

COALITION FOR A
**SMOKE-FREE
TOMORROW**

Mission:

To improve Kentucky's health by protecting Kentuckians from secondhand smoke and other tobacco emissions, and by reducing the high rate of smoking and tobacco use in the Commonwealth.

Steering Committee:

American Cancer Society
Cancer Action Network

American Heart Association
American Stroke Association

American Lung Association

Baptist Health

Campaign for Tobacco-Free Kids

Foundation for a Healthy Kentucky

Humana

Kentucky Cancer Foundation

Kentucky Center for Smoke-free
Policy

Kentucky Chamber of Commerce

Kentucky Council of Churches

Kentucky Equal Justice Center

Kentucky Health Collaborative

Kentucky Health Departments
Association

Kentucky Hospital Association

Kentucky Medical Association

Kentucky Nurses Association

Kentucky School Boards
Association

Kentucky Voices for Health

Kentucky Youth Advocates

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www.smokefreetomorrow.org



Strong Tobacco 21 Laws Help Save Lives, Improve Health

Strong tobacco 21 laws that raise the legal age for sales of tobacco products to buyers 21 and older, and that include meaningful penalties on retailers for violations, are a promising strategy to help reduce youth tobacco use.

The Evidence

A March 2015 report from the Institute of Medicineⁱ predicted that, while tobacco 21 laws directly affect those who are 18 to 20 years old, the largest proportionate reduction in the initiation of tobacco use will be among adolescents ages 15 to 17. Overall the report predicted, raising the national age of sale to 21 would immediately improve adolescent health by delaying tobacco initiation, decrease smoking by 12 percent nationwide and prevent hundreds of thousands of premature deaths.

Delaying tobacco initiation is particularly important because it:

- **Reduces adult tobacco use:** Of daily smokers, 95 percent started doing so by age 21. Adolescent brains are more sensitive to the addictive nature of nicotine than those of adults, so the probability that initiating tobacco use leads to dependence is higher for youth than for adults.
- **Protects the developing brain:** The human brain continues developing until about age 25, and the parts of the brain responsible for making decisions, controlling impulses, envisioning the future, and governing susceptibility to peer influence are among the last to develop. Nicotine interrupts this development and also primes the brain for addiction to other substances.ⁱⁱ

Tobacco 21 laws delay initiation because:

- The vast majority of youth rely on “social sources” such as friends and relatives to get tobacco rather than purchasing it themselves.ⁱⁱⁱ
- Many youth are still in high school at age 18, but rarely at age 21.

Effective State Tobacco 21 Laws

Tobacco control experts recommend the following for effective tobacco 21 laws:^{iv}

- Define tobacco products to include current and future products, including e-cigarettes and heated tobacco products.
- Prohibit the sale of tobacco products to anyone under the age of 21.
- Require tobacco retailers and their employees to verify the age of the purchaser.
- Require tobacco retailers to post signs stating that sales to persons under age 21 are prohibited.
- Designate an enforcement authority and mechanism to ensure compliance.
- Dedicate funding to fully cover enforcement costs.
- Do not include purchase, use and possession (PUP) penalties for youth.
- Do not include language that pre-empts other jurisdictions from enacting stronger tobacco control measures.
- Do not include exemptions.

PUP Provisions Are Not Effective Youth Tobacco Use Prevention Measures

Provisions that penalize youth for the purchase, use or possession (PUP) of tobacco products historically have been supported by the tobacco industry but they are not effective at reducing youth tobacco use. Some research shows they may, in fact, be counterproductive.^v

- PUP provisions divert funding and other resources from easier and more effective enforcement measures such as routine retailer compliance checks.
- They minimize the responsibility of the retailer to verify the age of purchasers.
- The shift the blame away from the tobacco industry's history and practice of aggressive marketing to youth.
- Penalizing and stigmatizing youth who are addicted to nicotine is not optimal for behavior change and may deter them from seeking cessation support.
- PUP laws result in inequitable enforcement.

ⁱ Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Institute of Medicine, 2015, <https://tobacco21.org/wp-content/uploads/2015/03/Public-Health-Implications-of-Raising-the-Minimum-Age-of-Legal-Access-to-Tobacco-Products-Institute-of-Medicine.pdf>.

ⁱⁱ Physical activity among adolescent tobacco and electronic cigarette users: Cross-sectional findings from the Population Assessment of Tobacco and Health study. *Prev Med Rep.* 2019 Sep; 15: 100897. Published online 2019 May 15. doi: 10.1016/j.pmedr.2019.100897. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560573/>

ⁱⁱⁱ Youth Access to Tobacco Products in the United States: Findings from Wave 1 (2013-2014) of the Population Assessment of Tobacco and Health (PATH) Study. *Nicotine Tob Res.* 2018 Nov 8. doi: 10.1093/ntr/nty238. <https://www.ncbi.nlm.nih.gov/pubmed/30407588>

^{iv} Campaign for Tobacco-Free Kids, Tobacco 21: Model Policy. April 12, 2019. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/2019_04_12_tobacco21_model_policy.pdf

^v PUP in Smoke: Why Youth Tobacco Possession and Use Penalties are Ineffective and Inequitable. ChangeLab Solutions Fact Sheet. April 2019. <https://www.changelabsolutions.org/product/pup-smoke>

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