To: Chair Byer and Senators Monroe, Riley, Thomsen and Girod
From: Dr. Tia Henderson
Date: April 8, 2015
Re: Tobacco Retail License Policy, SB 0417



Good afternoon, my name is Dr. Tia Henderson, the Research Manager at Upstream Public Health, a statewide nonprofit focused on improving the health of all Oregonians through sound policy. Thank you for this opportunity to sumit comments today. I want to commend the legislators for having brought forward this policy to protect the next generation's health and prevent Oregon youth from starting to use tobacco and nicotine products. We are all responsible for protecting our youth. In your capacity as protectors I urge you to amend the existing policy to add that any education and enforcement related to this policy be culturally responsive to prevent any barriers to compliance for business owners and their staff and to ensure that all neighborhoods, regardless of economic hardship or cultural and racial background, receive balanced protection without harm¹. I also request that the Oregon Liquor and Control Commission be granted the ability to work with county health departments and offices of equity for the enforcement aspect of this policy.

Tobacco retailer licensing can protect the common good: research indicates that in other states with this policy², it helps reduce youth access to tobacco through enforcement of laws preventing sales to minors. This is critical because Oregon has the highest number of sales of tobacco to minors in the country³. Without this policy we risk losing federal funds that support tobacco prevention and efforts that help people quit smoking. This policy includes provisions to remove retailer's use of coupons, promotional pricing or multiple packs for reduced prices; efforts that research indicates will reduce how enticing tobacco can seem to youth⁴. If we could successfully lower our current rate of youth smoking by just two percentage points, the state could prevent nearly 30,000 kids from growing up to become adult smokers, saving nearly 10,000 lives and saving \$484.6 million dollars in health care costs⁵.

We are recommending that the current policy be amended so that education used in enforcing this law include culturally responsive methods such as materials translated in multiple languages and non web-based materials beomg available for retailers, retail staff, and enforcement agents. This would be a minor expansion of existing community and merchant education already undertaken in the state's SYNAR program. We also request that during the rule making process the OLCC explore model programs of enforcement that includes racial equity sensitivity in enforcing this, and related, tobacco laws. This will be most supported if the OLCC is able to request county health departments be responsible for enforcement, especially in partnership with county offices of equity where they exist. Usptream is in the early stages of a Health Equity Impact Assessment, supported with funding from the Knight Cancer Institute Community Partnership Program at Oregon Health & Science University, to examine how this policy could affect residents in Multnomah County. Based on our initial review of research studies, without these precautions, the policy has the potential of introducing barriers to retailers for whom English is a second language and could result in an imbalance of who is receiving citations and fines.

Tobacco retail licensing helps protect and support the community through reducing youth access to tobacco products. The sooner we have a policy in place, the sooner we'll see these communitywide benefits. Thank you for your time.

¹ Gottlieb et al., (2004), Minors' tobacco possession law violations and intentions to smoke: implications for tobacco control. *Tobacco Control*, (13) 237-243.

² American Lung Association in California, Center for Tobacco Policy & Organizing. 2013. *Tobacco Retail Licensing is Effective, http://center4tobaccopolicy.org/wp-content/uploads/2013/09/Tobacco-Retailer-Licensing-is-Effective-September-2013.pdf* ³ Annual SYNAR Report, 42 U.S.C. 300x-26, FFY 2014 State: Oregon

⁴ Health Equity Guide: Point-of-sale strategies to address acces and exposure to tobacco products, Centers for Disease Control and Prevention, 2014

⁵ Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later, 2014.

Dr. Tia Henderson