

March 24, 2015

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The Honorable Joseph M. McNamara
Chair, House Committee on Health, Education and Welfare
Rhode Island State House,
Providence, RI 02903

Re: H5225 - A N A C T RELATING TO CRIMINAL OFFENSES – CHILDREN

Dear Chairman McNamara and Members of the Committee:

The American Lung Association in Rhode Island strongly supports H5225, legislation that would raise the legal sales age to purchase tobacco in Rhode Island to 21.

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year. It is known to cause cancer, heart disease and respiratory diseases, among other health disorders, and costs the U.S. as much as \$170 billion in health care expenditures each year. Each day, 700 kids under the age of 18 become regular, daily smokers; and almost one-third will eventually die from smoking. If current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness. We know that 85% of US smokers started smoking before they turned 21 and 99% started by the time they turned 26. Effective policies to prevent youth tobacco initiation are key to reducing adult death and disease from tobacco addiction.

High tobacco taxes, comprehensive smoke-free laws and comprehensive tobacco prevention and cessation programs are proven strategies to reduce tobacco use and save lives. Increasing the minimum legal sale age (MLSA) for tobacco products to 21 complements these approaches to reduce youth tobacco use and to help users quit. The policy has been adopted by more than 50 localities in seven states, including New York City. Four states have MLSAs that prohibit the sale of tobacco products to individuals under the age of 19: Alabama, Alaska, New Jersey and Utah. In 2005, Needham, Massachusetts became the first city to implement a Tobacco 21 law. While the sample size is small, Needham has seen youth smoking rates decrease much faster than the surrounding cities. These efforts are still relatively new, but we do have reason to believe that these efforts will be successful.

A new report finds that raising the age of legal tobacco purchase from 18 to 21 would save hundreds of thousands of lives and substantially reduce the number of smokers in the United States. The Institute of Medicine (IOM), an independent panel of experts that advises the federal government on public health issues, and one of the most prestigious scientific authorities in the United States, was asked by the FDA to report on the benefits if the age were 19, 21, or 25. IOM strongly concluded that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives. If done so nationwide, it would result in **223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019. Further, there would be 12 percent fewer smokers by 2100.**

The FDA is prohibited from establishing a nationwide minimum age of legal access. However, states and localities can set a higher minimum age for their communities. The IOM's report was produced to help inform the public health impact of doing so.

Because it is a relatively new strategy, direct research on increasing the MLSA to 21 is somewhat limited; but, the data that are available provide strong reason to believe that it will contribute to reductions in youth tobacco use. Central to the MLSA strategy are the facts that many smokers transition to regular, daily use between the ages of 18 and 21; many young adult smokers serve as a social source of tobacco products for youth; and tobacco companies have long viewed young adults ages 18 to 21 as a target market group. National data show that 95 percent of adult smokers begin smoking before they turn 21, and a substantial number of smokers start even younger—more than 80 percent of adult smokers first try smoking before age 18. While half of adult smokers become regular, daily smokers before age 18, four out of five become regular, daily smokers before they turn 21. This means the 18 to 21 age range is a time when many smokers transition to regular use of cigarettes.

This legislation would help prevent more youth from succumbing to an addiction that could cost them their lives. Studies show that as much as 60% of underage smokers do not purchase their cigarettes from retailers but instead get their cigarettes from “social sources” such as older friends who smoke. Raising the purchase age to 21 will further limit such social sources for our children.

The fact is that the tobacco industry has a long and disturbing history of luring youth to their addictive products. Not only that, Big Tobacco specifically acknowledged in their own memos the threat to their industry of increasing the age. A Phillip Morris memo declared “Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70 percent market share.”

Prior to the Master Settlement Agreement in 1998, the tobacco industry promoted their products directly to kids through advertising and marketing. While the tobacco settlement put in place tough restrictions to stop tobacco companies from directing advertising and marketing to kids, the tobacco companies drastically increased their advertising and marketing budgets and shifted their focus to college kids, the 18-24 year old age group. Tobacco companies have admitted in their own internal documents that, if they don't capture new users by the age of 21, it is very unlikely that they ever will. In 1982, one RJ Reynolds researcher stated: “If a man has never smoked by age 18, the odds are three-to-one he never will. By age 21, the odds are twenty-to-one.”

Delaying the age when young people first experiment or begin using tobacco can reduce the risk that they transition to regular or daily tobacco use and increase their chances of successfully quitting, if they do become regular users. Because of the addictive nature of nicotine, experimentation or initiation of tobacco use among youth and young adults is particularly troubling. These ages are a critical period of growth and development; as a



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result, young people are more susceptible and sensitive to nicotine's addictiveness and can often feel dependent earlier than adults.

Comprehensive approaches to addressing public health problems work. Much like increasing the minimum drinking age has not eliminated underage drinking, a higher MLSA is not likely to eliminate underage tobacco use. Rather, it is one more part of a comprehensive tobacco control effort that offers several benefits that could help reduce youth tobacco use and increase the likelihood that youth will grow up to be tobacco-free.

The American Lung Association in Rhode Island strongly encourages passage of H5225.

Sincerely,

Karina Holyoak Wood
Director of Public Policy
American Lung Association in Rhode Island