

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-164

AN ACT RAISING THE LEGAL AGE TO PURCHASE TOBACCO TO TWENTY-
Title: ONE.

Vote Date: 3/26/2018

Vote Action: Joint Favorable

PH Date: 3/20/2018

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To raise the legal age to purchase tobacco to twenty-one.

This bill will raise the legal age, from 18 to 21, to purchase cigarettes, other tobacco products, and e-cigarettes. It makes corresponding changes to the laws regarding the sale or giving of such products.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, Commissioner, Connecticut Department of Public Health (DPH): DPH supports the concept of raising the legal age to purchase and use tobacco products because postponing tobacco use promotes public health. Nearly nine out of ten smokers start smoking by age 18, and 99% by age 26; with many smokers transitioning to regular, daily use between the ages of 18 and 21. Increasing the minimum age to purchase or possess tobacco products to 21 is an evidence-based strategy that complements those already in place to reduce youth tobacco use and help users quit. The Institute of Medicine (IOM) reports that, "raising the tobacco sale age will significantly reduce the number of adolescents and young adults who start smoking; reduce smoking-caused death; and immediately improve the health of adolescents, young adults, and young mothers who would be deterred from smoking as well as their children."

Maritza Bond, Director of Health and Social Services, City of Bridgeport Department of Health and Social Services (BDHSS): BDHSS places a priority on policies that will protect city residents from developing chronic conditions and is in supports SB 164. Ensuring that

access to tobacco products is age-appropriate is essential to safeguarding the health of youth in Connecticut. Many states and major cities have increased the age to purchase tobacco products to 21, i.e., California, Hawaii, Maine, New Jersey, Oregon, New York City, and Boston. In Connecticut alone, 10.3% of high school students smoke; 1,300 kids under the age of 18 become new daily smokers each year; 27% of Connecticut cancer deaths are attributed to smoking; health care costs, directly related to smoking, are \$2.03 billion annually; Medicaid costs caused by smoking are \$520.8 million annually. These statistics clearly indicate that this is a public health issue that requires legislation to protect our youth from all tobacco products, including but not limited to, cigarettes, e-cigarettes, and vaporizers.

Senator Martin M. Looney, President Pro Tempore, Connecticut General Assembly:

Senator Looney supports for SB 164. It is clear that tobacco use has an adverse effect on the health and quality of life for smokers and users of other tobacco users; it is also well known that these products are addictive. The best policy for supporting good health and quality of life is to prevent people from starting the use of tobacco. According to the National Academy of Science, raising the minimum legal age for purchase of tobacco products will lead to substantial reductions in tobacco use.

As of March, 2018, five states and nearly 300 major cities have raised the legal age to purchase tobacco to 21. I believe raising the legal age to purchase tobacco products would be good policy for Connecticut.

NATURE AND SOURCES OF SUPPORT:

Bryte Johnson, Connecticut Director of Government Relations, American Cancer Society Cancer Action Network (ACS CAN): ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. Despite significant progress since the first Surgeon General's report, over 50 years ago, tobacco related diseases are the single most preventable cause of death in our society. In Connecticut, 4,900 people die annually from smoking related illness and disease and an annual average of 1,300 children will become new daily smokers.

In FY 2019, Connecticut is slated to receive \$504 million in tobacco related revenue; however, Connecticut incurs \$2.03 billion in tobacco-related health care costs annually. Connecticut receives \$527 million annually between the Master Settlement Agreement (MSA) funds and tobacco tax revenue; however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In FY 2013 we spent \$6 million on TUC, for FY 2014 that number was cut in half, and again further out in FY 2015, FY's 2016 and 2017 expenditure on TUC at zero. Of the total deposits into the Tobacco and Health Trust Fund [THTF] since 2000, only \$29.7 million will have been spent on tobacco control while \$195.7 million has been redirected to non-tobacco related programs. The CDC recommends \$32 million be spent on Connecticut tobacco control programs annually.

In a March 2015 report conducted by IOM, entitled *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, raising the legal sale age to 21 is predicted to reduce smoking prevalence by about 12% and smoking-related deaths by nearly 10% for future generations.

An effective “Tobacco 21” law must include all tobacco products, including electronic cigarettes, while not creating new categories of products, which would exempt them from other tobacco control laws. Laws prohibiting sales to minors have historically not been effective stand-alone measures and compliance with the law should be the responsibility of the retailer, with penalties for violations enforced.

We strongly recommend the bill include a commitment to fully monitor and evaluate the impact of this policy to add to the body of research supporting this intervention. Additionally, “Tobacco 21” should not contain any language that would preempt other jurisdictions from passing strong tobacco control laws. Evidence shows state and local governments can reduce tobacco use, save lives, and save money by implementing three proven solutions: 1) implementing smoke-free laws; 2) regular and significant increases in tobacco taxes; and 3) fully funding evidence based tobacco prevention and cessation programs.

Judith A. Sartucci, Chairman, Board of Health of the Central Connecticut Health

District (CCHD): CCHD in supports SB 164. Among adults who become daily smokers, approximately 90 percent report first use of cigarettes before reaching 19 years of age, and almost 100 percent report first use before age 26. The IOM concluded that overall, increasing the Minimum Legal Age [MLA] for tobacco products will likely prevent or delay the start of tobacco use by adolescents and young adults. IOM also concluded that the impact of raising the MLA to 21, instead of 19, will likely be substantially higher; and it will reduce the smoking rate by approximately 12%, reduce smoking-related deaths by 10%, and avoid approximately 223,000 premature deaths.

Connecticut data from the Behavioral Risk Factor Surveillance System, also reported that young adults 18-24 and 25-34 have the highest tobacco use rates. Raising the MLA can have the dramatic effect of reducing the number of young adults who begin to use tobacco products; therefore, potentially reducing the number for long-term addiction.

If current trends continue, approximately 5.6 million of today’s youth will die prematurely from a tobacco-related disease.

Connecticut State Medical Society (CSMS): The negative effects connected to the use of products containing nicotine are undeniable. There are numerous studies and statistics demonstrating the number of lives tobacco products claim annually and the costs to our healthcare system and society. CSMS supports SB 164 and raising the legal age to purchase tobacco products to twenty-one years of age and requiring face-to-face sales of vapor and nicotine delivery systems. The requirement of face-to-face purchases will prevent the use of false information by minors, which has allowed the purchase of these products online. Increasing the minimum age will lower access to these deadly products by impressionable youth.

Connecticut Hospital Association (CHA): CHA understands that the best way to reduce health-associated harm caused by smoking is to abstain from smoking altogether or, at a minimum, delay the start in which you begin to smoke. Recent data shows that more than 10 percent of Connecticut high school students smoke and 1,300 Connecticut children, under the age of 18, become new daily smokers each year. National data has shown that approximately 95 percent of adult smokers began smoking before the age of 21 and approximately 80 percent had tried smoking before the age of 18.

Eighty percent of youth smokers will become adult smokers; furthermore, one half of adult smokers will die prematurely from tobacco-related diseases.

SB 164 will have Connecticut joining five other states, along with numerous major cities, in increasing the legal age to purchase tobacco products to 21 years of age.

Richard Freeman, Chief Clinical Officer, Western Connecticut Health Network:

According to the CDC, smoking leads to disease and disability, harming nearly every organ in the body, and is the leading cause of preventable death. DPH estimates that 56,000 children alive in Connecticut today will ultimately die prematurely from smoking-related disease. Approximately 2,100 children under the age of 18 in Connecticut will become new smokers annually. If passed, Connecticut will join five other states and multiple major cities to increase the legal smoking age to 21.

Griffin Hospital, Derby Connecticut: The hospital supports SB 164. We know the best way to reduce health-associated harm caused by smoking is for people to never start smoking. The next best option is delay the start of smoking. From a recent IOM study, 90% of people who smoked on a daily basis first tried a cigarette before they were 19. The study concluded there would be approximately a 12% decrease in smoking by 2100, if the age to smoke was raised to 21. If legislation such as SB 164 were to be adopted throughout the U.S., IOM predicts through a simulation model that there would be approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life would be lost in the U.S., for those born between 2000 and 2019.

Smoking is either the direct cause of, or a major contributor to, the majority of conditions negatively impacting the quality of life. Conditions ranging from chronic obstructive pulmonary disease [COPD], emphysema, lung cancer, congestive heart failure, and additional illness and disease can all be attributed to smoking.

Currently, an individual must be 21 to purchase tobacco in California, Hawaii, Maine, New Jersey, Oregon, and major cities such as New York City and Boston. As a healthcare provider, Griffin Hospital has a moral, ethical, and medical obligation to support this bill.

Marcus McKinney, Regional Vice President of Community Health, Trinity Health of New

England: Trinity Health of New England appreciates this opportunity to testify in support of SB 164. At Trinity Health we know that the best way to reduce health-related harm caused by smoking is to abstain from smoking or at least delay the start of smoking. Cigarette smoking is still the leading cause of preventable death, causing 480,000 deaths each year and costing \$170 billion in medical expenses. We strongly believe that raising the minimum age to 21 will save lives.

Trinity Health has been actively supporting legislation to raise the smoking age to 21. If SB 164 passes, Connecticut will join five other states and numerous cities in, what's become nationally known as, "Tobacco 21."

Connecticut Public Health Association (CPHA): CPHA's mission is to promote the exchange of knowledge to improve public health in Connecticut and we strongly support SB 164. Further inaction on this legislation is unacceptable due to the alarming number of

individuals under the age of 21 who begin smoking every day. Tobacco remains one of the leading causes of preventable death globally. According to the American Public Health Association (APHA), more than 3,200 youth try their first cigarette every day and the majority of adult smokers begin before turning 21. Tobacco use kills more than 480,000 people annually, in the U.S., and costs as much as \$170 billion in health care expenditures yearly.

The American Lung Association (ALA) strongly supports increasing the minimum legal sale age to 21 and the National Academy of Medicine found that increasing the minimum age, to at least 21, will significantly reduce youth tobacco use and save thousands of lives. CPHA believes that SB 164 is the crucial next step in continuing our efforts to combat the detrimental effects of tobacco use.

The American Lung Association currently grades Connecticut with an “F” in two key fields, with one being ALA’s “Tobacco 21” initiative. Currently, there is “Tobacco 21” legislation in fourteen different states and throughout 200 communities. Raising the national sales age for alcohol, to 21, resulted in reduced alcohol consumption among youth, decreased alcohol dependence, and has led to a dramatic reduction in drunk-driving fatalities. It is predicted that raising the tobacco sales age to 21 will result in equally significant public health advances.

Jim Williams, Government Relations Director, American Heart Association (AHA): The AHA supports this legislation because we believe that it will ultimately help to build healthier lives for Connecticut children. Heart disease is the number one cause of death in Connecticut and smoking is the number one cause of heart disease. Approximately 480,000 state residents – roughly 18.4% of Connecticut’s adult population – used some form of tobacco in the last thirty days. An estimated 4,900 adults die in Connecticut each year from smoking related disease and illness. Smoking kills more people than alcohol, AIDS, motor vehicle accidents, illegal drugs, murders, and suicides combined. More than 1,000 additional deaths annually are attributed to smoking-related deaths, such as accidental fires.

Connecticut also suffers staggering monetary costs, such as the \$2.3 billion spent annually in health care costs associated with the treatment of smoking related illness. The federal and state tax burden, for residents, from smoking-related expenditures is \$853 per household.

A main focus of the tobacco industry is replacing former smokers and enticing new generations to use their products, through ads, product placements, and celebrity endorsements. SB 164 will help to protect youth from a lifetime of nicotine and tobacco addiction and from the negative health and economic consequences of smoking.

Andrea Boissevain, Chair, Get Health CT Steering Committee: Get Health CT is a coalition dedicated to preventing and reducing obesity and chronic disease, through education and smoking cessation strategies. In our current three-year goal, we are focused on educating our communities about the dangers of tobacco products.

A particular concern of our coalition is the use of tobacco products in young adults. According to the US Department of Health and Human Services, eighty percent of youth smokers will become adult smokers, and one half of adult smokers will die prematurely from the same tobacco-related diseases our coalition works tirelessly against. To help us make a

larger impact on the Health of Connecticut's residents, Get Healthy CT fully supports increasing the legal sale age of tobacco products through SB 164.

In addition to the above testimony, twenty other constituents submitted testimony in support of SB 164.

NATURE AND SOURCES OF OPPOSITION:

Alex Clark, Executive Director, The Consumer Advocates for Smoke-free Alternatives Association (CASAA): CASAA is a consumer advocacy group focused on promoting tobacco harm reduction. Nearly all of our members are former smokers who benefit from the availability of smoke-free alternatives and access to honest, up-to-date information about these products. On behalf of our membership, CASAA appreciates the opportunity oppose SB164. We believe these policy proposals are needlessly coercive as they restrict access to, and the use of, low-risk alternatives to smoking for adult consumers. Policies, such as SB 164, miscommunicate the relative risks of products such as vapes and e-cigarettes and can discourage people from switching to a safer product.

IOM studies concluded that raising the minimum legal purchase age (MLPA) today would only result in a 10.3% decrease in smoking, over a 44-45 year period. Likewise, it would take 84 years for the frequently advertised 12% reductions from these policies to be realized nationwide.

The royal College of Physicians (RCP) released a report, in April of 2016, which concluded that vapor products do not lead to cigarette smoking and are mostly used as cessation devices among current smokers. Current data suggests that using vapor products may only result in 5% of the health risks associated with cigarette smoking; and, vapor products should be promoted to smokers as a viable alternative to smoking.

By including e-cigarettes, and like products, under the "Tobacco 21" umbrella, lawmakers will essentially misinform the public about the actual risks and benefits from those devices. Anti-tobacco campaigns have effectively managed to convince 35% of the public that e-cigarettes, and like products, have the same risks as cigarettes; to the point that Attorney General Tom Miller released a statement in December 2015 in defense of such products.

CASAA recommends that the MLPA, for low risk products such as e-cigarettes and vapor devices, should remain at 18; however, the opportunity to explore raising the MLPA for other tobacco products, such as cigars, cigarettes, and other combusted products, should be entertained.

April L. Meyers, Advisor, Connecticut Chapter of the Smoke-Free Alternatives Trade Association (CT SFATA): CT SFATA opposes SB 164. Passage of this bill will negatively impact the revenue, from the small-businesses that compose our association. The National Academies of Science, Engineering and Medicine recently released a report stating, "vapor products contain fewer numbers and lower levels of toxic substances than conventional cigarettes." The American Cancer Society released a statement as well, proclaiming, "The ACS recommends that clinicians support all attempts to quit the use of combustible tobacco and work with smokers to eventually stop using any tobacco product, including e-cigarettes." By prohibiting 18 through 20 year olds from the purchase of non-combustible tobacco

products they are not given the opportunity to find better alternatives. Keep in mind, the age group that will be blocked by SB 164, are deemed adults, capable of applying for loans, voting, and enlisting in the armed services.

SB 164 is counterproductive to the long-term health and interests of Connecticut; we implore legislators to remove vapor, e-cigarettes, and additional non-combustible devices.

Reported by: Anne Gallagher

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