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

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Point-of-Sale Report to the Nation

THE TOBACCO RETAIL AND POLICY LANDSCAPE

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Preface

The tobacco industry is known for its savvy marketing and promotional campaigns, so it is pretty telling that it spends the overwhelming majority of its marketing dollars at the point of sale (POS). Given restrictions on other forms of marketing and the fact that POS marketing and promotions are effective in stimulating demand for tobacco products, it is no surprise that the tobacco industry highly regards this marketing and distribution channel. In fact, since the 1980s the number one venue for spending on tobacco marketing has been the POS. This *Report to the Nation* is unique in that it is entirely dedicated to POS and covers multiple areas. The report discusses findings from our study, the first ever to establish a national monitoring system for POS policy activities.

Tobacco control professionals are building on previous successes to intervene at the POS. They have spent considerable attention on raising the prices of tobacco products, advancing clean indoor air policies, implementing mass media campaigns, and promoting tobacco use cessation. POS is the next frontier. This landmark study will help guide the policy debate. It is based on a rigorous design that provides data on POS tobacco control efforts, tobacco retailer density, and marketing data that are representative of the contiguous U.S. This national study helps provide much needed evidence for the emerging field of POS policy work.

Kurt M. Ribisl, PhD

This report shows that states and communities are actively working to address tobacco control issues at the POS. While these pages outline many successes, tobacco control professionals still face a number of real barriers. They are vastly outspent by a large and powerful industry, and the complexity and range of POS policy solutions is at times daunting. Practitioners ask for more guidance and evidence as they navigate this new terrain. This report outlines a number of ways to improve the implementation and dissemination of tobacco control efforts focused on POS.

Data presented in this report document that there are approximately 375,000 tobacco retailers in the U.S. Given the evidence that greater tobacco retailer density and proximity has been linked to greater youth initiation of tobacco use and greater difficulty for smokers to quit, many programs are starting to pursue efforts to reduce the number, type, and locations of tobacco retailers. In fact, this report shows that there are 27 tobacco retailers for every one McDonald's in the U.S. That shocking statistic shows the great challenges that lie ahead. Moreover, additional data show the widespread availability of candy and fruit flavored little cigars at retail outlets coupled with extensive marketing and promotions. This report clearly illustrates an alarming picture of the challenges the field will face at the POS.

We are excited that POS tobacco control is now becoming mainstream tobacco control. We hope that you find this report helpful as you begin or continue your own work at the POS.

Kurt M. Ribisl, PhD
Professor, UNC Gillings School of Global Public Health

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.

Tobacco companies promote their brands through advertising, product placement, and price promotions. Advertising and promotions at the POS increase impulse purchases and normalize the presence of tobacco products in everyday life.[1] Tobacco product exposure and price promotions at the POS encourage initiation and discourage cessation.[2-4]

It is important for professionals looking to advance POS work to understand the current retail and legal landscape, as well as potential policy options. This report provides data on the tobacco retail environment, tangible next steps and resources to get started in the POS area, and important evidence to help guide the tobacco control policy debate.

FINDINGS

What does the tobacco retail environment look like?

In the U.S. only 36 states mandate tobacco retailer licensing. Without a nationwide mandatory licensing system for tobacco retailers, it is impossible to know how many tobacco retailers operate in the U.S. We estimate that there are 374,584 retailers in the contiguous U.S. Relative to consumer demand for tobacco products, the number of tobacco retailers is excessive.

We found that tobacco retailer density is highly correlated with population density and tobacco retailers are frequently clustered together. The majority of tobacco is sold at convenience stores. In the U.S. supermarkets are another top seller of tobacco products. Other common tobacco retailers include: liquor stores, pharmacies, and tobacco shops. The high number of retailers correlates to a vast amount of POS advertising and marketing in the retail environment.

The tobacco industry spends most of its marketing budget at the POS.[5] The tobacco industry uses the strategic placement of products, price promotions and price discounts, signage and functional items containing product logos, and the products themselves to advertise and market tobacco products. Marketing and advertising in the POS is ever-present, yet policies to restrict advertising and promotions at the POS are largely underused in the U.S.

What policy activity is occurring across the nation?

The majority of states perceive POS policies as important to their state tobacco control programs. However, most states and communities are underusing POS policies. Policy activity was reported in all six policy areas surveyed, including policies that: address licensing and density, use non-tax approaches to raise tobacco prices, restrict product placement, restrict advertising at the POS, require health warnings, and 'Other' POS policies. The majority of states surveyed reported state-level activity in at least one area. California reported the greatest amount of POS policy activity, yet its policy activity was low when compared to the total number of policy options examined in this study.

Overall, the two most common of the six policy areas were the Licensing and Density area and the Non-tax Approaches area. The most common activity reported within the Licensing and Density area was to establish or increase tobacco licensing fees. Still, most states either have no licensing fee provision or require just a small fee (less than $75 annually) for licenses. The most common activity reported in the Non-tax Approaches area was implementing cigarette minimum price laws.

What are the barriers to policy implementation?

Given that POS is still an emerging area and that policy activity is low, we asked states what barriers they have experienced when trying to plan or implement POS policies. The most common barriers reported include:

- Lack of background knowledge;
- Lack of funding; and
- Competing priorities.

What resources would help advance POS policy work?

States were also asked to describe resources that have been helpful in advancing POS efforts and to identify what resources are needed to advance POS work in the future.

The most helpful resources reported include:

- Relationships with national organizations;
- Legal and policy support; and
- Learning from successful campaigns in other communities.

The most needed resources reported include:

- Funding and
- Model case studies.

RECOMMENDATIONS

Given the national tobacco retail and policy environment, states and communities should consider POS policies as a core strategy of tobacco control. States that have already achieved levels of success with strong smoke-free air policies and higher than average excise taxes could consider expanding their efforts into the POS policy area. States at other stages of tobacco control policy success may also benefit from incorporating POS policies into their current tobacco control programs. Tobacco control advocates in the planning stages of POS policy adoption should take the following steps:

#1: Assess the retail environment

Map and visit retailers. Find out what products are being sold, survey where advertising and products are situated inside and outside stores, and monitor prices and price promotions.

#2: Examine public opinion and assess the policy and legal landscape

Survey the public and conduct interviews with key leaders and decision makers. Work with legal counsel to understand what agency has administrative authority in the state or community and to understand if and how preemption and other legal concerns will affect policy development.

#3: Strategize and design the campaign

Build support by understanding the target audience and use appropriate messages that reflect their interests and concerns. Include strategies that will garner support from decision makers. Seek guidance from states and communities that have implemented similar policies.

#4: Implement the policy and evaluate the process

Raise both retailer and public awareness about provisions of the policy to aid in compliance and enforcement. Highlight successes by demonstrating the positive effects the implemented policy is having in the community or state.

Introduction

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 at the POS.[5] The POS refers to any location where tobacco products are advertised, displayed, or purchased. POS includes not only the final point of purchase (i.e., the register) but also advertising on the inside and outside of retail establishments. POS marketing and promotion includes tobacco product placement and prices.

Tobacco companies use the retail environment to attract and maintain customers by promoting their brands through advertising, product placement, and price promotions. Advertising and promotions at the POS increase impulse purchases, and normalize the presence of tobacco products in everyday life. Tobacco product exposure and price promotions at the POS encourage initiation and discourage cessation.[2-4]
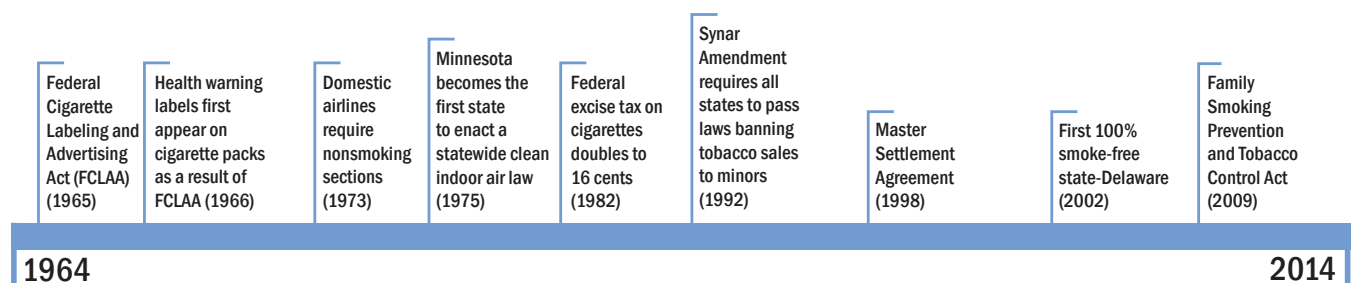
Overcoming industry presence at the POS is recognized as a fifth core strategy of tobacco control programming, along with: (1) raising cigarette excise taxes, (2) establishing smoke-free policies, (3) encouraging cessation, and (4) launching hard-hitting countermarketing campaigns.[6] Many states and communities are considering new policies for the retail environment since the passage of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) (Figure 1).[7] The Tobacco Control Act gave the Food and Drug Administration new regulatory authority to restrict aspects of tobacco advertising, marketing, and promotion. States and communities are also placing a greater emphasis on eliminating tobacco related disparities by addressing the higher tobacco retailer density and the greater amount of marketing and price discounting in low-income and minority communities.[8]

REPORT PURPOSE

This report provides a comprehensive snapshot of the retail environment and POS policy activity across the nation. State and local tobacco control staff, advocacy partners, and policymakers will find this report particularly useful as they consider new policies that would help combat tobacco initiation and use. Aside from providing details about the current retail environment, (e.g., POS marketing, tobacco outlet density, and influence of related policies), this report also provides tangible next steps and resources that state and local tobacco control staff and partners can use to get started in this area. Finally, this report includes highlights from our two case studies that feature recent POS victories in communities across the nation.

Figure 1. Tobacco Control Policy Highlights (1964-2014)

| Federal Cigarette Labeling and Advertising Act (FCLAA) (1965) | Health warning labels first appear on cigarette packs as a result of FCLAA (1966) | Domestic airlines require nonsmoking sections (1973) | Minnesota becomes the first state to enact a statewide clean indoor air law (1975) | Federal excise tax on cigarettes doubles to 16 cents (1982) | Synar Amendment requires all states to pass laws banning tobacco sales to minors (1992) | Master Settlement Agreement (1998) | First 100% smoke-free state-Delaware (2002) | Family Smoking Prevention and Tobacco Control Act (2009) |

1964   **2014**

The Retail Environment

Understanding the tobacco industry's role in the retail environment is crucial for informing existing POS measures and for promoting new POS policy development and implementation.[1] This includes knowing the type, number, and density of tobacco retail stores, as well as the type of tobacco products, marketing materials, and price promotions used by the tobacco industry.

To further assess tobacco industry presence in the retail environment and at the POS, we first created a list of likely tobacco retailers in the contiguous U.S. We used the full list to characterize the quantity, composition, and location of tobacco retailers. Next we created a representative sample of retailers from the full list to visit stores and assess pricing, marketing, and the availability of tobacco products. Additional details of the study methods can be found in Appendix A.

RETAILER DENSITY

Greater tobacco retailer density has been linked to higher smoking rates.[9,10] To define a sample of retailers, we pulled a list of tobacco retailers from two independent business sources: the North American Industry Classification System (NAICS) and ReferenceUSA. Then we used the full list of likely tobacco retailers in the contiguous U.S. to study retailer density.

How many retailers sell tobacco products?

Knowledge about the number, type, and location of tobacco retailers is essential to monitor tobacco industry activities and to enforce marketing restrictions at the POS.[11] Although such information is best obtained through retailer

Figure 2. State Tobacco Retailer Licensing (2012)

Tobacco Licensing Fee
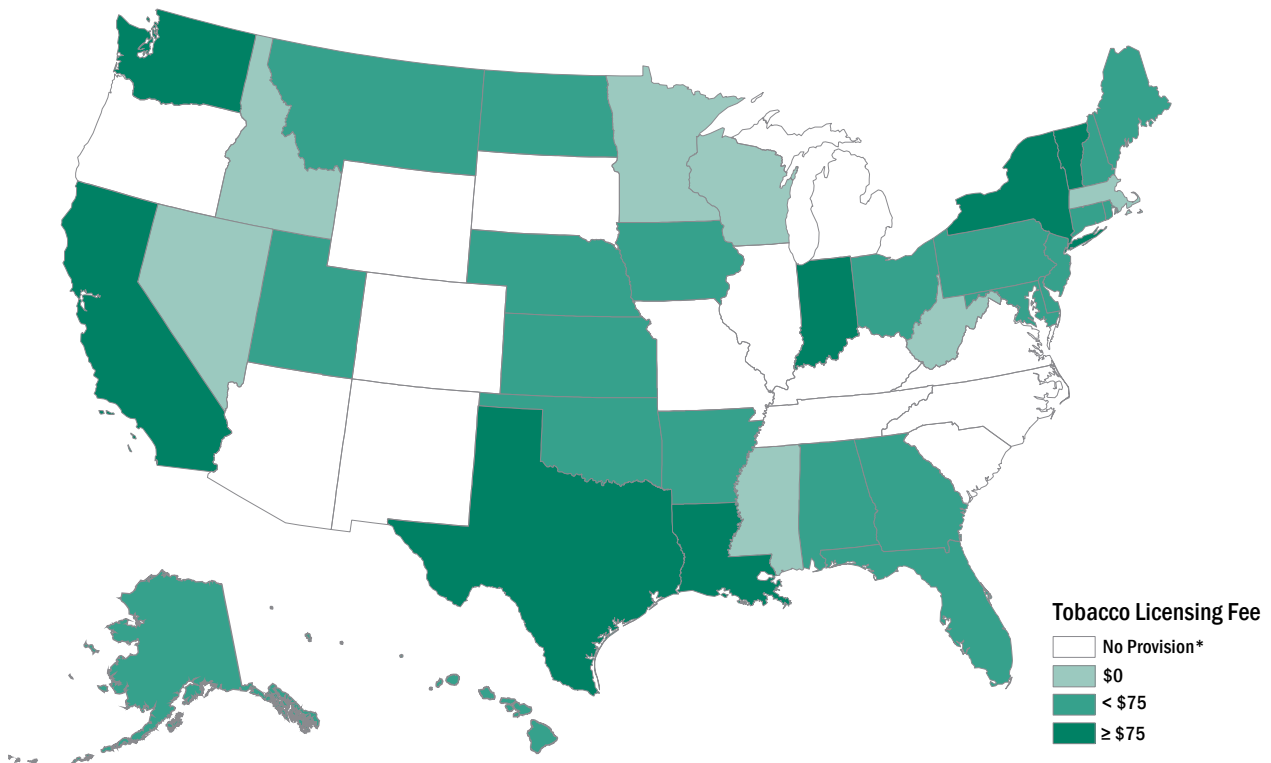
- No Provision*
- $0
- < $75
- ≥ $75

*Note: No provision for licensing regulation

licensing, there is no mandatory nationwide licensing system for tobacco retailers (Figure 2). Thirty six states mandate licensing. Of those, three states issue free licenses to sell tobacco products, and many states either have no provision or require just a small fee (less than $75 annually) for tobacco retailer licenses.

An estimated 374,584 retailers sell tobacco products in the contiguous U.S. This is equivalent to 28 tobacco retailers for every Starbucks and 27 tobacco retailers for every McDonald's.[12] Like fast food restaurants, tobacco retailers are concentrated in densely populated areas and along arterial roads, as the map from Alameda County, California illustrates (Figure 3).

In the U.S. the number of tobacco retailers is excessive relative to consumer demand for tobacco products. For example, for every 10,000 consumers in California, there are approximately 4 gas stations,[13] 14 off-premise liquor stores,[14] and 96 tobacco retailers (Figure 4).[15]

Figure 4. Retailers per 10,000 Consumers: California (2012)*

4 gas stations

14 off-premise liquor stores

96 tobacco retailers
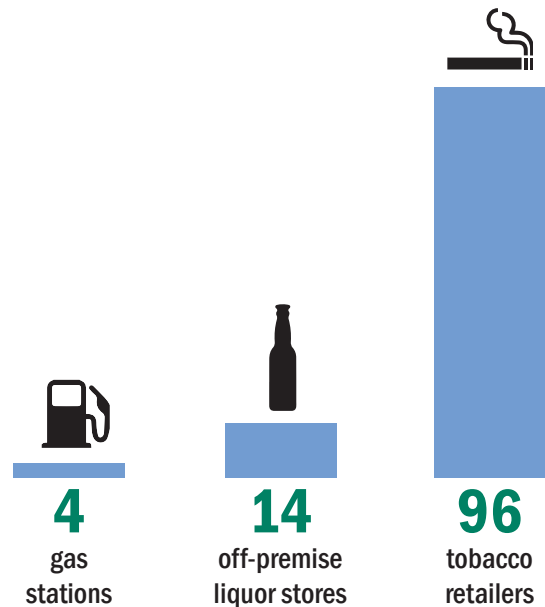
*Data sources: U.S. Census Bureau, Statistical Abstract of the United States, 2012; U.S. Census Bureau, County Business Patterns, 2011; National Alcohol Beverage Control Association, Annual Survey Book, 2012; Behavioral Risk Factor Surveillance System, 2012; California Board of Equalization, Licensed Tobacco Retailers, 2012.

Figure 3. Spatial distribution of tobacco retailers and McDonald's locations in Alameda County, CA (2012)

• Licensed tobacco retailer (n=1,432)
McDonald's (n=48)
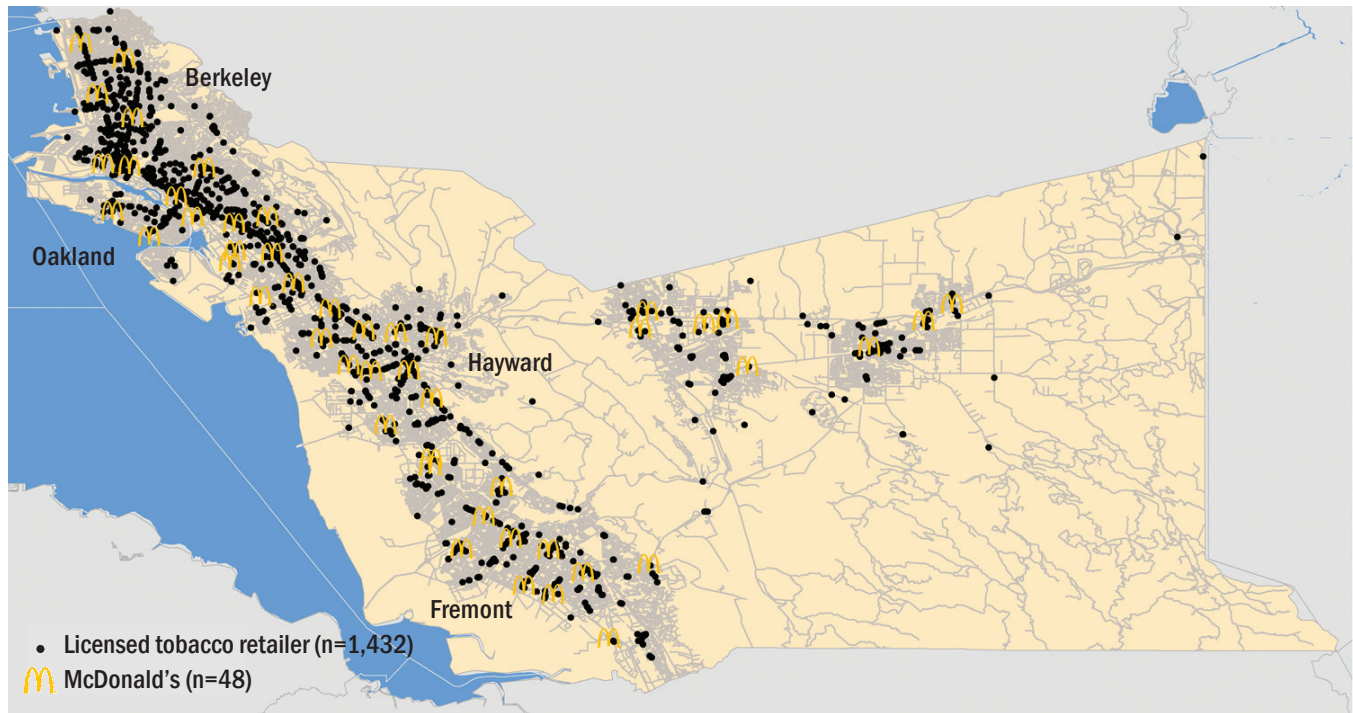
Data source: California Board of Equalization and AggData, Inc. 2012.

Who sells tobacco products?

The 97 study counties contained 92,167 tobacco retailers that met our inclusion criteria. The top 10 retailer names (see Table 1) account for 15% of all tobacco retailers in the study counties. The list reflects the most frequent store names and does not take into account subsidiaries (companies that are completely or partly owned by another corporation). For example, Duane Reade Inc., a chain of pharmacy and convenience stores located primarily in New York City, is a subsidiary of the Walgreens Company, and is not included in Walgreen's ranking. The list also does not reflect data about sales volume or percent of total sales derived from tobacco products.

Weighted data from the study counties were used to estimate the composition of tobacco retailers in the U.S. Convenience stores, either with or without gas, represented the largest category (48% of all tobacco retailers) (Figure 5). This is noteworthy because of the current and historical alliances between the trade associations for convenience stores and the tobacco industry.[1]

Figure 5. Composition of U.S. Tobacco Retailers (2012)*
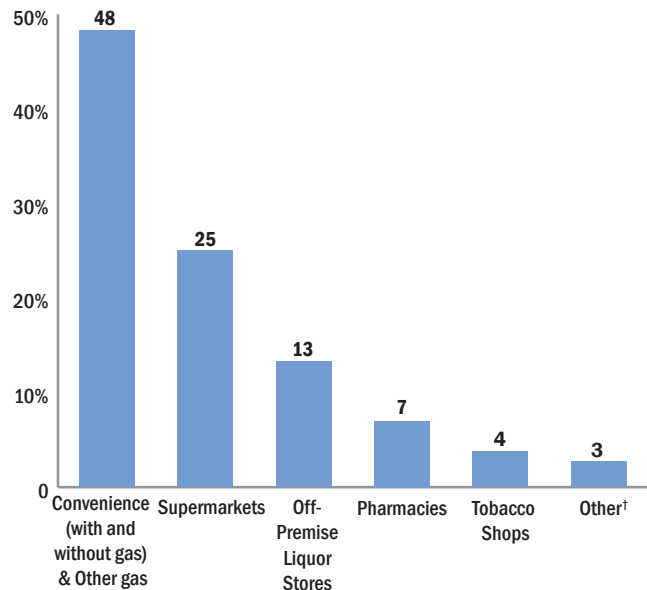
* Estimates for contiguous United States.
† Other: Refers to a combination of discount department stores, warehouse stores, and newsstands.

Table 1. Top Ten Tobacco Retailer Names in Sample (2012)* †

Retailer	Rank
7-Eleven	1
Walgreens	2
Shell	3
Chevron	4
Mobil	5
Rite Aid	6
Circle K	7
British Petroleum (BP)	8
Valero	9
Walmart	10

* CVS was previously #3 but announced plans to discontinue sales of all tobacco products by October, 2014.
† This list reflects the most frequent store names and does not take into account subsidiaries. It does not reflect data about sales volume or percent total sales derived from tobacco products.

The second largest category of tobacco retailers is supermarkets and other grocery stores. These are establishments primarily engaged in selling fresh, canned, and frozen foods. This category does not include convenience stores that often stock a limited supply of grocery items for sale. To avoid confusion, it is referred to simply as 'Supermarkets' in our figures.

Off-premise liquor stores represented approximately 13% of tobacco retailers. Tobacco products are available almost everywhere that alcoholic beverages are sold.[16] This is not surprising given the high rates of alcohol use among tobacco users and their responsiveness to advertising cues for both substances.[17,18] Some bars and restaurants that sell alcohol also sell tobacco products, but these types of establishments were excluded from the sampling frame.

CVS Quits Tobacco!

TOBACCO-FREE PHARMACIES

CVS, the second largest pharmacy chain in the U.S., announced it will stop selling tobacco products by October 1st, 2014. CVS explained that the practice is inconsistent with its mission of improving health. Many pharmacies, such as CVS, are expanding their role in the delivery of patient care by adding retail health clinics to help customers manage chronic diseases, which are exacerbated by tobacco use.

Although pharmacies represented approximately 7% of tobacco retailers in the sample, this estimate is likely conservative. For example, any other store type with a pharmacy counter and a different primary classification (e.g., supermarket, discount department stores, and warehouse) would be excluded from the estimate.

Tobacco shops accounted for approximately 4% of tobacco retailers. This category is anticipated to grow as Standard Industrial Classification (SIC) and (NAICS) codes assign e-cigarette vendors to the tobacco retailer category.

The remaining store types accounted for a very small proportion of tobacco retailers: newsstands (1.1%), discount department stores (1.0%), and warehouse/big box stores (0.6%). These figures were estimated before the Dollar Store chain, with 18,000 locations, announced intentions to sell tobacco products in November 2012.[19-23] Of course, tobacco products are found in a variety of other small retailers (e.g., donut shops, bait and tackle stores, and auto repair shops), but these categories of retailers were not represented in the sample.

Where are tobacco retailers concentrated?

Tobacco retailer density measures the concentration of places where tobacco products are sold, typically per population or per area.[9] In the contiguous U.S., there are:

- 1.5 retailers per 1,000 residents;

- 6.9 retailers per 1,000 school-age youth (ages 5-17); and

- 1.3 retailers per 10 square miles.

In the 97 study counties, the median value of tobacco retailer density was 1.25 retailers per 1,000 residents. Tobacco retailer density is highly correlated with population density, and tobacco retailers are frequently clustered together. An estimated 70% of tobacco retailers are located within 1,000 feet of one another – less than 2 blocks apart. The median distance from a tobacco retailer to its nearest competitor was 385 feet.

Of course, tobacco retailers are not distributed uniformly, and the inequities in their concentration are believed to contribute to racial and socioeconomic disparities in tobacco use.[24,25] Demographics of the study counties are summarized in Table 2. Nearly all of the county

Table 2. Demographic Characteristics for Study Counties (n=97) (2012)

Demographic	Average
Population Size (total)	813,200
Tobacco Retailer Density (per 1,000 population)	1.3
Median Household Income ($)	56,542
Households Receiving Public Assistance (%)	2
African Americans (%)	12
Hispanic (%)	15
County Smoking Prevalence (%)	17
Rural Residents (%)	21
Youth (Under age 18) (%)	24

characteristics were correlated with tobacco retailer density before adjustments for other variables. The strongest association was with percent of households receiving public assistance. In a multivariate model using data from our sample, counties with a higher proportion of African-American residents, a higher proportion of residents living in a rural area, and a lower proportion of youth (under 18 years) tended to have higher tobacco retailer density.[26]

PRICING AND MARKETING

To understand in-store characteristics such as pricing and marketing of tobacco products, we studied a smaller sample from our full list. Data collectors visited a random sample of 2,231 stores within our 97 study counties in 40 states. We limited the sample to stores that sold cigarettes. This data collection took place between June-October 2012.

What tobacco products are available in retail outlets?

The availability of novel and non-cigarette tobacco products such as cigars and other flavored tobacco products is widespread. Use of these products is a concern to several communities, due in part to their relatively inexpensive prices compared to cigarettes. Knowing the product lineup, pricing structure, and marketing strategies of the tobacco

industry provides a more complete retail profile. This information helps to build an evidence base to inform new and existing tobacco control measures.

We sampled stores that sold cigarettes and found that they sold a variety of other tobacco products:

- 86% of stores sold cigars (regular or little);

- 71% of stores sold other smokeless tobacco (spitting tobacco, chew);

- 62% of stores sold loose or pipe tobacco;

- 48% of stores sold snus; and

- 35% of stores sold e-cigarettes.

A vast majority of stores sold both flavored cigars (82%) and regular or little single cigars (78%). In addition, 9% of stores displayed tobacco products at heights of less than three feet (not including behind the counter), and 10% of stores displayed tobacco products within 12 inches of candy. These types of marketing techniques may have particular appeal to youth.

What types of tobacco product marketing are in the retail environment?

The 2012 report from the Surgeon General states that marketing efforts of the tobacco companies have caused young people to smoke.[9] Tobacco companies and retail outlets use a variety

Figure 6. Tobacco Marketing Materials

Branded Signs

Branded Displays

Branded Shelving Units

Branded Functional Items

of marketing materials to advertise tobacco products at the POS. Marketing materials include branded signs, displays, and shelving units, as well as functional items such as door mats and cigarette receptacles (Figure 6). We found that tobacco marketing materials are very common on the interior of stores, especially in gas stations, convenience stores, and tobacco shops. Although restricting tobacco marketing is legally complex, some communities have had success in this area. Of the 2,231 stores that we visited, most (96%) had at least one marketing material, with an average of 29.5 marketing materials per store (Figure 7).

What types of price promotions are available in tobacco retail outlets?

Tobacco companies spend the overwhelming majority of their marketing budgets on price promotions. The Federal Trade Commission reports that 84% of tobacco companies' cigarette marketing budget is spent on price discounting.[5] According to the 2012 Surgeon General's Report, both youth and adult smokers are sensitive to price promotions.[9]

In the study, we used two categories of price promotions—special price (e.g., 50 cents off a pack) or multi-pack (e.g., buy 1 pack, get 1 pack free). Table 3 shows the percent of stores with price promotions, both on the exterior and interior

Figure 7. Average Number of Marketing Materials by Store Type (2012)
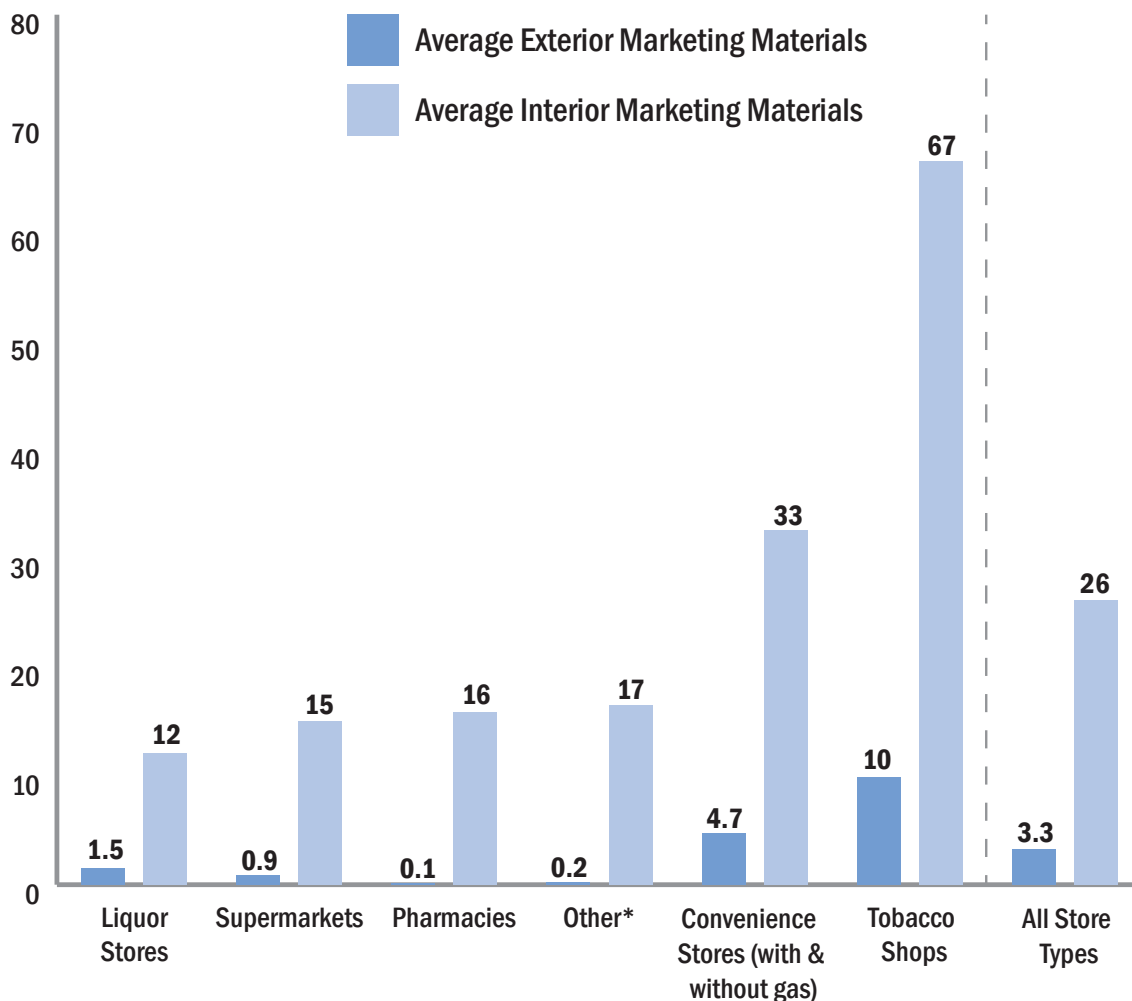
Other: Refers to a combination of discount department stores, warehouse stores, and newsstands.

of retail outlets, for three brands of cigarettes (Marlboro, Newport, and Camel). Special price promotions on the interior of the store are the most common type of price promotion.

Price promotions differ by store type (Figure 8). While convenience and tobacco stores have the most price promotions on both the exterior and interior of the store, all store types have a fair amount of price promotions on the interior of the store. One community, Providence, Rhode Island, successfully banned price discounting. Their policy was challenged and ultimately upheld in court. (To read more about price-discounting regulations in Providence, see page 14.)

Table 3. Percent of Stores by Price Promotions by Brand (2012)

	Marlboro	Newport	Camel
Exterior of Retail Outlet			
Special price	4.2%	14%	4.5%
Multi-pack	5.2%	4.4%	3.9%
Interior of Retail Outlet			
Special price	24%	23%	40%
Multi-pack	13%	10%	8.5%

Figure 8. Price Promotions by Store Type (2012)

Other: Refers to a combination of discount department stores, warehouse stores, and newsstands.

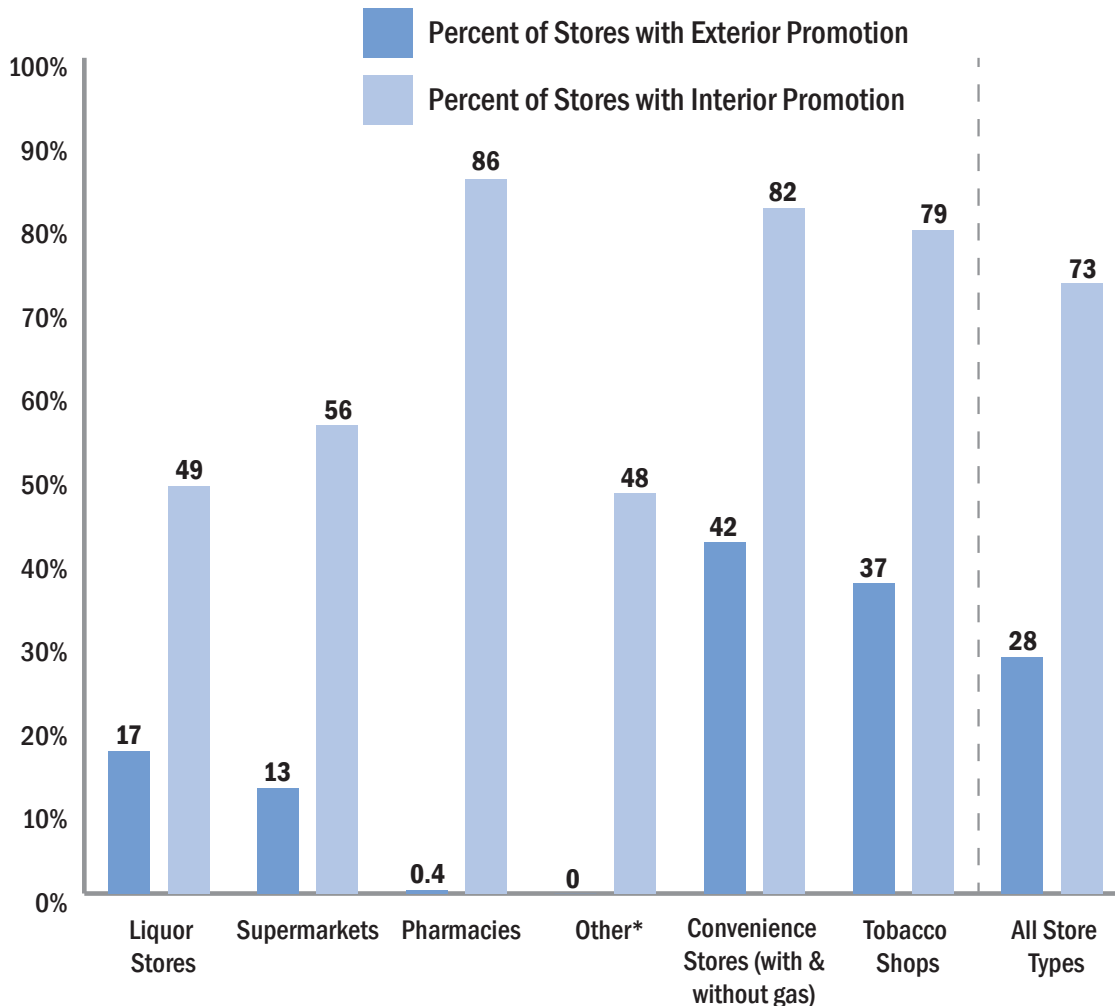# The Policy Environment

To provide the first comprehensive snapshot of POS policy activity in the U.S., we conducted a national phone survey of state tobacco control staff. Representatives from 48 states agreed to participate. We assessed overall POS policy activity, barriers to POS policy efforts, and resources that are helpful or needed to expand POS work.

In 2009, the Tobacco Control Act gave the U.S. Food and Drug Administration new regulatory authority to restrict certain aspects of tobacco advertising, marketing, and promotion. The Act also allowed state and local governments to complement their existing policies with new POS legislation. For a state or local community to successfully pass POS regulations, it is important to identify resources that are available, as well as resources that are needed to overcome existing and potential barriers to POS policy implementation.

POS POLICY ACTIVITY

Since passage of the Tobacco Control Act, there is a general perception reported by states that POS policy work is important. However, despite the new regulatory authority clarified by the Tobacco Control Act, policy activity in the POS area remains limited.

How was POS policy activity assessed?

To assess a state's level of overall POS policy activity, respondents were asked to report state-level activity as well as their awareness of any local-level activity towards POS policy options in six activity areas:

- Licensing and Density;
- POS Advertising;
- Product Placement;
- Health Warnings;
- Non-tax Approaches; and
- 'Other' POS Policies.

The study's advisory board, comprised of state and local tobacco control staff, researchers, and legal experts, recommended the survey activity areas (Table 4).

Survey respondents reported the status of each policy option on a policy continuum (Figure 9) (e.g., no formal activity, planning/advocating, and policy implemented) at the state level and then reported their awareness of progress for each policy option at the local level. The methods section of this report describes the survey measures in more detail (see Appendix A).

We observed that states with higher policy activity scores were likely to contain locales with higher policy activity scores. This suggests that perhaps local-level activity diffuses to neighboring locales and leads to state-level adoption of POS policies or states with higher policy activity scores may be more supportive of local efforts to advance POS work. Overall, 85% of the 48 state respondents reported state-level activity in at least one POS policy area while 60%
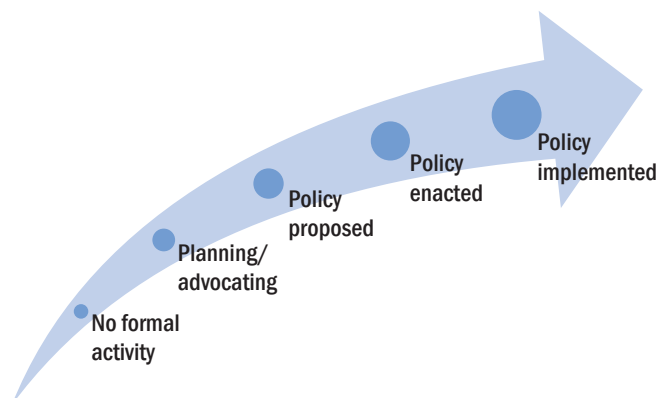
Figure 9. POS Policy Continuum

Policy implemented

Policy enacted

Policy proposed

Planning/ advocating

No formal activity

Table 4. POS Activity Areas and Policy Options

POS Activity Area	Policy Options
Licensing and Tobacco Retailer Density	▪ Limiting or capping the total number of licenses in a specific area ▪ Establishing or increasing licensing fees ▪ Prohibiting tobacco sales in locations youth frequent (e.g., near schools or parks) ▪ Restricting retailers operating within a certain distance of other tobacco sellers ▪ Restricting retailers in certain zones (e.g., banning retailers in residential zones) ▪ Prohibiting the sale of tobacco at certain establishment types (e.g., pharmacies or restaurants) ▪ Limiting number of hours or days in which tobacco can be sold
POS Advertising	▪ Limiting the times during which advertising is permitted (e.g., after school hours on weekdays) ▪ Limiting placement of advertisements at certain store locations (e.g., within 1000 ft. of schools) ▪ Limiting the placement of advertisements within the store (e.g., near cash register) ▪ Limiting placement of outdoor store advertisements ▪ Limiting manner of retail advertising by banning certain types of tobacco advertisements (e.g., outdoor sandwich board style ads) ▪ Banning all types of ads regardless of content (e.g., sign codes that restrict ads to 15% of window space)
Product Placement	▪ Banning product displays/requiring retailers to store tobacco products out of view (e.g., under counter or behind opaque shelving) ▪ Banning self-service displays for other tobacco products or all tobacco products ▪ Restricting the number of products that can be displayed (e.g., only allow retailers to display one sample of each tobacco product for sale) or the amount of square footage dedicated to tobacco products ▪ Limiting times during which products are visible (e.g., after school hours on weekdays)
Health Warnings	▪ Requiring graphic warnings at the point of sale
Non-tax Approaches	▪ Establishing cigarette minimum price laws ▪ Banning price discounting/multi-pack options ▪ Banning use of coupons ▪ Establishing mitigation fees (e.g., a fee to clean up cigarette litter) ▪ Requiring disclosure or Sunshine Law for manufacturer incentives given to retailers
'Other' POS Policies	▪ Banning flavored other tobacco products ▪ Requiring minimum pack size for other tobacco products

reported awareness of local-level activity in at least one POS policy area. Activity was reported across all six POS policy areas (Figure 10) with most states reporting similar policy activity at the state and local levels. Details about the types of policies that are included within each POS policy area are provided in the following section.

What policy activity is occurring at the state and local levels?

Licensing and Density

POS policies can affect the number, location, density, and type of tobacco retail outlets. Proximity to tobacco retail outlets, higher retailer density, and higher prevalence of tobacco is associated with increased tobacco consumption and decreased quit attempts.[10,25,27] Policies designed to reduce retailer density include establishing or increasing licensing fees or prohibiting tobacco sales in certain establishment types, such as pharmacies. (See Table 4 for more options.)

Figure 10. Overall State & Local POS Policy Activity (2012)

Legend:
- Percent of States Reporting Policy Activity
- Percent of States Reporting Awareness of Local Activity

Category	Percent of States Reporting Policy Activity	Percent of States Reporting Awareness of Local Activity
Licensing and Density	69	40
Non-Tax Approaches	58	19
Product Placement	31	23
Other POS policies	25	21
POS Advertising	8	33
Health Warnings	8	8
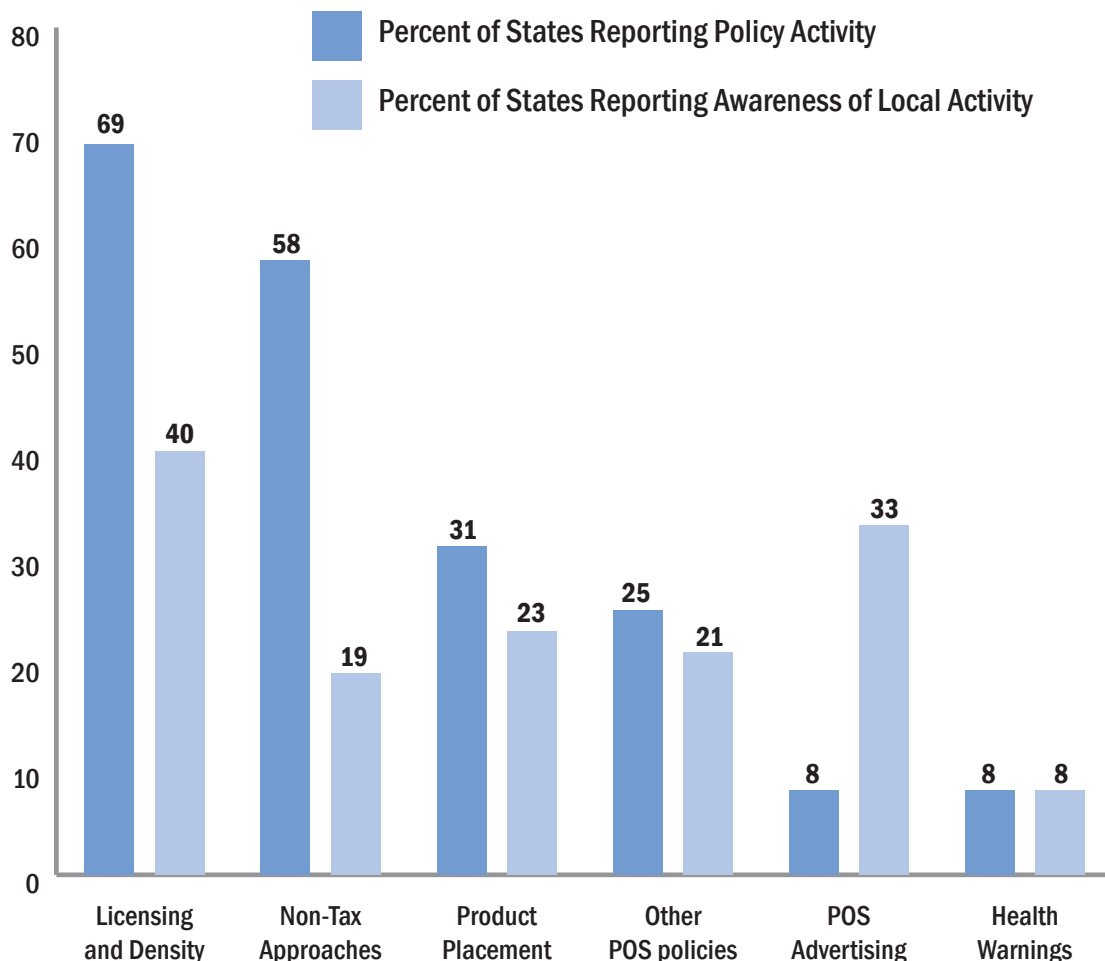
Tobacco-Free Pharmacies Spread Quickly

THE STORY OF MASSACHUSETTS

In 2008, Boston's Board of Health banned the sale of tobacco products in health care institutions and in all retailers containing health care institutions (e.g., grocery stores, warehouse clubs, and big box stores with pharmacies). Former tobacco users are particularly vulnerable to the presence of tobacco products in pharmacies.[28] Tobacco in pharmacies discourages cessation, normalizes tobacco, and is contradictory to the primary objective of these institutions, which is to promote the health of customers. Boston's law was passed to protect public health by reducing both exposure to tobacco industry influences and tobacco retailer density.

Following Boston's example, 80 municipalities in Massachusetts have gone on to pass tobacco-free pharmacy laws. Local officials and youth groups such as BOLD-Teens encouraged their local boards of health to adopt tobacco-free pharmacy policies. The Massachusetts Municipal Association and the Massachusetts Association of Health Boards provided local officials with technical assistance and model policy language. Youth groups, community organizations, and professional associations, such as the Massachusetts Medical Society, invited its members to testify in support of the policies during public hearings. Tobacco-free pharmacy laws have been enacted in every Massachusetts state senate district, indicating widespread acceptance for the policies. State public health officials are optimistic that the legislature will support a statewide tobacco-free pharmacy policy.

The successful spread of tobacco-free pharmacy policies can be largely attributed to diverse partnerships, youth involvement, and strong support from community members. States and communities considering similar policies can learn from Massachusetts' experience and take away practical next steps for banning tobacco sales in pharmacies in the future.

What are the next steps for your state or local community?

- Find out about possible preemptions in your state/community by consulting legal counsel;

- Involve youth in advocacy campaigns to strengthen policy efforts;

- Build diverse partnerships with pharmacy schools and professional associations; and

- Carefully craft your policy using model ordinances provided by national legal centers such as the Tobacco Control Legal Consortium or ChangeLab Solutions and adapt them for your community.

To learn more about tobacco-free pharmacies, read our case study, available at: http://bit.ly/1i89yBP
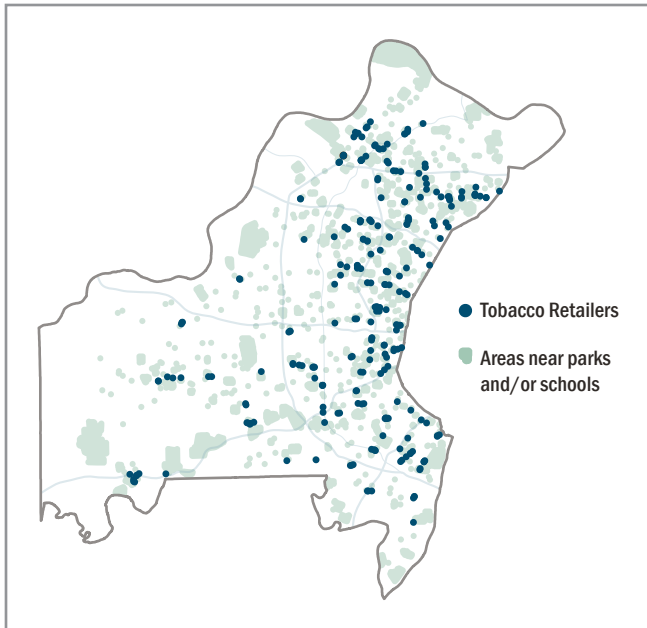
Retailer density policies can restrict tobacco sales in areas frequented by youth (CPHSS, 2010)[32]

Overall, 69% of states reported state-level activity in the retailer density policy area. The most reported policy activity was establishing or increasing license fees (reported by 58% of states). Two states also reported implementing policies to prohibit tobacco sales in locations frequented by youth. Several states (17%) reported planning or proposing many of the other policy options in this area including: prohibiting tobacco sales in locations frequented by youth, limiting or capping the total number of tobacco licenses, and restricting retailers within a certain distance from other sellers. A slightly lower percentage of states (15%) reported activity in prohibiting sales at certain establishment types. San Francisco and many communities in Massachusetts have successfully banned tobacco sales in pharmacies. (To read more about tobacco-free pharmacy regulations in Massachusetts, see page 12.)

Forty percent of state respondents also reported awareness of local-level policy activity in this area. Frequently cited local policy options included establishing or increasing licensing fees and prohibiting tobacco sales in locations frequented by youth.

Non-tax Approaches

Raising the price of tobacco through non-tax approaches can significantly increase the price of tobacco for all consumers, helping to reduce initiation, decrease smoking rates, and encourage cessation.[29-31] Price increases affect tobacco-use rates, particularly for those who are price sensitive. Other policies that use non-tax strategies to increase tobacco prices include establishing mitigation fees (e.g., a fee to clean up cigarette litter) and requiring disclosure or 'Sunshine Laws' (e.g., laws that would require retailers to disclose what incentives they have been given by tobacco manufacturers to promote their products). Overall, 58% of states reported state-level activity in the Non-tax Approaches area. The most commonly reported activity was implementing cigarette minimum price laws (reported by 48% of states). Only 19% of states reported awareness of local-level activity in this policy area, suggesting that perhaps locales are leaving pricing policy up to states. Providence, Rhode Island successfully passed a price-discounting ordinance that eliminated the ability of vendors to redeem coupons or offer price discounts through other strategies.

Buy-one-get-one-free deals are prohibited under price-discounting policies

Price-Discounting Bans Successful!

THE STORY OF PROVIDENCE, RHODE ISLAND

In 2012, Providence, Rhode Island passed a price-discounting ordinance that eliminated the ability of vendors to redeem coupons or offer price discounts through other strategies (e.g., multi-pack discounts). This ordinance was passed to help reduce tobacco consumption among youth. Given that youth are price sensitive consumers, controlling price-discounting options (e.g., coupons) would effectively increase the price of cigarettes, thereby reducing the likelihood that youth would purchase them. This ordinance was challenged in court twice but was upheld by the U.S. First Circuit Court of Appeals on September 30, 2013.

Providence's success in establishing a price-discounting ordinance can be attributed to three main approaches: 1. Conducting store assessments; 2. Developing strong partnerships at the local and national levels; and 3. Establishing a tobacco retailer licensing ordinance early in the process. States and communities considering similar policies can learn from Providence's experience and take away practical next steps for restricting tobacco company price discounting in the future.

What are the next steps for your state or local community?

- Conduct a store assessment of retailers in the community to provide evidence for a ban;

- Seek legal assistance and use model ordinances from national legal centers such as the Tobacco Control Legal Consortium or ChangeLab Solutions; and

- Start by establishing a tobacco retailer licensing ordinance to help provide better oversight of the retailers selling tobacco in your community.

To learn more about the price-discounting ban in Providence, read our case study, available at:
http://bit.ly/OoxFS5

Product Placement

In 2011, the tobacco industry spent approximately 9% of total spending (over $750 million) on product placement expenditures.[5,10] Policies that can limit the influence of tobacco product displays at the POS include: banning product displays (e.g., requiring retailers to store tobacco products behind opaque shelving), banning self-service displays for non-cigarette tobacco products, restricting the number of products that can be displayed, and limiting the times during which product displays are visible. Some policies that restrict product placement are thought to be more legally feasible than others, such as self-service display bans that can prevent shoplifting and youth access.[10]

Overall, 31% of states reported state-level policy activity in the Product Placement area. Many

Product placement policies can prohibit self-service displays for non-cigarette tobacco products

states (19%) reported implementing bans on self-service displays for non-cigarette tobacco products (e.g., cigars or chewing tobacco), while an additional 13% of states reported planning or proposing this option. States also reported planning and proposing bans on product displays or requirements that retailers store products out of view (reported by 13% of states). Over a fifth of states surveyed (23%) reported awareness of local-level POS policy activity in this area.

'Other' POS Policies

Many respondents reported policy activity in the survey's 'Other' POS area. In 2009, the Tobacco Control Act banned cigarettes and their component parts from containing any flavors or herbs/spices (e.g., strawberry or cinnamon) excluding menthol.[7] This regulation did not extend to other non-cigarette tobacco products, such as little cigars or pipe tobacco. Given the increased use and relative affordability of these products, the survey specifically asked about two POS policy options in the 'Other' POS policy area (banning flavored and requiring minimum pack size for other tobacco products) that may help reduce tobacco use.

Overall, 25% of states reported state-level activity in the 'Other' POS policy area. Planning or proposing bans on other flavored tobacco

'Other' POS policy options include banning flavored non-cigarette tobacco products

products (i.e., products in addition to cigarettes and smokeless tobacco) was the most common activity reported (21% of states). Additionally, 21% of state respondents reported awareness of local-level policy activity in the 'Other' POS policy area.

POS Advertising

The use of tobacco advertising in the retail environment is pervasive. There is a significant association between exposure to POS advertising and smoking initiation.[1] POS policies have the potential to reduce the influence of tobacco advertising by restricting the time, place, and/or manner of tobacco retail advertising.

Content-neutral laws address tobacco advertising as well as other product advertising

Overall, 8% of states reported state-level policy activity regarding POS advertising. One state reported implementing a policy that aimed to limit the number of ads, not just tobacco ads, displayed at the POS (i.e., a "content-neutral" advertising restriction). Content-neutral advertising restrictions reduce the area of a storefront that can be covered by signs. This type of policy broadly restricts all types of advertising and is therefore less likely to face legal challenges than tobacco-specific advertising restrictions.[10]

Other options to limit the time, place, and manner of tobacco advertising had either very limited or no activity. Awareness of local-level activity (33%) was greater than reported state-level activity in the restricting POS Advertising area. This may be because "content-neutral" advertising restrictions are typically implemented at the local level as they are written into a city's sign codes.

Health Warnings

Graphic health warning signage can serve as an immediate reminder to consumers about the dangers of tobacco use. These signs are intended to elicit an emotional response by featuring vivid images of tobacco-related ailments that would motivate consumers to reduce tobacco purchases at the POS or quit using tobacco. Signage may also highlight information on cessation and other support services to assist current users with quit attempts.

Policies that require health warnings at the POS had the least amount of activity at both the state- and local-levels (8% for both). Policies that address these POS issues, such as requiring that graphic health messages be displayed at the POS, are likely to be met with First Amendment challenges.[10]

Health warning policies can depict the dangers of tobacco use

What are states' overall policy activity scores?

To develop a state level measure of policy activity, we looked at policy activity occurring only at the state-level. We computed an overall score that reflects state-level POS policy activity occurring at any stage of the policy continuum (Figure 11). The state-level score does not reflect policy activity occurring at the local level. The POS policy activity score was based on a rating scale out of 100. The average score for all states was 7.8 and California obtained the highest score (25) among states. The methods section provides more details on how this score was generated (see Appendix A). These scores reflect activity as reported in 2012 and are intended to serve as a baseline for future waves of the study's state policy survey.

Which states are 'POS-ready' states?

Figure 12 illustrates the relationship between each state's current cigarette excise tax,[32] American Lung Association 'Smoke-free Air' score,[33] and POS policy activity score. The figure is divided into four quadrants by the median tax ($1.35) and the median 'Smoke-free Air' score (.91). The 'Smoke-free Air' score was adjusted so that all states had the same maximum possible score. Each state's POS policy activity score is represented by a circle, with larger circles reflecting higher scores. (See Appendix B for a detailed list of score components.)

Figure 12 suggests a way to think about staging states for future POS policy activity. States in or near Quadrant 1 have already achieved some measures of success by implementing smoke-free air policies and relatively high excise taxes. These states (noted in green) appear well-

Figure 11. State POS Policy Activity Score (2012)

Total
- 0
- 1 - 5
- 6 - 10
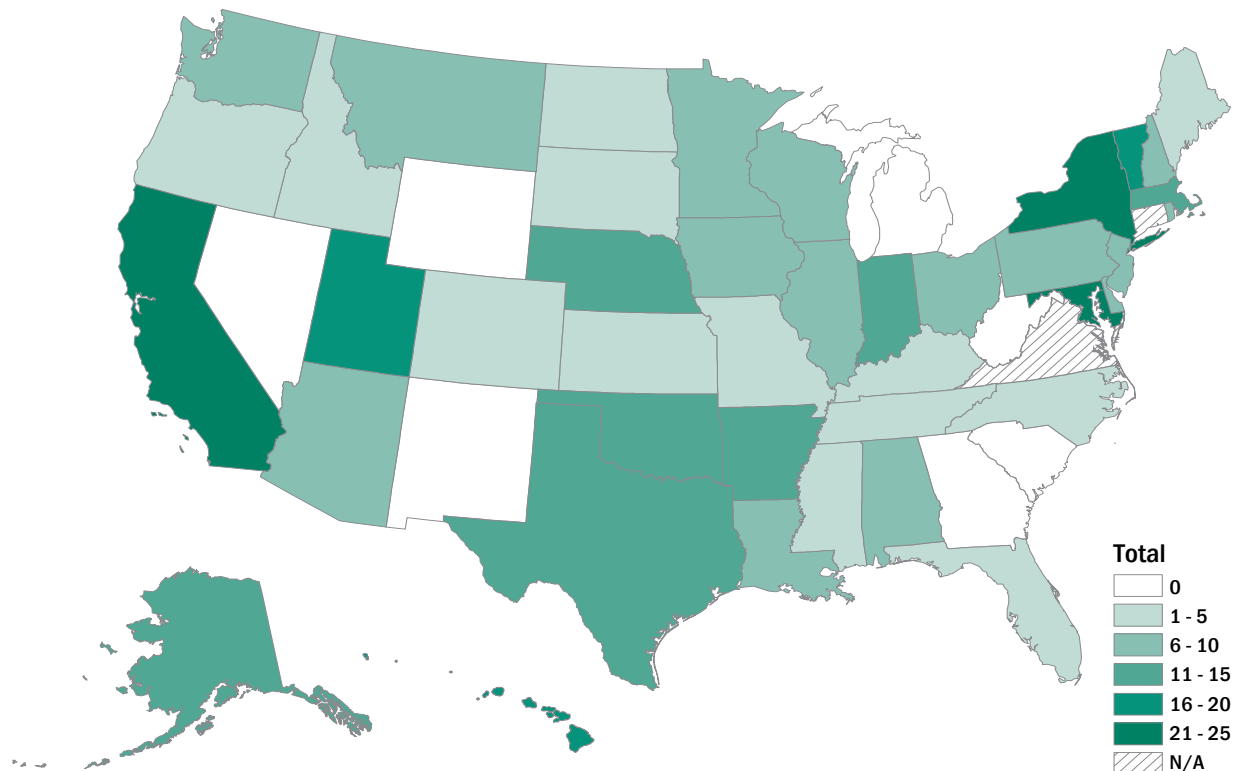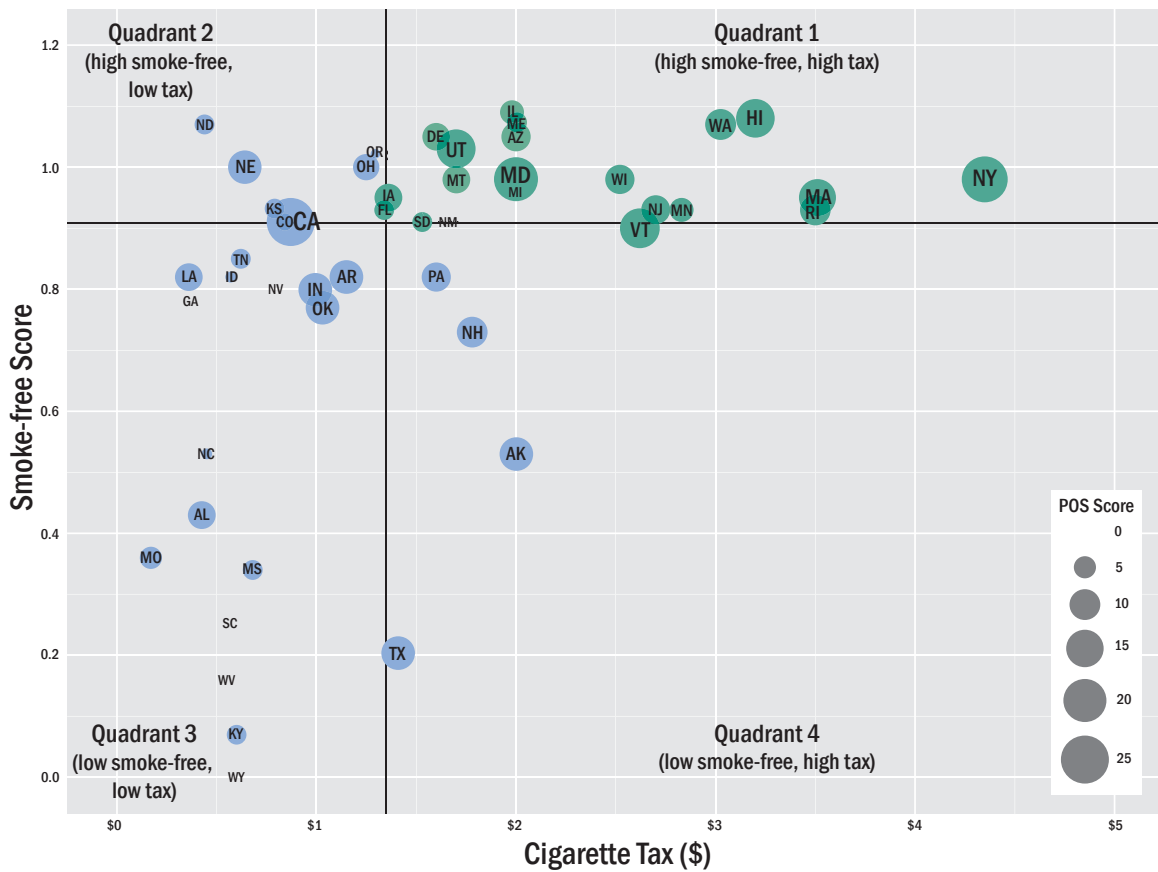- 11 - 15
- 16 - 20
- 21 - 25
- N/A

Figure 12. Identification of 'POS-ready' states

positioned to consider expanding their efforts into the POS policy area.

However, states in the other three quadrants, may also benefit from incorporating POS policy activities into their current tobacco control programming. States in Quadrant 2 have implemented relatively strong smoke-free policies, but still have excise taxes below the national median. In general, these states could continue to work on tax policy while doing modest POS policy work. States in Quadrant 3 have few protections from secondhand smoke and taxes below the national median. These states could continue to address these policy areas, but consider adding POS policy work as funding and time allow. Finally, states in Quadrant 4 have taxes above the national median, but offer few protections from secondhand smoke. These states could focus efforts on strengthening their smoke-free policies, while adding some POS policy work to their state programming.

The figure suggests general guidelines only. Each state's tobacco control funding and policy environment is unique. States that have encountered significant barriers to implementing smoke-free policies or increasing their cigarette excise tax may still find it strategic to consider POS policy options.

POS POLICY IMPORTANCE

The tobacco industry focuses most of its marketing budget in the retail environment.[5] By implementing evidenced-based POS policies, states and communities can counter the powerful presence that the tobacco industry has in and around tobacco retailers.[10] Implementing POS policies is an effective way to have an impact on large segments of the population, decrease tobacco use and impulse purchases, and reduce tobacco-related disparities.[10,34]

Common Legal Considerations for POS Policies

UNDERSTANDING LEGAL STRUCTURE AND LEGISLATIVE CHALLENGES

Every state and community has its own governmental structure; therefore it is important to understand the entities that have the power to enact laws or adopt regulations in your state or community. Knowing which bodies (e.g., legislature, state health department, city council, or board of health) have the policymaking authority to address public health issues will allow efforts to be focused and presented to the appropriate decision makers.

Tobacco control partners and advocates should consult with legal counsel from the start of policy work to ensure that all policies are legally sound and that potential challenges are identified and understood. Legal challenges vary across states and communities and across policy areas. The following are three common legal considerations that tobacco control staff may encounter when pursuing POS policies.

Preemption

Preemption occurs when a law at the federal or state level limits the ability of a lower level of government from enacting laws or adopting rules on a certain topic. Preemption at the federal level trumps state or local legislation or regulations, while state level preemption trumps laws or rules at the local level. The tobacco industry will often argue that proposed or enacted policies are preempted by higher levels of government to try and stop new policies from being implemented. It is important to know the scope of any laws before engaging in policy development so efforts and resources are properly allocated.

First Amendment Compelled Speech

Under the First Amendment compelled speech doctrine, the government is restricted in its ability to require companies to make statements that in essence, result in those businesses advertising against themselves. This was a doctrine the tobacco industry relied on when arguing that the federal government could not require retailers and tobacco companies to display graphic health warnings directly on cigarette packages or advertisements. However, laws requiring that retailers display factual messages that are clearly identified as government health warnings may be legally feasible.

First Amendment Commercial Speech

Care should be taken that POS policies do not violate First Amendment commercial speech protections, which involve the right of businesses to advertise and promote their products. Commercial speech includes advertising, branding, and logos. Generally, in order for the government to restrict commercial speech the message must be misleading or refer to unlawful activity, or the government must have a substantial interest in restricting the commercial speech. Additionally, the restriction must be tailored in a way that it achieves that goal.

By understanding all policy options, potential barriers, and the unique legal environment in your state or community, you will be better equipped to avoid or address any legal challenges that may arise. To learn more about legal considerations, refer to Legal Assistance under the resources section (p. 30). The information presented should be considered as informational only. It is advised that legal experts be consulted prior to any policy development efforts.

How important are POS policies to state tobacco control programs?

States were asked to gauge the importance of POS policies since the passage of the Tobacco Control Act. States most frequently reported that POS policies were "about the same" (35%) priority for their tobacco control program since passage of the Act. States that perceived POS policies to be "about the same" noted competing priorities, preemption, and constraints due to limited capacity and funding.

States also frequently reported that POS policies were "a lot more important" (31%) and "a little more important" (27%). No states perceived POS policies to be "a lot less important" and a few (6%) reported POS as "a little less important" (Figure 13).

Overall, states reported a positive perception toward POS policies. The majority of states (58%) perceive POS policies as a little or a lot more important to their state tobacco control program. These states cited that after passage of the Tobacco Control Act, there was increased national awareness, information, and momentum from other states and national organizations. These states also said that having more local control and authority over POS policy work were factors that have made POS policies more important.

Figure 13. Importance of POS policies since passage of the Tobacco Control Act (2012)
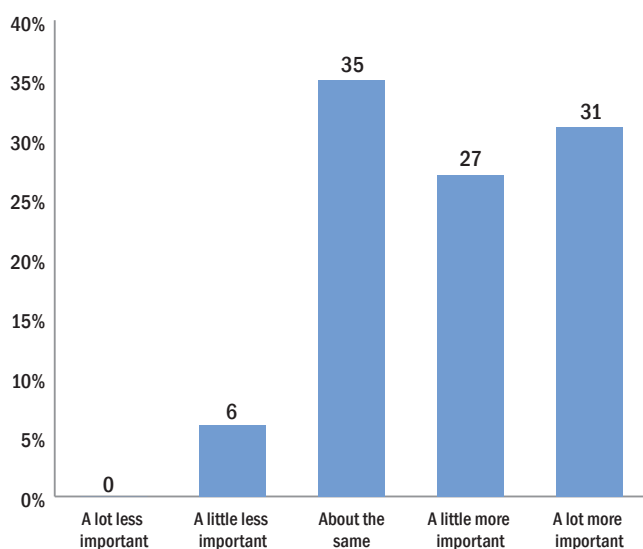
> "I'd say in our state it's probably about the same. I think we have so many other competing policy priorities that awareness is there, but it's still not a major focus."

POS POLICY BARRIERS

State tobacco control staff identified several barriers to implementing POS policies at the state level. Since many states have not yet attempted to address POS policies, these reported barriers reflect current stages of work. These findings highlight the need to enact strong POS policies based on, and tailored to, community demographics.

What are the major barriers to advancing POS policies?

To understand what is preventing states from planning or implementing new POS policies, we asked tobacco control staff what barriers they have encountered when trying to plan or implement new POS policies at the state level.

State tobacco control staff reported similar barriers when conducting POS policy work. Out of all states surveyed, the top three barriers were:

- Poor awareness and lack of background knowledge (31%);
- Competing priorities (31%); and
- Lack of funding (29%).

Several states (21%) have not experienced barriers or could not speak to barriers around the POS, mainly due to inactivity in this area. However, many of these states expected barriers to arise if they proceeded to work on POS in the future.

Poor Awareness and Lack of Background Knowledge

Roughly one third of states identified poor awareness and lack of background knowledge (education around POS) as a major barrier to their POS policy efforts. State tobacco control staff reported that decision makers, partners, the general public, and internal staff members have a poor awareness and understanding of POS issues overall. A lack of background knowledge and awareness around the POS often hindered POS policy development and implementation. This may be one of the most tangible barriers for states to address at this time.

> "There's poor awareness and understanding by government decision makers as well as the public regarding the powerful influence of the retail environment on tobacco use."

Competing Priorities

States reported that competing priorities from other areas within the tobacco control sphere, (e.g., cessation or smoke-free air laws) and outside of tobacco control (e.g., obesity prevention or nutrition), often hindered their efforts to focus on POS policy development.

> "Our two biggest barriers have been competing priorities and time. Our priorities have been taxes and smoke-free policies for the last number of years... POS has just come up on our radar recently."

Lack of Funding

Availability of funding is a frequently identified barrier to POS activities at the state level. Addressing this barrier would also speak to other identified barriers such as limitations with staff retention, capacity, geographic scope, and program development. Furthermore, significant cuts in this area have made it harder to execute new and emerging tobacco control strategies, specifically around the POS.

> "And since we're at such a low funding level, we don't prioritize point-of-sale policies that we don't know to be effective..."

Other Barriers

State tobacco control staff identified several other barriers to POS policy adoption and implementation (Figure 14). States reported that being a "retailer-friendly state" was a barrier because policies focusing on the retail environment were seen as "anti-business" and often faced opposition from retailer associations. Other barriers included lack of political will, inability to maintain and/or build capacity, and lack of a strong evidence base. Some states also faced preemption, legislative challenges, and monitoring by the tobacco industry. These barriers may be difficult to navigate depending on the policy. Tobacco control staff should seek legal counsel and resources at the beginning of policy work.

> "...our health department doesn't want to ruffle the feathers of pharmacies because they're an important partner for vaccination campaigns...."

Figure 14. Barriers to POS policy efforts (2012)
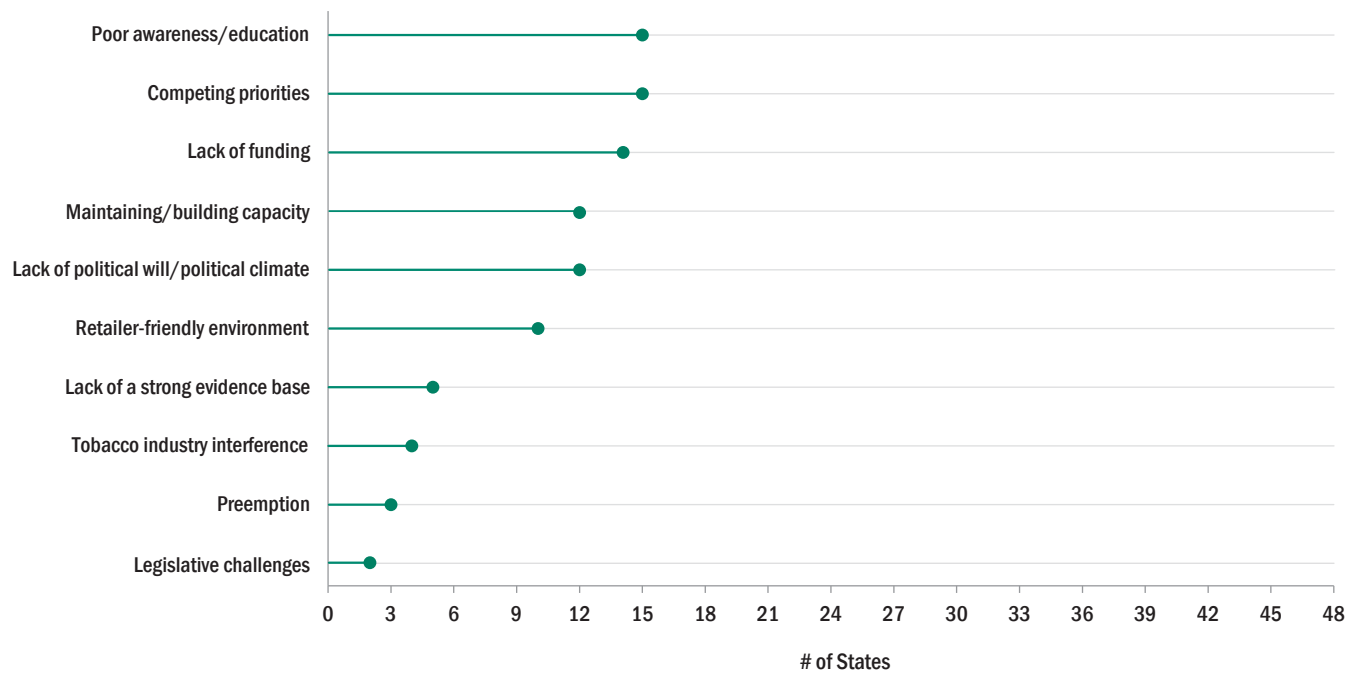
POS POLICY RESOURCES

State tobacco control staff identified resources that have been helpful in advancing their POS efforts (Figure 15). Understanding what resources are available and which have been helpful will provide a starting point for states that have not yet worked on POS policy development.

States also identified resources that they needed most to advance their work around POS (see Figure 16 on page 24). These findings highlight areas that can be addressed to move POS policy activity forward. Increasing access to some of these most needed resources will likely prompt POS policy activity across the U.S.

What resources were helpful for advancing POS policies?

We asked state tobacco control staff about resources that have been helpful in planning or implementing POS efforts.

Out of all states surveyed, the most helpful resources were:

- Relationships with national organizations (29%);
- Legal and policy support (27%); and
- Successful campaigns in other communities (25%).

Several states (25%) could not or did not identify any helpful resources, mainly due to inactivity in POS policy development and implementation.

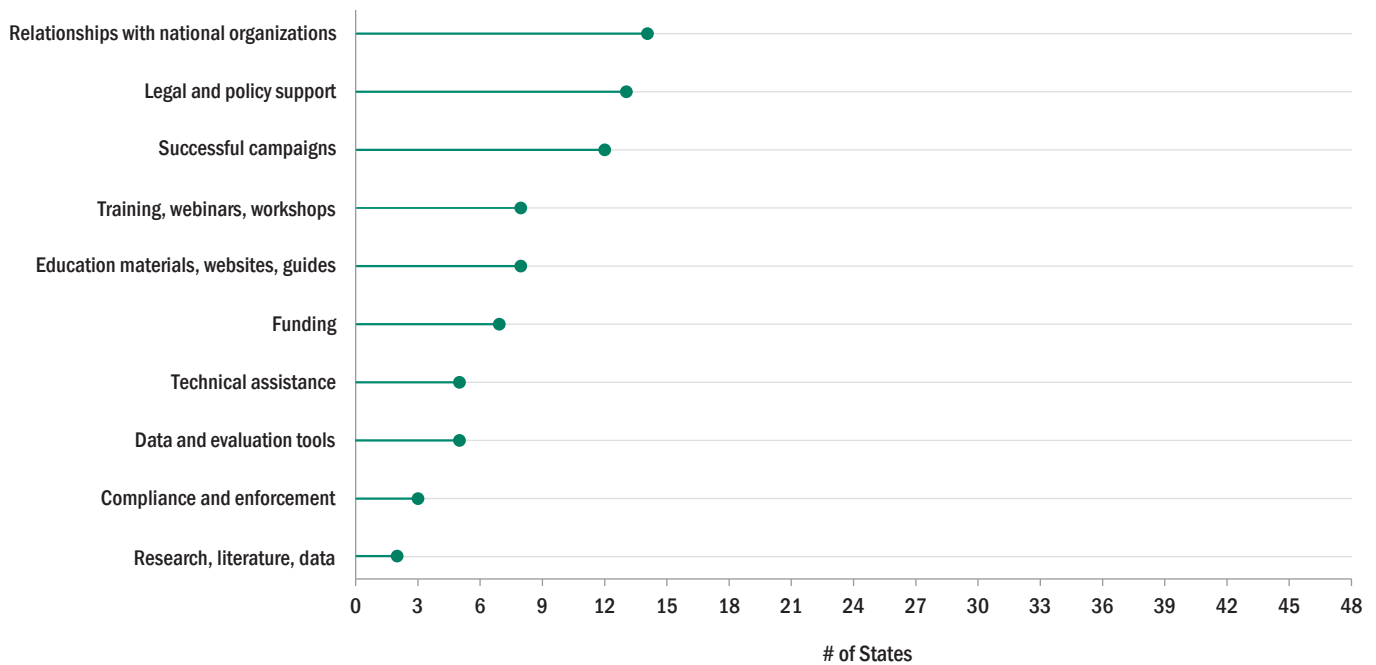## Relationships with National Organizations

States identified key relationships with larger national organizations, networks, and established programs as being helpful resources. Relationships with these frequently cited national

"We've had a lot of really great national support...now we'll really be able to work with them more closely and take advantage of their expertise."

Figure 15. Most helpful resources for advancing POS policy efforts (2012)

Legal and Policy Support

Legal and policy support have been helpful when planning or implementing POS policies. States mentioned helpful support from attorneys or law centers in drafting legislation or model policies, and "technical assistance" in the legal arena.

organizations strengthen networks and assure support within the tobacco control community (Table 5). Contacts within these groups have been helpful by providing their tools and expertise.

Table 5. Most Frequently Cited Organizations (2012)

Organizations Cited	Frequency
Tobacco Control Legal Consortium (TCLC)*	13
Centers for Disease Control and Prevention (CDC)	11
U.S. Food and Drug Administration (FDA)	6
Counter Tobacco (www.countertobacco.org)	5
Communities Putting Prevention to Work Initiative (CPPW)	4
Tobacco Control Network (TCN)	4

TCLC has seven affiliated legal centers including ChangeLab Solutions, the Public Health Law Center, and the Center for Public Health and Tobacco Policy.

> " ...it was helpful that the Tobacco Control Legal Consortium did an analysis of our laws and helped us understand the preemption better... "

Successful Campaigns

Learning from the experiences of other states, as well as neighboring counties or localities, has been helpful to states that are planning or

implementing POS policies. States identified case studies, success stories of other states, model policies, and strategies used to overcome challenges as most valuable.

> " ...just being able to talk to other states that are working on this issue...we were able to work with them on [POS] issues and learn from them. "

Other Helpful Resources

States identified several other helpful resources, including specific POS related presentations, in-person trainings, meetings, conferences, workshops, and webinars. State tobacco control staff found educational materials such as guides or handbooks, websites, fact sheets, and other documents helpful when trying to plan or implement new POS policies. States also indicated that targeted funding sources have been helpful in moving forward with tobacco control activities. Funding from the American Recovery and Reinvestment Act (ARRA) was mentioned by three states (6%).

What resources are needed to advance POS policies?

Although states reported several resources that have been helpful with POS, they also identified resources most needed to advance POS efforts moving forward (Figure 16).

Out of all states surveyed, the most needed resources were:

- Funding (17%) and
- Model case studies (13%).

Several states (10%) reported that they were not able to speak to this question due to inactivity in the POS policy arena.

Figure 16. Most needed resources to advance POS policy efforts (2012)
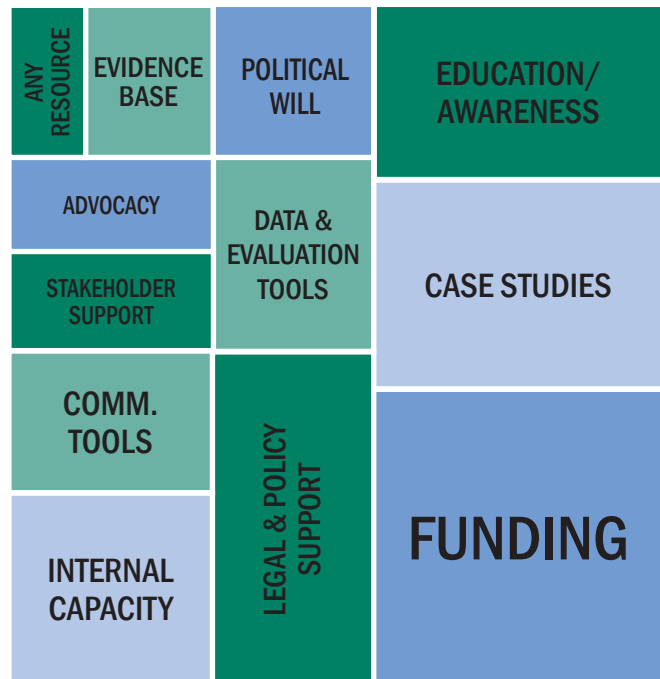
Funding

Funding was cited as the most needed resource to advance POS efforts across the nation. States noted that funding is necessary to provide different media to educate the public and decision makers about the POS. Funding is also needed to hire more staff and build internal capacity. Funding cuts over the past few years, which have affected the allocation of funds to community partners, have considerably reduced the scope of work that states are able to do.

Case Studies

States cited the need for case studies to learn from other states' experiences and to understand the best practices around the POS policy arena. There is also a need for real-life case examples detailing specific strategies that states could use to move POS policy efforts forward. States noted that strategies should start with policy approaches that would result in "quick wins."

Using Surveillance to Address Barriers

ASSESSING THE TOBACCO RETAIL ENVIRONMENT

Assessments of the tobacco retail environment can help states and local communities address barriers related to poor awareness and lack of background knowledge. The first step is to build support by collecting data about the current tobacco retail landscape in your community. The information collected will help in advocacy efforts as it can be used to educate decision makers, staff members, and the public about the importance of developing and implementing strong POS policies.

More than half of all states surveyed (54%) currently conduct surveillance activities or have done so in the last few years. Operation Storefront and Store Alert were the most common assessment forms used. More than one third of states that reported surveillance activities used unique assessment forms (35%), many of which were modifications to the Operation Storefront and Store Alert tools. Over two thirds of states that reported conducting surveillance activities (69%) noted that these activities

54% of states conduct or have conducted surveillance at the POS

were not routine. Nineteen percent reported routine surveillance activities and 12% of states did not know the frequency at which assessments were taking place. Overall, states reported that most surveillance work has been done by volunteer staff (e.g., youth, coalitions, and local boards of health) at the local level.

Unique assessment forms make state and community comparison difficult. Up until recently no standard assessment tool existed and the ability for them to be used by professionals and volunteers alike varied. A group of practitioners and researchers recently developed the Standardized Tobacco Assessment for Retail Settings (STARS) tool. STARS can be used to inform state-and local-tobacco control policies for the POS and is designed to be user friendly. The form can be filled out by professionally trained data collectors as well as self-trained youth and adults in communities across the U.S.

What are the next steps to surveying tobacco marketing at the POS?

- Conduct a store assessment of retailers in the community to gain an understanding of the retailer environment.

- Use the information gleaned from the retailer assessments to develop and disseminate policy briefs and other materials to target audiences (e.g., policymakers, advocacy organizations, internal staff, and the general public).

STARS and its accompanying training materials are available for download on the SCTC website: http://bit.ly/1sciz4s

States would also specifically like to know the methodologies and arguments being used around the POS. States would like to see information from evaluations of POS efforts, notably those that show positive impacts. One of the major concerns brought up was in translating the experiences of certain states to states with different landscapes.

> " ...evidence from states or local jurisdictions that show a specific policy enacted that [has] an effect on reducing tobacco use on the target population would be helpful. "

Other Needed Resources

State tobacco control staff identified several other resources needed to advance POS efforts. Education and awareness, and legal and policy support were each cited by 10% of states. States also cited the need to build internal capacity around POS policy (8%). Several of the resources needed most by states could be addressed with additional funding.

Other resources that states identified as most needed to advance POS efforts include: data and evaluation tools, political will, stakeholder support, advocacy, communication tools, and a POS evidence base. One state noted that "any resource" would be helpful. Some of these most needed resources are currently available and simply need to be disseminated to state level tobacco control staff.
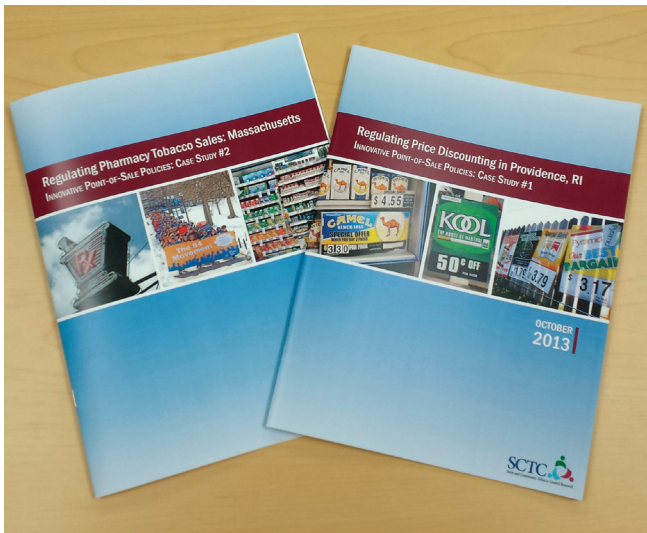
Two recently published CPHSS case studies highlight the experience of communities that have implemented POS policies

Recommendations

POS policies discourage initiation of tobacco use, support quit attempts, and promote public health, yet they are largely underused in the U.S. Given the national tobacco retail and policy environment, states and communities should consider POS policies as a fifth core strategy of tobacco control along with: (1) raising cigarette excise taxes, (2) establishing smoke-free policies, (3) encouraging cessation, and (4) launching hard-hitting countermarketing campaigns.[6]

States that have already achieved levels of success with strong smoke-free air policies and higher than average excise taxes should consider expanding their efforts into the POS policy area. However, states at other stages of tobacco control policy success may also benefit from incorporating POS policies into their current tobacco control programs. Based on the findings of this report, the following are recommendations for tobacco control advocates and staff wanting to advance POS efforts:

#1: ASSESS THE RETAIL ENVIRONMENT

Convincing the public and decision makers of the need for policy change will be more successful if advocates can first provide proof of a problem. Understanding the tobacco retail landscape is the first step to building community and decision maker support. A thorough assessment of the tobacco retail landscape includes many components.

Map your retailers

Show the location of tobacco retail outlets relative to other tobacco retail outlets and near locations that are frequented by youth, such as schools and parks. As our results show, 70% of tobacco retailers are located within 1,000 feet of one another. Our study found that counties with a higher proportion of African-American residents and a higher proportion or residents living in rural areas were more likely to have higher tobacco retailer density. A visual that shows the pervasive number of retailers may be effective in increasing support. A map showing an overabundance of stores situated near youth-frequented locations, for instance, can serve as an affective visual to gain support from parents, teachers, and other youth advocates. Maps can also be used to model the effects that different policies would have, if implemented, on tobacco retailer density.[10]

Visit your retailers

Find out what types of stores are selling tobacco products and what specific products are being sold in your community. Assess the availability of products the tobacco industry uses to attract youth, such as menthol cigarettes, cigars and cigarillos, chewing tobacco, e-cigarettes, and flavored non-cigarette products.[10,35] Our study found that most cigarette retailers are also selling non-cigarette tobacco products.

Check the placement of tobacco products and advertising in stores

Survey the presence of self-service displays of e-cigarettes or other products, as well as the visibility of tobacco products to customers. Note any products or advertising that are located near candy. Document the number and type of both interior and exterior signs, displays, and functional items for cigarettes and smokeless tobacco that are at or below three feet, which is a height that is predominantly visible to youth.[35] Around one in ten stores in our study displayed tobacco products below three feet and within 12 inches of candy.

Monitor the type of advertised price promotions

Assess the type of price promotions (e.g., multi-pack discounts or buy-one-get-one-free deals) that are advertised and document the presence of countermarketing materials (e.g., age-of-sale signage or the quit line number). Youth and low-income individuals are among the most price-sensitive shoppers, so policies that reduce price discounting can prevent initiation, reduce consumption, and encourage cessation.[31,36] Our study found that 86% of pharmacies contained interior price promotions. Findings such as this may be surprising to state or community decision makers.

Assess the price of tobacco products

Compare tobacco prices in the community and take note of any inconsistencies in prices in different neighborhoods and in different store types. Our findings show that 86% of tobacco retailers sold cigars, which are often sold individually and priced inexpensively. Implementing policies that keep the price of tobacco products high leads to a reduction in tobacco use and is an effective way to reduce tobacco-related disparities.[31]

#2: EXAMINE PUBLIC OPINION AND ASSESS THE POLICY AND LEGAL LANDSCAPE

After examining the retail environment, advocates should understand policy options and the feasibility of implementing them based on the legal and political landscape of their community or state. Certain policy options may be more feasible than others due to some of the barriers that were reported in our study, such as lack of political will and competing priorities. Overcoming barriers such as poor awareness and background knowledge may be possible with adequate data collection, assessments,

and results that can be shared with the community and decision makers to demonstrate the problem. Along with results from retail assessments, gather data about youth purchase rates, existing tobacco control policies, and local smoking rates in your state or community. Know what local, county, state, and national organizations you can approach for support, and capitalize on those relationships when developing tobacco control policy campaigns.

Interview key leaders

Investigate both public and key decision maker opinions on policy options that would address your biggest tobacco POS problems.

Understand public opinion

Conduct surveys on the street or check voting records on other tobacco-related ballot measures to understand the public's opinion about POS policy options.

Identify the opposition and other barriers

Assess the strength of organizations, individuals, and decision makers who are most likely to oppose your policy and predict who they know and have influence over.[37]

Some policy options may be legally impossible in certain states or communities due to preemption or other legislative challenges. Document how your government works and consult legal counsel to clarify what agency has the administrative authority (e.g., legislature, state health department, city council, or board of health) to pass ordinances in your community. Legal counsel can help determine how preemption may impact policy development.[38] Work with and seek guidance from national legal centers such as those affiliated with the Tobacco Control Legal Consortium who have developed several resources on tobacco control policy legal considerations.

#3: STRATEGIZE AND DESIGN YOUR CAMPAIGN

Individuals, organizations, and decision makers who already back your policy work can help you gain support through their connections with other community members and key decision makers.[39] Identifying your allies will help you gain additional support. Include youth, who can play a critical role in policy development and advocacy.[38,40,41] Messages about protecting youth have been effective in many states and communities. Parents, teachers, members of local youth-based organizations, and youth themselves are likely to be concerned about youth safety and health.

Know your target audience

Use messaging that reflects the interests and concerns of your target audience.[42]

Build and implement a campaign

Design a campaign that will build support for the proposed policy and implement activities that will increase public and decision maker support.

Seek guidance from other states and communities

States and communities that have passed similar policies can provide you with lessons learned and direct you to other helpful resources. Understand their experience regarding challenges, implementation, and successes.[43]

Campaigns include strategies that will influence decision makers to support your policy and gain the support of the community. Common strategies include:

- Earned media (e.g., op-eds and letters to the editor);
- Media events;
- Petitions;
- Letter writing campaigns;
- Rallies; and
- Testimony at a hearing.[44]

#4: IMPLEMENT THE POLICY AND EVALUATE THE PROCESS

Even after a policy has passed, challenges related to implementation and enforcement may arise. Think about potential challenges at every stage of policy planning and try to prevent them early on by working with national legal centers, such as the Tobacco Control Legal Consortium and state or local legal counsel to develop legally sound ordinances. Evaluate the process of policy implementation and the effects the policy has had on your community or state.

Increase retailer and public awareness

Increase retailer and public awareness about provisions of the policy in advance of policy implementation. Enlist the help of tobacco retailers with implementation and the public and law enforcement with identifying violations and assisting with enforcement efforts.

Highlight your successes

Report any measurable outcomes the implemented policy had in your community or state. Study policy results such as decreased tobacco retailer density and reduced youth purchase rates. Showing improvement in these areas can provide the public and decision makers with evidence that the implemented policy has been successful.[45]

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://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/SRq7Kl

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/1c5YYvv

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

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/1W7cKnO

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/OoxFS5

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/1nlgXO2

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/1lCMiQF

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

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Appendix A

METHODS

Study Sample

As part of the State and Community Tobacco Control (SCTC) Research Initiative, our consortium of researchers known as Advancing Science and Policy in the Retail Environment (ASPiRE) created a representative sample of retailers in the contiguous U.S. in order to characterize (1) the quantity, composition, and location of tobacco retailers, and (2) the pricing, marketing, and availability of tobacco products at the POS. We sampled counties based on 2010 Census population data, given the 0.98 correlation between total population size and the number of probable tobacco retailers in California. We used 2010 Census data to identify all 3,109 counties in the contiguous U.S. We selected 100 counties with their probability of selection proportional to the county's total population. Ninety-seven of the counties were unique (Figure 17).

To identify likely tobacco retailers in the study counties, address data were purchased for the 10 business categories that constitute 98% of U.S. tobacco retailers.[49] These are supermarkets/grocery stores, convenience stores (with and without gas), liquor stores, pharmacies, newsstands, tobacco shops, discount department stores and warehouse/supercenters. In the pharmacy category, only the top 50 chains that sell tobacco products were included. Fifteen chains that do not sell tobacco products were excluded from the lists. In the discount department store category, only Walmart stores were retained. The sampling frame of likely tobacco retailers did not include recent entrants

Figure 17. National POS Study: 97 Counties Sampled (2012)
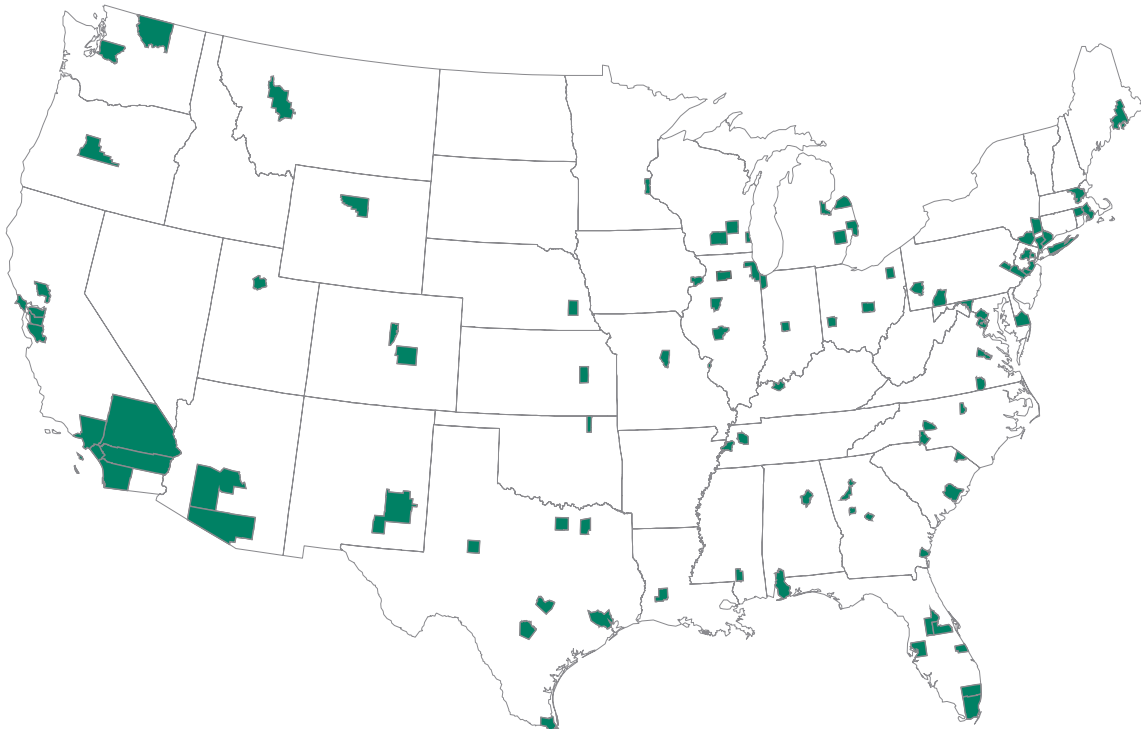
to the marketplace, such as the 18,000 locations of Dollar Stores that announced their intention to sell tobacco products in November 2012.[19-23] Nor did it include retailers that sell exclusively electronic nicotine delivery systems (so-called vaporiums).

Address lists of likely tobacco retailers were purchased from two independent sources, one that maintains address data for credit inquiries (NAICS) and one that maintains address data for telemarketing and direct mail (ReferenceUSA). The two address lists were de-duplicated and merged for the 97 study counties. The study counties contained 92,167 tobacco retailers that met our inclusion criteria.

Density Analyses

The cleaned list of tobacco retailers from NAICS and ReferenceUSA was used to estimate the total number of retailers for the contiguous U.S. using the probability proportional to size sampling design. Because Alaska and Hawaii were excluded from the sampling frame, an estimate for the entire U.S. was not possible.

Data Collection in Retail Outlets

In order to collect data in retail outlets in the 97 study counties, we randomly selected stores within each county. Staff called stores to verify store address and sale of cigarettes; only stores that could be verified were retained in the study. We trained professional data collectors to visit the stores and collect data using an electronic survey on iPads. The data collectors visited 3,346 stores between June and October 2012. We found 2,236 stores to be eligible, and completed full data collection in 2,164 of the stores and exterior data collection only in an additional 67 stores.

State Survey Assessment Tool

In 2011, we developed a survey that assessed POS policy activity and barriers and facilitators to POS policy adoption. Twenty-five different POS policy options were identified through expert input (e.g., ASPiRE Advisory Board and CDC partners)

and extensive literature reviews. These policy options were then grouped into six main policy activity areas: 1. Tobacco Retailer Density, 2. Point-of-Sale Advertising, 3. Product Placement, 4. Health Warnings, 5. Non-tax Approaches, and 6. 'Other' POS Policies.

This tool was pilot tested in three states. Modifications were made to the tool based on the pilot interviews and additional expert input.

Qualitative Interviews & Analysis

We recruited tobacco control staff across the nation and in the study counties. Recruitment efforts were facilitated by the Program Services Branch of the Center for Disease Control and Prevention's Office on Smoking and Health who helped identify appropriate state and local level tobacco control contacts. We conducted semi-structured telephone interviews that lasted up to an hour with tobacco control partners from 48 states (96%) between April and September 2012.

Over three-fourths of respondents interviewed (77%) were state tobacco control managers or directors. Remaining respondents include policy staff and education coordinators.

Policy Activity Score

To create the state-level POS policy activity score, each stage on the policy continuum (Table 6) was assigned a value from 0-4 (No formal activity=0, Planning/Advocating=1, Policy Proposed=2, Policy Enacted=3, Policy Implemented=4). If there was more than one policy for an option, we selected the highest value achieved on the continuum as the score for that option. Next, the 25 option scores were added together to create an overall score for each state.

Case Study Development

As part of the study, we produced and disseminated two case studies in order to highlight states and localities that have implemented innovative POS policies.

The ASPiRE advisory board provided suggestions and advice in the selection of potential case study topics, locations, and interview participants. We selected topics with the intention of highlighting different states and localities that have implemented innovative POS policies.

Case studies were largely informed by semi-structured qualitative interviews with key tobacco control partners who were involved with policy efforts. Relevant literature, news articles, and legal documents were also obtained and analyzed to inform the case study. The first case study covered price-discounting bans in Providence, RI, and the second detailed local bans on tobacco sales in Massachusetts pharmacies.

Table 6. Policy Continuum

Policy Continuum	Definition
No Formal Activities	General POS information gathering and fact finding, but no formal activities on the specific POS area have been completed
Planning/Advocating	Planning and advocating activities (e.g., partnership development and informal education of policy makers) focused on the specific POS policy area
Policy Proposed	A POS 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	A POS law, resolution, or ordinance that has been passed
Policy Implemented	A POS law, resolution, or ordinance that has passed and been administered/ put into action

Appendix B

State Scores by Quadrant

State	POS Score[*]	Smoke-free Score[33†]	Cig. Excise Tax ($)[32]
Quadrant 1 *(high smoke-free, high tax)*			
Michigan	0	.98	2.00
New Mexico	0	.91	1.66
Florida	4	.93	1.34[‡]
Maine	4	1.07	2.00
South Dakota	4	.91	1.53
Illinois	6	1.09	1.98
Minnesota	6	.93	2.83
Delaware	8	1.05	1.60
Iowa	8	.95	1.36
Montana	8	.98	1.70
Arizona	9	1.05	2.00
New Jersey	9	.93	2.70
Wisconsin	9	.98	2.52
Rhode Island	10	.93	3.50
Washington	10	1.07	3.03
Massachusetts	15	.95	3.51
Hawaii	16	1.08	3.20
Utah	16	1.03	1.70
Vermont	17	.90[‡]	2.62
Maryland	21	.98	2.00
New York	23	.98	4.35
Quadrant 2 *(high smoke-free, low tax)*			
Oregon	1	1.02	1.31
Colorado	3	.91	.84
Kansas	4	.93	.79
North Dakota	4	1.07	.44
Ohio	8	1.00	1.25
Nebraska	12	1.00	.64
California	25	.91	.87

State Scores by Quadrant

State	POS Score	Smoke-free Score	Cig. Excise Tax ($)
Quadrant 3 *(low smoke-free, low tax)*			
Virginia	-	.36	.30
Georgia	0	.78	.37
Nevada	0	.80	.80
South Carolina	0	.25	.57
West Virginia	0	.16	.55
Wyoming	0	.00	.60
Idaho	1	.82	.57
North Carolina	1	.53	.45
Kentucky	4	.07	.60
Mississippi	4	.34	.68
Tennessee	4	.85	.62
Missouri	5	.36	.17
Alabama	8	.43	.43
Louisiana	8	.82	.36
Arkansas	12	.82	1.15
Indiana	12	.80	1.00
Oklahoma	12	.77	1.03
Quadrant 4 *(low smoke-free, high tax)*			
Connecticut	-	.82	3.40
Pennsylvania	9	.82	1.60
New Hampshire	10	.73	1.78
Alaska	12	.53	2.00
Texas	12	.20	1.41

[33] *American Lung Association, unpublished data provided upon request, 2014*
[32] *American Lung Association State of Tobacco Control Report, 2014*
*States without a POS Score were unable to be contacted.
‡The 'Smoke-free Air' score was adjusted so that all states had the same maximum possible score.
‡States with POS policy activity score circles crossing the median lines were included in Quadrant 1.