



# INCREASING THE TOBACCO SALE AGE TO 21



## WHY RAISE THE TOBACCO SALE AGE?

The tobacco industry heavily targets young adults ages 18-21 in order to recruit new tobacco users and guarantee profits. Approximately 95 percent of current adult smokers started before they were 21.<sup>1</sup> In Minnesota, no one under 18 years old is allowed to buy tobacco. Youth get tobacco from several sources, including social sources. A 16-year-old has more contact with and access to 18-year-olds who can buy tobacco. However, it is less likely a 16-year-old would ask a 21-year-old for tobacco. Increasing the age gap between young people and those who can legally buy tobacco will reduce youth access to tobacco.

A 2015 report from the Institute of Medicine (IOM) found that increasing the legal age to purchase tobacco to 21 would decrease smoking initiation among 15-17-year-olds by 25 percent.<sup>2</sup> A Minnesota-specific study looked at the impact of raising the tobacco age and found that 25 percent fewer 15-year-olds would start smoking by the time they turn 18 and 15 percent fewer 18-year-olds would start smoking by the time they turn 18. This translates into 30,000 young people not becoming smokers over the next 15 years.<sup>3</sup> If youth don't smoke by the time they are 21, they likely never will.



Nicotine is harmful to the development of the adolescent brain.

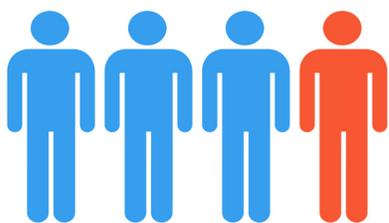
## WHAT IS THE IMPACT OF NICOTINE ON ADOLESCENT BRAIN DEVELOPMENT?

Nicotine is addictive and is particularly harmful to the developing adolescent brain. Evidence suggests that nicotine interferes with brain maturation and can have a long-term effect on cognitive development and mental health.<sup>4</sup> Even brief or intermittent nicotine exposure during adolescence can cause lasting damage.<sup>5</sup>

The addictive properties of nicotine can lead adolescents to heavier daily tobacco use and a more difficult time quitting later in life.<sup>6</sup> Nicotine exposure can also increase the risk of addiction to other harmful substances.<sup>5</sup> The long-term effects of nicotine on the adolescent brain is a significant public health concern.<sup>7,8</sup>

## WHO SUPPORTS RAISING THE TOBACCO SALE AGE TO 21?

A 2014 national survey shows that 75 percent of adults favor increasing the minimum sale age for tobacco to 21. A national consensus is growing to protect young people from a lifetime of addiction and health problems caused by tobacco by raising the tobacco sale age. In addition, 70 percent of current smokers and 65 percent of those age 18-24 support raising the minimum tobacco sale age.<sup>9</sup>



3 out of 4 adults favor increasing the sale age for tobacco to 21.

"Raising the legal minimum age for cigarette purchaser to 21 could gut our young adult market where we sell about 25 billion cigarettes and enjoy a 70 percent market share."

**Philip Morris report, 1986**

## IS YOUTH TOBACCO USE STILL A PROBLEM?

The percent of students who smoke cigarettes is declining, but the 2016 Minnesota Student Survey found that 9<sup>th</sup> and 11<sup>th</sup> graders in Minnesota are now using e-cigarettes at twice the rate of regular cigarettes.<sup>10</sup> Increasing the sale age to 21 would reduce youth access to all harmful tobacco products, including e-cigarettes, cigars and hookah.

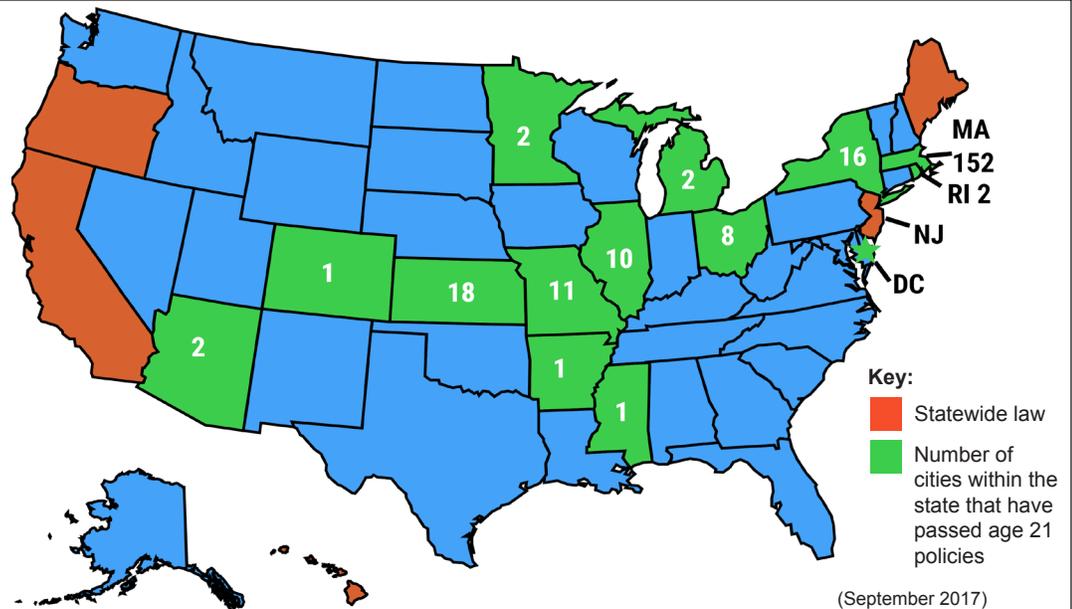
## WHAT CAN STATE AND LOCAL GOVERNMENTS DO?

Hawaii and California and a growing list of more than 260 cities in the United States have raised the tobacco sale age to 21. New York City, Boston, Kansas City, Saint Louis and Chicago lead that list.

The city of Needham, Mass., raised the legal tobacco sale age to 21 in 2005. Within five years, tobacco use among high school students decreased by nearly half.<sup>11</sup>

**California, Hawaii, New Jersey, Maine** and **Oregon** raised the minimum legal sale age for tobacco products to 21 since 2016.

More than **250 localities in the United States** have raised the minimum legal sale age for tobacco products to 21.



### SOURCES

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- 2 Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. National Academy Press. 2015.
- 3 Boyle, R., Kingsbury, J. & Parks, M. Raising the Minimum Legal Sales Age for Tobacco to 21. Minnesota Medicine. 2017.
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- 7 Abreu-Villaca, Y et al. Short-term adolescent nicotine exposure has immediate and persistent effects on cholinergic systems: critical periods, patterns of exposure, dose thresholds. Neuropsychopharmacology. 2003.
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- 9 King BA et al. Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults. Am J Prev Med. 2015.
- 10 Minnesota Student Survey Data. Minnesota Department of Health. 2016; <http://education.state.mn.us/MDE/dse/health/mss/>. Accessed November 22, 2016.
- 11 Kessed Schneider S et al. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. Tob Control. 2015.

Some organizations who support raising tobacco sale age to 21 include:

- American Cancer Society Cancer Action Network
- American Heart Association
- American Lung Association
- ClearWay Minnesota<sup>SM</sup>
- Minnesota Academy of Family Physicians
- Service Employees International Union Minnesota State Council



The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota. (February, 2017)

2395 University Avenue W, Suite 310, St. Paul, MN 55114 | 651-646-3005 | [www.ansrmn.org](http://www.ansrmn.org)