



RHODE ISLAND
MEDICAL SOCIETY



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Rhode Island Chapter



May 1, 2018

To the Honorable Members of the Senate Committee on Judiciary:

Senator Erin Lynch Prata, Chairperson; Senator Stephen R. Archambault, Vice Chairperson; Senator Harold M. Metts, Secretary; Senator Cynthia A. Coyne; Senator Mark W. Gee; Senator Paul V. Jabour; Senator Frank S. Lombardi; Senator Donna M. Nesselbush; and Senator Leonidas P. Raptakis.

Our organizations would like to express support for Senate Bill 2464, AN ACT RELATING TO CRIMINAL OFFENSES -- TOBACCO AND NICOTINE PRODUCTS -- CHILDREN, by Senator Cynthia Coyne. This bill would raise the minimum legal sale age (MLSA) for tobacco products (including electronic cigarettes) from 18 to 21 in Rhode Island.

The Toll of Tobacco in Rhode Island¹

There are approximately 122,000 adult smokers in Rhode Island. Currently, 4.8 percent of Rhode Island high school students smoke and 300 kids (under age 18) become new daily smokers each year. Statistics show that 1,800 Rhode Island adults die each year from their own smoking and sadly, 16,000 kids now under 18 and alive in Rhode Island will ultimately die prematurely from smoking. **The annual health care costs in Rhode Island directly caused by smoking total \$640 million – with more than \$216 million of these expenditures incurred by the Medicaid program.** In addition, the use of electronic cigarettes among youth is cause for serious concern. An alarming 19.3 percent of Rhode Island high school students use electronic cigarettes. This is significantly higher than the national average of 11.3 percent.

Raising the Minimum Legal Sale Age (MLSA) to 21 Will Help Save Lives

A March 2015 report by the Institute of Medicine (now called the National Academy of Medicine) found that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.² The IOM predicted that raising the tobacco sale age will:

- significantly reduce the number of adolescents and young adults who start smoking;
- reduce smoking-caused deaths, and
- immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children.

Most Adult Smokers Start Smoking Before Age 21

National data show that about 95 percent of adult smokers begin smoking before they turn 21.³ The ages of 18 to 21 are also a critical period when many smokers move from experimental smoking to regular, daily use.⁴ Nicotine is addictive, and adolescents and young adults are more susceptible to its effects because their brains are still developing.⁵ Delaying the age when young people first experiment with or begin using tobacco can reduce the risk that they will become addicted smokers.⁶

Tobacco Companies Target Kids and Young Adults

Tobacco companies intentionally market to kids and young adults in order to recruit “replacement smokers” and protect company profits. They know nearly all users become addicted before age 21. Increasing the tobacco sale age to 21 will help counter the efforts of the tobacco companies to target young people at a critical time when many move from experimenting with tobacco to regular smoking.

Raising the Sale Age Will Help Keep Tobacco Out of High Schools

Research shows that kids often turn to older friends and classmates as sources of cigarettes.⁷ Raising the tobacco sale age to 21 would reduce the likelihood that a high school student will be able to legally purchase tobacco products for other students and underage friends.⁸

Raising the Sale Age Has Broad Public Support

A survey by the Centers for Disease Control and Prevention found that 75 percent of adults – including 7 in 10 smokers – support increasing the minimum legal sale age for tobacco products to 21.⁹

It’s Happening Across the Country!

Hawaii, California, New Jersey, Maine and Oregon have raised the MLSA for tobacco products to 21. More than 300 cities and counties nationwide, including more than 170 communities in neighboring Massachusetts, have made their tobacco sale age 21. Central Falls and Barrington were the first local governments in Rhode Island to approve ordinances increasing the MLSA for tobacco products to 21.

S. 2464 will reduce tobacco use among young people, save lives and help make the next generation tobacco-free. We hope the committee will recommend passage of this important proposal. Thank you for your consideration.

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¹ Campaign for Tobacco-Free Kids, The Toll of Tobacco in Rhode Island, updated April 10, 2018,

https://www.tobaccofreekids.org/facts_issues/toll_us/rhode_island.

² 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://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx>; In addition, a recent study suggests that raising the sale age to 21 is a promising practice, finding that the policy contributed to a greater decline in youth smoking in one community that passed a 21 ordinance compared to comparison communities that did not pass an ordinance restricting tobacco product sales to 21 and older. While the results are promising, the magnitude of the impact is unknown given that there are no baseline measurements and there were confounding issues that were not controlled for. See Kessel Schneider, S. et al, "Community reductions in youth smoking after raising the minimum tobacco sales age to 21," *Tobacco Control*, June 12, 2015, <http://tobaccocontrol.bmj.com/content/early/2015/06/12/tobaccocontrol-2014-052207.1.abstract>

³ 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.

⁴ Calculated based on data in the National Survey on Drug Use and Health, 2014, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>. See also: Hammond, D, "Smoking behaviour among young adults: beyond youth prevention," *Tobacco Control*, 14:181 – 185, 2005. Lantz, PM, "Smoking on the rise among young adults: implications for research and policy," *Tobacco Control*, 12(Suppl I):i60 – i70, 2003.

⁵ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

⁶ See, e.g., Khuder, SA, et al., "Age at Smoking Onset and its Effect on Smoking Cessation," *Addictive Behavior* 24(5):673-7, September-October 1999; D'Avanzo ,B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," *Health Reports* 9(4):39-46, Spring 1998; Everett, SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine* 29(5):327-33, November 1999; Breslau, N & Peterson, EL, "Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences," *American Journal of Public Health* 86(2):214-20, February 1996.

⁷ National Center for Education Statistics, "Enrollment Trends by Age (Indicator 1-2012)," *The Condition of Education*, 2012, http://nces.ed.gov/programs/coe/pdf/coe_oep.pdf. U.S. Census Bureau, Current Population Survey, Data on School Enrollment, <http://www.census.gov/hhes/school/data/cps/index.html>; 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; Ahmad, S, "Closing the youth access gap: The projected health benefits and costs savings of a national policy to raise the legal smoking age to 21 in the United States," *Health Policy*, 75:74 – 84, 2005. White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005.

⁸ White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005. Ahmad, S, "Closing the youth access gap: The projected health benefits and cost savings of a national policy to raise the legal smoking age to 21 in the United States," *Health Policy*, 75:74 – 84, 2005.

⁹ King, Brian A., Jama, AO, Marynak, KL, and Promoff GR, "Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults," *American Journal of Preventive Medicine*, 2015, <http://www.sciencedirect.com/science/article/pii/S0749379715002524>