



RAISING THE MINIMUM LEGAL SALE AGE TO 21 EXCERPTS FROM THE 2015 INSTITUTE OF MEDICINE REPORT

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year. If current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness. High tobacco taxes, comprehensive smoke-free laws and comprehensive tobacco prevention and cessation programs are proven strategies to reduce tobacco use and help smokers quit.

A complementary strategy is increasing the minimum legal sale age (MLSA) for tobacco products to 21. A comprehensive report released by the prestigious Institute of Medicine (IOM) concludes that raising the sale age for tobacco products to 21 will have a substantial positive impact on public health and save lives.¹ The report finds that raising the tobacco sale age would 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.

Specifically, the report predicts that were the minimum age for the sale of tobacco products 21, over time, the adult smoking rate would decline by about twelve percent and smoking-related deaths would decline by ten percent.

Raising the Tobacco Sale Age to 21 Will Reduce Tobacco Use Among Youth and Young Adults

Increasing the sale age to 21 will reduce tobacco use among youth and young adults – age groups when nearly all smoking begins and that are heavily targeted by the tobacco industry. National data show that 95 percent of adult smokers begin smoking before they turn 21. Increasing the tobacco sale age to 21 will help prevent these young people from ever starting to smoke. The IOM report concludes:

“Increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults.”

“Although changes in the minimum age of legal access [MLA] to tobacco products will pertain to individuals who are 18 and older, the largest proportionate reduction in initiation of tobacco use will likely occur among adolescents of ages 15 to 17 years.”

The IOM report documents how critical it is to prevent or delay the age of initiation:

“An earlier age of initiation is associated with greater levels of nicotine dependence.”

“An earlier age of initiation is associated with greater intensity and persistence of smoking beyond adolescence and through adulthood.”

“...[A]dolescents, even those who are light and intermittent smokers, have difficulty stopping their tobacco use, especially once dependence symptoms have emerged, even if the symptoms have not yet reached the level of fully developed nicotine dependence.”

Starting to smoke at a young age translates to increased risk of illness.

“A younger age of initiation is associated with an increased risk of many adverse health outcomes, such as a hospital inpatient stay in the past year and lifetime risk of respiratory disease, especially chronic obstructive pulmonary disease, and lung cancer.”

Raising the Tobacco Sale Age to 21 Will Reduce Smoking Prevalence

Based on the estimates for changes to youth initiation of tobacco use, the committee estimated the effects on adult prevalence and concluded that raising the tobacco sale age will reduce smoking prevalence.

“...[R]aising the minimum age of legal access to tobacco products, particularly to age 21 or 25, will likely lead to substantial reductions in smoking prevalence.”

¹ Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, 2015

“If the MLA were raised now, the models projected that by the time today’s teenagers were adults, there would be a 3 percent decrease in prevalence of tobacco use among those adults if the MLA were raised to 19, a 12 percent decrease if raised to 21, and a 16 percent decrease if raised to 25.”

Raising the Tobacco Sale Age to 21 Will Save Lives

Given the likelihood that raising the tobacco sale age to 21 will decrease rates of initiation and prevalence, the IOM report concludes that tobacco-related death and disease will also decrease.

“Based on modeling, raising the minimum age of legal access to tobacco products will likely lead to substantial reductions in smoking-related mortality.”

According to the IOM, if the tobacco sale age were raised now to 21 nationwide, for those born between 2000 and 2019, there would be approximately:

- 223,000 fewer premature deaths,
- 50,000 fewer deaths from lung cancer, and
- 4.2 million fewer years of life lost.

Raising the Tobacco Sale Age to 21 Will Improve Health

The predicted changes in initiation of tobacco use and prevalence were used to estimate the impacts of raising the tobacco sale age. The committee concludes that raising the tobacco sale age would immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking.

Impact on Youth and Young Adults

“The committee concludes that raising the MLA will likely immediately improve the health of adolescents and young adults by reducing the number of those with adverse physiological effects”

“Based on a review of the literature, raising the minimum age of legal access to tobacco products will likely immediately improve the health of adolescents and young adults by reducing the number of those with smoking-caused diminished health status. As the initial birth cohorts affected by the policy change age into adulthood, the benefits of the reductions of the intermediate and long-term adverse health effects will also begin to manifest.”

“Raising the minimum age of legal access to tobacco products will also likely reduce exposure to secondhand smoke and the prevalence of other tobacco products, further reducing their associated adverse health effects, both immediately and over time.”

Impact on Maternal and Child Health

Maternal smoking and exposure to secondhand smoke during infancy increases the risk of many serious adverse health outcomes for both the developing child and mother. According to the IOM, by reducing smoking, raising the sale age for tobacco would have an immediate impact on maternal/fetal outcomes.

“An increase in the MLA would therefore have a robust and immediate impact in improving maternal/fetal and infant outcomes by reducing the likelihood of maternal/paternal smoking. Benefits would expect to occur immediately with a change in the MLA....”

“Adverse maternal, fetal, and infant outcomes — including preterm births, low birth weight, and sudden infant death — will also probably decrease due to reduced tobacco exposure in mothers and infants.”

If the tobacco sale age were raised now to 21 nationwide, the IOM model predicts, over time, an estimated:

- 438,000 fewer babies born with low birth weight
- 286,000 fewer preterm births
- 4,000 fewer deaths from sudden infant death syndrome.