

**Public Health Committee
Public Hearing – March 4, 2018
HB 7200 AA Prohibiting The Sale Of Cigarettes, Tobacco Products,
Electronic Nicotine Delivery Systems And Vapor Products To
Persons Under Age Twenty-One
Jim Williams, Government Relations Director
American Heart Association**

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I would like to thank the Public Health committee leadership and members for providing me with the opportunity to comment in support of HB7200 AA, Prohibiting The Sale Of Cigarettes, Tobacco Products, Electronic Nicotine Delivery Systems And Vapor Products To Persons Under Age Twenty-One

My name is Seth Lapuk. I am a Pediatric Cardiologist at Connecticut Children's Medical Center, an Associate Professor of Pediatrics at the University of Connecticut, a current board member of the Founders Affiliate Board of the American Heart Association and the past President of the North Central Connecticut Board of the American Heart Association. But most importantly, I am a concerned citizen of the State of Connecticut and I urge you to support HB7200

Tobacco use is not just a professional concern for me, this is a personal issue as well. Both of my parents began smoking in their early teens. At that time, we did not have the information we do today regarding the devastating health effects and costs of tobacco use and addiction. Of course now we have had this information for some 50+ years but due to savvy tobacco advertising and tobacco company greed smoking addiction still is an enormous health issue. And we all pay the cost.

I watched my father's quality of life deteriorate significantly over the last 30 years of his life as a result of his lifelong addiction to smoking. He tried numerous times from about age 40 onward to break his habit but was unable to quit even with all the available smoking cessation aids. He tried them all. His smoking caused him to develop debilitating chronic obstructive pulmonary disease (COPD) and bladder cancer. Both of these severely impacted his later life, limiting his activity to at best a brisk walk before exhaustion for over 20 years. I now watch my mother suffering through her extreme shortness of breath secondary to tobacco related COPD. She was able to quit smoking 30 years ago but has never and will never regain her lung function.

There is strong data that if a person does not begin smoking before the age of 18 they virtually never will start. 95% of adult smokers began smoking before they were 21, 80% before 18 year of age. This

may be because the immature brain is more susceptible to the effects of nicotine or immature decision-making capabilities, impulse control or susceptibility to advertising and peer pressure. Of course the tobacco companies take advantage of these developmental immaturities to feed their pipeline with replacement users. Given that upwards of 80% of youth smokers will continue smoking as adults the obvious time to intervene would be in adolescence.

The current legal tobacco purchase age of 18 years of age is inadequate. Most smokers below the age of 18 obtain their cigarettes from their 18 to 21-year-old peers. 90% of those who provide cigarettes to the youngest teens are under the age of 21.

Tobacco use still remains the #1 preventable cause of early coronary artery disease in adults. It causes chronic obstructive pulmonary disease, lung cancer, bladder cancer and the disease list goes on and on. Aside from the devastating impact such diseases have on the individual and their families, the societal costs of treating these patients is enormous. The annual health care costs in Connecticut directly related to smoking is over \$2 billion. The Medicaid costs alone are over one half billion dollars. The smoking caused productivity losses in Connecticut have been estimated at \$1.25 billion annually. One could argue that the minimal loss in tax revenue to the state from a decrease in 18, 19 and 20-year-old cigarette purchases might be unacceptable given our state's current fiscal situation. As a Connecticut taxpayer however I believe it would be the height of foolishness to let this argument stand. The ultimate financial cost to the state of these children and young adults becoming addicted easily dwarfs any up front tax loss. However, one mitigating strategy might be to implement a "grandfather" provision as was done when Connecticut raised the drinking age.

Some might also argue against raising the purchase age especially for our citizens who are in the military. The Department of Defense and all branches of the military however are also setting a tobacco free goal. They estimate that the impact of tobacco on the military population costs them \$1.6 billion per year in health and productivity expenses. The CDC estimates that military veteran's tobacco use is nearly double the general population. This is almost certainly due to the tobacco company's long history of promoting tobacco to the members of the military.

Finally, I believe E-cigarettes which fall under the food and drug administration's regulatory authority as a tobacco product should be included in this law. The use of electronic cigarette products is skyrocketed amongst our youth. Between 2011 and 2018 the use of electronic cigarettes among high school students has increased from 1.5% up to 20.8% with a 78% increase between 2017 in 2018. The use of designer flavors including mint, menthol, and wintergreen in these products is for the sole purpose of increasing their sales, especially to children. Tobacco industry's state themselves that cigarettes designed for beginning smokers should "contain added flavors to make it easier for those who never smoked before to acquire the taste of it more quickly" The nicotine that is ubiquitous in these products, often at extremely high concentrations, is of course used to addict our children.

There is growing strong evidence of the significant association of electronic cigarette use and subsequent initiation of tobacco cigarettes by the children of the United States. A recent study of over 6000 children between the ages of 12 and 15 years of age and conducted over a 3-year period published in the *Journal of the American Medical Association* concluded that there was a 4 fold or more increase in future use of combustible cigarette use in this group of children compared to those who did not use electronic cigarettes. The low risk categorized subgroup of children (those without high risk behavior tendencies) had almost a 9-fold increase in future combustible tobacco use when compared to children

who did not use electronic cigarettes. The authors of this article calculated that a significant percentage of future tobacco use in adults is directly attributable to the use of electronic cigarette products in children.

I spend the majority of my day treating patients with relatively rare congenital heart disease. Although this is important and appropriate, the health impact of my work at a population/societal level are trivial compared to the effects we can have in the state of Connecticut on the health of all our citizens by implementing any and all strategies for decreasing tobacco use.

I respectfully request your support for this important bill.

Sincerely,

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