

Raising the Minimum Age of Sale of Tobacco Products to 21



Youth use of tobacco remains unacceptably high with new users starting every day. Among high school students in 2014, 9.2 percent smoked cigarettes, 13.4 percent used electronic cigarettes, 9.4 percent used hookah or waterpipes, and 8.2 percent reported smoking cigars.ⁱ While cigarette smoking may be on the decline, both electronic cigarette and hookah or waterpipe use appear to be on the rise among youth.ⁱⁱ Among young adults aged 18-20, 24 percent report smoking cigarettes and 10.2 percent smoking cigars.ⁱⁱⁱ It is important that any effort to address youth initiation include all tobacco products.

Nearly 90 percent of adults who smoke started smoking before the age of 18 and nearly 100 percent started by age 26.^{iv} This time period is when the brain is fully developing, including the parts responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure.^v Adolescents and young adults are therefore a critical population to target with evidenced-based, tobacco control strategies.

ACS CAN Position on Raising the Minimum Age of Sale

The American Cancer Society Cancer Action Network (ACS CAN) supports raising the minimum age of sale of all tobacco products to the age of 21 with strong retailer compliance and active enforcement as part of its comprehensive strategy to reduce youth initiation. It is important to evaluate each proposal as the tobacco industry has specifically used minimum age of sale laws not to protect youth, but as a way to weaken restrictions on sales to youth, penalize youth, create carve outs for certain products, and to interfere with other effective tobacco control policies. As such, ACS CAN supports legislation that will best protect youth, and not benefit the tobacco industry, when raising the minimum age of sale to the age of 21.

Legislative provisions for raising the minimum age of sale to 21:

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| <ul style="list-style-type: none">▪ Covers all tobacco products, including electronic cigarettes.▪ Provides public education and training and technical assistance to retailers.▪ Implements measures for active enforcement, such as retailer licensing and penalties, including license suspension and revocation. | <ul style="list-style-type: none">▪ Does not create categories of products, which would exempt certain products from other tobacco control laws.▪ Does not penalize youth.▪ Does not preempt other jurisdictions from passing strong tobacco control laws. |
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Most importantly, raising the minimum age of sale for all tobacco products to 21 must be a part of a strong, comprehensive tobacco control strategy to adopt evidence-based programs and policies.

Impact of Raising the Minimum Age of Sale

Tobacco initiation and use among youth and young adults can most substantially be reduced by the most effective tobacco control strategies, including increasing the price of tobacco products through regular and significant cigarette and other tobacco product taxes, implementing comprehensive smoke-free and tobacco-free laws and policies for all public places, and fully funding tobacco prevention and cessation

programs.^{vi} Restricting youth and young adult access to tobacco products can be a critical component to a comprehensive strategy to reduce initiation and a lifelong addiction. Laws aimed to restrict youth commercial access to tobacco products are only effective when combined with interventions to educate retailers, mobilize the community, and actively enforce the laws.^{vii} Raising the minimum age of sale to 21 with these additional interventions has the potential to reduce youth and young adult initiation.

In its March 2015 report, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, the Institute of Medicine (IOM) used two models to predict the impact of raising the minimum age of sale to 19, 21, and 25 nationally.^{viii} The two models estimated that raising the minimum age would reduce initiation, tobacco-related morbidity and mortality across the lifespan, and ultimately save lives. Specifically, the report models predict that smoking prevalence would decline by 12 percent if the national minimum age of sale was raised to 21.¹ One of the models also predicted that raising the national minimum age of sale to 21 would result in approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those individuals born between 2000 and 2019. Also important, the report states that raising the national minimum age of sale to 21 would have a substantially higher impact than raising the age to 19.

Furthermore, the IOM report concluded that active enforcement of minimum age laws can reduce underage sales, and additional measures, such as targeted retail education, community education and mobilization, and mass media campaigns can improve retailer compliance.

The IOM report provides new, useful information about the potential benefits of increasing the minimum age of sale of tobacco products nationally. The report also states that, published evidence on the real world impact of raising the minimum age is very limited at this time, most notably because so few jurisdictions have implemented such policy. The federal minimum age of sale of cigarettes and most other tobacco products is 18 years of age. In most states, the minimum age of sale for tobacco products is also 18. Hawaii and California recently became the first two states to raise the minimum age to 21, while four other states prohibit tobacco sales to individuals under the age of 19. As of early 2016 more than 135 local jurisdictions prohibit the sales to individuals under the age of 21. Therefore, there is substantial opportunity not only to increase the minimum age of sale of all tobacco products to 21 across the country, but also evaluate its effectiveness at reducing initiation among youth and young adults.



¹ The models assess a nationwide change in the minimum age of sale and aggregate the effects of state and local tobacco control measures on tobacco initiation, use, and cessation. Therefore state or local level changes to the minimum age of sale cannot be extrapolated from these models.

ACS CAN Position on Vermont H.93

ACS CAN supports the concept of increasing the age of sale of tobacco products to 21; however, we cannot support H. 93 as written.

For ACS CAN to support HR. 93, the following changes would need to be made:

- Amendments for bill to apply to all tobacco products.
 - Section 2 (c), page 3 line 17 insert, “or tobacco substitutes” after tobacco products
 - Section 2 (d), page 4 line 1, insert “or tobacco substitutes” after tobacco products
 - Section 6 (b) (5), page 7 line 8-9, insert “tobacco substitutes or tobacco paraphernalia” after tobacco products
- Amendments to remove penalties on youth.
 - Section 3 (a), page 4 line 9, strike “possess”
 - Section 3 (a), page 4 line 16 – Page 5 line 14, strike entire section
 - Section 3 (b), page 5 lines 15-18, strike entire section
 - Section 6 (b) (4), page 7 lines 6-7, strike entire section
- Amendments to place responsibility on tobacco license holders so that the holder of a tobacco license is ultimately held accountable rather than an individual sales clerk with graduated fines and penalties up to and including suspension or revocation of the tobacco license for repeat offenders.
 - Section 7, page 6 line 16, strike “individual” and insert “holder of tobacco license”

Additionally, the effective date of the law should be amended to a date in the future. ACS CAN recommends that the law be wholly implemented on one date rather than phased in over time in order to see the full health benefits predicted by the Institute of Medicine report.

ⁱ Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students – United States, 2011-2014. *MMWR*, 20164(38)1-5.

ⁱⁱ Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students – United States, 2011-2014. *MMWR*, 2015; 64(38)1-5.

ⁱⁱⁱ Center for Behavioral Health Statistics and Quality. (2015). 2014 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

^{iv} U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.

^v U.S. Department of Health and Human Services. Prevention Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012.

^{vi} U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.

^{vii} Guide to Community Preventive Services. Community mobilization with additional interventions to restrict minors' access to tobacco products. www.thecommunityguide.org/tobacco/communityinterventions.html. June 2001.

^{viii} IOM (Institute of Medicine). 2015. Public health implications of raising the minimum age of legal access to tobacco products. Washington, DC: The National Academies Press.