

Raising the Minimum Legal Sale Age for Tobacco Products to 21

Report prepared in response to HR177

Prepared by:

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Executive Summary

Tobacco use is the leading cause of preventable death in the United States, killing more than 480,000 people each year (USDHHS, 2014). Youth and young adults are extremely susceptible to nicotine's addictive effects, therefore nearly 75 percent of adolescent smokers transition to regular tobacco use in adulthood (HHS, 2012). Duration and intensity of tobacco use are directly related to smoking-related health problems. Youth and young adults who develop a nicotine addiction are at higher risk for long-term health issues such as heart disease, stroke, and cancer (USDHHS, 1994).

This report is submitted pursuant to House Resolution 177 of the 2017 Legislative Session, which was authored by Representative Hoffman. HR 177 requests that the Louisiana Department of Health study the desirability and feasibility of increasing the minimum age to purchase tobacco products in Louisiana to 21. Below are key highlights from the report:

- Among its youth population, Louisiana faces a tobacco epidemic – 28.9 percent of Louisiana high school students and 14.0 percent of Louisiana middle school students are current tobacco users (LYTS, 2017).
- Several studies show that raising the minimum legal sale age for tobacco to 21 would “result in a 12 percent decrease in tobacco use, approximately 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” (Public Health Law Center, 2016), and therefore reduce smoke-related health problems and death. However, because most Tobacco 21 laws are only recently implemented, evidence-based research on the direct impact of increasing the minimum age to 21 is limited.
- In 2007, the National Academy of Medicine concluded that comprehensive state tobacco programs can achieve substantial reductions in tobacco use. According to the CDC, there are four evidence-based interventions included in comprehensive state tobacco programs. Increasing the minimum age to 21 complements, but does not replace, evidence-based tobacco control strategies.
- Louisiana is one of 19 states that preempts local governments from enacting stricter youth access regulations. Preemptive language at the state level harms tobacco control efforts, as the strongest and most innovative tobacco control policies have emerged at the local level (Tobacco Control Legal Consortium, 2014b).
- Members of the Louisiana Tobacco Coalition, Louisiana's group of tobacco control experts, have mixed opinions about 2018 legislation to enact a T21 law. Just over half of the Coalition either would not support, or is unsure about, raising the minimum age for tobacco to 21 in 2018. However, more than half of the Coalition would support a Tobacco 21 proposal in the future.

Nationwide, much of the Tobacco 21 movement started locally and evolved to the state level. Therefore, this report concludes by offering an alternative strategy for policy makers to consider, which is to remove the preemption language from LA R.S. 14:91.6. Without preemptive language, localities can strengthen

minimum age laws as they wish. The impact of localities in implementing Tobacco 21 would help further guide the desirability and feasibility of adopting a statewide Tobacco 21 policy in the future.

Section 1 – Background

Minimum legal sale age laws for tobacco first appeared in the 1880s (Apollonio & Glantz, 2016), and by 1920, half of the United States had a minimum legal sale age for tobacco of 21 years (Apollonio & Glantz, 2016). Throughout the 20th century, tobacco minimum legal sale ages weakened; some minimum ages dropped as low as 16 years (Apollonio & Glantz, 2016). In 1992, Congress passed legislation requiring states to enforce laws prohibiting the sale of tobacco products to individuals under 18. However, states and many local governments have the authority to increase the minimum age for tobacco products. Each day, 400 individuals under the age of 18 become smokers and almost one-third will ultimately die from a smoking-related disease. Therefore, raising Louisiana’s minimum age for tobacco purchases to 21 warrants thoughtful consideration (SAMHSA, 2016).

1.1 – Minimum Legal Sale Age for Tobacco: Why?

Youth (those under the age of 18 years old) and young adults (ages 18 to 24) are extremely susceptible to nicotine’s addictive effects. About three out of four adolescent smokers transition to regular tobacco use in adulthood (HHS, 2012). Individuals who start smoking at younger ages are among the heaviest tobacco users (USDHHS, 1994). The duration (years) and intensity (amount) of tobacco use is directly related to smoking-related health problems, and as a result these individuals are also at higher risk for long-term health issues such as heart disease, stroke, and cancer (USDHHS, 1994). In addition to adverse health effects, research suggests that a minimum legal age for tobacco is necessary for three main reasons:

- Young adults are particularly vulnerable to nicotine’s addictive properties,
- Young adults are targeted by tobacco companies, and
- Young adults can be a source of tobacco for youth (Knox, 2017).

Young Adults Are Particularly Vulnerable to Nicotine

A significant period of biological growth occurs during young adulthood, therefore, exposure to nicotine can have lasting, harmful consequences on brain development (Knox, 2017). The 2012 Surgeon General Report states:

This earlier age of onset of smoking marks the beginning of the exposure to the many harmful components of smoking. This is during an age range when growth is not complete and susceptibility to the damaging effects of tobacco smoke may be enhanced. In addition, an earlier age of initiation extends the potential duration of smoking throughout the lifespan (HHS, 2012).

In 2015, the National Academy of Medicine (NAM), formerly the Institute of Medicine, similarly reports:

The parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine and nicotine addiction (IOM Briefing Paper, p. 3).

Therefore, delaying the age that adolescents first experiment with, or begin to use tobacco products can reduce the risk that they transition to regular tobacco use as an adult (Knox, 2017). The tobacco industry agrees. In 1982, a R.J. Reynolds Tobacco Company researcher concluded, *“If a man has never smoked by*

age 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one,” (R.J. Reynolds, 1982).

Furthermore, research shows that adolescents become dependent on nicotine more quickly than adults (Knox, 2017). According to the NAM, several factors increase the likelihood that adolescents’ first experiments with tobacco will progress into regular use:

These factors include the sequence of neurodevelopment in the adolescent years, the unique sensitivity of the adolescent brain to the rewarding properties of nicotine, the early development of symptoms of dependence in an adolescent’s smoking experience (well before reaching the 100-cigarette lifetime threshold), and the difficulties that adolescents have in stopping smoking (IOM, 2015).

This 2015 IOM Report also included mathematical modeling to predict public health outcomes of raising the minimum legal sale age for tobacco products to 19, 21 and 25 years. It found that raising the tobacco minimum age to 21 would result in a 12 percent decrease in tobacco use, approximately 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 (Public Health Law Center, 2016).

Young Adults Are Targeted by Tobacco Companies

As seen in the statements below, the tobacco industry understands that a successful business model is contingent upon increasing tobacco consumption among young adults:

...18 to 24 year olds will be critical to long term brand vitality as consumption increases with age (U.S. V Philip Morris, USA, Inc., 2006).

...the number one priority for 1990 is to obtain younger adult smoker trial and grow younger adult smoker share of market (R.J. Reynolds, 1990).

To stabilize RJR’s share of total smokers, it must raise share among 18-20 from 13.8 percent to 40 percent...ASAP (R.J. Reynolds, 1989).

Tobacco companies also realize young adults, ages 18-21, are especially vulnerable partly due to the natural stresses of life during that time – leaving home, going to college, starting a new job, joining the military, etc. (Knox, 2017). These stressors tempt the use of cigarettes for the “relief” effects of nicotine. Therefore, tobacco companies heavily target young adults through promotional avenues such as music and sporting events, bars, college scholarships and parties, and more (Knox, 2017).

Young Adults Can Be a Source of Tobacco for Youth

In 2014, the national tobacco retailer violation rate was only 9.8 percent (SAMHSA, 2014). However, according to the 2016 Monitoring the Future Survey, more than 60 percent of 10th grade students and almost half of 8th grade students reported it is easy to get cigarettes (Johnston, 2016). This suggests that youth are obtaining tobacco from sources other than tobacco retailers.

Research shows that it is common for youth to obtain cigarettes from peers in their social circle. According to the 2016 Population Assessment of Tobacco and Health study, 75 percent of current smokers between the ages of 15 and 17 obtain cigarettes from peers. Additionally, data from the 2004 National Survey on Drug Use and Health (NSDUH) show that 63.3 percent of youth between ages 12 and 17 who had smoked

in the last month had given money to others to buy cigarettes for them, while 62 percent had “bummed” cigarettes from others.

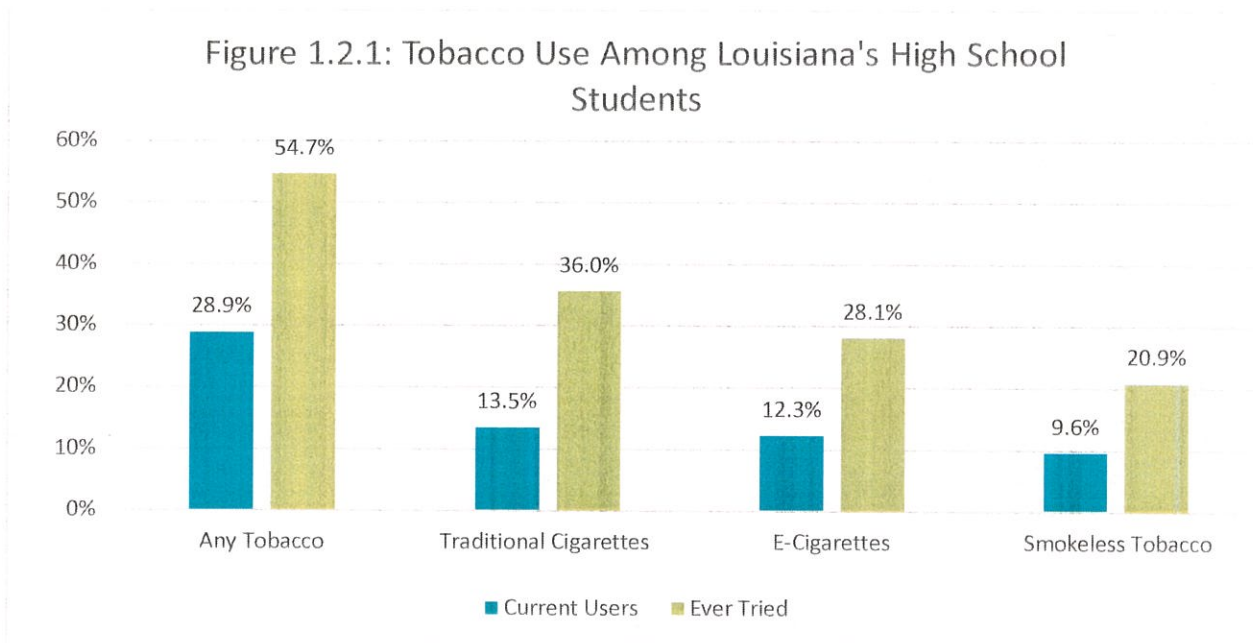
Increasing the minimum legal age for tobacco would likely make obtaining tobacco through social circles more difficult for adolescents between the ages of 15 and 17 specifically (Knox, 2017). If the minimum age is raised to 21, legal purchasers are less likely to be in the same social circles as high school students, and therefore are less likely to sell or give tobacco products to them (Knox, 2017). Studies have also showed that increasing the tobacco minimum age makes it is more difficult for older underage youth (those who are closer to age 18) to succeed in buying tobacco from retailers (Public Health Law Center, 2016).

1.2 – Tobacco Trends Among Louisiana Youth and Young Adults

Among its youth population, Louisiana faces a tobacco epidemic. The Louisiana Youth Tobacco Survey (LYTS) is a survey of Louisiana middle and high school students (grades 6-12) that monitors youth tobacco use across the state. Its findings are described below.

Louisiana High School Students

The most recent LYTS data (2017) showed that 28.9 percent of high school students are current users of some form of tobacco, 8.7 percent higher than the national average of 20.2 percent reported by the National Youth Tobacco Survey (2016). The figure below specifies the type of tobacco used among Louisiana’s high school students.

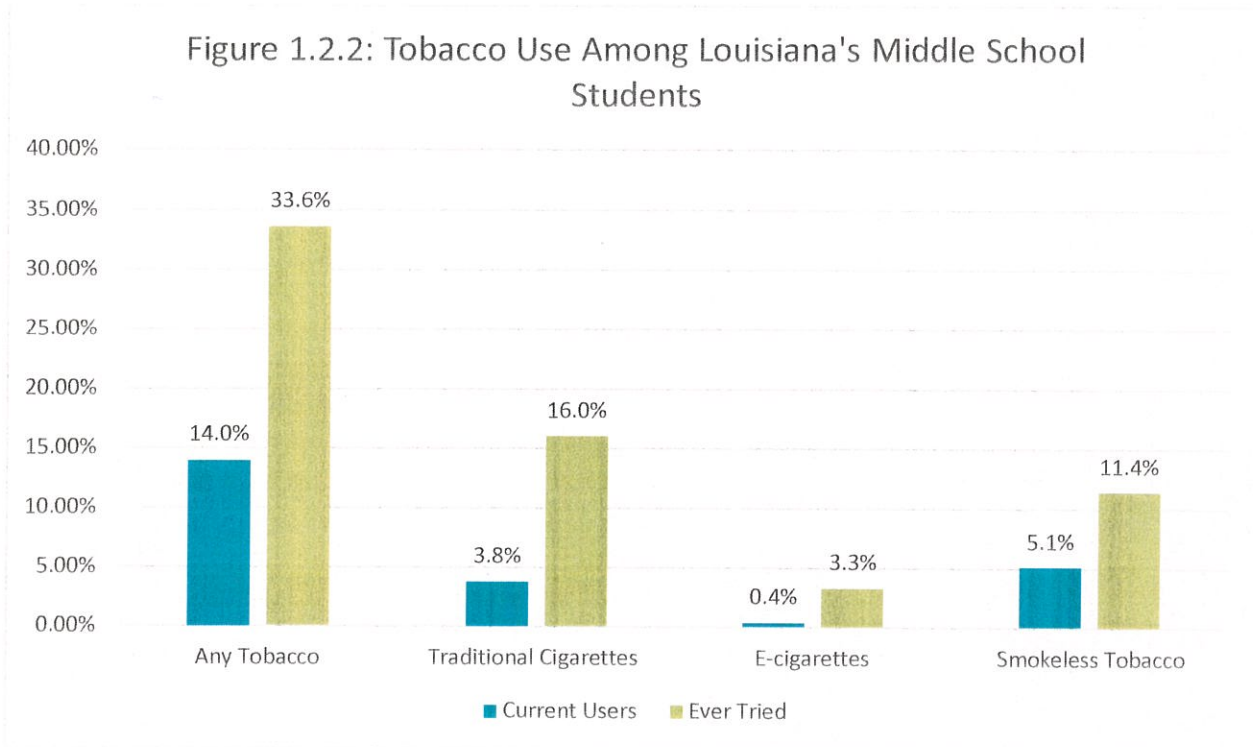


Source: Louisiana Youth Tobacco Survey 2017

As seen above, 28.9 percent of high school students currently use some form of tobacco, 13.5 percent of high school students smoke cigarettes, 12.3 percent use electronic cigarettes, and 9.6 percent use smokeless tobacco. Furthermore, the LYTS reported that 54.7 percent of high school students had ever tried some form of tobacco, with 36.0 percent trying cigarettes, 28.1 percent trying electronic cigarettes, and 20.9 percent trying smokeless tobacco.

Louisiana Middle School Students

The 2017 LYTS also showed that 14.0 percent of middle school students are current users of some form of tobacco, 6.8 percent higher than the national average of 7.2 percent reported by the National Youth Tobacco Survey (2016). Figure 1.2.2 below specifies the type of tobacco used among Louisiana's middle school students.



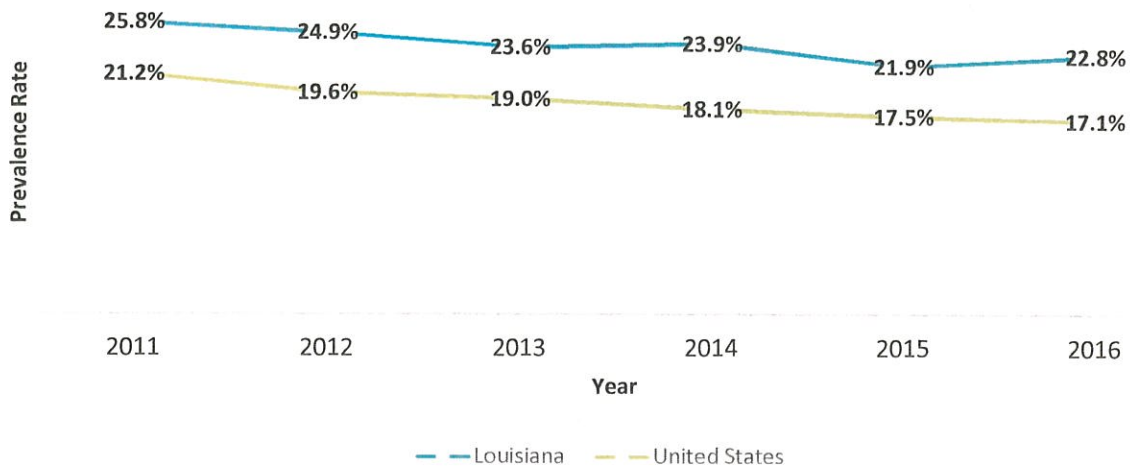
Source: Louisiana Youth Tobacco Survey 2017

As seen above, 14.0 percent of middle school students are current users of some form of tobacco, 3.8 percent of middle school students smoke cigarettes, 0.4 percent use electronic cigarettes, and 5.1 percent use smokeless tobacco. Furthermore, the LYTS reported that 33.6 percent of middle school students had ever tried some form of tobacco, with 16 percent trying cigarettes, 3.3 percent trying electronic cigarettes, and 11.4 percent trying smokeless tobacco.

75Percent of Adolescent Smokers Become Adult Smokers

As stated previously, about three out of four adolescent smokers transition to regular tobacco use in adulthood (HHS, 2012). The Behavioral Risk Factor Surveillance System (BRFSS) is the national system of telephone surveys that collect state-level data regarding health-related risk behaviors, chronic health conditions, and use of preventive services. Over the past 15 years, the prevalence of smokers in Louisiana has decreased from 25.7 percent in 2011 to 22.8 percent in 2016. However, Louisiana's smoking prevalence is still higher than the national smoking prevalence of 17.0 percent (BRFSS, 2016). See Louisiana's smoking trend compared to the national smoking trend below.

Figure 1.2.3 Smoker Prevalence: Louisiana Versus United States



Source: BRFSS (2011-2016)

Louisiana's smoking prevalence is considerably higher than the national smoking prevalence. This is significant. The Louisiana Youth Tobacco Survey showed that high school students who live with a tobacco user are three times more likely to be a current tobacco user and 2.8 times more likely to try tobacco in some form as compared to those who did not live with a tobacco user. It also showed that middle school students who live with a tobacco user are 3.5 times more likely to be a current tobacco user and are also three times as likely to try tobacco in some form as compared to those who did not live with a tobacco user. As a result, youth tobacco use appears strongly correlated with tobacco use in their home surroundings.

1.3 – Best Practices for Preventing Initiation Among Youth and Young Adults

As shown in Figure 1.2.3, the rate of decline in cigarette smoking has slowed in recent years. According to the Centers for Disease Control and Prevention (CDC), several factors may have contributed to this lack of continued decline, "smaller annual increases in the retail price of cigarettes, decreased exposure among youth to effective mass media tobacco control campaigns, and less funding for comprehensive statewide tobacco control programs" (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 9).

In 2007, NAM released the report, *Ending the Tobacco Problem: A Blueprint for the Nation*. This report specifically concluded that there was "compelling evidence that comprehensive state tobacco programs can achieve substantial reductions in tobacco use," (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 9). According to the CDC, a comprehensive tobacco control program is a coordinated effort to:

- Establish smoke-free policies and social norms,
- Promote cessation and assist tobacco users to quit, and
- Prevent initiation of tobacco use.

To support implementation of comprehensive tobacco control programs, the CDC developed a report – *Best Practices for Comprehensive Tobacco Control Programs*. This report includes guidance on four

evidence-based interventions that have been shown to “reduce youth initiation, tobacco-related disease and death, and tobacco-related healthcare costs and lost productivity,” (2014, p. 12). These interventions include:

- Increasing the price of tobacco products,
- Enacting comprehensive smoke-free policies,
- Funding hard hitting mass-media campaigns, and
- Making cessations services fully accessible to tobacco users.

Research shows that prioritizing funding for statewide comprehensive tobacco control programs is valuable. States that have done so have seen larger declines in cigarettes sales than the United States as a whole, and the prevalence of smoking among these states’ adults and youth have declined faster. Florida and New York are examples:

During 1998–2003, a comprehensive prevention program in Florida anchored by an aggressive youth-oriented health communications campaign reduced the prevalence of smoking among middle and high school students by 50 percent and 35 percent, respectively (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 10).

Similarly, during 2001–2010, the New York State Tobacco Control Program reported declines in the prevalence of smoking among adults and youth in the state that outpaced declines nationally. As a result, smoking-attributable personal health care expenditures in New York in 2010 were \$4.1 billion less than they would have been had the prevalence of smoking remained at 2001 levels (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 10).

Research also shows that a tobacco control program that “optimizes synergy from applying a mix of educational, clinical, regulatory, economic, and social strategies” results in a greater and quicker impact of tobacco control (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 9). The state of California manages the nation’s first and longest-running comprehensive state tobacco control program. As a result:

The prevalence of smoking among adults declined from 22.7 percent in 1988 to 11.9 percent in 2010. Decreases in lung cancer incidence and the correlation between lung cancer incidence and quit ratios also provide compelling evidence of the value of sustained tobacco control efforts. Since 1998, lung cancer incidence in California has been declining four times faster than in the rest of the United States (Best Practices for Comprehensive Tobacco Control Programs, 2014, p. 10).

According the Campaign for Tobacco-Free Kids (CTFK), a provision of a Tobacco 21 law would “complement these approaches [increasing tobacco taxes, comprehensive smoke-free laws and comprehensive tobacco prevention and cessation programs] to reduce youth tobacco use and to help users quit.”

Thus, increasing the MLSA for tobacco products to 21 may complement CDC-recommended approaches, but is not a specific evidence-based tobacco control intervention. Comprehensive tobacco control programs are evidence-based and can more effectively impact both Louisiana’s adolescents and adults.

1.4 – National Trends Towards Tobacco 21

According to the Campaign for Tobacco-Free Kids, as of November 12, 2017, five states have raised the minimum legal sale age for tobacco products to 21:

- Hawaii – effective January 1, 2016,
- California – effective June 9, 2016,
- New Jersey – effective November 1, 2017,
- Oregon – effective January 1, 2018, and
- Maine – effective July 1, 2018.

Washington and Massachusetts are also considering a Tobacco 21 law. In addition, at least 275 localities have raised the tobacco minimum age to 21, including New York City, Chicago, Boston, Cleveland, and both Kansas Cities. See Appendix A for a comprehensive list of localities.

Given that most Tobacco 21 laws are only recently implemented, research on the direct impact of increasing the MLSA to 21 is limited. To date, the only available study regarding Tobacco 21 is based in Needham, Massachusetts (Schneider et al., 2016). Needham was the first locality to pass a Tobacco 21 ordinance. In 2006, 13 percent of adolescents in Needham reported current cigarette smoking (Schneider et al., 2016). In 2010, only 7 percent reported cigarette smoking (Schneider et al., 2016). This decline was substantially greater than declines in surrounding communities (Schneider et al., 2016). The decline also did not vary by gender, race/ethnicity, or grade level (Schneider et al., 2016). Due to several limitations, this study is only considered “medium-strength” evidence (Schneider et al., 2016).

New York City passed a Tobacco 21 ordinance in 2013. Although an evaluation study of the policy is not available, a recent compliance study showed that retailer identification card checks actually declined from 71 percent to 62 percent after implementing the Tobacco 21 policy (Silver et al., 2016).

As time passes, large population policy evaluations with high-quality scientific designs will provide stronger evidence of the impact of increasing the minimum legal age for tobacco to 21.

Section 2 – General Desirability of Tobacco 21

2.1 – Supporters of Tobacco 21

The general public, often including smokers, are traditionally supportive of raising the minimum age for tobacco products to 21. According to CTFK, a July 2015 CDC report found that 75 percent of adults favor raising the tobacco age to 21, including seven in ten smokers (Knox, 2017). Tobacco 21 has broad support across the country, including support among men and women, and Americans of all income, education, race/ethnicity and age groups.

2.2 – Opponents of Tobacco 21

The tobacco industry traditionally opposes Tobacco 21. The tobacco industry heavily targets youth and young adults, as many profit measures surround the youth and young adult population (Ling et al 2002’ U.S. V. Philip Morris USA, Inc., et al. 2006; Reynolds 1990; Reynolds 1989).

A popular debate around Tobacco 21 is desirability related to the military. Youth access laws are traditionally challenged by the concern for allowing a person to serve their country at 18, but not allowing him or her to purchase certain goods or services. Although the military debate is popular for minimum age of tobacco products, there is no public health rationale for this argument.

Major General Bret Daugherty, the Adjutant General for the state of Washington and Commander of the Washington National Guard stated in testimony supporting raising the minimum for tobacco products:

...I want to address the age-old argument that if someone is old enough to serve their country in the military, then they are old enough to use tobacco products. This is clearly an outdated argument. There is a laundry list of things that we as a country have decided are contrary to the interest of young people and public health, whether they are in the military or not. Decades ago, this very body saw the wisdom in raising the drinking age to 21. That policy change significantly reduced drunk driving deaths and contributed to the overall health of our public here in the state (2017).

Additionally, there is a concern regarding the disproportionate tobacco use among military personnel. According to CTFK:

Nearly one-quarter (24.0%) of active duty military personnel in 2011 reported currently smoking, compared to 19 percent of civilians at that time. Smoking rates vary significantly by service, ranging from 16.7 percent in the U.S. Air Force to 30.8 percent in the U.S. Marine Corps. Many of the military's current cigarette smokers are dual users of smokeless tobacco. Furthermore, close to half of all military service members (49.2%) used a nicotine product in the past twelve months (2017).

Section 3 – General Feasibility of Tobacco 21

3.1 – Preemption

Currently, raising the minimum legal age to 21 is dependent upon state and local governments. Nationwide, much of the Tobacco 21 movement has started locally and evolved to the state level. Louisiana is one of 19 states that preempts local governments from enacting stricter youth access regulations than that of the state government. Preemption occurs when a higher level of government (ex. federal or state) eliminates or limits the authority of a lower level of government (ex. state or local) to regulate a certain issue (Tobacco Control Legal Consortium, 2014a). Historically, the tobacco industry has successfully pushed for the inclusion of preemptive language in state legislation that does not allow local governments authority to pass smoke-free and other tobacco control laws (Tobacco Control Legal Consortium, 2014a). Preemption harms tobacco control efforts, as the strongest and most innovative tobacco control policies have emerged at the local level (Tobacco Control Legal Consortium, 2014b). Different communities are likely to have different needs and/or challenges depending upon a variety of factors, for instance, urban versus rural communities. Grassroots efforts build community readiness, increase local awareness and foster public debate about the need for policy change (Tobacco Control Legal Consortium, 2014b).

Removing preemption language from LA R.S. 14:91.6 is a strategy that may help further determine the feasibility and readiness among Louisiana communities in adopting a Tobacco 21 policy.

3.2 – Impact on Retailers

Raising the minimum age for tobacco would make it harder for youth and young adults to obtain cigarettes, however a decline in cigarettes sales and state tax revenue would take time to accumulate

(Campaign for Tobacco-Free Kids, 2017a). According to the NAM report, the short-term fiscal impact of Tobacco 21 legislation on tobacco tax revenue is likely to be minimal (IOM, 2015; Campaign for Tobacco-Free Kids, 2017a). The impact on cigarette tax revenue over the first five years is estimated to be a fraction of one percent; that is, an estimated one-fourth of one percent (NAM, 2015; Campaign for Tobacco-Free Kids, 2017a). Whereas in the first year of implementation, the impact would be even less (Campaign for Tobacco-Free Kids, 2017a).

Likewise, a small percentage (roughly 2 to 4%) of 18 to 20 year-olds account for total cigarette sales, and most will not stop smoking as a result of this type of policy change (Campaign for Tobacco-Free Kids, 2017a; Winickoff et al., 2014). Although cigarette sales to adults under 21 years old is small, lifetime smokers usually start smoking before age 21. (Winickoff, 2014) The primary intention of policy change is to prevent or delay the initiation of tobacco use among adolescents and youth. A dramatic and immediate effect on retail sales is not expected, as adult smoking accounts for most of state's cigarette sales (Campaign for Tobacco-Free Kids, 2017a). Money not spent on tobacco products by 18, 19, and 20 year olds is available to be spent on other consumer items, therefore, spending does not necessarily disappear from the local economy, rather, it is redirected to other products purchased in-state (Campaign for Tobacco-Free Kids, 2017a). Additionally, any potential decrease that would take effect would do so gradually, and would allow for small businesses to adjust to the changing market conditions (Winickoff et al., 2014).

3.3 – Impact on Enforcement Entities

The Louisiana Office of Alcohol and Tobacco Control (ATC) is supportive of raising the minimum age for tobacco to 21, as it may simplify identification checks for retailers (Campaign for Tobacco-Free Kids, 2017b; Tobacco Control Legal Consortium, 2014a). Many state drivers' licenses, including Louisiana's, indicate if a driver is under the age of 21 (i.e. license format, photo placement), making it easy to identify underage youth (Campaign for Tobacco-Free Kids, 2017b).

Passing a Tobacco 21 policy would affect minimal to no change to enforcement and compliance systems across the state. The system would be simplified if retailers were checking for one legal age of purchase (21) rather than two (18 and 21) (Winickoff et al., 2014). Enforcement for e-cigarette or vapor product sales would be similar to tobacco product enforcement. Active enforcement of tobacco minimum age restrictions, including meaningful penalties for violations, increases retailer compliance and decreases in the availability of retail tobacco to underage persons (Institute of Medicine, 2015). Literature supports that retailers are not likely to comply with minimum age laws if there is no meaningful enforcement (Institute of Medicine, 2015). Raising the tobacco minimum age to 21 could help in decrease access to tobacco through social circles. Evidence has also cited banning noncommercial distribution of tobacco by friends, proxy purchasers, and other social sources, but these policies are not well-enforced (Institute of Medicine, 2015).

Aside from compliance and enforcement, ATC believes informant recruitment may be easier if the minimum age for tobacco is increased to 21. Informants are more accessible and attainable at ages 20 and under. Specifically, informant recruitment could span a broader audience at colleges and universities

statewide. Younger adolescents may also have a harder time passing as 21, which could reduce underage sales (Campaign for Tobacco-Free Kids, 2017b; White et al., 2005).

PUP Laws

Laws that penalize underage youth for purchase, use, or possession of tobacco products (PUP laws) have generated mixed reactions. PUP laws have been criticized as not being effective in reducing underage tobacco use, and increasing the potential to unnecessarily penalize young people (Tobacco Control Legal Consortium, 2014a). The strongest enforcement approach is to focus on retailers – ensuring enforcement of the law and penalizing noncompliant retailers (Tobacco Control Legal Consortium, 2014a; Institute of Medicine, 2015).

Section 4 – The Louisiana Tobacco Coalition Survey

Between September 2017 and October 2017, the members of the Louisiana Tobacco Coalition were surveyed to determine the desirability and feasibility of a Tobacco 21 law in Louisiana. The survey, available in Appendix B, included a total of six questions. Seven Louisiana Tobacco Coalition members completed the survey: American Cancer Society Cancer Action Network, the American Heart Association, Campaign for Tobacco-Free Kids, Louisiana Cancer Prevention and Control Programs, March of Dimes, Louisiana Campaign for Tobacco-Free Living, and the Louisiana Tobacco Control Initiative.

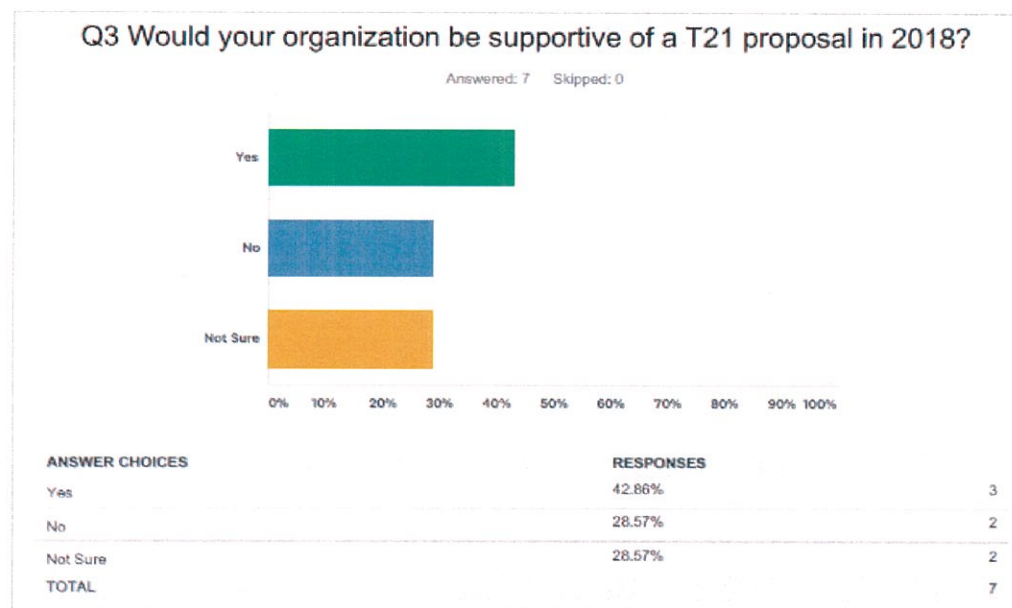
4.1 – Desirability of Tobacco 21 in Louisiana

To gauge desirability of Tobacco 21 in Louisiana, respondents were asked if they would be supportive of a 2018 T21 proposal. Respondents were also asked if they would be supportive of a Tobacco 21 proposal in the future. Overall, most of the Louisiana Tobacco Coalition would prefer a Tobacco 21 proposal in the future. Research shows that tobacco control and prevention efforts should prioritize evidence-based interventions. Therefore, in 2018, key Coalition partners will support a statewide comprehensive smoke-free air proposal. In addition, coalition members believe that simultaneous legislative efforts regarding tobacco would deplete resources and create confusion.

2018 Support for Tobacco 21

Figure 4.1.1, below, shows support of a Tobacco 21 proposal in 2018.

Figure 4.1.1: Louisiana Support for T21 in 2018



As shown above, 57.14 percent of respondents indicated they either did not support, or were unsure about, raising the minimum age for tobacco to 21 in 2018, while 42.86 percent of respondents indicated support for Tobacco 21 in 2018.

Respondents were then asked to explain their stance. Raw responses are included in Appendix C. Below are key findings from respondent answers.

Organizations that indicated support for Tobacco 21 in 2018 did so because:

- Projections on the impact of increasing the minimum age for tobacco products to 21 show a significant effect on preventable death, particularly from cancer.
- Educating members of the Legislature on the importance of strong tobacco control policies, including raising the minimum age, is viewed as a valuable opportunity.

Organizations that indicated they would not support Tobacco 21 in 2018 did so because:

- Support in 2018 will go toward a statewide comprehensive smoke-free air proposal and subsequent implementation. This law would include bars, gaming institutions, and the use of electronic nicotine devices.
- Tobacco control and prevention best practices include enacting comprehensive smoke-free policies. Therefore, until a statewide comprehensive smoke-free air law is passed, resources will be focused on statewide and local smoke-free efforts.
- Simultaneous tobacco legislative efforts would deplete resources and create confusion among supporters and key legislators.

Organizations that indicated they would be neutral regarding a Tobacco 21 proposal in 2018 did so because:

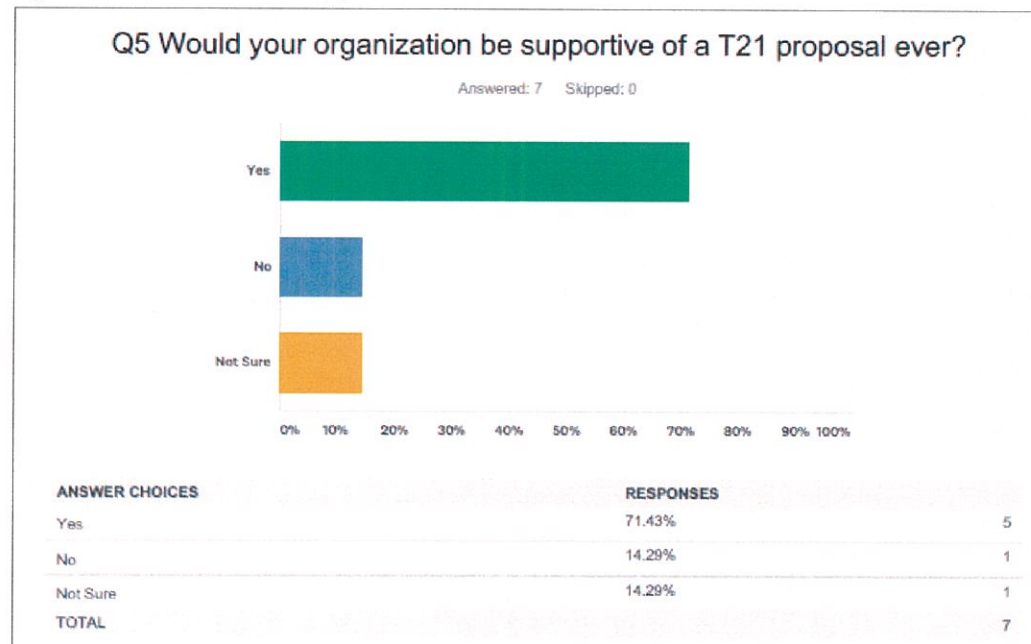
- The legislation would need to be reviewed by national and/or organizational staff before taking a position.

- Due to its government affiliation, the organization must remain neutral.

Future Support for Tobacco 21

Figure 4.1.2, below, shows support of a Tobacco 21 proposal ever.

Figure 4.1.2: Louisiana Support for T21 Ever



As shown above, 71.43 percent of respondents indicated they would, at some point, support a Tobacco 21 policy. 28.58 percent either do not support, or are unsure about ever raising the minimum legal sale age for tobacco to 21.

Respondents were then asked to explain their stance. Raw responses are included in Appendix D. Below are key findings from respondent answers.

Organizations that indicated support for a Tobacco 21 proposal in the future did so because:

- A 2015 Institute of Medicine report predicted that raising the minimum age for tobacco 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.
- Best practices of tobacco control and prevention indicate that raising the minimum age of tobacco to 21 has a greater impact after a statewide comprehensive smoke-free air law is passed.
- A Tobacco 21 proposal would help with the poor birth outcomes throughout the state.

No organizations indicated they would never support a Tobacco 21.

Organizations that indicated they would be neutral regarding a Tobacco 21 proposal in 2018 did so because:

- The legislation would need to be reviewed by national and/or organizational staff before taking a position.
- Due to its government affiliation, the organization must remain neutral.

4.2 – Feasibility of Tobacco 21 in Louisiana

To gauge feasibility of a 2018 Tobacco 21 proposal in Louisiana, respondents were asked how a Tobacco 21 proposal would affect current tobacco control and prevention efforts in Louisiana. Below are key findings from respondent answers. Overall, respondents indicated that a Tobacco 21 proposal in 2018 could interfere with the current tobacco control and prevention efforts in Louisiana.

Raw responses are included in Appendix E.

Two respondents indicated that a Tobacco 21 proposal would complement and strengthen current tobacco control and prevention efforts in Louisiana. The Campaign for Tobacco-Free Kids voiced, “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.” The March of Dimes believes a Tobacco 21 proposal would complement the recent passage of comprehensive smoke-free laws in Baton Rouge and New Orleans, and voiced, “This is one of the next steps to enhance the tobacco control efforts in the state and what is occurring with tobacco cessation policies across the nation.”

Two respondents indicated that a Tobacco 21 proposal would create challenges for current tobacco control and prevention efforts in Louisiana. The Louisiana Campaign for Tobacco-Free Living (TFL) shared that a Tobacco 21 proposal may disrupt, but not weaken, its tobacco control work statewide. TFL stated that a T21 proposal would, “deplete resources dedicated to educate communities on evidence-based practices” and that its “current messaging, campaigns, and workplan do not focus on Tobacco 21”. Likewise, Louisiana Cancer Prevention and Control Programs shared that a Tobacco 21 proposal, “stretches the limited resources that we, as multiple different organizations, have pulled together for relatively successful campaigns.”

Two respondents indicated they were unsure how a Tobacco 21 proposal would affect current tobacco control and prevention efforts in Louisiana. However, the American Heart Association (AHA) questioned whether a Tobacco 21 proposal would affect its current effort to amend and reenact the Louisiana Clean Air Act to prohibit smoking in all bars and casinos statewide. In addition, AHA expressed that multiple tobacco bills might be a heavy load for one sponsor to carry in one session.

4.3 – Formal Statements from the Louisiana Tobacco Coalition

Members of the Louisiana Tobacco Coalition were extended the opportunity to submit a formal statement regarding Tobacco 21. Not all survey respondents submitted a formal statement, and not all members that submitted a formal statement completed the survey. The following statements are available in the Appendix of this report.

- American Lung Association – Appendix F
- Louisiana Campaign for Tobacco-Free Living – Appendix G
- Louisiana Cancer Prevention and Control Programs – Appendix H
- Louisiana Tobacco Control Initiative – Appendix I
- March of Dimes – Appendix J
- Truth Initiative – Appendix K

Section 5 – Conclusion

Among its youth population, Louisiana faces a tobacco epidemic – 28.9 percent of Louisiana high school students and 14.0 percent of Louisiana middle school students are current tobacco users (LYTS, 2017). According to the Surgeon General’s Report (2012), three out of four youth smokers become adult smokers, increasing their risk for long-term smoking-related health problems, such as heart disease, stroke, and cancer (USDHHS, 1994).

Studies show that raising the minimum legal sale age for tobacco to 21 would “result in a 12 percent decrease in tobacco use, approximately 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” (Public Health Law Center, 2016). However, there is only one true study that shows the direct impact of raising the minimum legal sale age to 21, and due to several limitations, this study is only considered medium-strength evidence.

In 2007, the National Academy of Medicine concluded that there was compelling evidence that comprehensive state tobacco programs can achieve substantial reductions in tobacco use. According to the CDC, there are four evidence-based interventions of comprehensive state tobacco programs. These interventions include: increasing the price of tobacco products, enacting comprehensive smoke-free policies, funding hard hitting mass-media campaigns, and making cessations services fully accessible to tobacco users.

The Louisiana Office of Alcohol and Tobacco Control is generally supportive of raising the minimum legal sale age of tobacco to 21 in 2018. However, most of the Louisiana Tobacco Coalition would prefer a Tobacco 21 proposal in the future, agreeing that tobacco control and prevention efforts in 2018 should prioritize the aforementioned evidence-based interventions.

Nationwide, much of the Tobacco 21 movement started locally and evolved to the state level. Thus, an option for Tobacco 21 in Louisiana is to remove preemption language from LA R.S. 14:91.6. Without preemptive language, localities can strengthen minimum legal sale age laws as they wish. This would help further determine the desirability and feasibility of adopting a statewide Tobacco 21 policy in the future.

Bibliography

- Apollonio, D. E., & Glantz, S. A. (2016). Minimum Ages of Legal Access for Tobacco in the United States From 1863 to 2015. *American Journal of Public Health*. doi:10.2105/AJPH.2016.303172
- Campaign for Tobacco-Free Kids (CTFK). (2017a). Raising the tobacco sale age to 21 will have minimal fiscal impact on state revenues. Retrieved from http://www.changelabsolutions.org/sites/default/files/2%29%20Example%20of%20Fiscal%20Impact%20Factsheet%20_%20CONTACT%20CTFK%20FOR%20UPDATE.PDF
- Campaign for Tobacco-Free Kids (CTFK). (2017b). Increasing the minimum legal sale age for tobacco products to 21. Retrieved from <https://www.tobaccofreekids.org/assets/factsheets/0376.pdf>
- CDC (Centers for Disease Control and Prevention). (1993). Minors' access to tobacco—Missouri, 1992, and Texas, 1993. *Morbidity and Mortality Weekly Report* 42(7), 125–128.
- Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. 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, 2014.
- Cismoski, J., and M. Sheridan. (1993). Availability of cigarettes to under-age youth in Fond du Lac, Wisconsin. *Wisconsin Medical Journal* 92(11), 626–630.
- Department of Defense, 2011 Health Related Behaviors Survey of Active Duty Military Personnel, <http://prevent.org//data/files/actiontoquit/final%202011%20hrb%20active%20duty%20survey%20report-release.pdf>, February 2013.
- DiFranza, J. R. 2000. State and federal compliance with the Synar Amendment: Federal fiscal year 1997. *Archives of Pediatrics and Adolescent Medicine* 154(9), 936–942.
- DiFranza, J. R. 1999. Are the federal and state governments complying with the Synar Amendment? *Archives of Pediatrics and Adolescent Medicine* 153(10), 1089–1097.
- DiFranza, J. R., and M. Coleman. 2001. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control* 10(4), 323–328.
- Erickson, A. D., S. I. Woodruff, M. B. Wildey, and E. Kenney. 1993. A baseline assessment of cigarette sales to minors in San Diego, California. *Journal of Community Health* 18(4), 213–224.
- HHS. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994. See also Campaign for Tobacco-Free Kids fact sheet, "Health Harms from Smoking and Other Tobacco Use," <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>.

HHS. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012
<http://tobacco21.org/wp-content/uploads/2015/03/tclc-guide-minimumlegal-saleage-2014.pdf>

National Academy of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015,
<http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx>

Johnston, LD, et al., *Monitoring the Future study*, 2016,
<http://www.monitoringthefuture.org/data/16data/16cigtbl3.pdf>

Kessel Schneider, S., Buka, S. L., Dash, K., Winickoff, J. P., & O'Donnell, L. (2016, May). Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco Control*, 25(3), 355-359. <http://dx.doi.org/10.1136/tobaccocontrol-2014-052207>

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. *American Journal of Preventive Medicine*, 49 (4), 583-588.

Knox, B. (2017, August 18). Increasing the Minimum Legal Sale Age for Tobacco Products to 21 [PDF]. Washington DC: Campaign for Tobacco-Free Kids.

Kuendig, H. 2011. Enforcement of regional bans on tobacco sales to minors in Switzerland— Example of missed opportunity? *European Journal of Public Health* 21(6), 750–752.

Ling, PM, et al., “Why and How the Tobacco Industry Sells Cigarettes to Young Adults: Evidence From Industry Documents,” *American Journal of Public Health*, 92(6):908 – 916, June 2002. Sepe, ES, et al., “Smooth Moves: Bar and Nightclub Tobacco Promotions That Target Young Adults,” *American Journal of Public Health*, 92(3):414 – 419, March 2002. Ernster, VL, “Advertising and promotion of smokeless tobacco products,” *NCI Monograph*, 8:87 – 94, 1989. Griffith, D., “Tobacco pitch to college students: Free samples of smokeless products are offered near campuses,” *Sacramento Bee*, May 25, 2004, <http://www.calstate.edu/pa/clips2004/may/25may/tobacco2.shtml>.

Major General Bret Daugherty, Testimony in Support of SB 5025 to the Washington State Senate Commerce, Labor, and Sports Committee, February 9, 2017

Map of Current Cigarette Use Among Adults. (2017, September 19). Retrieved November 13, from <https://www.cdc.gov/statesystem/cigaretteuseadult.html>

Population Assessment of Tobacco and Health Study, “Highlighted Findings From Wave 1, of the Population Assessment of Tobacco and Health (PATH) Study,” Slide 63, presented at 2016 Society for Research on Nicotine and Tobacco Conference, Chicago, Illinois.

Rigotti, N. A., J. R. DiFranza, Y. Chang, T. Tisdale, B. Kemp, and D. E. Singer. 1997. The effect of enforcing tobacco-sales laws on adolescents’ access to tobacco and smoking behavior. *New England Journal of Medicine* 337(15):1044–1051.

- RJ Reynolds, "1990 Strategic Plan," 1990, Bates Number 513869196/9303, <http://legacy.library.ucsf.edu/tid/vvn13d00>.
- RJ Reynolds, "Estimated Change in Industry Trend Following Federal Excise Tax Increase," September 10, 1982, Bates Number 513318387/8390, <http://legacy.library.ucsf.edu/tid/tib23d00;jsessionid=211D4CCF0DBD25F9DC2C9BB025239484.tobacco03>.
- RJ Reynolds, "Strategic Overview of YAS," February 16, 1989, Bates Number 506788947/8989, <http://legacy.library.ucsf.edu/tid/rrg44d00>.
- Schensky, A. E., S. S. Smith, D. L. Icenogle, and M. C. Fiore. 1996. Youth tobacco sale compliance checks: Impact on vendor practices and community policy. *Wisconsin Medical Journal* 95(11), 775–778.
- Silver, D., Bae, J. Y., Jimenez, G., & Macinko, J. (2016a, May). Compliance with minimum price and legal age for cigarette purchase laws: evidence from NYC in advance of raising purchase age to 21. *Tobacco Control*, 25(3), 289-294. <http://dx.doi.org/10.1136/tobaccocontrol-2014-051860>
- Substance Abuse & Mental Health Services Administration, U.S. Dept of Health & Human Services, 2003 *National Survey on Drug Use and Health*, September 9, 2004, <http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch4http://www.oas.samhsa.gov/nhsda.htm#NHSDAinfo>.
- Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2016 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>; CDC, "The Health Consequences of Smoking – 50 Years of Progress A Report of the Surgeon General 2014," <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.html>
- Substance Abuse and Mental Health Services Administration, *FFY2014 Annual Synar Reports: Tobacco Sales to Youth*, <https://store.samhsa.gov/shin/content//SYNAR-15/SYNAR-15.pdf>
- Tobacco 21: Tips and Tools [PDF]. (2016, October. St. Paul, Minnesota: Public Health Law Center Youth and Tobacco Use. (2017, September 20). Retrieved November 13, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
- Tobacco Control Legal Consortium. (2014a). Raising the minimum legal sale age for tobacco and related products. Retrieved from
- Tobacco Control Legal Consortium. (2014b). Preemption: The biggest challenge to tobacco control. Retrieved from <http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-fs-preemption-tobacco-control-challenge-2014.pdf>
- 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.

U.S. V. Philip Morris USA, Inc., et al., No. 99-CV-02496GK (U.S. Dist. Ct., D.C.), Final Opinion, p. 978, August 17, 2006, [http://www.tobaccofreekids.org/content/what we do/industry watch/doj/FinalOpinion.pdf](http://www.tobaccofreekids.org/content/what_we_do/industry_watch/doj/FinalOpinion.pdf).

USDHSS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 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, 1994.

Verdonk-Kleinjan, W. M. I., R. A. Knibbe, B. Bieleman, H. N. De Groot, and H. De Vries. 2008. The tobacco sales ban and tobacco purchases by adolescents: A general population study in the Netherlands. *European Journal of Public Health* 18(5), 498–503.

Well-Ahead Louisiana Tobacco Desirability and Feasibility Survey, 2017. Unpublished.

White, M., Gilpin, E.A., Emery, S., Pierce, J. (2005). Facilitating adolescent smoking: Who provides the cigarettes? *American Journal of Health Promotion*, 19, 355-60.

Winickoff, J.P., Hartman, L., Chen, M.L., Gottlieb, M., Nabi-Buza, E., & DiFranza, J.R. (2014). Retail impact of raising tobacco sales age to 21 years. *American Journal of Public Health*, 104 (11), e18-e21.

Appendix

B

Louisiana Tobacco Coalition Survey

Good Morning!

The Louisiana Department of Health is gearing up for the 2018 Legislative Session. House Resolution 177 of the 2017 Regular Session asks Well-Ahead Louisiana to study the desirability and feasibility of increasing the minimum age to purchase tobacco products in Louisiana to 21.

As part of this study, we are extending the opportunity for all partnering organizations of the Louisiana Tobacco Coalition to include their stance on T21 in the HR177 Report. 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 complete this survey <https://www.surveymonkey.com/r/Tobacco21Survey> accordingly. Please also consider providing a formal T21 statement from your organization to be included in the report. You can submit this statement to Well-Ahead Louisiana at wellahead@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 link from a colleague, please ensure that only one of you is completing the survey.

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

Questions:

1. Please list your organization name.
2. Do we have permission to use your organization's name in the HR 177 Report?
 - a. Yes (if selected, your organization's name may appear in conjunction with provided responses)
 - b. No (if selected, your organization's name will not be included in the HR 177 Report)
3. Would your organization be supportive of a T21 proposal in 2018?
 - a. Please explain.
4. Would your organization be supportive of a T21 proposal ever?
 - a. Please explain.
5. How might a T21 proposal affect current tobacco control movement in Louisiana such as: adopting increasing taxes, comprehensive smoke-free laws, etc.?
6. How might a T21 proposal strengthen or weaken your organization's current tobacco control work?
7. Please include additional information as needed.

Appendix

C

2018 Desirability Question Responses

Q2: Please explain in detail why your organization would or would not be supportive of a T21 proposal in 2018.

Three respondents indicated they support raising the minimum sales age for tobacco to 21 in 2018. The responses are below:

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.”

Two respondents indicated they do not support raising the minimum sales age for tobacco to 21 in 2018. 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.”

Two respondents unsure about raising the minimum legal sale age for tobacco to 21 in 2018. 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.

Appendix

D

Future Desirability Question Responses

Q3: Please explain in detail why your organization would or would not be supportive of a T21 proposal ever.

Five 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 95percent 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 90percent 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 12.3percent 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.”

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.”

Appendix

E

Feasibility Question Responses

Q5: How might a T21 proposal affect current tobacco control movement in Louisiana such as: adopting increasing taxes, comprehensive smoke-free laws, etc.?

Two 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.”

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.”

One respondent, the **Louisiana Tobacco Control Initiative**, indicated a response in Appendix I.

Q5: How might a T21 proposal strengthen or weaken your organization's current tobacco control work?

Two 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."

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."

Two 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."

One respondent, the **Louisiana Tobacco Control Initiative**, indicated a response in Appendix I.

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