

# RESTRICTING TOBACCO ACCESS TO AGE 21

## Support for SB 364 and AB 422



According to the Institute of Medicine, roughly ninety percent of adult smokers began smoking during their teenage years.<sup>1</sup> Increasing the minimum age of access can have significant public health benefits for women, children, infants and families by delaying the age at which people begin smoking.

### The Effects of Tobacco Use on Maternal and Child Health

Both smoking and exposure to secondhand smoke raise the risk for a wide range of negative pregnancy outcomes for women of childbearing age, pregnant women, and their babies.<sup>2</sup> Smoking directly affects fetal growth and increases the risk of a baby being born preterm or at low birthweight. According to the 2014 Surgeon General's report, 100,000 babies have died in the last 50 years from sudden infant death syndrome, complications from prematurity, complications from low birthweight or other pregnancy problems resulting from parental smoking.

An estimated \$122 million is spent each year on neonatal health care costs attributable to maternal smoking.<sup>3</sup>

### Restrictions on Youth Access to Tobacco Products

In 2009, Congress enacted the Family Smoking Prevention and Tobacco Control Act, which set the "floor" of 18 years old as the minimum age of legal access to tobacco products (MLA), with a provision allowing states and localities to raise the age.

A growing number of state and local jurisdictions have enacted MLA sales age 21 policies to further restrict access to commercial tobacco. Through the end of 2019 the following will have enacted and implemented Tobacco 21 laws: Hawaii, California, Arkansas, Connecticut, Guam, Illinois, Maine, Maryland, Ohio, Oregon, Massachusetts, New Jersey, New York, Texas, Vermont, Virginia, Washington, and Washington, D.C.

The Institute of Medicine report, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, predicted that raising the minimum legal sales age for tobacco products nationwide to 21 would result in 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019, and would result in near immediate reductions in preterm birth, low birth weight, and sudden infant death.

### The March of Dimes supports raising the minimum legal age of access to tobacco and vaping products to 21.

[Please see our statement on E-Cigarettes and Pregnancy regarding restricting vaping products minimum sales age to 21.]

## HIGHLIGHTS

- Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.<sup>1</sup>
- For pregnant women, smoking can result in adverse maternal, fetal, and infant outcomes including preterm birth, low birthweight, and sudden infant death.<sup>2</sup>
- Roughly 90 percent of adult smokers begin smoking before they turn 21.<sup>1</sup>
- By the end of 2019, 16 states, Guam, and Washington, D.C. will have enacted and implemented Tobacco 21 laws.<sup>4</sup>
- Raising the minimum age for the sale of tobacco products to 21 will, over time, reduce the smoking rate by about 12 percent.<sup>1</sup>
- Increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults.<sup>1</sup>

<sup>1</sup> INST. OF MED., *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products* (2015), <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

<sup>2</sup>Smoking Cessation During Pregnancy. ACOG Committee Opinion No. 316. American College of Obstetricians and Gynecologists. 2005.

<sup>3</sup>Adams EK, et al. 2001. "Infant Delivery Costs Related to Maternal Smoking: An Update." *Nicotine and Tobacco Research*. 13 (8): 627-637.

<sup>4</sup>Retrieved September, 5, 2019 from <https://tobacco21.org/>