

Public Health Committee
Public Hearing – March 20, 2018
Senate Bill 614 An Act Raising the Legal Age for Purchase and Use of Tobacco Products
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Thank you for the opportunity to testify in favor of HB 5385 which would raise the legal age for the purchase and use of tobacco products of all types, electronic nicotine delivery systems and vapor products to age 21. You have heard from my colleagues about the impact such legislation will have on the prevalence of tobacco use by both youth and young adults, decrease in tobacco-related conditions and premature deaths, and improvement in maternal and fetal outcomes.

For too long we have focused on cigarette use as the standard to evaluate both the prevalence of tobacco use and the outcome of public health and regulatory strategies to reduce use. This gives us a false sense of success and impact. Over the past few years, with taxes affecting mostly just cigarettes, and heightened big tobacco production and marketing of new forms of tobacco and nicotine products to youth, we have seen an increasing use of other tobacco products despite a reduced use of traditional cigarettes. If we focus on CT high school students, 5.6% (about 1 in 20) report using cigarettes in the past month. But if we look at any tobacco use 14.3% (almost 3 in 20). But for seniors in high school tobacco use is 20% or 1 in 5.¹

This is important for this legislation, because if you look at use over time, it shows that use is similar to 2002 when cigarettes were the principal available tobacco product. More importantly, the highest users of tobacco by age are young adults: 18-24 year olds (30.5%) and 25-34 year olds (29.3%). These data speak to the fact that the earlier that one starts using tobacco, the more likely they are to become addicted and the harder it is to quit. Something the tobacco industry knows well. A 1986 Philip Morris 5-year plan explained that *“Raising the legal minimum age for cigarette purchaser (sic) to 21 could gut our key young adult market (17-20)... If we completely lost this market segment, it could cause nearly a \$400 million drop in [sales]. Moreover 66% of all smokers begin smoking at or before age 18, 80% begin before age 21.”*²

In the 1950s, a number of states began to lower ages from 21 to 18, and even 16. In 1963, the American Cancer Society and most adults felt that 18 was the minimum age that a young person should be permitted to make that decision. And the tobacco industry did not oppose proposed laws to prohibit sales to minors less than 18, though they continued to oppose attempts to raise it back to 21.

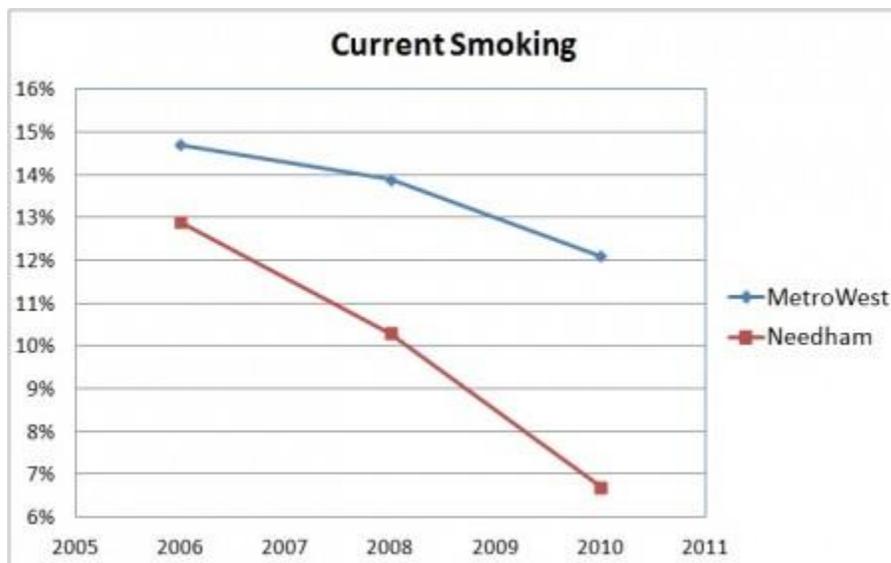
By 1985, the American Medical Association (AMA) and the U. S. Department of Health and Human Services identified tobacco promotions targeting youth as an increasingly serious And that is where we remain today. Tobacco lobbyists continue to oppose efforts to raise the MLA to 21, and many outside the industry itself even know that it had once been 21 or older in many states. But that is changing. A 2015 Institute of Medicine report noted that an increase to 21

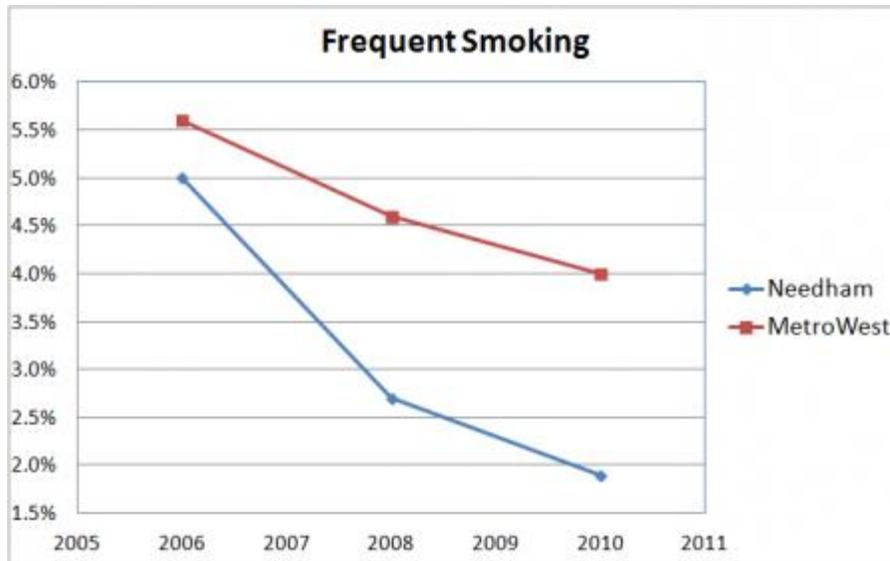
would reduce prevalence by 12%, and reduce tobacco use by those aged 15-17 years of age. And we know that reducing age of initiation has dramatic effects. RJ Reynolds itself stated: “If a man has never smoked by age 18, the odds are that he never will. By age 24, the odds are twenty-to-one.”³

Finally, there is strong outcome-based data to support the issue. Before 2005 an age-21 policy had never been tried anywhere, even though other inherently risky activities, including alcohol and handgun sales as well as casino gambling, are routinely restricted until age 21. Over a three-year period from 2005-2008, Needham, Massachusetts, gradually raised their legal sales age for tobacco from age 18 to 21. It seemed largely a symbolic gesture at the time as other Boston suburbs tightly surround Needham. Surely young people would just buy nearby?

But there was a surprise. The MetroWest Health Foundation, serving 29 Boston suburbs, began surveying high school students on risk behaviors every two years beginning in 2006. By 2010 cigarette smoking by Needham High School students had dropped by more than half (red) while the surrounding MetroWest suburbs (blue) fell only slightly. Experts attribute this decrease to loss of social sources. Teen smoking is not powered by illegal sales nearly as much as by legal sales to older youth. Raising access to age 21 puts legal purchasers outside the social circle of most high school students.⁴

MetroWest Adolescent Health Surveys – 2006-2010 – High School Smoking





*Current use is defined as smoking once in the past 30 days. Frequent use is defined as smoking at least 20 of the last 30 days. Age 21 for Needham not fully implemented until 2008.

These results mirror those of raising the age for alcohol to 21. That intervention, undertaken by most states in the 1980s to reduce deaths caused youthful drunk drivers, had the added benefit of dramatically reducing teenage drinking including binge drinking and daily drinking. In fact, as those young people have grown up their alcohol use is still remains lower than before the drinking age was 21.

As of today, five states, Hawaii, California, New Jersey, Maine, and Oregon, and almost 300 localities across the country have raised the minimum legal sale age to 21, and several more are considering it. We know the tobacco industry doesn't want this, and in Connecticut there is the added concern of lost revenue from the 18-20 year olds who could no longer purchase tobacco products legally. This bill addresses that concern by allowing all persons who are 18 by October 1, 2018 to purchase and possess tobacco products in any form as well as electronic nicotine delivery systems and vaping products. But we must look beyond the trees at the big picture. This legislation could go beyond the scope of taxes alone in its impact on youth tobacco initiation, and therefore, on all the improved health outcomes that follow. We might actually live to see a time when tobacco use is no longer the leading cause of preventable death in Connecticut. Consider the benefits, and then, have the courage to enact this legislation. This is the right time for Tobacco 21.

1. http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/fact_sheets/2015_ctyts_report_rev.pdf

2. Apollonio, D.E., Glantz S.A. Minimum Ages of Legal Access for Tobacco in the United States From 1863 to 1915. Am.J. Public Health. 2016 Jul; 106(7):1200-1207.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4902755/>

3. RJ Reynolds. “Estimated Change in Industry Trend Following Federal Excise Tax Increase”, September 10, 1982, Bates # 513318387/8390.

<http://legacy.library.ucsf.edu/tid/tib23d00;sessionis=211D4CCF0DBD25F9DC2C9BB025239484.tobacco03>

4. Kessel Schneider S, Buka SL, Dash K, Winickoff JP, O’Donnell L. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. Tob Control 2015 June 12 (Epub ahead of print).

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