



September 3, 2019

Honorable Members  
Saint Paul City Council  
15 W Kellogg Blvd #310  
Saint Paul, MN 55102

RE: Raising the Tobacco Sales Age to 21

Dear Council President Brendmoen and Members of the Saint Paul City Council:

The American Cancer Society Cancer Action Network supports the idea of raising the minimum age for sale of all tobacco products to age 21. However, we are very concerned with the ordinance as drafted, specifically Sections 3 and 4. We ask that Saint Paul pass a strong ordinance to raise the tobacco sales age to 21 that puts the responsibility on the retailers and not one that will punish Saint Paul kids by removing penalties for underage purchase, use and possession of tobacco products that are included in the draft ordinance.

ACS CAN, along with the Minnesotans for a Smoke-Free Generation coalition and other public health organizations, opposes ordinances to raise the tobacco sales age to 21 that include these penalties because they are ineffective and divert focus away from addressing irresponsible retailers and the tobacco industry. Penalties for underage purchase, use and possession may also pose enforcement challenges and could lead to targeting of Saint Paul's youth. Raising the tobacco sales age to 21 is about protecting our youth from harmful tobacco products, not punishing them. Additionally, these types of penalties may discourage those under 21 who are already addicted to tobacco from seeking out cessation services.

For years, tobacco use has been the number one preventable cause of death in our country and our state. Smoking kills over 6,300 Minnesotans each year and costs the state more than \$3 billion annually in excess health care costs. Despite this, we continue to let the tobacco industry addict young people to their deadly products.

Roughly 95% of adults who smoke started smoking before the age of 21. Increasing the sale age may prevent more youth from starting to use tobacco products. The tobacco industry has designed and marketed products, such as cherry chewing tobacco, strawberry kiwi cigarillos, and cotton candy e-cigarettes, to get children addicted and keep them as customers throughout their lives.

For the first time in 17 years, youth tobacco use has increased. 1 in 5 high schoolers currently uses e-cigarettes. Nearly all e-cigarettes contain nicotine, which can harm brain development. Recent evidence also suggests that, compared to youth who have never used tobacco products, youth who have tried e-cigarettes are more likely to start smoking combustible cigarettes in the future. The addictive properties of nicotine can lead adolescents to becoming daily tobacco users and have a difficult time quitting later in life.

ACS CAN is grateful for the leadership Saint Paul has demonstrated in the past by passing bold tobacco prevention policies and hope we can again count on Saint Paul to protect its youth from Big tobacco. We request that Saint Paul remove the penalties for underage purchase, use, and possession of tobacco products, and pass a strong ordinance that focuses on raising the tobacco sales age to 21 and does not punish Saint Paul kids. I have included a fact sheet on raising the minimum age of sale of tobacco products to 21. Please feel free to reach out to me directly with any questions you may have.

Sincerely,

Emily Myatt  
Minnesota Government Relations Director, American Cancer Society Cancer Action Network

# Raising the Minimum Age of Sale of Tobacco Products to 21



Use of tobacco by youth remains unacceptably high with new users starting every day. Among high school students in 2018, 27.1 percent used any tobacco product, 20.8 percent used electronic cigarettes, 8.1 percent smoked cigarettes, 7.6 percent used cigars, 5.9 percent used smokeless tobacco, and 4.1 percent used hookah or waterpipes.<sup>i</sup> In fact, among young adults aged 18-20, 17.3 percent report smoking cigarettes and 9.2 percent smoking cigars.<sup>ii</sup> It is important that any effort to address youth initiation include all tobacco products.

Nearly 95 percent of adults who smoke started smoking before the age of 21 and nearly 100 percent started by age 26.<sup>iii</sup> 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.<sup>iv</sup> 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 for sale of all tobacco products to age 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 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.

### ACS CAN recommends the following provisions be included in any legislation to raise the minimum age of sale to 21:

- 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.
- Does not create new categories of products, which would exempt them from other tobacco control laws.
- Does not penalize youth.
- Does not preempt other jurisdictions from passing strong tobacco control laws.

Most importantly, raising the minimum age of all tobacco products to age 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 by youth and young adults can 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.<sup>v</sup> Restricting youth and young adult access to tobacco products can be a critical component to a comprehensive strategy to reduce initiation and lifelong addiction. Laws intended 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.<sup>vi</sup> Raising the minimum sale age to 21 coupled 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.<sup>vii</sup> The report found that raising the national minimum age of sale to 21 would have a substantially higher impact than raising the age to 19. Further, 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.<sup>i</sup> 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.



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. Seventeen states and the District of Columbia have passed legislation to raise the minimum age to 21. As of May 2019, more than 470 local jurisdictions prohibit the sales to individuals under the age of 21. The strength of these state and local laws varies substantially. 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.

<sup>i</sup> Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students – United States, 2011-2018. MMWR, 2019 68(6) 157-164.

<sup>ii</sup> Center for Behavioral Health Statistics and Quality. (2018). Results from the 2017 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

<sup>iii</sup> 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, <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspxU.S.>

<sup>iv</sup> 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.

<sup>v</sup> 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.

<sup>vi</sup> Guide to Community Preventive Services. Community mobilization with additional interventions to restrict minors' access to tobacco products. [www.thecommunityguide.org/tobacco/communityinterventions.html](http://www.thecommunityguide.org/tobacco/communityinterventions.html). June 2001.

<sup>vii</sup> 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.

<sup>1</sup> 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.