



The District's Dime

Going Beyond the Budget Book

The DC Fiscal Policy Institute blog
www.dcfpi.org

October 7, 2016

DC Council Should Pass Two Bills that Would Decrease Smoking in the District

By Chaz Rotenberg

The DC Council can take important steps to improve public health in the District, by raising the District's smoking age to 21 and by barring use of electronic cigarettes in restaurants and bars. A recent Council hearing on legislation that would accomplish these goals highlighted strong reasons for moving ahead.

One [bill](#) would prohibit people under age 21 from purchasing or possessing tobacco products—effectively raising DC's current smoking age of 18. The second [bill](#) would prevent people from using electronic cigarettes, or e-cigarettes, in areas where traditional tobacco products are already prohibited, including enclosed public spaces, such as inside restaurants and bars, public buildings, and places of employment. Currently, there is little regulation of e-cigarettes in the District.

Raising the legal smoking age would reduce smoking and improve health. Nationally, nearly nine of 10 people who smoke start their habit before the age of 19. In DC, 12.5 percent of high school students smoke cigarettes—one of the highest rates in the country when compared with states, according to the American Heart Association. Increasing the smoking age to 21 would not only make direct sales illegal, but also would make it more difficult for those underage to access cigarettes, since it would put legal purchasers outside the social circle of most high school students. Nearly all teens under age 18 who smoke get their cigarettes from legal purchasers under age 21.



This bill would cost the District about \$1 million a year in lost cigarette tax revenue, but every lost dollar would stem from a good thing—a youth who is not smoking—and the costs would be miniscule in comparison to the \$391 million in health care costs attributable to smoking in the District. An Institute of Medicine [report](#) estimates that raising the smoking age to 21 would result in a 25 percent drop in youth who start smoking, a 12 percent drop in overall smoking rates, and a reduction in preterm births and low birth weight babies.

Reducing exposure to second-hand smoke would also have a positive impact on the District. Currently, 13 percent of DC children have asthma—which can be caused or exacerbated by exposure to smoke—compared with 8.6 percent of children nationwide. While there is little evidence on how e-cigarettes impact health of those who use them or about the impacts of second hand vapor inhalation—since e-cigarettes are relatively new—preliminary studies have shown that

these products contain nicotine, and that users of these products might be exposing others to harm through secondhand smoke. E-cigarette use among American teenagers has tripled within a year, and teens who use electronic cigarettes are more likely to graduate to traditional cigarettes. Banning e-cigarettes in enclosed public spaces can reduce the risk of “re-normalizing smoking,” thus causing fewer youth to pick up the habit.

Similar legislation has been passed in other states and cities. California, Hawaii, and over 180 municipalities including New York City, Boston, and San Francisco have raised the smoking age to 21. Additionally, 12 states and 516 cities have banned the use of e-cigarettes in enclosed public spaces.

The Council should follow the lead of these cities and states to discourage our youth from smoking and to reduce smoking-related illnesses in the District.