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Testimony in support of S.86

An act relating to increasing the legal age for buying and using cigarettes, electronic cigarettes, and other tobacco products from 18 to 21 years of age

As a Pediatric Critical Care physician, I care for infants, children and adolescents who are impacted by parental smoking. Vermont's rate of smoking during pregnancy is consistently twice the national rate. Data from 2014 puts the national rate of women of smoke during pregnancy at 8.4% while Vermont's rate is 16.8%. Infants born to mothers who smoke are at higher risk of prematurity and of being small for gestational age. Infants who live in homes with smokers are at increased risk for breathing problems when sick and are at increased risk for sudden unexpected infant death. Children and adolescents with asthma have their disease exacerbated by smoking in the home. Parents of my patients want to quit, but have difficulty doing so due to the addictive effects of nicotine. 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.

One important preventive intervention is to raise the minimum age to purchase tobacco products from 18 to 21. When asked about raising the minimum age, 75% of Americans support this. Importantly, 70% of current smokers support raising the minimum age to 21.

What would raising the minimum age do to smoking prevalence?

In 2015, the Institute of Medicine put out a report on the effect of raising the minimum age to purchase 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 overlapping social circles. Currently, 18 year old high school students can provide access to tobacco products to their younger peers and classmates. But raising the minimum age to 21 reduces social network overlap and access for teenagers.

Reducing access to tobacco products including electronic nicotine delivery systems (ENDS) at young ages is especially important. The reward centers of the young brain are particularly vulnerable to the effects of nicotine. Those who are exposed to nicotine at a young ago are more likely to become adult smokers. They smoke more packs per day, have poorer health outcomes and have more difficulty quitting than those who start later. As an example, 67% of 6th graders who smoke become regular smokers by

adulthood while that number drops to 46% if they start smoking in 11th grade. Given that 90% of nicotine-dependent adults were exposed to the product by age 18, we need to do more to limit access among young people.

The modeling predicts that if the minimum age 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 2016, the VT Department of Health estimated that 18% of Vermont adults were smokers. 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** as our current young people aged. If the minimum age 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[1].

What about lost revenue?

Seven states have raised the minimum age to purchase tobacco products to 21. These states have had to consider the potential short-term revenue losses during the period of time when they are waiting for significant health care savings to kick in. A near-term fiscal analysis was put together by the Preventing Tobacco Addiction Foundation during the 2015 California debate to look at these numbers. They looked at the short term effects of reducing prematurity and low birth weight infants that the bill would have. Here are the conclusions of the analysis:

*"In the first five years of this policy, health care cost savings **solely from preventing prematurity and low birth weight exceeds $102 million** of which $82 million is Medi-Cal savings, which easily surpasses the tobacco tax revenue loss of $74 million".*

These projections show cost savings fairly quickly and these will certainly increase over the years as the population ages with fewer smokers.

For these reasons both the **Vermont Chapter of the American Academy of Pediatrics**, representing over 200 Vermont Pediatricians, and the **Vermont Medical Society**, representing over 2,000 Vermont physicians, support increasing the minimum legal age of access to tobacco products to 21.

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