



STATES AND LOCALITIES THAT HAVE RAISED THE MINIMUM LEGAL SALE AGE FOR TOBACCO PRODUCTS TO 21

As of October 29, 2018, six states – California, New Jersey, Massachusetts, Oregon, Hawaii and Maine – have raised the tobacco age to 21, along with at least 350 localities, including New York City, Chicago, San Antonio, Boston, Cleveland, Minneapolis, and both Kansas Cities. Some of the localities are in the states that subsequently enacted statewide laws.

States

Hawaii (effective 1/1/16)
 California (effective 6/9/16)
 New Jersey (effective 11/1/17)
 Oregon (effective 1/1/18)
 Maine (effective 7/1/18)
 Massachusetts (effective 12/31/18)

Localities

Alaska (1)

1. Sitka

Arizona (2)

1. Cottonwood
 2. Douglas

Arkansas (3)

1. Harrison
 2. Helena/West Helena
 3. Phillips County

California (16)¹

1. Arvin
 2. Elk Grove
 3. Fairfax
 4. Healdsburg
 5. Kern County
 6. Los Gatos
 7. Novato
 8. Palo Alto
 9. San Francisco City/Ctny
 10. Santa Clara County
 11. Santa Cruz County
 12. Saratoga
 13. Scotts Valley
 14. Sonoma County
 15. South El Monte
 16. South Pasadena

Colorado (4)

1. Aspen
 2. Avon
 3. Basalt
 4. Carbondale

Connecticut (1)

1. Hartford

Hawaii (1)

1. Hawaii County

Illinois (27)

1. Aurora
 2. Barrington
 3. Berwyn
 4. Bolingbrook
 5. Buffalo Grove
 6. Chicago
 7. Deerfield
 8. Elgin
 9. Elk Grove
 10. Evanston
 11. Glen Ellyn
 12. Gurnee
 13. Highland Park
 14. Hopkins Park
 15. Lake County²
 16. Lincolnshire
 17. Maywood
 18. Mundelein
 2. Naperville
 3. Oak Park
 4. Peoria

Illinois (cont'd)

5. Riverwoods
 6. Skokie
 7. Vernon Hills
 8. Washington
 9. Wheaton
 10. Wilmette

Kansas (22)

1. Bonner Springs
 2. Douglas County²
 3. Garden City
 4. Holcomb
 5. Iola
 6. Johnson County²
 7. Kansas City/Wyandotte Cty
 8. Lansing
 9. Leavenworth
 10. Leawood
 11. Lenexa
 12. Merriam
 13. Mission Hills
 14. Olathe
 15. Overland Park
 16. Parsons
 17. Prairie Village
 18. Roeland Park
 19. Shawnee County²
 20. Topeka³
 21. Westwood Hills
 22. Westwood

Appendix A
Localities That Have Raised the Tobacco MLSA to 21

Maine (1)

1. Portland

Massachusetts (182) ⁴

1. Acton
2. Adams
3. Agawam
4. Amherst
5. Andover
6. Arlington
7. Ashland
8. Attleboro
9. Avon
10. Ayer
11. Bedford
12. Belchertown
13. Belmont
14. Beverly
15. Blackstone
16. Boston
17. Braintree
18. Brewster
19. Bridgewater
20. Brimfield
21. Brockton
22. Brookline
23. Buckland
24. Burlington
25. Cambridge
26. Canton
27. Carver
28. Charlemont
29. Chatham
30. Chelmsford
31. Chelsea
32. Chicopee
33. Chilmark
34. Cohasset
35. Concord
36. Conway
37. Danvers
38. Dedham
39. Deerfield
40. Dover
41. Duxbury
42. East Longmeadow
43. Eastham
44. Easthampton
45. Easton
46. Edgartown
47. Egremont
48. Essex
49. Everett
50. Falmouth
51. Foxboro
52. Framingham

Massachusetts (cont'd)

53. Franklin
54. Georgetown
55. Gill
56. Gloucester
57. Grafton
58. Great Barrington
59. Greenfield
60. Groton
61. Hadley
62. Halifax
63. Hamilton
64. Hanover
65. Harvard
66. Harwich
67. Hatfield
68. Holbrook
69. Holden
70. Holliston
71. Holyoke
72. Hopedale
73. Hopkinton
74. Hudson
75. Hull
76. Kingston
77. Lanesborough
78. Lancaster
79. Lawrence
80. Lee
81. Lenox
82. Leverett
83. Lexington
84. Lincoln
85. Longmeadow
86. Lowell
87. Lynn
88. Malden
89. Mansfield
90. Marblehead
91. Marion
92. Marlborough
93. Marshfield
94. Mashpee
95. Maynard
96. Medfield
97. Medford
98. Medway
99. Melrose
100. Mendon
101. Methuen
102. Middleton
103. Milford
104. Millis
105. Milton
106. Montague
107. Natick

Massachusetts (cont'd)

108. Needham
109. Newton
110. Norfolk
111. North Adams
112. North Andover
113. North Attleboro
114. North Reading
115. Northborough
116. Northampton
117. Norton
118. Norwell
119. Norwood
120. Oak Bluffs
121. Orleans
122. Peabody
123. Pembroke
124. Pittsfield
125. Plainville
126. Plymouth
127. Provincetown
128. Randolph
129. Raynham
130. Reading
131. Revere
132. Rockport
133. Salem
134. Saugus
135. Scituate
136. Sharon
137. Shelburne
138. Sherborn
139. Shrewsbury
140. Somerville
141. South Hadley
142. Southampton
143. Southborough
144. Southwick
145. Spencer
146. Springfield
147. Stockbridge
148. Stoneham
149. Stoughton
150. Stow
151. Sudbury
152. Sunderland
153. Swampscott
154. Tewksbury
155. Tisbury
156. Topsfield
157. Townsend
158. Tyngsborough
159. Wakefield
160. Walpole
161. Waltham
162. Wareham

Appendix A
Localities That Have Raised the Tobacco MLSA to 21

- 163. Watertown
- 164. Wayland
- 165. Wellesley
- 166. Wellfleet
- 167. Westboro
- 168. West Boylston
- 169. Westfield
- 170. Westford
- 171. Weston
- 172. Westwood
- 173. Whately
- 174. Whitman
- 175. Wilbraham
- 176. Williamstown
- 177. Wilmington
- 178. Winchester
- 179. Winthrop
- 180. Woburn
- 181. Worcester
- 182. Yarmouth

Michigan (2)

- 1. Ann Arbor
- 2. Genesee County³

Minnesota (12)

- 1. Bloomington
- 2. Edina
- 3. Excelsior
- 4. Falcon Heights
- 5. Minneapolis
- 6. Minnetonka
- 7. North Mankato
- 8. Plymouth
- 9. Richfield
- 10. Roseville
- 11. Shoreview
- 12. St. Louis Park
- 13. St. Peter

Mississippi (1)

- 1. Adams County²

Missouri (17)

- 1. Columbia
- 2. Crestwood
- 3. Des Peres
- 4. Excelsior Springs
- 5. Gladstone
- 6. Grandview
- 7. Independence
- 8. Jackson County²
- 9. Jefferson City
- 10. Kansas City
- 11. Lee's Summit

Missouri (cont'd)

- 12. Liberty
- 13. Parkville
- 14. Peculiar
- 15. Raymore
- 16. St. Louis City
- 17. St. Louis County

New Hampshire (1)

- 1. Dover

New Jersey (28)

- 1. Belleville
- 2. Bergenfield
- 3. Bloomingdale
- 4. Bogota
- 5. Bradley Beach
- 6. Cedar Grove
- 7. East Orange
- 8. East Rutherford
- 9. Englewood
- 10. Fairlawn
- 11. Garfield
- 12. Haledon
- 13. Hanover
- 14. Highland Park
- 15. Maplewood
- 16. Oradell
- 17. Paterson
- 18. Princeton
- 19. Raritan
- 20. Rutherford
- 21. Sayreville
- 22. Teaneck
- 23. Tenafly
- 24. Trenton
- 25. Union City
- 26. West Orange
- 27. Westwood
- 28. Wyckoff

New York (23)

- 1. Albany County
- 2. Baxter Estates
- 3. Cattaraugus County
- 4. Chautauqua County
- 5. Cortland County
- 6. Essex County
- 7. Great Neck Plaza
- 8. Hempstead
- 9. Long Beach
- 10. Nassau County
- 11. New Castle
- 12. New York City
- 13. North Hempstead
- 14. Onondaga County

New York (cont'd)

- 15. Orange County
- 16. Port Washington North
- 17. Rockland County
- 18. Schenectady County
- 19. Suffolk County
- 20. Sullivan County
- 21. Tompkins County
- 22. Westchester County
- 23. Williston Park

Ohio (15)

- 1. Akron
- 2. Bexley
- 3. Cleveland
- 4. Cleveland Heights
- 5. Columbus
- 6. Dublin
- 7. Euclid
- 8. Grandview Heights
- 9. Kent
- 10. New Albany
- 11. Norton
- 12. Powell
- 13. Upper Arlington
- 14. Wickliffe
- 15. Worthington

Oregon (1)

- 1. Lane County

Rhode Island (2)

- 1. Barrington³
- 2. Central Falls

Texas (1)

- 1. San Antonio

Washington, DC

¹CA localities courtesy of ANR

²Only applies to unincorporated areas of the County

³Challenged in court

⁴MA localities courtesy of the Municipal Tobacco Control Technical Assistance Program

Appendix B
Louisiana Tobacco Coalition T21 Survey Questions and Email Templates

T21 Qualitative Desirability and Feasibility Survey Questions

Q1

Please list your organization name.*

Q2

Do we have permission to use your organization's name in the HR 107 Report?*

Q3

Would your organization be supportive of a T21 proposal in 2019?*

Q4

Please explain in detail why your organization would or would not be supportive of a T21 proposal in 2019.*

Q5

Would your organization be supportive of a T21 proposal ever?*

Q6

Please explain in detail why your organization would or would not be supportive of a T21 proposal ever.*

Q7

How might a T21 proposal affect current tobacco control movement in Louisiana such as: adopting increasing taxes, comprehensive smoke-free laws, etc.?*

Q8

How might a T21 proposal strengthen or weaken your organization's current tobacco control work?*

Q9

Please use this space to include any additional information you feel is needed.

**Required survey questions*

Appendix B
Louisiana Tobacco Coalition T21 Survey Questions and Email Templates



Hello Partner,

The Louisiana Department of Health is gearing up for the 2019 Legislative Session. House Resolution 107 of the 2018 Regular Session asks Well-Ahead Louisiana to **continue** to study the desirability and feasibility of increasing the minimum age to purchase tobacco products in Louisiana to 21. You were asked to complete a survey and/or provide a formal statement, stating your stance on T21, which was included in a study report for the 2018 Regular Session. In an effort to capture any changes or organizational position updates on the proposed policy change, we are asking partners of the Louisiana Tobacco Coalition to either provide updates or simply respond back to this email that there are no changes since the last survey/statement.

Attached you will find your previous survey and/or statement. If your organization's stance on T21 has changed since the last report, please use the link provided to complete an updated survey and consider providing a new formal T21 statement from your organization to be included in the report. You can submit updated statements to Porsha Vallo, Well-Ahead Louisiana Cessation and Prevention Manager at Porsha.Vallo@la.gov. Please ensure it is on an official letterhead from your organization and has an appropriate signature.

As a reminder, this survey and statement should reflect the **current** stance of your organization, not your personal view. We are requesting that only one survey is completed by your organization, if applicable. If you were forwarded this email from a colleague, please ensure that only one of you is completing the survey.

We request that your organization respond by completing the **most appropriate option** below:

- Respond back to this email to confirm there are NO changes to the attached contents as they are reflective the current view of your organization.
- If your organization's stance on T21 has changed since the last report:
 -  Use the following link to complete an updated survey:
https://www.surveymonkey.com/r/T21_2018
 -  Submit an updated formal statement (should you like to provide one)

Please complete your chosen action **by Friday July 20th**. If you feel this timeline will not work for you, please reply back and provide a more realistic timeline so we can ensure your organization's thoughts are included.

Thank you for taking the time to provide your organizational updates. As always, thanks for all you do to move Louisiana's health forward.

Appendix B
Louisiana Tobacco Coalition T21 Survey Questions and Email Templates

Hello Partner,

The Louisiana Department of Health is gearing up for the 2019 Legislative Session. House Resolution 107 of the 2018 Regular Session asks Well-Ahead Louisiana to **continue** to study the desirability and feasibility of increasing the minimum age to purchase tobacco products in Louisiana to 21. As an expert in tobacco control, it is highly recommended that your organization shares its position on the proposed policy change.

To do so, please use the link provided to complete this survey accordingly. Please also consider providing a formal T21 statement from your organization to be included in the report. You can submit this statement to myself, Porsha.Vallo@la.gov. Please ensure it is on an official letterhead from your organization and has an appropriate signature.

As a reminder, this survey and statement should reflect the stance of your organization, not your personal view. We are requesting that only one survey is completed by your organization. If you were forwarded this email from a colleague, please ensure that only one of you is completing the survey.

We request that your organization complete this survey and send over a formal statement (should you like to provide one) by COB Monday, December 17. If you feel this timeline will not work for you, please reply back and provide a more realistic timeline so we can ensure your organization's thoughts are included.

Thank you for taking the time to complete this survey. As always, thanks for all you do to move Louisiana's health forward.

Survey Link: <https://www.surveymonkey.com/r/Tobacco21Survey2018>

Q4: Please explain in detail why your organization would or would not be supportive of a T21 proposal in 2019.

Four respondents indicated they support raising the minimum sales age for tobacco to 21 in 2019. The responses are below:

Raising the Minimum Legal Sale Age for Tobacco Products to 21 | March 8, 2019

Campaign for Tobacco-Free Kids: “The Campaign for Tobacco-Free Kids supports efforts to raise the age of sale for tobacco products to 21. We look forward to assessing, along with our state partners, the many opportunities to pursue tobacco control policies that will improve the health of all Louisianans. We also look forward to educating members of the Legislature on the importance of strong tobacco control policies including raising the tobacco age.”

Louisiana Cancer Prevention and Control Programs: “Tobacco causes nine out of ten lung cancer cases in the United States, and can cause at least eleven other types of cancer. In Louisiana, we continue to rank at the top of US States with high rates of tobacco-related cancer deaths. As a program, our mission calls us to prevent unnecessary disease, disability and premature death due to cancers such as these tobacco-related ones. Despite our and our partners work, tobacco-use rates in Louisiana have been slow to change over the last few years. However, a newer policy gateway in preventing tobacco-use involves timing. If a teenager starts using tobacco, they have a much higher chance of becoming a lifelong user, compared to those who start later in life. This is shown by the fact that approximately 90% of adult cigarette smokers report starting before the age of 18. While Louisiana has already established 18 as the age when tobacco products and e-cigarettes can be bought, it is not enough. Projections on the impact of increasing the minimum age for buying tobacco products to 21 (T21) show a significant effect on preventable death, particularly from cancer. As other states, territories and municipalities move towards T21 policies, and those that have done it prove these projections, Louisiana shouldn’t be left behind in a cloud of smoke. Louisiana Cancer Prevention and Control Programs supports this policy initiative as an evidence-based way to reduce our state’s cancer burden in the years to come.”

March of Dimes: “We know that an average of one in every ten pregnant women smokes. For expecting mothers, tobacco use during pregnancy increases the risk of premature delivery in babies and directly affects fetal growth. According to the 2014 Surgeon General’s report, in the last 50 years, 10,000 babies have died from sudden infant death syndrome or complications of prematurity, low birthweight, and other conditions as a result of parental smoking. Louisiana has one of the worst preterm birth rates in the nation with 1 in every 12 babies are being born too early and too small. We know raising the minimum age to purchase tobacco products would help.”

Smoking Cessation Trust: “We support T21 as a protection of our youth from the predation by big tobacco's targeting/marketing to smoking to our youth.”

Two respondents indicated they do not support raising the minimum sales age for tobacco to 21 in 2019. However, upon review of the open-ended responses, the Louisiana Tobacco Control Initiative appears to be neutral. The responses are below:

Louisiana Campaign for Tobacco-Free Living: “TFL, along with the Coalition for a Tobacco-Free Louisiana (CTFLA) has decided to support a proposal to enact a statewide comprehensive law to include all public places which would include bars, gaming and the use of electronic nicotine devices. Resources, manpower, government relations staff, coalitions, media campaigns and volunteers will be focused on statewide and local smoke-free efforts. Moreover, enacting a statewide smoke-free ordinance would reduce the adult smoking prevalence, and protect all Louisiana residents from indoor secondhand smoke. In addition, simultaneous legislative (statewide) efforts would deplete resources and create confusion among supporters and key legislators. The science demonstrates comprehensive smoke-free air laws reduces smoking rates among populations, as well as increasing the tobacco tax.”

Louisiana Tobacco Control Initiative: “As a state employee who directs the activities of a state organization, neither my organization nor I may support or oppose proposed state legislation. We can only inform and educate on the impact of said legislation.”

Three respondents unsure about raising the minimum legal sale age for tobacco to 21 in 2019. The responses are below:

American Cancer Society Cancer Action Network: “We will need to review legislation before taking a position.”

American Heart Association: “The proposal would have to undergo review from our national staff to ensure it meets American Heart Association policy standard.

Preventing Tobacco Addiction Foundation: “Preventing Tobacco Addiction Foundation (PTAF) supports efforts to raise the minimum legal sales age for nicotine and tobacco products to 21 to restrict youth access, reduce youth initiation and addiction, and address the epidemic of youth e-cigarette use. Through our work across the country, we know that enforcement is critical to a Tobacco 21 law's success. As a result, we are supportive of comprehensive Tobacco 21 laws that include robust enforcement and penalize the retailer, not the underage youth. Therefore, we will need to review the legislation before taking a position. Further, PTAF supports efforts to remove preemption to allow Tobacco 21 to move at the local level.”

Future Desirability Question Responses

Q6: Please explain in detail why your organization would or would not be supportive of a T21 proposal ever.

Seven respondents indicated they would, at some point, support a T21 policy. The responses are below:

American Heart Association: “The American Heart Association supports raising the minimum legal sale age (MLSA) for ALL tobacco products to 21 years and supports penalties if the law is broken levied on the retailer and not the underage purchaser.”

Campaign for Tobacco-Free Kids: “A 2015 Institute of Medicine report (now the National Academy of Medicine) predicted that raising the tobacco age to 21 will help keep young people from starting to smoke, reduce smoking-caused deaths and immediately improve the health of adolescents and young mothers who would be deterred from smoking. About 95% of adult smokers started smoking before the age of 21. Delaying the age when young people first experiment or begin using tobacco can reduce the risk that they transition to regular or daily tobacco use and increase their chances of successfully quitting, if they do become regular users. For these reasons, Tobacco-Free Kids would support a strong T21 policy.”

Louisiana Campaign for Tobacco-Free Living: “Our organization would be supportive of Tobacco 21 efforts once the state's Smoke-Free Clean Indoor Act is strengthened to include all indoor public places from secondhand smoke.”

Louisiana Cancer Prevention and Control Programs: “Tobacco causes nine out of ten lung cancer cases in the United States, and can cause at least eleven other types of cancer. In Louisiana, we continue to rank at the top of US States with high rates of tobacco-related cancer deaths. As a program, our mission calls us to prevent unnecessary disease, disability and premature death due to cancers such as these tobacco-related ones. Despite our and our partners work, tobacco-use rates in Louisiana have been slow to change over the last few years. However, a newer policy gateway in preventing tobacco-use involves timing. If a teenager starts using tobacco, they have a much higher chance of becoming a lifelong user, compared to those who start later in life. This is shown by the fact that approximately 90% of adult cigarette smokers report starting before the age of 18. While Louisiana has already established 18 as the age when tobacco products and e-cigarettes can be bought, it is not enough. Projections on the impact of increasing the minimum age for buying tobacco products to 21 (T21) show a significant effect on preventable death, particularly from cancer. As other states, territories and municipalities move towards T21 policies, and those that have done it prove these projections, Louisiana shouldn't be left behind in a cloud of smoke. Louisiana Cancer Prevention and Control Programs supports this policy initiative as an evidence-based way to reduce our state's cancer burden in the years to come.”

March of Dimes: “We would be supportive of a T21 proposal as we believe it would help with the poor birth outcomes in the state. We also know without a proposal, smoking will continue to contribute to the state's high preterm birth rate of 12.3% of babies being born too soon. Louisiana has one of the worst preterm birth rates in the nation. This is of great cost to the state and to families. An estimated \$122 million per year is spent each year on neonatal health care costs attributable to maternal smoking. We know that tobacco cessation policies are one of the best ways to decrease smoking in a state. And smoking is one of the single most modifiable risk factors for preterm birth that can change birth outcomes.”

Smoking Cessation Trust: “We support T21.”

Preventing Tobacco Addiction Foundation: “We support efforts to raise the minimum legal sales age for nicotine and tobacco products to 21 to restrict youth access, reduce youth initiation and addiction, and address the epidemic of youth e-cigarette use. PTAF supports Tobacco 21 laws that (a) place the penalty on the retailer and not the underage purchaser and (b) include robust enforcement. With strong enforcement, a Tobacco 21 law will result in reduced tobacco initiation among youth, reduced smoking prevalence, and improved health outcomes. Our support would depend on the language of the bill.”

One respondent indicated it would never support a T21 policy. However, upon review of the open-ended response, the Louisiana Tobacco Control Initiative appears to be neutral. The response is below:

Louisiana Tobacco Control Initiative: “As a state employee who directs the activities of a state organization, neither my organization nor I may support or oppose proposed state legislation. We can only inform and educate on the impact of said legislation.”

One respondent indicated it is unsure about ever implementing a T21 policy. The response is below:

American Cancer Society Cancer Action Network: “It would depend on the language of the proposal.”

2019 Feasibility Question Responses

Q7: How might a T21 proposal affect current tobacco control movement in Louisiana such as: adopting increasing taxes, comprehensive smoke-free laws, etc.?

Three respondents indicated that a T21 proposal would complement the current tobacco control movement in Louisiana. The responses are below:

Campaign for Tobacco-Free Kids: “Raising the tobacco age to 21 complements other strong tobacco prevention policies including smoke-free laws, higher tobacco taxes and ensuring CDC recommended levels of spending on state tobacco control and cessation programs. We believe that a comprehensive approach to tobacco control will save lives and reduce health care related costs associated with tobacco-related illnesses.”

March of Dimes: “Louisiana is on the way for enacting very effective tobacco control in its communities. With Baton Rouge and New Orleans passing ordinances for comprehensive smoke-free laws for second hand smoke, this is one of the next steps to only enhance the tobacco control efforts in the state and for what is occurring with tobacco cessation policies across the nation.”

Preventing Tobacco Addiction Foundation: “We believe that a Tobacco 21 proposal complements other tobacco control movement including increased taxes and comprehensive smoke-free laws.”

One respondent indicated that a T21 proposal would affect the future of the tobacco industry in Louisiana. The responses are below:

Smoking Cessation Trust: “I see T21 as affecting the future of big Tobacco's marketshare in the long-term.”

Two respondents indicated that a T21 proposal would create challenges for the current tobacco control movement in Louisiana. The responses are below:

The Louisiana Campaign for Tobacco-Free Living: “A T21 proposal would not necessarily weaken our organization's current tobacco control work across Louisiana, but it would deplete resources dedicated to educate communities on evidence-based practices. Our organization's current messaging, campaigns, and workplan do not focus on Tobacco 21.”

Louisiana Cancer Prevention and Control Programs: “It stretches the limited resources that we, as multiple different organizations, have pulled together for relatively successful campaigns. Some of these have failed even with our best feet forward for many reasons, but a major one being the imbalance of resources from us to the tobacco lobby. It would have to be a very strong campaign (T21) to shift the resources as a new game in town.”

Two respondents indicated they are unsure how a T21 proposal would affect the current tobacco control movement in Louisiana. The responses are below:

American Cancer Society Cancer Action Network: “Unsure.”

American Heart Association: “The American Heart Association is leading the Coalition for a Tobacco Free Louisiana during their 2018 effort to amend and reenact the Louisiana Clean Air Act to prohibit smoking during in all bars and casinos statewide. We are also working to combat the casino and tobacco industry's attempt to preempt themselves from local smoke free air ordinances during the legislative session. Would running a T21 bill affect these other tobacco control bills? Unknown at this time, however we would be sharing a legislative sponsor, and that may be a heavy load for the sponsor to carry in one session.”

Q8: How might a T21 proposal strengthen or weaken your organization's current tobacco control work?

Three respondents indicated that a T21 proposal would strengthen their organization's current tobacco control work.

Campaign for Tobacco-Free Kids: “We continue to support efforts across the country to raise the tobacco sale age to 21. Our continued successes have enabled us to share valuable lessons from state to state (and city to city) to ensure successful adoption of these laws and effective implementation. These efforts also complement and strengthen our work on other tobacco control issues as we pursue a broad-based and holistic approach to ending the scourge of

tobacco use. We look forward to assessing legislative support of tobacco control policies that can help improve the health and save lives of the citizens of Louisiana.”

March of Dimes: “A T-21 proposal would only strengthen our organization's work as mentioned previously that would contribute to our statewide efforts to continue to prevent preterm birth in the state.”

Smoking Cessation Trust: “We predict that T21 would help decrease LA's smoking prevalence and associated costs over the long-term.”

One respondent indicated that a T21 proposal may weaken its current tobacco control work.

Louisiana Cancer Prevention and Control Programs: “For similar reasons from the last answer, it may weaken the work. It's just another campaign spreading limited resources more and more thin. Again, it would have to be a pretty sure bet and strong campaign from other to have it strengthen our tobacco control work at this time. We will continue to support it though, as an evidence-based policy.”

One respondent indicated that a T21 proposal may disrupt, but not weaken, its tobacco control work.

The Louisiana Campaign for Tobacco-Free Living: “A T21 proposal would not necessarily weaken our organization's current tobacco control work across Louisiana, but it would deplete resources dedicated to educate communities on evidence-based practices. Our organization's current messaging, campaigns, and workplan do not focus on Tobacco 21.”

Three respondents indicated they are unsure how a T21 proposal would affect their organization’s current tobacco control work.

American Cancer Society Cancer Action Network: “Unsure.”

American Heart Association: “Unknown at this time.”

Preventing Tobacco Addiction Foundation: “Unknown at this time.”



Appendix D
Louisiana Campaign for a Tobacco-Free Living
Statement

October 5, 2017

Bureau of Chronic Disease Prevention & Health Promotion
Well-Ahead Louisiana
Office of Public Health
Baton Rouge, LA

To Whom It May Concern,

It is the mission of The Louisiana Campaign for Tobacco-Free Living (TFL) to evaluate and implement tobacco control initiatives that can reduce and prevent tobacco use, and help Louisianans lead healthier lives. One of our organization's main purposes is to eliminate exposure to secondhand smoke in public spaces and workplaces, because everyone deserves the opportunity to work without putting their health at risk. We are currently working across the state on local and statewide comprehensive smoke-free policies.

The Centers for Disease Control and Prevention, Office of Smoking or Health, various U.S. Surgeon General's reports, and numerous scientific studies recommend as a best practice, that the most effective way to protect our citizens from the dangers of tobacco are both a statewide comprehensive smoke-free law, and an increase in tobacco taxes.

At this time we believe our efforts and resources should be targeted toward the most effective efforts based on the science. Tobacco 21 is an evolving effort, and we look forward to learning more as this science develops.

Please feel free to reach out to me if you have any additional suggestions, comments, regarding the 2018 legislative session and tobacco control efforts being pursued in Louisiana.

Sincerely,

Tonia Moore, MSHCM
Director, TFL



Dear Well Ahead Louisiana Members,

March of Dimes is pleased House Resolution 177 of the 2017 Regular Session requested Well-Ahead Louisiana to study the desirability and feasibility of increasing the minimum age to purchase tobacco products in Louisiana to 21.

I write to express our concern and support for the need to raise the minimum age to purchase tobacco products to 21 years of age in the state of Louisiana. March of Dimes advocates with our partners across the nation to successfully enact legislation to raise the minimum smoking age to 21 and we remain committed to working with state policymakers and stakeholders across the country to promote many tobacco cessation policies and initiatives.

As you are aware, the minimum age to purchase tobacco is 18 years old. On average, ninety percent of adult smokers begin smoking during teenage years. Raising the minimum age required to purchase tobacco products can significantly improve public health outcomes for women, children, and infants by delaying or preventing altogether the initiation of smoking or use of other tobacco products.

Nationwide, an average of one in every ten pregnant women smokes. For expecting mothers, tobacco use during pregnancy increases the risk of premature delivery in babies and directly affects fetal growth. According to the 2014 Surgeon General's report, in the last 50 years, 10,000 babies have died from sudden infant death syndrome or complications of prematurity, low birthweight, and other conditions as a result of parental smoking. Louisiana has one of the worst preterm birth rates in the nation with 1 in every 12 babies are being born too early and too small. We know raising the minimum age to purchase tobacco products would help.

Prenatal and postnatal environmental smoke exposure have proved devastating for the developing fetus as well as for young children. For instance, exposure to tobacco smoke in utero or in the environment after birth has been linked to increased incidence of respiratory infections, ear infections, and behavioral disorders. Children and infants who are exposed to prenatal maternal smoking and in-home environmental tobacco smoke have a high incidence of severe asthma. Children and infants are often hospitalized longer for asthma and respiratory infections when compared to children who are not exposed to tobacco.

Failure to decrease the use of tobacco and environmental tobacco exposure will cause continued poor health outcomes for mothers, infants, and children. Because the vast majority of smokers begin using tobacco in their teenage years, a bill in the 2018 session would target those under the age of 21 with the goal of decreasing the prevalence of tobacco use among adolescents.

The March of Dimes supports legislative and regulatory action to reduced exposure to tobacco smoke among pregnant women and infants. We look forward to working with you and our state's policymakers to ensure that all babies are given the best chance at a healthy start in life.

Sincerely,

A handwritten signature in black ink that reads "Shalae Harris". The signature is written in a cursive, flowing style.

Shalae Harris, RN, BSN, MPA
March of Dimes Director of Advocacy and Government Affairs-Louisiana

BOARD OF DIRECTORS:

Mike Moore, Chair

Principal
Mike Moore Law Firm, LLC
Flowood, MS

M. Cass Wheeler, Vice Chair

Chief Executive Officer Emeritus
American Heart Association
Dallas, TX

**The Honorable Doug Peterson,
Treasurer**

Attorney General of Nebraska
Lincoln, NE

**The Honorable Tom Miller,
Immediate Past Chair**

Attorney General of Iowa
Des Moines, IA

George C. Benjamin, MD

Executive Director
American Public Health Association
Washington, DC

Nancy Brown

Chief Executive Officer
American Heart Association
Dallas, TX

The Honorable Herb Conaway, MD

New Jersey Assemblyman
Delran, NJ

The Honorable Kemp

Hannon *New York State
Senator Albany, NY*

The Honorable Gary R Hebert

Governor, State of Utah
Salt Lake City, UT

The Honorable Gina Raimondo

Governor, State of Rhode Island
Providence, RI

The Honorable George Jepsen

Attorney General of Connecticut
Hartford, CT

Rakiah Anderson Youth Board Liaison

University of California . Berkeley, Alum
Berkeley, CA

Robin Koval, Ex Officio

CEO and President

October 5, 2017

Truth Initiative is pleased to submit its stance on raising the minimum age to purchase tobacco products to 21 in response to the request from Well-Ahead Louisiana to include in its report.

Truth Initiative® was created as a result of the November 1998 Master Settlement Agreement (MSA) between attorneys general from 46 states, five U.S. territories and the tobacco industry. Since its creation, Truth initiative has been committed to creating a generation of Americans for whom tobacco use is a thing of the past. We believe each individual has the right to live in a world free from tobacco dependence, tobacco-related death and disease, and the devastating dollar cost to individuals and society. Truth Initiative's proven-effective and nationally recognized public education programs include **truth**, the national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; EX®, an innovative digital smoking cessation program; and research initiatives through our Schroeder Institute for Tobacco Research and Policy studies that explore causes, consequences and approaches to reducing tobacco use. Through those initiatives, Truth Initiative has developed a deep understanding of the causes of tobacco initiation and addiction and proven policy approaches to reduce the impact of tobacco on the public health.

While Truth Initiative does not engage in lobbying and does not take positions on specific legislative proposals, the organization has a long history of supporting policy positions that keep tobacco out of the hands of youth, such as raising the minimum age of sale for tobacco products to 21. We appreciate that Well-Ahead Louisiana has requested our policy position on this topic as a result of HR177 and are pleased to provide it below.

Truth Initiative Supports Raising the Minimum Age of Sale for All Tobacco Products to 21

Truth Initiative strongly supports raising the minimum age of sale for all tobacco products to 21, as part of a strong tobacco control policy program. Tobacco remains the number one cause of preventable death and disease in this country, with nearly 500,000 premature deaths a year due to tobacco use.¹ In 2014, the Surgeon General estimated that if tobacco use trends remain on this path, 5.6 million U.S. youth will die prematurely due to smoking.¹ Truth Initiative is committed to creating a world where tobacco is a thing of the past



and achieving a culture where youth and young adults reject tobacco. Because most tobacco users start before 18, and nearly all start before age 25, reducing youth access to tobacco is a key tool in accomplishing our mission. For that reason, we support raising the minimum age of sale for all tobacco products to 21.

Rationale

Tobacco use among youth has long been a concern, not only because of the harms inherently associated with tobacco use, but because evidence suggests that nicotine use during adolescence and young adulthood has long term impacts on brain development,² and may make it more difficult to quit using tobacco later.³ While we have made great strides in reducing both youth and adult cigarette smoking nationwide, still every day more than 3,200 youth smoke their first cigarette and another 2,100 youth and young adult occasional smokers become daily smokers.¹ Young adulthood is also a critical time of development and experimentation. In fact, surveys show that the age of initiation is increasing. So much, in fact, that Truth Initiative shifted the focus of its **truth®** tobacco prevention campaign from 12-17 year olds to 15-21 year olds. Additionally, for nearly one third of young smokers, the transition to daily smoking will not occur until after age 18 and young adults have the highest prevalence of current cigarette smoking of any age group.¹ Further, one study showed that half of people who try cigarettes in college still smoke four years later, despite their predictions that they would quit.⁴ Clearly more needs to be done to end this epidemic.

The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) and the recent "deeming regulation" bringing all tobacco products under the Food and Drug Administration's (FDA) jurisdiction sets the minimum age for sale of all tobacco products at 18.^{5,6} At the same time, the Tobacco Control Act prohibits the FDA from further raising the minimum legal age of sale.⁵ States and some localities, however, have the authority to set the minimum age of sale for tobacco products and can raise the age beyond the federal requirement. The first community to raise the age to purchase tobacco to 21 was Needham, Massachusetts in 2005. Studies in that community showed that past 30-day cigarette smoking among youth was cut almost in half, and frequent smoking in youth dropped by 62%. These decreases were significantly larger than those experienced in communities in Massachusetts that did not pass this ordinance.⁷ Slowly over the years, more and more towns and villages passed such laws. New York City was the first large city to make this move in 2013.⁸ Currently, most states have a minimum age of sale for tobacco products of 18, but three states have an age of 19 (Alabama, Alaska, and Utah),⁹ and five states (Hawaii, California, New Jersey, Oregon, and Maine) set a minimum age of 21.¹⁰ There are approximately 260 localities and counting that have raised the minimum age of tobacco sales to 21.¹⁰

The Institutes of Medicine (IOM) Concluded that Increasing the Age of Sale to 21 Is Likely to Delay Initiation and Reduce Tobacco Use.



In 2015 the IOM released a report commissioned by FDA, as was required by the Tobacco Control Act, that using modeling, concluded that increasing the age of purchase of tobacco products to 21 could decrease initiation rates among youth and young adults. The impact was greatest among 15-17 year olds - with approximately a 25% decrease in initiation - a substantial decrease - but there was also a strong impact among 18 and 19-20 year olds - with approximately a 15% decrease in initiation rates for both age groups. This reduction or delay in initiation rates in turn has an impact on overall smoking prevalence, as well as the prevalence of other tobacco products. This improves overall health in both the short term and the long term by reducing smoking and other tobacco product-related health effects. Further, it will reduce secondhand smoke exposure. In addition, the IOM found in its modeling that increasing the age of purchase, and the subsequent reduction in maternal and paternal smoking will likely improve maternal, fetal and infant health outcomes.⁹

Tobacco is not the first product to be restricted to age 21. The sale of alcohol has been restricted in most states to those over 21 since the 1980s.¹¹ Several studies have shown that the restriction to those 21 and older on alcohol sales has been successful in reducing drunk driving incidents, as well as contributing to significant decreases in high school alcohol use, and binge drinking.¹² In its report, the IOM determined that "the experience with raising the [minimum legal drinking age] for alcohol is highly suggestive with respect to the prospects that raising the [minimum legal age] for tobacco will appreciably reduce smoking rates."¹³

Indeed, one study estimated that raising the age of purchase of tobacco products to 21 could help reduce youth tobacco use prevalence.¹⁴ Another modeling study determined that while increasing the age of purchase to 21 would cause a significant drop in youth smoking in seven years. The study concluded that increasing the age of purchase reduced youth smoking rates better than a 100% tax increase.¹⁵

Policies to Increase the Minimum Age of Sale to 21 Must Apply to All Tobacco Products.

Truth Initiative supports raising the age to purchase tobacco to 21 for all tobacco products - not just cigarettes. As stated earlier, evidence suggests that nicotine can have long term effects on the developing adolescent brain, and brain development lasts until age 25.² Further, while cigarette use among adolescents has gone down, all tobacco use has remained flat over the last five years. What's more, the rate of high school students using more than one tobacco product has increased over the last five years. While some products like cigars and smokeless tobacco have seen some decrease over the last five years, it has not been as steep a decrease as for cigarettes, particularly in the last two years. For some products, such as hookah and electronic nicotine delivery systems (ENDS), we have seen youth use among high school students remains disturbingly high.¹⁶



Retailers Must Bear the Responsibility for Enforcing Laws Increasing the Minimum Age of Sale to 21. The Burden Should Not Be on the Purchaser.

Truth Initiative supports policies that put the burden of this policy on retailers, rather than on youth. Youth should not bear the burden of purchase, use or possession (PUP) laws, which do not take into account the acts of irresponsible retailers and industry marketing. The responsibility for minimum age of sale laws lies squarely on the retailer.

The tobacco industry has disproportionately targeted communities of color.¹⁷ As a result, some populations use tobacco at higher rates than the general population. Further, a huge body of research exists showing the impact of tobacco industry marketing on youth and young adult initiation. What is more, studies show that PUP laws are ineffective¹⁸ and poorly enforced.¹⁹ Further, these laws have been found to disproportionately impact African-American and Hispanic students.²⁰

Unfortunately most states have PUP laws.⁹ Increasing the Minimum Age of Sale of tobacco products to 21 could be a chance to change those laws. Indeed, Chicago, IL and Cleveland, OH both included language in their laws to eliminate or ensure there were no penalties for purchase, use or possession.^{21, 22}

Increasing the Minimum Age of Sale to 21 Is One of Many Tools to Reduce Tobacco Use Among Youth and Young Adults.

Truth Initiative strongly supports increasing the minimum age to 21, however, we do not believe this is the only way to reduce youth tobacco initiation and use. There are many evidence-based measures to decrease tobacco use among youth and in the population generally. The key policies and programs include:

1. Increasing the price of tobacco products. Most communities do this through tobacco taxes. Studies show that every 10% increase in tobacco tax reduces youth tobacco use by 7% and decreases tobacco consumption by 4%.²³ Other options to increase the price of tobacco products include bans on coupon redemption, and minimum price floors for tobacco products.
2. Establishing smoke-free and tobacco-free environments. These policies reduce second hand smoke exposure, and contribute to those working in tobacco-free environments smoking fewer cigarettes.¹
3. Fully funding tobacco control programs at the state and local level. This helps provide more cessation services to those who want to quit, and programs to help prevent youth and young adults from starting in the first place.
4. Mass media campaigns to prevent youth from starting in the first place, as well as encouraging current tobacco users to quit.
5. Policies to reduce access to tobacco products, such as establishing a minimum age of sale, keeping products behind the counter, prohibiting vending machine sales, etc.



-
6. Denormalization strategies including decreasing youth exposure to tobacco use in movies and other media. The less smoking youth see in the media they consume, the less likely they are to initiate tobacco use.

Increasing the age of sale for tobacco to 21 can help reduce youth tobacco use especially when combined with these other policies. Truth Initiative encourages communities to adopt all of these policies - including increasing the minimum age of sale to 21.

Conclusion

Truth Initiative finds the IOM report and the experiences of those communities and states that have already established a minimum age of sale of 21 for tobacco products compelling. Truth Initiative is dedicated to finishing tobacco and supports policies that contribute to that goal. Raising the age of sale for tobacco to 21 has the potential to help end tobacco once and for all.

Robin Koval
CEO and President



References

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.
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Chapter 5: Nicotine. 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. Printed with corrections, January 2014.
3. Breslau N, Johnson EO, Hiripi E, Kessler R. Nicotine dependence in the United States: prevalence, trends, and smoking persistence. *Archives of general psychiatry*. 2001 ;58(9):810-816.
4. Wetter OW, Kenford SL, Welsch SK, et al. Prevalence and predictors of transitions in smoking behavior among college students. *Health Psycho*/. 2004;23(2):168-177 .
5. Family Smoking Prevention and Tobacco Control Act. *Public Law No: 111-31*. Vol HR 12562009.
6. Food and Drug Administration. Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products. 2016; <https://www.federalregister.gov/articles/2016/05/10/2016-10685/deeming-tobacco-products-to-be-subject-to-the-federal-food-drug-and-cosmetic-act-as-amended-by-the>. Accessed Jun 20, 2016.
7. Kessel Schneider S, Buka SL, Dash K, Winickoff JP, O'Donnell L. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco control*. 2016;25(3):355-359 .
8. New York City Council. A Local Law to amend the administrative code of the city of New York, in relation to raising the sales age from eighteen to twenty-one years for cigarettes and tobacco products and establishing a sales age of twenty-one years for electronic cigarettes. 2013; <http://legistar.council.nyc.gov/LegislationDetail.aspx?ID=664290&GUID=4223E26A-7F3F-4B7D-9E3A-OE3F7B850155&options=|DIText|&Search=tobacco> . Accessed June 21, 2016.
9. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products, Board on Population Health, Public Health Practice, Institute of Medicine. In: Bonnie RJ, Stratton K, Kwan LY, eds. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Washington (DC): National Academies Press (US); 2015.
10. Campaign for Tobacco-Free Kids. States and Localities that have Raised the Minimum Legal Sales Age for Tobacco Products to 21. 2017;



- [https://www.tobaccofreekids.org/assets/content/what we do/state local issues/sale s 21/states localities MLSA 21.pdf](https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sale_s_21/states_localities_MLSA_21.pdf).
11. Toomey TL, Nelson TF, Lenk KM. The age-21 minimum legal drinking age: a case study linking past and current debates. *Addiction (Abingdon, England)*. 2009;104(12):1958-1965.
 12. DeJong W, Blanchette J. Case closed: research evidence on the positive public health impact of the age 21 minimum legal drinking age in the United States. *Journal of studies on alcohol and drugs. Supplement*. 2014;75 Suppl 17:108-115.
 13. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products, Board on Population Health, Public Health Practice, Institute of Medicine. In: Bonnie RJ, Stratton K, Kwan LY, eds. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Page 159. Washington (DC): National Academies Press (US); 2015.
 14. Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi-Burza E, DiFranza JR Retail impact of raising tobacco sales age to 21 years. *American journal of public health*. 2014;104(11):e18-21 .
 15. Ahmad S, Billimek J. Limiting youth access to tobacco: comparing the long-term health impacts of increasing cigarette excise taxes and raising the legal smoking age to 21 in the United States. *Health policy (Amsterdam, Netherlands)*. 2007;80(3):378-391.
 16. Jamal A GA, Hu SS, et al. Tobacco Use Among Middle and High School Students - United States, 2011- 2016. *MMWR Morb Mortal Wkly Rep* 2017;66:597-603. DOI: <http://dx.doi.org/10.15585/mmwr.mm6623a1>
 17. Achieving Health Equity in Tobacco Control. 2015; <http://truthinitiative.org/sites/default/files/Achieving%20Health%20Equity%20in%20Tobacco%20Control%20-%20Version%201.pdf>. Accessed June 21, 2016.
 18. Wakefield M, Giovino G. Teen penalties for tobacco possession, use, and purchase: evidence and issues. *Tobacco control*. 2003;12 Suppl 1:i6-13.
 19. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products, Board on Population Health, Public Health Practice, Institute of Medicine. In: Bonnie RJ, Stratton K, Kwan LY, eds. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Page 180. Washington (DC): National Academies Press (US); 2015.
 20. Gottlieb NH, Loukas A, Corrao M, McAlister A, Snell C, Huang PP. Minors' tobacco possession law violations and intentions to smoke: implications for tobacco control. *Tobacco control*. 2004;13(3):237-243.
 21. City of Chicago Office of the City Clerk. Amendment of Municipal Code Titles 3 and 4 concerning tax on non-cigarette tobacco products and associated tobacco-related regulations 2016; [https://chicago.legistar.com/LegislationDetail.aspx?ID=2548696&GUID=356C2E71 - C013-4E70-9931-DB9163D8010A&Options=Advanced&Search=](https://chicago.legistar.com/LegislationDetail.aspx?ID=2548696&GUID=356C2E71-C013-4E70-9931-DB9163D8010A&Options=Advanced&Search=). Accessed June 21, 2016.



-
22. City of Cleveland. Ordinance Number 737-15. 2015;
<http://clevelandhealth.org/assets/documents/department/tobacco/OrdinanceNumber737-15.pdf>. Accessed June 21, 2016.
 23. Chaloupka FJ. Macro-social influences: the effects of prices and tobacco-control policies on the demand for tobacco products. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 1999;1 Suppl 1:S105-109.



Louisiana Department of Health, Office of Public Health
Bureau of Chronic Disease Prevention & Health Promotion, Well-Ahead Louisiana
628 North 4th Street
Baton Rouge, LA 70802

To Whom It May Concern:

Tobacco use is a serious problem among youth and young adults. The 2014 Surgeon General's report, the *Health Consequences of Smoking - 50 Years of Progress*, found that if more is not done to combat tobacco use, 5.6 million of today's youth will die prematurely from a smoking-related illness.

More than 2,300 kids under age 18 try their first cigarette and close to 400 kids become regular daily smokers every day. One third of these kids will die from smoking-related diseases. As a result of nicotine addiction, about 3 out of 4 teen smokers end up smoking into adulthood, even if they intend to quit after a few years.

The American Lung Association strongly believes that Tobacco 21 laws prevent tobacco use and saves lives. Raising the minimum sales age for tobacco products to 21 years old will significantly reduce youth tobacco use and is very popular among the public. In a 2015 report, the National Academy of Medicine found that tobacco use would decrease by 12 percent by the time today's teenagers were adults and smoking-related deaths will decrease by 10 percent if the minimum age were increased to 21 years. This could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.

States have the authority to raise the minimum age for the sale of tobacco products to 21. The American Lung Association recommends that states evaluate all best practice policies for tobacco prevention and control to determine feasibility of initiating a Tobacco 21 law. The American Lung Association strongly believes that all tobacco products, including electronic nicotine delivery systems (ENDS), must be included in Tobacco 21 laws. The law must also apply to all individuals, including active duty members of the military, and must designate compliance and enforcement procedures for the law.

The American Lung Association looks forward to working on increasing the minimum age for the sale of tobacco products to 21 at the state level in Louisiana at the appropriate time.

Sincerely,

A handwritten signature in black ink that reads "Ashley Lyerly".

Ashley Lyerly
Director of Advocacy
American Lung Association

American Lung Association in Louisiana
2325 Severn Avenue, Suite 8 | Metairie, LA 70001
Ph: 504-828-5864 | Info@Lung.org

1-800-LUNGUSA | Lung.org



Thursday, December 13th, 2018

Hillary Sutton
Well-Ahead Louisiana Communications Coordinator
Louisiana Department of Health
P.O. Box 6229
Baton Rouge, LA 70821

To Whom It May Concern,

Tobacco causes nine out of ten lung cancer cases in the United States, and can cause at least eleven other types of cancer. In Louisiana, we continue to rank at the top of US States with high rates of tobacco-related cancer deaths. As a program, our mission calls us to prevent unnecessary disease, disability and premature death due to cancer such as these tobacco-related ones. Despite our and our partners work, tobacco-use rates in Louisiana have been slow to change over the last few years.

However, a newer policy gateway in preventing tobacco-use involves timing. If a teenager starts using tobacco, they have a much higher chance of becoming a lifelong user, compared to those who start later in life. This is shown by the fact that approximately 90% of adult cigarette smokers report starting before the age of 18. While Louisiana has already established 18 as the age when tobacco products and e-cigarettes can be brought, it is not enough. Projections on the impact of increasing the minimum age of buying tobacco products to 21 (T21) show a significant effect on preventable death, particularly from cancer.

As other states, territories and municipalities move towards T21 policies, and those that have done it prove these projections, Louisiana shouldn't be left behind in a cloud of smoke. Louisiana Cancer Prevention and Control Programs supports this policy initiative as an evidence-based way to reduce our state's cancer burden in the years to come.

Sincerely,

A handwritten signature in purple ink, appearing to read 'Donna Williams'.

Donna L. Williams, DrPH
Director, Louisiana Cancer Prevention and Control
Associate Dean for Public Health Practice and Community Engagement
LSUHSC School of Public Health

1-888-599-1073

www.louisianacancer.org

LSU Health New Orleans

School of Public Health

2020 Gravier St, 3rd Floor

New Orleans, LA 70112

Louisiana Tobacco Control Initiative

Celestin, Michael D.
Director

2020 Gravier St.,
New Orleans LA 70112
(504) 568-5742
mceles@lsuhsc.edu

August 3, 2018

Dear State Legislator(s),

As Director of the Louisiana Tobacco Control Initiative (LA-TCI), I would like to inform you of the impact the proposed change to the minimum age to purchase tobacco products in Louisiana from 18 to 21 could have on the health of our state. It is well documented that most smokers begin the habit in adolescence when the brain has an increased predisposition to nicotine addiction.^{1,2} Smoking among youth affects their short and long term health, and the health of our state. In 2017, high school youth in Louisiana reported higher rates of traditional cigarette use (12.3%) and smokeless tobacco use (10.7%), compared to national rates; and, 12.2% reported e-cigarette use, one percentage point lower than the national average.³ Nationally, “Tobacco 21” laws have been used as a deterrent to underage youth access to tobacco products. Adoption of a statewide “Tobacco 21” law could bolster public health efforts to prevent smoking initiation and save lives.

A 2015 Institute of Medicine (IOM) committee report provided evidence from two different simulation models that showed:

1. Increasing the minimum age to 21 would lead to a 12% reduction in smoking prevalence in the nation;
2. A “Tobacco 21” law would decrease smoking initiation by young people aged 15 to 17 by as much as 30%, and other adolescents by as much as 18%.
3. Passage of a “Tobacco 21” law would decrease premature deaths, deaths from lung cancer, and lost life-years for 7 to 16 year olds, and result in reductions in preterm births, low-birth-weight babies, and cases of sudden infant death syndrome for women of childbearing age (aged 15 to 49).⁴

Additionally, national research shows support for “Tobacco 21” laws. For example:

1. Two national public opinion studies published in 2015 found that 70 to 75% of Americans — including a majority of current smokers — support raising the minimum purchase age to 21. This includes respondents across political lines (i.e., more than three quarters of respondents identifying as Republicans and Democrats support Tobacco 21 legislation.^{5,6}
2. Major medical and health professional organizations such as the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Public Health Association all support Tobacco 21 laws.⁷



Appendix I
Louisiana Tobacco Control Initiative Statement

In summary, a “Tobacco 21” law could assist the state of Louisiana in supporting healthier youth and eventual adult populations in Louisiana. However, as a state employee who directs the activities of a state organization neither I, nor my organization, may support or oppose proposed state legislation. We can only inform and educate on the impact said legislation. I wish you the best in deciding the soundest course of action to protect our state's health. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Michael D. Celestin" followed by a large, stylized checkmark.

Appendix I
Louisiana Tobacco Control Initiative Statement

References

1. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: 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, 1994 [accessed 2017 October 12].
2. U.S. Department of Health and Human Services. Preventing 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, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012 [accessed 2017 Oct 12].
3. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013.
4. Kessel Schneider S., Buka S.L., Dash K., Winickoff J.P., O'Donnell L. (2016). Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tob Control*, 25(3):355-9.
5. King B.A., Jama A.O., Marynak K.L., Promoff G.R. (2015). Attitudes toward raising the minimum age of sale for tobacco among U.S. adults. *Am J Prev Med*, 49:583-588.
6. Winickoff J.P., McMillen R., Tanski S., Wilson K., Gottlieb M., Crane R. (2016). Public support for raising the age of sale for tobacco to 21 in the United States. *Tob Control*, 25(3):284-8.
7. Morain S.R., Winickoff J.P., Mello M.M. (2016). Have tobacco 21 laws come of age? *N Engl J Med*, 28;374(17):1601-4.

Appendix J
Smoking Cessation Trust Statement



Letter to the Editor

399 Words

Louisiana Needs to Raise the Legal Age to Purchase Tobacco Products to 21

Leadership from the Smoking Cessation Trust, Orleans Parish Medical Society and Jefferson Parish Medical Society support and endorse legislation in Louisiana to raise the legal age to purchase tobacco products to 21. Raising the age requirement has been made law in six states (Hawaii, California, New Jersey, Massachusetts, Oregon and Maine), and in at least 340 U.S. cities.

As a result of numerous studies, we now know that raising the tobacco age to 21 will have a substantial positive impact on public health and save lives. We know that nicotine is addictive; tobacco companies deliberately market to young adults to recruit “replacement smokers”; that kids often turn to older friends and classmates as sources of cigarettes; about 350 kids under the age of 18 become regular smokers each day – with one in three eventually dying as result; and that smoking causes more deaths each year than murder, AIDS, suicide, drugs, car crashes, and alcohol combined. So, when do we say enough is enough?

According to the Louisiana Department of Health and Hospitals, smoking accounts for 7,200 deaths in our state every year. Our 23 percent adult smoking rate (the U.S. average is 15.5 percent) contributes significantly to our state’s dismal health status. What is most concerning is that the majority of Louisiana smokers began their addiction prior to age 18.

National data show that about 95 percent of adult smokers begin smoking before they turn 21. The ages of 18 to 21 are also a critical period when many smokers move from experimental smoking to regular, daily use. While less than half of adult smokers become daily smokers before age 18, four out of five do so before they turn 21.

According to a recent [State of Tobacco Control 2018 Report](#) from the American Lung Association, the State of Louisiana received a failing grade (“F”) across several categories when it comes to helping Louisiana smokers quit. One of those failing grades is because we continue to allow 18-20 year olds to legally purchase tobacco products.

As healthcare professionals and caring citizens, we appreciate the efforts of our elected officials to sponsor and support legislation that limits tobacco use and help to improve the overall health of Louisiana. The Smoking Cessation Trust, Orleans Parish Medical Society and Jefferson Parish Medical Society strongly advocate for increasing the tobacco purchase age in Louisiana to 21 and invite other organizations to join us.

Mike Rogers, CEO
Smoking Cessation Trust
2219 Lakeshore Dr., Ste. 220
New Orleans, LA 70122
504-529-5665

George S. Ellis, Jr., M.D., President
Orleans Parish Medical Society
4937 Hearst Street, Suite B
Metairie, LA 70001
504-583-5862

John H. Wales, M.D., President
Jefferson Parish Medical Society
4937 Hearst Street, Suite 2B
Metairie, LA 70001
504-455-8282