



American Heart Association

**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**

I would like to thank the Public Health committee leadership and members for providing me with the opportunity to comment in support of House Bill 7200, on behalf of the American Heart Association.

The American Heart Association (AHA) has grown into the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. Our mission is to be a relentless force for a world of longer, healthier lives. The AHA supports this proposed bill because we strongly believe that it will ultimately help to build healthier lives for Connecticut youth.

**Friendly Amendment Requested**

In section 1 (b)3, line 88, “*menthol, mint, [and] wintergreen*” are excluded from the ban of “characterizing flavor.” We respectfully request that these flavors be banned as well. Flavors, including menthol, mint, and wintergreen make it easier for beginners- primarily youth- to experiment with the product and to ultimately become addicted. Menthol has particularly appealing qualities for novice smokers. Menthol, mint, and wintergreen cools and numbs the throat, reducing the harshness of the tobacco product, thereby making these flavored tobacco products more appealing to youth who are initiating tobacco use.<sup>1</sup> A 2013 FDA report on the health impact of menthol tobacco products determined that they lead to increased smoking initiation among youth and young adults, greater addiction and decreased success in quitting smoking.<sup>2</sup> Further, FDA’s Tobacco Products Scientific Advisory Committee’s (TPSAC) concluded, “Removal of menthol cigarettes from the marketplace would benefit public health in the United States.”<sup>3</sup>

**Why Increase The Sales Age To 21 For All Tobacco Products?**

Heart disease is the # 1 cause of death in the US and in Connecticut, and smoking is the #1 cause of heart disease.<sup>4</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>5</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>5</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 will ultimately die prematurely from smoking.<sup>5</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>5</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>5</sup> The federal and state tax burden for residents from smoking-caused government expenditures is \$853 per household.<sup>5</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>6</sup> Tobacco use is a pediatric epidemic because most tobacco use starts in the high school years.<sup>6</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>6</sup>

The developing brain is particularly vulnerable to nicotine exposure.<sup>7</sup> Smoking during adolescence increases the risk of long-term addiction to nicotine and other drugs and makes quitting more difficult.<sup>6,8</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>8,9</sup> Increasing the sales age will limit high school and middle school youths' access to addictive products from older teens.

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>7,10</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>7,11</sup>

## **Why The Flavor Ban?**

The tobacco companies know that almost all new tobacco users begin their addiction as kids, and they also know that to the novice tobacco user, tobacco can be harsh and unappealing. The tobacco industry has a long history of using flavors to reduce the harshness of their products to make them more appealing to new users, almost all of whom are under the age of 18.<sup>12</sup>

Here are a few tobacco industry quotes which illustrate the importance that flavoring has to attracting kids in becoming new users:

- *“It’s a well-known fact that teenagers like sweet products.”*<sup>13</sup>
- 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.”*<sup>14</sup>
- Cigarettes designed for beginning smokers should be *“low in irritation and possibly contain added flavors to make it easier for those who never smoked before to acquire the taste of it more quickly.”*<sup>15</sup>
- *“New users of smokeless tobacco...are most likely to begin with products that are milder tasting, more flavored...”*<sup>16</sup>

How have flavors impacted recent e-cigarette use among kids?

- 81 percent of 12-17-year old's who had ever smoked an e-cigarette used a flavored e-cigarette the first time they tried the product.<sup>17</sup>
- 81.5 percent of current youth e-cigarette users said they used e-cigarettes "because they come in flavors I like."<sup>18</sup>

According to the FDA, teen vaping has reached epidemic proportions. In fact, the latest data shows a 75% increase in e-cigarette use among high school students in Connecticut this year compared to 2017.<sup>19</sup>

The AHA respectfully requests your support for this important bill which will increase the tobacco sales age on ALL tobacco products to 21 and enact a flavor ban which must cover ALL flavors, including "menthol, mint, and wintergreen."

Sincerely,

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American Heart Association  
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<sup>1</sup> FDA. *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes* (2013).

<sup>2</sup> FDA. *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes* (2013).

<sup>3</sup> Tobacco Products Scientific Advisory Committee (TPSAC), FDA, "Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations, 2011, <https://wayback.archiveit.org/7993/20170405201731/https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/UCM269697.pdf>.

<sup>4</sup> CT Department of Public Health "Tobacco Control Program." Last Updated on 2/11/2016. Accessed at <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Tobacco-Use-Prevention--Control-Program on 2/26/2019>.

<sup>5</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>6</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>7</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>8</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>9</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>10</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>11</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.

<sup>12</sup> HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012, <http://www.cdc.gov/Features/YouthTobaccoUse/>.

<sup>13</sup> Marketing Innovations, "Youth Cigarette - New Concepts," Memo to Brown & Williamson, September 1972, Bates No. 170042014.

<sup>14</sup> R.J. Reynolds Tobacco Company, "Conference report #23," June 5, 1974, Bates No. 500254578-4580.

<sup>15</sup> R.J. Reynolds Tobacco Company, "Conference report #23," June 5, 1974, Bates No. 500254578-4580.

<sup>16</sup> Connolly, GN, "The Marketing of Nicotine Addiction by One Oral Snuff Manufacturer," *Tobacco Control* 4(1):73-79, Spring 1995.

<sup>17</sup> Ambrose, BK, et al., "Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014," *Journal of the American Medical Association*, published online October 26, 2015.

<sup>18</sup> Ambrose, BK, et al., "Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014," *Journal of the American Medical Association*, published online October 26, 2015.

<sup>19</sup> [https://www.washingtonpost.com/national/health-science/fda-chief-calls-youth-use-of-juul-other-e-cigarettes-an-epidemic/2018/09/12/ddaa6612-b5c8-11e8-a7b5-adaaa5b2a57f\\_story.html?utm\\_term=.de6dec987d0b](https://www.washingtonpost.com/national/health-science/fda-chief-calls-youth-use-of-juul-other-e-cigarettes-an-epidemic/2018/09/12/ddaa6612-b5c8-11e8-a7b5-adaaa5b2a57f_story.html?utm_term=.de6dec987d0b)>