



Quick Facts

Raising the Minimum Legal Sales Age for Tobacco Products

Almost all smokers begin smoking during adolescence or young adulthood. Raising the minimum legal sales age (MLSA) is a viable tobacco control measure to curb adolescent and young adult uptake of smoking. In October 2014, Evanston became the first Illinois municipality to raise its MLSA from 18 to 21.¹ Now, more than 60 municipalities – including New York City – have raised their MLSA to 21.² For Illinois, now is a critical time to act on tobacco use. 11,000 Illinois adolescents become new smokers each year; if smoking rates persist, 230,000 Illinois adolescents alive today will die prematurely from smoking.³ By raising the MLSA, municipalities can reduce adolescent and young adult smoking initiation, help delay young adult transition from experimentation to regular smoking, and increase the odds of successful quit attempts if they take up smoking. Reducing adolescent and young adult tobacco use will ultimately save millions in long-term health care costs and improve overall quality of life.



Young adulthood is a critical age for smoking initiation prevention

Age 18-21 is when most young smokers transition from experimental smoking to regular smoking.⁴ Older adolescents are much more likely to purchase their own cigarettes than younger adolescents, so it's no surprise that the transition to regular smoking occurs during this time period. However, if a young person can make it into their twenties as a nonsmoker, their chances of ever becoming a smoker are significantly lower. A 2015 report by the Institute of Medicine (IOM) concluded that raising the MLSA to 21 would likely prevent or delay initiation of tobacco use by adolescents and young adults.⁵ National data shows that only 10 percent of smokers start on or after age 19 and only 1 percent start on or after age 26.⁶ If measures are put in place to prevent adolescents and young adults from accessing tobacco until they reach that key threshold, then it is highly likely that they will remain nonsmokers for life.

Raising the MLSA to 21 would keep tobacco out of schools

The majority of underage tobacco users rely on social sources like friends and family to get tobacco; however, 90 percent of those who supply cigarettes to minors are themselves under the age of 21.⁷ Raising the MLSA to 21 would mean that high school aged adolescents would be in separate social networks from those who are most likely to supply them tobacco. As more 18 and 19 year olds are in high school now than ever before, it is more important than ever to ensure that legal purchases of tobacco are outside of the secondary school age.⁴ While most MLSAs of 21 for tobacco have not been in place long enough for longitudinal studies, when the national drinking age was increased from 18 to 21, total drinking and binge drinking by high school seniors dropped by almost 40 percent.⁸

Case Study: Needham, MA⁹

In 2005, the town of Needham, MA raised their MLSA from 18 to 21. The effect this measure had on the citizens' health was truly unprecedented.

- Cigarette use among Needham High School students decreased by more than half, 3x as much as neighboring suburbs.
- The rate of illegal sales to minors is 79 percent lower in Needham than the rest of Massachusetts.
- The adult smoking rate in Needham is more than 50 percent lower than the rest of Massachusetts.
- Not a single tobacco retailer went out of business.
- No evidence of youth traveling to other towns to attempt to purchase tobacco.

Raising the MLSA to 21 would reduce smoking prevalence among young adults

According to the IOM, if the MLSA were raised to 21, it would result in a 12 percent decrease in smoking prevalence by the time today's teenagers become adults.⁵ The group that would see the biggest decreases in smoking prevalence would be 21-25 year olds.⁵ Analogously, when the national drinking age was raised to 21, it ultimately resulted in today's 30 year olds consuming alcohol at a significantly lower rate than those of previous generations.⁸

Raising the MLSA to 21 can result in immediate and long-term health benefits

According to the IOM, an MLSA of 21 would result in immediate reductions in adverse physiological effects such as inflammation and impaired immune function.⁵ An MLSA of 21 would also likely result in decreased incidents of preterm births, low birth weight babies, and sudden infant death syndrome.⁵ In addition, economists estimate that if the MLSA were raised to 21, it would result in \$212 billion in savings from decreased tobacco prevalence and savings in medical costs.¹⁰ Most importantly, a MLSA of 21 would ultimately likely result in reduction of smoking related mortality.⁵

Raising the MLSA to 21 would ease enforcement of the law by retailers

An MSLA of 21 would simplify age verification, since Illinois has a vertical license for persons under 21. Currently, retailers have to learn two different age verification approaches to cover liquor and tobacco. Establishing 21 as the tobacco MLSA would mean retailers could rely on one method for checking all IDs. In addition, it would likely increase compliance with the law, as high school students would have a harder time passing themselves off as 21 than 18.

References: 1. City of Evanston. (October 31, 2014). Evanston Raises Age to Purchase and Sell Tobacco from 18 to 21 [press release]. Available at <http://www.cityofevanston.org/news/2014/10/evanston-raises-age-to-purchase-tobacco-to-21/>. 2. Campaign for Tobacco-Free Kids. (2015). Localities that have Raised the Minimum Legal Sales Age for Tobacco Products to 21 [fact sheet]. Available at http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/2015_03_09_localities_MLSA_21.pdf. 3. Campaign for Tobacco-Free Kids. The Toll of Tobacco in Illinois. Available at http://www.tobaccofreekids.org/facts_issues/toll_us/illinois. 4. Campaign for Tobacco-Free Kids. (2014). Increasing the Minimum Legal Sale Age for Tobacco Products to 21 [fact sheet]. Available at <http://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>. 5. Institute of Medicine of the National Academies. (2015) Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Available at www.iom.edu/tobaccominimumage. 6. Centers for Disease Control and Prevention. (2014). Youth and Tobacco Use [fact sheet]. Available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/. 7. Berman, M., Crane, R., Hemmerich, N. (2015). Running the Numbers – Raising the minimum tobacco sales age to 21 will reduce tobacco use and improve public health in Franklin County, Ohio. The Ohio State University, College of Public Health, Columbus, OH. 8. Tobacco Twenty-One. (2015). Alcohol to 21 – Lessons from the Drinking Age Experiment [fact sheet]. Available at www.tobacco21.org/alcohol-to-21. 9. City of Needham, Massachusetts. (2008). Thirteen Years of Tobacco Efforts in Needham. Available at <http://www.needhamma.gov/DocumentCenter/Home/View/1868>. 10. Counter Tobacco. (2015). Raising the Minimum Legal Sale Age to 21 [fact sheet]. Available at www.countertobacco.org/raising-minimum-legal-sale-age-21.