Launched in 2018, the first ever Greater Cincinnati Adult Tobacco Survey is the most comprehensive source of local data for understanding adult tobacco use behaviors, attitudes and public opinion in our region.

**Raise the age, break the cycle**

Tobacco 21 is a policy strategy at the local and state levels to raise the minimum legal sale age for tobacco products from 18 to 21 years old. The Institute of Medicine has concluded that Tobacco 21 will prevent a number of youth and young adults from trying cigarettes, reduce tobacco-related deaths, and significantly improve the health of adolescents, young adults and young mothers. Research has also shown Tobacco 21 policies do not negatively affect local businesses and are likely to lower health care costs.

TOBACCO 21 IS AN IMPORTANT STRATEGY ...

... to address the critical ages of 18 to 20 when people are most likely to try cigarettes.  
... to counter tobacco companies’ intentional marketing to youth and young adults.  
... to keep tobacco out of high schools.

Cincinnati City Council passed Tobacco 21 in December 2018. Enforcement began in December 2019. This policy requires retailers to buy a license to sell tobacco products and display signs informing the public about the policy. The Cincinnati Health Department will conduct regular compliance checks.

**Most favor Tobacco 21**

The survey found that most Greater Cincinnati adults (62%) favor Tobacco 21. Among current and former smokers, those who first tried cigarettes between the ages of 18 and 20 (74%) are most likely to favor this policy. Because of the age at which they began smoking, these adults would have most directly benefited from a Tobacco 21 policy in their youth.

![](image)

<table>
<thead>
<tr>
<th>PERCENTAGE OF ADULTS WHO ARE CURRENT OR FORMER SMOKERS WHO FAVOR TOBACCO 21, BY AGE OF SMOKING INITIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 and younger</td>
</tr>
<tr>
<td>12-14</td>
</tr>
<tr>
<td>15-17</td>
</tr>
<tr>
<td>18-20</td>
</tr>
<tr>
<td>21 and older</td>
</tr>
</tbody>
</table>

SOURCE: 2018 Greater Cincinnati Adult Tobacco Survey
Vast majority of region’s smokers started before age 21

Research shows that a majority of cigarette smokers begin smoking before the age of 21. The Greater Cincinnati Adult Tobacco Survey confirms this for adults in our region. More than 9 in 10 Greater Cincinnati smokers (92%) first tried cigarettes before the age of 21. About 8 in 10 (79%) began regularly smoking by age 21. This is true of Greater Cincinnati smokers regardless of race and whether they regularly smoke menthol cigarettes.

**AGE OF FIRST AND REGULAR USE OF CIGARETTES BY GREATER CINCINNATI ADULT SMOKERS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Use</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before age 21</td>
<td>First use</td>
<td>92%</td>
</tr>
<tr>
<td>Age 21 or older</td>
<td>Regular use</td>
<td>21%</td>
</tr>
</tbody>
</table>

(Source: 2018 Greater Cincinnati Adult Tobacco Survey)

Progress in state, nation

Tobacco 21 policy, including a strong enforcement strategy, is an important component to prevent and reduce tobacco use among youth and young adults. As of November 2019, 18 states and more than 500 localities in 30 states have passed Tobacco 21 legislation. These laws now cover more than half of the U.S. population. However the strength of the laws, including enforcement strategies and penalties, varies widely. Ohio’s statewide Tobacco 21 legislation passed in July 2019 does not include enforcement strategies. In addition, 25 Ohio communities have local Tobacco 21 laws, many of which include tobacco retailer licensing as an enforcement mechanism.

Tobacco 21 policies are one component of a comprehensive tobacco control strategy that includes higher tobacco taxes for all products, strong smoke-free workplace laws, and well-funded tobacco prevention and cessation programs.

NOTES

4. For more information about Cincinnati’s Tobacco 21 ordinance visit https://bit.ly/35ZoPTe

The 2018 Greater Cincinnati Adult Tobacco Survey is sponsored by Interact for Health. GCAT’s was conducted Aug. 11, 2018-Jan. 31, 2019, by the Institute for Policy Research at the University of Cincinnati. A random sample of 2,300 adults from a 22-county region surrounding Cincinnati was interviewed by telephone. This included 847 landline telephone interviews and 1,453 cell phone interviews. In 95 out of 100 cases, estimates will be accurate to ±2.0%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording or context effects that can introduce error or bias. For more information about the Greater Cincinnati Adult Tobacco Survey, please visit https://www.interactforhealth.org/about-tobacco-survey/