

TOBACCO 21: RAISING THE MINIMUM AGE TO 21

HEALTH POTENTIAL

- **Limits teen access to tobacco products and protects them from becoming smokers.** The Institute of Medicine (IOM) estimates that raising the minimum legal age to 21 could result in a 25% decrease in initiation rate for 15-17 year olds.² Youth would have a harder time passing as 21 year olds, reducing under age sales.
- **Decreases youth smoking rate.** Five years after Needham, MA raised the minimum age to 21, youth smoking rates were cut nearly a half from 12.9% to 6.7% which was not observed in nearby cities.³
- **Prevents death and disease.** IOM projected that raising minimum age to 21 will reduce smoking-related deaths by 10 percent, which translates into 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost.²
- **Minimal Impact on Retailers.** National level research found that increasing the purchasing age to 21 would only decrease tobacco retail sales by 2%.⁴



SMOKING AND ADOLESCENTS

Nicotine Addiction Begins at Adolescence

- 87% of U.S. adult smokers started smoking by age 18; 95% before they turn 21.⁵ In California, 63% of smokers start by age 18, and 97% by age 26.⁶
- Electronic cigarette (e-cigarette) use is on the rise, tripling among high school students and surpassing use of any other tobacco product, including cigarettes.⁷

Among, California
11th grade high
school students
17.7%
use e-cigarettes or smoke
cigarettes¹

Adolescent tobacco use has negative impacts on health & cognitive development

- Smokers who start at a younger age tend to be heavier and long term smokers, which lead to higher risk of tobacco-related health problems such as cancer and heart disease. Youth who smoke are also at risk for increase blood pressure, asthma, and reduced lung growth.⁸
- The adolescent brain continues to develop until age 25, nicotine exposure and use before that age may have long lasting negative impacts on brain development. "The parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine and nicotine addiction."²

Big Tobacco Marketing and Peer Pressure on Youth Smoking

- The Tobacco industry targets advertising and promotional activities to encourage youth and young adults to start smoking. The US Surgeon General declares that "...the root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products."⁹
- 8 out of 10 adolescents who ever tried smoking got their cigarettes from others, mainly friends who were between 18-20 years old.¹⁰

119 JURISDICTIONS & 2 STATES RAISED MIN AGE TO 21

- **Over 100 localities in 8 states have raised the minimum legal age for tobacco to 21.** San Francisco, Healdsburg and Santa Clara in California. Other jurisdictions in Massachusetts, New Jersey, Illinois, Missouri, New York and Ohio.
- **California is the second state to raise its minimum legal age to 21,** effective June 9, 2016. Hawaii was the first state, with its law effective Jan 1, 2016.

References

1. California Department of Education, WestEd Health and Human Development Program. California Healthy Kids Survey, 2013-2015.
2. Bonnie RJ, Stratton K, Kwan LY. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*: National Academies Press; 2015.
3. Schneider SK, Buka SL, Dash K, Winickoff JP, O'Donnell L. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco control*. 2015:tobaccocontrol-2014-052207.
4. Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi-Burza E, DiFranza JR. Retail Impact of Raising Tobacco Sales Age to 21 Years. *American journal of public health*. 2014;104(11):e18-e21.
5. US Department of Health and Human Services. Preventing tobacco use among youth and young adults: A report of the Surgeon General. *Atlanta, GA: US 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*. 2012;3.
6. California Department of Public Health CTCPC. Behavioral Risk Factor Surveillance System. 2014.
7. Centers for Disease Control. E-cigarette use triples among middle and high school students in just one year 2015.
8. US Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*: US 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; 1994.
9. US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the Surgeon General. *Atlanta, GA: US 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;17.
10. White MM, Gilpin EA, Emery SL, Pierce JP. Facilitating adolescent smoking: who provides the cigarettes? *American Journal of Health Promotion*. 2005;19(5):355-360.