Policy Strategies in Action

STRANGE BEDFELLOWS: AN UNLIKELY PARTNERSHIP YIELDS CHILD SAFETY GAINS IN NORTH CAROLINA

North Carolina has a long history of preventing childhood poisoning. The nation’s second poison control center was launched at Duke University in 1954. At the time, a quarter of all childhood poisonings were traced to flavored “candy aspirin.” A Duke pediatrician, Dr. Jay Arena, worked with the company that made St. Joseph’s aspirin to invent and market the first child safety cap.

Following this tradition, the North Carolina Division of Public Health (NCDPH) recognized and addressed a new child poisoning hazard in 2015. That’s when North Carolina’s legislature made it unlawful to sell e-liquid — the liquid that fills cartridges in refillable e-cigarettes — unless it was in a child-resistant container. E-liquids are packaged with images that are tempting to children. Sold in over 7,000 flavors, they are sold in colorful containers that advertise tastes like “candy apple,” just like the fruit-flavored “candy aspirin” of decades ago. In its concentrated form, liquid nicotine is extremely toxic, whether swallowed or ingested through the skin. As e-cigarettes became more popular in the preceding years, the Carolinas Poison Center saw a 1,613% increase in calls about e-liquid exposure over a 3-year period. No children have died of e-liquid poisoning in North Carolina, but a death has been reported nationally. With these increased levels of exposure, the risks of death, vomiting, and seizures were too great to ignore.

Requiring a child-resistant container seemed like an appropriate solution, but the lengthy federal regulatory process could expose children to a growing hazard for years to come. Instead, a combination of internal and external partners worked together at the state level to make the sale of e-liquid in unsafe containers a Class A1 misdemeanor, punishable by up to 60 days in jail, plus liability for potential damages as well. The approach followed a policy change strategy: frame the data, identify an evidence-based solution, and then draft a policy solution that multiple partners can support.

The state’s Child Fatality Task Force was instrumental. The Task Force includes 35 members, ranging from Governor’s Office appointees, Senate and House appointees, current legislators, and volunteers (including representatives from the Injury and Violence Prevention Branch at NCDPH). With an e-cigarette fact sheet in hand (so everyone would be working with the same facts), the Task Force members were able to raise the issue and make the case for introducing legislation. Other child-serving agencies lent their advocacy expertise to the effort.

Both Big Tobacco — an influential group in the tobacco-industry state — and the vaping/e-cigarette industry were brought on board, even though this collaboration was complicated by the fact that they are locked in competition for customers. Big Tobacco sees the vaping/e-cigarette industry as an unregulated competitor, so it was in favor of restrictions on e-liquid packaging. The vaping industry recognized the safety implications and did not want to be classified as a tobacco product and be subject to federal regulation. And public health saw an opportunity, despite the uncomfortable alliance with Big Tobacco, to work together to achieve a safety improvement. Each partner played a role in this policy change, and North Carolina’s children are the beneficiaries.