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TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

FROM: Karen Girard, MPA
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Subject: SB 998, Tobacco Retail Registry

Chair Monnes Anderson and members of the committee, I am Karen Girard, the Section Manager for the Health Promotion and Chronic Disease Prevention Section of the Public Health Division of the Oregon Health Authority. I am here today to present information related to tobacco prevention and education in Oregon and the public health concerns related to SB 998.

Retail licensure creates a straight-forward method for tracking businesses that sell tobacco products and inhalant delivery systems. Retail licensure is also a proven tool for helping communities implement multiple strategies for limiting youth access and use of tobacco products. The sale of tobacco products is illegal to children under 18, however, 17% of Oregon 11th graders who used tobacco reported obtaining it from a store or gas station in 2015.ⁱ

Laws that prohibit sales to minors are important, but alone, will not keep kids from using tobacco and nicotine products.ⁱⁱ We know that to prevent youth initiation of tobacco products, we must take a comprehensive approach that includes reducing youth exposure to tobacco advertising and products that are cheap, readily available, and easy to find.

Currently, Oregon is one of nine states that do not require tobacco retailers to hold a license. SB 998 requires a registration (not a license) for tobacco retailers and **does not** include core components that are key to monitoring and enforcing current and future laws that keep kids from using tobacco. Core components missing from SB 998 include the ability to suspend a registration for violations of laws, and a fee that is adequate for covering administration and enforcement costs.

More importantly, this bill would prevent local communities from adopting local tobacco or inhalant delivery system policies for reducing the number of Oregon children and young adults that become addicted to nicotine. It also restricts opportunities for state public health to share responsibilities and collective actions with local public health, which is counter to the cornerstones of a modern public health system.

SB 998 includes express preemption language that would prohibit local governments from adopting an ordinance regulating tobacco or inhalant delivery system products or an ordinance that imposes restrictions on the time, place and manner that tobacco or inhalant delivery system products can be sold. This is a major concern. Preemption is harmful to tobacco prevention because it eliminates local control. Several cities and counties across Oregon currently have local tobacco retail license ordinances and a number of others are considering them. SB 998 would prevent additional local jurisdictions from adopting stronger, tailored tobacco retail policies that reflect their community needs and values.

Oregon's Tobacco Prevention and Education Program (TPEP) is an evidence-based program that is effective. Since TPEP started in 1997, cigarette consumption in Oregon has been reduced by over 50%.ⁱⁱⁱ The TPEP works in partnership with local public health authorities and tribes to prevent and reduce tobacco related deaths in every Oregon community. The implementation of local tobacco retail license policies has been a key component of this success. If local communities are prevented from using this tool, our ability to protect the health of Oregonians will be compromised.

Despite declines in tobacco use, it remains the No. 1 preventable cause of death and disease in Oregon. Tobacco is responsible for killing over 7,000 Oregonians each year^{iv}.

Addiction to nicotine starts in adolescence. Nine out of ten adults who smoke started smoking before turning 18.^v Around 1,800 youth under 18 become new daily smokers in Oregon each year.^{vi} That's more than graduated from all public high schools in Pendleton, Forest Grove, Ashland and Klamath County combined.

Since the inception of TPEP in 1997, smoking rates for 11th graders have declined by over 60%, with current smoking prevalence falling below 10%.^{vii} However, youth use of other tobacco and nicotine products such as e-cigarettes and small cigars, are on the rise. Almost one in four 11th graders use other tobacco products (not inclusive of cigarettes).^{viii}

Higher levels of tobacco marketing at the retail space, lower tobacco prices, and greater availability of tobacco coupons and promotions are associated with product uptake among middle and high school students.^{ix} Tobacco products are cheap, readily available

and easy to get, and are heavily promoted and marketed in stores where kids frequent.^x In Oregon, 5 out of 6 tobacco retailers sell products at discounted prices, and 1 in 5 place products near candy or toys.^{xi}

The tobacco industry has shifted their marketing from billboards and T.V. commercials to convenience stores, pharmacies and grocery stores. 91% of the tobacco industry's total marketing expenditures for cigarettes and smokeless tobacco products is in the retail environment.^{xii} In fact, the tobacco industry is spending \$111 million dollars to advertise and promote their products in Oregon's stores.^{xiii} Retail marketing prompts initiation, promotes daily consumption and discourages quitting.

Also, where tobacco and nicotine retailers are located affects whether youth use tobacco. Minority youth who live or go to school in neighborhoods with more tobacco outlets or retail advertising have higher smoking rates compared to youth in neighborhoods with fewer tobacco outlets.^{xiv,xv} These kids are more likely to experiment with smoking, more likely to start smoking and more likely to remain smokers.^{xvi,xvii}

The Public Health Division appreciates this committee addressing tobacco retail licensure. Thank you for the opportunity to testify today. I am happy to answer any questions you may have.

- ⁱ Oregon Healthy Teens (OHT) Survey, 2015. Oregon Health Authority. Chronic Disease Data. Youth Data. Tobacco use and related topics. Oregon Health Authority Webpage.
https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualOHT_To_bacco.pdf. Accessed March 3, 2017.
- ⁱⁱ Community Preventive Services Task Force. (2005). *Adolescent Health Tobacco*. Retrieved from
<https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-retailer-education-when-used-alone-restrict-mino-1>
- ⁱⁱⁱ Orzechowski and Walker. The Tax Burden on Tobacco Historical Compilation Volume 50, 2015. Arlington, Virginia.
- ^{iv} Oregon Vital Statistics. Oregon Vital Statistics Annual Report: Volume 2. Chapter 6: Mortality. Oregon Vital Statistics Webpage.
<https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Documents/2015/Table619.pdf>. Accessed January 27, 2017.
- ^v U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults. 2012. <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>. Accessed January 27, 2017.
- ^{vi} Campaign for Tobacco-Free Kids (CTFK). The Toll of Tobacco in Oregon. Campaign for Tobacco-Free Kids Webpage.
http://www.tobaccofreekids.org/facts_issues/toll_us/oregon. Updated November 1, 2016. Accessed January 27, 2017.
- ^{vii} Oregon Healthy Teens (OHT) Survey, 2015. Oregon Health Authority. Chronic Disease Data. Youth Data. Tobacco use and related topics. Oregon Health Authority Webpage.
https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualOHT_To_bacco.pdf. Accessed January 27, 2017.
- ^{viii} Oregon Healthy Teens (OHT) Survey, 2015. Oregon Health Authority. Chronic Disease Data. Youth Data. Tobacco use and related topics. Oregon Health Authority Webpage.
https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualOHT_To_bacco.pdf. Accessed January 27, 2017.
- ^{ix} Slater SJ, Chaloupka FJ, Wakefield M, Johnston LD, O'Malley PM. The impact of retail cigarette marketing practices on youth smoking uptake. *Arch Pediat Adol Med*. May 2007;161(5):440-445.
<http://archpedi.jamanetwork.com/article.aspx?articleid=570320>.
- ^x 70% of adolescents shop in convenience stores at least once a week. U.S. Department of Health and Human Services. Office of the Surgeon General. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (2012). http://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf. Accessed April 3, 2015.
- ^{xi} Oregon Health Authority. Public Health Division. Oregon Health Promotion and Chronic Disease Prevention section. Tobacco Retail Environment Assessment. 2016. Unpublished data.
- ^{xii} Counter Tobacco.Org, summary of the Federal Trade Commission Cigarette and Smokeless Tobacco Report for 2014.
<http://countertobacco.org/the-war-in-the-store/>. Accessed Jan 27, 2017.
- ^{xiii} Campaign for Tobacco-Free Kids (CTFK). State-Specific Estimates of Tobacco Company Marketing Expenditures 1998-2016. Campaign for Tobacco-Free Kids webpage. <https://www.tobaccofreekids.org/research/factsheets/pdf/0271.pdf>. Updated November 28, 2016. Accessed January 27, 2017.
- ^{xiv} Henrisken L, Feigherty EC, Schleicher NC, et al. Is Adolescent Smoking Related to the Density and Proximity of Tobacco Outlets and Retail Cigarette Advertising Near Schools? *Prev Med*. 2008;47(2):10-4.
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Is+Adolescent+Smoking+Related+to+the+Density+and+Proximity+of+Tobacco+Outlets+and+Retail+Cigarette+Advertising+Near+Schools%3F>
- ^{xv} Novak SP, Reardon SF, Raudenbush SW, et al. Retail tobacco outlet density and youth cigarette smoking: a propensity-modeling approach. *Am J Public Health*. 2006;96(4):670-676. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470554/>
- ^{xvi} McCarthy WJ, Mistry R, Lu Y. Density of Tobacco Retailers Near Schools: Effects on Tobacco use Among Students. *Am J Public Health*. 2009;99(11):2006-13. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759807/>.
- ^{xvii} Johns M, Sacks R, Rane M, Kansagra SM. Exposure to tobacco retail outlets and smoking initiation among New York City adolescents. *J Urban Health*. 2013;90(6):1091-1101. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853172/>