



American Cancer Society
Cancer Action Network
825 Brook Street
I-91 Tech Center
Rocky Hill, CT. 06067
(203)-379-4850
www.acscan.org

**Public Health Committee
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HB 7200— AN ACT PROHIBITING THE SALE OF CIGARETTES, TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS TO PERSONS UNDER AGE TWENTY-ONE

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments on HB 7200 - AN ACT PROHIBITING THE SALE OF CIGARETTES, TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS TO PERSONS UNDER AGE TWENTY-ONE, ACS CAN, the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer including policies targeted at reducing tobacco use.

Despite significant progress since the first Surgeon General's report, issued more than 50 years ago, tobacco-related diseases remain the single most preventable cause of death in our society, and according to DPH statistics, tobacco use continues to kill more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combinedⁱ.

Nationwide, and in Connecticut, electronic cigarette use among middle and high school students has now surpassed combustible cigarette use, doing so at an alarming rate. The 2017 Connecticut Youth Risk Behavior Survey points out that, between 2015 and 2017, the rate of current use of electronic cigarettes increased 51% from 7.2% to 14.7%.

In response to a nationwide increase in e-cigarette usage of 78% over the same period, In December, the U.S. Surgeon General labeled youth e-cigarette use an "epidemic" and urged states to act to address the crisis.

A 2016 U.S. Surgeon General's report concluded "e-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, particularly combustible tobacco products." Unfortunately, last month the CDC confirmed that fact, indicating a spike in combustible cigarette use for the first time in eight years, largely due to the explosion in youth e-cigarette use.

ACS CAN is concerned that e-cigarette use is creating a new generation of Connecticut children who will suffer from a deadly, lifelong addiction to nicotine and tobacco products.

This is an important issue as nationally 95 percent of adults who smoke start before they turn 21.ⁱⁱ In Connecticut, 1,300 kids under 18 will try tobacco for the first time this year and many of them will move on to using multiple tobacco productsⁱⁱⁱ. In fact, the U.S. Surgeon General estimates that 56,000 Connecticut youth alive today will lose their lives prematurely if we don't do more to reduce current smoking rates^{iv}. This time period is when the brain is fully

developing, including the parts responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure.^v Adolescents and young adults are therefore a critical population to target with evidenced-based, tobacco control strategies.

Increasing the sale age for tobacco products to 21, or Tobacco 21, is a promising intervention as a complimentary part of a comprehensive tobacco control strategy. One that includes proven ways to reduce the staggering health care costs, death and suffering from tobacco-related illnesses, such as fully funding tobacco prevention and cessation programs as outlined by the Centers for Disease Control and Prevention.

According to a March 2015 Institute of Medicine report- *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*^{vi}, raising the national minimum legal sale age to 21 is predicted to reduce smoking prevalence by about 12 percent and smoking-related deaths by nearly 10 percent for future generations.

The report authors predicted that raising the national minimum age of sale for tobacco products, including electronic cigarettes, will prevent tobacco use, reduce suffering and death from tobacco-related diseases and save lives among the next generation of Americans.

Increasing the sale age for tobacco products to 21 would be a significant step towards further reducing tobacco use in Connecticut. Restricting youth and young adult access to tobacco products can be a critical component to a comprehensive strategy to reduce initiation and a lifelong addiction. Laws aimed to restrict youth commercial access to tobacco products are only effective when combined with interventions to educate retailers, mobilize the community, and actively enforce the laws.^{vii} Raising the minimum age of sale to 21 with these additional interventions has the potential to reduce youth and young adult initiation.

It is important to note, however, that it takes more than just changing 18 to 21 in existing statutes for the desired health benefits to be reached.

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. Compliance with the law should be the responsibility of the retailer, and penalties for violations should not fall on the youth and young adults attempting to purchase tobacco. The focus should be on increasing the minimum age of sale, not the minimum age of purchase.

Evidence does not support effectiveness of penalizing youth for use, possession and purchase of tobacco products. Penalties for youth for possession, purchase and use may divert attention from more effective tobacco control strategies, and relieve the tobacco industry of responsibility for its marketing practices and retailer's irresponsible sales to kids. For those adolescents who do smoke, what they need most is access to evidence-based cessation resources, not fines. What has been proven effective is a dedicated enforcement entity conducting active enforcement, including graduated fines for retailers when in violation with potential for license suspension and revocation, licensing of all retailers, one or two unannounced random

compliance checks at each retailer per year with more checks for retailers found out of compliance, and signage.

Tobacco companies heavily target young adults ages 18 to 21 through a variety of marketing activities—sponsoring music and sporting events, bar promotions, college marketing programs, college scholarships and parties—because they know it is a critical time-period for solidifying tobacco addiction. Increasing the age for sale of 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. It will also help keep tobacco out of high schools, where younger teens often obtain tobacco products from older students.

Public education campaigns and training and technical assistance for retailers must be provided as part of implementation to increase public awareness and enforcement of the new law.

More research on how effective raising the minimum sale age is in reducing tobacco use is critical and we strongly recommend the bill include a commitment to fully monitor and evaluate, through a nonprofit or government entity with expertise in evaluation of tobacco control policies, 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.

Finally, Tobacco 21 must not exempt members of the military. During the past 50 years, the U.S. Department of Defense’s (DoD’s) stance on tobacco has shifted markedly as evidence of the immediate health and readiness consequences of tobacco use has emerged. An Institute of Medicine (IOM) report on smoking in the military and veteran populations cited extensive research in its conclusion that tobacco negatively affects military readiness. Tobacco use reduces soldiers’ physical fitness and endurance and is linked to higher rates of absenteeism and lost productivity^{viii}. The DoD estimated that 175,000 current active duty service members will die from smoking unless they are able to quit^{ix}. In addition, the IOM report stated that the DoD spends more than \$1.6 billion per year on tobacco-related medical care, increased hospitalizations, and lost days of work^x.

Awareness of the impact of tobacco on mission readiness continues to drive expanded tobacco control policies within the DoD. The DoD and the Army, Navy, Marines, and Air Force have each set goals to become tobacco-free. After Hawaii raised its tobacco sale age to 21, Hawaii’s military bases opted to comply with the higher age in recognition of its benefits to readiness, health and finances^{xi}.

Tobacco use remains the leading cause of preventable death in this country. State policymakers must support proven policy interventions that reduce tobacco use so our children can grow up not as next generation smokers but as the first tobacco-free generation.

Thank you for your consideration of our comments.

Bryte Johnson
Connecticut Director of Government Relations
American Cancer Society Cancer Action Network

ⁱ <https://authoring.ct.egov.com//DPH/Health-Information-Systems--Reporting/Mortality/Mortality-Tables--2000-to-2014-with-74-Cause-of-Death-Codes>

ⁱⁱ 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>. Retrieved August 3, 2016 from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

ⁱⁱⁱ CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*.

^{iv} Youth projected to die prematurely: *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, 2014.

^v U.S. Department of Health and Human Services. Prevention Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012.

^{vi} http://iom.nationalacademies.org/~media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf

^{vii} Guide to Community Preventive Services. Community mobilization with additional interventions to restrict minors' access to tobacco products. www.thecommunityguide.org/tobacco/communityinterventions.html. June 2001.

^{viii} Institute of Medicine. *Combating Tobacco Use in Military and Veteran Populations*. June 2009

^{ix} Department of Defense, Memorandum re: Reducing Tobacco Use in the Armed Forces and Department of Defense, March 14, 2014.

^x Institute of Medicine. *Combating Tobacco Use in Military and Veteran Populations*. June 2009.

^{xi} Bussewitz, Cathy. Associated Press. "Hawaii Raises Smoking Age to 21; Military Supports New Law." December 31, 2015.