

INCREASING THE TOBACCO SALES AGE TO 21

Making the Healthier Choice an Easier Choice

Raising the tobacco sale age to 21 will:

- **Reduce smoking initiation** among 15 to 17 year olds by **25%**.¹
- **Remove access** to tobacco products from the high school environment.
- **Prevent kids from becoming lifetime addicted.** Almost **95%** of addicted adult smokers started smoking before age 21.² Those who have not used tobacco by age 21 are unlikely to ever start.



Is youth tobacco use still a problem?

- Although youth cigarette smoking is declining, e-cigarette use among 9th and 11th graders is **twice that of regular cigarettes** in Minnesota.³ Increasing the sale age to 21 would reduce youth access to all harmful tobacco products, including e-cigarettes, cigars and hookah.
- **Nicotine is addictive** and is particularly harmful to the developing adolescent brain.⁴
- Nicotine exposure can also increase the **risk of addiction to other harmful substances.**⁵

Who supports raising the tobacco sale age to 21?

- 70% of current smokers support raising the minimum tobacco sales.⁶
- In Minnesota, the **cities of Edina and St. Louis Park** increased tobacco sales age to 21.
- In the U.S., **over 260 cities and counties in 18 states** have already raised the sales age.⁷



How will this policy impact tobacco retailers?

- Tobacco 21 policies address the pipeline to younger youth with **little impact** on local business. In fact, 18-20-year-olds make up roughly **2%** of tobacco sales.⁸

For more information, go to www.tobacco21.org

SOURCES:

1. Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. National Academy Press. 2015.
2. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: 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. 2012.
3. Minnesota Student Survey Data. Minnesota Department of Health. 2016; <http://education.state.mn.us/MDE/dse/health/mss/>. Accessed November 22, 2016.
4. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. 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. 2014.
5. Goriounova, N., Mansvelder, H. Nicotine exposure during adolescence alters the rules for prefrontal cortical synaptic plasticity during adulthood. *Frontiers in synaptic neuroscience*. 2012.
6. Nelson, D. et al. Long-term trends in adolescent and young adult smoking in the United States: metapatterns and implications. *Am J Public Health*. 2008.
7. Tobacco 21. (n.d.). Retrieved September 22, 2017, from <http://tobacco21.org>
8. Winickoff, J. P., Hartman, L., Chen, M. L., Gottlieb, M., Nabi-Burza, E., & DiFranza, J. R. (2014). Retail impact of raising tobacco sales age to 21 years. *American journal of public health*, 104 (11), e18-e21