will be  
24 more than happy to follow up with

1 your team regarding that. We have  
2 led a few different campaigns in  
3 the past such as working to raise  
4 the legal smoking age to 21 and  
5 touching on what you mentioned  
6 earlier about how intentional and  
7 strategic this targeting is.

8                   One important aspect of  
9 a campaign that I think would be  
10 important is also just highlighting  
11 the amount of tobacco retailers  
12 that are in low-income  
13 neighborhoods such as, for example,  
14 if you go to North Philadelphia,  
15 you will see lots of tobacco  
16 retailers within a three-block  
17 radius, for example, but you might  
18 not have that same experience if  
19 you travel to an area like Chestnut  
20 Hill.

21                   So I most certainly  
22 think highlighting the very real  
23 numbers that are present within our  
24 communities that we're seeing and

1 just the way that the ads are  
2 targeted to people within these  
3 communities as well. It's very  
4 aggressive and they tend to be very  
5 big. They're very colorful.  
6 They're meant to catch your eye.

7 But once again, I don't  
8 think that many of the tobacco  
9 retailers or smoke shops that are  
10 in more affluent areas tend to be  
11 as aggressive. So, yeah, I totally  
12 agree.

13 COUNCILWOMAN AHMAD:

14 Yes, they have muted colors, sage  
15 green, but I digress. So to the  
16 point that -- you bring up a point  
17 about having multiple smoke shops  
18 in a small area. As Councilmember  
19 Bass was saying, these are supposed  
20 to have licenses. So those  
21 licenses are issued. So we  
22 actually have an ability to look at  
23 how many licenses we are issuing to  
24 a certain area, right, to see are

1 we sanctioning this, in other  
2 words, right.

3                   And we have an angle  
4 potentially to explore there to say  
5 how do we regulate how many of  
6 these things appear in certain  
7 spaces, and really have my team  
8 look at the heat map of how the  
9 concentration looks and then really  
10 put it out there to say, look at  
11 the targeting.

12                   I mean, you and I can  
13 talk about knowing that this is  
14 targeting, but the rest of  
15 Philadelphia has to join in to say,  
16 look at this heat map, look at  
17 where everything is, overlay that  
18 with lack of other resources,  
19 overlay that with the youth in that  
20 space and overlay that with health  
21 outcomes in that space, right. You  
22 could really come up with a very  
23 powerful look at where we need to  
24 target our efforts.

1 But I want to thank  
2 you -- did you have a question?

3 COUNCILMAN O'ROURKE:

4 Really just some of the stuff may  
5 have already been spoken. We have  
6 heard testimony from  
7 administrators, health officials,  
8 pediatricians on the individual  
9 impact of youth nicotine addiction.  
10 But you all can speak to the  
11 community impact that vaping has on  
12 the city's youth. And you  
13 mentioned limiting tobacco  
14 retailers in certain areas. And  
15 we've also heard that there are a  
16 number of places by which folks are  
17 able to get access, whether it be  
18 online or here or there.

19 Where is this happening  
20 the most? Where are the purchases  
21 of these, the acquiring of these  
22 actually happening in terms of  
23 vapes being bought? And so, where  
24 is it happening the most? Does

1 anyone know?

2 MS. YOUNG: My team is  
3 more than happy to provide that  
4 information following the hearing.  
5 However, it is a little bit  
6 difficult to identify that because,  
7 as mentioned earlier, there are a  
8 great deal of smoke shops that are  
9 operating without permits that are  
10 just popping up. They're just  
11 pop-up shops so it's a little bit  
12 difficult to get that data. But as  
13 I mentioned, my team is more than  
14 happy to provide you with the  
15 information following this hearing.

16 COUNCILMAN O'ROURKE:  
17 Okay. That's it.

18 COUNCILWOMAN AHMAD:  
19 Well, thank you very much. Really  
20 appreciate you and everyone who  
21 have testified here today because  
22 this is the beginning of paying  
23 attention to this, right. We all  
24 need -- I know some of the spaces

1 have and the people who testified  
2 are already engaged, but we need a  
3 legislative approach. We need a  
4 public health approach which is  
5 already underway, but I think we  
6 need to match all of it up to have  
7 a citywide alert sent to all of us  
8 that this is a problem.

9                   We need to stop it  
10 before it gets any worse. It's  
11 already further than we should have  
12 let it go, right. So I thank you  
13 all. I thank all of you for  
14 testifying today. Please look  
15 forward to hearing back from my  
16 office and others who will follow  
17 up on this to see what pathway is  
18 the path of least resistance to  
19 actually make an impact.

20                   I'm particularly  
21 interested in making sure our young  
22 people see something, right. It  
23 might not be the ultimate pathway,  
24 but I want them to know that they

1 came and they did something and we  
2 would love your advice on that from  
3 everybody here to say what that  
4 could look like, including taking  
5 their feedback to really start with  
6 them first and then work our way up  
7 while we do the enforcement of the  
8 operational side of -- the supply  
9 side, so to speak.

10 I mean, we have to do  
11 both. I mean, the supply side is  
12 an issue in this context, in our  
13 opioid context, in all the context.  
14 Supply if we cut that off, that  
15 would be optimal. But it's easier  
16 said than done. So we have to do  
17 all different pathways.

18 So thank you again for  
19 your testimony and I look forward  
20 to working with all of you. I  
21 thank all of you for being here and  
22 we actually were very efficient  
23 with that time, I am happy to say.  
24 And thank you to my colleague for

1 being here. Take care, everybody.

2 MS. YOUNG: Thank you.

3 COUNCILWOMAN AHMAD: Do

4 we adjourn this, the two of us --

5 oh, we have public comment. I

6 forgot. Okay. Sorry. We're not

7 done yet.

8 All right. So now we

9 are -- okay. Are there any other

10 questions or comments from members

11 of the Committee for the witness?

12 No, me, not there.

13 Okay. Now that we are

14 done, seeing none is there anyone

15 here in the chamber to testify on

16 this resolution?

17 (No response.)

18 COUNCILWOMAN AHMAD:

19 Hearing none, we will now

20 transition to our public comment

21 session.

22 Mr. Sham, would you

23 please call the first speaker for

24 public comment, if we have any.

1 THE CLERK: We have  
2 Kristin Taylor, Harmony Ellis and  
3 Sean McCormick.

4 (Witnesses approached  
5 Witness table.)

6 COUNCILWOMAN AHMAD:  
7 Love it. Please state your name  
8 and proceed with your testimony.

9 MS. TAYLOR: Okay.  
10 Hello. My name is Kristen Taylor.  
11 I'm 18 years old. I live in  
12 Philadelphia and currently attend  
13 Temple University as a freshman.  
14 I'm a part of the Advocacy  
15 Institute, a program of Health  
16 Promotion Council. I'm a peer  
17 coach, youth leader and have worked  
18 closely with Ms. Marquita Young who  
19 testified earlier on addressing  
20 youth vaping in Philadelphia.

21 I am compelled to share  
22 my story today because people vape  
23 and smoke all the time in my dorm  
24 building and it does not just

1     affect the people doing it. It  
2     causes alarms to go off at all  
3     hours of the morning and night,  
4     affecting me and my peers'  
5     schedules studies and health.

6                 Recently two students  
7     who live in my building had their  
8     dorm raided because they were  
9     vaping in the building. They were  
10    expelled. Instead of receiving  
11    immediate punishment, I think  
12    students who are caught vaping  
13    should be offered quick  
14    resources -- sorry.

15                COUNCILWOMAN AHMAD:  
16    Take your time.

17                MS. TAYLOR: I think  
18    they should be, um --

19                COUNCILWOMAN AHMAD: Do  
20    you want water?

21                MS. TAYLOR: Oh, no, I'm  
22    good. Thank you. I think they  
23    should be offered quick resources  
24    such as nicotine replacement

1 therapy like gum or patches,  
2 support groups or counseling. I  
3 also don't think these students  
4 started vaping in college. They  
5 might not have even started vaping  
6 in high school.

7 I remember classmates  
8 vaping when I was in 7th grade. If  
9 the only solution was punishment,  
10 I'm sure they're still addicted to  
11 nicotine and the dangerous  
12 chemicals and vape cartridges to  
13 this day. The thing is a lot of  
14 the time youth who vape or smoke  
15 are treated as bad kids or as kids  
16 who don't care about breaking the  
17 rules, but these young people have  
18 been preyed on by large  
19 corporations. They are your  
20 children, your nieces, your  
21 nephews, your kids' friends,  
22 they're my friends.

23 According to the CDC,  
24 the brain is not fully developed

1     until about 25 years old and  
2     nicotine can have a negative impact  
3     on this development. My peers and  
4     I are under the age to buy tobacco  
5     and vape products, but they are  
6     still not difficult to get. Youth  
7     can't be the only ones that are  
8     held responsible for this epidemic.  
9     The corporations and retailers that  
10    make these devices accessible to  
11    people under 21 need to be held  
12    accountable.

13                 Parents and guardians  
14    need education about vapes and how  
15    widespread they are. And young  
16    people need to know that vaping is  
17    just as addictive as cigarettes so  
18    they feel empowered not to become  
19    big tobacco replacement smokers as  
20    older generations die off. Thank  
21    you.

22                 MS. ELLIS: Hi. My name  
23    is Harmony. I am a sophomore at  
24    Frieri Charter High School and I am

1 a part of the Advocacy Institute, a  
2 program of Health Promotion  
3 Council. I work as a peer coach  
4 along with Kristen and we help  
5 teach our peers about the dangers  
6 of vaping and how we are targeted  
7 by big tobacco and how I advocate  
8 for a healthier city.

9 I have found my voice in  
10 the Advocacy Institute and I am  
11 eager to use it today on behalf of  
12 the youth of Philadelphia. At  
13 school I have seen kids sneak vapes  
14 out of their backpacks in class  
15 trying to take a hit when the  
16 teacher isn't looking. One of my  
17 friends got caught smoking in the  
18 bathrooms and was put on a contract  
19 and suspended. Not only did he  
20 miss important lessons, but the  
21 suspension did not help him  
22 overcome his nicotine addiction.

23 It's gotten so bad that  
24 my school had to install vape

1 detectors in the bathroom. I'm  
2 sorry -- the vape detectors in the  
3 bathroom. Now, every time someone  
4 vapes it alerts one of our deans  
5 and an alarm goes off. And anyone  
6 in the bathroom at the time gets  
7 questioned and is at risk of a  
8 suspension. Even if you weren't  
9 the one vaping, you're still at  
10 risk of getting in trouble.

11 This isn't a  
12 disciplinary issue. It's a public  
13 health issue. If a student is  
14 caught vaping and just gets  
15 suspended, how does that help them  
16 quit? It doesn't. It sends them  
17 home stressed out, with no coping  
18 tools or guidance where they're  
19 likely to smoke even more. It's a  
20 dangerous cycle and we need to  
21 start looking at this differently.

22 Don't punish young  
23 people for being the victims of  
24 vape company's predatory marketing.

1 Schools should utilize their mental  
2 health and nursing staff to find  
3 out why the youth are so stressed  
4 that they feel the need to vape.  
5 We need more resources to prevent  
6 children from starting and to keep  
7 standing up to big tobacco. That's  
8 how we create a healthier future  
9 not just for our schools, but for  
10 our entire city.

11 (Applause.)

12 COUNCILWOMAN AHMAD:

13 That was excellent. Thank you so  
14 much. You put it in a nutshell for  
15 us, right. And I hope through the  
16 Advocacy Institute we can stay in  
17 touch with you because you're  
18 already peer educators. You  
19 already have understood how to talk  
20 to your peers who might be using  
21 these devices.

22 So we look forward to  
23 having a pathway which is not  
24 punitive but actually promotes

1 health. And the outcome is that we  
2 stop people from using this, and  
3 also make it not lucrative for  
4 these big companies to come here.  
5 If they don't make money here,  
6 hopefully they will move along but  
7 we have to stay united in saying we  
8 are not going to participate in  
9 this sort of hurting ourselves.

10 I have a question for  
11 either one of you because you work  
12 with young people, you work with  
13 your peers. What have you found to  
14 be the most effective message that  
15 you might have given that you can  
16 see an impact in changing their  
17 behavior with respect to vaping?

18 MS. ELLIS: The most  
19 effective thing I've noticed what  
20 we talk about a lot is what's  
21 actually in vapes, usually like  
22 that sorts of sticks with kids.  
23 Sometimes when we share it. I know  
24 when I took the course when I was

1 in middle school -- not middle  
2 school, high school my freshman  
3 year and I would show all the  
4 slides and what's actually in the  
5 vape products. And then when I  
6 found out that there's at least 30  
7 cigarettes in just a couple puffs  
8 of a vape, that sort of stuck with  
9 me more rather than all the other  
10 things I was hearing of just you  
11 should quit, it's not good for you.

12               Hearing the actual facts  
13 of why it's not good for you,  
14 knowing what I want to be in the  
15 future and knowing like -- facts  
16 stand with me more rather than just  
17 hearing over and over why I  
18 shouldn't do something. It's like  
19 that stuck with me more in learning  
20 the facts of what's going on.

21               COUNCILWOMAN AHMAD:  
22 Were they posters or things with  
23 these facts? If we had a campaign,  
24 a bus wrap with this on, if we had

1 information, this evidence way of  
2 thinking in your opinion, that  
3 would be effective if we had them  
4 in dorm rooms, in other spaces that  
5 young people frequent?

6 Sounds like young people  
7 are smart. They want evidence and  
8 not just don't do so in their face,  
9 right. You had a response?

10 MS. TAYLOR: Another  
11 thing that I want to add to what  
12 she was saying, I feel like another  
13 thing that sticks with the youth is  
14 when you get on their level and  
15 actually try to talk to them as a  
16 person, instead of sitting there  
17 lecturing them I feel like when you  
18 interact with the youth and you  
19 really involve them in what you're  
20 talking about, it makes them feel  
21 more comfortable and to actually  
22 want to take in the information.

23 Because a lot of the  
24 times when you lecture the youth,

1    they get bored of it.  It's like  
2    something that happens on a daily  
3    basis.  It's as if there are in  
4    class.  And a lot of people when  
5    they're in class, they're bored.  
6    So when you really involve the  
7    youth and let them interact with  
8    what's going on in these facts and  
9    you give them all of this, it  
10   really sticks with them because it  
11   shows that you actually care about  
12   them and it shows them that they  
13   don't have to do these things to  
14   fit in or to find their proper  
15   crowd.  They can do other  
16   activities and other things that  
17   can actually help them involve  
18   themselves with people.  It's just  
19   like -- because that's what I  
20   learned going through the Advocacy  
21   Institute.

22                    I learned that I don't  
23   need to vapor smoke to be cool.  I  
24   learned that I can talk to my peers

1 and educate them on this topic and  
2 they'll listen to me probably more  
3 than they'll listen to an adult  
4 because it's someone on their level  
5 telling them, hey, this will  
6 actually affect you in the future,  
7 this is something that's really  
8 important.

9 COUNCILWOMAN AHMAD:

10 Absolutely.

11 Do you have any --

12 COUNCILMAN O'ROURKE:

13 I'll just say that I really  
14 appreciate hearing and I'm  
15 encouraged hearing from, you're not  
16 that young, you're in college and  
17 all, but hearing this recognition  
18 that criminalizing addiction is not  
19 going to cure the problem. The  
20 constant references to a need for  
21 us to address the corporations that  
22 are doing all the work to get folks  
23 hooked to this, I think is really  
24 important. I think that should be

1 a note.

2 I think when we think  
3 about law enforcement, the criminal  
4 legal system in general across the  
5 city, that just because you can  
6 give somebody a penalty yourself on  
7 the wrist, that's not going to care  
8 the issue. So just thank you for  
9 raising that point. I know it's  
10 been said all day, but I do  
11 appreciate hearing from you. Thank  
12 you again for your testimonies  
13 today.

14 COUNCILWOMAN AHMAD: And  
15 I look forward to staying engaged  
16 with all of you. I guess you will  
17 inform what we do next because I  
18 think you're the closest to the  
19 problem of being able to be heard  
20 by your peers. So thank you again  
21 for your testimony. I really  
22 appreciate it. Good luck to  
23 whatever you're doing. High  
24 school?

1 MS. ELLIS: Yeah.

2 COUNCILWOMAN AHMAD: And  
3 college, right?

4 MS. TAYLOR: Yes.

5 COUNCILWOMAN AHMAD:

6 Good luck. Thank you. Amazing.

7 (Witness approached  
8 Witness table.)

9 COUNCILWOMAN AHMAD:

10 Okay. Oh, sorry. I was ready to  
11 wrap it up again. Please go ahead  
12 and state your name and begin your  
13 testimony.

14 DR. McCORMICK: Thank  
15 you. Good afternoon. My name is  
16 Dr. Sean McCormick. I'm the  
17 Associate Director of Public Health  
18 Programs at Latino Connection.  
19 We're one of the statewide  
20 contractors for the Pennsylvania  
21 Department of Health, Tobacco  
22 Prevention and Control.

23 So from where we sit --  
24 well, before I tell you what we do,

1 I want to commend the Council for  
2 having this hearing. This is a  
3 severe problem that is greatly  
4 impacting the populations that we  
5 all care about and serve, and I want  
6 to commend all the other folks that  
7 gave testimony, especially young  
8 people.

9 But, yeah, from our  
10 office we do a lot of different  
11 types of work. So we support  
12 individuals. We have programs that  
13 are meant to educate and prevent  
14 vaping addiction among students.  
15 So we work with students and young  
16 people. We also support schools,  
17 so principals, counselors, coaches.  
18 We work with hospital systems and  
19 we work with local elected  
20 officials like yourselves all  
21 across Pennsylvania.

22 So I'll try not to  
23 repeat anything or too much of what  
24 was said, but there might be a

1 couple pieces of information that I  
2 could add to just add a little  
3 extra depth of some angles that  
4 maybe haven't been brought up.

5                   So in terms of the  
6 severity of the addiction itself,  
7 one thing that hasn't been  
8 mentioned is that there were some  
9 advancements in nicotine chemistry.  
10 About 10 years ago companies all  
11 over the globe that started in  
12 China developed nicotine salts and  
13 started experimenting with  
14 different combinations in nicotine  
15 salts and landed on certain  
16 combinations that are more  
17 addictive, that affect the brain  
18 more quickly and at a higher level.  
19 Nicotine salt 215 and 11, in these  
20 ratios, not only do they impact the  
21 brain differently than traditional  
22 or commercial nicotine from  
23 cigarettes, this is a synthetic  
24 nicotine that changes the way the

1 brain works in ways that tobacco-  
2 derived nicotine does not.

3 In addition to that,  
4 those same forms in nicotine are  
5 also less irritating on the throat.  
6 So these advancements in nicotine  
7 chemistry combined with these  
8 flavors and the flashy devices,  
9 which are ridiculously cheap,  
10 there's video games built into some  
11 of them, the colors, the names, it  
12 is trendy and cool, but the effects  
13 on the brain are not. So people  
14 have mentioned the mental health  
15 impacts.

16 One thing that was not  
17 mentioned so far today was the  
18 evidence that nicotine addiction at  
19 an early age sets the brain and  
20 behavior up for other addictions.  
21 So I'm a parent of a 4-year-old,  
22 one of the things that I'm going to  
23 be speaking to my kid and one of  
24 the things that our staff talks

1 with the students that we work  
2 with, is this is going to change  
3 the way your brain works and it's  
4 going to make it harder for you to  
5 have a normal life, to feel happy  
6 in a normal way and it sets you up  
7 to get addicted to other things,  
8 sugar, alcohol, cannabis, gambling,  
9 video games, social media, porn.  
10 Do you really want to  
11 set your brain up to have this life  
12 where you're never actually happy,  
13 that you're always having to have a  
14 substance or do some kind of  
15 behavior to be happy? I don't  
16 think a 3rd or 4th or 5th grader  
17 and high schoolers, they don't  
18 quite recognize that they're  
19 setting their brain up and their  
20 well-being to live in this other  
21 way that's not natural and it's  
22 frankly just very unpleasant. And  
23 the young people that share their  
24 message, they say I wish I never

1 did this.

2 So the  
3 neurodevelopmental and potential  
4 for future addiction was something  
5 that I wanted to touch on in  
6 addition to the lung health impacts  
7 and the cardiovascular impacts.

8 Parents are not aware of what many  
9 of the things that I just mentioned  
10 and how much this these chemical  
11 these chemicals, these new forms of  
12 nicotine and the 40,000 hits in  
13 nicotine in some of these devices,  
14 and it's like an \$8 device. This  
15 should be illegal.

16 Parents don't know  
17 enough. How do you get to parents?  
18 That's tricky. At schools and  
19 communities, through social media,  
20 with tool kits, right. Some of the  
21 stuff works, some of it doesn't.  
22 You have to just keep trying. And  
23 working with other trusted  
24 organizations has been a helpful

1     tactic for us.

2                   I definitely want to  
3     commend the School District and all  
4     the schools. They're dealing with  
5     not only a disciplinary issue but  
6     an academic issue and a student  
7     well-being issue. We get emails  
8     and calls from schools monthly  
9     saying, what do we do here. And  
10    sometimes it comes from the  
11    principal, sometimes it comes from  
12    the superintendent, sometimes it  
13    comes from a coach, sometimes it  
14    comes from a probation officer, the  
15    SAP officer.

16                  So I was very pleased to  
17    hear that there is this  
18    professional development  
19    opportunity being rolled out. I  
20    would love to see that being rolled  
21    out to any profession that engages  
22    with the schools at all. I  
23    wouldn't have even thought that a  
24    probation officer would be the one

1 reaching out to organizations like  
2 us to help with the school.

3 And it's tricky with,  
4 you know, schools are dealing with  
5 so much and the piece next to that  
6 is how do you identify and form  
7 champions within the schools,  
8 right. It could be the coach is  
9 the one or a band teacher is the  
10 one that wants to take this up, and  
11 that's good and you need that.

12 Some folks don't --  
13 they're not worried about that.  
14 There's violence and other issues  
15 happening at the school where it  
16 falls down their radar. And so,  
17 you almost have to find and create  
18 champions in schools and different  
19 organizations wherever you can find  
20 them.

21 The vape detectors, they  
22 work. But from what we've heard,  
23 it's usually just overwhelming  
24 where it just becomes like, all

1 right, this thing is going off 100  
2 times a day. And one example I  
3 heard recently was a vice-principal  
4 set up his desk outside of the  
5 worst bathroom and would rotate  
6 around and sit outside different  
7 bathrooms, but kids are smart.  
8 They'll figure out a way to evade  
9 that.

10                   And I will reiterate the  
11 nonpunitive measures are being  
12 really important. I see this as an  
13 opportunity to help young people  
14 understand their brain and bodies,  
15 that folks, young people, could be  
16 going down a path that they don't  
17 really want to be going down and  
18 that if we show genuine compassion  
19 and care and provide the right  
20 opportunities and opportunities to  
21 build skills and to practice  
22 emotional regulation, that sort of  
23 thing, you could help someone  
24 really turn their life around. And

1 it was vaping that was the thing  
2 that actually helped them. They  
3 can avoid that or get through that  
4 issue in high school, they could  
5 learn a lot about themselves.

6               So as much as it's a  
7 threat to their health, it's also a  
8 potential opportunity in that  
9 sense. And that sort of framework  
10 or paradigm comes to bear at the  
11 school with the SAP program in the  
12 courts. We've worked with the  
13 magisterial and the juvenile  
14 courts, asked them, are you seeing  
15 cases for vaping. And they say,  
16 yeah, there's lots of cases where  
17 all it is a kid has nicotine  
18 addiction and it comes in front of  
19 a judge and is clogging up the  
20 courts. And then the judges, they  
21 don't know what to do.

22               Some of them see it as  
23 you're getting fined and others  
24 say, no, we're going to -- let's

1 have you do this cessation program,  
2 you can avoid the fine. All the  
3 judges respond differently. Every  
4 school responds differently. Every  
5 judge responds differently. Every  
6 parent responds differently. This  
7 is a mess. It's tricky.

8 Just one or two other  
9 things that I don't think I've  
10 heard today is the environmental  
11 impact. A few people have asked  
12 what sorts of messages resonate. I  
13 think the industry being a  
14 manipulative, noncaring, aggressive  
15 industry, that's something that  
16 resonates with young people. They  
17 don't want to be taken advantage  
18 of. They don't respect those  
19 industries. And that message will  
20 say, you know what, I'm not going  
21 to succumb to what you want me to  
22 do, I don't want to lose my  
23 autonomy. That message resonates.

24 Another message that

1 resonates is young people saying, I  
2 wish I never did this when it comes  
3 out of their own mouths. And then  
4 one that we're exploring right now,  
5 just us, is young people are pretty  
6 environmentally conscious, and  
7 there are three to four vapes  
8 thrown away every second. Millions  
9 and millions and billions of vapes  
10 are being thrown away. And so for  
11 us, it gets really interesting  
12 because now we start to connect  
13 with recycling and Streets  
14 Department and sustainability  
15 offices and say, how are you seeing  
16 this issue pop up. And suddenly I  
17 have a new sector that's involved  
18 with this.

19 So we're working to  
20 create vape recycling programs.  
21 The United Kingdom has vape  
22 recycling, requires funding and  
23 staffing. You got to pull them  
24 apart and the lithium batteries

1 are -- but that message we're doing  
2 some focus groups and going to be  
3 doing some studies to see do the  
4 environmental impact messages  
5 impact young people's decision-  
6 making.

7                   Anecdotaly there was a  
8 social media influencer that was  
9 sharing her vape and nicotine  
10 addiction quitting journey. And  
11 one of her posts was, you know what  
12 y'all, I'm done. And then she went  
13 to talk about the environmental  
14 justice impacts. And the idea, the  
15 unfortunate truth that many of the  
16 heavy metals that go into the  
17 batteries are sourced with child  
18 and unfair labor practices.

19                   So for a young person  
20 and they think, well, the health is  
21 one thing, I might get a heart  
22 attack or this lung disease, that  
23 doesn't really happen. That  
24 message might not resonate, but

1 this is terrible for the  
2 environment and human rights  
3 violations are happening all over  
4 the world and child labor is going  
5 into the mining of these batteries  
6 and there's no way to recycle them,  
7 and it's polluting. That message  
8 might resonate. So stay tuned to  
9 come sit more on that. Happy to  
10 share more about that.

11 Last two bits. It was  
12 really cool that someone brought up  
13 a mapping issue, like where are  
14 these retailers. And so, one of  
15 the projects that our team is  
16 working on is a retailer mapping  
17 where we have access to not the  
18 unlicensed retailers, but all  
19 licensed retailers as well as the  
20 enforcement or sales violation data  
21 and we're mapping all that, and  
22 we've gone back in time a few years  
23 to look at, one, are there more  
24 vape and tobacco retailers than

1     there were three, four, five years

2     ago, are there more vape shops?

3     The answer is yes.

4                     Where are those vape

5     shops? Are they in poor

6     communities? Yes. Are those the

7     vape shops that are also illegally

8     selling? Yes, yes, yes. Are those

9     the poor communities? Yes. And

10    then we're adding on some other --

11    I think it might have been you,

12    Councilmember, that was asking,

13    what can we layer on top of that.

14    So, yeah, it's interesting. We're

15    going to be looking at which of

16    these among the newer locations how

17    many of them are also selling

18    things like kratom and CBD and

19    other products that youth are

20    attracted to, like energy drinks

21    and pretzels and water ice and how

22    are they -- these are a scourge on

23    local communities.

24                     One more piece, right.

1 The social justice environmental  
2 impact is a thing. The social  
3 justice angle is another type of  
4 message that I think is a  
5 nonhealth-related message that  
6 might resonate with young people.  
7 So if anybody's interested in  
8 talking about how we're doing that  
9 mapping, the way we've set it up is  
10 it's happening in Delaware County  
11 first. But the data is all coming  
12 from census data or statewide  
13 enforcement data. And so, the idea  
14 is to create a model that any  
15 county can take and map it for  
16 their own county. So happy to  
17 provide any technical assistance on  
18 that front.

19 Last thing I'll say is,  
20 yep, appreciate you all mentioning  
21 there are some things that you can  
22 do here that go around the  
23 preemption-related restrictions,  
24 the fines, loss of retailer

1 licenses. There was a story about  
2 one business having multiple,  
3 multiple code violations. So I  
4 think there might be some ground to  
5 stand in with these nuisance  
6 businesses where if they're  
7 violating like this, this, this and  
8 this and then they're also  
9 violating on tobacco, then those  
10 things add up to be the last straw  
11 and you lose your license or  
12 whatever.

13               The retailer density,  
14 locations to high-sensitive areas  
15 like schools, retail or low  
16 densities or proximity to schools I  
17 think is a big one. And then one  
18 other thing that hasn't been  
19 mentioned, I'm not sure if there  
20 are any policy-related solutions on  
21 this front, but a lot of these  
22 devices are placed very low to the  
23 ground and near candy.

24               It goes like Starbursts,

1 Sour Patch Kids, M&M's, and then  
2 the vapes are right next to it 3  
3 feet off the ground and there might  
4 be some room to impose different  
5 fines or restrictions and that sort  
6 of thing. So thank you for letting  
7 me add a little bit extra detail  
8 and appreciate you having this  
9 hearing. Thanks.

10 COUNCILWOMAN AHMAD:

11 Thank you so much because this was  
12 very valuable. I wanted to ask,  
13 your organization is a nonprofit  
14 funded by federal dollars?

15 DR. McCORMICK: Latino  
16 Connection is actually a  
17 for-profit. We are a statewide  
18 contractor within the Pennsylvania  
19 Department of Health dollars. Our  
20 funding comes from both the master  
21 settlement agreement and the JLI  
22 statewide.

23 COUNCILWOMAN AHMAD:

24 Okay. So not to be impacted by

1 federal dollars being shut down.  
2 So it's important what resources  
3 will we have at our fingertips.  
4 And the second thing is the long-  
5 lasting impact of use of such  
6 things. We had asked the physician  
7 about we don't have enough  
8 longitudinal data yet, right.

9 But in terms of your  
10 experience of even in the short-  
11 term people you have encountered,  
12 what is that trajectory look like  
13 for someone who just started vaping  
14 to five years out? I don't know if  
15 you have observed -- have that many  
16 years to observe. But I just  
17 wanted to kind of get a sense of  
18 what is happening to that person?

19 DR. McCORMICK: It  
20 varies individual by individual and  
21 what their habit looks like. For  
22 people that are vaping a lot, they  
23 are very likely to experience some  
24 changes in lung function. Some of

1 it -- yeah, there's just not enough  
2 time. But, yeah, there are people  
3 that experience coughing and  
4 shortness of breath.

5               Since you brought that  
6 up, one of the other studies that  
7 we're looking at launching is  
8 related to vaping among student  
9 athletes and trying to quantify the  
10 extent to which student athletes  
11 are experiencing physical symptoms.  
12 Are you wheezing, are you coughing,  
13 how often do you think your vaping  
14 impacted your athletic performance.  
15 Is that happening, right. That  
16 might be a way -- and it is really  
17 interesting when the athletes are  
18 the ones that are actually vaping  
19 at a very, very high level.

20               Since that has come  
21 up -- and I'm sorry to kind of keep  
22 going on -- we have not mentioned  
23 it because we're focusing on  
24 vaping, but we haven't mentioned

1 the oral nicotine, the Zyn-type  
2 pouches, the nicotine pouches.

3 COUNCILWOMAN AHMAD: Oh,  
4 God.

5 DR. MCCORMICK: I'm a  
6 member of the YMCA. There's a lot  
7 of young people there and those  
8 urinals are full of nicotine  
9 pouches. Athletes are using  
10 nicotine as a stimulant. Nicotine  
11 is a stimulant. And so, that would  
12 explain a lot of why student  
13 athletes are vaping. I guarantee  
14 there are tons of student athletes  
15 also using oral nicotine.

16 Now, thankfully you're  
17 not exposing the lungs to nicotine,  
18 heavy metals, aldehydes, oils, the  
19 different things that are in the  
20 vape juices. But nicotine itself  
21 is bad for your cardiovascular  
22 health and it creates these changes  
23 in the brain that could be  
24 devastating for someone's well-

1 being over the long-term.

2 COUNCILWOMAN AHMAD:

3 You're talking about chewing  
4 tobacco?

5 DR. MCCORMICK: No,  
6 they're little kind of papery  
7 pouches that don't disintegrate and  
8 there's nicotine inside the pouch.  
9 It's sort of like a chew tobacco,  
10 except for it's inside a tea bag  
11 almost.

12 COUNCILWOMAN AHMAD: Do  
13 you have any questions?

14 COUNCILMAN O'ROURKE:  
15 (Gestured).

16 COUNCILWOMAN AHMAD:  
17 Thank you so very much for that,  
18 very important. And we have all  
19 your information so we will be  
20 following up as we see what a path  
21 forward is.

22 Are there any other  
23 witnesses to testify, Mr. Sham?

24 THE CLERK: There are no

1 other speakers on the public

2 comment list, Madam Chair.

3 COUNCILWOMAN AHMAD: Say

4 that again -- sorry, yeah.

5 I would like to thank

6 all of our witnesses for joining us

7 today. This concludes the business

8 before the Committee on Public

9 Health and Human Services. Thank

10 you very much for your attendance.

11 (Committee on Public

12 Health and Human Services concluded

13 at 4:56 p.m.)

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1 C E R T I F I C A T I O N

2 I, hereby certify that the proceedings  
3 and evidence noted are contained fully and  
4 accurately in the stenographic notes taken by  
5 me in the foregoing matter, and that this is a  
6 correct transcript of the same.  
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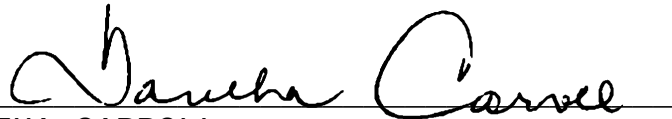
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| <hr/>           | <b>11th</b>    | <b>20.8%</b>    | <b>2025</b>    | 152:6          | <b>5th</b>   |
| <b>\$</b>       | 60:11          | 22:3            | 30:16          | <b>37.5%</b>   | 124:13       |
| <b>\$1,000</b>  | 76:22          | <b>2014</b>     | <b>21</b>      | 84:22          | 161:16       |
| 15:18           | <b>12</b>      | 32:5            | 14:17,         | <b>38%</b>     | <hr/>        |
| 16:3            | 103:5          | <b>2015</b>     | 21             | 21:20          | <b>6</b>     |
| <b>\$100</b>    | <b>14</b>      | 27:24           | 16:11          | 28:5           | <b>60%</b>   |
| 15:14,          | 30:7           | 28:4            | 17:7           | 127:13         | 48:17        |
| 24              | <b>15</b>      | 121:8           | 37:7           | <b>3rd</b>     | 49:2         |
| <b>\$200</b>    | 81:17          | <b>2017</b>     | 110:13         | 161:16         | 88:23        |
| 16:21           | <b>16</b>      | 24:1            | 136:4          | <hr/>          | <b>6305</b>  |
| <b>\$250</b>    | 121:16         | <b>2017-</b>    | 147:11         | <b>4</b>       | 14:3         |
| 15:14,          | <b>17%</b>     | <b>2018</b>     | <b>21-plus</b> | <b>4</b>       | <b>640%</b>  |
| 16, 24          | 28:4           | 22:7            | 82:5           | 84:20          | 78:5         |
| <b>\$300</b>    | 30:10          | <b>2017-to-</b> | <b>215</b>     | <b>4-year-</b> | <b>68</b>    |
| 127:16          | <b>18</b>      | <b>2018</b>     | 159:19         | <b>old</b>     | 19:18,       |
| <b>\$500</b>    | 14:2,          | 21:21           | <b>222</b>     | 160:21         | 20           |
| 15:16,          | 18, 21         | <b>2018</b>     | 86:7, 21       | <b>40,000</b>  | <b>6th</b>   |
| 18              | 47:6           | 32:20           | <b>241149</b>  | 162:12         | 124:13       |
| <b>\$8</b>      | 70:8           | <b>2019</b>     | 12:4           | <b>41</b>      | <hr/>        |
| 162:14          | 144:11         | 21:16           | 26:21          | 89:1           | <b>7</b>     |
| <hr/>           | <b>18.6305</b> | 24:5            | <b>248</b>     | <b>45</b>      | <b>73%</b>   |
| <b>1</b>        | 16:4           | 32:10           | 78:4           | 89:5           | 49:4, 14     |
| <b>10</b>       | <b>19%</b>     | <b>2020</b>     | <b>25</b>      | <b>4:56</b>    | 50:14        |
| 81:16           | 27:24          | 19:6            | 147:1          | 179:13         | <b>74%</b>   |
| 84:20           | 36:19          | 24:9            | <b>250</b>     | <b>4th</b>     | 127:18       |
| 159:10          | 127:14         | 78:4            | 16:1           | 161:16         | <b>75</b>    |
| <b>100</b>      | 128:6          | 129:12          | 44:9, 17       | <hr/>          | 16:16        |
| 165:1           | <b>1998</b>    | <b>2021</b>     | <b>2807</b>    | <b>5</b>       | <b>7th</b>   |
| <b>1000</b>     | 21:18          | 23:7            | 19:8           | <b>5%</b>      | 146:8        |
| 44:9, 11        | <hr/>          | 28:22           | <b>291</b>     | 30:7           | <hr/>        |
| <b>11</b>       | <b>2</b>       | <b>2022</b>     | 30:5           | <b>5.6%</b>    | <b>8</b>     |
| 124:11          | <b>20</b>      | 24:18           | <hr/>          | 84:23          | <b>80%</b>   |
| 159:19          | 67:3           | <b>2023</b>     | <b>3</b>       | <b>500</b>     | 48:6         |
| <b>11-year-</b> | 78:4           | 27:24           | <b>3</b>       | 16:1, 3        | 103:11       |
| <b>olds</b>     | 79:3           | 28:5, 22        | 174:2          | <b>5000</b>    | <hr/>        |
| 124:21          | 84:24          | 84:18           | <b>30</b>      | 44:14          | <b>9</b>     |
| <b>11.7</b>     | <b>20%</b>     | <b>2024</b>     | 22:4, 6        |                | <b>9-638</b> |
| 22:2            | 129:10         | 30:5            | 28:3           |                |              |
|                 |                | 78:4            |                |                |              |

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|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 32:15           | 24              | <b>acquirin</b> | <b>added</b>    | <b>addictiv</b> | 84:6, 15        |
|                 | 82:2, 12        | <b>g</b>        | 32:6            | <b>e</b>        | 85:13           |
| <b>A</b>        | 91:10           | 139:21          | <b>addicted</b> | 19:5            | 92:7            |
| <b>ability</b>  | 92:24           | <b>act</b>      | 56:17           | 21:2            | 121:6           |
| 32:2            | 124:19          | 31:8            | 94:13           | 61:23           | 129:7,          |
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| 137:22          | <b>accessib</b> | 101:20          | 124:14          | 110:24          | 132:2           |
| <b>abnormal</b> | <b>ility</b>    | <b>action</b>   | 125:6           | 147:17          | 155:21          |
| 112:14          | 107:9           | 80:20           | 146:10          | 159:17          | <b>addresse</b> |
| <b>absentee</b> | <b>accessib</b> | <b>actionab</b> | 161:7           | <b>adding</b>   | <b>d</b>        |
| <b>ism</b>      | <b>le</b>       | <b>le</b>       | <b>addictio</b> | 115:13          | 54:9            |
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| <b>absolute</b> | 42:23           | <b>actions</b>  | 22:12           | <b>addition</b> | <b>s</b>        |
| <b>ly</b>       | 50:1            | 55:15           | 59:4            | 16:21           | 35:15           |
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| 19              | <b>accessor</b> | 91:9            | 107:7           | <b>addition</b> | 133:2           |
| 126:3           | <b>ies</b>      | 154:16          | 108:3           | <b>al</b>       | 135:14          |
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| 155:10          | <b>accounta</b> | 117:19          | 123:1           | 82:8            | <b>adjourn</b>  |
| <b>abuse</b>    | <b>ble</b>      | <b>actual</b>   | 124:12          | 87:15           | 143:4           |
| 89:22           | 43:12           | 152:12          | 139:9           | 89:2            | <b>administ</b> |
| <b>academic</b> | 147:12          | <b>acute</b>    | 148:22          | 90:1            | <b>ering</b>    |
| 79:22           | <b>acetate</b>  | 19:12           | 155:18          | <b>addition</b> | 23:3            |
| 163:6           | 20:4            | 110:19          | 158:14          | <b>ally</b>     | <b>Administ</b> |
| <b>Academy</b>  | <b>achieve</b>  | <b>add</b>      | 159:6           | 20:24           | <b>ration</b>   |
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| <b>accepted</b> | <b>acknowle</b> | 14              | 162:4           | 89:18           | 23:10           |
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| 81:23,          |                 |                 | 124:22          | 39:19           | <b>admit</b>    |
|                 |                 |                 | 160:20          | 40:19           |                 |

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| 97:22              | 118:8,               | 154:20             | <b>afternoon</b>  | 35:18             | 62:18   |
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