



Deakin Report Overview: Raising the Minimum Purchasing Age of Tobacco to 21 (T21)

BACKGROUND:

The adverse health and cost impacts of smoking are firmly established.

Federal, State and Territory Governments have an important role to play in reducing access to harmful substances.

Approximately 95 per cent of adult smokers began smoking before they were 21 years old. Young brains are vulnerable to the effect of nicotine and nicotine addiction. As legal access becomes hard, sources from peers, family and carers become more important.

Tobacco companies target adolescents and young adults and threaten to reduce hard won gains in smoking prevalence. Tobacco companies are regaining their foothold in the adolescent and young adult market through innovative products and modes of delivery focused around product flavouring and e-cigarettes.

EVIDENCE AND CONCLUSIONS:

To reduce peer and family sources, the United States (US) introduced T21 in some jurisdictions. The town of Needham (near Boston) was the first and 360 localities across US, including Hawaii, New York City and California, have since followed suit. Singapore has also implemented a gradual approach to T21 (increasing the age by one year each year to achieve 21 years in 2021).

Studies have shown:

- Smoking among high school students dropped by more than half in Needham; and
- Rates of 'current smoking' (in the past 30 days) among high school students in Hawaii decreased from 24.5% in the year 2000 to 7.4% in 2015.

Modelling on the impact of T21 in the US by the Institute of Medicine (IOM) predicts:

- A reduction between 20.8% to 30.0% in smoking initiation among teens 15 to 17 years;
- A reduction between 12.5% to 18.0% in smoking initiation for other adolescents;
- 249,000 fewer premature deaths;
- 45,000 fewer deaths from lung cancer; and
- 4.2 million fewer lost life-years.

In Australia, during the 1990's a minimum age increase from 16 to 18 years reduced youth smoking. The effect was gradual and part of a suite of measures including enforcement.

Consideration should be given to policy design particularly on enforcement, monitoring, compliance, progressive versus immediate implementation, education, collaboration with retailers and any exemptions. Careful thought should also be given to how other community groups, such as Indigenous Australians, the Asian community and LGBTI communities, would be engaged to support policy action.

While a minimum age requirement of 21 is not common in Australia there are precedents for matters deemed to be important. Youth in full-time study, for example, are not regarded as independent for purposes of receiving Centrelink until they are 22. Youth who drive do not get a full license until they are 21 or have been driving for 3 years. Regardless, the benefits outweigh convention.

Respected non-government organisations such as the Cancer Council, the AMA, the Medical Oncology Group of Australia, and the Private Cancer Physicians of Australia, support tobacco control prevention mechanisms. Quantitative social research conducted in some Australian states also shows strong community support for T21.

Australia can also be a leader in achieving this reform. The need and policy logic for T21 are strong. States and Territories should pilot raising the minimum purchasing age of cigarettes to contribute to the evidence base for T21 in Australia.