Strategies to Reduce Youth Tobacco Use

Opportunities for Local Government

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This issue of the *American Journal of Preventive Medicine* examines factors associated with youth tobacco use–a timely topic given that this year is the 50th anniversary of the first *Surgeon General's Report on Tobacco*. In 1960, the outlook was grim. The probability that a boy born in 1960 would be smoking by the time he was 20 years old was about 35%.[1] After more than a dozen Surgeon General's Reports describing the health consequences of tobacco use, the youth smoking rate in 1991 was still 27.5%.[2] To reduce youth and adult tobacco use, states and localities have employed a number of interventions–smoke-free air laws now cover almost half of the U.S. population,[3] and 30 states have cigarette taxes of $1.00 per pack or higher.[4] As a result of these efforts, the youth smoking rate over the last two decades has declined by one third to 18.1% in 2011[2]–much higher than it should be, but a figure that represents considerable progress.

Although youth cigarette use has decreased over time, the growing use of other tobacco products threatens to undermine these gains. The research in this issue examines youth use of various products, including hookah, cigars, smokeless tobacco, and e-cigarettes, specifically looking at factors influencing use such as advertising, coupons, warning labels, and perception and curiosity of tobacco products. With the emergence and growing popularity of other tobacco products, localities have seized a number of regulatory opportunities to curb youth tobacco, including limiting access to cigars, limiting exposure to coupons, and increasing the minimum sales age.

Cigar use among youth has increased nationally, even surpassing cigarette smoking in some states,[5] because many regulations that apply to cigarettes do not apply to cigars. This loophole has led to the increasing popularity of cigars and little cigars, which are nearly identical to cigarettes except that they are wrapped in brown tobacco leaf rather than paper, and thus are subject to lower taxes and less stringent regulations than cigarettes. In fact, Corey et al.[6] show in this issue how current estimates of cigar use could even be underestimates, as youth may not realize they are smoking cigars. In Corey's study, adding brand name examples of cigars was associated with a 70% increase in reported cigar use by African American women. Overall, 21% of youth reported ever using cigars and 8% reported current cigar use–figures that show the need for urgent action to reduce youth cigar use.[6]

Boston and other Massachusetts towns have proposed requiring cigars to be sold in a package of at least five, thus increasing their price point and reducing youth purchasing. New York City and Providence RI prohibit flavored cigars and other tobacco products. New York City also recently passed a law requiring that little cigars be sold in packs of at least 20, with a minimum price of $10.50 per pack, as well as a minimum pack size of four for cheap cigars. Further local and federal regulation on cigars will be necessary to prevent increasing youth cigar use.

Localities have also attempted to reduce youth tobacco use by prohibiting discounting of tobacco products. The health gains attributable to increased taxes have been dampened by the more than $6 billion spent by the tobacco industry on discounts or promotions that lower the retail price.[7] In this issue, Tessman et al.[8] find that 13% of middle and high school youth reported being exposed to tobacco coupons in the last 30 days, including 9% of non-tobacco users. Given the potential impact of discounts on lowering prices and increasing youth tobacco use, jurisdictions have prohibited retailers from redeeming discounts, in addition to taxation, to keep the price of products high. California prohibits coupons for cigarettes and smokeless tobacco, Hawaii prohibits coupon distribution near schools, Providence RI prohibits coupon redemption and multi-pack offers, and New York City recently passed a law prohibiting discounting of any tobacco product.

Raising the minimum sales age for tobacco products to 21 years is also a potential strategy for decreasing tobacco use among youth aged <18 years as well as young adults. Nearly 90% of smokers started using tobacco as youth or young adults; those not smoking by age 21 years are

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unlikely to ever smoke. Ninety percent of people currently purchasing cigarettes for youth are aged between 18 and 20 years.[9] Thus, raising the sales age to 21 years, and enforcing it, can reduce youth access to cigarettes and other tobacco products from older friends, as high school students are unlikely to be in social circles with those aged ≥21 years.[10]

In 2005, Needham MA increased the legal sales age from 18 to 21 years. Smoking among high school students declined from 12.9% to 5.5% over the next 6 years, a decrease of more than 50%.[11] Another study estimated that raising the minimum sales age to 21 years could reduce smoking over time among 18- to 20-year-olds by 55% and among 14- to 17-year-olds by two thirds.[10] In 2013, New York City became the first large city to pass a law raising the minimum sales age for tobacco products to 21 years, and more jurisdictions are considering this policy.

Overall, the U.S. has made tremendous gains in changing the trajectory of youth tobacco use. With this decline has come discussion about the "endgame" for tobacco–the mechanism to achieve a tobacco-free society and a concept discussed in this year's Surgeon General's Report. Twenty years ago, discussion of the endgame would have prompted incredulous looks; today, talking of the endgame doesn't seem as naïve, especially given the single-digit youth smoking rates in some states. Research in this issue sheds light on how to get us closer to this goal. Localities and states need not wait for federal action. In addition to tobacco control measures such as taxes and smoke-free air laws, jurisdictions should consider other innovative policies, such as those discussed here, to get us closer to ending the tobacco epidemic.

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