



FACT SHEET

Raising the tobacco sale age to 21 will reduce tobacco use among youth and young adults.

- Most adult tobacco users start before age 21. About 95% of smokers begin smoking before the age of 21, and about 1,500 kids in CT become new daily smokers each year.^{1,2} Delaying the age when people first experiment or begin using tobacco will reduce the chance that they ever become regular, daily tobacco users.
- A March 2015 report by the Institute of Medicine (IOM) strongly concluded that raising the tobacco age to 21 nationally would significantly reduce the number of adolescents and young adults who start smoking and reduce smoking-related deaths.³
- Because young adults (18-20) are a common source of tobacco for youth under 18, raising the tobacco age to 21 will reduce tobacco use among youth under age 19. In fact, according to the modeling conducted by IOM, the age group most positively impacted will be youth ages 15-17.⁴

Older adolescents and young adults are a common source of tobacco for youth.

- Teens often obtain tobacco products from 18-20- year-old friends or family members.^{5,6}
 - In a survey of 6,352 California adults, the majority (59%) of 18- and 19-year- old smokers had been asked by someone younger than 18 years to buy cigarettes for them.⁷
 - In Connecticut, 31.5% of adolescents had someone else buy cigarettes for them in the past 30 days.⁸
 - A 2005 study based on the California Tobacco Survey found that 82% of adolescent smokers obtained their cigarettes from others, mostly from friends. A substantial percentage (40.9%) of the people buying or giving the cigarettes were of legal age to purchase them, with most being between 18 and 20 years of age.⁹
- Raising the tobacco age to 21 means that those who can legally obtain tobacco are less likely to be in the same social circle as high school students.
- High school students are less likely to have 21-year- olds in their social circles (than 18-20-year-olds).¹⁰
 - According to the American Cancer Society, it is much more difficult for a 15-year-old to pass themselves off as a 21-year-old than it would be for an 18-year-old.

Raising the tobacco age to 21 protects a population that is especially at risk for tobacco use.

- 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 at risk to the addictive effects of nicotine.^{11,12,13,14}

- Adolescent brains are especially at risk for nicotine addiction because their brains are still going through critical periods of growth and develop.¹⁵ Youth can feel dependent earlier than adults, and people who begin to smoke at an early age are more likely to develop severe levels of nicotine addiction than are those who start at a later age.¹⁶
- Adolescents progress faster to nicotine dependence than adults, find nicotine more rewarding, underestimate the risks of smoking, and are more influenced by smoking behavior in their social milieu.¹⁷

Raising the tobacco age will have minimal negative fiscal impact on state revenue.

- Tobacco use costs Connecticut \$2.03 billion in health care costs each year.¹⁸
- Preventing Connecticut kids from becoming addicted smokers would secure millions of dollars in future health care cost savings. In Connecticut, for each one percentage point decline in youth and adult smoking rates, future health care costs in Connecticut would be reduced by about \$353.2 million.¹⁹
- The impact on cigarette tax revenue over the first five years is estimated to be a fraction of one percent; that is, an estimated 1/4 of one percent.²⁰ The impact on tax revenue in the first year would be even less.
- A tobacco sale age of 21 is expected to have minimal negative fiscal impact in the short run because:
 - 18- to 20-year olds account for a very small share of total cigarette consumption (roughly 2 to 4 percent) and unfortunately most of them will not stop smoking as a result of this policy.²¹ They will not stop because of addiction and continued access to tobacco through social connections and non-compliant retailers.
 - While counter-intuitive, all or most 18- to 20-year olds do not need to stop smoking for the policy to work. The primary impact of the policy is to prevent or delay the initiation of tobacco use among adolescents and youth. The policy is not expected to have a dramatic and immediate effect on adult smoking, which accounts for most of the state's cigarette sales;
 - The effect of the policy will be gradual - reductions in smoking initiation and prevalence will initially be small and will grow over time.
- Thus, the policy begins working immediately to make it harder for youth and young adults to obtain cigarettes, but the declines in smoking prevalence that would impact state revenues would take time to accumulate.

Raising the tobacco age to 21 will not hurt businesses.

- 18- to 20-year old smokers make up only 3.4% of the total adult smoking population in CT and account for just 2.12% of cigarette consumption in the US.^{22,23} However, because about 95% of smokers start by the age 21, those small percentages help lead to more than 9 out of every 10 adult regular/daily smokers.
- Raising the age to 21 will help retailers by simplifying ID checks – making the legal age for the purchase of alcohol and tobacco consistent.
- Youth will have more money to spend on other items.

Raising the tobacco age to 21 will improve the short-term and long-term health of Connecticut youth and young adults.

- In Connecticut, tobacco use claims 4,900 lives each year and leads to more than \$2.03 billion annually in health care costs in the state. This breaks down to \$5,561,644 per day or \$231, 735 per hour, \$3,862 per minute.²⁴
- Keeping more than 25,000 youth from becoming tobacco users over a 10 year period would save more than \$3.4 billion in averted tobacco-related health care costs.²⁵
- As it currently stands, 56,000 kids currently under the age of 18 and alive today in Connecticut will ultimately die prematurely from smoking.²⁶
- In Connecticut, the youth smoking prevalence rate is alarming. 5.6% of high school youth in our state smoke cigarettes, and 7.2% use e-cigarettes.²⁷ Also, 6.5% of high school boys in Connecticut smoke cigars.²⁸
- Raising the tobacco age to 21 will immediately improve the health of adolescents and young adults; improve maternal, fetal, and infant health outcomes by reducing the likelihood of maternal and paternal smoking; and will lead to substantial reductions in smoking related mortality in the long-term.²⁹
- Individuals who begin smoking at a young age are more likely to become addicted, progress to daily smoking, become heavier tobacco users as adults, and have difficulty quitting.^{30,31}

Raising the age to 21 was highly successful for alcohol sales.

- Raising the age for alcohol sales to 21 reduced alcohol consumption among youth, decreased alcohol dependence, and dramatically reduced drunk driving fatalities.^{32,33,34}

Raising the tobacco age to 21 helps our military.

- Tobacco use is much higher in the military than in the civilian population.³⁵ The U.S. Military itself is taking steps to ban all tobacco sales on military bases to reduce easy access.³⁶
- The U.S. Army Surgeon General says soldiers who smoke are less combat ready and take longer to heal.³⁷
 - Tobacco use among active duty military personnel has enormous physical and fiscal impacts on force readiness; it reduces soldiers' fitness and endurance, and is linked to higher rates of absenteeism and lost productivity.³⁸
- The Department of Defense prohibits tobacco use during basic training in order to discourage tobacco use among military personnel.³⁹
- Our military leaders understand the toll tobacco takes on our troops. Below are specific examples of military leaders supporting tobacco prevention and a tobacco sale age of 21:
 - As part of the military's tobacco prevention efforts, General Robert Magnus, Assistant Commandant of the Marine Corps, has stated, "Tobacco impairs reaction time and judgment. It stands in the way of a Marine's number one priority: to be in top physical and mental shape - combat ready."⁴⁰

- o After Hawaii raised its tobacco sale age to 21, effective January 1, 2016, Hawaii's military bases opted to comply with the higher age in recognition of its benefits to readiness, health and finances:⁴¹
 - Bill Doughty, spokesman for the Navy Region Hawaii, stated, "We see it as a fitness and readiness issue. When we can prevent sailors from smoking or using tobacco, if we can get them to quit, then that improves their fitness and readiness, and it saves them a ton of money too."⁴²

Other Facts/Statements:

- Tobacco companies intentionally market to kids and young adults to recruit "replacement smokers" and protect company profits. They know nearly all users become addicted before age 21. Increasing the tobacco 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.⁴³
- California, Hawaii, New Jersey, Maine, Oregon and 260 localities have raised the minimum legal sale age for tobacco products to 21 (as of August 2017).⁴⁴
- We don't have a specific age in our society when you're free to do whatever you want. Rather, we have a range of ages depending on the activity and the risks. Other things you can't do until you're 21 years or older in Connecticut: purchase and consume alcohol, gamble at tribal casinos in the state, rent a car, obtain a gun permit.
- Nationwide, 75% of adults support raising the tobacco age to 21, including 7 in 10 smokers.⁴⁵

¹ US Department of Health and Human Services. *Preventing tobacco use among youth and young adults: a report of the Surgeon General, 2012*. Available at: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/#Full%20Report>.

² *The Toll of Tobacco in Connecticut, Campaign for Tobacco-Free Kids*, https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut_2015

³ 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>

⁴ 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>

⁵ DiFranza JR, Coleman M. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tob Control*. 2001;10(4):323–328. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1747607/>

⁶ Robinson, LA, et al. "Changes in Adolescents' Sources of Cigarettes," *Journal of Adolescent Health*, 39:861 – 867, 2006. White, MM, et al. "Facilitating Adolescent Smoking: Who Provides the Cigarettes?" *American Journal of Health Promotion*, 19(5): 355 – 360, May/June 2005. Substance Abuse & Mental Health Services Administration, U.S. Dept of Health & Human Services, 2003 National Survey on Drug Use and Health, September 9, 2004, <http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch4>. CDC, "Youth Risk Behavior Surveillance – United States, 1999, CDC Surveillance Summaries," *MMWR* 49(SS-5), July 9, 2000, http://www2.cdc.gov/mmwr/mmwr_ss.html.

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⁸ 2015 Youth Tobacco Surveillance—Connecticut, Youth Tobacco Survey. Component of the Connecticut School Health Survey, Connecticut Department of Public Health. http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/fact_sheets/2015_ctyts_report_rev.pdf.

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- ¹⁸ CDC, Best Practices for Comprehensive Tobacco Control Programs 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- ¹⁹ Estimates based on Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *Milbank Quarterly* 70(1), 1992 [average smoker's lifetime health care costs are \$21,000 (in 2009 dollars) more than nonsmoker's average lifetime health care cost savings for adults who quit are approximately \$11,000 (in 2009 dollars)]. For more detail, see the TFK factsheet *Health Costs of Smokers vs. Former Smokers vs. Non-Smokers And Related Savings From Quitting*, <http://tobaccofreekids.org/research/factsheets/pdf/0327.pdf>.
- ²⁰ This calculation relies on two assumptions: 1) that 18-20 year olds consume 4 percent of tobacco products, based on the upper range of national estimates of 2 to 4 percent for this age group, and 2) a 6 percent decline in smoking by 18-20 year olds over the first five years of the policy, which is derived from halving the IOM's long-term estimate of declines in smoking rates for all adults ages 18 and over.
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