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Thank you for the opportunity to submit testimony today about the scientific evidence and public health impact of raising the minim legal age (MLA) for tobacco products to 21. I am Dr. Frank Chaloupka, distinguished professor of economics and director of the Health Policy Center at the University of Illinois at Chicago. I also direct the World Health Organization (WHO) Collaborating Center on Economics of Tobacco Control and served on the National Research Council - Institute of Medicine committee on Understanding the U.S. Illicit Tobacco Market. I have spent my career studying the impact of economic, policy and other environmental influences on health behaviors, including tobacco, alcohol and illicit drug use, diet and physical activity, and the economics of tobacco and tobacco control.

The Public Health Burden of Tobacco Use

Cigarette smoking and exposure to secondhand smoke are responsible for approximately 480,000 deaths each year in this country—or about one in every five deaths—making smoking the single most preventable cause of death and disease in the United States.¹

Annually, the total economic costs due to tobacco are now over \$289 billion. If we continue on our current trajectory, 5.6 million children alive today in the U.S. who are younger than 18 years of age will die prematurely as a result of smoking.¹

Youth Use of Tobacco Products

Preventing smoking and smokeless tobacco use among young people is critical to ending the epidemic of tobacco use. Each day in the United States, over 3,800 young people under 18 years of age smoke their first cigarette, and over 1,000 youth under age 18 become daily cigarette

¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: 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.

smokers. The vast majority of Americans who begin daily smoking during adolescence are addicted to nicotine by young adulthood.²

Impact of Raising the Legal Access Age

In a recent Institute of Medicine Report entitled *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, a committee of experts reviewed existing literature on tobacco use initiation, developmental biology and psychology, and tobacco policy. The report predicted the likely public health outcomes of raising the MLA for tobacco products to 19 years, 21 years, and 25 years. The committee estimated reductions in youth tobacco use initiation through literature review and consensus of the content expert panel. The committee also used mathematical modeling to quantify reductions in smoking prevalence and associated disease and death. The committee concluded, increasing the MLA for tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults. The age group most affected will be those age 15 to 17 years. The committee also predicted that increasing the MLA will lead reductions in smoking prevalence by the time today's teens are adults; reduce smoking-related health outcomes like low birth weight, pre-term births, and SIDS deaths; and reduce smoking-related mortality over the next 30 years, including 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost.

According to national data, 18-20 year olds account for 3.7 of total cigarette consumption. The IOM report found that smoking would be reduced in this age group by 12 percent, thus the actual fiscal impact of implementing this policy would be quite small and would take time to materialize. Given these data, I estimate that the fiscal impact would be less than a one-half percent reduction in excise tax revenue (the 3.7 percent share of consumption multiplied by the 12 percent reduction in smoking prevalence, implying a reduction of 0.44 percent).

Summary

Raising the MLA will reduce tobacco use initiation, particularly among adolescents 15 to 17 years of age; improve the health of Americans across the lifespan; and save lives. These health improvements will be realized over time with relatively little short-term effect on the revenue from tobacco sales in Oregon.

² U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: 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.