



**Senate State Affairs Committee
Testimony by John T. Carlo, MD
Senate Bill 21 by Sen. Joan Huffman
March 18, 2019**

Thank you, Chairwoman Huffman and members of Senate State Affairs for this opportunity to testify in support of Senate Bill 21. My name is John Carlo; I am a public health and preventive medicine specialist from Dallas. I am a member of the Texas Medical Association’s Council on Legislation and chair of the Texas Public Health Coalition. I am speaking today on behalf of TMA, the Texas Pediatric Society, the Texas Society for Gastroenterology and Endoscopy, the Texas Association of Obstetricians and Gynecologists, the American College of Obstetricians and Gynecologists – Chapter XI (Texas), the Texas Osteopathic Medical Association, the Texas Academy of Family Physicians, and the Texas Public Health Coalition with its 37 member organizations. These organizations, along with TMA’s nearly 53,000 physicians and medical student members, collectively support “T21” – raising the minimum legal purchasing age of tobacco to 21 to protect the health of Texas youth.

Tobacco continues to be the No. 1 cause of preventable disease and premature death in Texas.ⁱ Most smokers – about 95 percent – started smoking well before the age of 21, and an estimated 10,400 Texas high school students become regular smokers every year.ⁱⁱ The younger kids are when they start using tobacco, the more likely they’ll become addicted. Exposure to tobacco and nicotine at a young age affects brain development and increases risk for addiction. With nicotine dependence and continued use into adulthood come even greater risks of lung cancer, coronary heart disease, diabetes, stroke, and other cancers, as well as early death.ⁱⁱⁱ If current trends continue, nearly half a million (498,000) Texas kids alive now will ultimately die prematurely from smoking.ⁱⁱ

Today, two-thirds of 10th grade students and nearly half of eighth grade students say it’s easy to get cigarettes,^{iv} mostly through their older friends and peers. T21 seeks to prevent youth access by lowering the likelihood of them being in the same social networks as those who can purchase tobacco legally.

Currently, about 118,600 Texas kids (7.6 percent) smoke cigarettes.ⁱⁱ The numbers are even more alarming when it comes to new vape products, such as e-cigarettes and JUULs. As these new products continue to entice our teens with sweet, candy-like flavors, this will only get worse. The most recent Texas Youth Tobacco Survey showed 41 percent of high school students have tried vape products.^v That’s almost half our children experimenting with a product that contains nicotine – a chemical we all know to be highly addictive and harmful to brain development.

As you hear arguments today about e-cigarettes being harm reduction tools in tobacco cessation, please keep in mind that e-cigarettes are not currently approved by the FDA as a tobacco cessation tool.^{vi} The U.S. Preventive Services Task Force has concluded that there is insufficient evidence to recommend e-cigarettes for smoking cessation in adults.^{vii} E-cigarettes may help adult smokers, but only if they are used as a complete substitute for all cigarettes and other combustible tobacco products.^{vi} However, CDC research has found that as many adults are using e-cigarettes in an attempt to quit smoking, they are in fact dually using both cigarettes and e-cigarettes.^{viii}

As a physician, I am amazed that we, in medicine and in public health, are still having this fight against tobacco and nicotine. We’ve known for almost six decades now how harmful these products are for our children. We’ve known for almost four decades how the tobacco industry considers “today’s teenagers” “tomorrow’s potential regular customer.” More than 28,000 Texans die each year because of tobacco,ⁱⁱ and we, as physicians, urge this committee to keep our kids today from being tomorrow’s tobacco death statistic. TMA and all of the organizations represented urge this committee to pass SB 21 – to help protect our Texas children from potential nicotine addiction, chronic disease, and a life cut short because of tobacco. Thank you again for this opportunity to testify, and I would be happy to answer any questions at this time.

ⁱ America’s Health Rankings, 2018. <https://www.americashealthrankings.org>

ⁱⁱ Campaign for Tobacco Free Kids, The Toll of Tobacco in Texas, Oct. 17, 2018, <https://www.tobaccofreekids.org/problem/toll-us/texas>

ⁱⁱⁱ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2012. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK99237/>

^{iv} Johnston, L. D., Miech, R. A., O’Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2018). Monitoring the Future national survey results on drug use: 1975-2017: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan.

^v Texas Department of State Health Services (DSHS), YRBS Data Brief: Tobacco Products, November 2018, <https://www.dshs.texas.gov/chs/yrbs/attachments/November-2018-Data-Brief.pdf>

^{vi} Centers for Disease Control and Prevention, About Electronic Cigarettes, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

^{vii} U.S. Preventive Services Task Force, Final Recommendation Statement. Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>

^{viii} Caraballo RS, Shafer PR, Patel D, Davis KC, McAfee TA. Quit Methods Used by US Adult Cigarette Smokers, 2014–2016. *Prev Chronic Dis* 2017; 14:160600. DOI: <https://doi.org/10.5888/pcd14.160600>