

A stylized graphic on the left side of the slide. It features two green mountain peaks of different heights. Below the mountains is a green wavy line representing a shoreline or a body of water. At the bottom is a blue wavy line representing water. The entire graphic is composed of solid-colored shapes with no internal details.

# Raising Minimum Legal Sales Age of Tobacco to 21

A Policy Briefing for  
Multnomah County  
Board of Commissioners

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## *Public Health Successes and Ongoing Challenges*

- Over the past 50 years, tobacco control in the United States has led to an estimated 8 million fewer premature deaths.
- Tobacco use continues to significantly affect public health and more than 40 million Americans still smoke.
- The vast majority of current smokers (90%) started before they were 19 years of age.



## *Overall Tobacco Use in Multnomah County Youth 2015*

	8th Grade	11th Grade
Overall Tobacco Use	9.6%	21.4%
Cigarettes	2.9%	7.0%
E-Cigarettes	7.2	16%
Hookah	4.3%	7.2%
Little Cigar/Cigarillo	2.4%	5.4%
Chew (males only)	1.7	5.3%



## *Youth Access: Multnomah County Protects Youth from Harms*

- In March of 2015 - BOCC enacted an ordinance to prohibit the sale of E-cigarettes to minors, and added inhalant delivery systems into the Indoor Clean Air Act.
- In November of 2016 - BOCC enacted **Tobacco Retail License Ordinance** to enable stronger enforcement of retailer tobacco laws - specifically illegal sales to minors.
- These policies help restrict legal access by youth to tobacco and nicotine. But youth also get their tobacco from “social sources.”
- Raising the minimum legal sales age to 21 would eliminate the primary “social sources” for youth aged 15-17.

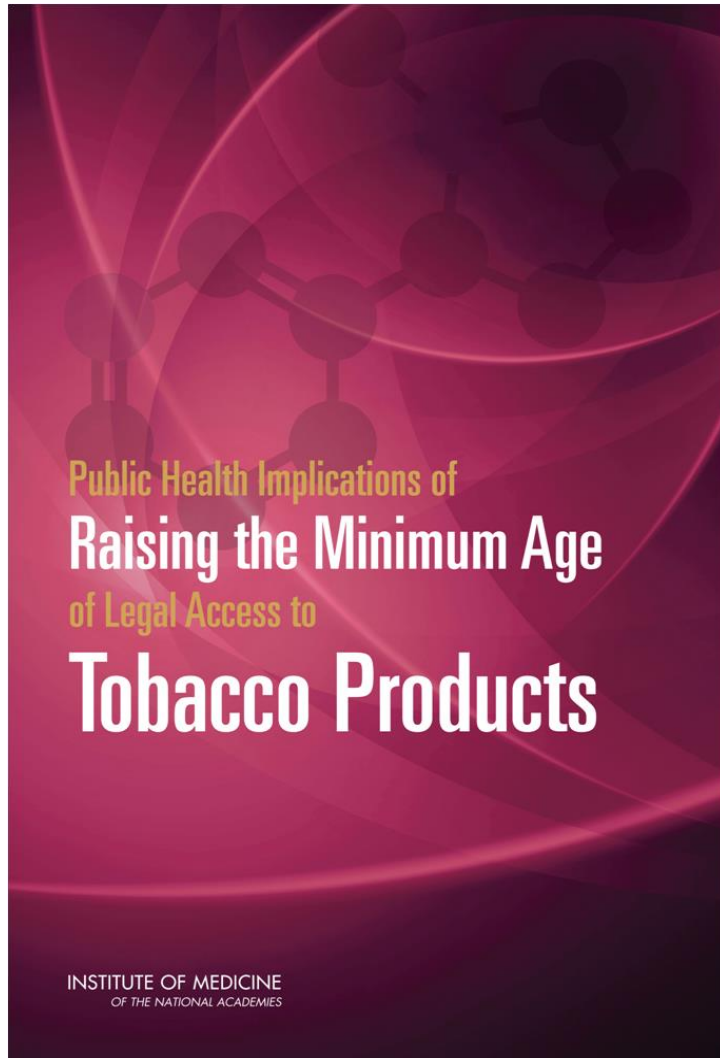


## T21 Background

- In 2009, the Family Smoking Prevention and Tobacco Control Act granted the U.S. Food and Drug Administration (FDA) broad authorities over tobacco products.
- The Act prohibits the FDA from establishing a *nationwide* minimum age of legal access (MLA) for tobacco products above 18 years of age.
- The Act also directed FDA to convene a panel of experts to conduct a study on the public health implications of raising the MLA to purchase tobacco products.
- At FDA's request, the Institute of Medicine (IOM) convened a committee in 2013 for this purpose.



# *Evidence In Support of T21*



The Committee's findings were released in a 2015 report. They concluded that raising the MLA will likely:

- Prevent or delay initiation of tobacco use by young adults, especially among adolescents 15-17 years of age
- Improve the health of Americans across the lifespan
- Save lives by substantially reducing smoking-related mortality



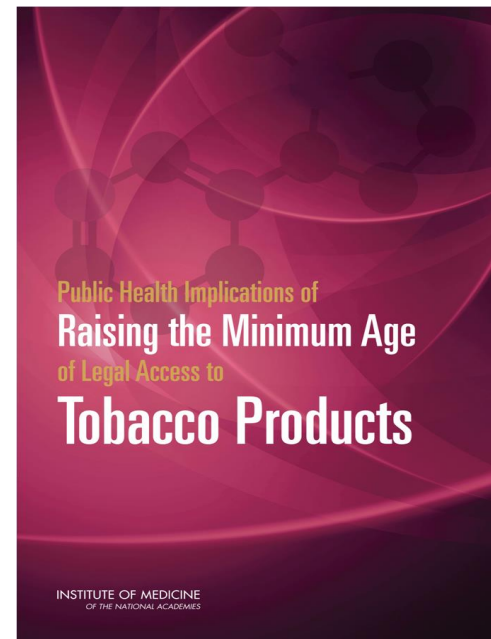
# Lowering Initiation Rates

- Adolescent brains are uniquely vulnerable to the effects of nicotine.
- The initiation age of tobacco use is critical. Among adults who become daily smokers
  - ❖ Approximately 90% report first use before reaching 19 years of age
  - ❖ Almost 100% report first use before age 26
- The majority of underage users rely on social sources—like family and friends—to get tobacco.
- Raising the MLA to 21 will mean that those who can legally obtain tobacco are less likely to be in the same social networks as high school students.



# *Reducing Prevalence, Decreasing Disease*

- Delaying initiation rates would likely decrease the prevalence of tobacco users in the U.S. population.
- Raising the MLA would immediately improve the health of adolescents and young adults.
- Raising the MLA will also lessen the population's exposure to secondhand smoke and its associated health effects, now and in the future.



If the MLA were raised now to 21 nationwide, there would be:

- ❖ ~223,00 fewer premature deaths
- ❖ ~50,00 fewer lung cancer deaths
- ❖ ~4.2 million fewer years of life lost for those born 2000-2019





## *Equity Considerations: Purchase, Use and Possession*

- Minor tobacco purchase, use and possession laws (PUP) are not effective at reducing youth tobacco use
- PUP and MIP laws may be inequitably enforced among specific communities
- American Lung Association and the Tobacco Control Legal Consortium do not recommend increasing PUP laws to 21 years of age but rather to keep the enforcement focus on retailers



# *Elements of a Strong Tobacco 21 Ordinance*

- A ***definition of tobacco products*** that includes current and future tobacco products
- A ***prohibition*** on the distribution of tobacco products to recipients under the age of 21
- A requirement that tobacco ***retailers post notices*** stating that no person under the age of 21 may purchase tobacco products
- ***Significant penalties*** for tobacco products sales to persons under the age of 21
- Authority for the county or municipality to ***inspect retailers for compliance***.



# *Policy Considerations for Multnomah County*

- Pre-emption: Oregon state law contains no preemption language regarding youth access to tobacco.
- Equal Protection: Equal protection challenges to state laws increasing the MSLA for alcohol purchases or consumption have been launched, but unsuccessfully so. There have not been any recorded equal protection challenges to increasing the MSLA for tobacco sales to date.
- Tobacco 21 would strengthen our existing Tobacco Retail License (TRL) to reduce youth access.
- Tobacco 21 is Consistent with Oregon Marijuana and Alcohol Legal Sales Age Laws: Bringing the minor legal sales age policies into alignment for all three products has benefits to the retailers, consumers and for enforcement.



## *The Number of Youth in Multnomah County Potentially Affected by Raising the Minimum Legal Sales Age*

***15 – 20 year olds:  
43,630***

***15 – 17 year olds:  
23,258***

***15 - 17 year olds  
are most impacted  
by Tobacco 21 Ordinance***

