



INCREASING THE SALE AGE FOR TOBACCO TO 21 WILL REDUCE SMOKING AND SAVE LIVES

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 Americans each year.¹ Tobacco use is known to cause cancer, heart disease and respiratory diseases, among other serious health problems and costs the U.S. as much as \$170 billion in health care expenditures each year.² Each day, 350 kids under the age of 18 become regular, daily smokers; and almost one-third will eventually die from smoking.³ If current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness.⁴

Because tobacco is so harmful, we should do everything we can to prevent tobacco use among young people. Increasing sale age for tobacco to 21 will help reduce smoking and save lives.

Raising the Minimum Legal Sale Age Will Help Save Lives

A March 2015 report by the Institute of Medicine (IOM) concluded that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.⁵ The IOM finds 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.

Raising the Minimum Legal Sale Age Is Being Adopted Across the U.S. and Is Popular

- Jurisdictions across the country are increasing the sale age for tobacco. California, New Jersey, Oregon, Hawaii, and Maine have raised the tobacco sale age to 21, along with at least 270 localities, including New York City, Chicago, Boston, Cleveland and both Kansas Cities.
- Raising the legal sale age is popular with the public, including smokers. A July 2015 CDC report found that three quarters of adults favor raising the tobacco age to 21, including seven in 10 smokers. The idea has broad-based support across the country, including support among men and women, and Americans of all income, education, race/ethnicity and age groups.⁶

Addiction Occurs Early—Most Adult Smokers Start Smoking Before Age 21

- About 95% of adult smokers begin smoking before they turn 21, and about 80% first try it before age 18.⁷ While less than half (47%) of adult smokers become regular, daily smokers before age 18, four out of five become regular, daily smokers before they turn 21.⁸ This means the 18 to 21 age range is a time when many smokers transition to regular smoking.
- Tobacco companies know that if they don't capture new users by their early 20's, it's very unlikely they ever will.⁹
- Adolescents are particularly vulnerable to the addictive effects of nicotine. The U.S. Surgeon General has stated that "the potential long-term cognitive effects of exposure to nicotine in this age group are of great concern."¹⁰ Because adolescence and young adulthood are critical periods of growth, exposure to nicotine can have lasting, negative consequences on brain development.
- Young people can feel addicted to nicotine earlier than adults.¹¹ As a result of nicotine addiction, about 3 out of 4 teen smokers end up smoking into adulthood, even if they intend to quit after a few years.¹²

Older Adolescents and Young Adults are a Source of Cigarettes for Youth

- More than 60% of 10th grade and nearly half of 8th grade students say it's easy to get cigarettes.¹³
- Youth smokers identify friends and classmates as a common source of cigarettes. With more 18-19 year olds in high school, youth have daily contact with students who can legally buy tobacco for them.¹⁴
- Setting the minimum legal sale age at 21 instead of 18 would help keep tobacco out of schools because legal purchasers would be less likely to be in the same social networks as high school students and therefore less able to sell or give cigarettes to them.

More information on increasing the sale age for tobacco products to 21 is available at

¹ 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

² HHS. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, 2014; Xu, X., et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *Am J Prev Med*, 2014.

³ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2016 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>

⁴ HHS. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. 2014.

⁵ 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>

⁶ 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>

⁷ 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.; 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, <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁸ Calculated from data in the National Survey on Drug Use and Health, 2014, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>.

⁹ RJ Reynolds: "If a man has never smoked by age 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one," RJ Reynolds, "Estimated Change in Industry Trend Following Federal Excise Tax Increase," September 10, 1982, Bates Number 513318387/8390, <http://legacy.library.ucsf.edu/tid/tib23d00;jsessionid=211D4CCF0DBD25F9DC2C9BB025239484.tobacco03>.

¹⁰ HHS. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, 2014.

¹¹ HHS. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. , 2014. HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012; U.S. Department of Health and Human Services (USDHSS), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, 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, 2010.

¹² HHS. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012.

¹³ Johnston, LD, et al., *Monitoring the Future study*, 2016, <http://www.monitoringthefuture.org/data/16data/16cigtbl3.pdf>.

¹⁴ 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_ope.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.