



To: Senator Claire Ayer and Members of the Senate Health and Welfare Committee

From: Abigail Rogers, Director, Advocacy and Government Affairs,  
March of Dimes Northeast

Date: February 24, 017

Re: S.88 - Increasing the smoking age from 18 to 21 years

On behalf of the March of Dimes Northeast Region, I would like to express support for S.88 which would raise the smoking age from 18 to 21 years of age.

According to the Institute of Medicine, roughly ninety percent of adult smokers began smoking during their teenage years. Increasing the minimum age of access can have significant public health benefits for women, children, infants and families by delaying the age at which people begin smoking. A 2016 editorial on Tobacco 21 in the New England Journal of Medicine quotes a study that says that if we were to increase the national smoking age to 21, it would lead to, among other benefits:

**20-30% less smoking among 15 to 17-year-olds**

**12% fewer smokers overall**

**249,000 fewer premature deaths, with 4.2 million fewer lost life years**

**286,000 fewer preterm births**

**4000 fewer cases of SIDS**

Both smoking and exposure to secondhand smoke raise the risk for a wide range of negative pregnancy outcomes for women of childbearing age, pregnant women, and their babies. Smoking directly affects fetal growth and increases the risk of a baby being born preterm or at low birth weight. According to the 2014 Surgeon General's report, 100,000 babies have died in the last 50 years from sudden infant death syndrome, complications from prematurity, and complications from low birth weight or other pregnancy issues resulting from parental smoking.

In the United States, an average of one in every ten pregnant women smokes. An estimated \$122 million per year is spent each year on neonatal health care costs attributable to maternal smoking.

Prenatal and postnatal environmental smoke exposure have proved devastating for the developing fetus as well as for young children. Exposure to tobacco smoke in utero or in the environment after birth has been linked to increased incidence of respiratory infections, ear infections, and behavioral disorders. Children and infants who are exposed to prenatal maternal smoking and in-home environmental tobacco smoke have a high incidence of severe

asthma. Children and infants are often hospitalized longer for asthma and respiratory infections when compared to children who are not exposed to tobacco. Failure to decrease the use of tobacco and environmental tobacco exposure will cause continued poor health outcomes for mothers, infants, and children. Because the vast majority of smokers begin using tobacco in their teenage years, this bill targets those under the age of 21 with the goal of decreasing the prevalence of tobacco use among adolescents.

Vermont currently has a near national average rate of high school smoking, and a below national average rate of adult smoking. The state is one of only 9 that spends over 50% of the CDC recommended amount on tobacco prevention. However, meeting the full amount would require only a small fraction of the \$348 million in annual health care costs that are directly caused by smoking. An estimated 10,000 children now under the age of 18 will eventually die early due to smoking, with 300 children becoming daily smokers every year. New survey evidence reveals strong public support for the Tobacco 21 approach. Two national public opinion studies published in 2015 found that 70 to 75% of Americans — including a majority of current smokers — support raising the minimum purchase age to 21, Tobacco 21 initiatives in other states have wide bipartisan support.

The March of Dimes supports legislative and regulatory action to reduced exposure to tobacco smoke among pregnant women and infants. I ask that you support S.88 to ensure that all Vermont babies and youth the best chance at a healthy start in life.