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Testimony for S. 88

An act relating to increasing the smoking age from 18 to 21 years of age

As a Pediatric Critical Care physician, I take care of many infants, children and adolescents with respiratory distress. In fact, it's the most common reason for admission to a Pediatric Intensive Care Unit (PICU). Although there are many reasons for respiratory distress (infection, asthma, lung abnormalities, etc) a common contributing factor is exposure at home to smoking. Not a week goes by that I don't have a serious conversation with a parent about quitting smoking in order to improve their child's health. These parents want to quit. Most have tried, but they struggle. Recently I readmitted a teenaged boy who frequents the PICU with severe asthma flares. A potent trigger for his flares is his mother's smoking. He told me his mother had promised to quit smoking as a birthday present to him. She had made it only 7 days. This mother was highly motivated to quit. She herself has a tracheostomy due to smoking-related complications. It was another powerful reminder of how addictive tobacco products are.

This is not uncommon. I sit with parents frequently while they watch their child struggle to breathe and they cry about their inability to quit smoking. They often say something along the lines of, "It's expensive, it's inconvenient, it's hurting my health, it's hurting my child's health. I've tried to quit and can't. **Why did I ever start**?"

Focus on Prevention

The "why did I ever start" question is what grabs the attention of pediatricians. Although there are many important efforts to get people to stop smoking, it is much more effective to prevent them from starting in the first place. We know that adults who smoke often start in their teen years and are established smokers by their early 20's. In order to reduce the number of teenagers who start smoking, we need to reduce their access to tobacco products.

Like all public health efforts, preventing teenagers from starting to smoke requires a multi-pronged approach. What if one of these interventions included raising the minimum age of legal access (MLA) to tobacco products?

In 2015, the Institute of Medicine put out a report[1] on the effect of raising the MLA to tobacco products from 18 to 21 years of age. Mathematical modeling **predicted a significant impact** on initiation of smoking among teenagers, in particular those in the 15-17 year age group. This can be explained by

social circles. Currently, 18 year old high school students can provide access to tobacco products to their younger peers and classmates. But raising the MLA to 21 reduces social network overlap and access for teenagers.

The modeling predicts that if the MLA was raised to 21 years that by the time today's teenagers are adults there would be a **12% reduction** in the number of people using tobacco products.

What does that number mean for Vermont?

In 2014, the VT Department of Health estimated that 18% of Vermont adults were smokers[2]. If tobacco sales were restricted to those 21 and older and we saw the expected 12% reduction, we would have **11,000 fewer adult smokers in Vermont**. If the MLA increase was done now, the cohort of Vermont children born between 2000 and 2020 would see over **500 fewer premature deaths** and over **9,000 fewer years of life lost** in their lifetime[3].

I think about my patient's mother with the tracheostomy and wonder how different her life would have been if she had never started smoking. The difference in her morbidity and quality of life would be striking. But I also think of her son and the difference in his quality of life if his mother had never started smoking. He may still have underlying asthma symptoms but his number of ICU admissions, his complications from chronic steroid use, his many missed school days would all be drastically reduced. Those data are not easily captured when we estimate effects of reduced smoking in our population but they should be remembered as we contemplate policies to reduce smoking. The data for this measure are compelling and they do not even capture all the benefits to our population here in Vermont.

For these reasons the Vermont Chapter of the American Academy of Pediatrics, representing over 200 Vermont Pediatricians, support increasing the minimum legal age of access to tobacco products to 21.

1. IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products.* Washington, DC: The National Academies Press.

2. Vermont Department of Health, Vermont Tobacco Control Program. 2014 Vermont Adult Tobacco Survey.

3. Extrapolated from IOM report using VT Dept of Health Data and VT Census Data.