

# Maryland's Health Officers Support *Tobacco 21*

The Maryland Association of County Health Officers (MACHO) supports *Criminal Law – Tobacco and Liquid Nicotine Products – Minimum Age Sales 21* – or Tobacco 21 – and asks for your support.

**RAISING THE MINIMUM AGE for tobacco and liquid nicotine sales TO 21 will result in:**

- An **IMMEDIATE DECREASE IN SMOKING RATES**
- **120,000+ FEWER TOBACCO USERS IN MARYLAND** over the next 30 years<sup>1</sup>

**RIGHT NOW:**

- **EVERY DAY** in the U.S., **3,000+ adolescents and young adults TRY THEIR FIRST CIGARETTE**<sup>1</sup>
- **OVER 95%** of people who **try a cigarette** do so **BY AGE 20**<sup>2</sup>
- **52% of high schoolers HAVE VAPED** – or tried an electronic nicotine device<sup>3</sup>

**IF THE MINIMUM AGE FOR TOBACCO SALES IS RAISED TO 21:**

- Tobacco use WILL DECREASE by 15%** among 18-20-year-olds – and **by 25%** among 15-17-year-olds
- Within 5 years, **preterm births WILL DECLINE** by 4% – preterm births will drop by 13% by the time today's young people reach maturity
- SIDS deaths WILL BE PREVENTED**
- Child and adolescent **asthma cases WILL DECLINE**<sup>1</sup>

**RESEARCH SHOWS:**

- **Tobacco** is the **LEADING CAUSE OF PREVENTABLE DEATH** and disability in the U.S. <sup>4,5</sup>
- **80% OF NON-SMOKERS** and **70% OF SMOKERS favor increasing the age of tobacco sales to 21**<sup>7</sup>

**EACH YEAR:**

- **Tobacco-related diseases** cost Maryland's economy **\$2.7 billion** in direct medical expenses
  - This breaks down to **\$576 million** covered by Medicaid and **\$2.2 billion** in lost productivity to Maryland businesses
- Maryland households are **taxed \$824** on average **to cover tobacco-related government expenses**<sup>6</sup>

## **YOUNG BRAINS ARE MOST SUSCEPTIBLE TO NICOTINE ADDICTION**

- The areas of the brain most susceptible to nicotine addiction are **still maturing through our early 20s**
- **2% of all tobacco sales – those to people under age 21** – result in **MORE THAN 95% of all nicotine addiction**<sup>2,4</sup>

**Raising the minimum age to 21 is the *most effective way* to insure better decisions about the risks of nicotine use and achieve a healthier and more fiscally sound Maryland. Thank you for considering support for *Criminal Law – Tobacco 21*.**

**For more information, please contact MACHO Executive Director Ruth Maiorana at 410-614-6891 or [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu).**

<sup>1</sup> Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Bonnie R., Stratton, K., and Kwan, L, editors. National Academies Press, Washington, DC. 2015

<sup>2</sup> US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the surgeon general, 2014. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress>.

<sup>3</sup> Meghan E. Morean PhD, Deepa R. Camenga MD, MHS, Krysten W. Bold PhD (2018). Querying about the Use of Specific E-cigarette Devices May Enhance Accurate Measurement of E-cigarette Prevalence Rates among High School Students. *Nicotine and Tobacco Research*. Downloaded from <https://academic.oup.com/ntr/advance-article-abstract/doi/10.1093/ntr/nty240/5161237> by Johns Hopkins University, Welch Medical Library user on 16 December 2018

<sup>4</sup> Harold J. Farber, Smita Pakhale, and Enid R. Neptune (2016). Tobacco 21: An Important Public Policy to Protect Our Youth. *Ann Am Thorac Soc* Vol 13, No 12, pp 2115–2118

<sup>5</sup> [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

<sup>6</sup> [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/maryland](http://www.tobaccofreekids.org/facts_issues/toll_us/maryland)

<sup>7</sup> King, B.A., Jama, A.O., Maryak, K.L. (2015). Attitudes toward raising the minimum age of sale for tobacco among U.S. adults. *American Journal of Preventative Medicine*, 49(4), 583-588.