

SUPPORT #Tobacco21



The American Heart Association would like to thank the Dover City Council for considering an ordinance that would raise the minimum legal sale age for tobacco products from 18 to 21. **This initiative will reduce tobacco use among young people, save lives and help make the next generation tobacco-free!**

There are approximately 193,300 adult smokers in New Hampshire. Currently, 7.8 percent of New Hampshire high school students smoke and 500 kids (under age 18) become new daily smokers each year. Statistics show that 1,900 New Hampshire adults die each year from their own smoking and sadly, 22,000 kids now under 18 and alive in New Hampshire will ultimately die prematurely from smoking. **Among the smoking population, tobacco use costs New Hampshire \$729 million per year in annual health care costs.**¹

Raising the Minimum Legal Sale Age (MLSA) to 21 Will Help Save Lives

A March 2015 report by the Institute of Medicine (now called the National Academy of Medicine) found that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.² The IOM predicted 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.

Most Adult Smokers Start Smoking Before Age 21

National data show that about 95 percent of adult smokers begin smoking before they turn 21.³ The ages of 18 to 21 are also a critical period when many smokers move from experimental smoking to regular, daily use.⁴

Nicotine is addictive, and adolescents and young adults are more susceptible to its effects because their brains are still developing.⁵ Delaying the age when young people first experiment with or begin using tobacco can reduce the risk that they will become addicted smokers.⁶

Tobacco Companies Target Kids and Young Adults

Tobacco companies intentionally market to kids and young adults in order to recruit “replacement smokers” and protect company profits. They know nearly all users become addicted before age 21. Increasing the tobacco sale age to 21 will help counter the efforts of the tobacco companies to target young people at a critical time when many move from experimenting with tobacco to regular smoking.

Raising the Sale Age Will Help Keep Tobacco Out of High Schools

Research shows that kids often turn to older friends and classmates as sources of cigarettes.⁷ Raising the tobacco sale age to 21 would reduce the likelihood that a high school student will be able to legally purchase tobacco products for other students and underage friends.⁸

Raising the Sale Age Has Broad Public Support

A survey by the Centers for Disease Control and Prevention found that 75 percent of adults – including 7 in 10 smokers – support increasing the minimum legal sale age for tobacco products to 21.⁹

It’s Happening Across the Country!

Maine, New Jersey & 3 other states have increased the MLSA for tobacco products to 21. Over 170 communities, in our neighbor to the south, have made their tobacco sales age 21, without seeing a loss in employment or revenue.

For additional information, please contact Nancy Vaughan, Director of Government Relations at (603) 263-8329 or Nancy.vaughan@heart.org.

¹ Campaign for Tobacco-Free Kids, The Toll of Tobacco in New Hampshire, updated June 20, 2018, https://www.tobaccofreekids.org/facts_issues/toll_us/new_hampshire.

² 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>

³ 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: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>; 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.

⁴ Calculated based on data in the National Survey on Drug Use and Health, 2014, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>. See also: Hammond, D, "Smoking behaviour among young adults: beyond youth prevention," *Tobacco Control*, 14:181 – 185, 2005. Lantz, PM, "Smoking on the rise among young adults: implications for research and policy," *Tobacco Control*, 12(Suppl I):i60 – i70, 2003.

⁵ 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

⁶ See, e.g., Khuder, SA, et al., "Age at Smoking Onset and its Effect on Smoking Cessation," *Addictive Behavior* 24(5):673-7, September-October 1999; D'Avanzo ,B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," *Health Reports* 9(4):39-46, Spring 1998; Everett, SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine* 29(5):327-33, November 1999; Breslau, N & Peterson, EL, "Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences," *American Journal of Public Health* 86(2):214-20, February 1996.

⁷ 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.

⁸ White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005. Ahmad, S, "Closing the youth access gap: The projected health benefits and cost savings of a national policy to raise the legal smoking age to 21 in the United States," *Health Policy*, 75:74 – 84, 2005.

⁹ 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>

