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Point-of-Sale Report to the Nation: Realizing the Power of States and Communities to Change the Tobacco Retail and Policy Landscape

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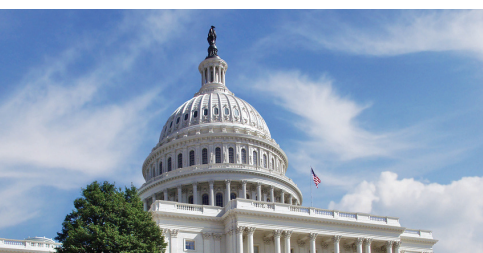
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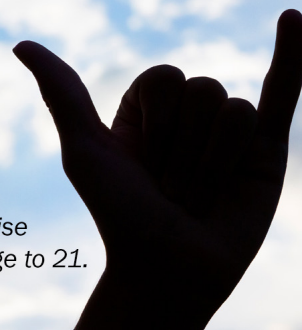
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Point-of-Sale Report to the Nation

REALIZING THE POWER OF STATES AND COMMUNITIES TO CHANGE
THE TOBACCO RETAIL AND POLICY LANDSCAPE



Congratulations Hawaii!



The first state to raise
the tobacco sale age to 21.



May
2016

Acknowledgements

Advancing Science and Policy in the Retail Environment (ASPiRE) is funded by the National Cancer Institute's (NCI) State and Community Tobacco Control (SCTC) Research Initiative. ASPiRE is a consortium of researchers from the Center for Public Health Systems Science (CPHSS) at Washington University in St. Louis, the Stanford Prevention Research Center, and the University of North Carolina Gillings School of Global Public Health.

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SCTC 
State and Community Tobacco Control Research

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ASPiRE's advisory board provided valuable input, including expertise on survey design, the selection of case studies, and dissemination of study findings. The board is comprised of national, state, and local public health officials; attorneys; and members of advocacy organizations, including: (*denotes past member)

- Kirsten Aird, Oregon Health Authority*
- Asha Banks, Centers for Disease Control and Prevention
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Foreword

Advancing Science and Policy in the Retail Environment (ASPiRE) is one of seven, five-year research projects funded by the National Cancer Institute's (NCI) State and Tobacco Control (SCTC) Research Initiative that began in 2011. A central aim of ASPiRE was to advance tobacco-related point of sale (POS) research and subsequently state and local POS policy efforts. The ASPiRE research consortium comprised of the Center for Public Health Systems Science at Washington University in St. Louis, the Stanford Prevention Research Center, and the University of North Carolina Gillings School of Public Health purposively engaged public health practitioners in guiding their research to lay a foundation for evidence-based tobacco-related POS policies enacted by state and local governments. In doing this work, the researchers effectively employed what in the business world is known as a "shaping strategy." A shaping strategy is used to transform how an industry or market operates. Shaping strategies include three elements: 1) a shaping view that articulates a vision, 2) a shaping platform that decreases upfront cost, risk or effort of others to participate, and 3) shaping acts that inspire confidence that the strategy is viable and can be successfully executed.



April Roeseler, MSPH

In five short years, ASPiRE has had a transformational impact on POS policy work across the nation. ASPiRE research and documents, such as the *Point-of-Sale Report to the Nation: the Tobacco Retail and Policy Landscape*, shaped our knowledge and understanding of retail tobacco marketing and promotional practices, and their impact on the uptake and maintenance of tobacco use. Through this work, ASPiRE painted a picture of how the tobacco industry maintains accessibility to and affordability of tobacco products among vulnerable populations in our communities.

The ASPiRE project also created a platform from which public health practitioners were able to launch. They conducted a systematic review of studies that assess tobacco marketing in stores, validated a method for identifying tobacco retail outlets in states without licensing requirements, and published store audit recommendations for practitioners. Results from this work informed the creation of the Standardized Tobacco Assessment for Retail Settings (STARS), a new tool from the SCTC initiative which many jurisdictions are using to collect data that illustrate the needs for state/local policy change.

ASPiRE also acted to help state and local communities understand that POS work is not only a viable policy approach from a public health perspective, but that POS policies are also legally and politically feasible. ASPiRE prepared POS policy case studies from Rhode Island and Massachusetts which illustrated successes related to restricting the sale of flavored tobacco products, regulating price discounting, and eliminating tobacco sales where pharmacy services are provided. These case studies both inspired and raised the confidence of others to work on POS policies.

Through its research, development of data collection instruments and methods, and policy dissemination activities, ASPiRE shaped tobacco-related POS policy direction in the nation; in doing so, it indelibly influenced public health practice. I can think of no greater return on investment for the SCTC Research Initiative.

A handwritten signature in black ink that reads "April Roeseler". The signature is fluid and cursive.

April Roeseler, MSPH
Chief, California Tobacco Control Program

Executive Summary

INTRODUCTION

Advancing Science and Policy in the Retail Environment (ASPiRE) is funded by the National Cancer Institute's (NCI) State and Community Tobacco Control (SCTC) Research Initiative. ASPiRE is a consortium of researchers from the Center for Public Health Systems Science (CPHSS) at Washington University in St. Louis, the Stanford Prevention Research Center, and the University of North Carolina Gillings School of Global Public Health. In 2011, ASPiRE received a five-year grant from SCTC to conduct research on how to maximize state and local policies to restrict tobacco marketing at the point of sale (POS) and in the broader retail environment.

It is important for professionals looking to advance retail policy work to understand the current retail and legal landscape, as well as potential policy options. We gave the first snapshot of the tobacco retail and policy environments in the first *Report to the Nation*.¹ This report provides new findings on tobacco retailer density, examines changes in product availability and marketing and promotion at retailers since our first report, and documents the growth in retail policy activity in states and localities since 2012. We also present reported barriers to retail policy activity, helpful resources, examples of recent policy successes, and a roadmap of strategies to help demonstrate how states and communities are changing the tobacco retail and policy landscape.

FINDINGS

New findings and changes in the retail environment

The most noticeable change in the retail environment for tobacco since 2012 is the

proliferation of retailers that sell e-cigarettes and other electronic nicotine delivery systems (ENDS). The proportion of U.S. tobacco retailers that sold e-cigarettes doubled in two years, increasing from 34.0% in 2012 to 70.0% in 2014.² Parallel rapid growth was observed in a random sample of licensed tobacco retailers in California, where the availability of e-cigarettes increased from 11.5% in 2011 to 66.7% in 2014.³ This growth differed by retailer type, with the steepest increases in e-cigarette availability occurring at gas/convenience stores and supermarkets.

As the tobacco industry continues to spend billions every year on marketing and promotion, we found that the most common product advertised outside of stores was menthol cigarettes, as almost half (48%) of stores displayed an outdoor ad for menthol. Conversely, 100% of stores had interior ads for at least one tobacco product. Three-quarters (76%) of stores featured power walls by Marlboro, and one-third featured power walls by Copenhagen, illustrating that Phillip Morris (owner of both brands) exercises a controlling influence over virtually all power walls in U.S. tobacco retailers. For price promotions, pharmacies had the second highest prevalence of interior tobacco promotions out of any other retailer type, even more than tobacco shops and non-gas convenience stores.

More than 100 studies about tobacco retailer density have been published. Most highlight socioeconomic and racial inequities in the concentration of tobacco retailers. New evidence from the SCTC initiative contributes to a growing literature about tobacco retailer density as a problem of environmental justice for other priority populations, such as lesbian, gay, bisexual, and transgender (LGBT) populations, and those with serious mental illness (SMI).

Growth in retail policy activity at state and local levels

In interviews with state and local tobacco control program leaders, we asked about activity around 33 distinct policies across seven domains, and with this information we developed the Retail Policy Activity Score (RPAS). Like a percentage, the range of the RPAS is zero to 100. A score of zero indicates that a state or locality reported no policies implemented and no planning going on for policy work. In 2012, seven states reported no activity, and 14 states scored higher than 10, only three of which had scores above 20. By 2015, all states reported some activity, 30 states scored above 10 and 11 states' scores were greater than 20, reflecting the marked increase in retail tobacco policy work over time.

Policy activity also increased at the local level. For the sample counties reporting in both waves, the average RPAS almost doubled between 2012 and 2015. The number of counties with scores above 10 more than doubled during this time.

Popular policies for states and localities between 2012 and 2015 included:

- increasing licensing fees;
- restricting sales in youth locales;
- minimum legal sales age for e-cigarettes; and
- self-service display bans for e-cigarettes and other tobacco products (OTPs).

Overall, state and local program leaders reported fewer barriers to retail policy activity in 2015 than in 2012. The top three barriers reported for both states and localities were:

- a lack of political will;
- industry activity; and
- low awareness of the tobacco retail problem.

Meanwhile, between 2012 and 2015 we saw an increase in both retail assessments, and public or policymaker opinion polling for retail tobacco issues.

ROADMAP FOR FUTURE RETAIL POLICY PROGRESS

ASPiRE focuses on documenting and building evidence in three key areas – **retailer density**, **store observations**, and **policy activity** – surrounding the tobacco retail landscape. As we show in this report, states and communities are increasingly focusing on policy interventions and have begun to change the landscape in significant ways. Our roadmap to continue and build upon these successes includes four action categories: monitor, assess, implement, and evaluate.

Monitor

- Health behavior & socioeconomic data
- Policy environment
- What other communities are doing
- New research
- Industry political activities

Assess

- Retail environment
- Industry promos & prices
- Disparities & youth access
- Public & policymaker opinion
- Other community public health efforts

Implement

- Seek legal advice & assistance
- Connect voters & policymakers
- Engage youth advocates
- Counter industry efforts
- Select & pass policies

Evaluate

- Retail environment
- Industry promos & prices
- Disparities & youth access
- Tobacco use

Introduction

The retail environment at the point of sale (POS) has become the main venue for tobacco product marketing and promotion, as it was left largely unregulated after the Master Settlement Agreement. As a result tobacco companies now spend the majority of their annual marketing budget in the retail environment.^{4,5} The retail environment refers to any location where tobacco products are advertised, displayed, or purchased.

Tobacco companies use the retail environment to attract and maintain customers by promoting their brands through advertising, product placement, and price promotions. Retail advertising and promotions increase impulse purchases, and normalize the presence of tobacco products in everyday life. Tobacco product exposure and price promotions in the retail environment encourage initiation and discourage cessation.^{6,7,8}

Overcoming industry presence in the retail environment is quickly becoming a fifth core strategy of tobacco control programming, along with: (1) raising cigarette excise taxes, (2) establishing smoke-free policies, (3) encouraging cessation, and (4) launching hard-hitting countermarketing campaigns.

We gave the first snapshot of the tobacco retail and policy environments in the first *Report to the Nation*.¹ This report provides new findings on tobacco retailer density, examines changes in product availability, marketing and promotion at retailers since our first report, and documents the growth in retail policy activity in states and localities since 2012. We also present reported barriers to retail policy activity, helpful resources, examples of recent policy successes, and a roadmap of strategies to help demonstrate how states and communities are changing the tobacco retail and policy landscape.

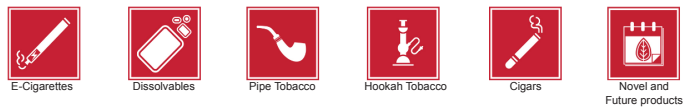
Even as we release this report, retail tobacco policies are changing across the U.S. In the first few days of May 2016, California became the second state to adopt a minimum legal sales age of 21 for tobacco, and the Food and Drug Administration issued a rule stating that e-cigarettes and other tobacco products (originally exempt from provisions in the Family Smoking Prevention and Tobacco Control Act) will now be regulated the same as cigarettes.^{9,10}

FDA EXTENDS AUTHORITY TO ALL TOBACCO PRODUCTS, INCLUDING E-CIGARETTES

On May 5, 2016, the FDA announced a final rule stating that it would regulate e-cigarettes, hookah tobacco, cigars, and other tobacco products the same as cigarettes. Among the several provisions that will now apply to these products, many aim to restrict youth access:

- Not allowing products to be sold to persons under the age of 18 years;
- Not allowing the selling of tobacco products in vending machines (unless in an adult-only facility); and
- Not allowing the distribution of free samples.

In 2016, FDA's Center for Tobacco Products (CTP) finalized a rule to regulate:



Since June 2009, CTP has regulated:



Source: <http://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm388395.htm>

The Retail Environment

RETAILER DENSITY

E-cigarettes & vape shops

The most noticeable change in the retail environment for tobacco since 2012 is the proliferation of retailers that sell e-cigarettes and other electronic nicotine delivery systems (ENDS). Using weighted data from the 97 U.S. counties in the ASPIRE study, we estimated change in the retail availability of these products, as well as change in the composition of tobacco retailers in the US.

The proportion of U.S. tobacco retailers that sold e-cigarettes doubled in two years, increasing from 34.0% in 2012 to 70.0% in 2014 (see Figure 1).² Parallel rapid growth was observed in a random sample of licensed tobacco retailers in California, where the availability of e-cigarettes increased from 11.5% in 2011 to 66.7% in 2014.³ Not surprisingly, more youth and young adults report seeing advertisements for e-cigarettes at the POS than in any other marketing channel.^{11,12} Exponential growth in the retail availability of e-cigarettes also mirrors the rapid uptake of e-cigarettes by youth and young adults.¹²

Based on the observed sample of U.S. stores, we estimate that 300,000 of the approximately

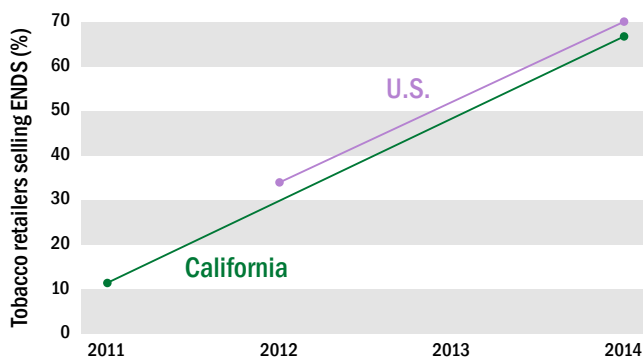


E-hookah self-service display at tobacco retailer

375,000 U.S. retailers that sell conventional tobacco products also sell ENDS. This calculation underestimates the total number of ENDS retailers because it excludes mall kiosks and other retailers that only sell ENDS but not other tobacco products.

Those retailers, known as vape shops (sometimes called vape bars or lounges), specialize in the sale of ENDS and e-liquids, with most offering free samples and some mixing liquid nicotine on site. Designed to mimic the atmosphere of wine bars, cigar bars or coffee houses, many vape shops feature a tasting menu and a lounge that encourage vaping indoors.¹³ In 2015, estimates of the number of vape shops in the U.S. range from 6,000 to 35,000.^{14,15,16}

Figure 1. Growth in availability of ENDS at tobacco retailers, U.S. & California



Vape lounge

CVS OUT OF THE TOBACCO BUSINESS, DOLLAR STORES IN

Since 2012, several nationwide retail chains reversed their policy on selling tobacco products. The two largest dollar store chains, Family Dollar and Dollar General, started selling tobacco in 2012 and 2013, respectively.^{17,18} At dollar stores, the average customer is a female head of household who earns less than \$40,000 per year.¹⁸

CVS Caremark quit selling tobacco in October, 2014, and state Attorneys General have urged other retailers to follow suit.¹⁹ Including supermarkets and “big box” stores, the proportion of U.S. tobacco retailers with a pharmacy counter was 14.3% in 2015. This equates to approximately 53,566 pharmacies in the contiguous U.S. that still sell tobacco products.



Dollar General advertises its decision to sell tobacco

New findings on tobacco retailer concentration

More than 100 studies about tobacco retailer density have been published. The first study documented inequities in the location of tobacco retailers with respect to income and race: In Erie County, New York, the highest concentration of tobacco retailers was found in areas with the lowest income quartile and the highest proportion of African Americans.²⁰ Other studies have highlighted similar socioeconomic and racial inequities in the concentration of tobacco retailers.^{21,22,23} New evidence from the SCTC initiative contributes to a growing literature about tobacco retailer density as a problem of environmental justice for other priority populations.

Lesbian, gay, bisexual, and transgender (LGBT)

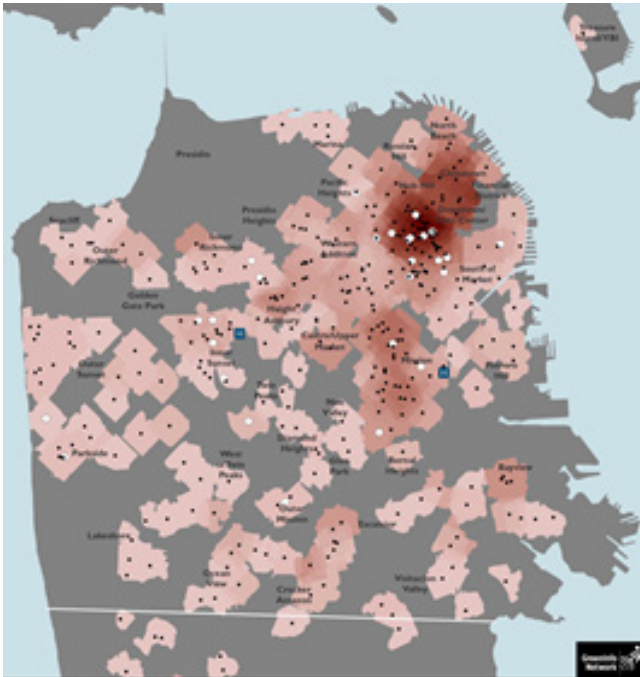
The odds of smoking are estimated to be 1.5 to 2.0 times higher among LGBT adults than among heterosexual adults,²⁴ and this disparity is not unique to cigarette smoking. For example, more than one third (36%) of lesbian, gay or bisexual adults reported current use of any tobacco

compared to one fourth (24%) for heterosexual adults.²⁵ Using data for the 97 U.S. counties in the ASPiRE study, Lee and colleagues found that census tracts with a greater proportion of households with same-sex male couples and same-sex female couples had comparatively higher tobacco retailer density.²⁶ In the case of same-sex male households, although the association was small it was significant even when controlling for other factors that are typically associated with a higher concentration of tobacco retailers.

Serious mental illness (SMI)

Individuals with psychiatric or addictive disorders consume nearly half of cigarettes purchased in the U.S. and are more likely than the general population to be daily or heavy smokers.^{27,28} Compared to the general population, smokers with SMI are at least as motivated to quit, but less successful in doing so.²⁹ Studying a large, diverse sample of adult smokers with SMI who reside in the San Francisco Bay Area, Young-Wolff and colleagues found that smokers with SMI lived in neighborhoods with a two-fold greater tobacco retailer density than the average

Figure 2. Tobacco retailer density near persons with serious mental illness, San Francisco, California



Source: Young-Wolff et al. 2014³⁰

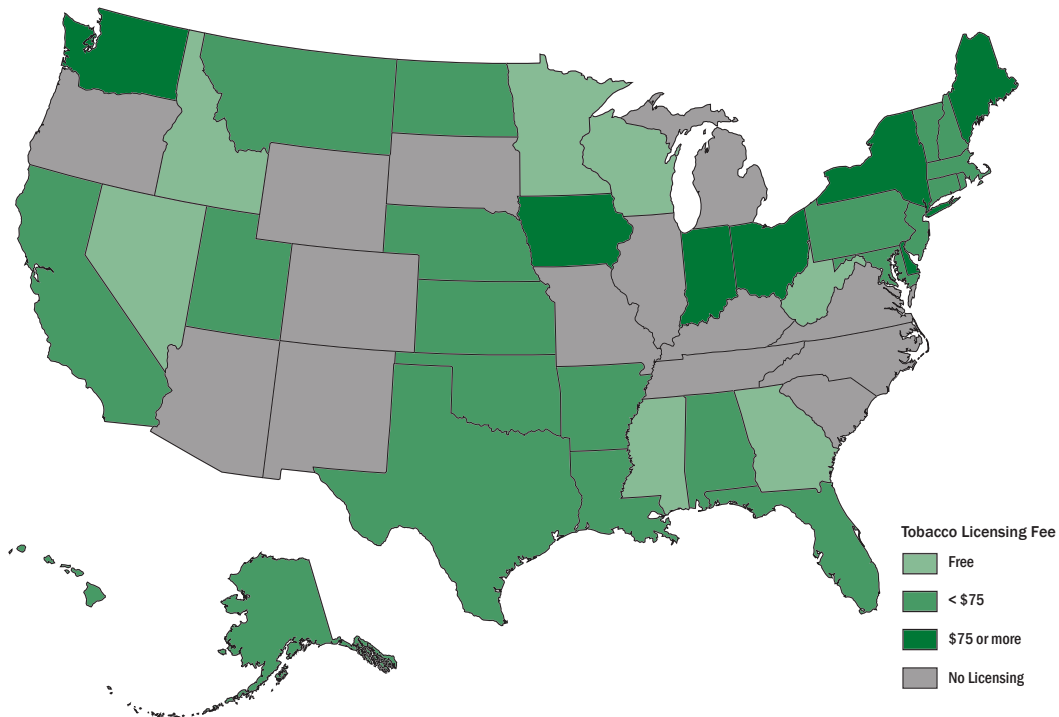
San Francisco Bay Area resident (Figure 2).³⁰

Moreover, living in neighborhoods with higher retailer density was associated with greater nicotine dependence and with lower efficacy to quit smoking. Such results underscore the urgent need for policies that would reduce environmental exposure to tobacco retailers and the preponderance of marketing for tobacco products that these stores contain.

Tobacco retailer licensing

One aspect of the retail environment that has not changed is that states require retailers to pay little or no cost to obtain a retail license to sell tobacco (see Figure 3). Only 39 states and the District of Columbia require a tobacco retail license. Taking into account one-time versus renewal fees, the cost of a state retail license averaged over five years ranged from \$0 (in 7 states) to \$300 (in New York State).

Figure 3. Cost of tobacco retail license averaged over five years, 2015



Data sources: Tobacco Control Legal Consortium and Stanford Prevention Research Center

NATIONAL STORE OBSERVATIONS

Store observations are used by both researchers and practitioners to collect information on the availability, placement, price, and promotion of tobacco products.³¹ Conducting store observations on a national level provides a closer look at these tobacco industry marketing tactics and allows us to identify patterns across the country. We completed three waves of data collection on a random sample of stores across the U.S. (Figure 4). This report largely focuses on data collected in 2014.

In 2014, data collectors conducted store observations in a random sample of 2,275 stores within 97 counties and 40 states to provide a snapshot of the tobacco retail environment across the nation.¹ We re-visited all eligible stores sampled in 2012, and we added a sample of 155

Figure 4. Store observation periods

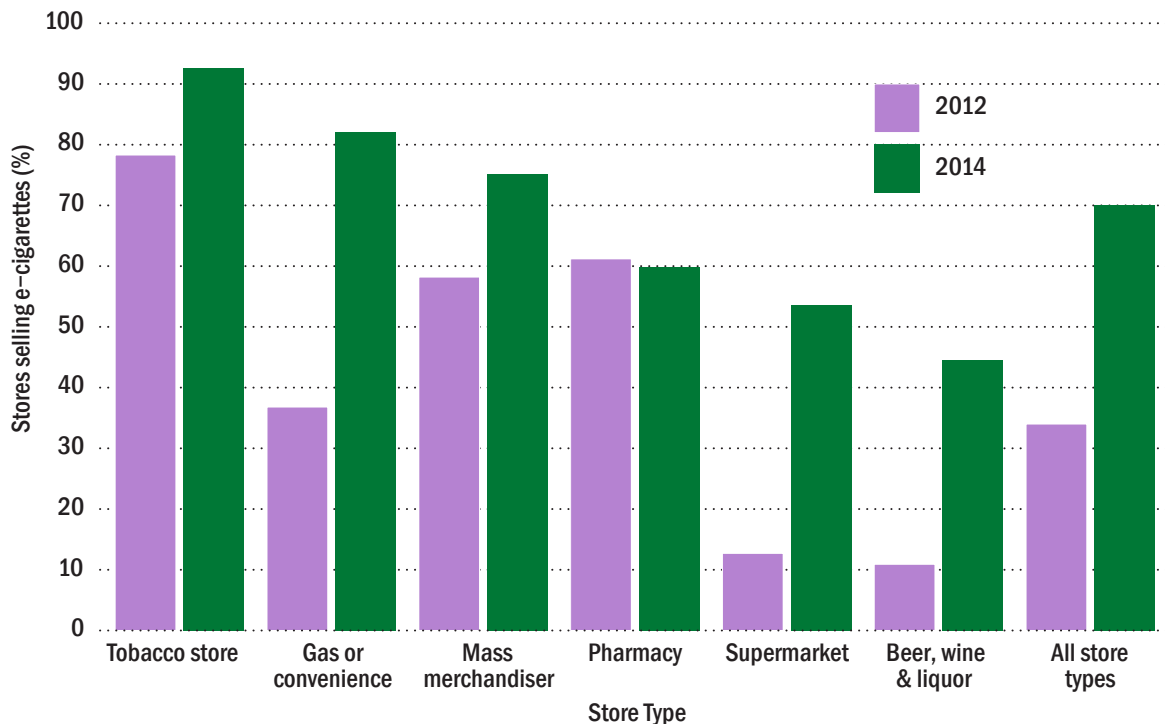


dollar stores (due to the increase in the number of chain dollar stores selling tobacco). During Wave 3 in 2015, we re-visited all eligible stores, but we removed CVS from the sample (90 stores), as the chain had ceased selling tobacco.³² For additional details on study methods, please see the original Point-of-Sale Report to the Nation.¹

Product availability

The availability of ENDS grew dramatically between 2012 and 2014. This growth differed by store type, with the steepest increases occurring at gas/convenience stores and supermarkets, as illustrated in Figure 5. Note that these data come from traditional tobacco retailers and

Figure 5. Availability of ENDS by store type, 2012 - 2014



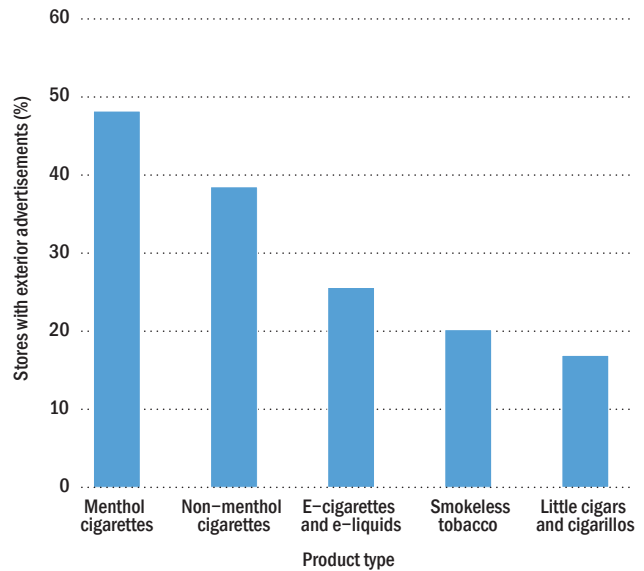
vape shops are not included. To address the increasing presence of these retailers, a new tool was created to survey vape shops (vSTARS), as well as an updated version of STARS (eSTARS) for conventional retailers that also sell e-cigarettes (see insert on page 37).

In 2014, most surveyed tobacco retailers sold menthol cigarettes (98.6%), and the availability of non-cigarette flavored tobacco products remained high. Flavored little cigars and cigarillos were sold in 84.6% of stores, and 67.3% sold flavored smokeless tobacco, including chew, moist, dry snuff, dip or snus.

Marketing

The 2013 Federal Trade Commission report found that the tobacco industry spent \$8.95 billion on cigarette advertising and promotion and over \$500 million on smokeless advertising and promotion.^{4,5} The literature on the POS demonstrates a positive association between tobacco promotion and smoking or smoking susceptibility.³³ Though there are some federal regulations on POS marketing and advertising, tobacco companies still have a strong presence in the retailer environment. Marketing of tobacco products at the POS – through branded signs indoors and out, displays, shelving units, and

Figure 6. Exterior ads by product type, 2014



functional items – remained pervasive.

Exterior ads were most common for menthol cigarettes, as almost half of all stores (48%) had some outdoor marketing materials specific to menthols (Figure 6). Non-menthol cigarettes were advertised on the exterior of over one-third of stores (39%), and a quarter (26%) of stores advertised e-cigarettes or e-liquids outdoors. Categories of other tobacco products, including



Exterior tobacco ads at a rural convenience store



Exterior tobacco ads at a city deli



Power wall display

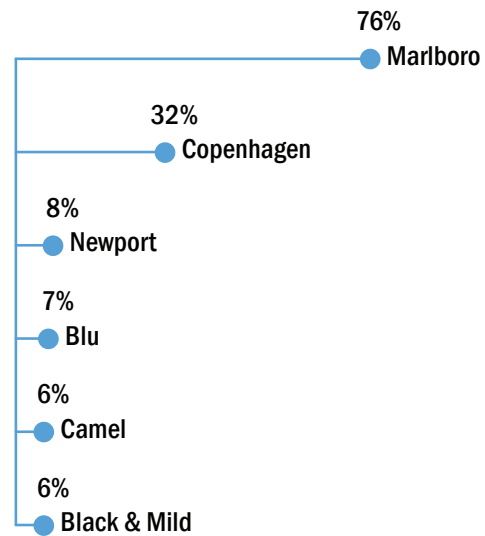
smokeless and cheap cigars, were each advertised at about one-fifth of stores.

On the interior, all stores (100%) had some type of cigarette advertisement. Branded shelving units that display products, also known as “power walls,” are rampant in tobacco retailers.

Power walls often prominently display brand marketing on “header rows” (see photo above) of one or more specific brands. Figure 7 shows the most common brands showcased on header rows of power walls in the sample of stores. Marlboro is by far the brand most often featured on header rows, found in 76% of stores. Another Phillip Morris (Altria) brand, Copenhagen, was featured in about one-third of stores (32%). Hence, virtually all power walls come from this single company. Less than 10% of stores with power walls marketed other brands with header row signs. Newport, Blu e-cigarettes, Camel, and Black & Mild brands were featured on header row signs in 6% to 8% of stores each.

E-cigarette advertising expenditures reached \$115.3 million in 2014.¹² This most likely helps to explain Blu matching Camel and other tobacco brands in power wall real estate. According to a recent Truth Initiative report, youth awareness of e-cigarette advertising is highest at retail establishments (71%), when compared with television and online advertising awareness.¹²

Figure 7. Percent of stores with branded power walls, by brand in 2014

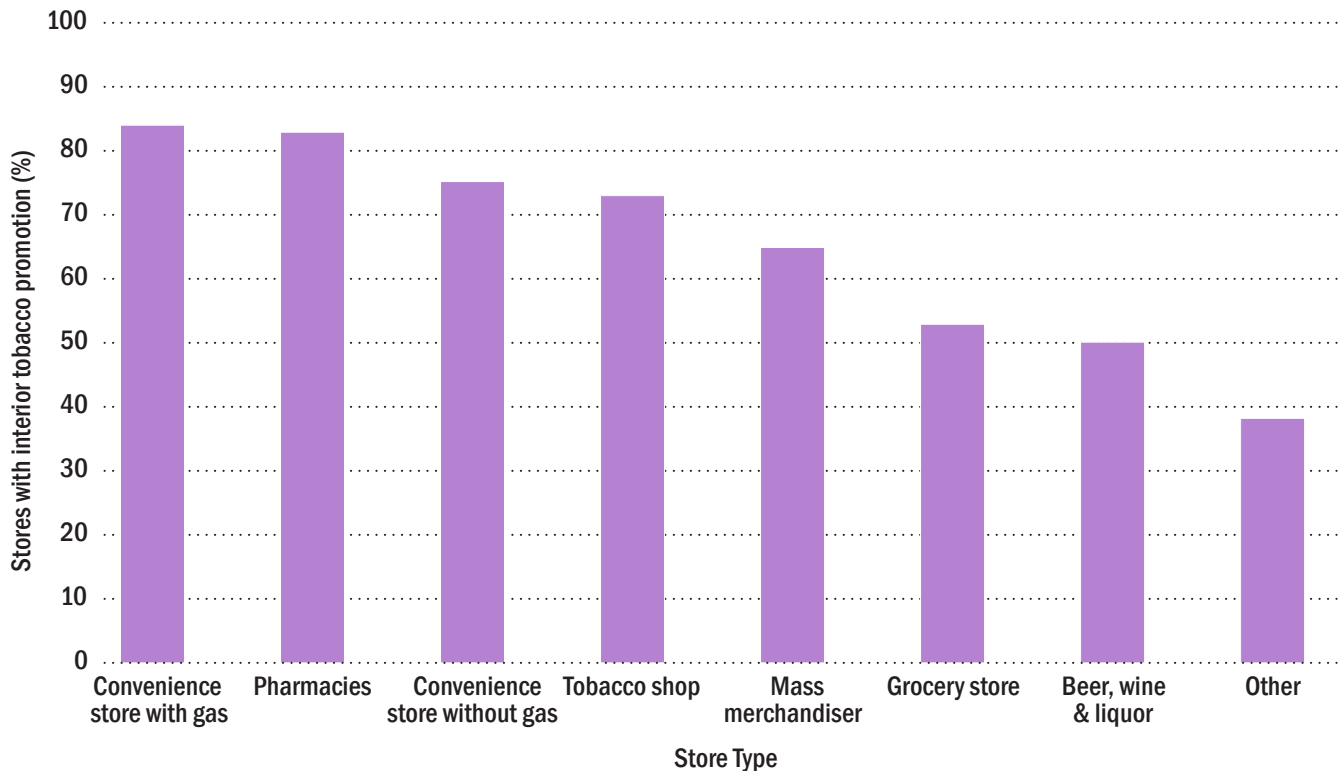


Note: Since stores may feature more than one brand on power wall signs, percentages sum to over 100.

Pricing promotions

Price promotions are a tactic used by the tobacco industry to circumvent tax increases and to create an incentive for immediate purchase. The National Adult Tobacco Survey (NATS) 2009-2010 found that over 18% of tobacco users use coupons or promotions.³⁴ In our store visits, we assessed

Figure 8. Stores with interior price promotions by store type, 2014



four types of price promotions: “special price on one product” (e.g., 50 cents off a pack); “special price on more than one product” (e.g., \$4.99 per pack when you buy 3); “multi-buy promotion” (e.g., buy two packs, get one free); and “cross-product promotions” (e.g., buy 1 pack of cigarettes, get a free tin of snus); Price promotions vary by store type, as shown in Figure 8.

Pharmacies have the second highest prevalence of interior tobacco promotions out of any other retailer type, even more than tobacco shops and non-gas convenience stores. Several cities in Massachusetts and California have taken action to ban tobacco sales in pharmacies.

Youth appeal & self-service displays

Messages that make tobacco products seem appealing to youth are found in movies, video games, websites and in their own communities at the point of sale.³⁵ The placement of tobacco products near candy and placement of

advertisements at children’s eye level has been monitored and found to be common in retail environments.³⁶ Though flavored cigarettes were banned under the Family Smoking Prevention and Tobacco Control Act of 2009 (FSPTCA), flavored cigars, smokeless products and e-cigarettes remain popular among youth tobacco users: 70% of middle and high school tobacco users use flavored products.³⁷

We assessed several products and industry tactics that appeal to youth, including:

- flavored products;
- single packaging;
- self-service displays; and
- placement of products and advertisements at youth eye-level or near youth items like toys, candy, gum, slushy/soda machines, or ice cream.

While 85% of stores offered flavored cigarillos

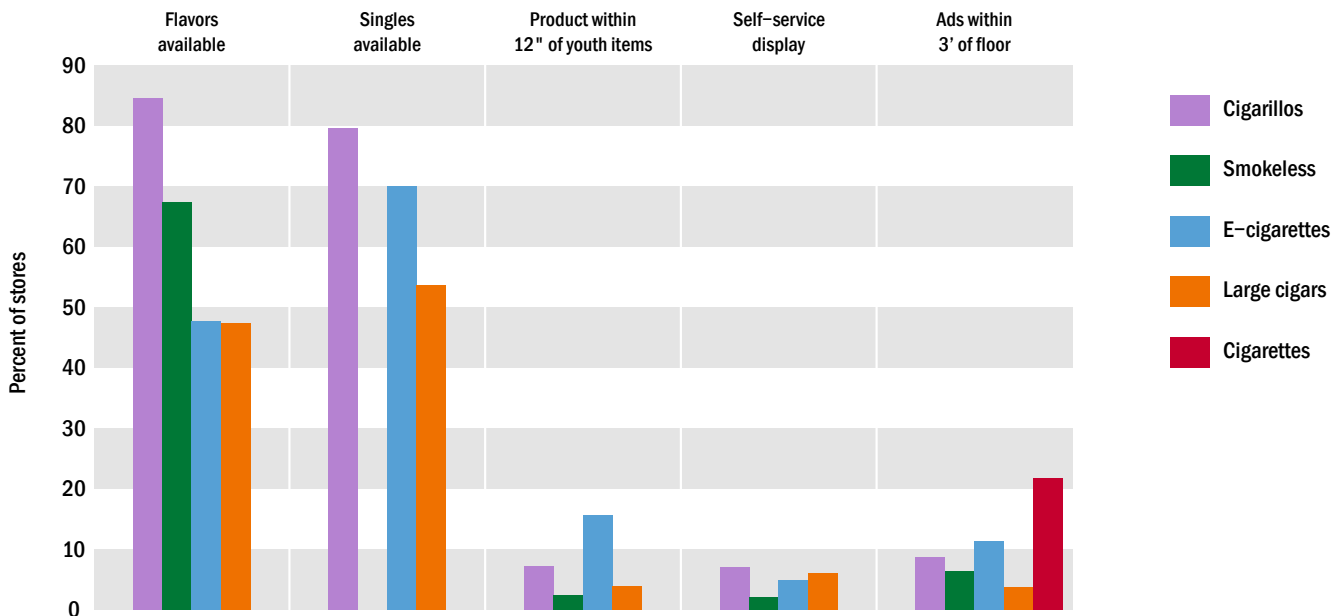
(Figure 9), 67% sold flavored smokeless products, almost half sold flavored e-cigarettes or large cigars, and 80% of stores sold single cigarillos. E-cigarettes were most commonly found (at 16% of stores) within 12 inches of youth items, and cigarettes were the most commonly advertised product at youth eye level, found within three feet of the floor in 22% of stores.

The retail environment has changed since the implementation of the FSPTCA, and since the start of the ASPIRE project. The emergence of e-cigarettes and other tobacco products, shifting industry strategies, and local, state, and national policy responses oblige researchers and practitioners to continue to monitor the retail tobacco landscape. Information from monitoring and assessment activities helps to build the evidence base, expose disparities and youth targeting, and develop relevant and effective tobacco control policies.



Rows of tobacco products near the floor

Figure 9. Stores with products or marketing appealing to youth



Notes: Singles for smokeless = NA; data for cigarettes only applicable for ad placement

The Policy Environment

In the original *Point-of-Sale Report to the Nation* in 2014, we provided the first comprehensive assessment of state-level retail tobacco policy activity in the US.¹ In 2015, we released an update comparing activity from 2012 and 2014.³⁸ In 2015, we completed with our third wave of interviews with state tobacco control program leaders, as well as a second wave of interviews with a sample of local (county) programs. This report focuses on the increases in policy activity over the last three years, from 2012 to 2015.

During our interviews, we asked about activity around 33 distinct policies across seven domains, and we used this information to develop the Retail Policy Activity Score (RPAS). Details including the specific policies and score calculations are on pages 12-13. In addition to asking about policy activity, we also asked program leaders about barriers and resources that have helped and hindered this work.

RETAIL POLICY ACTIVITY

Since the passage of the Family Smoking Prevention and Tobacco Control Act (FSPTCA) in 2009, state and local programs and partners have been busy examining evidence, assessing community needs, and planning for and passing policies. Like a percentage, the range of the RPAS is zero to 100. A score of zero indicates that a state or locality reported no policies implemented and no planning going on for policy work. As seen in Figure 10, in 2012, seven states reported no activity, and 14 states scored higher than 10, only three of which had scores above 20. By 2015, all states reported some activity, 30 states scored above 10 and 11 states' scores were greater than 20, reflecting the marked increase in retail tobacco policy work over time.

Figure 10. State Retail Policy Activity Scores 2012 & 2015

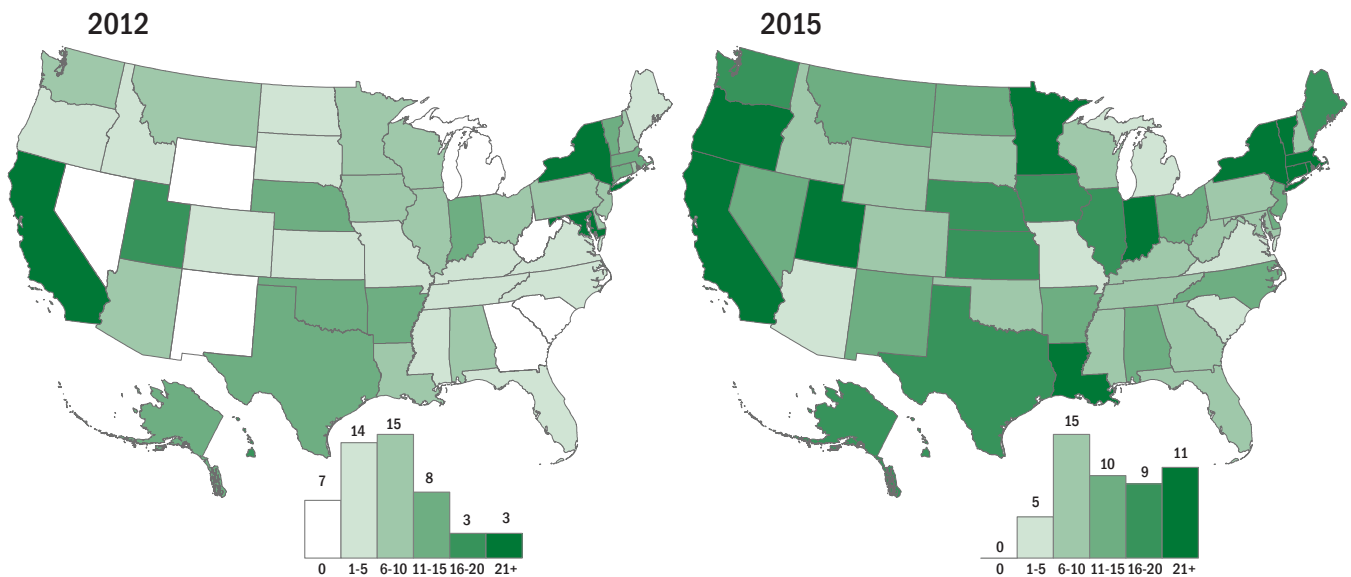
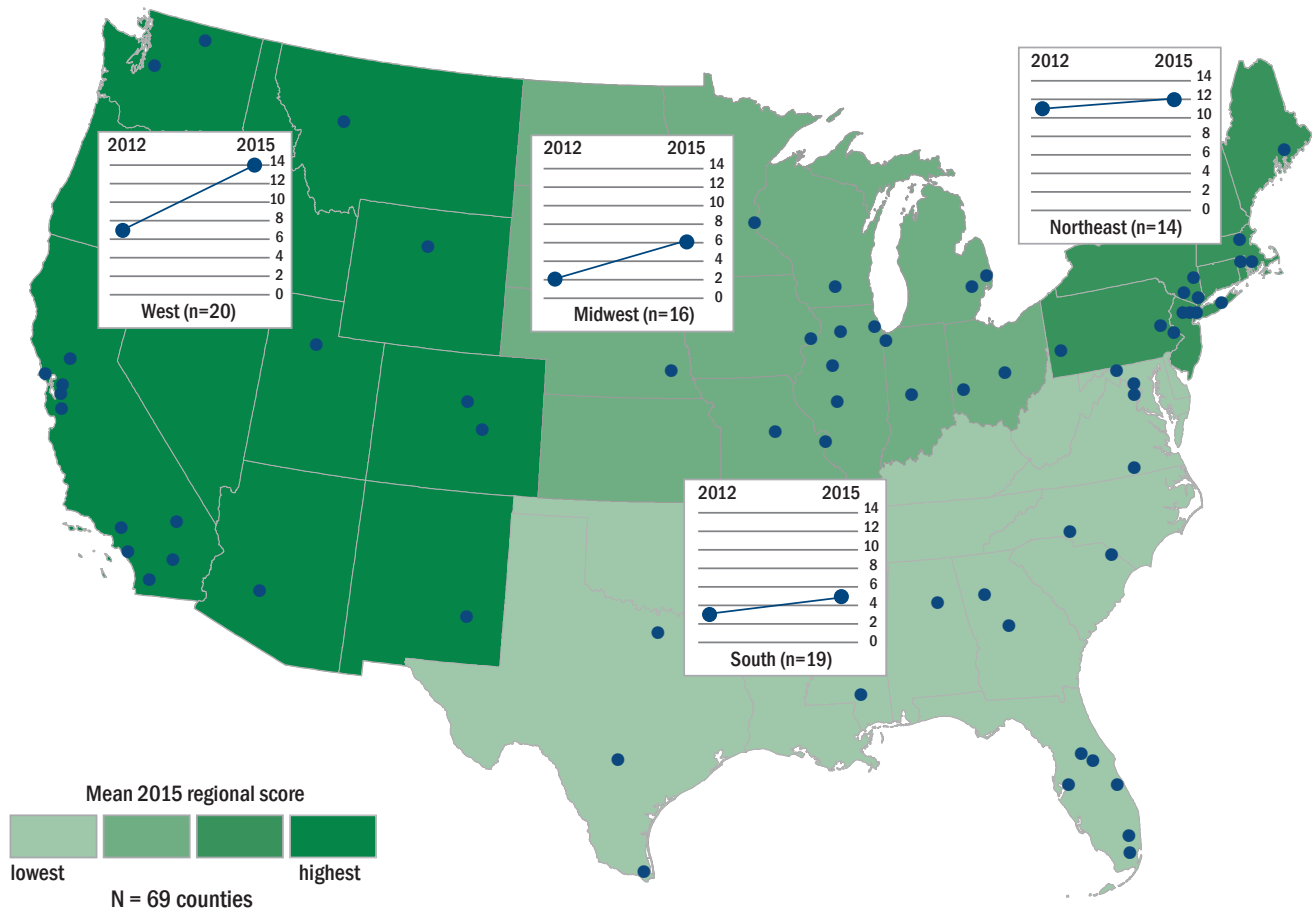
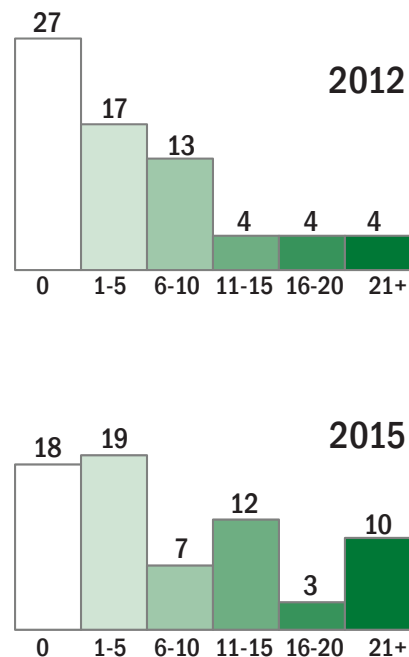


Figure 11. Average Local Retail Policy Activity Scores by region 2012 & 2015



Policy activity also increased at the local level. In our interviews with county tobacco control leaders, we asked whether the county or any of its constituent cities had activity around each of the 33 policies. Our sample included 97 counties, 78 (80%) reported in 2012 and 80 (82%) reported in 2015. Sixty-nine counties participated in both 2012 and 2015. For the counties reporting in both waves, the 2012 average local RPAS was five, and by 2015 the average had risen 80% to nine. Figure 14 illustrates the local RPAS by region, and shows that the average local score also increased in each of the four regions of the U.S. In 2012, 12 counties scored above 10, and in 2015, more than twice as many, 25 counties, scored above 10 (Figure 12).

Figure 12. Distribution of local Retail Policy Activity Scores, 2012 & 2015



RETAIL POLICY DOMAINS & SCORES

The study's advisory board of state and local tobacco control staff, researchers, and legal experts, developed the original policy domains and options for the initial (2012) interviews. Through feedback from interviewees and further consultation with advisors, later interview rounds the original six domains and 25 policies were supplemented with eight new policy options, including one new policy domain for ENDS, and a total of 33 policies.

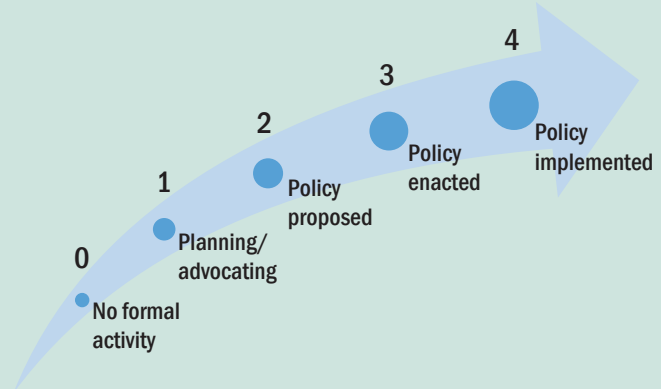
Table 1. Retail Tobacco Policy Domains

Policy domain	Policy options
Licensing & Density	<ul style="list-style-type: none"> establish or increase licensing fees limit or cap total number of licenses in a specific area prohibit tobacco sales in youth locales restrict retailers from operating within a certain distance of other retailers restrict retailers in certain zones (e.g., residential zones) prohibit tobacco sales in certain types of retailers (e.g., pharmacies) limit number of hours or days for sales
Advertising	<ul style="list-style-type: none"> limit the times (of day) when advertising is permitted limit placement of ads at certain store locations (e.g., near youth locales) limit placement of ads inside stores (e.g., near cash registers) limit placement of outdoor ads ban certain manners of advertising (e.g., outdoor sandwich board-style ads) establish content-neutral advertising restrictions (e.g., 15% of window space)
Non-tax Price Increases	<ul style="list-style-type: none"> establish cigarette minimum price laws ban price discounting (e.g., specials, multipack options) ban redemption of coupons ban distribution of coupons require disclosure of manufacturer incentives for retailers (i.e., sunshine law) establish mitigation fees (e.g., for litter clean up, to cover cessation services)
Product Placement	<ul style="list-style-type: none"> ban product displays (i.e., require products to be stored out of view) ban self-service displays for OTPs restrict the number of products that can be displayed (e.g., one sample of each) limit times during which product displays are visible (e.g., after school hours)
Health Warnings	<ul style="list-style-type: none"> require posting of graphic health warnings at POS require posting of quitline information at POS
E-cigarettes	<ul style="list-style-type: none"> establish MLSA for e-cigarettes limit where e-cigarettes can be sold (e.g., near youth locales, at certain retailers) ban self-service displays for e-cigarettes establish tax on e-cigarettes require licensing for e-cigarette retailers
Miscellaneous	<ul style="list-style-type: none"> ban flavored OTPs (e.g., cigarillos, little cigars) require minimum pack size for OTPs (e.g., no single or two-pack cigarillos) raise the MLSA for tobacco products (e.g., from 18 to 21)
<ul style="list-style-type: none"> policies in green added in 2014; ban "use" of coupons (asked in 2012) was split into redemption or distribution 	

RETAIL POLICY DOMAINS & SCORES

For each round of interviews, we computed an overall score for policy activity reflecting the level of activity for each of the policy options. The scale ranges from zero (no formal activity) to four (policy implemented). In order to compare activity across years, we calculated percentages from the total for each state/county to create a Retail Policy Activity Score (RPAS).^{*} To calculate the RPAS for each state or county, we divide the total by the maximum possible and multiply by 100.

Figure 13. Policy continuum



$$RPAS_{(state\ x)} = \frac{\text{points}_{(state\ x)}}{\text{maximum possible}} \times 100$$

^{*} We previously called the score the point-of-sale policy activity score.

Table 2. Policy Continuum

Policy Continuum	Points	Definition
No Formal Activities	0	General information gathering and fact finding, but no formal activities on the specific retail policy area have been completed
Planning/ Advocating	1	Planning and advocating activities (e.g., partnership development and informal education of policy makers) focused on the specific retail policy area
Policy Proposed	2	A retail policy that has been developed and proposed to a legislative body/ decision makers; includes both policies that are currently being considered and policies that have been proposed but failed to be enacted
Policy Enacted	3	A retail law or ordinance that has been passed
Policy Implemented	4	A retail law or ordinance that has passed and been administered/ put into action

Licensing & Density Policies

A foundational policy on which states and localities can build other retail policies is tobacco retailer licensing (TRL). Over 60% of states reported a statewide TRL requirement in 2015 with associated fees that range from \$5 to \$300 annually, and another 10% reported planning for TRL implementation. (Note that the seven states with free (no-fee) TRLs are not included in this number.) At the local level, about 30% of counties in our sample had TRL policies in place, and fees for these licenses range from \$50 to over \$500. Most counties reporting local licensing policies were in states that also have licensing, only four counties from states without TRLs reported local licensing ordinances.

Three states have limited regulations that restrict tobacco sales near schools. Indiana and Utah do not permit tobacco specialty stores within 200 and 1000 feet of a school respectively, and Hawai'i bans tobacco sales from food trucks within 1000 feet of a school. At the local level, several cities in California, along with others in Colorado, Illinois, New York and Wisconsin,

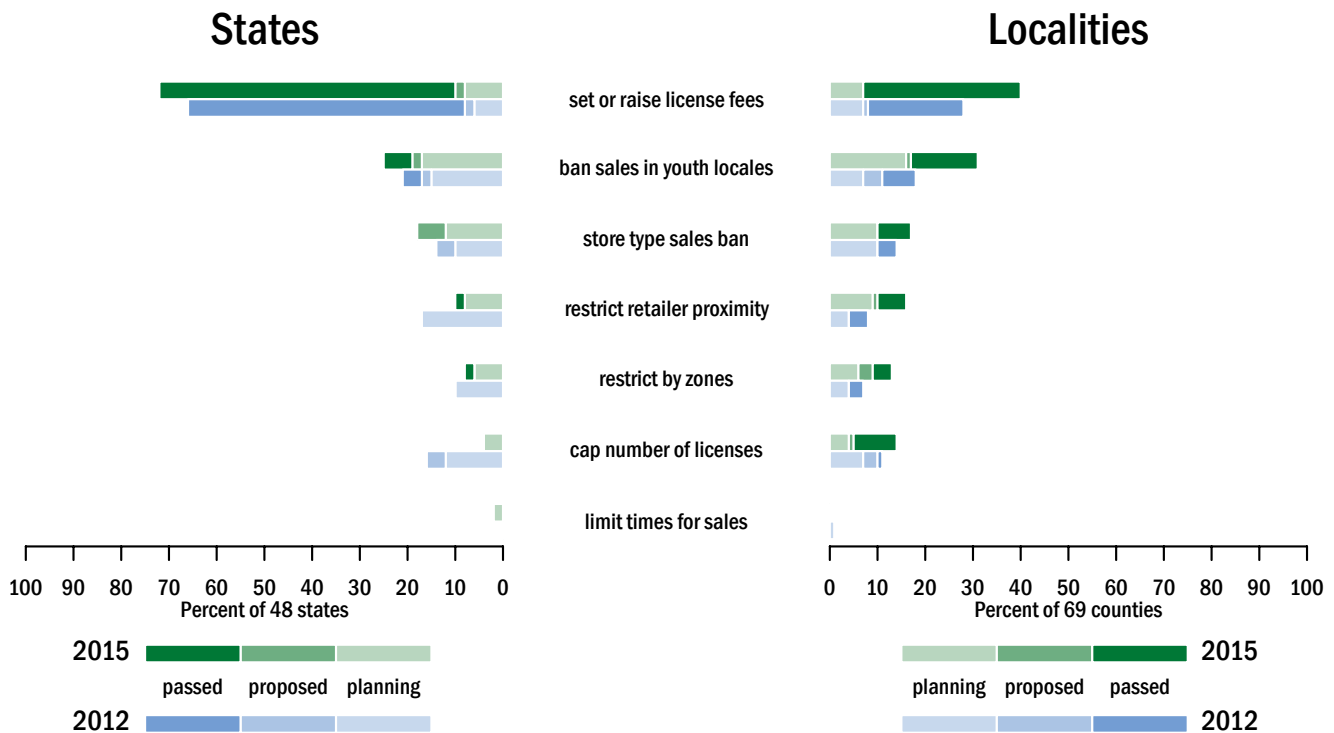
ban tobacco sales from all sellers within a certain distance of schools, either 500 or 1000 feet.

Through licensing, cities in our sample counties from California and Massachusetts ban tobacco sales at pharmacies (store type sales bans), while some of the same cities and others in California also restrict new retailers from operating within 500 feet of other tobacco retailers (retailer proximity restrictions).



The pharmacy contradiction: cessation aids next to tobacco products

Figure 14. Retail policy activity in licensing and retailer density, 2012 & 2015

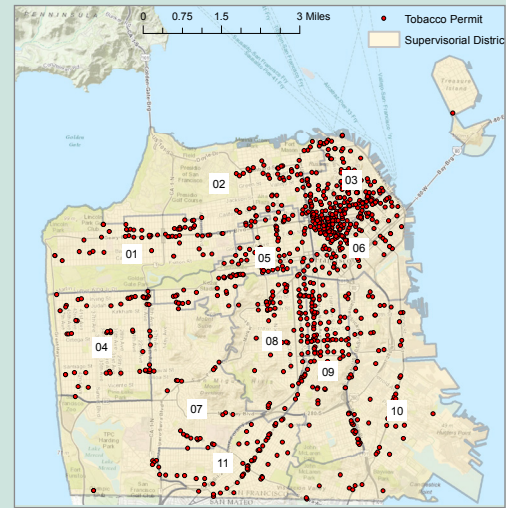


SAN FRANCISCO TAKES ACTION TO REDUCE RETAILER DENSITY

In December 2014, after years of research and coalition-building by the Youth Leadership Institute, a grantee of the San Francisco Department of Public Health, the city amended its tobacco retailer licensing regulations to address health inequity through retailer density. At that time, the city of under 47 mi² had almost 1000 tobacco retailers, and districts with lower incomes had disproportionately more retailers than others. The amended ordinance aims to reduce retailer density across the city's 11 districts, by:

- capping the number of licenses at 45 per district; and
- not issuing licenses within 500 feet of a school or another retailer.³⁹

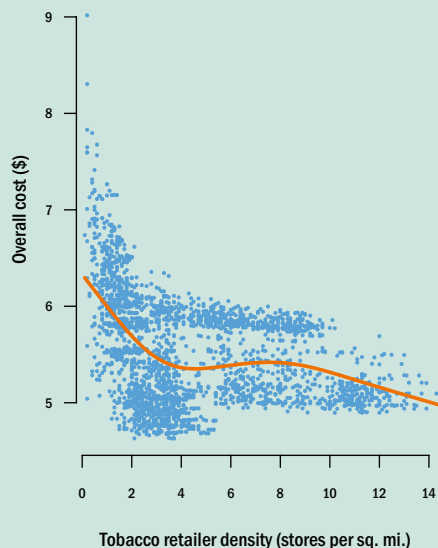
Though the policy is being implemented with a phase-out strategy rather than immediately revoking existing licenses, after only one year the number of tobacco retailers in San Francisco had decreased by 8%.⁴⁰ To learn more about San Francisco's experience, see [Reducing Tobacco Retail Density in San Francisco: A Case Study](#).



Tobacco retailers by district in San Francisco

NEW RESEARCH ON LICENSING & DENSITY POLICIES

Figure 15. Tobacco retailer density & overall costs of cigarettes



Tobacco Town, a related project that began as an exploratory component of ASPIRE through cooperation with the Brookings Institution, uses agent-based modeling to learn more about the impacts of tobacco retailer density reduction strategies (like those featured here) on the overall cost of finding and purchasing cigarettes.

One of the preliminary findings from *Tobacco Town* is that, contrary to what we might expect, the relationship between retailer density and cost is not linear. At some relatively low threshold of retailer density reduction, cost begins to increase more severely than when retailer density is above the threshold.

Non-tax Price Increase Policies

About half of states (48%) have enacted minimum price laws (MPLs). Many of these have been in place for years. The original intent of the laws was to combat anti-competitive practices from retailers and distributors, rather than to increase overall prices and better public health. These MPLs take a “minimum markup” approach, meaning that the state requires retailers and/or wholesalers to add a certain percentage of their cost to the final price at retail.^{41,42} Another approach to MPLs is a minimum floor price (see pages 18-19 for more information).

In addition to MPLs, three states have limited restrictions on the free distribution of coupons (California, Delaware, and Texas) along with cities in California, Massachusetts, and New York. Cities in Massachusetts, New York, and Rhode Island have banned the redemption of coupons.

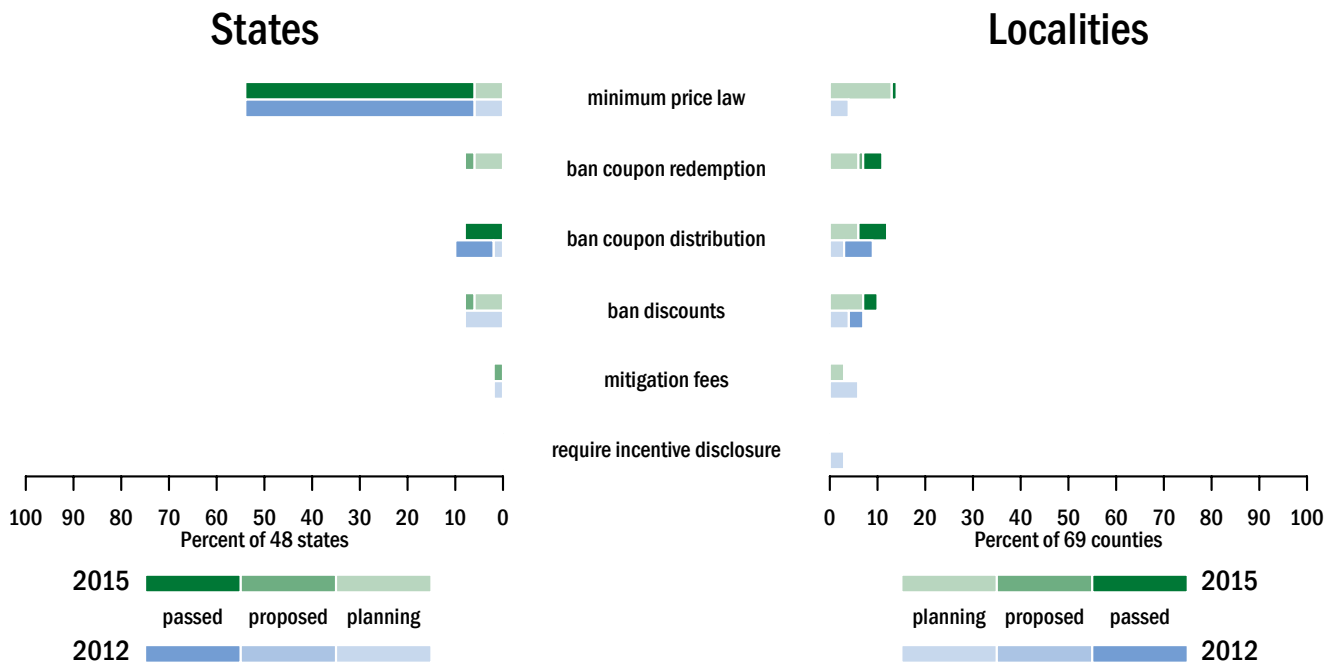
Cities in Rhode Island and New York (see opposite page) have also passed bans on

price discounts. In a bill to establish tobacco retail licensing in the state legislature, Oregon proposed a ban on discounts and coupon redemption in 2015, but those clauses were dropped from the bill after its introduction.



Gas pump cross-promotion

Figure 16. Retail policy activity in non-tax price increases, 2012 & 2015



NEW YORK CITY COMBATS ACCESS TO CHEAP TOBACCO

In 2014, New York City passed a comprehensive policy known as Sensible Tobacco Enforcement (STE). The policy contains multiple measures to reduce the availability of cheap tobacco, including:

- a minimum floor price for cigarettes (\$10.50 per pack);
- a ban on price discounts;
- a ban on coupon redemption;
- minimum packaging requirements for cheap cigars & cigarillos; and
- increased penalties for tax evasion to stem the city's illicit market.

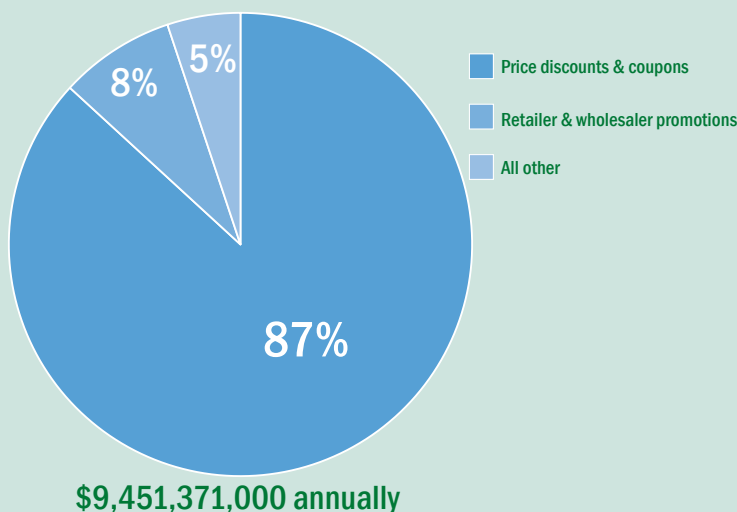


At the same time, New York City passed Tobacco 21. This raised the legal minimum sales age for tobacco products and e-cigarettes to 21. Among the key partners and stakeholders helping to raise awareness of the problems of cheap tobacco as well as the proposed policy solutions were NYC Smoke-Free (a citywide coalition), the LGBT Community Center, and Asian-Americans for Equality.

For more information see our case study, [Reducing Cheap Tobacco & Youth Access: New York City](#)

PRICE DISCOUNTS: BIG BUSINESS FOR THE TOBACCO INDUSTRY

Figure 17. Industry advertising and promotional spending on cigarettes and smokeless 2013



Price discounts for tobacco products are almost everywhere in the U.S. Price discounts attract new users, perpetuate use, and lessen the chances of successful quitting.^{43,44}

From the latest available data (2013), the tobacco industry spends over \$9 billion annually on advertising and promotions. Almost all of that budget - 87% or \$8.2 billion - is spent on price discounts and coupons. Another 8% (\$0.8 billion) is spent on retailer and wholesaler promotions, including incentives for product and advertising placement at the POS.^{4,5}

COMPARING NON-TAX PRICE INCREASE APPROACHES

Policies designed to increase tobacco product prices through means other than taxation are garnering attention in the U.S. and around the world. A recent systematic review identified 56 scientific articles and organizational reports describing at least one of these policies.⁴⁵

Consistent with the state and local activity described on pages 16-17, minimum price laws and bans on price promotions were the two policies that received the most attention in the U.S.-based literature. A summary of recommendations for crafting policies and legal considerations from the reviewed articles is available in Table 3.

Table 3. Policy recommendations & legal considerations for non-tax price increases

Policy	Recommendations for implementation in the U.S.
Price promotion bans	<ul style="list-style-type: none"> Ban all types of price promotions, i.e., price discounts, multi-pack offers, and coupons. Focus restrictions on the time, place and manner of a promotion, rather than its content. Ban coupon redemption rather than distribution may be less likely to inhibit interstate commerce. Ensure promotional bans apply only within the jurisdiction in which the law is passed. Sufficiently enforce implemented price promotion restrictions. Tie adherence to licensing, if appropriate.
Minimum price laws	<ul style="list-style-type: none"> Consider a minimum floor price. Remove loopholes that allow discounts, coupons, or buy-downs to alter the statutory minimum price. Set markup rates or floor prices above those established by free market. Draft laws to impact retailers in different jurisdictions equally and to avoid price fixing.

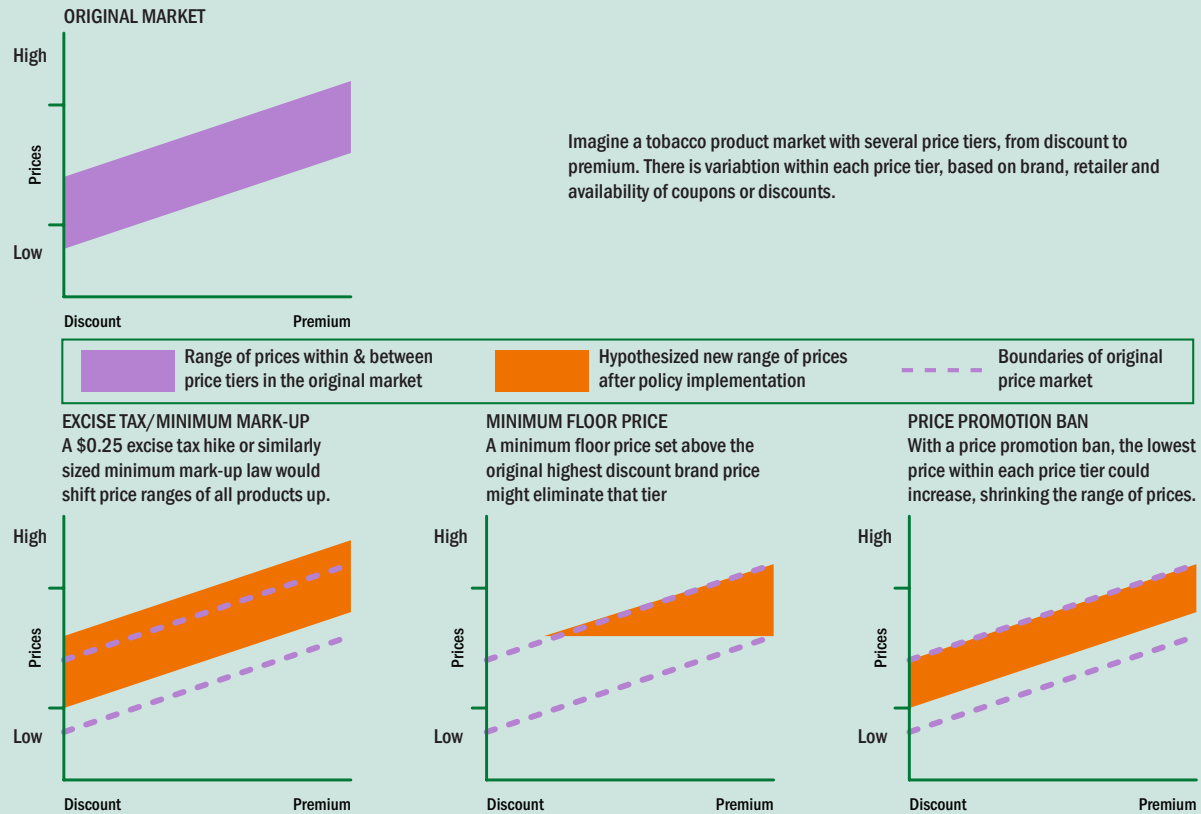
How do non-tax price increases work?

Although sometimes explored as potential alternatives to excise taxes in places where taxes have been difficult to implement, the authors of the systematic review argued that non-tax policies may be promising complements to tax policies, in part because they might target different parts of the market. Excise taxes are designed to raise average prices on all products – both premium and discount brands – by a set amount. Minimum price mark-up laws that require a percent mark-up on retailer or distributor prices likely have a similar effect, but minimum floor price policies, which set a price below which any product cannot be sold, specifically target the discount brand price tier and may not affect premium brands. Price promotion bans, on the other hand, may make it harder to buy any particular product at cheap rates, reducing the range of price options for both premium and discount brands. Figure 18 (opposite page) uses a fictional example to illustrate these ideas. Research has not yet confirmed whether these hypothesized changes to price distributions within and across price tiers do actually occur following implementation of non-tax price policies.



COMPARING NON-TAX PRICE INCREASE APPROACHES

Figure 18. Mechanisms by which non-tax policies might influence tobacco prices



Combining non-tax price increases

Many experts suggest combining non-tax price policy approaches with high excise taxes to ensure high tobacco product prices. Recent work has also suggested that different types of non-tax price approaches themselves may be important complements. Minimum price policies are likely much less effective if consumers and retailers can use promotions to keep prices low;^{41,46} these discounting loopholes could be eliminated if minimum price policies are implemented in conjunction with price promotion bans.

In addition, a recent legal analysis⁴² compared the two styles of minimum price laws currently in place in the U.S. – the mark-up model implemented by about half of all states, and the floor price model recently approved in New York City. The authors ultimately recommended a hybrid approach that requires a high minimum percent mark-up at the retailer level and sets a specific floor price below which no tobacco product can be sold. They argue this model would be both effective and easiest to implement and enforce.

Product placement policies

The FSPTCA bans self-service product displays for cigarettes and smokeless tobacco, but stops short of restricting displays for any other products, like cigars, cigarillos, and snus. In 2012, 19% of states reported a ban on self-service displays for all tobacco products, and another 12% were planning or had proposed such a ban. By 2015, half of states (50%) had policies in place banning all types of self-service (i.e., unattended vending machines or self-service counter or shelf displays) and stipulating that sales of all tobacco products be clerk-assisted. About 22% of counties surveyed reported similar policies at the local level, most of which were in states without self-service display bans.



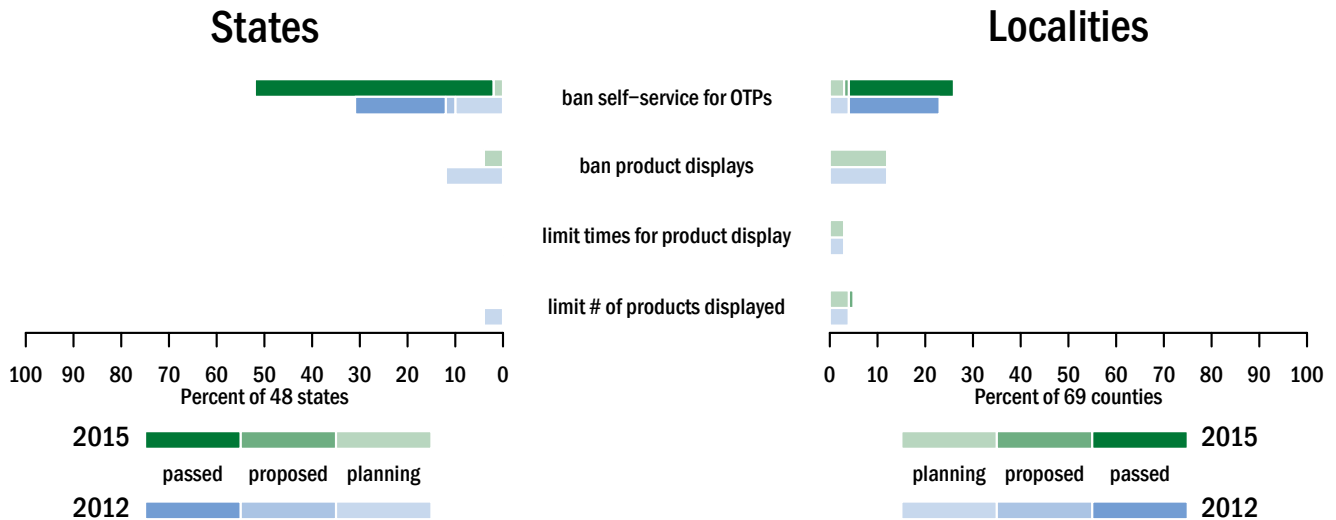
Self-service nicotine toothpick counter display



Self-service cigarillo shelf display

Just over 10% of states and localities in 2012 reported policy planning activities for banning all product displays (i.e., requiring cigarettes and all other products be kept out of sight), and while the proportion of states reporting planning fell in 2015, the same percentage of localities reported product display ban policy planning in 2015.

Figure 19. Retail policy activity in product placement, 2012 & 2015

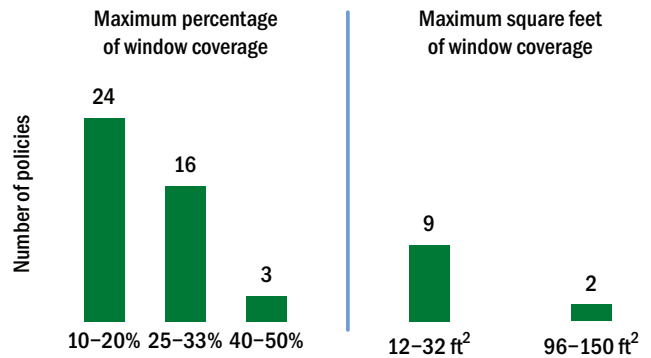


Advertising policies

For limiting advertising in certain locations and restricting both outdoor and in-store ads, policy activity increased to over 10% of states and localities. Most of these increases were in policy planning, but a few states and localities passed policies by 2015.

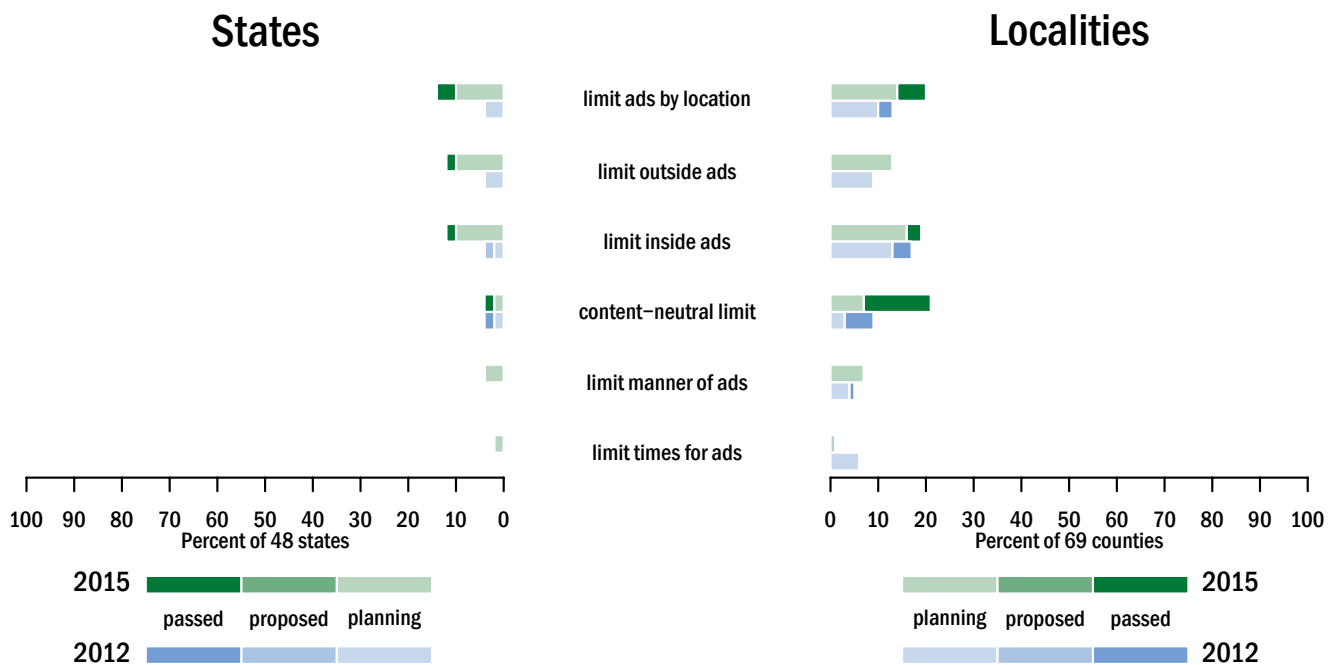
For restricting ads by location, California bans tobacco product advertising in state-owned and state-occupied buildings. Texas bans signs advertising tobacco within 1000 feet from schools and churches. Several cities in California and others in Louisiana and Massachusetts reported bans on tobacco advertising within 300, 500 or 1000 feet from schools and other youth-oriented locations. The state of California bans tobacco advertising within two feet of candy and other youth-oriented products, and multiple cities in New York have similar policies stipulating various distances from products for youth.

Figure 21. Local content-neutral ad limits



States and communities can restrict all types of ads. This policy strategy is gaining momentum at the local level, and may likely face fewer legal challenges than tobacco-specific advertising restrictions and garner support from various community groups.⁴⁷ In all, by 2015, 13% of counties in our sample reported content-neutral ad restrictions. We collected 54 policies and found that most of these (43) specified a maximum percentage of coverage for store window area and the rest (11) set a maximum size per sign coupled with a maximum number of signs. Most specified a total coverage area between 10 and 20%.

Figure 20. Retail policy activity in advertising, 2012 & 2015



Advancing Science & Policy in the Retail Environment

-  Policy development & implementation
-  Industry actions
-  Reports, tools & evidence
-  ASPIRE data collection



Abbreviations A - F = ASPIRE: Advancing Science & Policy in the Retail Environment; CHIPRA: Children's Health Insurance Program Reauthorization Act; CTFK: Campaign for Tobacco Free Kids; FCLAA: Federal Cigarette Labeling and Advertising Act; FDA: US Food & Drug Administration; FSPTCA: Family Smoking Prevention and Tobacco Control Act; FTC: Federal Trade Commission.

ASPIRE in Context



Abbreviations N - T = NCI: National Cancer Institute; OTPs: other tobacco products; POS: point of sale; RJR: R.J. Reynolds Tobacco Company; SCTC: State & Community Tobacco Control Consortium; SGR: Surgeon General's Report; STARS: Standardized Tobacco Assessment for Retail Settings; TCLC: Tobacco Control Legal Consortium; TPSAC: Tobacco Products Scientific Advisory Committee.

Health warnings & miscellaneous policies

For health warnings and miscellaneous policies, most activity by 2015 involved raising the minimum legal sales age (MLSA) for tobacco products, restricting flavored products, and establishing minimum pack size requirements for other tobacco products (OTPs).

Four states (Alabama, Alaska, New Jersey, and Utah) have MLSAs of 19, slightly above the federal mandate of 18, Hawai'i recently became the first state to raise the MLSA to 21 statewide (see insert on opposite page), and eight other state legislatures have formally proposed Tobacco 21. Almost a quarter (21%) of remaining states reported planning and educating for Tobacco 21.

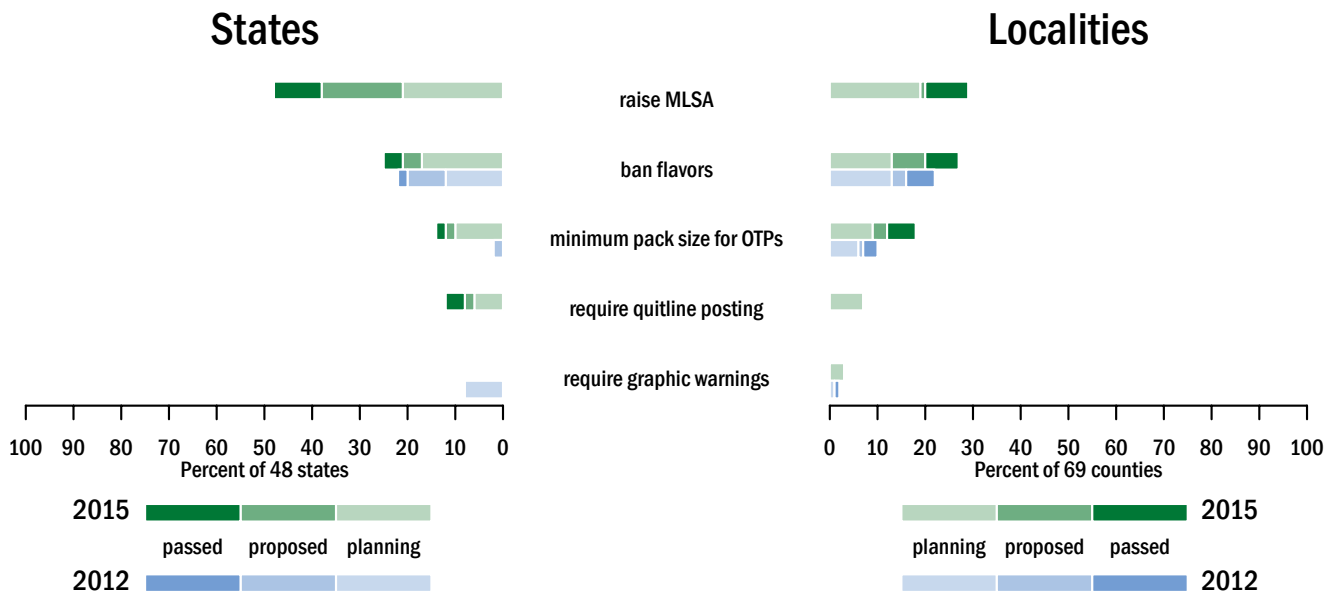
At the local level, six localities in our sample, including New York City and several in Massachusetts, reported that at least one city had raised the MLSA to 21. Furthermore, the Preventing Tobacco Addiction Foundation

(tobacco21.org) tracks policy activity specifically for Tobacco 21, and reports over 100 municipalities that have passed the law.

For banning flavors, in 2009, the state of Maine banned sales of non-premium cigars with characterizing flavors, and West Virginia banned the import and sale of bidis in 2014. About 20% of remaining states reported planning and two states have proposed flavor bans. Five counties in our sample reported cities with flavor bans, and several others reported planning or proposing the restrictions.

Four of our sampled counties have cities that have implemented various minimum pack size requirements for OTPs, and two states (Indiana and Rhode Island) have implemented the requirement that quitline information be posted at the POS.

Figure 22. Retail policy activity in health warnings and miscellaneous policies, 2012 & 2015



HAWAI'I PASSES TOBACCO 21 STATEWIDE

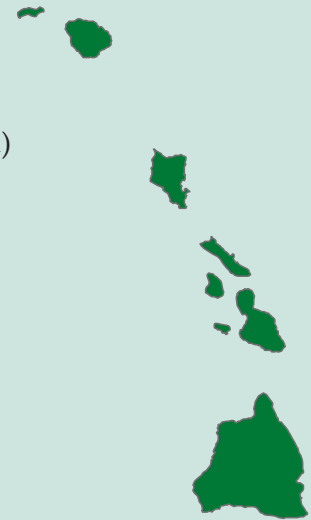
"Effective on January 1, 2016, it shall be unlawful to sell or furnish a tobacco product in any shape or form or an electronic smoking device to a person under 21 years of age."

– Act 122, 28th Hawai'i State Legislature, 2015.⁴⁸



In 2013, Hawai'i County (the Big Island) successfully raised its MLSA to 21. The next year, a statewide bill failed to pass in the legislature. State senators proposed Tobacco 21 again in January 2015, and this time the bill passed both legislative houses within three months. On June 19, 2015, Hawai'i Governor David Y. Ige signed the bill into law.

<http://health.hawaii.gov/tobacco/home/retail/>



IOM RELEASES REPORT ON RAISING MLSA

While the FSPTCA gives the FDA authority to regulate tobacco products, it expressly forbids the FDA from raising the MLSA for tobacco. The Act, however, required the FDA to convene an expert panel to study the public health implications of raising the MLSA.

In 2015, the IOM, contracted by the FDA, released the results of its study.⁴⁹ The report compares the potential impacts of raising the MLSA to 19, 21, and 25. Key findings include that raising the MLSA will likely improve the health of adolescents and young adults, and reduce smoking prevalence.⁴⁹

Access the full report [here](#).



E-cigarette policies

Reflecting the increasing use and presence of e-cigarettes at the retail environment, states and localities have been active in passing policies related to the accessibility and availability of e-cigarettes and related products (e.g., nicotine liquid, e-hookahs).

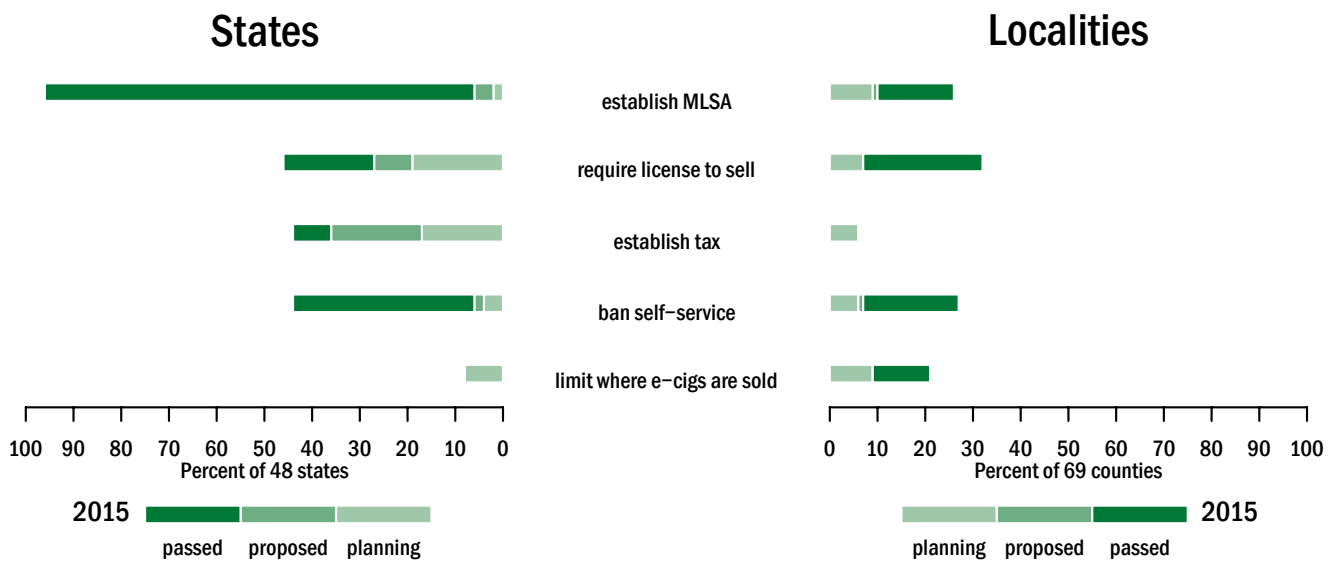
Much of this activity has been in establishing an MLSA for e-cigarettes in the absence of a federal statute. At the state level, 90% of states now have an MLSA for e-cigarettes. These laws have largely consisted of amendments to the state MLSA for tobacco products. Most are set at 18, but at 19 in Alabama, Alaska, New Jersey, and Utah, and recently 21 in Hawai'i. Ten of the counties sampled in our study reported cities with an MLSA for e-cigarettes. Most of these are in cities that have raised the MLSA for tobacco products – and also e-cigarettes – beyond the state law to 21 (cities in Illinois, Massachusetts, Missouri, and New York) or cities that instituted an e-cigarette MLSA before the state did so (Florida).

Nine states require a retail license to sell e-cigarettes, and of these, seven have added the requirement to their existing tobacco retail licensing applications. Two states (Rhode Island and Utah) have established separate licenses for selling e-cigarettes. Locally, 15 counties reported cities that have retail licensing requirements for e-cigarette sales, and all of these were added to existing local tobacco retail license ordinances.

Four states (Louisiana, Minnesota, Nevada, and North Carolina) have established taxes for e-cigarettes. Specifically these laws tax nicotine liquid sold alone or as a component of the electronic devices.

While 38% of states (18) have banned self-service displays for e-cigarettes, 20% of counties in our sample report that they have cities that have done so. In addition, several cities in California and Massachusetts, and others in Illinois and Wisconsin have limited where e-cigarettes can be sold by including e-cigarettes with tobacco products in restrictions on sales in places youth frequent and in pharmacies.

Figure 23. Retail policy activity in e-cigarettes, 2012 & 2015



RETAIL LICENSING KEY IN ENFORCEMENT OF E-CIGARETTE LAWS

In 2015, only eight of the 38 states that mandate tobacco retail licensing also required a license to sell e-cigarettes. Insufficient knowledge about the number, type, and location of tobacco retailers hampers state and local capacity to monitor tobacco industry activity and to enforce sales and marketing restrictions at the point of sale.

In particular, having an e-cigarette retail licensing requirement aids enforcement of an MLSA or self-service display bans for the products. The map below (Figure 24) shows which states have an MLSA or self-service display ban for e-cigarettes, and which states also have retail licensing requirements.

The eight states that require all e-cigarette retailers to be licensed also have an MLSA, or both an MLSA and a ban on self-service displays. In all, 45 states now have an MLSA for e-cigarettes, and 18 (of the same) states also ban self-service displays. Many of the state tobacco control leaders in states without e-cigarette retail licensing expressed concerns about enforcement of other policies. The quotations here are representative of responses to whether the e-cigarette MLSA or self-service ban is enforced.

Figure 24. Selected e-cigarette state-level policies, 2015

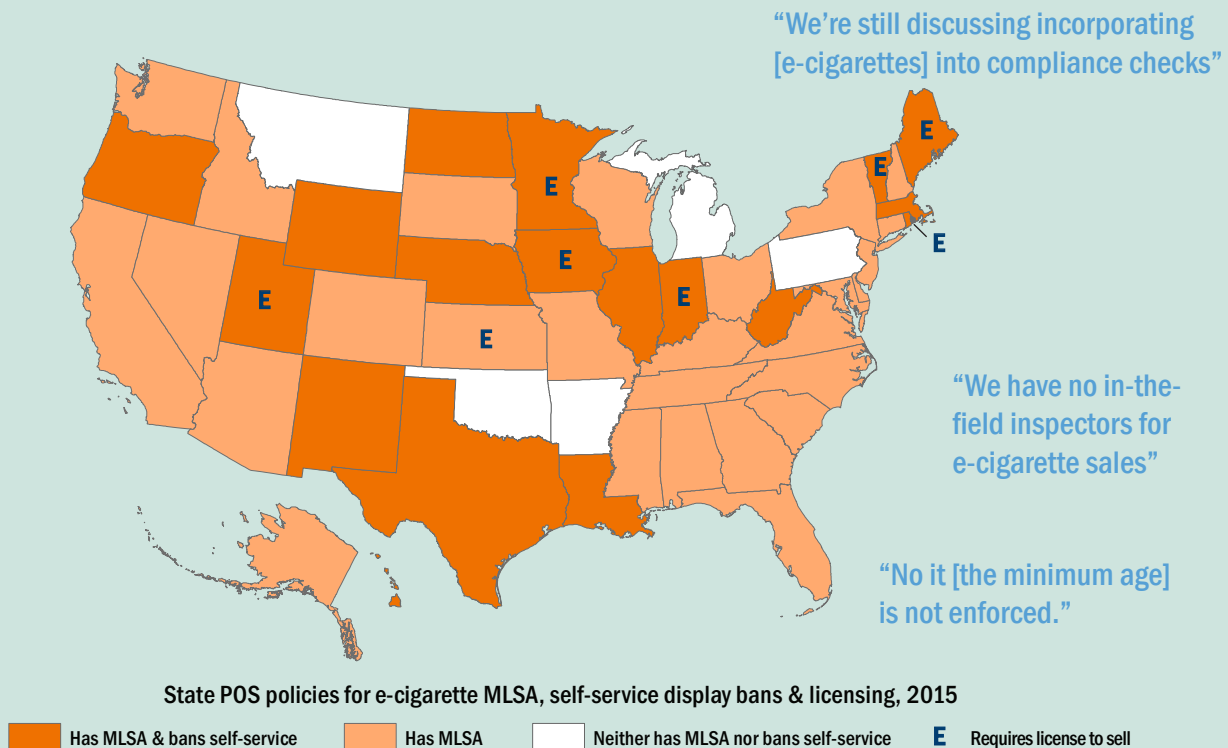
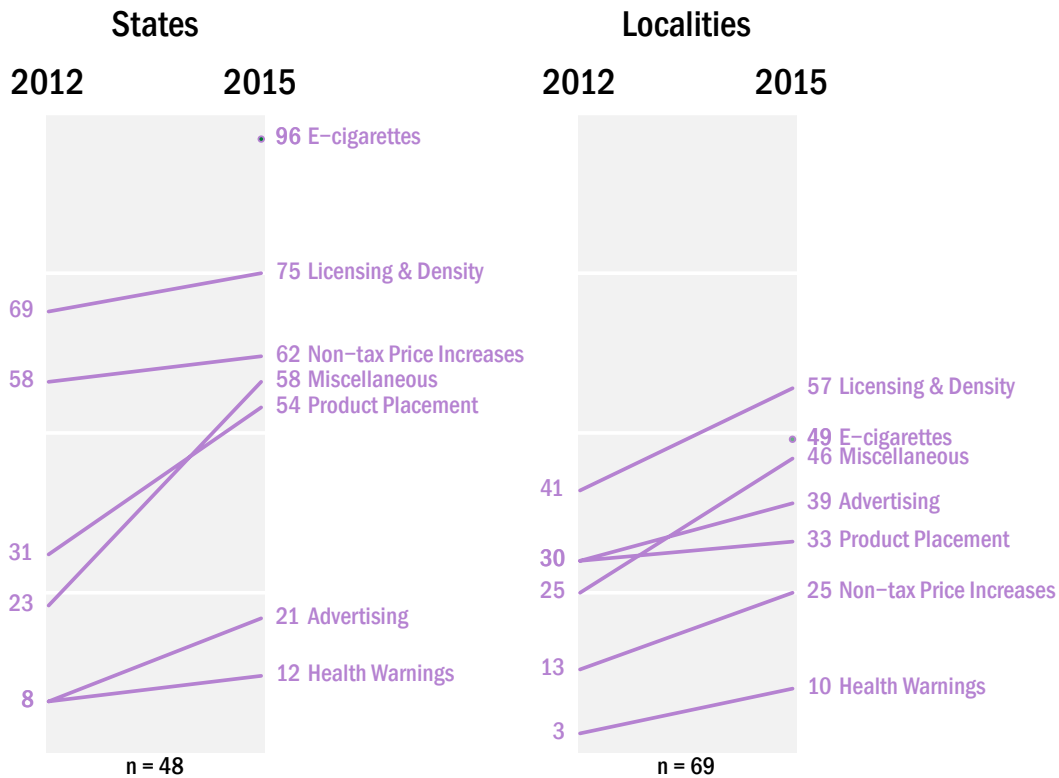


Figure 25. Retail policy activity in states and localities by domain, 2012 & 2015



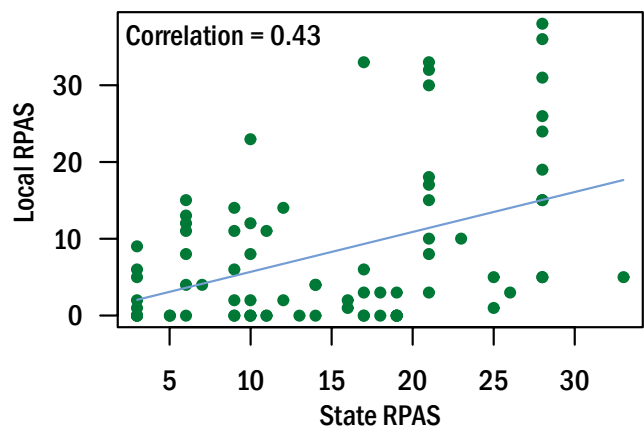
Trends in retail policy activity

Retail tobacco policy activity in both states and localities was reported and increased between 2012 and 2015 in all seven domains (Figure 25). On average, state program leaders reported more activity than locals. Policies for licensing and density along with regulation of e-cigarettes saw the most activity in 2015, again in both states and localities. Policies in the miscellaneous category (raising the MLSA, banning flavors, and requiring minimum pack size for non-cigarette tobacco products) were among those that saw the largest increase over the three years in states and localities, while policy activity around product placement increased more dramatically in states than localities.

There were 36 states for which sampled localities also reported in 2015. In many of these cases, state and local programs reported activity in the

same domains. Localities in states with a higher RPAS also tended to have higher scores. Taken together, this suggests that POS policy priorities align across levels of government. As shown in Figure 26, locality scores were correlated with their respective state scores at 0.43 (Pearson r).

Figure 26. Correlation of state and local RPAS, 2015



The increases in policy activity can also be seen in the changes in most states' retail policy activity scores from 2012 to 2015. The overall average change during this time was a net increase of six points. Seven states saw decreases in the policy score, and in each case this was due to less planning around specific policies as no retail policies were repealed in these states between 2012 and 2015.

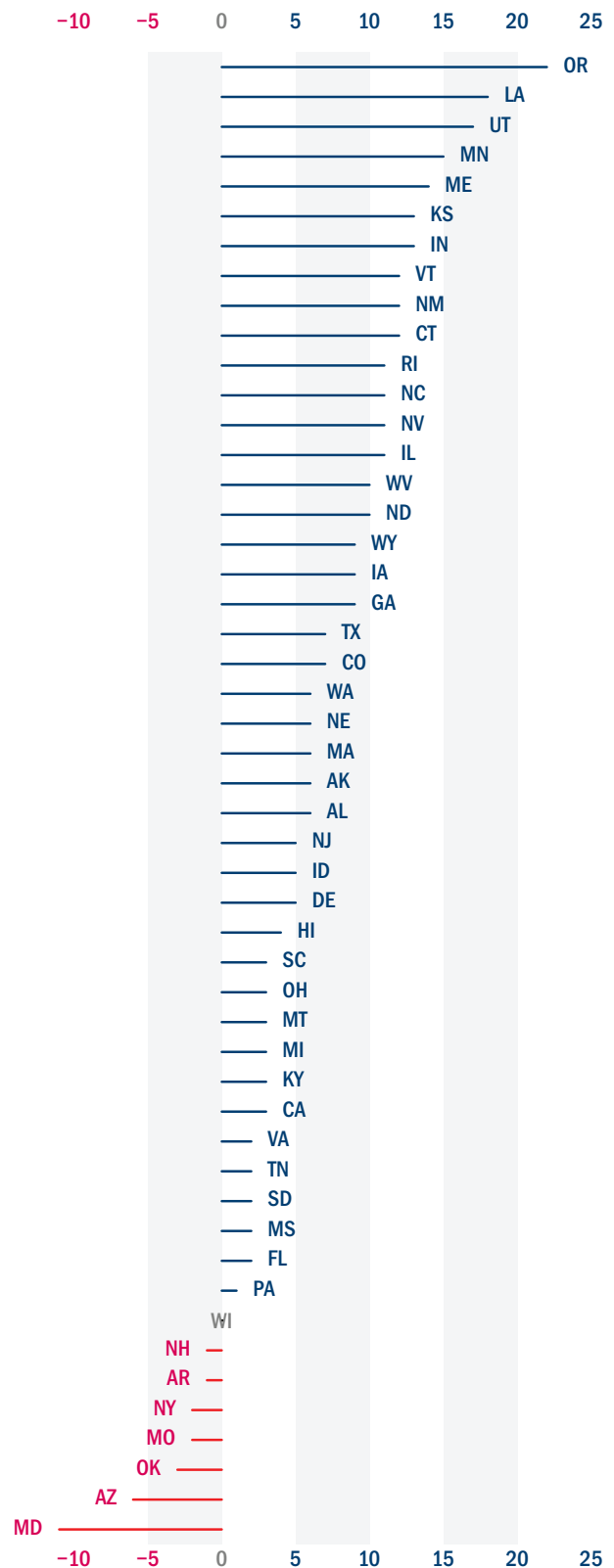
In states with the largest increases, many of the new policies were implemented to address the proliferation of e-cigarettes in retailers. For example, the top five states in Figure 27 (Oregon, Louisiana, Utah, Minnesota, and Maine) all passed minimum age laws for e-cigarettes and banned self-service displays for the products.

Another policy passed recently in many states is the banning of self-service displays for other (non-cigarette and non-smokeless) tobacco products. In many states this happened at the same time (or as part of the same bill) that self-service displays for e-cigarettes were banned.

Popular policies that had been proposed at the time of the interviews (late 2015) included raising the minimum legal sales age for tobacco to 21. Eight states, including California, Massachusetts, and Washington reported active proposals for this policy. New York, Massachusetts, and Oregon all reported that banning the redemption of coupons for tobacco products had been proposed in the state legislature.

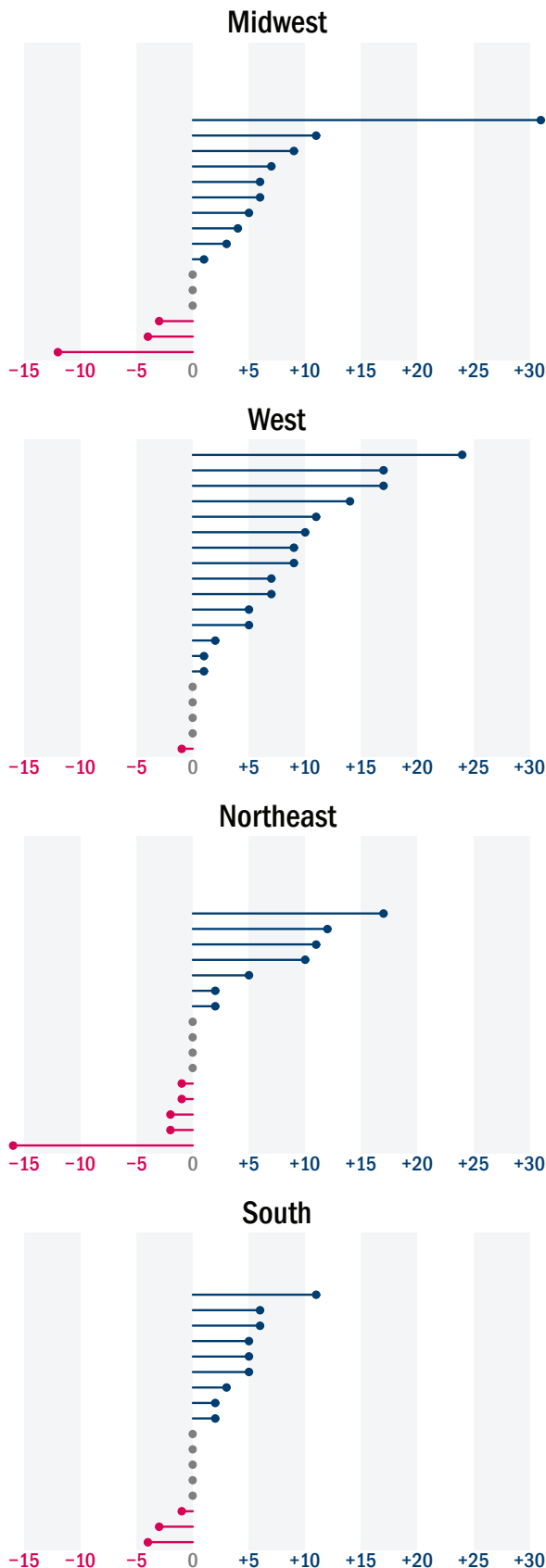


Figure 27. Change in state scores 2012 - 2015



Note: CT & VA original scores from 2014

Figure 28. Change in local scores 2012 - 2015



For the most part, increases in states' retail policy scores were mirrored at the local level. Cities and counties from all regions passed policies to regulate tobacco at the point of sale. The largest increase was for Cook County, Illinois (Midwest) wherein Chicago established retailer licensing fees, restricted retailers around schools and parks, restricted advertising through content-neutral guidelines, and a host of policies to regulate the sale of e-cigarettes. Other midwestern localities, including cities in Ohio and Wisconsin, established local retailer licensing laws as well.

Western localities were also active in retailer licensing and density policies. Multiple jurisdictions in California established licensing and restricted retailers or ads around youth locales, and others in California and Washington passed policies to regulate e-cigarette sales.

In the Northeast, the counties that comprise New York City saw some of the largest increases due to the city's success with STE and Tobacco 21. Localities in Massachusetts were also successful in passing policies such as Tobacco 21, restricting flavored products, and regulating sales of e-cigarettes.

Many of the Southern localities in our sample also reported increased activity around point of sale. Cities in Florida passed content-neutral advertising restrictions and in Georgia at the time of our interviews, a city had recently proposed a zoning ordinance for tobacco retailers.



CHALLENGES FOR RETAIL POLICY

For each wave of interviews, tobacco control representatives identified barriers and resources needed for planning and implementing retail tobacco policies. We qualitatively coded these responses into categories (descriptions and example responses are found in Tables 4 and 5, page 32). Assessing challenges for retail policy helps to provide greater understanding of issues faced by partners at the state and local levels.

Barriers

Overall, state program leaders reported fewer barriers in 2015 than in 2012. (Note: program

leaders could acknowledge more than one, so percentages can add to more than 100%.) The most dramatic changes in Figure 29 are highlighted in red. Reported barriers for all but two categories decreased from 2012 to 2015, with the percentage of states reporting industry interference as a barrier dropping by almost half. Despite this decrease, it still remains the second largest barrier in 2015. Over half of those states that reported industry interference described retail outlet associations and e-cigarette coalitions opposing policies, not tobacco companies directly.

Meanwhile, the percent of states identifying political will and state preemption as barriers increased by roughly 10% each.

Figure 29. Barriers to retail policy activity, 2012 & 2015

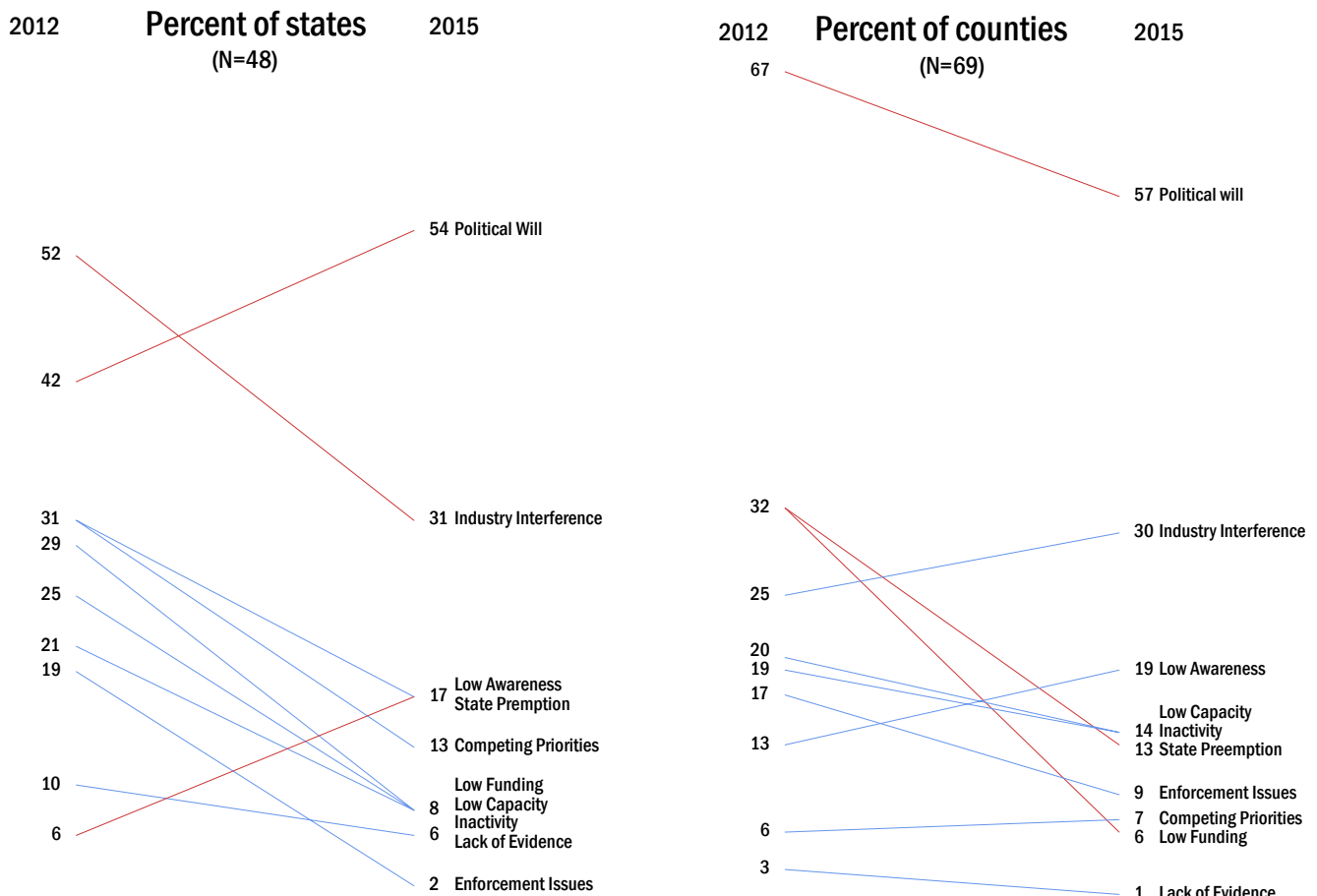


Table 4. Barriers to retail tobacco policy activity, categories

Barrier Type	Description	Example
Political Will	Policymakers lack interest in retail tobacco policies, see them as anti-business, rarely address tobacco or public health issues	"It has been very difficult to really get the city officials on board and to really understand the gravity of this matter"
Industry Activity	Tobacco industry often lobbies, either directly or through retailer organizations; threatens/files lawsuits; influences contents of laws	"...when we were going back to do our flavored implementation plan we had a lot of lobbyists from the cigar association, the national association of tobacconists, Phillip Morris..."
Low Awareness	Policymakers, public, or others have low awareness of the extent and impacts of tobacco at the POS; educational efforts needed	"The biggest barrier is people understanding why this is important"
Low Capacity	Agencies lack capacity/authority/resources to build awareness, lead programs, or drive policy; internal or coordination issues	"It's difficult to talk with the administration level...I have multiple people I have to go through....before I can get to the actual county commissioners"
Cannot Say (Inactivity)	No barriers to policy activity to report since nothing is being done	"I don't know what they could be, I'm just getting ready to start, but I can't foresee any"
State Preemption	State laws are difficult to change/strengthen and/or local laws are unlikely due to overarching preemptions concerning tobacco	"I think people are confused by the preemption language, they think it is broader than it actually is"
Enforcement Issues	Laws in place but difficult to enforce or not enforced; there is uncertainty over who would enforce new POS laws	"There is a lack of interest or willingness among law enforcement to be involved"
Competing Priorities	Tobacco control priorities lie elsewhere, e.g., in cessation services or smoke-free laws	"...we are very limited, and this probably is one of the lower priorities...as far as us using our policy capital"
Inadequate Funding	Funding for tobacco control (or for anything) is lacking, spent elsewhere, has recently been cut, etc.	"Back in 2013 we lost some funding in the state, we were without services for six months....and now coming into FY16 we don't have a work plan"
Lack of Evidence	There is a lack of evidence of the impacts/effectiveness of retail policies at decreasing tobacco use rates	'Can you actually tell me that that policy impacted youth smoking rates?'

Table 5. Resources most needed to advance retail tobacco policy activity, categories

Resource Type	Description	Example
Funding	Funding for tobacco control (or for anything) is lacking, spent elsewhere, has recently been cut, etc.	"Funding was the primary reason why the county department of public health dropped the contract"
Case Studies	Best practices and success stories from other states/communities, as well as examples and models for future progress and implementation	"...the legislatures like to see how things are done in other states, especially ones that are similar to [us]"
Capacity	Agencies lack capacity/authority/resources to build awareness, lead programs, or drive policy; internal or coordination issues	"I mean I am the only person doing this job"
Advocacy	Support (or increased support) from state/national organizations	"More key stakeholders in the community, anyone that could help us pass policy...Someone who has a firm belief in it, maybe someone who has had a loved one die from cigarettes and they've got some pull in the county."
Awareness	Policymakers, public, or others have low awareness of the extent and impacts of tobacco at the POS; educational efforts needed	"...there is a general lack of awareness from adults about what sort of activities and marketing is really happening inside the stores that youth go to"
Evidence Base	There is a lack of evidence of the impacts/effectiveness of POS policies at decreasing tobacco use rates	"The science is a little thin on [POS]. We need resources that tell us how to connect the science to policy."
Political Will	Policymakers lack interest in POS policies, see POS policies as anti-business, rarely address tobacco or public health issues	"Support from legislation or city council in our local level"
Data & Evaluation Tools	Data collection methods, tools, advice for presenting data from the retail environment and policies	"I think definitely we need to do an audit of all the cities and county vendors to see exactly what is going on"
Legal & Policy Support	Assistance from legal staff to draft or model policies, to interpret existing laws, and to find legal precedence/potential challenges	"...having a really strong policy group, because they create most of the actual policies"
Cannot Say (Inactivity)	Cannot say what is needed for retail policy activity due to inactivity	"No specific resource"

Commonalities from states reporting political will as a barrier included conservative affiliation and policy environment that "...strongly weighs in favor of the business community." States reporting state preemption as a barrier increased with 17% of states reporting it in 2015 compared to just 6% in 2012.

“Preemption is our huge barrier because we really just have our hands tied...there is not much point in starting on something that you know that legally you can’t do.”

Local representatives also reported fewer barriers, and substantially fewer local program leaders cited political will, state preemption, and low funding. Mirroring changes at the state level, the percent of locals reporting funding as a barrier decreased from 32% to 6% between 2012 and 2015. Of those counties, only one reported this barrier in both waves, suggesting persistently inadequate funds for their work.

While changes in counties reporting funding as a barrier mirror what states reported, state preemption and political will decreased as a barrier for locals, contrary to states. Fifty-seven percent of counties in 2015 reported political will as a barrier to retail tobacco policy development. Of those counties many reported anti-regulation and pro-business sentiment in the local political climate. This perhaps helps to explain the decrease (32 to 13%) in locals reporting state preemption as a barrier – as local policy has increased over the last three years, partners have encountered barriers closer to home. Despite the decrease, political will remains the most mentioned barrier among both county and state representatives.

“We have an opposition group here locally...it says they want to protect the business and none of those regulations are business friendly.”

At the local level, the percentage of interviewees reporting industry interference, low awareness, and competing priorities increased slightly in 2015.

Most needed resources

In addition to the barriers state and local programs face, we also asked for the single most needed resource to advance retail tobacco policy. Figure 30 shows state and local changes in most needed resources reported, again with the largest changes in red. The percent of states reporting evidence for policy as a most needed resource increased dramatically in 2015; a quarter of states highlighted the need for evidence of the economic impacts and effectiveness of retail policies.

The percent of state program leaders reporting capacity as the single most needed resource also increased between 2012 and 2015. Most of these referred to needing more staff or more coordination across agencies.

“Just staff time here to really focus on this issue”

States reporting funding as the most needed resource decreased by over 10% in 2015. Only one state reported funding as the most needed resource in both waves.

The percent of states citing that garnering political will or raising awareness of the problem as the single most needed resource for retail policy activity each decreased to just 4% by 2015. While both of these were often mentioned as

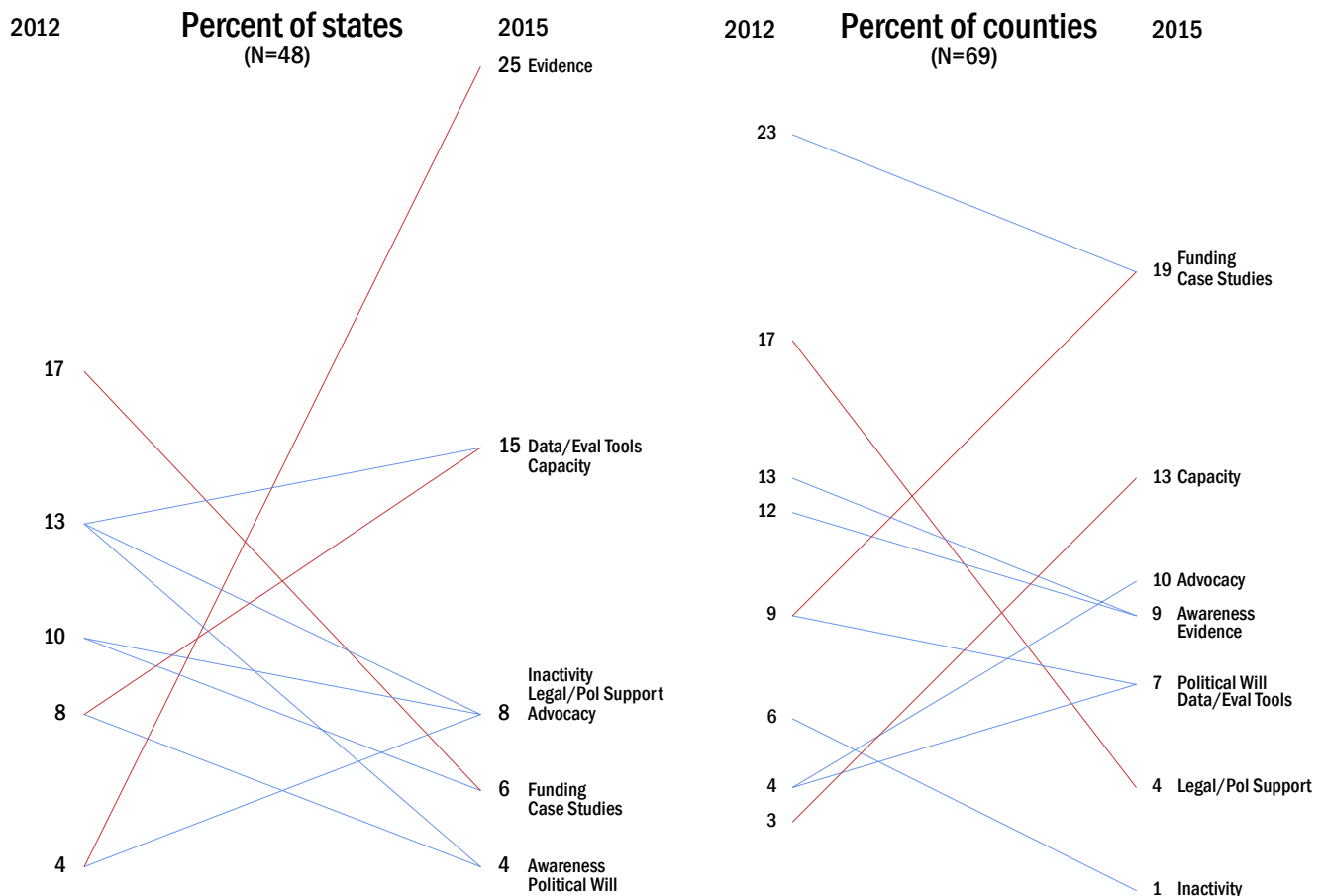
barriers for states, the need for other resources – evidence, data and evaluation tools, or capacity – were more immediate for state program leaders.

At the local level, programs most often reported a need for case studies of successful policy implementation or for greater capacity. These were the two largest increases in 2015. Similar to state responses, locals defined a need for more staff, but also wanted examples from other states and communities that would illustrate avenues for progress in retail tobacco policy.

While funding was mentioned rarely as the most needed resource by states, approximately one-fifth of local programs (19%) cited funding as their most immediate need.

“...the legislature likes to see how things are done in other states, especially ones that are similar to ours”

Figure 30. Single most needed resource for retail policy activity, 2012 & 2015

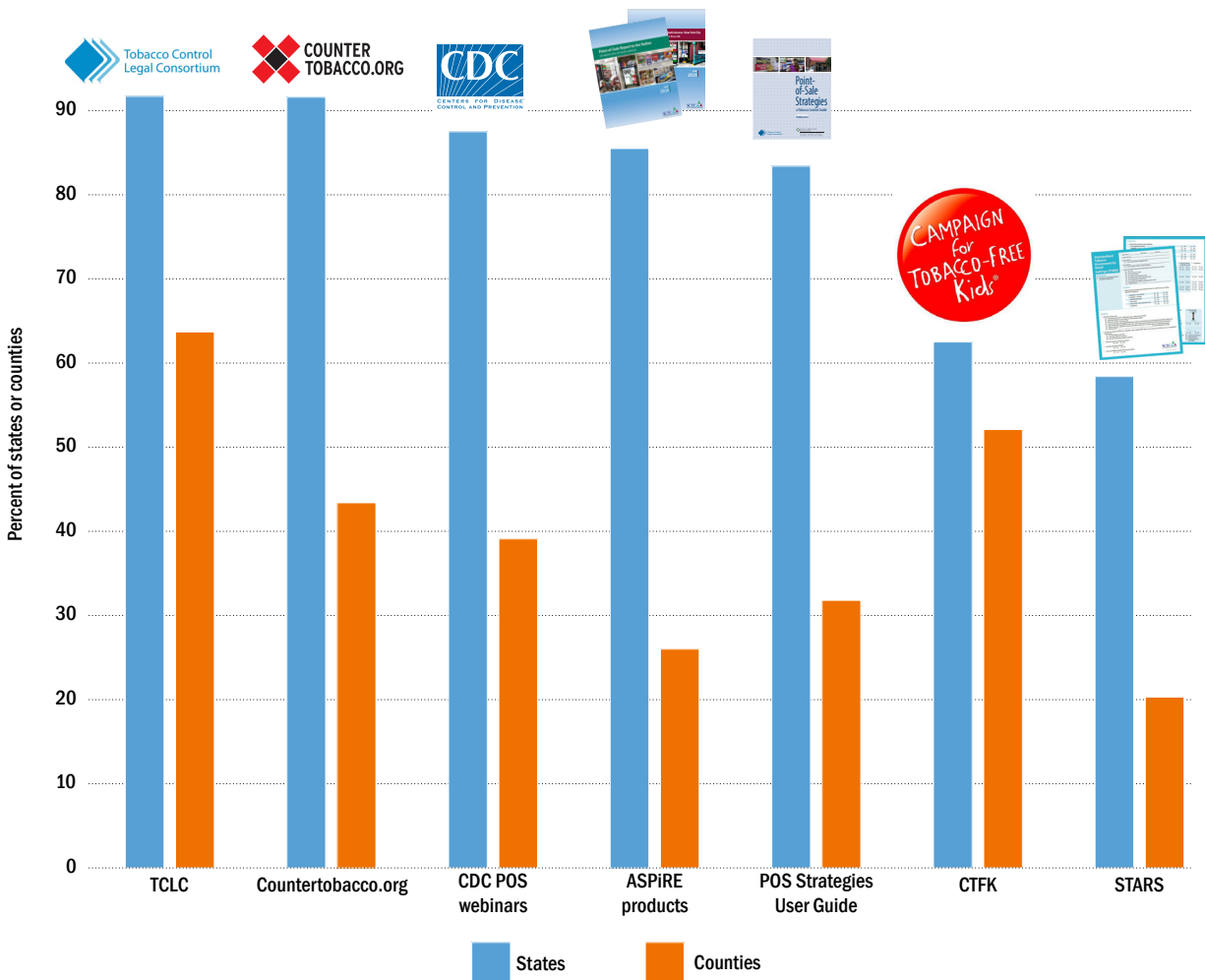


Helpful resources for retail policy activity

State and local respondents were also asked about their use of specific resources for retail tobacco policy. We asked whether programs used the resources frequently, occasionally or not at all. Figure 31 shows the percentage of state and local programs that reported using each resource frequently or occasionally. Over 90% of state programs used the Tobacco Control Legal Consortium (TCLC) and Countertobacco.org, along with 64% and 43% of local programs,

respectively. Point-of-sale webinars from the Centers for Disease Control and Prevention (CDC) were also used by many programs (88% of states, 39% of locals). Reports and case studies from our ASPIRE project as well as the Point-of-sale Strategies Guide were also used by over 80% of states. More than half of state and local programs reported using the Campaign for Tobacco Free Kids' (CTFK) Deadly Alliance and website, and a majority of states and 20% of locals interviewed reported using the STARS tool (Standardized Tobacco Assessment for Retail Settings).

Figure 31. Use of resources by state and local tobacco control programs, 2015



ASSESSING COMMUNITY NEEDS

In addition to measuring retail policy activity, we also asked what states and localities were doing to learn more about their communities' retail tobacco environment and to understand the feasibility of specific policy interventions.

Retail assessments

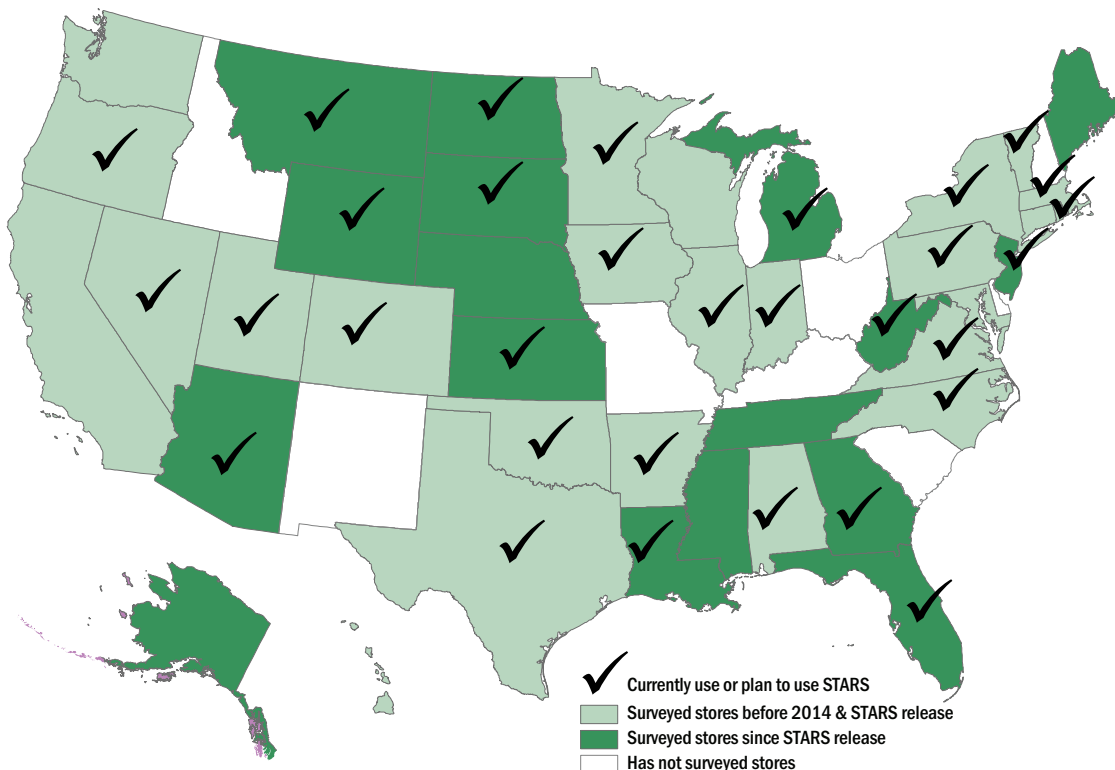
Since we first spoke with tobacco control program leaders in 2012, more and more states and localities are assessing retail stores to learn about the availability of products and prices and promotions for tobacco in their communities (Figure 32). Retail assessments can help to expose disparities in marketing across neighborhoods, to raise awareness and to build support for retail policies. Many of these assessment efforts are taking advantage of STARS (the Standardized

Tobacco Assessment for Retail Settings), which was released in 2014. The added benefit of a standardized tool like STARS includes the comparability across neighborhoods, cities, and states that it allows.

Opinion polling

Opinion polling of the public and policymakers can help partners assess support for particular policies as well as the relative feasibility of different policy choices. Polls paired with evidence from retail assessments can also help to illuminate which tobacco-related problems in the retail environment are most important to community members, legislators and other officials. By 2015, 14 states and 21 localities in our sample had conducted polls of the public and/or policymakers. For an example of how public opinion polls can be useful to demonstrate support, see the results from a retail policy support poll in Oregon on page 37.

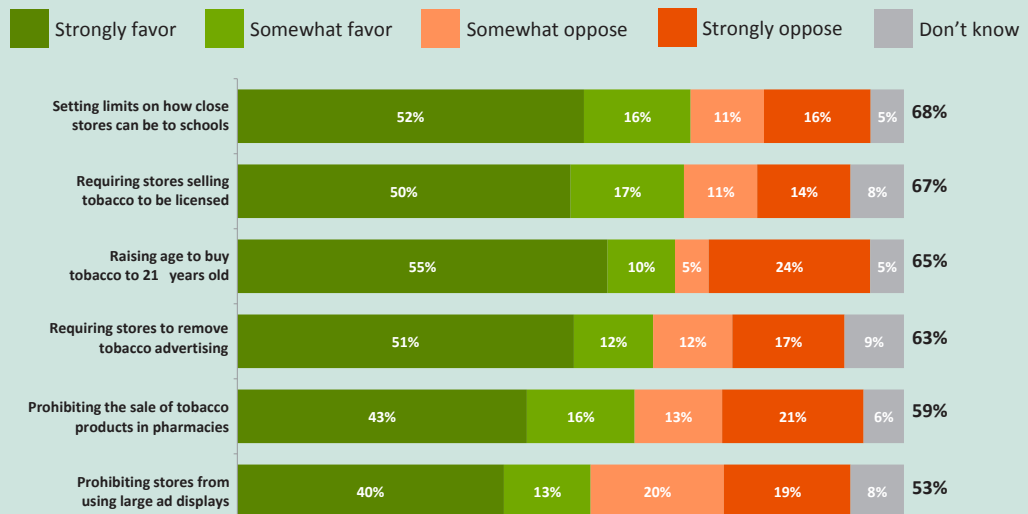
Figure 32. Retail assessments and STARS use as of 2015



OREGON POLLING RESULTS

A recent poll in Oregon gauged public support for various retail policies in the state. Over two-thirds of the public were found to be in favor of four policies: restricting tobacco retailers near schools, retailer licensing, raising the minimum age to 21, and removing ads. The Oregon Public Health Department organized results into straightforward and informative graphics for effective dissemination like the excerpt here, where policies are ordered from most to least support.

Excerpt of Oregon poll results



eSTARS & vSTARS: ASSESSING ELECTRONIC PRODUCTS AT RETAILERS

STARS was developed to collect data on the store environment of conventional tobacco retail settings. However, at the time STARS was created, e-cigarettes and other ENDS were emerging on the market and have since become quite popular. As major tobacco companies have developed their own lines of e-cigarettes, the need to assess the marketing tactics used to promote these products has become increasingly apparent.

eSTARS: A set of supplemental items focusing on ENDS added to the original STARS. Items include which types of electronic smoking products are sold, available flavors, and the marketing and promotion used.

vSTARS: A new instrument developed to specifically assess vape shops. The form can be filled out by self-trained adults and collects information regarding product availability, in-store product sampling, health messaging, and store policies on minors.

Look for both eSTARS and vSTARS on CounterTobacco.org soon!



vSTARS

ASPiRE: Roadmap for future tobacco retail policy success

ASPiRE focuses on documenting and building evidence in three key areas - retailer density, store observations, and policy activity - surrounding the tobacco retail landscape. As we have shown in this report, states and communities are increasingly focusing on policy interventions and have begun to change the landscape in diverse and significant ways. Our roadmap to continue and build upon these successes includes four action categories: monitor, assess, implement, and evaluate.

Monitor

- Health behavioral & socioeconomic data
- Policy environment
- What other communities are doing
- New research
- Industry political activities

Monitoring activities are accomplished on an ongoing basis, and provide evidence that can be used for education and building awareness, not only for the public, but for tobacco control programs and partners.

There are many ongoing surveillance activities at the national, state, and often local levels to document the extent of the tobacco use problem, (e.g., the Behavioral Risk Factor Surveillance System from the CDC, state adult and youth tobacco surveys, and county or city-based surveys). Keeping up-to-date on general rates of use, initiation and cessation, as well as use rates for specific and emerging products is essential for focused tobacco control efforts.

Partners and programs also need to be familiar with which policies their states and communities have in place, arguments lodged against failed proposed policies, and the general political environment. This includes the lobbying and

other political activities of the tobacco industry, and extends to awareness of other states' and communities' policy environments. Many state and local program interviewees continue to express a need for examples of successful policies. The ASPiRE case studies (Massachusetts, Providence (RI), New York City, and STARS) are among a growing body of real-world stories of the strategies and challenges of implementation.

Research studies and articles on retail tobacco problems and policies are also proliferating, and ASPiRE and the larger SCTC research initiative represent efforts to bridge research and practice by developing papers, reports and guides, and making them widely accessible through dissemination efforts (see Resources in next section). As reviews and evaluations of earlier retail policies emerge, familiarity with new evidence can play an important role for other states and communities.

Assess

- Retail environment
- Industry promos & prices
- Disparities & youth access
- Public & policymaker opinion
- Other community public health efforts

Assessment activities generate new or updated data that illuminate connections between the vector (industry, retailers), the agents (products), hosts (tobacco users), and the larger (political and socioeconomic) environment. These linkages help programs and partners define specific tobacco-related problems and expose disparities in communities, and to build evidence and narratives to support future policy interventions

Ideally, assessment begins with knowing where retailers are located in the community. State and local tobacco retailer licensing laws are not only

the best tool for knowing which businesses sell tobacco products, but licensing also serves as a foundation for implementation and enforcement of other retail policies.

Disparities in retailer density found through comparing neighborhoods often occur in tandem with disparities at retailers in terms of prices, product availability, and the pervasiveness of marketing. Standardized store assessments like STARS facilitate comparisons across communities, and increasingly, tobacco control partners are joining forces with nutrition, alcohol, or lottery audits to streamline the assessment process, reach more stores, and work to promote comprehensive healthy communities initiatives.^{50,51}

In addition to assessing where retailers are and what they are near, assessing public and policymaker opinions about the need for and support of various retail policies is an irreplaceable strategy for gauging community sentiment and the relative feasibility of different policies in states and communities.

Implement

- Seek legal advice & assistance
- Connect voters & policymakers
- Engage youth advocates
- Counter industry efforts
- Select & pass policies

Assembling coalitions of supporters, community and national organizations, public health attorneys and other partners to strategize campaigns and draft policies is a crucial part of the policy process that leads to passage and implementation.

Armed with the evidence and increased knowledge gained through monitoring and assessment, partners can identify which policy or policies have the best chance of *both* addressing

a state's or community's specific problems at the point of sale *and* actually getting passed. Countering industry claims against proposed policies is also important for success. Arguments against retail tobacco policies are most often economic (e.g., this policy will hurt business) or political (e.g., young adults between 18 and 21 have the *right* to smoke). Useful strategies to address these types of arguments include citing evidence from earlier policies, seeking out supportive retailers to join coalitions⁵² and recruiting youth and young adults to engage with policymakers.⁵³

Communication with retailers before, during, and after policy implementation also helps to ensure success and promote compliance.

Evaluate

- Retail environment
- Industry promos & prices
- Disparities & youth access
- Tobacco use

During all of these activities, it is important to plan early and often for policy evaluation. Data and evidence collected through monitoring and assessments during early policy development serve as baseline for measuring policy impacts at different time points after implementation.

Policy evaluations help to demonstrate how interventions at the point of sale can help to reduce tobacco use, tobacco-related disparities, and youth access, as well as to build support and maintain momentum for future policies. Another important role of evaluation and the investigation of policy impacts is that reports, websites, and other dissemination tools and strategies serve to help other communities and states get started in retail tobacco policy development or further existing efforts.

ASPiRE Resources

Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape



The RTN I defines the POS policy landscape of the tobacco retail environment and identifies the current lack of tobacco control within these areas. It explains the tobacco industry's tactics for advertising, promotion, and sales within the point-of-sale and makes recommendations for potential POS strategies and policies. The goal of this report is to increase awareness of the tobacco retail environment, inform tobacco control advocates of barriers and limitations for POS tobacco control policy, and provide resources and evidence to further strengthening tobacco policies in these spaces.

[Access Here](#)

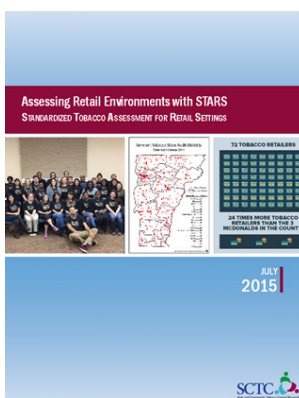
Point-of-Sale Report to the Nation: Policy Activity 2012-2014



The RTN II analyzes the progress in tobacco control within the retail environment since the RTN I data collection in 2012. RTN II developed a POS policy score to measure changes in state POS policies across several policy domains. Among these domains were policies regulating advertising, licensing, tobacco prices, and e-cigarettes. It found significant increases in state implemented POS tobacco control policies among several designated POS policy domains and others with few changes in between 2012 and 2014. Like the previous report, RTNII provided suggestion for furthering POS tobacco control efforts and assessing current retail environment and POS policy landscape status.

[Access Here](#)

Assessing Retail Environments with STARS: Standardized Tobacco Assessment for Retail Settings



This case study observes the introduction of the Standardized Tobacco Assessment for Retail Settings (STARS) surveillance tool in four states (Texas, Indiana, Vermont, and Oregon) and its influence in tobacco control efforts. The STARS tool was created as a standard retail assessment tool that could be widely used for sharing data from the retail environment. States found retail environment assessments more comparable with STARS and reported practical applications of the STARS tool, such as prevention and advocacy, which went beyond retail environment assessments. The STARS case study concludes with information and suggestions for implementing STARS in your community.

[Access Here](#)

Regulating Price Discounting: Providence, Rhode Island



The Rhode Island case study provides background on price discounting in the tobacco retail environment and observes the coupon and multipack discount bans passed in Providence, RI. The background describes what constitutes a tobacco discount, why the tobacco industry spends money on discounts and coupons, and how price discounts negatively impact disadvantaged groups in the population. Providence's coupon redemption and multi-pack discounts ban identified challenges in policy implementation and enforcement, opposition tactics from the tobacco industry, and helpful resources for passing and enacting policy. The RI case study concludes with tips for future policy proposals and steps for avoiding the challenges and barriers seen by Providence, RI.

[Access Here](#)

Regulating Pharmacy Tobacco Sales: Massachusetts



The Massachusetts case study describes the background of tobacco-free pharmacy laws, the policy implementation process for the Massachusetts tobacco-free pharmacy policy, and future implications of the law. The background of tobacco-free pharmacy laws describes how policy implementation will impact economy and disadvantaged groups and what political and legal options there are for tobacco-free pharmacy laws. One specific tactic that Massachusetts used to promote policy enactment and implementation was involving public health departments, youth, and state or national partners. The MA case study summarizes with lessons from Massachusetts' policy efforts and suggestions for legal, advocacy, and political efforts that could maximize tobacco policy results.

[Access Here](#)

Reducing Cheap Tobacco & Youth Access: New York City



The New York City case study assesses the increase in the minimum legal sales age (MLSA) to buy tobacco products to 21, the implementation of a minimum pack size and minimum price law for tobacco products, and the stricter enforcement measures for violations of the above state policies in New York City. The case study explains the necessity for these policies through youth impacts and tobacco industry tactics to avoid existing pricing laws. It goes on to mention New York City's useful strategies, legal considerations, and enforcement challenges for each policy process. Recommendations for future steps and policy implementation are mentioned for other local and state tobacco control advocates.

[Access Here](#)

STARS Policy Crosswalk

STARS Policy Crosswalk

The Standardized Tobacco Assessment for Retail Settings (STARS) was designed as a user-friendly and concise tool to facilitate data collection for evidence-based tobacco control policies. This table pairs items from STARS with relevant POS policies, and offers supplemental options from the six POS policy domains.

**Center for Public Health Assessment Science
STEPHEN WAXLER, PH.D.
SCHOOL OF PUBLIC HEALTH**

STARS POS Policy Domains

- Advertising & Promotion
- Accessing
- Non-Traditional Locations
- Product Placement
- Health Warning
- Signage
- Restrictions

Policy problem	STARS Item	Relevant policies	Potential options
Excessive sales	3a-f	restrict placement of tobacco ads; require content in retail ad restrictions	☑ ☑
Signs and displays of tobacco products	7	ban sales outside store of retail; establish minimum distance between retailers	☑ ☑
Sales and display of tobacco products	8	ban sale of large product display	☑
Cigarette health warning displayed	12a-b	ban product display; require posting of graphic health warning	☑ ☑
Tobacco products sold near youth items	13a-d	require posting of graphic health warning; require posting of graphic health warning	☑ ☑
Price promotions or cross-product promotions	13a-e	ban placement of retail ads; ban sales in traditional locations	☑ ☑
Child cigarette price & sale	13 (2a-e)	ban sale of large product display; ban sale of large product display	☑ ☑
Sales of OTCs	13 (2a)	restrict minimum package sizes for OTCs; ban sales for tobacco products	☑ ☑
Sales of flavored OTCs	13 (2b)	ban flavored OTCs	☑
Sales of single/cheap OTCs	13a-d	restrict minimum package sizes for OTCs; ban sales in traditional locations	☑ ☑
Self-service sales of OTCs	13 (2a-e)	ban sales in traditional locations; ban sales in traditional locations	☑ ☑
Sales of e-cigs & flavored e-cigs	10a-b	ban sales of e-cigs outside types of stores; require ban on sale of e-cigs	☑ ☑
E-cigs sold near youth items	10a-f	ban sales of e-cigs outside types of stores; require ban on sale of e-cigs	☑ ☑
Self-service sales of e-cigs	10g	ban sales in traditional locations	☑
E-cig price promotions or cross-product promotions	10h-i	restrict ban on sale of e-cigs; ban sales in traditional locations	☑ ☑
E-cig price promotions	20a-c	ban sales in traditional locations	☑

OTC = over-the-counter; heating pipe, e-cigs, the pipe and accessories, hookahs, waterpipes, hookahs, B&B = flavored liquid pens

The Standardized Tobacco Assessment for Retail Settings (STARS) was designed as a user-friendly and concise tool to facilitate data collection for evidence-based tobacco control policies. This table pairs items from STARS with relevant POS policies, and offers supplemental options from the six POS policy domains.

[Access Here](#)

ChangeLab Point of Sale Playbook



ChangeLab Solutions’ Point of Sale Playbook outlines policy options for regulating how and where tobacco products are marketed and sold. Using this resource, communities can consider strategies for addressing the “four Ps” of tobacco marketing: place, price, product, and promotion. The Playbook provides an overview of the policy options as well as examples of their implementation at the local level. The Playbook also sets forth the foundational steps for creating a regulatory framework to support POS work. It is designed to be used in conjunction with ChangeLab Solutions’ Tobacco Retailer Licensing Playbook, which describes the steps necessary for developing, implementing, and enforcing a comprehensive tobacco retailer licensing policy.

[Access Here](#)

ChangeLab Model Legislation Establishing a Minimum Retail Sales Price for Cigarettes [and Other Tobacco Products]

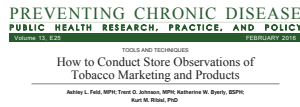


Model Legislation Establishing a Minimum Retail Sales Price for Cigarettes [and Other Tobacco Products]

The link between retail price and tobacco consumption is well documented. When cigarettes cost more, fewer people smoke—fewer people start, more people quit, and fewer former users relapse—and those who continue to smoke consume less frequently. As a result, the U.S. Surgeon General and the World Health Organization have both recognized that raising the price of tobacco products is one of the most effective tobacco control strategies. This model legislation provides an innovative option for states and local governments where substantial excise tax increases are not politically or legally feasible. This Model Legislation would increase the price of cigarettes and other tobacco products by creating a statutory minimum sales price for these products and eliminating retail price manipulation by the tobacco industry.

[Access Here](#)

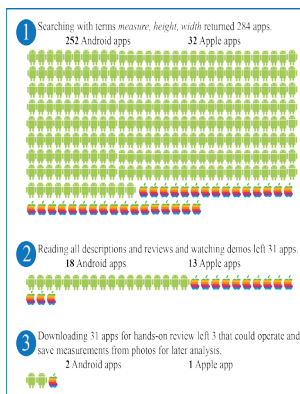
How to Conduct Store Observations of Tobacco Marketing and Products



As tobacco companies continue to heavily market their products at the point of sale, tobacco control groups seek strategies to combat the negative effects of this marketing. Store observations, which have been widely used by researchers and practitioners alike, are an excellent surveillance tool. This article provides a guide for public health practitioners interested in working in the tobacco re- tail environment by detailing the steps involved in conducting store observations of tobacco marketing and products including 1) obtaining tobacco product retailer lists, 2) creating measures, 3) selecting a mode of data collection, 4) training data collectors, and 5) analyzing data. We also highlight issues that may arise while in the field and provide information on disseminating results of store observations, including the potential policy implications.

[Access Here](#)

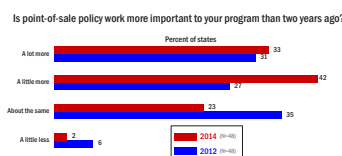
Evaluation of Measurement Tools for Tobacco Product Displays: Is there an App for that?



This study reports on the relative accuracy of various tools that measure area in photos that could be applied to product displays. It compares results of repeated trials using five tools: three are smartphone apps that were narrowed down from a list of 284 candidate apps; another tool uses photos taken with any device and calculates relative area via a built-in function in the Microsoft Office Suite; the fifth uses photos taken with the NarrativeClip, a “life-logging” wearable camera. Most of the instruments produce reliable estimates though some are sensitive to the size of the display. Results of this study indicate need for future research to test innovative measurement tools.

[Access Here](#)

State level point-of-sale policy priority as a result of the FSPTCA



For this study, we conducted interviews with key tobacco control contacts in 48 states at two time points (2012 and 2014) since the passage of the FSPTCA to assess the influence of the law on point-of-sale policy development in their state tobacco programs. The FSPTCA gives the U.S. Food and Drug Administration (FDA) unprecedented power to regulate tobacco products and could change local and state POS policy development. Logistic regression results showed that point-of-sale policy importance is growing post-FSPTCA, and that key influencers of this importance are states’ tobacco control histories and environments, including that related to excise taxes and smokefree air policies.

[Access Here](#)

Other SCTC Online Resources

Tobacconomics



Based at the University of Illinois at Chicago's Health Policy Center, we conduct economic research to inform and shape tobacco control policies. We call it Tobacconomics. Our team includes some of the brightest researchers on the economics of tobacco control policy. They are asking tough questions about what the future of tobacco control will look like, and their work is providing guidance for leaders and policy makers on effective interventions.

[Access Here](#)

Rescue: The Behavior Change Agency



Rescue provides comprehensive behavior change marketing programs to clients. We begin with our proprietary formative research process, the Functional Analysis For Cultural Interventions, or FACI™ for short. Through this process, we learn what is driving the unhealthy behavior or keeping people from the healthy behavior to determine whether knowledge change, policy change or culture change will be the most effective and efficient strategy for maximum behavior change impact.

[Access Here](#)

Health Media Collaboratory



We believe in using data to promote health. While mass marketing can promote unhealthy behavior and contribute to disease, we believe it can be harnessed to positively impact the health behavior of individuals and communities. We bring together social science researchers, information scientists, and new media specialists to collaborate and develop rigorous, innovative and multidisciplinary methods to study how media impacts health. We are committed to sharing what we learn with policymakers, the research community and the public so that we all can make informed decisions that protect and promote our health.

[Access Here](#)

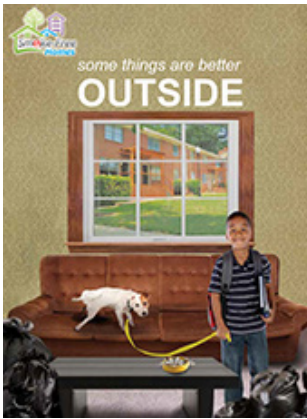
Smoke-Free Homes



The smoke-free homes project is funded through the NATIONAL CANCER INSTITUTE'S (NCI) State and Community Tobacco Control (SCTC) Research Initiative. This project focuses on the research area of secondhand smoke policies by promoting the adoption of household smoking bans. This project is being conducted by the EMORY PREVENTION RESEARCH CENTER (EPRC). The EPRC conducts research and evaluation studies to understand how social and physical environments affect tobacco use, physical activity, nutrition, obesity and cancer screening.

[Access Here](#)

Smoke-Free Homes' "Some Things are Better Outside" Kit



The Some Things Are Better Outside kit has great tools to help you create a Smoke-free Home. In addition to information about the dangers of smoking inside your house or apartment, the kit includes an informative 5-step guide to make the transition easier and a booklet with ten common challenges and solutions

[Access Here](#)

General POS Resources

GENERAL POINT-OF-SALE ASSISTANCE

CounterTobacco.Org

CounterTobacco.Org is a comprehensive resource for local, state, and federal organizations working to counteract tobacco product sales and marketing at the POS. The organization provides policy solutions, advocacy materials, news updates, and an image gallery exposing tobacco industry tactics at the POS.

<http://countertobacco.org>

Counter Tools

Counter Tools is a nonprofit organization with a mission to disseminate store audit and mapping tools for tobacco control and prevention. Counter Tools was established and is managed by the co-founders of [CounterTobacco.Org](http://countertobacco.org).

<http://countertools.org>

LEGAL ASSISTANCE

Tobacco Control Legal Consortium (TCLC)

The Tobacco Control Legal Consortium (TCLC) is a national legal network for tobacco control policy. Its team of legal and policy specialists provides legislative drafting and policy assistance to community leaders and public health organizations. The Consortium works to assist communities with tobacco law-related issues, including POS policies.

<http://publichealthlawcenter.org/>

Affiliate Legal Centers

CALIFORNIA–ChangeLab Solutions

<http://changelabsolutions.org/tobacco-control>

MARYLAND–Legal Resource Center for Tobacco Regulation, Litigation & Advocacy (LRC)

<http://law.umaryland.edu/programs/publichealth/index.html>

MASSACHUSETTS–Public Health Advocacy Institute (PHAI)

<http://phaionline.org/category/tobacco/>

MICHIGAN–Smoke-Free Environments Law Project (SFELP)

<http://tcsg.org/sfelp/>

MINNESOTA–Public Health Law Center

<http://publichealthlawcenter.org/>

NEW JERSEY–Tobacco Control Policy and Legal Resource Center New Jersey GASP (Group Against Smoking Pollution)

<http://njgasp.org/>

NEW YORK & VERMONT–Center for Public Health & Tobacco Policy at New England Law–Boston

<http://tobaccopolicycenter.org>

REPORTS

General

Point-of-Sale Strategies: A Tobacco Control Guide

Produced by: Center for Public Health Systems Science. This guide helps state and local tobacco control staff build effective and sustainable tobacco control programs.

<http://bit.ly/SRq7KI>

Deadly Alliance

Produced by: Campaign for Tobacco-free Kids, American Lung Association, and CounterTobacco.Org. This report describes the role of tobacco in the retail environment.

<http://bit.ly/1pyV5BC>

Licensing and Retailer Density

Using Licensing and Zoning to Regulate Tobacco Retailers

Produced by: Tobacco Control Legal Consortium. This guide describes how licensing and zoning can be used to control the locations of tobacco retailers and increase compliance with tobacco control laws.

<http://bit.ly/1g8hyin>

License to Kill?: Tobacco Retailer Licensing as an Effective Enforcement Tool

Produced by: Tobacco Control Legal Consortium. This report provides the legal basis for tobacco retailer licensing and describes its role as an enforcement tool.

<http://bit.ly/1rhNOG8>

Tobacco Retailer Licensing Model Ordinance

Produced by: ChangeLab Solutions. This model ordinance and its related plug-ins assists California cities and counties that want to implement local tobacco retailer licensing.

<http://bit.ly/1c5YYw>

A Prescription for Health: Tobacco Free Pharmacies

Produced by: ChangeLab Solutions. This guide outlines policy options and potential legal challenges to banning tobacco sales in pharmacies and shows local policymakers what they can do in their communities.

<http://bit.ly/1nVSZKR>

Prohibiting the Sale of Tobacco Products in Pharmacies

Produced by: Tobacco Control Legal Consortium. This guide highlights policy options and potential legal challenges to regulating tobacco sales in pharmacies.

<http://bit.ly/RCuxDB>

Regulating Pharmacy Tobacco Sales: Massachusetts

Produced by: Center for Public Health Systems Science. This case study describes the economic and public health impacts of regulating tobacco sales in pharmacies and provides lessons learned from communities in Massachusetts.

<http://bit.ly/1i89yBP>

Reducing Tobacco Retail Density in San Francisco

Produced by: The San Francisco Tobacco-Free Project. This case study describes policy development for San Francisco's retailer density ordinance, from framing the problem as an issue of equity to choosing between policies, building support and implementation.

<http://bit.ly/1Xap05N>

Raising Tobacco Prices Through Non-tax Approaches

Model Legislation Establishing a Minimum Retail Sales Price for Cigarettes (and Other Tobacco Products)

Produced by: ChangeLab Solutions. This resource is available for download and can assist practitioners in establishing a minimum retail sales price for cigarettes and other tobacco products.

<http://bit.ly/1msDm06>

Tobacco Price Promotion: Policy Responses to Industry Price Manipulation

Produced by: Center for Public Health and Tobacco Policy. This resource provides recommendations for policy responses to tobacco industry price manipulation and discounting.

<http://bit.ly/1W7cKn0>

Pricing Policy: A Tobacco Control Guide

Produced by: Center for Public Health Systems Science. This guide focuses on the role pricing policies can play as part of a comprehensive tobacco control program.

<http://bit.ly/NwwgsB>

Regulating Price Discounting in Providence, RI

Produced by: Center for Public Health Systems Science. This case study describes the public health impact of regulating price discounting and describes lessons learned from the city of Providence, Rhode Island.

<http://bit.ly/0oxFS5>

Cigarette Pricing Differs by U.S. Neighborhoods

Produced by: Bridging the Gap. This report describes how cigarette pricing differs by U.S. neighborhood based on race and ethnicity.

<http://bit.ly/1mGQJYJ>

Restricting Product Placement

Placement of Tobacco Products

Produced by: Tobacco Control Legal Consortium. This guide describes tips and tools for communities wanting to regulate the placement of tobacco products in retail stores.
<http://bit.ly/1ouZ8BF>

'Other' POS Policies

Providence's Sweet Deceit Campaign

Launched by: Providence Mayor's Substance Abuse Prevention Council (MSAPC). This campaign was used to educate the residents of Providence, Rhode Island about how the tobacco industry targets youth with price discounts and flavored tobacco products.
<http://bit.ly/1jrMrAX>

The Sweet Deceit Campaign's Flavor Survey

Launched by: Providence Mayor's Substance Abuse Prevention Council (MSAPC). This survey introduces community members to the abundance of products available in candy and fruit flavors and demonstrates how flavored tobacco products encourage tobacco consumption, especially by youth.
<http://bit.ly/1iogF7q>

The Sweet Deceit Campaign's Pricing Survey

Launched by: Providence Mayor's Substance Abuse Prevention Council (MSAPC). This survey can be used in communities to consider the role price discounting and promotion has in making tobacco products cheaper and more accessible to those who are price sensitive.
<http://bit.ly/TK759b>

Cool, Minty, & Toxic

Produced by: Public Health Law Center. This fact sheet describes the problem of menthol flavoring in tobacco products and policy options to address it.
<http://bit.ly/1nlgX02>

Regulating Tobacco Products Based on Pack Size

Produced by: Tobacco Control Legal Consortium. This guide describes policy benefits and options for regulating tobacco products based on pack size.
<http://bit.ly/1qiODzK>

Restricting Tobacco Advertising and Promotion

Content-Neutral Advertising Laws

Produced by: Tobacco Control Legal Consortium. This guide provides legal rationale for implementing content-neutral advertising laws.
<http://bit.ly/1tonvP3>

Restricting Tobacco Advertising

Produced by: Tobacco Control Legal Consortium. This guide describes important considerations when restricting tobacco advertising.
<http://bit.ly/1rhNfB6>

POS Health Warnings

New York City Graphic Warning Sign Requirement & Litigation

Produced by: Tobacco Control Legal Consortium. This fact sheet describes New York City's resolution requiring graphic health warning signs, the resulting litigation, and its impact on similar efforts.
<http://bit.ly/1ioQp21>

Cigarette Graphic Warnings and the Divided Federal Courts

Produced by: Tobacco Control Legal Consortium. This fact sheet describes two separate challenges to the graphic health warning requirement of the FSPTCA and discusses the implications for future tobacco regulation.
<http://bit.ly/1ICMiQF>

Legal Reports

Federal Regulation of Tobacco and its Impact on the

Retail Environment

Produced by: Tobacco Control Legal Consortium. This fact sheet focuses on federal tobacco restrictions that impact the retail environment.
<http://bit.ly/1NjqKaR>

What Tobacco Products Are Covered by the 2009 FDA Law?

Produced by: ChangeLab Solutions. This document describes the tobacco products covered by the Tobacco Control Act.
<http://bit.ly/1vaRsVF>

Checked at the Check-Out Counter: Preemption at the Tobacco Point-of-Sale

Produced by: Tobacco Control Legal Consortium. This fact sheet explains preemption, related legal considerations for tobacco control staff, and how it can apply to tobacco at the point of sale.
<http://bit.ly/1rhLLqt>

Preemption and Public Health Advocacy: A Frequent Concern with Far-Reaching Consequences

Produced by: ChangeLab Solutions. This report explains the legal concept of preemption and why it matters for public health.
<http://bit.ly/SfyxWm>

Regulating Tobacco Marketing: A “Commercial Speech” Factsheet for State and Local Governments

Produced by: Tobacco Control Legal Consortium. This factsheet describes how regulation of tobacco product marketing and promotion can be limited by federal regulation and the First Amendment.
<http://bit.ly/1kLXclb>

ASSESSMENT TOOLS

The Standardized Tobacco Assessment for Retail Settings (STARS)

Produced by: SCTC researchers with stakeholders from five state health departments, the CDC, and the Tobacco Control Legal Consortium. This

assessment tool can be used to inform state- and local-tobacco-control policies at the POS. STARS is user-friendly and can be filled out by professionally trained data collectors as well as self-trained youth and adults.

<http://bit.ly/1sciz4s>

TOOLKITS

Community Leaders Toolkit

Produced by: Center for Public Health and Tobacco Policy. These materials help community coalitions plan and prepare for meetings with community leaders.

<http://bit.ly/1too5wc>

Tobacco-free Pharmacies Toolkit

Produced by: CounterTobacco.Org. This toolkit provides recommendations to help tobacco control advocates and staff build support for and implement tobacco-free pharmacy policies.

<http://bit.ly/SRu9Cq>

References

- Center for Public Health Systems Science. (2014). Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University, the National Cancer Institute, and State and Community Tobacco Control Research
- D'Angelo, H. (2016). E-Cigarette Availability, Promotions, and Marketing at Retail Tobacco Outlets in the Contiguous U.S., 2014. Paper presented at the SRNT Annual Meeting, Chicago, IL.
- Schleicher, N. C., Johnson, T., Ahmad, I., & Henriksen, L. (2015). Tobacco Marketing in California's Retail Environment Retrieved March 20, 2016, from https://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Publications/Tobacco%20Marketing%20in%20California%20Retail%20Environment_Notations_Final%202.9.16.pdf
- Federal Trade Commission, B. o. C. P. (2016). Federal Trade Commission Cigarette Report for 2013. Washington, DC: Federal Trade Commission, Bureau of Consumer Protection
- Federal Trade Commission, B. o. C. P. (2016). Federal Trade Commission Smokeless Tobacco Report for 2013. Washington, DC: Federal Trade Commission, Bureau of Consumer Protection
- Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: A systematic review. *Nicotine Tob Res.* Jan 2009;11(1):25-35.
- Slater SJ, Chaloupka FJ, Wakefield M, Johnston LD, O'Malley PM. The impact of retail cigarette marketing practices on youth smoking uptake. *Arch Pediatr Adolesc Med.* May 2007;161(5):440-445.
- Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchase. *Addiction.* Feb 2008;103(2):322-328.
- Aliferis, L. (2016). California Raises Age Of Tobacco Purchase To 21 And Tightens Vaping Rules. Health News from NPR Retrieved May 5, 2016, from <http://www.npr.org/sections/health-shots/2016/05/05/476872674/california-raises-age-of-tobacco-purchase-to-21-and-tightens-vaping-rules>
- U.S. Food and Drug Administration. (2016). FDA takes significant steps to protect Americans from dangers of tobacco through new regulation.
- Arrazola, R. A., Singh, T., Corey, C. G., Husten, C. G., Neff, L. J., Apelberg, B. J., et al. (2015). Tobacco Use Among Middle and High School Students — United States, 2011–2014. *Morbidity and Mortality Weekly Report* Retrieved April 20, 2016, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a3.htm>
- Truth Initiative. (2015). Vaporized: majority of youth exposed to e-cigarette advertising Retrieved April 20, 2-16, from <http://truthinitiative.org/research/vaporized-majority-youth-exposed-e-cigarette-advertising>
- Lee, Y. O., & Kim, A. E. (2015). 'Vape shops' and 'E-Cigarette lounges' open across the USA to promote ENDS. *Tob Control*, 24(4), 410-412. doi: 10.1136/tobaccocontrol-2013-051437
- Bour, N. (2015). How many vape shops are there in the U.S.A.? Retrieved March 17, 2016, from <http://vapenewsmagazine.com/november-2014/how-many-vape-shops-are-there-in-the-u-s-a>
- Mincer, J. (2015). In rise of U.S. vape shops, owners eye new marijuana market Retrieved March 17, 2016, from <http://www.reuters.com/article/us-usa-ecigarettes-shops-idUSKCN0Q30B820150729>
- Mitchell, B. F. (2015). Cloudy future for vape shop owners Retrieved March 17, 2016, from <http://www.usatoday.com/story/money/2015/06/29/vape-shops-uncertain-future/71207512/>
- Oller, S. (2012). Dollar General Rolling Out Tobacco Retrieved April 20, 2016, from <http://www.cspnet.com/category-news/tobacco/articles/dollar-general-rolling-out-tobacco>
- Thau, B. (2012). Dollar Chains Tap Smokes, Booze to Drive Sales, Fight Wal-Mart's Small-Format Stores. *Forbes* Retrieved March 17, 2016, from <http://www.forbes.com/sites/barbarathau/2012/11/06/dollar-chains-tap-smokes-booze-to-drive-sales-fight-wal-marts-small-format-stores/#598fe8eb2654>
- State Attorneys General. (2014). A Communication from the Chief Legal Officers of the Following States and Territories: Alaska, Arizona, Connecticut, Delaware District of Columbia, Guam, Hawaii, Idaho, Illinois, Indiana Iowa, Maine, Maryland, Mississippi, Nevada, New Hampshire New Mexico, New York, Northern Mariana Islands, Ohio, Oregon Pennsylvania, Puerto Rico, Rhode Island, Tennessee Utah, Vermont, Washington Retrieved April 20, 2016, from <http://www.attorneygeneral.delaware.gov/documents/2014-03-14-Tobacco-Letter.pdf>

20. Hyland, A., Travers, M. J., Cummings, K. M., Bauer, J., Alford, T., & Wieczorek, W. F. (2003). Tobacco Outlet Density and Demographics in Erie County, New York. *American Journal of Public Health, 93*(7), 1075-1076.
21. Cantrell, J., Anesetti-Rothermel, A., Pearson, J. L., Xiao, H., Vallone, D., & Kirchner, T. R. (2015). The impact of the tobacco retail outlet environment on adult cessation and differences by neighborhood poverty. *Addiction, 110*(1), 152-161. doi: 10.1111/add.12718
22. Loomis, B. R., Kim, A. E., Goetz, J. L., & Juster, H. R. (2013). Density of tobacco retailers and its association with sociodemographic characteristics of communities across New York. *Public Health, 127*(4), 333-338. doi: 10.1016/j.puhe.2013.01.013
23. Rodriguez, D., Carlos, H. A., Adachi-Mejia, A. M., Berke, E. M., & Sargent, J. D. (2013). Predictors of tobacco outlet density nationwide: a geographic analysis. *Tob Control, 22*(5), 349-355. doi: 10.1136/tobaccocontrol-2011-050120
24. Wender, R., Sharpe, K. B., Westmaas, J. L., & Patel, A. V. (2015). The American Cancer Society's Approach to Addressing the Cancer Burden in the LGBT Community. *LGBT Health*. doi: 10.1089/lgbt.2015.0089
25. Agaku IT, King BA, Husten CG, Bunnell R, Ambrose BK, Hu SS, et al. (2014). Weekly Report (Erratum). *Morb Mortal Wkly Rep, 63*(25), 542-547.
26. Lee, J. G., Goldstein, A. O., Pan, W. K., & Ribisl, K. M. (2015). Relationship Between Tobacco Retailers' Point-of-Sale Marketing and the Density of Same-Sex Couples, 97 U.S. Counties, 2012. *Int J Environ Res Public Health, 12*(8), 8790-8810. doi: 10.3390/ijerph120808790
27. Grant BF, Hasin DS, Chou SP, Stinson FS, & Dawson DA. (2004). Nicotine Dependence and Psychiatric Disorders in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry, 61*(11), 1107-1115.
28. Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, & Bor DH. (2000). Smoking and Mental Illness: A Population-Based Prevalence Study. *JAMA, 284*(20), 2606-2610.
29. Annamalai, A., Singh, N., & O'Malley, S. S. (2015). Smoking Use and Cessation Among People with Serious Mental Illness. *Yale J Biol Med, 88*(3), 271-277.
30. Young-Wolff, K. C., Henriksen, L., Delucchi, K., & Prochaska, J. J. (2014). Tobacco retailer proximity and density and nicotine dependence among smokers with serious mental illness. *Am J Public Health, 104*(8), 1454-1463. doi: 10.2105/AJPH.2014.301917
31. Lee, J. G. L., Henriksen, L., Myers, A. E., Dauphinee, A. L., & Ribisl, K. M. (2014). A systematic review of store audit methods for assessing tobacco marketing and products at the point of sale. *Tobacco Control, 23*(2), 98-106. doi: 10.1136/tobaccocontrol-2012-050807
32. Brennan, T. A., & Schroeder, S. A. (2014). Ending sales of tobacco products in pharmacies. *JAMA, 311*(11), 1105-1106. doi: 10.1001/jama.2014.686
33. Robertson, L., McGee, R., Marsh, L., & Hoek, J. (2015). A Systematic Review on the Impact of Point-of-Sale Tobacco Promotion on Smoking. *Nicotine & Tobacco Research, 17*(1), 2-17. doi: 10.1093/ntr/ntu168
34. Caraballo, R. S., Wang, X., & Xu, X. (2014). Can you refuse these discounts? An evaluation of the use and price discount impact of price-related promotions among US adult smokers by cigarette manufacturers. *BMJ Open, 4*(6). doi: 10.1136/bmjopen-2013-004685
35. U.S. Department of Health and Human Services. (2014). The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
36. Roeseler, A., Feighery, E. C., & Cruz, T. B. (2010). Tobacco marketing in California and implications for the future. *Tobacco Control, 19*(Suppl 1), i21-i29. doi: 10.1136/tc.2009.031963
37. Corey, C. G. A., B.K.; Apelberg, B.J.; King, B.A. (2015). Flavored Tobacco Product Use Among Middle and High School Students – United States, 2014.
38. Center for Public Health Systems Science. (2015). Point-of-Sale Report to the Nation: Policy Activity 2012-2014. St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University, the National Cancer Institute, and State and Community Tobacco Control Research.
39. San Francisco Ordinance 259-14 (2014).
40. San Francisco Department of Public Health (2016, March 17). [Personal communication].
41. Feighery, E. C., Ribisl, K. M., Schleicher, N. C., Zellers, L., & Wellington, N. (2005). How do minimum cigarette price laws affect cigarette prices at the retail level? [Research Support, N.I.H., Extramural, Non-U.S. Gov't, U.S. Gov't, P.H.S.]. *Tob Control, 14*(2), 80-85. doi: 10.1136/tc.2004.008656
42. McLaughlin, I., Pearson, A., Laird-Metke, E., & Ribisl, K. (2014). Reducing tobacco use and access through strengthened minimum price laws. *American Journal of Public Health, 104*(10), 1844-1850.

43. Reitzel, L. R., Cromley, E. K., Li, Y., Cao, Y., Dela Mater, R., Mazas, C. A., et al. (2011). The effect of tobacco outlet density and proximity on smoking cessation. *American Journal of Public Health, 101*(2), 315-320. doi: 10.2105/AJPH.2010.191676
44. Watkins, K. L., Regan, S. D., Nguyen, N., Businelle, M. S., Kendzor, D. E., Lam, C., et al. (2013). Advancing cessation research by integrating EMA and geospatial methodologies: associations between tobacco retail outlets and real-time smoking urges during a quit attempt. *Nicotine Tob Res.* doi: 10.1093/ntr/ntt135
45. Golden, S. D., Smith, M. H., Feighery, E. C., Roeseler, A., Rogers, T., & Ribisl, K. M. (2015). Beyond excise taxes: a systematic review of literature on non-tax policy approaches to raising tobacco product prices. *Tob Control, 0*, 1-10. doi: 10.1136/tobaccocontrol-2015-052294
46. Tynan, M. A., Ribisl, K. M., & Loomis, B. R. (2013). Impact of cigarette minimum price laws on the retail price of cigarettes in the USA. *Tob Control, 22*(e1), e78-e85. doi: 10.1136/tobaccocontrol-2012-050554
47. Center for Public Health Systems Science. (2014). *Point-of-Sale Strategies: a Tobacco Control Guide*. St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University, the National Cancer Institute, and State and Community Tobacco Control Research.
48. Hawai'i Legislative Act 122 (2015).
49. IOM (Institute of Medicine). (2015). *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.
50. Ribisl, K. M., D'Angelo, H., Evenson, K. R., Fleischhacker, S., Myers, A. E., & Rose, S. W. (2016). Integrating Tobacco Control and Obesity Prevention Initiatives at Retail Outlets. *Prev Chronic Dis, 13*, E35. doi: 10.5888/pcd13.150426
51. San Francisco Tobacco Free Project. (2016). *Healthy Retail San Francisco* Retrieved May 4, 2016, from <http://sanfranciscotobaccofreeproject.org/case-studies/healthy-retail-san-francisco-2016/>
52. Vermont Department of Health. (2016). *Counter Balance Vermont* Retrieved May 4, 2016, from <http://counterbalancevt.com/>
53. Center for Public Health Systems Science. (2015). *Reducing Cheap Tobacco & Youth Access*. Retrieved from http://cphss.wustl.edu/Products/ProductsDocuments/ASPiRE_2015_NYC_CaseStudy.pdf

