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*CPHA is an affiliate of
the American Public
Health Association.*

TESTIMONY OF
CONNECTICUT PUBLIC HEALTH ASSOCIATION
REGARDING S.B. 164
*AN ACT RAISING THE LEGAL AGE TO PURCHASE
TOBACCO TO TWENTY ONE*
COMMITTEE ON PUBLIC HEALTH
MARCH 20, 2018

Dear Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee,

On behalf of the Connecticut Public Health Association where I serve as Co-Chair of the Advocacy Committee, I am pleased to submit this testimony. CPHA's mission is to promote the exchange of knowledge to improve the practice of Connecticut's public health professionals and the health and well-being of the people of Connecticut. The Connecticut Public Health Association (CPHA) strongly endorses **Senate Bill 164** which would raise the legal age for purchase of tobacco products.

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, and has long been a focus of both CPHA and our parent organization, the American Public Health Association (APHA). According to APHA more than 3,200 youth smoke their first cigarette every day (1) and the majority of adult smokers begin before turning 21 (2). In 2011, tobacco companies spent an average of \$23 million a day to advertise, and young smokers are one of their main targets. As a result, tobacco use kills more than 480,000 people annually in the US and costs as much as \$170 billion in health care expenditures each year. Almost one-third of smokers who begin smoking under the age of 18 will die from smoking (1).

Connecticut has made strides in addressing the tobacco epidemic, but must go further. The evidence for raising the minimum legal sale age for tobacco products to 21 is substantial.

The American Lung Association strongly supports increasing the minimum age for the sale of all tobacco products 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 (3). CPHA believes that this is a crucial next step in continuing our efforts to combat the detrimental effects of tobacco on the health of Connecticut's residents.

The American Lung Association ranks states on their tobacco control initiative, and Connecticut is currently ranked poorly, notably receiving an "F" grade in two of the five key areas. One of these is Tobacco 21, the Association's Initiative to increase the minimum age for the sale of tobacco to 21. The number one recommendation from the Association for Connecticut to improve our tobacco control is to adopt this policy. To date, California, Hawaii, and over 200 communities in 14 different states have passed tobacco 21 laws, including 143 towns in Massachusetts and 9 counties in New York. In fact, a CDC study found that 75 percent of adults, including adult smokers, are in favor of increasing the age of sale to 21 (4).

Increasing the sales age for tobacco products to 21 will help counter the tobacco industry's efforts to target young people at a critical time when many move from experimenting with tobacco to regular smoking, which occurs for many smokers between the ages of 18-21 (5). 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 (6). It is predicted that raising the tobacco sales age to 21 will result in equally significant public health advances.

CPHA strongly urges the Public Health Committee to support SB 164 and to raise the minimum age for the sale of tobacco products to 21. For additional information on CPHA's position on SB 164 or other issues related to health equity, public health infrastructure, environmental health, or prevention, please contact me at jenna.lupi@gmail.com or 203-804-3562.

1. Tobacco Control and Prevention Fact Sheet. American Public Health Association. <https://www.apha.org/~media/files/pdf/topics/tobacco/150211_tobacco.ashx.
2. Calculated based on data in the National Survey on Drug Use and Health, 2013, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>.
3. Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015, <http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx>
4. King, Brian A., Jama, AO, Marynak, KL, and Promoff GR, "Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults," *American Journal of Preventive Medicine*, 2015, <http://www.sciencedirect.com/science/article/pii/S0749379715002524>.
5. Calculated based on data in the National Survey on Drug Use and Health, 2013, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>. See also: Hammond, D, "Smoking behavior among young adults: beyond youth prevention," *Tobacco Control*, 14:181 – 185, 2005. Lantz, PM, "Smoking on the rise among young adults: implications for research and policy," *Tobacco Control*, 12(Suppl 1):i60 – i70, 2003.
6. Wagenaar, AC and Toomey, TL, "Effects of Minimum Drinking Age Laws: Review and Analyses of the Literature from 1960 to 2000," *J Stud Alcohol*, Supplement No. 14: 206-225, 2002; O'Malley, PM, and Wagenaar, AC, "Effects of Minimum Drinking Age Laws on Alcohol Use, Related Behaviors and Traffic Crash Involvement among American Youth: 1976-1987," *J Stud Alcohol*, 52:478-491, 1991; Dejong, W and Blanchette, J, "Case Closed: Research Evidence on the Positive Public Health Impact of the Age 21 Minimum Legal Drinking Age in the United States," *J Stud Alcohol Drugs*, Supplement 17:108-115, 2014.