



IHPI BRIEF:
**Tobacco 21 in Michigan:
New Evidence and Policy
Considerations**



WHAT IS TOBACCO 21 (T21) AND WHY DOES IT MATTER?

Tobacco use remains a major public health concern in Michigan, causing over 16,000 deaths each year. Compared to the national average, 20% more Michigan 12th graders have smoked a cigarette, smoked a cigar, used smokeless tobacco or vaped an e-cigarette in the last month.¹ Of young people who smoke, 2 in 3 long-term users will die early of smoking-related causes.

While youth tobacco use rates have steadily declined for two decades, in 2018, e-cigarette use among young people rose so precipitously that the Surgeon General declared that vaping had become an epidemic among the nation's youth.² Nationally, 85% of daily smokers begin smoking daily before the age of 21.³

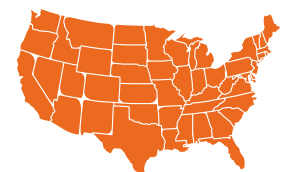
In an effort to reduce tobacco use and prevent its detrimental health effects, T21 policies aim to limit youth access to tobacco products (including cigarettes, e-cigarettes and other tobacco products) by restricting sales to people aged 21 or over. More than 400 cities and counties and 7 states have adopted T21 policies.

In spite of the proliferation of T21 laws, there is little evidence around:

1. The potential public health impact of T21
2. The projected revenue effects of T21
3. Early challenges to T21 implementation
4. Youth's views of T21

A team of researchers conducted a comprehensive policy analysis on the potential effects of T21 in Michigan. Project components included: policy effect simulation analyses, case studies of 4 Ohio communities that have implemented T21 and a national text message survey of people aged 14–24, in partnership with MyVoice.⁴ The research team is based at the University of Michigan and is affiliated with the School of Public Health and the Institute for Healthcare Policy & Innovation.

**Tobacco use
remains a
major public
health concern
in Michigan,
causing over
16,000 deaths
each year.**



**More than 400 cities
and counties and
7 states have adopted
T21 policies**

TAKEAWAYS FROM OUR RESEARCH AND POLICY CONSIDERATIONS

1 Health and revenue implications for Michigan

Our research estimated the effects on the health and tax revenue collected in the state of Michigan if a statewide T21 policy was passed into law. The model examined how smoking habits would change over the next 80 years if T21 reduced smoking initiation by 10%, a figure supported by a 2015 Institute of Medicine report.³



RESEARCH FINDINGS



If T21 is enacted in 2019,
by 2025 we predict 11,000 fewer young Michiganders will start smoking.

By 2100, we estimate T21 would avert 17,000 smoking-related deaths and 198,000 fewer people will have started smoking.



Through 2050, we estimate a T21 policy would **decrease cigarette tax revenues by approximately \$41 million per year** in Michigan (4.7% of cigarette tax revenue, 0.2% of total state tax revenue).



POLICY CONSIDERATIONS

Passing T21 is predicted to save lives in the state of Michigan.

To avoid tax revenue losses Michigan could adjust its tobacco tax rate in line with inflation (a 25% increase), resulting in a surplus.

2 Views of young people

A national survey of nearly 800 people ages 14–24 was conducted in September 2018 via text message, with an over-sample of Michiganders. Our team evaluated the responses to understand attitudes towards tobacco use and opinions about T21.



RESEARCH FINDINGS



59.1% of respondents support the adoption of a T21 policy compared to 28.5% against.

In Michigan, a similar majority of young people support a T21 policy.

Reasons for supporting T21:



3 in 5 were **concerned about tobacco's health effects.**

2 in 5 thought people their age **were not responsible enough to buy tobacco.**



Among those who oppose T21, **2 in 3** thought people their age were **responsible enough to buy tobacco** and **1 in 2** pointed to **civic values and individual rights** to underline their stance.



POLICY CONSIDERATIONS

Young people will be directly affected by the policy change and **should be included** in the T21 policy discussion.

3 Lessons from case studies in Ohio

Ohio provides useful lessons on T21 implementation in a comparable population to Michigan. Case studies, anchored by 23 stakeholder interviews with key stakeholders in the T21 policy process, were conducted in four Ohio cities (Columbus, Cleveland, Dublin and Euclid). Interviewees were asked about the process of creating, passing, implementing and enforcing T21 in their city. An additional review of local survey data, laws and policy materials was conducted to further understand the local context.



RESEARCH FINDINGS



Columbus has set the best practice standard, utilizing civil enforcement (over criminal enforcement) and setting up a retailer licensing system.

Cleveland, Dublin and Euclid initially implemented policies without these details and have since spent time reforming their policies and practices to more closely mirror Columbus's.



Columbus paired T21 passage with:

- The creation of a tobacco retailer license
- A budget dedicated to enforcement of the policy
- Policy evaluation
- Delegation of enforcement authority to the Public Health Department



The case studies revealed concerns around potential policing consequences of T21 policies. If a policy is enforced unfairly, there is a risk of exacerbating health disparities through penalizing marginalized communities more strictly.



POLICY CONSIDERATIONS



To improve effectiveness, T21 policies should require comprehensive civil enforcement

(business fines and licensure loss for repeat offenders instead of misdemeanors against clerks)

and licensure, such as in Columbus's model.



T21 policies should make it clear who has authority over retailer compliance, law enforcement, and policy evaluation. Insufficient attention to these elements can lead to ineffective policy implementation.



T21 enforcement and compliance efforts should focus on retailers rather than on individuals.

The bottom line

Our research indicates that T21 policies can deliver health benefits in Michigan, if the policy is effectively implemented. Structuring policy adoption and implementation in a way that will be successful should be prioritized, as was seen through our case studies in Ohio.



Read the full research report and find out more:

ihpi.umich.edu/tobacco21

RESOURCES

- ¹ Centers for Disease Control and Prevention (CDC). 1991–2017 High School Youth Risk Behavior Survey Data. Available from: <http://nccd.cdc.gov/youthonline/>.
- ² Surgeon General releases advisory on E-cigarette epidemic among youth. Press release from the Department of Health and Human Services. December 17, 2018. Available from: <https://www.hhs.gov/about/news/2018/12/18/surgeon-general-releases-advisory-e-cigarette-epidemic-among-youth.html>.
- ³ Institute of Medicine: Health implications of raising the minimum age for purchasing tobacco products. March 2015. Available from: <http://www.nationalacademies.org/hmd/Activities/PublicHealth/TobaccoMinimumAge.aspx>.
- ⁴ MyVoice project. Available from: <http://hearmyvoicenow.org/>.

CONTRIBUTORS

Holly Jarman
David Mendez

Rafael Meza
Alex Liber

Karalyn Kiessling
Charley Willison

Sarah Wang
Megan Roberts

Elizabeth Klein
Tammy Chang

Leia Gu
Cliff Douglas

FOR MORE INFORMATION, please contact Eileen Kostanecki, IHPI's Director of Policy Engagement & External Relations, at ekostan@umich.edu or 202-554-0578.

Support for this project was provided by the Institute for Healthcare Policy & Innovation, the nation's leading university-based institute of health services researchers working together to improve the quality, safety, equity, and affordability of healthcare.

Learn more at www.ihpi.umich.edu

The Regents of the University of Michigan

Jordan B. Acker, Huntington Woods
Michael J. Behm, Grand Blanc
Mark J. Bernstein, Ann Arbor
Paul W. Brown, Ann Arbor
Shauna Ryder Diggs, Grosse Pointe

Denise Ilitch, Bingham Farms
Ron Weiser, Ann Arbor
Katherine E. White, Ann Arbor
Mark S. Schlissel (ex officio)

The University of Michigan is a Non-discriminatory, Affirmative Action Employer.
© March 2019, The Regents of the University of Michigan