

Sample Resolution on Texas Tobacco 21

Whereas national data show that about 95 percent of adult smokers begin smoking before they turn 21;¹

Whereas the ages of 18 to 21 are a critical period when many smokers move from experimental smoking to regular, daily use;²

Whereas a 2015 report of the Institute of Medicine entitled, “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products,” concluded that raising the minimum legal age of sale of tobacco products nationwide will reduce tobacco initiation, particularly among adolescents aged 15 to 17, and will improve health across the lifespan and save lives. Specifically, the report said that raising the minimum legal age of sale of tobacco products nationwide to age 21 would, over time, lead to a 12 percent decrease in smoking prevalence;³

Whereas the Institute of Medicine report also predicts that raising the minimum legal age of sale of tobacco products nationwide to age 21 would result in 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4,200,000 fewer years of life lost for those born between 2000 and 2019. In addition, the report concluded that raising the minimum legal age of sale would result in near immediate reductions in preterm birth, low birth weight, and sudden infant death syndrome;⁴

Whereas tobacco use is so harmful, we should do everything we can to prevent it among young people;

Whereas raising the tobacco sale age to 21 would help keep tobacco out of high schools;⁵

Whereas tobacco companies admit that increasing the legal sale age for tobacco will reduce smoking. An internal Philip Morris document stated, “Raising the legal minimum age for cigarette purchase to 21 could gut our key young adult market (17-20)...”,⁶

Whereas California, Hawaii, New Jersey, Oregon, Maine, and Massachusetts, and at least 350 localities have raised the tobacco sale age to 21;⁷

Whereas an evaluation of the implementation of California’s law found high retailer support and a decrease in illegal retail sales to youth,⁸

Whereas, tobacco use remains the leading cause of preventable death in the United States, responsible for more than 480,000 premature deaths each year, including 28,000 in Texas;⁹

Whereas an estimated 5.6 million youth aged 17 and under are projected to die prematurely from a tobacco-related illness if prevalence rates do not change, including 498,000 in Texas;¹⁰

Whereas every year, 12,300 kids (under 18) become new daily smokers in Texas;¹¹

Whereas annual health care costs directly caused by smoking total \$8.85 billion in Texas;¹²

Whereas the tobacco industry spends \$646.9 million on marketing in Texas each year;¹³

Whereas the use of tobacco products in any form is not safe, especially during adolescence, as such use can lead to nicotine dependence and subsequent tobacco related diseases and death;¹⁴

Whereas adolescents are especially vulnerable to the effects of nicotine and nicotine addiction and appear to show signs of nicotine addiction at lower levels of exposure compared to adults;¹⁵

Whereas nicotine exposure during adolescence may have long lasting adverse consequences on brain development;¹⁶

Whereas the National Academies of Science, Engineering and Medicine concluded that the use of e-cigarettes among youth and young adults increases the risk of ever using combustible tobacco cigarettes;¹⁷

Whereas the National Academies of Science, Engineering and Medicine concluded that for youth and young adult e-cigarette users who ever smoke cigarettes, e-cigarette use may increase the frequency and intensity of subsequent cigarette smoking;¹⁸

Therefore, be it resolved that [name of organization] recommends that the tobacco sale age be raised to 21 in Texas.

¹ United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>

² Calculated based on data in the National Survey on Drug Use and Health, 2014, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>

³ Institute 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>

⁴ Institute 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>

⁵ Institute 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>

⁶ Philip Morris, "Discussion Draft Sociopolitical Strategy," January 21, 1986, Bates Number 2043440040/0049, <http://legacy.library.ucsf.edu/tid/aba84e00>.

⁷ Campaign for Tobacco-Free Kids, *States and Localities That Have Raised the Minimum Legal Sale Age for Tobacco Products to 21*," https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

⁸ Zhang, X., Vuong, T. D., Andersen-Rodgers, E., & Roeseler, A. (2018). Evaluation of California's 'Tobacco 21' law. *Tobacco control, tobaccocontrol-2017*

⁹ 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, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

¹⁰ 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, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

¹¹ Estimate based on U.S. Dept of Health & Human Services (HHS), "Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables," <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf> with the state share of the national number estimated proportionally based on the projected number of youth smokers ages 0-17 reported in U.S. Department of Health and Human Services (HHS), *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/>.

¹² To make all of the cost data more comparable, some figures have been adjusted for inflation and updated to 2009 dollars, using the same methodology that CDC has used in the past). CDC, Best Practices for Comprehensive Tobacco Control Programs 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm; CDC, Smoking Attributable Mortality, Morbidity and Economic Costs, SAMMEC, <http://apps.nccd.cdc.gov/sammecl>; CDC, *State Data Highlights 2006* [and underlying CDC data/estimates], http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm.

¹³ U.S. Federal Trade Commission (FTC), Cigarette Report for 2015, 2017, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2015-federal-trade-commission-smokeless-tobacco-report/2015_cigarette_report.pdf [data for top 5 manufacturers only].; FTC, *Smokeless Tobacco Report for 2015, 2017*, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2015-federal-trade-commission-smokeless-tobacco-report/2015_smokeless_tobacco_report.pdf [Data for top 5 manufacturers only].

¹⁴ 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.

¹⁵ 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, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

¹⁶ 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, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

¹⁷ National Academies of Sciences, Engineering, and Medicine. 2018. *Public Health Consequences of E-cigarettes*. Washington, DC: The National Academies Press. <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

¹⁸ National Academies of Sciences, Engineering, and Medicine. 2018. *Public Health Consequences of E-cigarettes*. Washington, DC: The National Academies Press. <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>