

- **Raising the age**

1. Institute Of Medicine Report 2015: *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products* (<http://www.nap.edu/18997>)

- If the minimum legal age is raised to 21 (projections for nationwide impacts):
 - The tobacco use initiation rate would decrease as follows:
 - by about 15% for youth under age 15
 - by 25% for ages 15-17
 - by a little over 15% for ages 18-20
 - The study model projects that if the minimum age were raised today, by the time today's teenagers were adults, there would be a 12% decrease in the prevalence of tobacco use among those adults.
 - The model projects that, looking 30 years out, raising the age now would result in approximately 223,000 fewer premature deaths, and 4.2 million fewer years of life lost among those born in the first 20 years of this century.
- Selected Findings excerpted from the IOM study
 - Finding 3-5: While the development of some cognitive abilities is achieved by age 16, the parts of the brain most responsible for decision making, impulse control, sensation seeking, future perspective taking, and peer susceptibility and conformity continue to develop and change through young adulthood [Ages 18-25].
 - Finding 3-6: Animal studies suggest that adolescent brains, because of their level of development, are uniquely vulnerable to the effects of nicotine and nicotine addiction.
- Selected Conclusions excerpted from the IOM study Summary chapter
 - Conclusion 7-1: Increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults. [*"Initiation" = having smoked 100 cigarettes*]
 - Conclusion 7-2: Although changes in the minimum age of legal access to tobacco products will directly pertain to individuals who are age 18 or older, the largest proportionate reduction in the initiation of tobacco use will likely occur among adolescents 15 to 17 years old.
 - Conclusion 7-4: Based on the modeling, raising the minimum age of legal access to tobacco products, particularly to age 21 or 25, will likely lead to substantial reductions in smoking prevalence.

- Conclusion 8-1: Based on the modeling, raising the minimum age of legal access to tobacco products will likely lead to substantial reductions in smoking-related mortality.
- Conclusion 8-2: Based on a review of the literature, raising the minimum age of legal access to tobacco products (MLA) will likely immediately improve the health of adolescents and young adults by reducing the number of those with smoking-caused diminished health status. ... Raising the MLA will also likely reduce the prevalence of other tobacco products and exposure to secondhand smoke, further reducing tobacco-caused adverse health effects, both immediately and over time.
- Conclusion 8-3: Based on a review of the literature and on the modeling, an increase in the minimum age of legal access to tobacco products will likely improve maternal, fetal, and infant outcomes by reducing the likelihood of maternal and paternal smoking.

2. Role of brain development

- Exposing the undeveloped adolescent brain to nicotine increases the chance that the brain will become essentially hardwired for nicotine. That is largely why about 90% of adult smokers started before age 18. Those who wait until the brain is fully developed, about age 25, are unlikely to become lifetime users. The longer use is delayed, the lower is the likelihood of lifetime addiction.
- No one starts smoking for the nicotine, yet it is the nicotine that turns that so-called “responsible decision” into a long term addiction.