

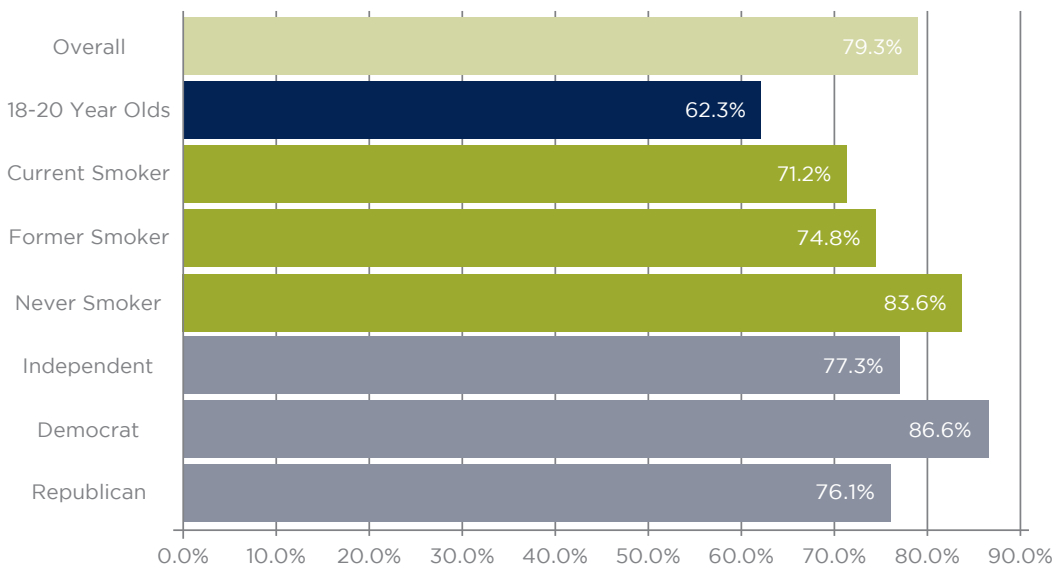
Raising the age of sale for tobacco to 21

79% of Mississippi Adults support this policy in mississippi



Cities and states across the United States have raised or are considering raising the age of purchase for tobacco to 21.

Public Support among MS Adults {for Raising Age of Purchase to 21}



This study demonstrates broad public support for raising the sales age of tobacco to 21 among Mississippi adults.

This policy decreases teen tobacco use by making it harder to get tobacco products for minors.

Raising the age of purchase is effective because it puts legal purchasers outside high school students' social networks.

the Details.

- **5,400 Mississippians die each year** in Mississippi due to cigarette smoking.¹
- Cigarette smoking **costs Mississippi \$1.23 billion each year** in health care costs.¹

- Almost all adult tobacco users started before the age of 21 and the majority of those began during the high school years.²
 - Initiating cigarette smoking during adolescence rather than in early adulthood is more likely to lead to addiction and daily smoking.^{2,3}
- Most adults who purchase cigarettes for distribution to minors are under 21.⁴
 - High school students are less likely to have 21 year-olds than 18 year-olds in their social circles, suggesting reduced opportunities to access tobacco from older buyers.⁵
- Raising the age of sale for tobacco has the potential to break this distribution cycle by reducing minors' ability to buy from other high school students.
- Although this approach may reduce tobacco sales in the long-term, raising the age of sale would have a minimal initial impact on sales and overall tobacco tax revenue.
 - A very small percentage of total tobacco sales, perhaps as little as 2% are attributed to the 18-20 year old age group.⁶
- The states of Arkansas, California, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, and Washington; and at least 530 localities have raised the age of purchase of tobacco to 21.⁷
- A 2015 study of Needham, MA – the first place to raise the age of purchase – found that raising the minimum sales age to 21 for tobacco contributed to a greater decline in youth smoking relative to communities that did not pass this ordinance.
 - From 2006 to 2010, the decrease in 30-day smoking in Needham (from 13% to 7%) was significantly greater than in the comparison communities (from 15% to 12%).⁸
 - Our recent study found that 70.5% of U.S. adults support raising the age to buy tobacco to 21. Moreover, the majority of smokers supported this policy.⁹
- We provide research on public support for this policy in Mississippi.

METHODS // THE MS SOCIAL CLIMATE SURVEY OF TOBACCO CONTROL

Random Digit Dialing (RDD) methods have been the most efficient and cost-effective means for administering surveys to a representative sample of adults for several decades. However, data from the National Health Interview Survey highlight the growing problem of wireless substitution of landline telephones for survey researchers. Approximately 57.1% of the U.S. population lives in a household with only wireless telephone service (Blumberg and Luke, 2019).

The 2019 Mississippi Social Climate Survey of Tobacco Control represents the civilian, non-institutionalized adult population over age 18. The overall sample (N = 1,529) was weighted by race, gender, and age based on the most current U.S. Census estimates. In order to provide a probability-based sample representative to all households in the state, we applied a dual-frame RDD sampling methodology. Both landline and cellular telephone numbers were used to contact eligible adults. Telephone numbers were dialed a maximum of eight (8) times before being retired.

REFERENCES

1. Bach L. *Key state-specific tobacco-related data & rankings.*; 2018. Available at: <https://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>. Accessed March 7, 2018.
2. U S Department of Health and Human Services. *Preventing tobacco use among youth and young adults: A report of the Surgeon General.*; 2012.
3. Taioli E, and Wynder E. Effect of the age at which smoking begins on frequency of smoking in adulthood. *New England Journal of Medicine*. 1991;325(13):968-969. doi:10.1056/NEJM199109263251318.
4. DiFranza R. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*. 2001;10(4):323-328. doi:10.1136/tc.10.4.323.
5. Ahmad S. Closing the youth access gap: the projected health benefits and cost savings of a national policy to raise the legal smoking age to 21 in the United States. *Health Policy*. 2005;75(1):74-84. doi:10.1016/j.healthpol.2005.02.004.
6. Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi E, and DiFranza J. Minimal Retail Impact of Raising Tobacco Sales Age to 21. *American Journal of Public Health*.
7. Campaign for Tobacco-Free Kids https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf.
8. Kessel Schneider S, Buka SL, Dash K, Winickoff JP, and O'Donnell L. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tob Control*. 2015. doi:10.1136/tobaccocontrol-2014-052207.
9. Winickoff JP, McMillen R, Tanski S, Wilson K, Gottlieb M, and Crane R. Public support for raising the age of sale for tobacco to 21 in the United States. *Tob Control*. 2015. doi:10.1136/tobaccocontrol-2014-052126.

MSTOBACCODATA.ORG



MISSISSIPPI STATE UNIVERSITY™
SOCIAL SCIENCE RESEARCH CENTER