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**Public Health Committee  
Public Hearing – March 20, 2018  
SB 164 AA Raising The Legal Age To Purchase Tobacco To  
Twenty-One  
Jim Williams, Government Relations Director  
American Heart Association**

I would like to thank the Public Health committee leadership and members for providing me with the opportunity to comment in support of Senate Bill 164, An Act Raising The Legal Age To Purchase Tobacco To Twenty-One, on behalf of the American Heart Association.

The American Heart/Stroke Association (AHA) is the largest voluntary health organization in the world who is working to build healthier lives, free of cardiovascular disease (CVD) and stroke. The AHA supports this legislation because we believe that it will ultimately help to build healthier lives for Connecticut children.

Heart disease is the # 1 cause of death in the US and in Connecticut, and smoking is the #1 cause of heart disease.<sup>1</sup> 480,000 state residents, or 18.4% of the adult population used some form of tobacco on one or more of the past thirty days, and an estimated 4,900 adults die in CT each year as a result of their own smoking.<sup>2</sup> Currently, 10.3% of CT High School students smoke, and 1,300 kids under the age of 18 become new daily smokers each year.<sup>3</sup> In addition to lung cancer, smoking causes cancer in the trachea, bronchus, esophagus, oral cavity, lip, nasopharynx, nasal cavity, larynx, stomach, bladder, pancreas, kidney, liver, uterine cervix, colon and rectum, and causes leukemia according to the Centers for Disease Control. CT deaths attributable to smoking result in 4,900 adults, and 56,000 kids who are now under the age of 18 who will ultimately die prematurely from smoking.<sup>3</sup> Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes — such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use.<sup>3</sup>

Smoking not only kills CT residents but is also associated with some staggering monetary costs. \$2.3 billion in annual health care costs in CT are directly caused by smoking, \$520.8 million of which is covered by the state Medicaid program.<sup>3</sup> The federal and state tax burden for residents from smoking-caused government expenditures is \$853 per household.<sup>3</sup>

National data show that about 95 percent of adult smokers begin smoking before they turn 21, and a substantial number of smokers start even younger—about 80 percent of adult smokers first try smoking before age 18.<sup>4</sup> Tobacco use is a pediatric epidemic because most tobacco use starts in the high school years.<sup>4</sup> Eighty percent (80%) of youth smokers will become adult smokers and one-half of adult smokers will die prematurely from tobacco-related diseases.<sup>4</sup>

The developing brain is particularly vulnerable to nicotine exposure.<sup>5</sup> Smoking during adolescence increases the risk of long-term addiction to nicotine and other drugs and makes quitting more difficult.<sup>4,6</sup> Most teens who smoke and use tobacco report getting cigarettes and other products from their friends; 90% of those who provide cigarettes to younger teens are under the age of 21.<sup>6,7</sup> Increasing the sales age will limit high school and middle school youths' access to addictive products from older teens.

The tobacco industry's main focus is replacing former smokers and hooking a new generation onto their products through targeted messaging, cheap prices, sweet flavors, and colorful packaging. Youth are bombarded by signage inside and outside convenience stores, through product placement (up front, youth eye level, and sometimes even still on the counter), celebrity endorsements, and magazine and social media advertisements. Senate Bill 164 will help to protect youth from a lifetime of nicotine and tobacco addiction and the negative health and economic consequences that will arise from that use.

Evidence demonstrates the public health gains from raising the legal sales age of alcohol to 21 from 18. This change in sales age not only reduced car accidents due to drinking and driving, but also had an overall positive effect on reducing consumption of alcohol among teens and young adults.<sup>5,8</sup> Based on this logic and economic health studies, it is expected that raising the minimum legal sales age on tobacco to 21 will result in decreased youth tobacco consumption, accompanied by a reduction in disease, death, and health care costs.<sup>5,9</sup> The AHA respectfully requests your support for this important bill.

Sincerely,

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American Heart Association  
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<sup>1</sup> CT Department of Public Health “*Tobacco Control Program*.” Last Updated on 2/11/2016. Accessed at <http://www.portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Tobacco-Use-Prevention--Control-Program> on 2/15/2018.

<sup>2</sup> The Toll of Tobacco in Connecticut. Campaign for Tobacco-Free Kids. Last updated 11/17/17. Accessed at <https://www.tobaccofreekids.org/problem/toll-us/connecticut-on-1/12/18>.

<sup>3</sup> The Toll of Tobacco in Connecticut. Campaign for Tobacco-Free Kids. Last updated 11/17/17. Accessed at <https://www.tobaccofreekids.org/problem/toll-us/connecticut-on-1/12/18>.

<sup>4</sup> United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>; see also 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://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

<sup>5</sup> Winickoff JP, Hartman L, Minghua LC, Gottlieb M, Nabi-Burza E, DiFranza JR. Retail Impact of Raising Tobacco Sales Age to 21 years. *AJPH*. 2014; online

<sup>6</sup> O’Flaherty K. Increasing the tobacco sale age to 21: An emerging policy strategy to reducing youth tobacco use. Presented March 1, 2014.

<sup>7</sup> DiFranza J, Coleman M. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*. 2001; 10:323-328.

<sup>8</sup> DeJong W, Blanchette J. Case Closed: Research evidence on the positive public health impact of the age 21 minimum legal drinking age in the United States. *JSAD*. 2104; (s17).

<sup>9</sup> Ahmad, S. Closing the youth access gap: The projected health benefits and cost savings on a national policy to raise the legal smoking age to 21 in the United States. *Health Pol*. 2005; (75): 74-84.