

January 24, 2019

Board of County Commissioners
acting as the Board of Health
Clackamas County

Members of the Board:

Approval of a Resolution Supporting a
Clackamas Countywide Tobacco Retail License

Purpose/Outcomes	The purpose is to (1) gain approval of a resolution supporting a countywide tobacco retail license (2) have the Board of Health direct County Counsel to develop a tobacco retail license ordinance and (3) Public Health Division to form a Rules Advisory Committee following ordinance development.
Fiscal Impact	n/a
Funding Source	Strategies for Policy and Environmental Change, Tobacco-Free (SPArC Tobacco-Free)
Duration	NA
Previous Board Action	The Board of County Commissioners, acting as the Board of Health, requested that County Counsel develop a draft resolution during the January 8, 2019, Policy Session.
Strategic Plan Alignment	Ensure safe, healthy and secure communities.
Contact Person	(Primary) Dawn Emerick, DEmerick@clackamas.us , 503.505.0214 (Secondary) Julie Aalbers, Julieaal@co.clackamas.or.us , 971.284.1976
Contract No.	NA

BACKGROUND:

The Public Health Division of the Health, Housing & Human Services Department request the approval of a Resolution supporting a Clackamas Countywide Tobacco Retail License. The major activities to date have included three policy sessions (January 30, 2018, October 2, 2018, and January 8, 2019) and robust stakeholder engagement. See the attached policy session presentations and stakeholder engagement documents for specific details.

County Counsel and Health, Housing & Human Services staff are requesting that the Board of Health approve the proposed resolution. The resolution outlines the County’s support for a countywide tobacco retail license, harms associated with tobacco and nicotine use, and overall effectiveness of a tobacco retail license in enforcing existing tobacco-related laws and reducing youth access to tobacco and other nicotine products. Staff also request that the Board of Health direct County Counsel to develop an ordinance and direct the Public Health Division to form a Rules Advisory Committee.

RECOMMENDATION:

Healthy Families. Strong Communities.

Staff recommends the Board, acting as the Clackamas County Board of Health, approve the attached resolution and direct staff to move forward with the following 3 recommendations: (1) gain approval of a resolution supporting a countywide tobacco retail license (2) have the Board of Health direct County Counsel to develop a tobacco retail license ordinance and 3) Staff also requests the Clackamas County Board of Health to form a Rules Advisory Committee following ordinance development.

Respectfully submitted,

Richard Swift, Director
Health, Housing & Human Services

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of the Clackamas
County Board of County
Commissioners, Acting As the Board
of Health and the Local Public Health
Authority Regarding Tobacco and
Inhalant Delivery Systems



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Whereas, ORS 431.150, ORS 431.413, and ORS 431.415 authorize the Board of Health and the Local Public Health Authority to conduct any activity necessary to protect the public health and safety; and

Whereas, Clackamas County ORS 431.444(1)(a) identifies the prevention of injury and disease and the promotion of health through the prevention and control of tobacco use;

The Board of Health for Clackamas County finds:

- a. The Clackamas County Board of County Commissioners constitutes the Board of Health for Clackamas County. The Board of Health is the policy making body for Clackamas County Public Health and assists Public Health in adopting rules necessary to carry out its policies. ORS 431.150 and ORS 431.415;
- b. Clackamas County also acts as the Local Public Health Authority, through the Clackamas County Public Health Department. ORS 431.375(2). A core responsibility of the Local Public Health Authority is to conduct activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction. ORS 431.413 and ORS 413.415;
- c. State law prohibits the sale or furnishing of tobacco products and inhalant delivery systems (which include e-cigarettes and vaping devices) to underage persons, as well as the purchase, receipt, or possession of tobacco products and inhalant delivery systems by minors. ORS 167.755 (sales to underage persons), ORS 167.785 (possession by underage persons);
- d. Federal law requires that retailers check the identification of everyone under the age of 27 who attempts to purchase a tobacco product. 21 CFR § 1140.14;

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- e. Tobacco use is the most preventable cause of illness and death in Oregon.¹ The top three causes of death in Clackamas County are tobacco-related – cardiovascular disease, cancer, and chronic lower respiratory diseases (emphysema and chronic bronchitis).²
- The use of tobacco products or inhalant delivery systems by youth and young adults causes serious and potentially deadly health effects.
 - Most addiction to tobacco or nicotine starts in adolescence.³
 - Adolescents who start smoking before their 19th birthday have on average a 20% higher risk of dying from a smoking-related illness.⁴
 - Nicotine exposure during adolescence can harm the developing brain, which continues to develop until about age 25.⁵
 - Nicotine exposure during adolescence can impact learning and memory.^{6,7}
 - Nicotine primes the brain for addition to other substances.⁸

¹ Oregon Vital Statistics Annual Reports, Volume 2: Chapter 6. Mortality. Table 6-20. Accessed at <http://www.oregon.gov/oha/ph/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Pages/index.aspx>

² Clackamas County Community Health Assessment 2017. Accessed at <https://dochub.clackamas.us/documents/drupal/aeb4ac5f-71a0-42cb-be78-65776a97be33>

³ Oregon Tobacco Facts, 2018. Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. Accessed at www.healthoregon.org/tobaccoretailsales

⁴ Choi, S.H., & Stommel, M. (2017). Impact of age at smoking initiation on smoking-related morbidity and all-cause mortality. *American Journal of Preventive Medicine*, 53, 33-41.

⁵ Office of the Surgeon General. *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Accessed at https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf Attached.

⁶ Office of the Surgeon General. *The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. Accessed at <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

⁷ Office of the Surgeon General. *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Accessed at https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf

⁸ Kandal DB, Kandal ER. A Molecular Basis for Nicotine as a Gateway Drug. *New England Journal of Medicine*. 2014. Accessed at <https://www.nejm.org/doi/full/10.1056/nejmsa1405092>

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- Most e-cigarettes contain nicotine, which is the addictive drug in regular cigarettes, cigars, and other tobacco products.⁹
- Attachment A shows the results of the Oregon Health Authority’s most recent inspection results for Clackamas County.
 - According to the 2018 Student Wellness Survey, 69.4% of Clackamas County 11th graders said that it would be “sort of easy” or “very easy” to get e-cigarettes. One of the strongest predictors of smoking initiation among youth is the perceived ease of access.
 - Based on a 2018 assessment of 232 tobacco retailers and vape shops in Clackamas County, 91 percent sold little individual cigars, 72 percent sold e-cigarettes. Nearly all of which (98%) were flavors attractive to youth.
- Attachments B-L show the location of tobacco retailers in proximity to schools and density of youth under 21 years.
 - Studies show that density of tobacco retailers and proximity of retailers to schools impacts youth tobacco use rates.^{10,11}
 - Increased tobacco retailer density is associated with experimental smoking.
 - Prevalence of smoking is higher at schools with five or more retailers within the area.

⁹ Office of the Surgeon General. *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Accessed at https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf

¹⁰ Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventative Medicine*, 47, 210-214. Accessed at <https://www.ncbi.nlm.nih.gov/pubmed/18544462>

¹¹ McCarthy, W. J., Mistry, R., Lu, Y., Patel, M., Zheng, H., & Dietsch, B. (2009). Density of Tobacco Retailers Near Schools: Effects on Tobacco Use Among Students. *American Journal of Public Health*, 99, 2006-2013. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759807/>

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- E-cigarette use among 11th grade children in Oregon increased **three-fold** from 2013 to 2105.¹² Flavored tobacco products are more popular among Oregon youth (65%) and young adults (21%) compared to older adults. *Id.*
- The Surgeon General has declared youth e-cigarette use an epidemic.¹³ In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, used e-cigarettes.¹⁴
- A survey released by the Centers for Disease Control & Prevention found youth who tried e-cigarettes were nearly **twice as likely** to try a conventional cigarette.¹⁵
- Adolescents who use e-cigarettes are not only more likely to smoke cigarettes but are also likely to increase their use of both products over time¹⁶.
- Use of e-cigarettes is not harmless. Testing of e-cigarettes has identified chemicals known to cause cancer and birth defects, as well as lung and cardiovascular disease, in first and secondhand e-cigarette vapor.¹⁷

¹² Oregon Healthy Teens (OHT) Survey, 2015. Oregon Health Authority. Chronic Disease Data. Youth Data. Tobacco use and related topics. Accessed at

https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualOHT_Tobacco.pdf

¹³ <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

<https://www.cnn.com/2018/12/18/us-surgeon-general-adams-declares-youth-e-cigarette-use-an-epidemic.html>;
<https://www.cardiovascularbusiness.com/topics/healthcare-economics/us-sg-declares-teen-vaping-national-epidemic>
<https://abcnews.go.com/Politics/surgeon-general-warns-cigarettes-vaping/story?id=59873481>

¹⁴ Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students – United States, 2011-2018. *MMWR Morbidity & Mortality Weekly Report* 2018; 67(45):1276-1277.

¹⁵ Bunnell RE, Agaku IT, Arrazola R, Apelberg BJ, Caraballo RS, Corey CG, Coleman B, Dube SR, King BA. Intentions to smoke cigarettes among never-smoking U.S. middle and high school electronic cigarette users. National Youth Tobacco Survey, 2011-2013. *Nicotine and Tobacco Research*. Accessed at <https://www.ncbi.nlm.nih.gov/pubmed/25143298>

¹⁶ Dunbar MS, Davis JP, Rodriguez A, Tucker JS, Seelam R, D'Amico EJ. Disentangling Within- and Between-Person Effects of Shared Risk Factors on E-cigarette and Cigarette Use Trajectories From Late Adolescence to Young Adulthood. Accessed at https://www.rand.org/pubs/external_publications/EP67710.html.

¹⁷ <http://www.tobacco.ucsf.edu/9-chemicals-identified-so-far-e-cig-vapor-are-california-prop-65-list-carcinogens-and-reproductive-t>.

<https://www.lung.org/stop-smoking/smoking-facts/impact-of-e-cigarettes-on-lung.html>

<https://www.fda.gov/tobaccoproducts/labeling/productsingredientscomponents/ucm456610.htm>

<https://e-cigarettes.surgeongeneral.gov/>

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- In addition to nicotine, the aerosol that users inhale and exhale from e-cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs.¹⁸
- More than 75% of flavored e-cigarette liquids contain Diacetyl, a flavoring chemical linked to cases of severe respiratory disease.¹⁹
- f. Requiring tobacco and inhalant delivery system retailers in Clackamas County to be licensed will allow Clackamas County to assist local business in complying with and discourage violations of federal, state and local laws intended to regulate tobacco and inhalant delivery system sales and use, including the illegal sales of tobacco and inhalant delivery system products to minors and the illegal purchase of tobacco and inhalant delivery system products by minors;
- Tobacco Retail Licensing has been effective in reducing youth access to illegal tobacco, e-cigarettes and inhalant delivery systems.^{20,21, 22}
- g. Implementation of tobacco and inhalant delivery system retailer licensing is an evidence-based, cost-effective strategy that can be implemented to improve the health, safety, and welfare of our community.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCPREVENTION/SMOKEFREEWORKPLACELAW/Pages/e-cigarettes.aspx>

¹⁸ Office of the Surgeon General. *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Accessed at

https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf

¹⁹ Roeder A. "Chemical flavorings found in e-cigarettes linked to lung disease." Accessed at <http://consumer.healthday.com/cancer-information-5/misc-tobacco-health-news-666/millions-of-u-s-teens-exposed-to-e-cigarette-ads-cdc-706734.html>

²⁰ American Lung Association. California Center for Tobacco Policy and Organizing, Tobacco Retail Licensing is Effective, September 2018. Accessed at <https://center4tobaccopolicy.org/wp-content/uploads/2018/09/Tobacco-Retailer-Licensing-is-Effective-September-2018.pdf>

²¹ American Lung Association. California Center for Tobacco Policy & Organizing, Becoming a Policy Wonk on Tobacco Retail Licensing, June 2018. Accessed at <https://center4tobaccopolicy.org/wp-content/uploads/2018/06/Becoming-a-Policy-Wonk-on-TRL-2018-06-20.pdf>

²² Astor RL, Urman R, Barrington-Trimis JL, Berhane K, Steinberg J, Cousineau M, Leventhal AM, Unger JB, Cruz T, Pentz MA, Samet JM, McConnell R. Tobacco retail licensing and youth product use. 2019. *Pediatrics*. Accessed at <https://www.ncbi.nlm.nih.gov/pubmed/30617237>

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NOW, THEREFORE, IT IS HEREBY ORDERED:

1. It is the Board of Health's policy to reduce preventable illness and disease and premature death in Clackamas County by supporting regulation of retail sales and use of tobacco and inhalant delivery systems in the County. This policy is intended to give guidance for policies and procedures, including education for retailers about local, state and federal laws pertaining to the sales of tobacco and inhalant delivery systems, enforcement mechanisms, and penalties for violations;
2. It is the Board of Health's policy to reduce addiction, preventable disease, and premature death by supporting prohibitions on sales to and purchase and use by minors of tobacco and inhalant delivery systems. This policy is not intended to expand or reduce federal or state laws that regulate the sale or distribution of tobacco and inhalant delivery systems or to alter related penalties.
3. It is the Board of Health's policy to reduce addiction, preventable illness and disease, and premature death by supporting prohibitions on use of inhalant delivery systems in Clackamas County in any place where smoking and use of tobacco products is prohibited;
4. The Board of Health supports the Local Public Health Authority's intent to adopt policies and procedures for tobacco and inhalant delivery system retailers in Clackamas County;
5. The Board of Health directs the Local Public Health Authority to adopt policies and procedures to implement and enforce prohibitions on the use of inhalant delivery systems in Clackamas County in any place where smoking and use of tobacco products is prohibited, sales to minors, and purchase and use by minors;
6. When the Local Public Health Authority develops policies and procedures the Board of Health will adopt them prior to their implementation;
7. The Board of Health directs the Local Public Health Authority to form a Rules Advisory Committee to provide input on and review of the policies and procedures developed by the Local Public Health Authority.

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DATED this 24th day of January, 2019.

**BOARD OF COUNTY COMMISSIONERS
Acting as the Clackamas County Board of Health**

Chair

Recording Secretary

Protecting Youth Through Tobacco Retail Licensing - *Update*

Board of County Commissioners

Policy Session

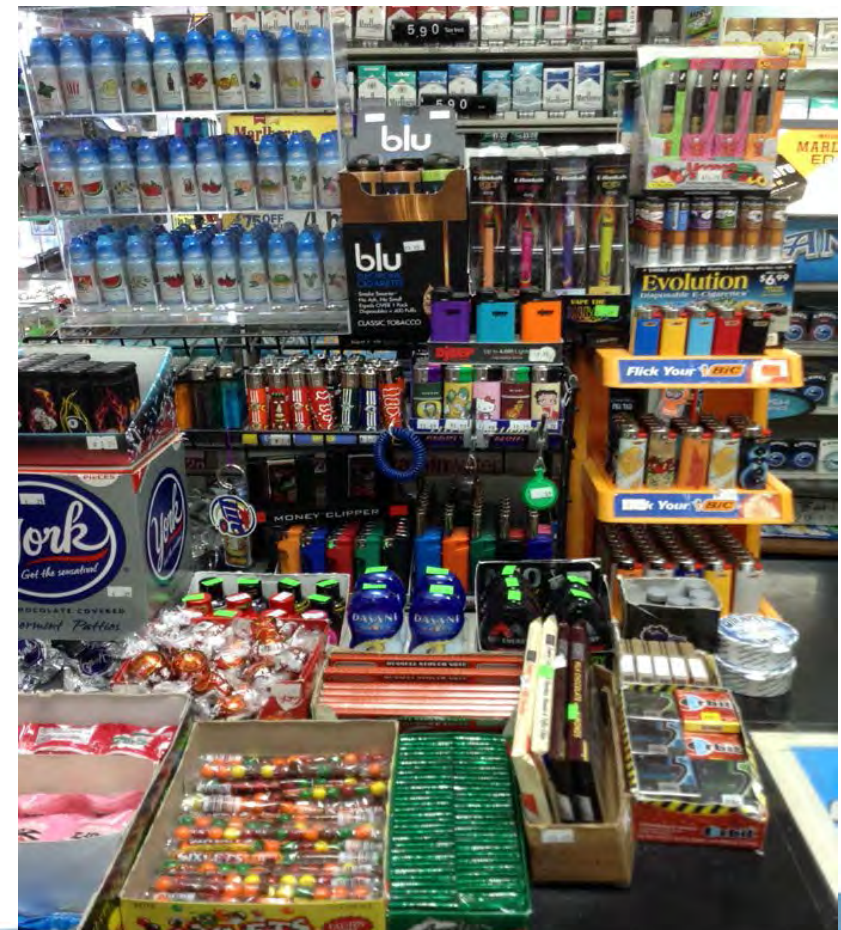
January 8, 2019

Objectives

- Present results of community & retailer engagement
- Propose next steps to move forward with TRL

What is Tobacco Retail Licensing (TRL)?

- Enforces current tobacco control laws
- Requires businesses to purchase a license to sell tobacco and nicotine products



Why is TRL Important Now?

- Surgeon General declared youth e-cigarette use an epidemic
- Enforce Tobacco 21 and other tobacco laws
- Public Health received grant funding to advance tobacco prevention policy

Community Engagement Overview

In the last year, Public Health has engaged with:

Cities

Chambers
of
Commerce

Schools &
students

Community
Coalitions

Tobacco
Retailers

Tobacco Retailer Engagement Process

Public Health worked with PGA to advise on outreach and engagement methods

1. Mailed letters to 293 known retail locations
2. Created a TRL FAQ webpage
3. Created an online survey for retailers
4. Hosted two listening sessions with retailers
 - Facilitated by Resolution Services
 - Sandy on Nov. 20, Oregon City on Nov. 27
5. Mailed post-card reminding retailers of last listening session

Tobacco Retailer Response

Public Health has received responses from five businesses and one store association

- Received 2 phone calls requesting more information
- 2 responses to online feedback survey
 - one respondent sent letter to Chair Bernard and Dawn Emerick
- 4 people attended Oregon City listening session, representing 2 businesses

Tobacco Retailer Response

- Disparate impact on small business compared to large chain retailers
- Same licensing burden for those who follow rules and those who do not
- Existing laws do not effectively enforcing age restrictions
- Creating laws and policies does not change behaviors
- Schools and parents are more influential over the decisions of minors.

Public Health Response to Retailers

- We are grateful to retailers who responsibly operate their businesses and comply with current laws. However, 14% of retailers sold tobacco to minors during state inspections from Nov. 2017-Mar. 2018
- TRL would augment the current inspection and enforcement mechanisms by visiting every retailer annually, rather than a random sample
- A strong enforcement strategy with penalties effectively motivates retailers to comply with laws and protects youth
- Studies show that the density and proximity of tobacco retailers to schools impacts youth tobacco rates. TRL ensures that tobacco laws are being followed, decreasing youth access to tobacco products.

TRL Supporters

Signed resolutions:

- Milwaukie
- West Linn
- Gladstone
- Oregon City

Letters from:

- Clackamas County Superintendents
- City of Sandy
- Oregon City Together
- Preventing Tobacco Addiction Foundation
- Vibrant Future Coalition

TRL Next Steps

2018

- Community Engagement

2019

- Present results of community engagement (today)
- Present TRL resolution to Commission convened as the Board of Health (BoH) (January 24)
- Present TRL ordinance (TBD)
- Facilitate Rules Advisory Committee (TBD)
- Present rules from RAC to BoH (TBD)
- End of grant funding (June 30)

2020

- Launch TRL January 1, 2020
- Start annual TRL inspections July 2020

Conclusion

- Surgeon General declared youth e-cigarette use an epidemic. TRL is a best practice policy to address youth-access in the retail environment
- TRL is needed to enforce Tobacco 21 and other tobacco laws
- Public Health received grant funding to do this work

Protecting Youth Through Tobacco Retail Licensing - *Update*

Board of County Commissioners

Policy Session

October 2, 2018

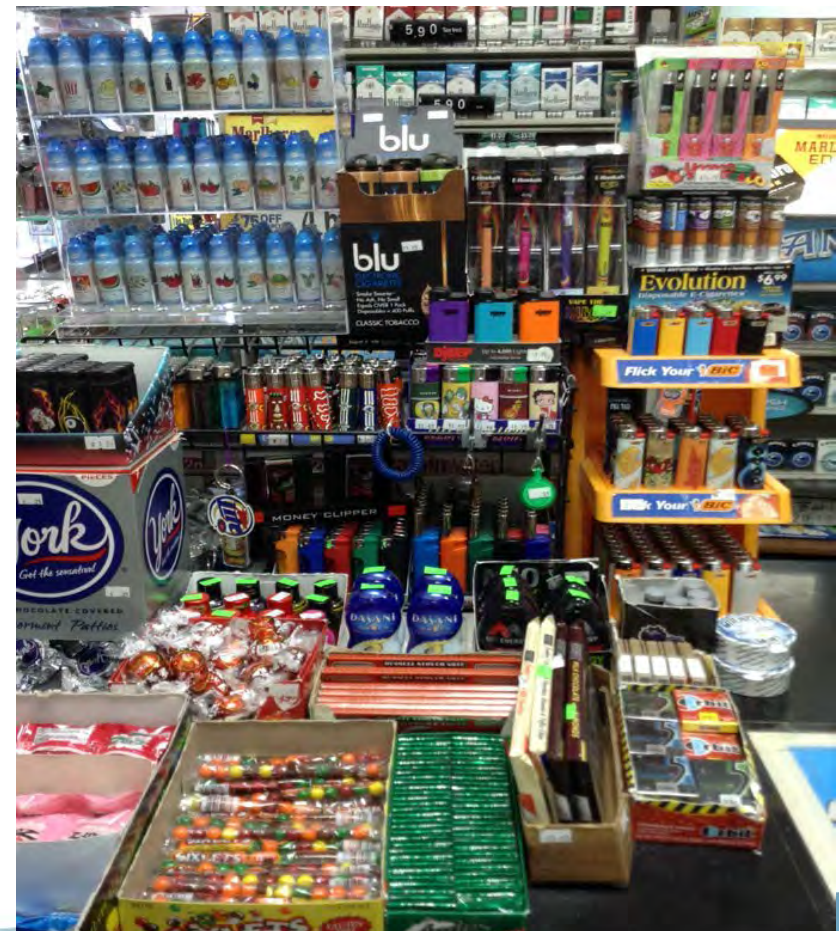
Objectives

- Recap Tobacco Retail Licensing
- Summarize results of economic impact & community engagement
- Propose next steps to move forward with TRL



What is Tobacco Retail Licensing (TRL)?

- Requires businesses to purchase a license to sell tobacco & nicotine products
- Retailer education & outreach
- Annual license fee
- Enforcement system
- May include plug-ins (density caps, school buffers)



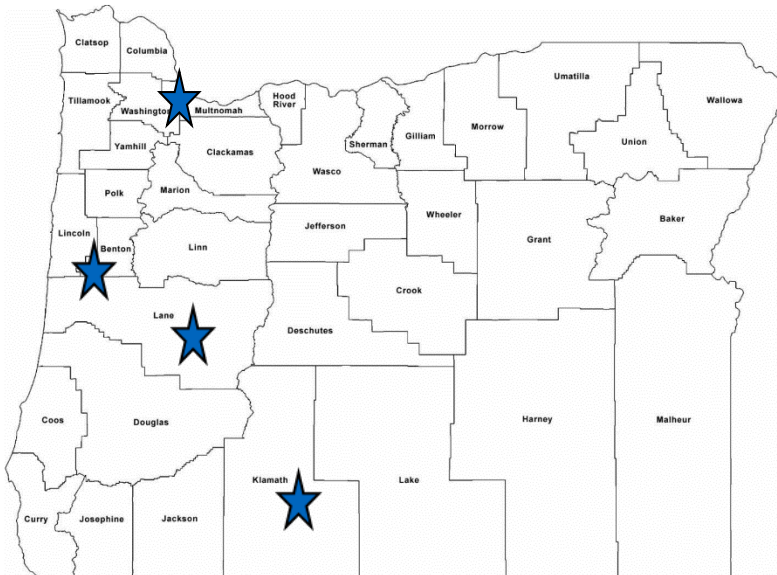
Why is TRL Important?

- Youth are vulnerable to nicotine
- Inequities persist among tobacco users
- Establish relationships with retailers
- Enforce Tobacco 21 and other tobacco laws
- Decrease illegal tobacco sales to minors

TRL in Oregon

Jurisdictions Passed TRL

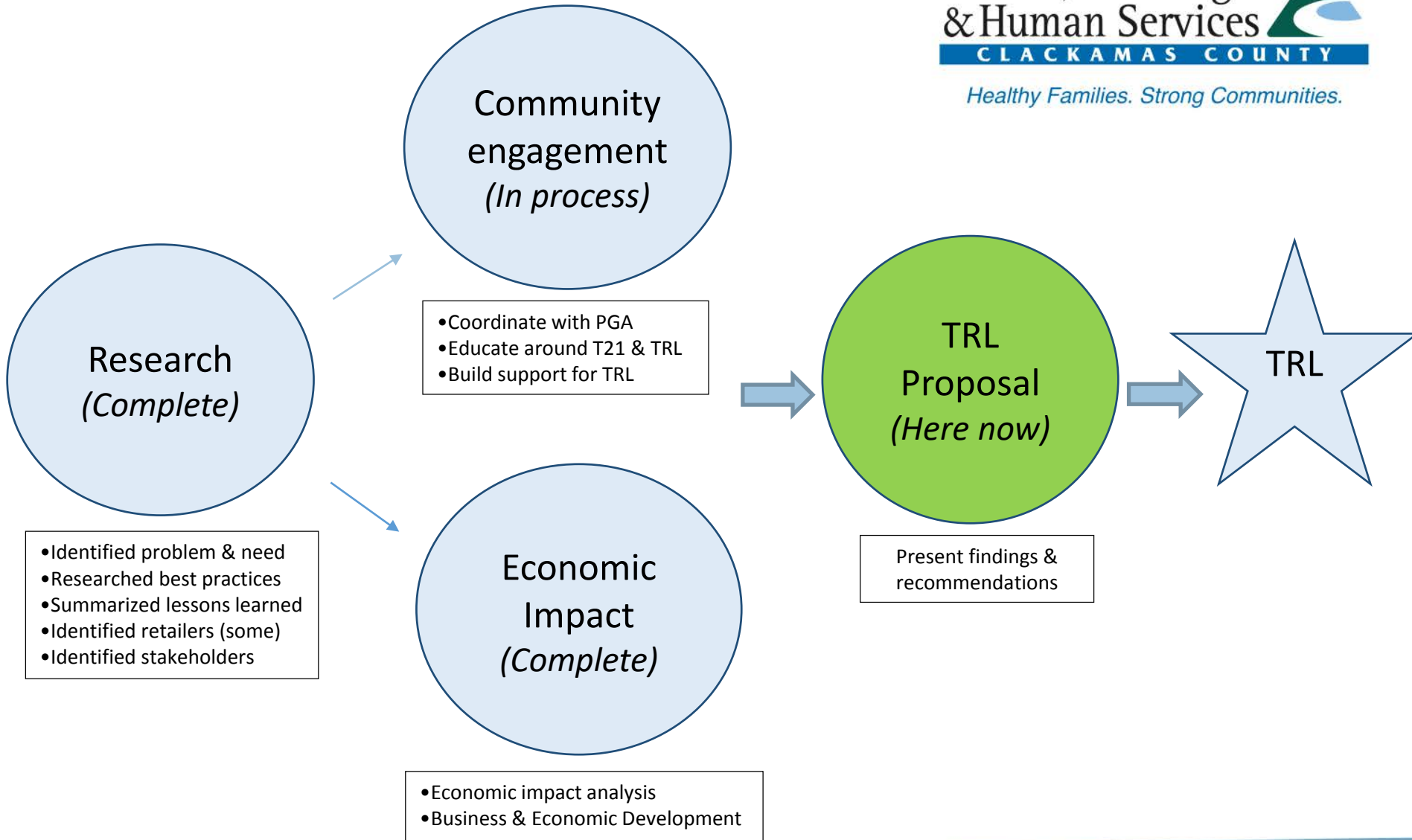
- Benton County
- Clackamas County
- Lane County
- Multnomah County



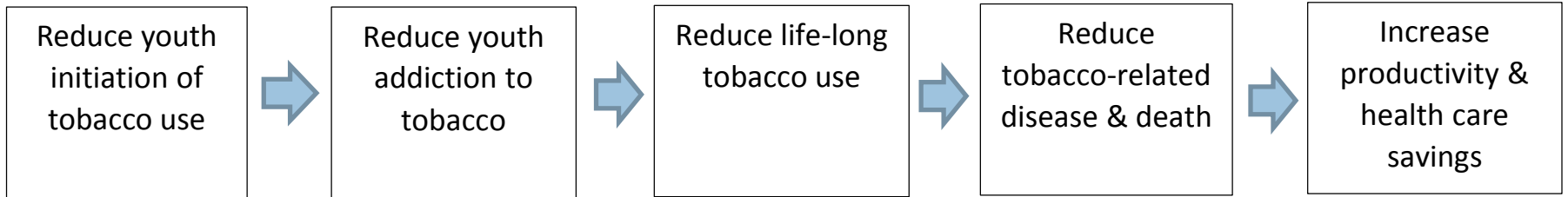
Lessons Learned

- Most effective county-wide
- Community engagement critical for success
- License fee to cover education & enforcement
- Political will, leadership, PGA and county counsel

Process to Pass TRL



Economic Impact



No significant adverse economic impact

	Total	Reduction
Employees (FTE)	7,127	-4.12
Labor income	\$204,899,969	-\$129,185

Community engagement

- Educate stakeholders about Tobacco 21 and TRL
- Garner support for Tobacco Retail Licensing and time, place, manner policies that reduce youth access to tobacco and nicotine products
- Established outreach plan with PGA
- Presented to city councils July - September
- Presenting to chambers of commerce September – October
- School superintendents October 10th

Timeline

2018

- Present TRL ordinance to BCC by December

2019

- Facilitate Rules Advisory Committee
- Collect resolutions / IGAs from cities
- Educate tobacco retailers on TRL (ongoing)

2020

- Launch TRL January 1, 2020
- Tobacco retailers apply for licenses by June 30, 2020
- Start annual TRL inspections July 2020

2021

- Tobacco retailers renew licenses (annually)
- Start annual Minimum Legal Sales Age (MLSA) Inspections
- Fines / civil penalties begin

Summary / Conclusion

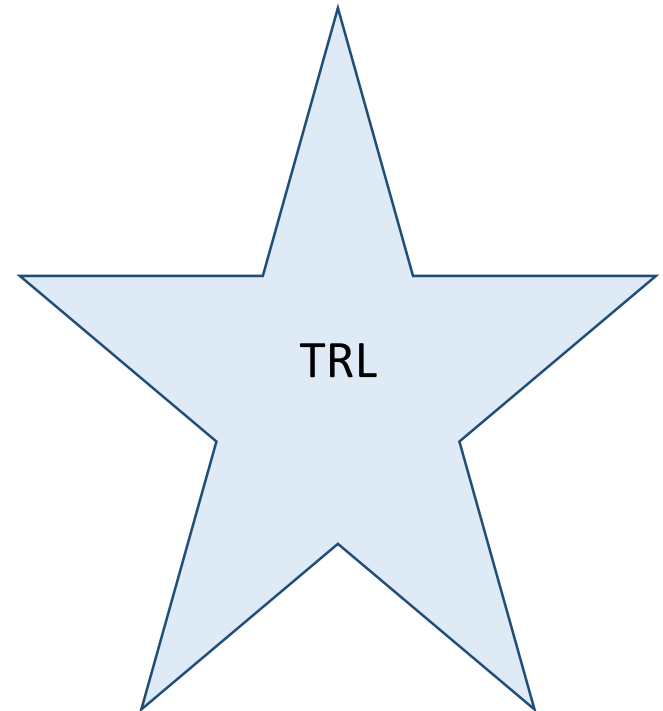
- TRL decreases sales of tobacco to minors
- TRL is needed to enforce Tobacco 21
- City councils support TRL
- TRL will not adversely effect businesses
- TRL is a best practice to reduce addiction to nicotine, chronic disease and tobacco-related death

Protecting Youth Through Tobacco Retail Licensing

Board of County Commissioners
Policy Session
January 30, 2018

Objectives

- Present the need for TRL
- Explain TRL and the benefits
- Propose a process to move forward with TRL



Youth are vulnerable to nicotine

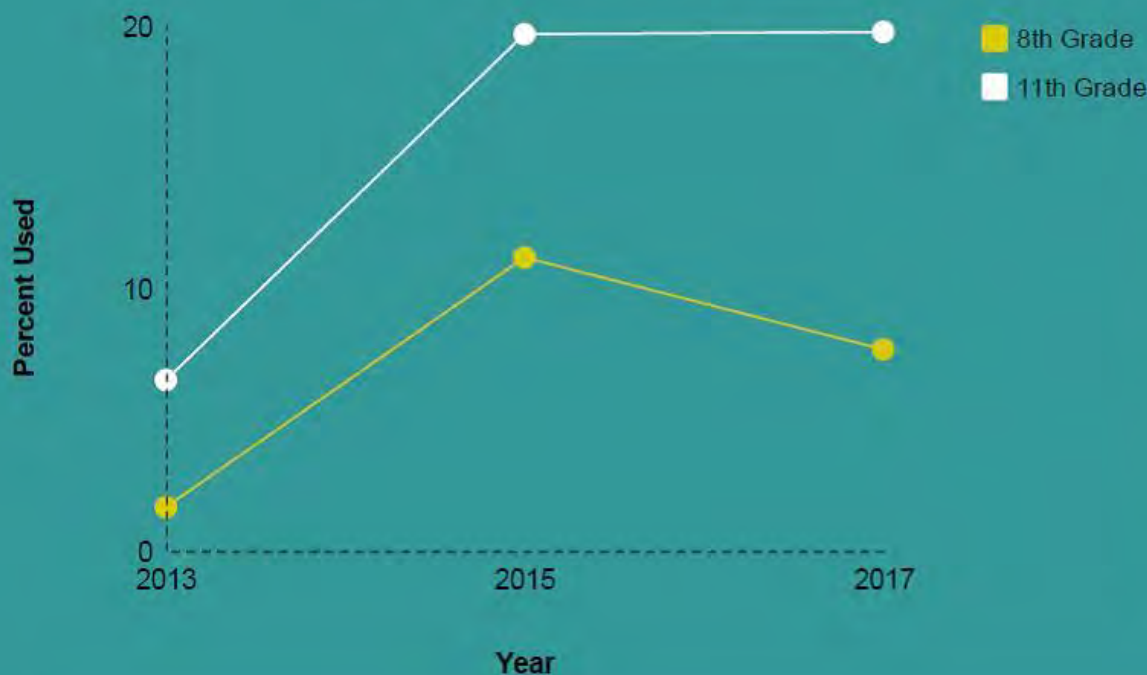
Clackamas County 11th graders in last 30 days....

- 25% used any tobacco product (including vaping products)
- 41% have used any form of tobacco before age 18
- 1 in 3 youth said it would be “very easy” to get tobacco



YOUTH SMOKING TRENDS

Clackamas County Youth E-Cigarette Use

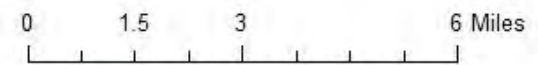
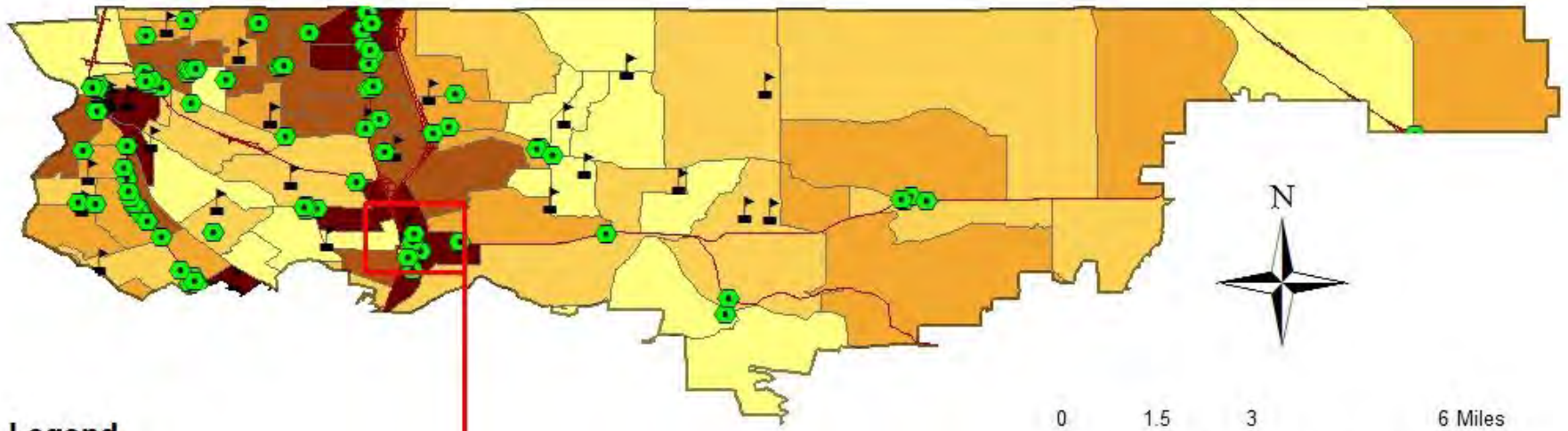


Adolescents of all ages show increased use of e-cigarettes and vaping. In 2013 1.6% of 8th graders and 6.5% of 11th graders had used electronic smoking devices in the past 30 days. In 2015 11.1% of 8th graders and 19.6% of 11th graders had used an electronic smoking devices in the past 30 days. These rates started to stabilize in 2017, with 8th grade usage decreasing 3.5%, and 11th grade usage increasing 0.1%.




Inequities persist among tobacco users

- Tobacco retailers cluster in neighborhoods with higher rates of poverty.
- High densities of tobacco retailers are linked to increased smoking rates among adults living in surrounding neighborhoods.






North Clackamas Health Equity Zone Tobacco Retailers, Schools, and Percentage in Poverty: By Census Block Group



Legend

-  Tobacco Retailers
-  Schools
-  Highways

Percent in Poverty

-  0 - 4
-  5 - 8
-  9 - 13
-  14 - 22
-  23 - 45



Public Health
Prevent. Promote. Protect.



Clackamas County Public Health Division
Data Source: ACS 5-year estimates, 2011-2015,
Oregon Department of Education, and
Clackamas County Health Division

Proposal

To reduce youth access to tobacco and preserve the public health and safety of Clackamas County communities, the H3S / Public Health Division proposes licensing tobacco retailers.

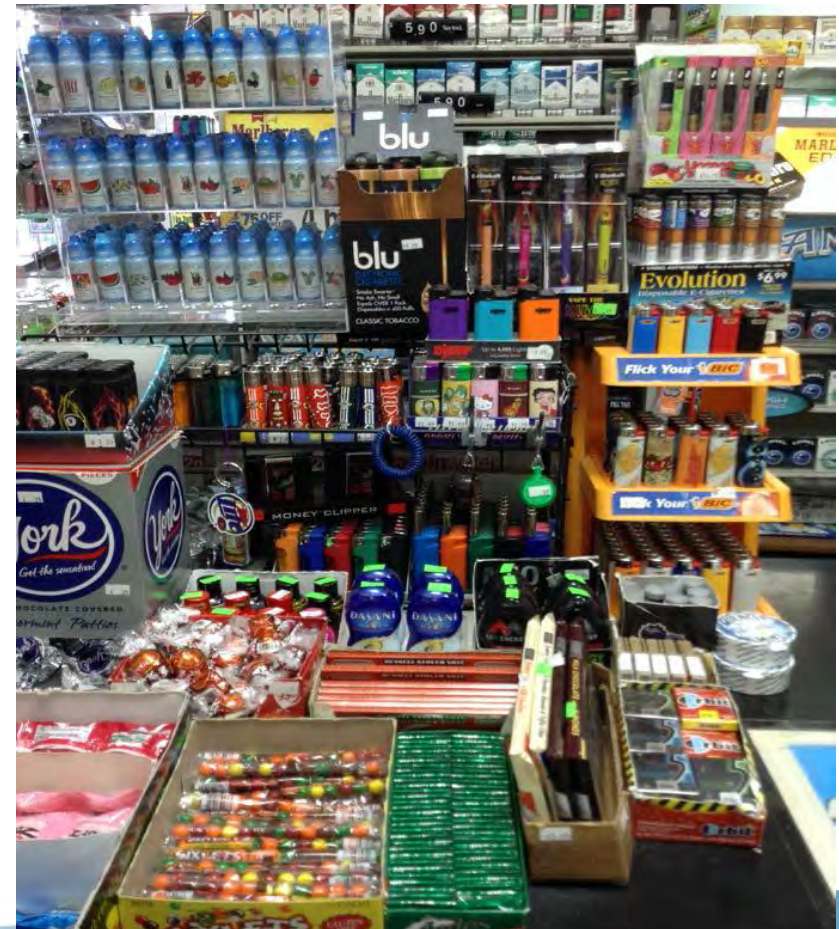
Tobacco Legislation

2017 summary

- Tobacco taxes did not increase
- Tobacco retail license did not pass
- Legal age to purchase tobacco raised to 21

What is Tobacco Retail Licensing (TRL)?

- Requires businesses to purchase a license to sell tobacco & nicotine products
- Retailer education & outreach
- Annual license fee
- Enforcement system
- May include plug-ins (density caps, school buffers)



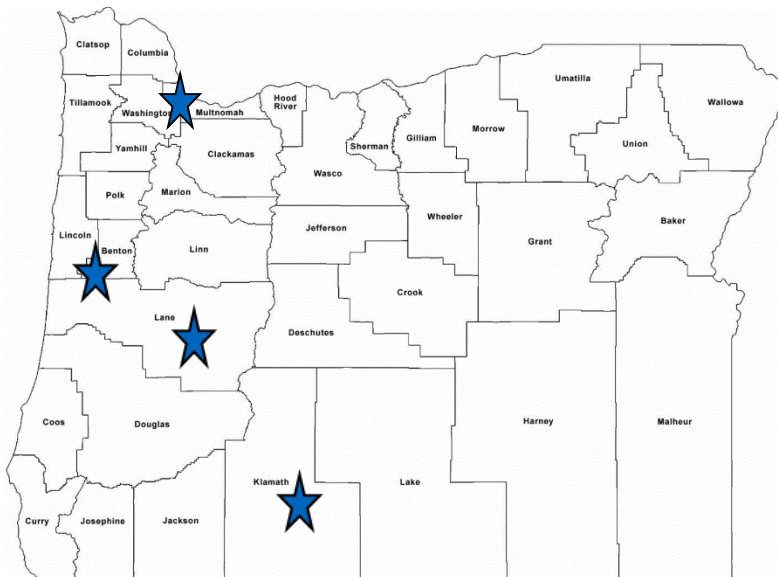
Why is TRL Important?

- Identifies retailers
- Opportunity for relationships with retailers (similar to restaurant inspections)
- Enforce Tobacco 21 and other tobacco laws
- TRL effectively decreases illegal tobacco sales to minors

TRL in Oregon

Jurisdictions Passed TRL

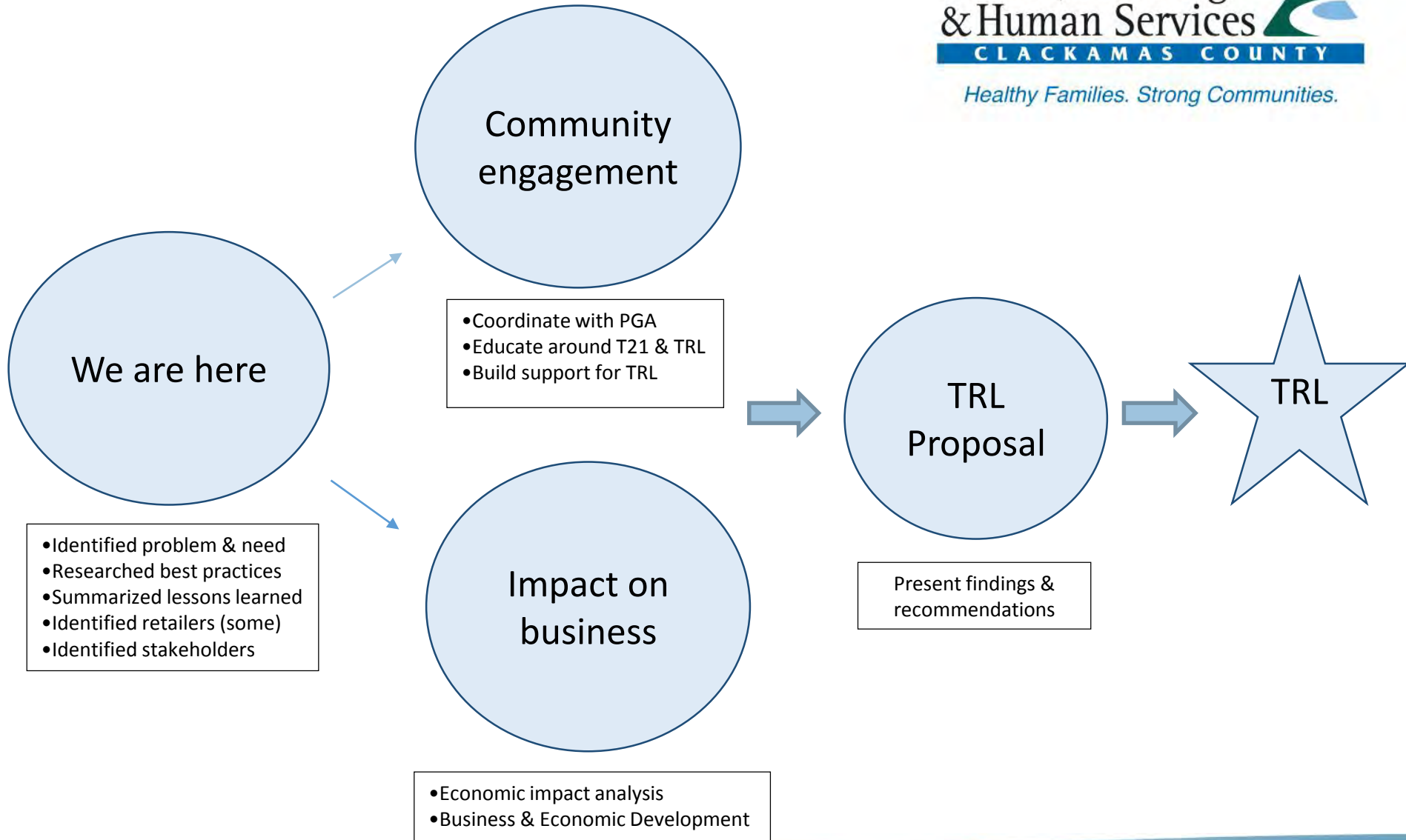
- Benton County
- Clackamas County
- Lane County
- Multnomah County



Lessons Learned

- Most effective county-wide
- Community engagement critical for success
- License fee to cover education & enforcement
- Political will, leadership, PGA and county counsel

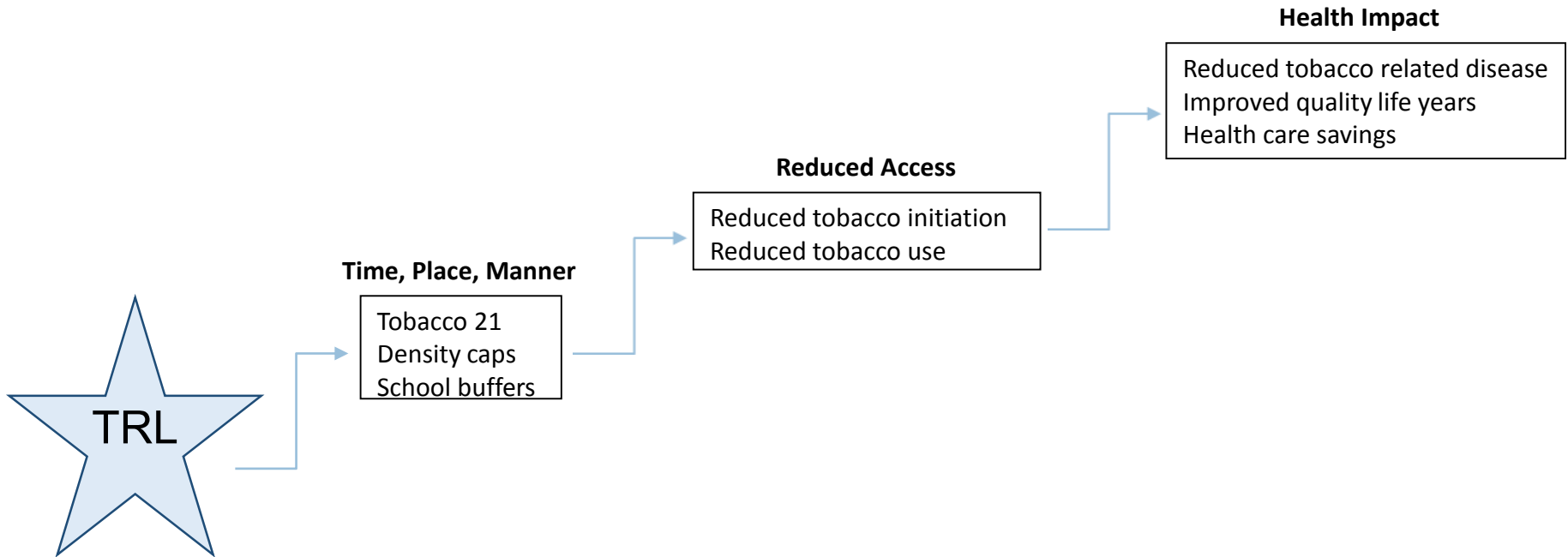
Process to Pass Tobacco Retail Licensing (TRL)



Community engagement

- Educate stakeholders about the impact of tobacco, Tobacco 21 and TRL
- Stakeholders include city and hamlet leaders, school districts, prevention coalitions, business & economic development
- Garner support for Tobacco Retail Licensing and time, place, manner policies that reduce youth access to tobacco and nicotine products
- Proposed timeline is spring – summer 2018
- Finalize and implement outreach plan with PGA. Strategies include one-on-one interviews, public presentations, community forums, round table discussions, on-line feedback

Health Impact of TRL



Protecting Youth Through Tobacco Retail Licensing

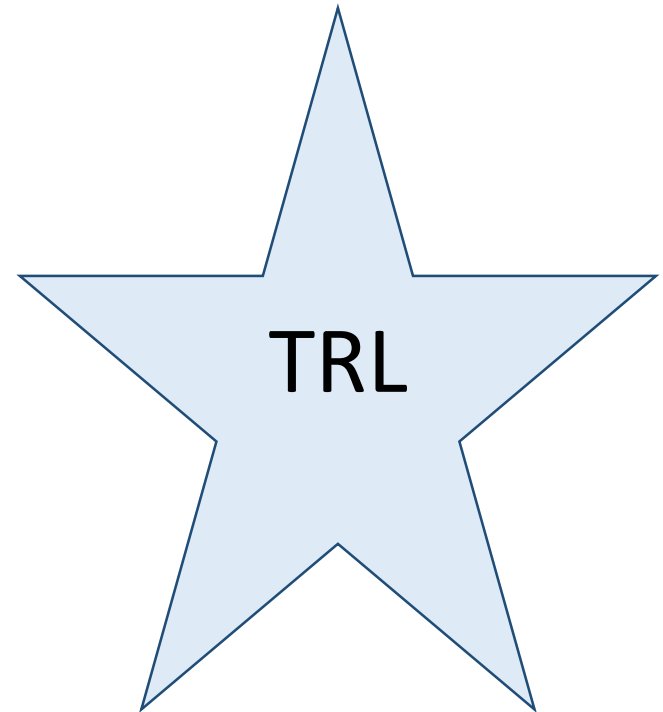
Clackamas County Public Health Division

Dawn Emerick, Ed.D, Director

Objectives

Explain Tobacco Retail
Licensing and the benefits

Gain Chamber's support for
county-wide TRL



Public Health Values

Healthy and safe communities for everyone to
live, work, learn, play and thrive.



Image: Oregon City Open Air Antique Fair

Chambers in Action

North Carolina, Indiana, Kentucky, Missouri

Chambers have endorsed cigarette tax hikes, raising the smoking age to reduce tobacco use

Kansas City

Tobacco 21 is a priority to reduce youth tobacco use up to 25%

Chambers of Commerce around the country have partnered with Public Health because there is a business case for tobacco-policy.

Youth are vulnerable to nicotine

Clackamas County 11th graders in last 30 days....

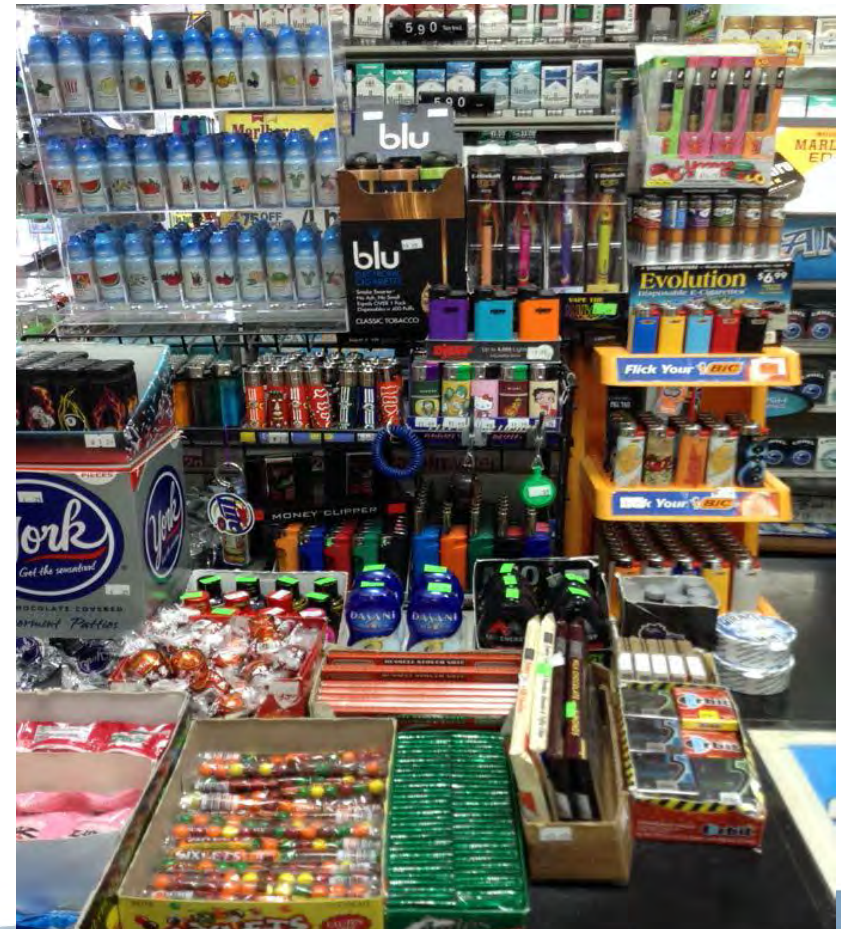
- 25% used any tobacco product
- 41% have used any form of tobacco before age 18
- 1 in 3 youth said it would be “very easy” to get tobacco



Oregon Healthy Teens Survey 2017

What is Tobacco Retail Licensing (TRL)?

- Requires businesses to purchase a license to sell tobacco & nicotine products
- Retailer education & support
- Annual license fee
- Enforcement system



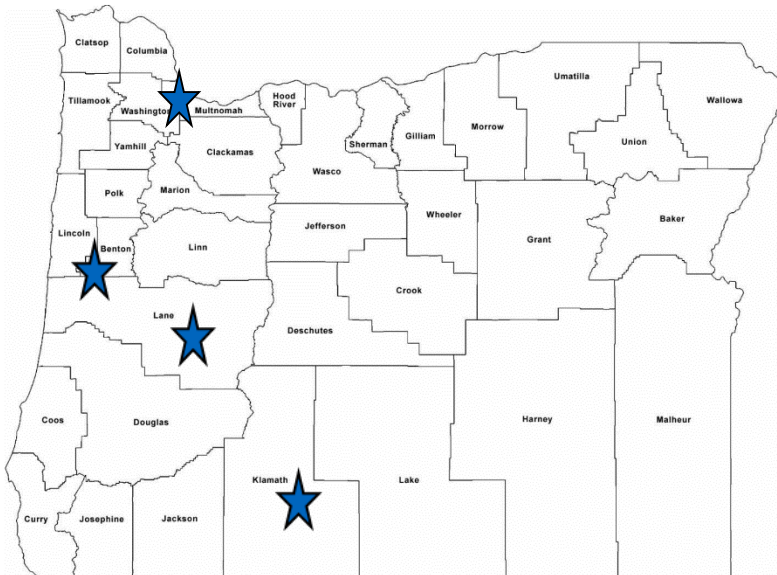
Why TRL?

- Opportunity for relationships with retailers
- Enforce Tobacco 21 and other tobacco laws
- TRL effectively decreases illegal tobacco sales to minors
- Has minimal economic impact on business

TRL in Oregon

Jurisdictions Passed TRL

- Benton County
- Clackamas County
- Lane County
- Multnomah County



Lessons Learned

- Most effective county-wide
- License fee to cover education & enforcement
- Public Health Authorities are best positioned to implement TRL

TRL Timeline

2018

- Engage stakeholders.
- Present TRL ordinance to BCC by December.

2019

- Facilitate Rules Advisory Committee.
- Begin educating tobacco retailers on TRL
- Finalize operations

2020

- Retailers apply for license (Jan – June 2020)
- Start inspection July 2020

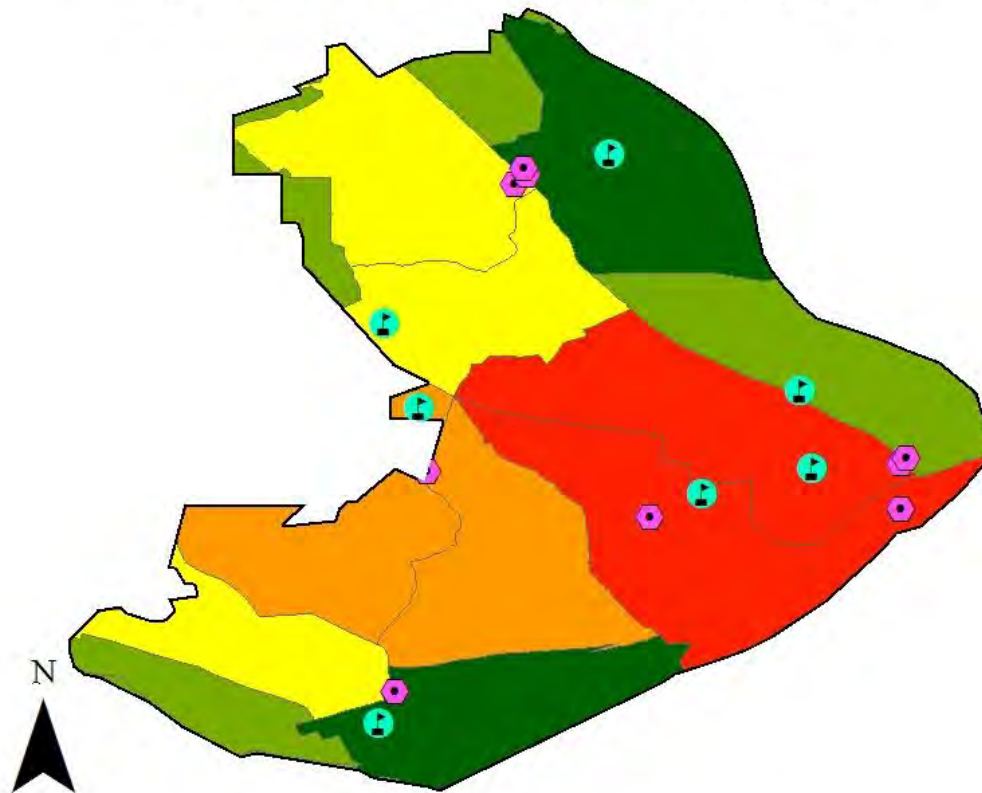
Summary / Conclusion

- TRL decreases sales of tobacco to minors
- TRL is needed to enforce Tobacco 21
- City councils support TRL
- TRL will not adversely effect businesses
- TRL is a best practice to reduce addiction to nicotine, chronic disease and tobacco-related death


THANK YOU!


QUESTIONS?

West Linn: Youth Under 21 and Tobacco Retail Locations



Legend

 Tobacco Retailers

 Schools

 West Linn City Limit


Population Under 21

 100 - 250

 251 - 500

 501 - 750

 751 - 1000

 1001 - 2150

0 0.375 0.75 1.5 Miles

Approximately 7,100 youth under the age of 21 live in the West Linn area. In this same area, there are 9 tobacco retail locations.

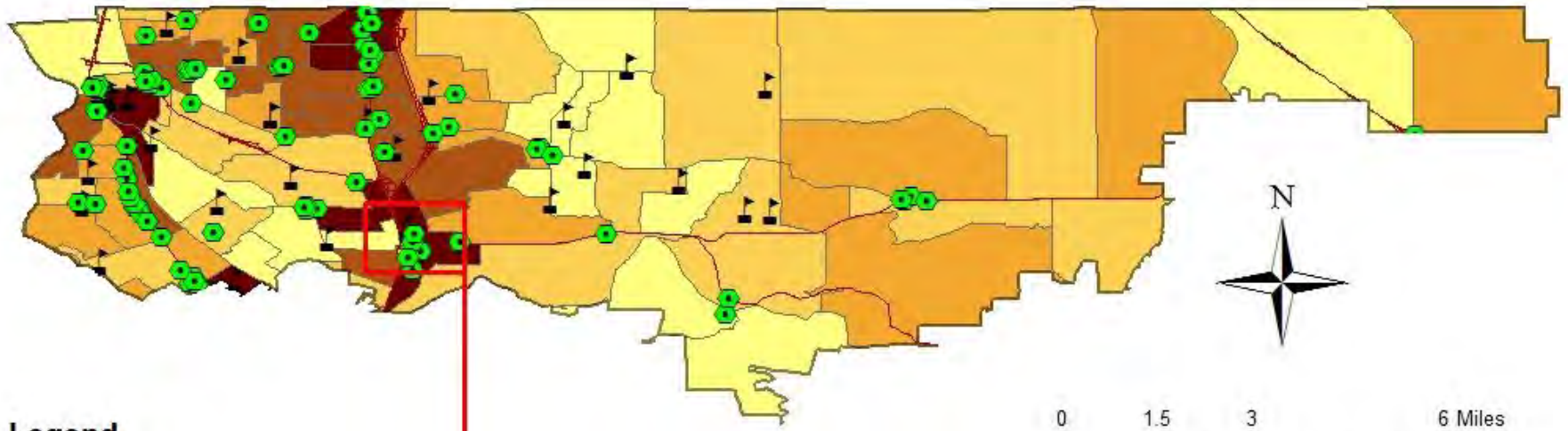
Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education






Public Health

North Clackamas Health Equity Zone






Tobacco Retailers, Schools, and Percentage in Poverty: By Census Block Group

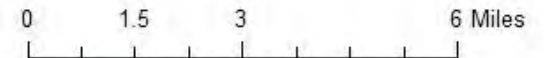


Legend

-  Tobacco Retailers
-  Schools
-  Highways

Percent in Poverty

-  0 - 4
-  5 - 8
-  9 - 13
-  14 - 22
-  23 - 45

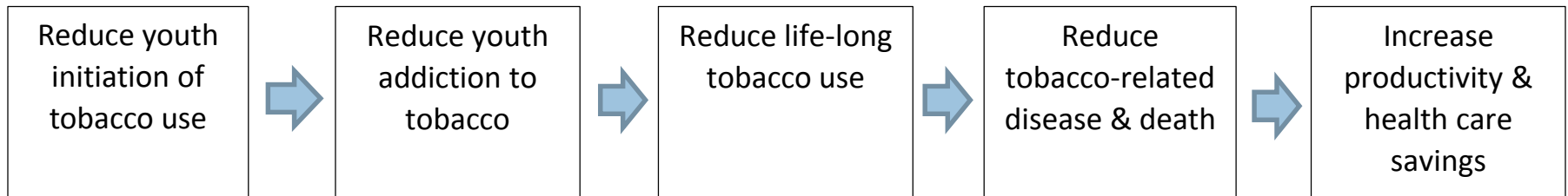


Public Health
Prevent. Promote. Protect.



Clackamas County Public Health Division
Data Source: ACS 5-year estimates, 2011-2015,
Oregon Department of Education, and
Clackamas County Health Division

Impact of TRL



No significant adverse economic impact

	Total	Reduction
Employees (FTE)	7,127	-4.12
Labor income	\$204,899,969	-\$129,185

Protecting Youth Through Tobacco Retail Licensing

Clackamas County City Managers
May 7, 2018

Rich Swift, Director of Health, Housing and Human Services

Dawn Emerick, Public Health Director

Clackamas County

Objective

Explain Tobacco Retail
Licensing and the benefits



What is Tobacco Retail Licensing (TRL)?

- Requires businesses to purchase a license to sell tobacco & nicotine products
- Retailer education & support
- Annual license fee
- Enforcement system



Youth are vulnerable to nicotine

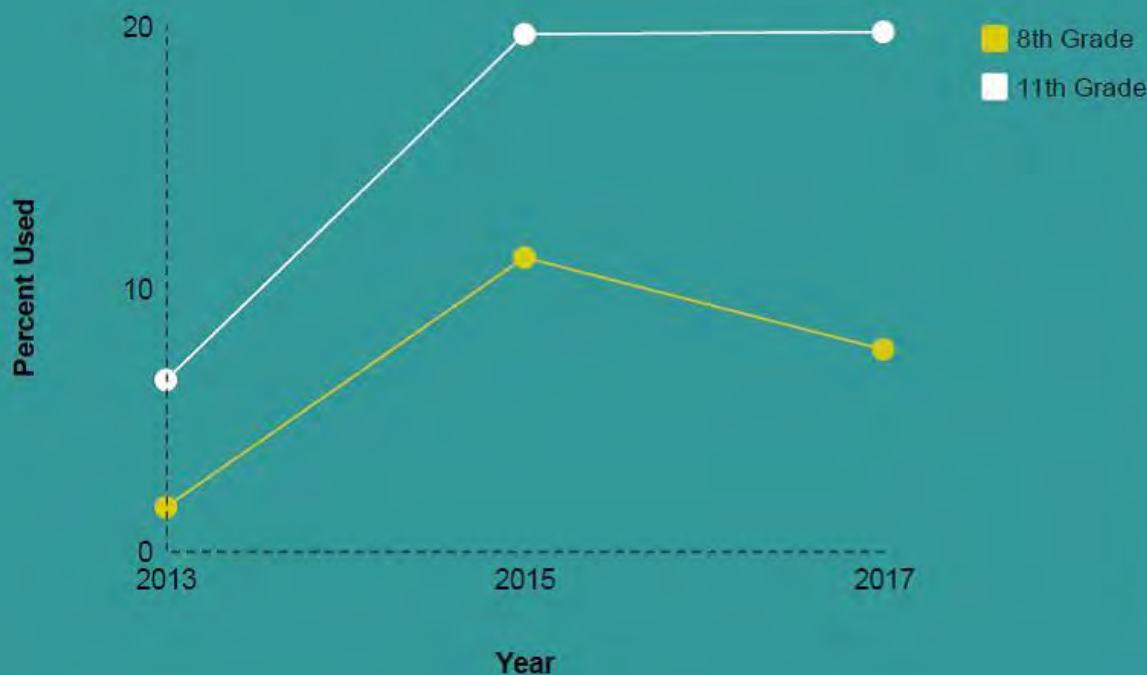
Clackamas County 11th graders in last 30 days....

- 25% used any tobacco product
- 41% have used any form of tobacco before age 18
- 1 in 3 youth said it would be “very easy” to get tobacco



YOUTH SMOKING TRENDS

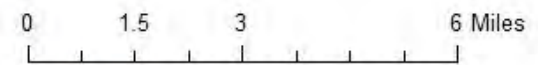
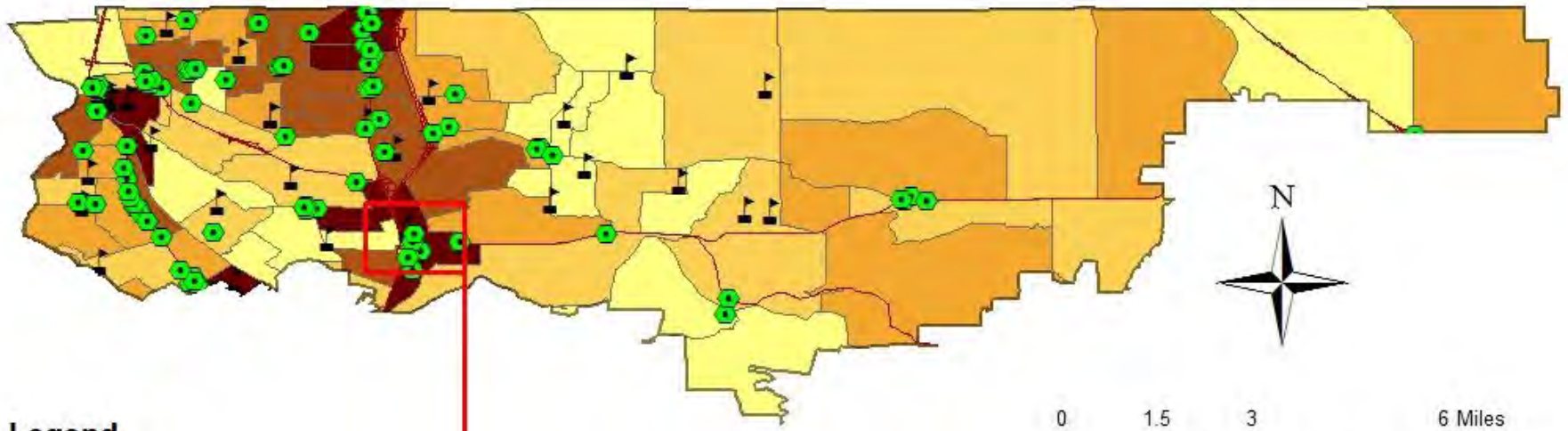
Clackamas County Youth E-Cigarette Use






Adolescents of all ages show increased use of e-cigarettes and vaping. In 2013 1.6% of 8th graders and 6.5% of 11th graders had used electronic smoking devices in the past 30 days. In 2015 11.1% of 8th graders and 19.6% of 11th graders had used an electronic smoking devices in the past 30 days. These rates started to stabilize in 2017, with 8th grade usage decreasing 3.5%, and 11th grade usage increasing 0.1%.

North Clackamas Health Equity Zone






Tobacco Retailers, Schools, and Percentage in Poverty: By Census Block Group



Legend

-  Tobacco Retailers
-  Schools
-  Highways

Percent in Poverty

-  0 - 4
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-  23 - 45



Public Health
Prevent. Promote. Protect.



Clackamas County Public Health Division
Data Source: ACS 5-year estimates, 2011-2015,
Oregon Department of Education, and
Clackamas County Health Division

Tobacco's toll in one year



50,400 Adults who regularly smoke cigarettes

11,634 People with a serious illness caused by tobacco



595

Tobacco-related deaths



\$118.7 Million

spent on tobacco-related medical care

Population

Youths 88,342
Adults 297,738
Total residents 386,080

\$95.1 Million

In productivity losses due to premature tobacco-related deaths

Among tobacco retailers assessed in Clackamas County



More than **1 in 2** was located within 1,000 feet of a school or park.



2 in 3 advertised tobacco outside



Nearly **8 in 10** sold tobacco at discounted prices



\$1.23 was the average price of a single, flavored little cigar



The Tobacco Industry spent **\$112 million** a year promoting tobacco products in Oregon stores in 2012.

Components of a comprehensive tobacco prevention program



Oregon's Tobacco Prevention and Education Program (TPEP) supports local public health authorities to serve all 36 counties and nine federally-recognized tribes. TPEP works to:

- Engage communities in reducing the tobacco industry influence in retail stores
- Increase the price of tobacco
- Promote smokefree environments
- Provide support and resources to Oregon smokers who want to quit
- Engage diverse populations of Oregonians

Top three causes of death

- 1) Major cardiovascular disease
- 2) Cancer (lung, breast, lymphoid)
- 3) Chronic lower respiratory diseases (emphysema)

Clackamas County Community Health Assessment

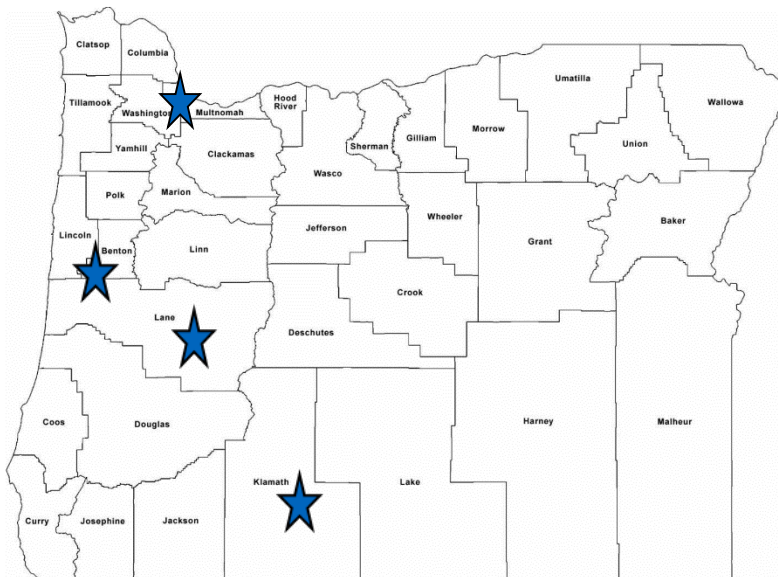
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TRL in Oregon

Jurisdictions Passed TRL

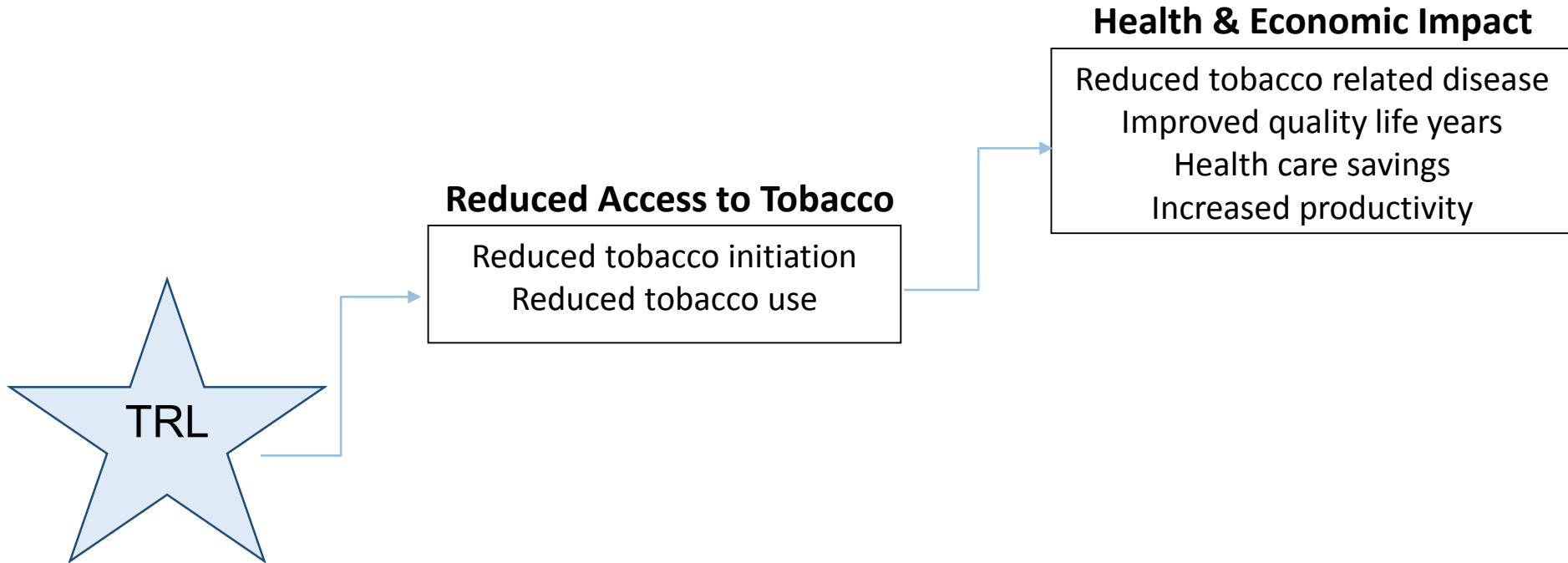
- Benton County
- Clackamas County
- Lane County
- Multnomah County



Lessons Learned

- Most effective county-wide
- License fee to cover education & enforcement
- Local Public Health Authorities are best positioned to implement TRL

Impact of TRL



Protecting Youth Through Tobacco Retail Licensing

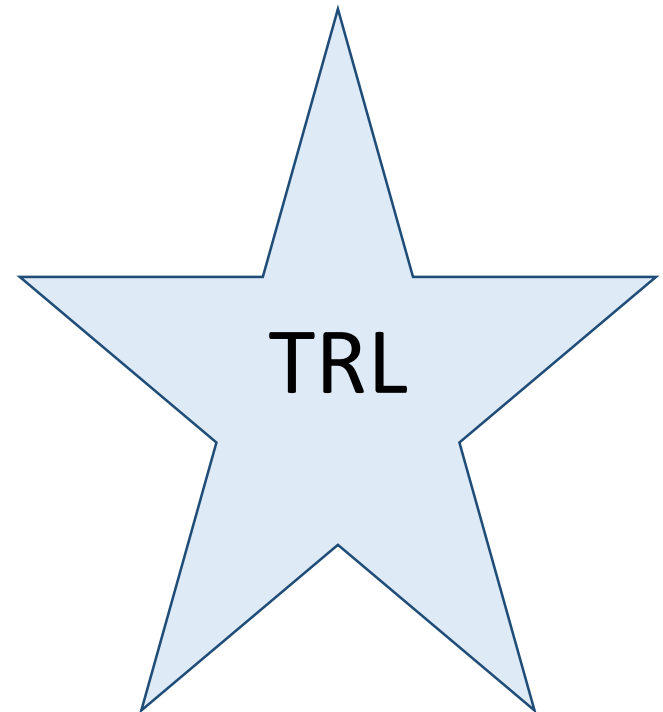
Clackamas County Public Health Division

Bentley Moses, MPH, Program Manager

Objectives

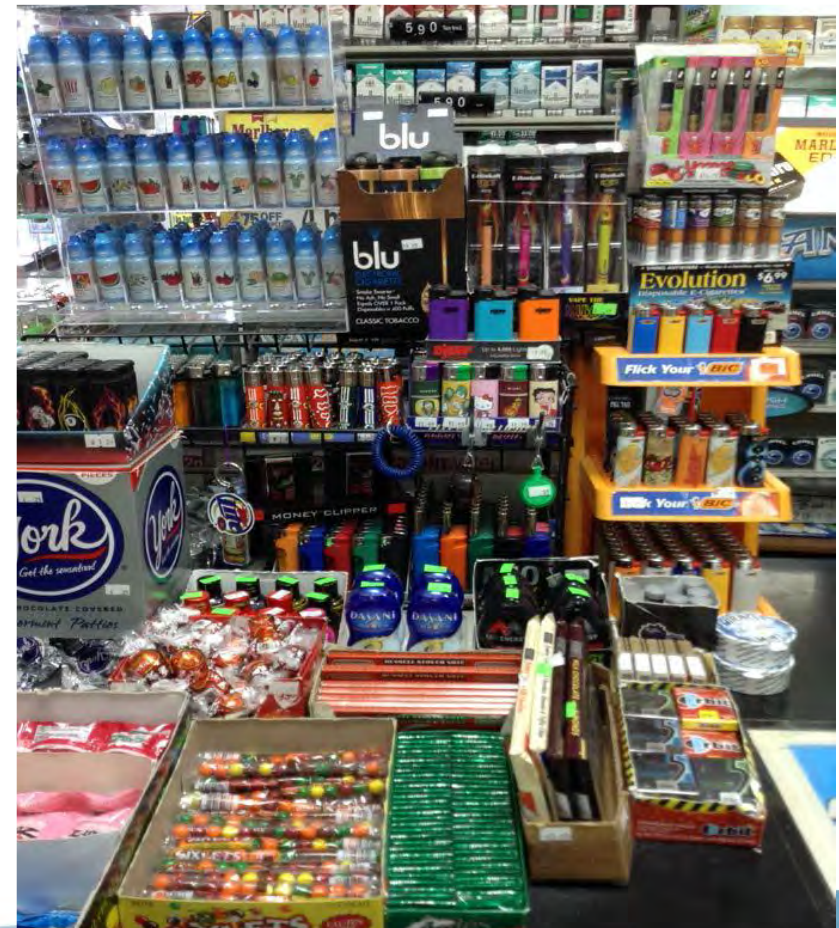
Explain Tobacco Retail
Licensing and the benefits

Gain cities' support for a
county-wide TRL



What is Tobacco Retail Licensing (TRL)?

- Requires businesses to purchase a license to sell tobacco & nicotine products
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- Enforcement system



Youth are vulnerable to nicotine

Clackamas County 11th graders in last 30 days....

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- 41% have used any form of tobacco before age 18
- 1 in 3 youth said it would be “very easy” to get tobacco



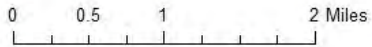
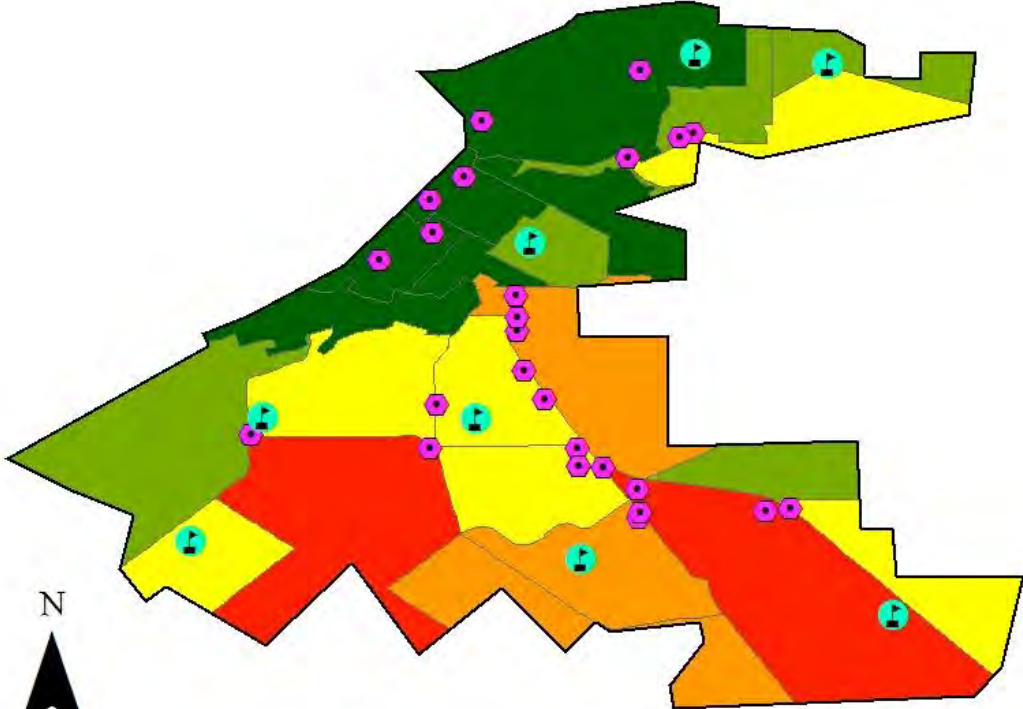
Oregon Healthy Teen Survey 2017

“He Started Vaping As A Teen And Now Says Habit Is Impossible To Let Go”



National Public Radio, 06/07/2018

Oregon City: Youth Under 21 and Tobacco Retail Locations



- Legend**
- Tobacco Retailers
 - Schools
 - Oregon City Limits
- Population Under 21**
- 75 - 250
 - 251 - 500
 - 501 - 750
 - 751 - 1000
 - 1001 - 2150

Approximately 11,000 youth under the age of 21 live in the Oregon City area. In this same area, there are 25 tobacco retail locations.

Clackamas County Public Health Division: Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education.



Public Health
 Health, Housing & Human Services
 CLACKAMAS COUNTY

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Clackamas County Community Health Assessment

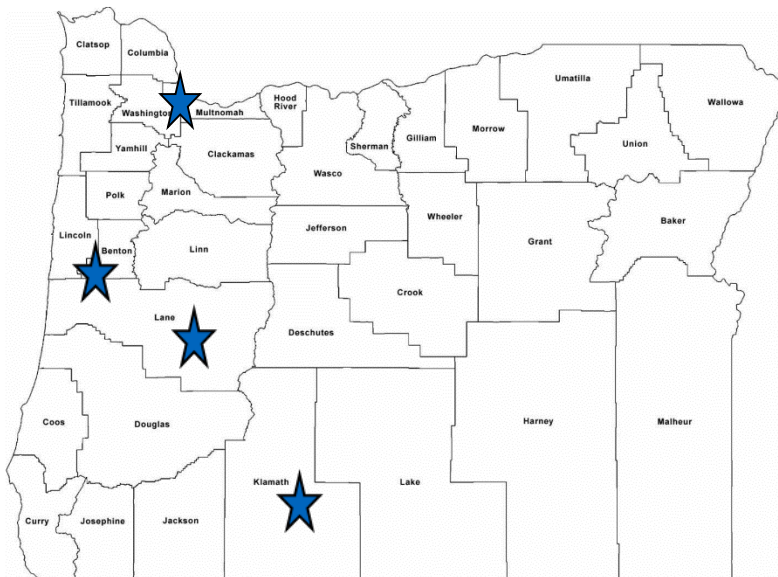
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TRL in Oregon

Jurisdictions Passed TRL

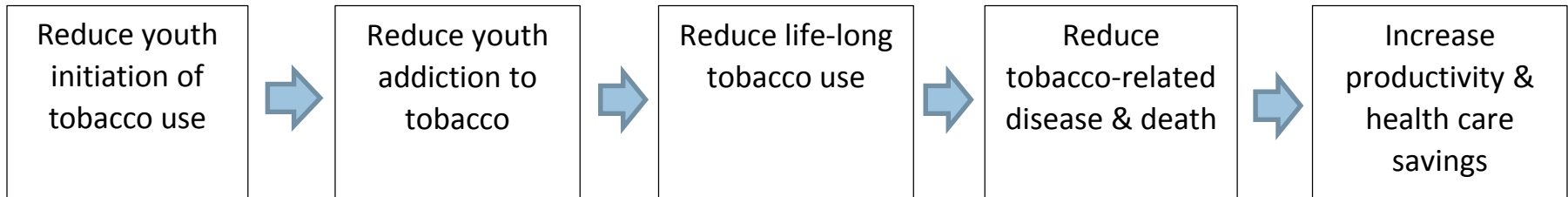
- Benton County
- Clackamas County
- Lane County
- Multnomah County



Lessons Learned

- Most effective county-wide
- License fee to cover education & enforcement
- Public Health Authorities are best positioned to implement TRL

Impact of TRL



No significant adverse economic impact

	Total	Reduction
Employees (FTE)	7,127	-4.12
Labor income	\$204,899,969	-\$129,185

THANK YOU!

Protecting Youth Through Tobacco Retail Licensing

Clackamas County Superintendents

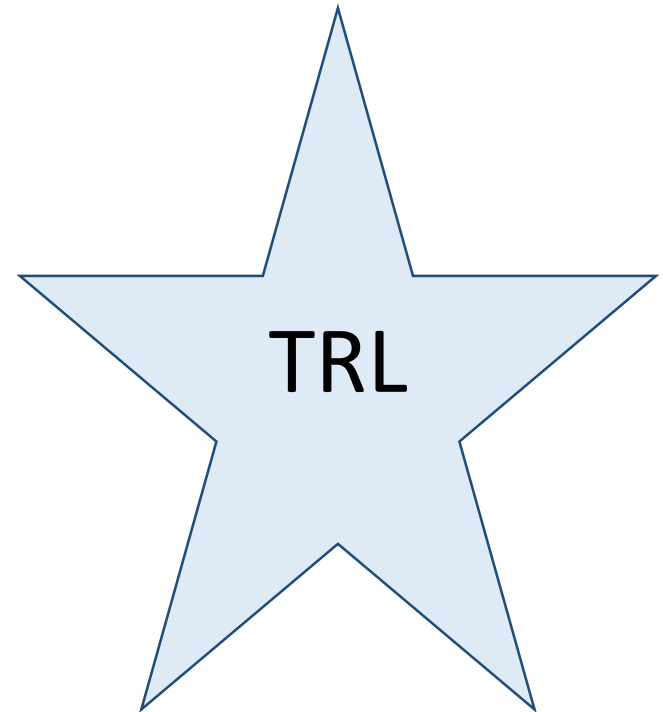
Clackamas County Public Health Division

Bentley Moses, MPH, Program Manager

Objectives

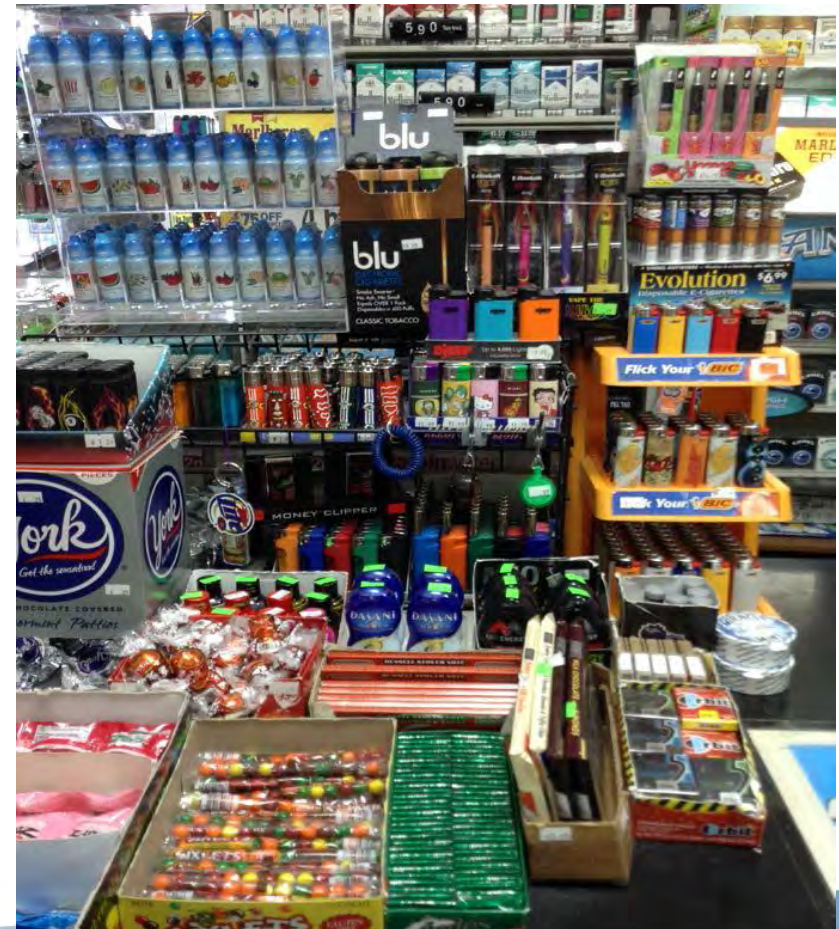
Explain Tobacco Retail
Licensing and the benefits

Gain school districts' support
for a county-wide TRL



What is Tobacco Retail Licensing (TRL)?

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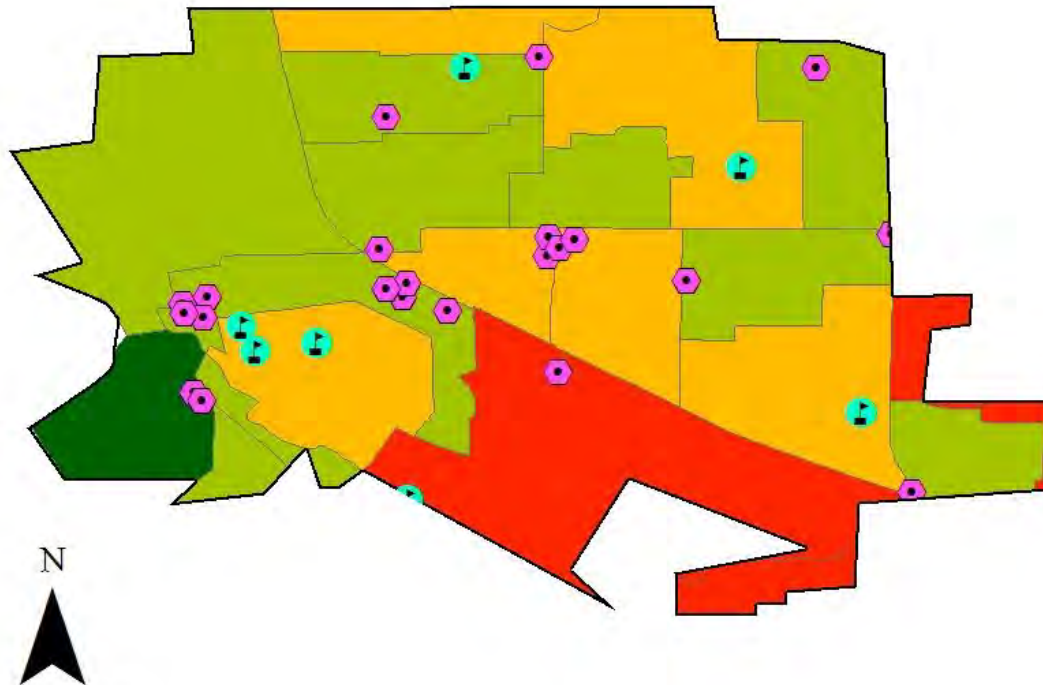
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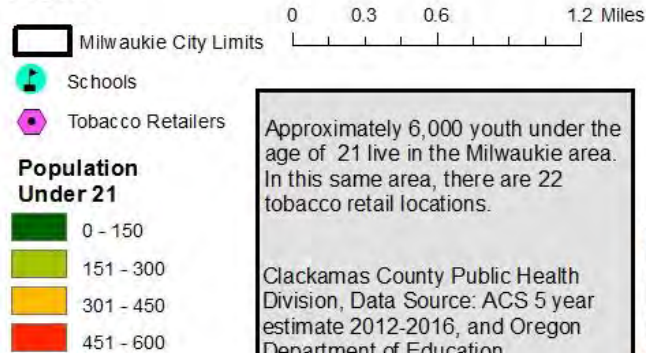


National Public Radio, 06/07/2018

Milwaukie: Youth Under 21 and Tobacco Retail Locations



Legend



Approximately 6,000 youth under the age of 21 live in the Milwaukie area. In this same area, there are 22 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education



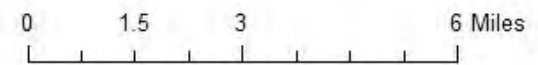
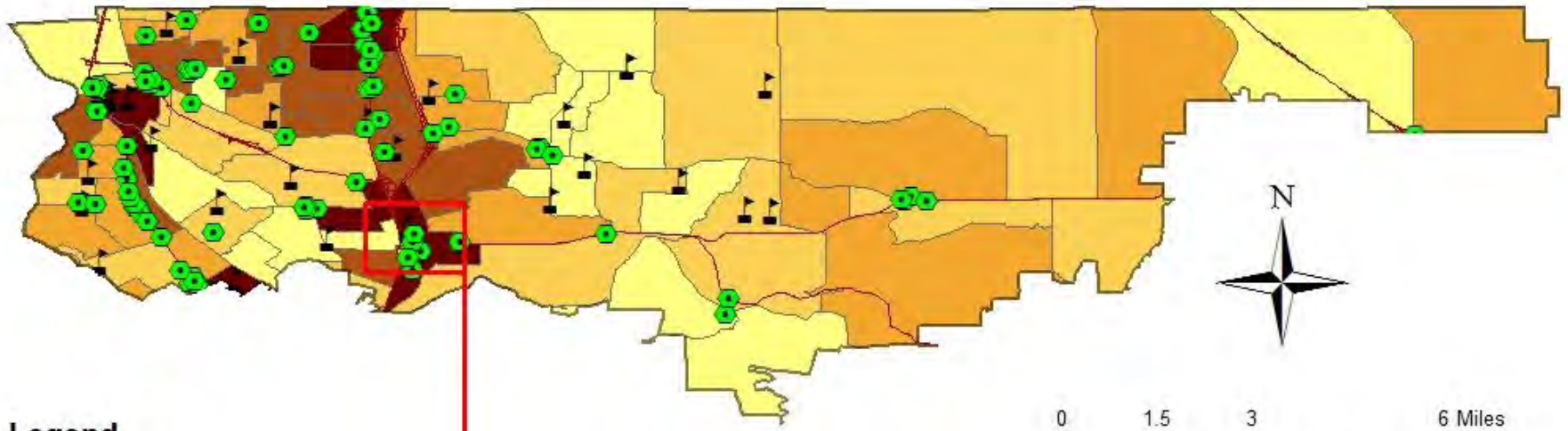
Public Health

Health, Housing & Human Services






CLACKAMAS COUNTY






North Clackamas Health Equity Zone Tobacco Retailers, Schools, and Percentage in Poverty: By Census Block Group



Legend

-  Tobacco Retailers
-  Schools
-  Highways

Percent in Poverty

-  0 - 4
-  5 - 8
-  9 - 13
-  14 - 22
-  23 - 45



Public Health
Prevent. Promote. Protect.



Clackamas County Public Health Division
Data Source: ACS 5-year estimates, 2011-2015,
Oregon Department of Education, and
Clackamas County Health Division

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\$118.7 Million

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- 1) Major cardiovascular disease
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Clackamas County Community Health Assessment

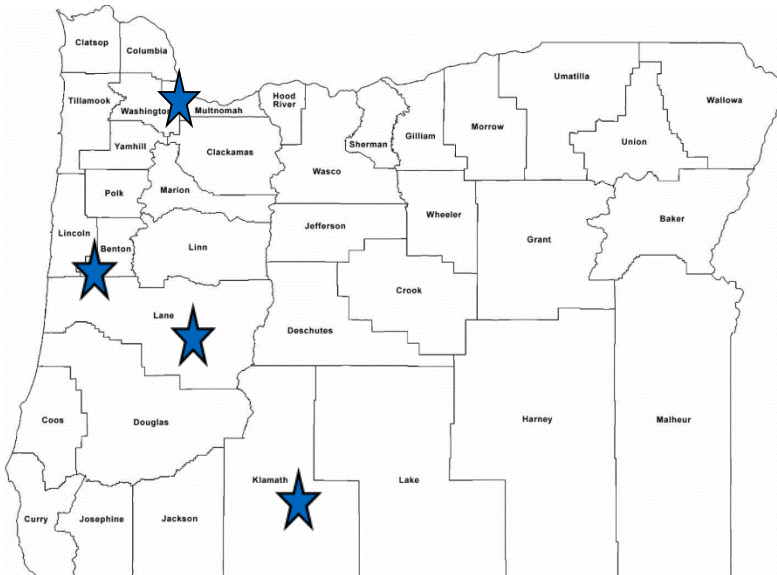
Why TRL?

- Enforce Tobacco 21 and other tobacco laws
- Decrease illegal tobacco sales to minors

TRL in Oregon

Jurisdictions Passed TRL

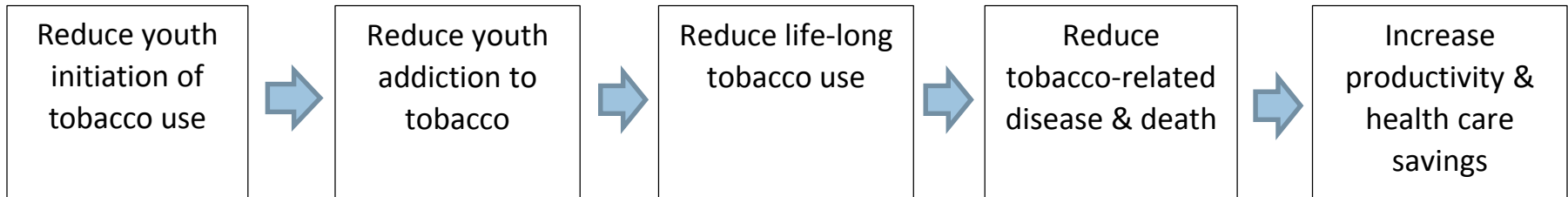
- Benton County
- Clackamas County
- Lane County
- Multnomah County



Lessons Learned

- Most effective county-wide
- License fee to cover education & enforcement
- Public Health Authorities are best positioned to implement TRL

Impact of TRL



No significant adverse economic impact

	Total	Reduction
Employees (FTE)	7,127	-4.12
Labor income	\$204,899,969	-\$129,185

Summary / Conclusion

- TRL decreases sales of tobacco to minors
- TRL is needed to enforce Tobacco 21
- City councils support TRL
- TRL will not adversely effect businesses
- TRL is a best practice to reduce addiction to nicotine, chronic disease and tobacco-related death

THANK YOU!

RESOLUTION 1146

**A RESOLUTION SUPPORTING A CLACKAMAS COUNTY-WIDE
TOBACCO RETAIL LICENSE**

WHEREAS, Tobacco use remains the most preventable cause of illness and death in America and Clackamas County; and

WHEREAS, Nearly 90% of adult tobacco smokers started smoking before age 18, more than three quarters start before age 20. Adolescents who start smoking before their 19th birthday have on average a 20% higher risk of dying from smoking-related illness; and

WHEREAS, One in three youth said it would be “very easy” to get tobacco according to the Oregon Healthy Teen Survey and youth living in areas with the highest density of retail tobacco outlets are more likely to have smoked cigarettes in the last month; and

WHEREAS, Oregon increased the tobacco and nicotine product possession age to 21 but did not pass a state-wide tobacco retail license, the necessary mechanism to enforce the new legal sales age; and

WHEREAS, a county-wide licensing system for tobacco retailers is appropriate to enforce tobacco control laws to protect the health, safety, and welfare of our residents; and

WHEREAS, research demonstrates that local tobacco retail ordinances reduce youth access to cigarettes. A review of 33 California communities with strong tobacco retailer licensing ordinances shows that the youth sales rate declined in 31 of these communities after the ordinances were enacted, with an average decrease of 26 percent in the youth sales rate; and

WHEREAS, a requirement for a tobacco retailer license will not unduly burden businesses who sell or distribute tobacco or nicotine products.

NOW THEREFORE, the Gladstone City Council does hereby resolve to support the Clackamas County Board of County Commissioners as the Board of Health to adopt a tobacco retail license requiring all businesses located in the County to obtain an annual license to sell tobacco and other nicotine products, including electronic cigarettes.

Dated this 11TH day of SEP., 2018



Tamara Stempel, Mayor

ATTEST



Tami Bannick, City Recorder

COUNCIL RESOLUTION No. 72-2018

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MILWAUKIE, OREGON, IN SUPPORT OF A COUNTYWIDE TOBACCO RETAIL LICENSE (TRL).

WHEREAS, Tobacco use remains the most preventable cause of illness and death in America and Clackamas County; and

WHEREAS, nearly 90% of adult tobacco smokers started smoking before age 18, with more than three quarters starting before age 20, and adolescents who start smoking before their 19th birthday are more likely to die from smoking-related illness; and

WHEREAS, according to the Oregon Healthy Teen Survey, one in three youth said it would be "very easy" to get tobacco and youth living in areas with the highest density of retail tobacco outlets are more likely to have smoked cigarettes in the last month; and

WHEREAS, the State of Oregon increased the tobacco and nicotine product possession age to 21 but did not pass a state-wide tobacco retail license, the necessary mechanism to enforce the new legal sales age; and

WHEREAS, a county licensing system for tobacco retailers is appropriate to enforce tobacco control laws to protect the health, safety, and welfare of our residents; and

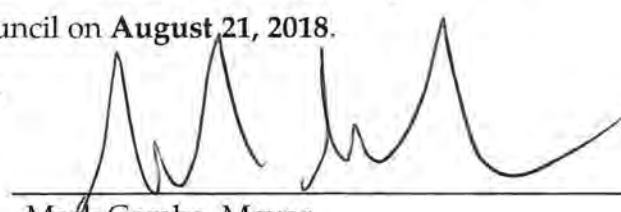
WHEREAS, research demonstrates that local tobacco retail ordinances reduce youth access to cigarettes, and a review of 33 California communities with strong tobacco retailer licensing ordinances showed that youth sales of tobacco declined in 31 of these communities after the ordinances were enacted; and

WHEREAS, a requirement for a tobacco retailer license will not unduly burden businesses who sell or distribute tobacco or nicotine products.

NOW THEREFORE, the City Council of the City of Milwaukie, Oregon, does hereby support the Clackamas County Board of Commissioners, as the Board of Health, plans to adopt a tobacco retail license that requires all businesses in the county to obtain an annual license to sell tobacco and other nicotine products, including electronic cigarettes.

Introduced and adopted by the City Council on **August 21, 2018.**

This resolution is effective immediately.



Mark Gamba, Mayor

APPROVED AS TO FORM:

Jordan Ramis PC



City Attorney

ATTEST:



Scott Stauffer, City Recorder

RESOLUTION NO. 18-43

**A RESOLUTION SUPPORTING THE CLACKAMAS COUNTY-WIDE TOBACCO
RETAIL LICENSE**

WHEREAS, tobacco use remains the most preventable cause of illness and death in America and Clackamas County; and

WHEREAS, nearly 90% of adult tobacco smokers started smoking before age 18, more than three quarters start before age 20. Adolescents who start smoking before their 19th birthday have on average a 20% higher risk of dying from smoking-related illness; and

WHEREAS, one in three youth said it would be "very easy" to get tobacco according to the Oregon Healthy Teen Survey and youth living in areas with the highest density of retail tobacco outlets are more likely to have smoked cigarettes in the last month; and

WHEREAS, Oregon increased the tobacco and nicotine product possession age to 21 but did not pass a state-wide tobacco retail license, the necessary mechanism to enforce the new legal sales age; and

WHEREAS, a county-wide licensing system for tobacco retailers is appropriate to enforce tobacco control laws to protect the health, safety, and welfare of our residents; and

WHEREAS, research demonstrates that local tobacco retail ordinances reduce youth access to cigarettes. A review of 33 California communities with strong tobacco retailer licensing ordinances shows that the youth sales rate declined in 31 of these communities after the ordinances were enacted, with an average decrease of 26 percent in the youth sales rate; and

WHEREAS, a requirement for a tobacco retailer license will not unduly burden businesses who sell or distribute tobacco or nicotine products.

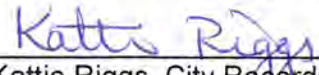
NOW, THEREFORE, OREGON CITY RESOLVES AS FOLLOWS:

Section 1: The City Commission supports the Clackamas County Board of County Commissioners as the Board of Health to adopt a tobacco retail license requiring all businesses located in the County to obtain an annual license to sell tobacco and other nicotine products, including electronic cigarettes.

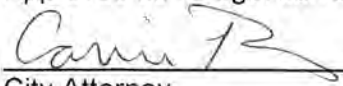
Approved and adopted at a regular meeting of the City Commission held on the 5th day of December 2018.


DAN HOLLADAY, Mayor

Attested to this 5th day of December 2018:


Katie Riggs, City Recorder

Approved as to legal sufficiency:


City Attorney

RESOLUTION NO. 2018-20

A RESOLUTION SUPPORTING A CLACKAMAS COUNTY-WIDE TOBACCO RETAIL LICENSE PROGRAM

WHEREAS, Tobacco use remains the most preventable cause of illness and death in America and Clackamas County; and

WHEREAS, Nearly 90% of adult tobacco smokers started smoking before age 18 and more than three quarters start before age 20; and

WHEREAS, Adolescents who start smoking before their 19th birthday have on average a 20 percent higher risk of dying from smoking-related illness; and

WHEREAS, One in three youth said it would be “very easy” to get tobacco according to the Oregon Healthy Teen Survey and youth living in areas with the highest density of retail tobacco outlets are more likely to have smoked cigarettes in the last month; and

WHEREAS, Oregon increased the tobacco and nicotine product possession age to 21 but did not pass a state-wide tobacco retail license, the necessary mechanism to enforce the new legal sales age; and

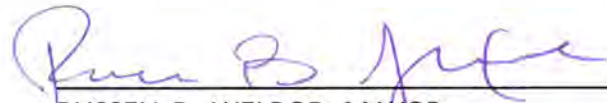
WHEREAS, a county-wide licensing system for tobacco retailers is appropriate to enforce tobacco control laws to protect the health, safety, and welfare of our residents; and

WHEREAS, research demonstrates that local tobacco retail ordinances reduce youth access to cigarettes. A review of 33 California communities with strong tobacco retailer licensing ordinances shows that the youth sales rate declined in 31 of these communities after the ordinances were enacted, with an average decrease of 26 percent in the youth sales rate; and

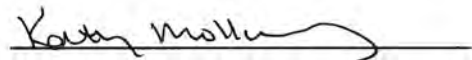
WHEREAS, a requirement for a tobacco retailer license will not unduly burden businesses who sell or distribute tobacco or nicotine products.

NOW, THEREFORE, the City of West Linn resolves to support the Clackamas County Board of County Commissioners as the Board of Health to adopt a tobacco retail license program requiring all businesses located in the County to obtain an annual license to sell tobacco and other nicotine products, including electronic cigarettes.

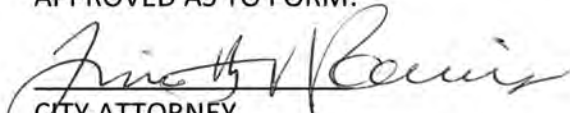
This resolution was PASSED and ADOPTED this 10th day of September, 2018, and takes effect upon passage.


RUSSELL B. AXELROD, MAYOR

ATTEST:


KATHY MOLLUSKY, CITY RECORDER

APPROVED AS TO FORM:


CITY ATTORNEY

November 6, 2018

To the Clackamas County Board of Health:

The City of Sandy writes to you in support of a county-wide tobacco retail licensing ordinance. As tobacco use remains the leading cause of illness and death in Clackamas County, the City of Sandy believes that a Tobacco Retail License (TRL) is an effective strategy to promote health and wellbeing of our youth by limiting their access to tobacco products in the retail environment.

We learned from the Clackamas County Public Health Division that one in four 11th graders in Clackamas County have used any form of tobacco; one in three youth said it would be “very easy” to get tobacco.

This is alarming because nicotine is a highly addictive powerful drug. Nearly 90% of adult tobacco smokers report starting before age 18. Adolescents who start smoking before their 19th birthday are more likely to die from smoking-related illness. Moreover, nicotine use during adolescence may have lasting negative consequences for brain development.

A countywide TRL requiring all businesses to obtain a license to sell tobacco and nicotine products is a necessary mechanism to enforce the minimum legal sales age and other tobacco laws. TRL would ensure that all retailers in the City of Sandy are equipped with the information and tools to keep tobacco and nicotine products out of the hands of our young people and to help protect them from a lifetime of addiction and poor health.

The Sandy City Council has directed me to write this letter that supports the Clackamas County Board of Commissioners, as the Board of Health, to adopt a county-wide TRL to protect the health of our community. We entrust the Public Health Division to implement the program in the City of Sandy.

Submitted on behalf of the Sandy City Council.

Respectfully,

Kim E. Yamashita

Kim E. Yamashita, City Manager



December 6, 2018

Dear Clackamas County Chair Commissioner Jim Bernard and Board of County Commissioners,

Oregon City Together is a local coalition of parents, youth, schools, law enforcement, past and current elected officials, faith-based organizations, government agencies and other organizations serving youth. The coalition's mission is to create healthy futures for Oregon City youth.

Our focus is primarily on preventing youth marijuana use and underage drinking. However, we have seen a huge jump in the use of e-cigarettes and vaping. According to the 2018 Oregon Healthy Teen Survey, 10 percent of 11th graders in the Oregon City School District said they had smoked a cigarette during the past 30 days. But three times as many (30.2) percent of 11th graders said they had used an e-cigarette, vape pen or e-hookah during the past 30 days.

Oregon's success in reducing the youth smoking rate is being eroded by the vaping trend. The Centers for Disease Control states that most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development. Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.

Oregon works to stop illegal retail sales of alcohol and marijuana to youth. It would be useful to provide tools to improve monitoring and enforcement of illegal tobacco sales to youth as well, especially sales of e-cigarettes.

Sincerely,

A handwritten signature in cursive script that reads "Laura Poore".

Laura Poore
OCT Chair

SIGNATURE PAGE TO THE YOUTH SUBSTANCE USE PREVENTION GRANT AGREEMENT

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers.

SUBRECIPIENT

Oregon City Together
1417 12th Street
Oregon City, OR 97045

By: 
Laura Poore, Executive Director

Dated: 12/5/18

CLACKAMAS COUNTY

Commissioner Jim Bernard, Chair
Commissioner Sonya Fischer
Commissioner Ken Humberston
Commissioner Paul Savas
Commissioner Martha Schrader

Signing on behalf of the Board:

By: _____
Richard Swift, Director
Health, Housing & Human Services

Dated: _____

Approved to work plan and budget:

By: _____
Rodney A. Cook, Director
Children, Family & Community Connections Division

Dated: _____

- Exhibit A-1: Statement of Program Objectives
- Exhibit A-2: Performance Reporting Schedule and Work Plan Quarterly Report
- Exhibit A-3: Client Feedback Survey and Report
- Exhibit A-4: Demographic Report
- Exhibit B: Program Budget
- Exhibit C-1: Financial Report and Disbursement Request
- Exhibit C-2: Monthly Activity Report



OREGON PUBLIC HEALTH DIVISION
Health Promotion & Chronic Disease Prevention Section
Kate Brown, Governor



January 2, 2019

Jim Bernard, County Commissioner - Chair
Paul Savas, County Commissioner, Position 2
Martha Schrader, County Commissioner, Position 3
Ken Humberston, County Commissioner, Position 4
Sonya Fischer, County Commissioner, Position 5

800 NE Oregon Street, Suite 730
Portland, OR 97232
Voice: (971) 673-0984
Fax: (971) 673-0994
TTY: (971) 673-0372

Dear Commissioners:

On behalf of the Oregon Health Authority's Public Health Division, I am writing to express support for the proposed ordinance in Clackamas County to establish a license for the sale of tobacco products and inhalant delivery systems.

The Clackamas County Public Health Division and the Oregon Public Health Division have a long history of working together on proven tobacco control strategies. Since the inception of the Tobacco Prevention and Education Program in 1997, we've reduced cigarette consumption in Oregon by over 45%.¹ However, tobacco use is still the leading cause of preventable death in Oregon, causing nearly 8,000 deaths per year,² and e-cigarette use among 11th graders nearly tripled from 2013 to 2017.³ Both the Food and Drug Administration and the U.S. Surgeon General recently released statements on e-cigarettes, declaring their use an "epidemic" among youth, and urged action to protect the health of young people.

A sustainable tobacco retail licensing system establishes a standard fee and meaningful penalties, including suspension or revocation of a license for violations, that fully cover all program costs, including administration, inspection, education, and enforcement. An effective tobacco retail licensing system also allows jurisdictions to take further measures to protect the public. The tobacco industry is spending nearly \$116 million dollars to promote their products in Oregon's stores.⁴ Regulating the price, flavor, and location are all policies proven to reduce the significant health burdens and negative economic costs of tobacco.

I commend the Board of Health for considering tobacco retail licensing to protect Clackamas County residents from the severe health consequences of tobacco. The Oregon Health Authority is committed to supporting Clackamas County on this important issue and thanks you for your leadership in tobacco prevention.

Sincerely,

Karen Girard, MPA
Manager
Health Promotion and Chronic Disease Prevention Section
Public Health Division
Oregon Health Authority

¹ Orzechowski W and Walker RC. The tax burden on tobacco. Historical compilation Volume 52, 2017. Fairfax and Richmond, Virginia.

² Oregon Vital Statistics Annual Reports, Volume 2: Chapter 6. Mortality. Table 6-20. Available at:
<http://www.oregon.gov/oha/ph/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Pages/index.aspx>

³ Oregon Health Authority. Oregon Healthy Teens Survey (OHT). Unpublished data.

⁴ Campaign for Tobacco-Free Kids (CTFK). State-Specific Estimates of Tobacco Company Marketing Expenditures 1998-2016. Campaign for Tobacco-Free Kids webpage.
<https://www.tobaccofreekids.org/research/factsheets/pdf/0271.pdf>. Updated April 10, 2018. Accessed December 26, 2018.



1/3/2019

Jim Bernard, **County Commissioner - Chair**
Paul Savas, **County Commissioner, Position 2**
Martha Schrader, **County Commissioner, Position 3**
Ken Humberston, **County Commissioner, Position 4**
Sonya Fischer, **County Commissioner, Position 5**

Clackamas County Commissioners,

We are writing to you, as a partner of Clackamas County Public Health Division, working to ensure communities most impacted are engaged in efforts towards a county-wide Tobacco Retail License ordinance.

OHEA is a person of color led collaborative, organized to center and uplift the wisdom of our communities of color through racial justice informed health equity policies and practices as part of the movement to dismantle white supremacy and shift the imbalance of power. OHEA has been engaged in work around tobacco prevention and impacts in communities who face the greatest inequities since 2014. We have successfully worked in partnership with other counties to identify strategies for stronger, healthier communities that ensure all Oregonians have the ability to attain health, equitably.

Tobacco use disproportionately affects many communities of color. Statistics reveal that the communities most impacted by tobacco use are also the same communities burdened with other social, environmental, and physical burdens. For example, members of the LGBTQ community are more likely to experience other mental and physical health issues¹, those experiencing mental illness are less likely to have health insurance or other health supports², and people of color along with LGBTQ and mentally ill communities may experience chronic stress from discrimination in their daily life^{3,4,5}.

¹ Kelleher, C. Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counseling Psychology Quarterly* 22, 373–379 (2009).

² Schroeder, S. A. & Morris, C. D. Confronting a neglected epidemic: Tobacco cessation for persons with mental illnesses and substance abuse problems. *Annual Reviews of Public Health* 31, 297–314 (2010).

³ Purnell, J. Q. et al. Perceived discrimination, psychological distress, and current smoking status: Results from the Behavioral Risk Factor Surveillance System Reactions to Race Module, 2004-2008. *American Journal of Public Health* 102, 844–851 (2012).

⁴ Apollonio, D. E. & Malone, R. E. Marketing to marginalised: Tobacco industry targeting of the homeless and mentally ill. *Tobacco Control* 14, 409–415 (2005).

⁵ Williams, D. R., Neighbors, H. W. & Jackson, J. S. Racial/Ethnic discrimination and health: Findings from community studies. *American Journal of Public Health* 93, 200–208 (2003).

In the last year, e-cigarette use among high school students increased by 78%.⁶ According to the 2018 Student Wellness Survey, almost half of 11 graders said that it would be “very easy” to get E-cigarettes.⁷

Because the vast majority of adult smokers (95%) began smoking before age 21, Oregon raised the legal age to purchase tobacco to 21 in 2017. Tobacco retail licensing policy (TRL) has emerged as an effective strategy to reduce rates of tobacco sales to minors. The most effective licensing systems involve a sustainable funding source, such as an annual fee, to maintain the licensing program and include the option to suspend or revoke a license. With these elements in place, retailers are more likely to ask for identification, and sales to minors fall.⁸

Despite the average declining trend in tobacco use, some Oregonians are more affected by tobacco and nicotine addiction than others and need further support. The national Synar Program, sponsored by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, collects data from random inspections of retailers who sell tobacco to minors. The 2013 report indicated that Oregon was leading the nation in illegal sales to minors.⁹

In spite of the education students receive in school about the harm of tobacco, alcohol and other drugs, over 40 percent of 11 graders have used any form of tobacco in Clackamas County.¹⁰ *A comprehensive approach that includes policy that is led and driven by youth themselves, is necessary to prevent youth from regularly using substances such as tobacco.* A tobacco retail license would complement education by ensuring retailers do their part to keep tobacco and e-cigarettes out of the hands of adolescence and young adults.

OHEA is committed to ensuring out communities of color, youth, LGBTQIA2+ communities, low income communities and other communities who face the greatest health inequities are at the forefront of all of our policy decisions. This includes ensuring a health equity lens and framework is included in all tobacco prevention efforts, and that the voices of those most impacted are heard, valued and respected. Without this, we do not believe these efforts will yield the expected results.

Sincerely,
Dr. Zeenia Junkeer
Director, Oregon Health Equity Alliance (OHEA)



⁶ Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. *Notes from the Field: Use of Electronic Cigarettes and Any Tobacco Product among Middle and High School Students—United States, 2011-2018.* MMWR Morb Mortal Wkly Rep 2018;67:1276-1277.

⁷ Student Wellness Survey <https://oregon.pridesurveys.com/>

⁸ States and Municipalities with Laws Regulating Use of Electronic Cigarettes As of July 1, 2015. (American Nonsmokers’ Rights Foundation, 2015). at <<http://www.no-smoke.org/pdf/ecigslaws.pdf>>

⁹ 9. FFY 2013 Annual Synar Reports Tobacco Sales to Youth. (Substance Abuse and Mental Health Services Administration, 2013). at <<http://www.oregon.gov/oha/amh/datareports/Annual%20Synar%20Report%202012.pdf>>

¹⁰ Oregon Healthy Teen Survey

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2017.aspx>



PREVENTING TOBACCO ADDICTION FOUNDATION

October 25, 2018

Jim Bernard, **County Commissioner - Chair**

Paul Savas, **County Commissioner, Position 2**

Martha Schrader, **County Commissioner, Position 3**

Ken Humberston, **County Commissioner, Position 4**

Sonya Fischer, **County Commissioner, Position 5**

Clackamas County Commissioners,

Established in 1996, the Preventing Tobacco Addiction Foundation works nationwide to reduce the deadly toll of smoking by advocating to raise the minimum legal sales age of tobacco products to 21 and supporting other proven tobacco control initiatives, including tobacco retailer licensing (“TRL”). Tobacco use is the leading preventable cause of morbidity and mortality in the United States, the state of Oregon, and Clackamas County and kills almost half a million people in the United States each year. Tobacco disproportionately impacts lower-income populations, communities of color, people living with mental illness, and the LGBTQI community, contributing to the persistence of health inequities among communities in Clackamas County. A TRL helps to address health disparities associated with tobacco use.

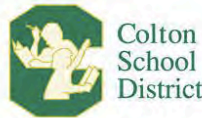
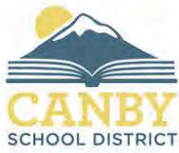
Through our work across the nation promoting and helping cities and counties implement Tobacco 21 laws, we know that enforcement of tobacco control policies is *critical* to policy success. TRL laws have proven effective in reducing illegal sales to underage youth. Requiring tobacco retailers to obtain a TRL enables cities and counties to collect a database of all retailers, provides a self-financing mechanism for best practices compliance checks, and gives the licensing authority the ultimate compliance lever (i.e. license suspension or revocation) for those few rogue retailers who refuse to comply with federal, state, or local tobacco control laws and continue to illegally profit from selling an addictive, deadly product to community youth. A TRL can also allow jurisdictions to limit where a license may be issued, i.e. restrictions on distance from schools and other youth-oriented facilities and density restrictions. A study out of Santa Clara County, CA reported licensing laws that restrict tobacco retailers from being located within 1000 feet of a school or 500 feet of another tobacco retailer can reduce tobacco outlets by 30%, reducing youth exposure and access to these products. Density restrictions help in high risk population areas, where retail density is often found the highest.

Leading the way, Oregon was one of the first states in the nation to pass a Tobacco 21 policy. However, Oregon communities need a mechanism to monitor compliance of and enforce the Tobacco 21 law and other tobacco control regulations. We understand that the Clackamas County Public Health Division is engaging stakeholders and gathering information to help the Commission consider adoption of a TRL program for your community. By allowing such exploration, Clackamas County clearly recognizes its duty to protect youth from addictive and deadly tobacco and nicotine products. We urge the Clackamas County Commission to adopt the strongest and most comprehensive tobacco retail license for your community.

Respectfully,

Ginny Chadwick
Western Regional Director
Preventing Tobacco Addiction Foundation

Katherine Ungar
Executive Director
Preventing Tobacco Addiction Foundation



November 29, 2018

To the Clackamas County Commissioners,

We are the superintendents representing all school districts in Clackamas County. As educators, we are deeply invested in the current and future success of our students. We write to you in support of a countywide tobacco retail license as a means to protect youth from developing an addiction to nicotine.

Adolescent brains are more sensitive to the rewarding properties of nicotine, making them especially vulnerable to addiction. Because adolescence is a critical period of growth and development, exposure to nicotine may have lasting, adverse consequences on brain development. ¹ The use of nicotine products during adolescence can significantly impact their ability to learn and their academic success.

The proliferation of e-cigarettes presents a new distraction for students across our districts. The discreet Juuls are being used throughout the school day and detract from the learning environment. According to the 2018 Oregon Student Wellness Survey, almost half of 11th graders said that it would be “very easy” to get e-cigarettes. ² As evidence, nearly three quarters of teen Juul owners nationwide said they obtained their Juul at a store. ³ A tobacco retail license is essential to enforce the minimum legal sales age and to prevent our kids from accessing and using these devices.

We recently learned from the Public Health Division staff that the influences of the tobacco industry are more concentrated in communities of low socioeconomic status. A countywide tobacco retail license would reduce access to tobacco, including e-cigarettes, for all students, regardless of the neighborhoods in which they live, learn, and play.

In spite of the education students receive in school about the dangers of tobacco, alcohol, and other drugs, more than 40% of 11th graders report using some form of tobacco. ⁴ Given the high propensity of students to join their peers in risk taking behaviors, a comprehensive approach that includes policy is necessary to prevent youth from experimenting with substances. A tobacco retail license would complement education by ensuring retailers do their part to keep tobacco and e-cigarettes out of the hands of adolescents and young adults.

As a society, we have a responsibility to provide a healthy environment for our youth to thrive. We urge you to adopt a tobacco retail license ordinance in Clackamas County to protect our youth, support their academic success, and their futures.

Sincerely,

Clackamas County Superintendents

¹ Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015

http://www.iom.edu/~media/files/report%20files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf

² Student Wellness Survey <https://oregon.pridesurveys.com/>

³ The Truth Initiative <http://www.truthinitiative.org/news/where-are-kids-getting-juul>

⁴ Oregon Healthy Teen Survey

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2017.aspx>





December 28th, 2018

Dear Clackamas County Chair Commissioner Jim Bernard and Board of County Commissioners,

Vibrant Future Coalition is a local group comprised of youth, parents, teachers, faith organizations, concerned community members, law enforcement and healthcare professionals, among other youth-serving agencies. Our mission is to work together with the North Clackamas community to educate and to reduce underage drinking, marijuana and prescription drug abuse amongst our youth. We are writing to educate you on the potential outcomes of a county-wide Tobacco Retail License ordinance, as tobacco use directly relates to the health and well-being of youth in the community and connects directly to our substance use prevention efforts.

In 2017, Oregon became the 5th state in the country to raise the smoking age to 21. Although this legislation went into effect at the beginning of this year, the county is still encountering high rates of youth, under the age of 21, having easy access to cigarettes and e-cigarette devices.

According to the 2018 Oregon Student Wellness Survey, 67.5% of 11th grade students in the North Clackamas School District reported that it would be either *sort of easy* or *very easy* to get some e-cigarettes, vape-pens, or e-hookahs. The average age of onset for smoking a whole cigarette was 13.7 years old, while trying an e-cigarette, vape-pen or e-hookah was 14.9 years old.

While the state successfully passed legislation to increase the legal smoking age to 21, there are currently no steps to hold retailers accountable. Clackamas County would lead the state, as one of the first to pass a county-wide Tobacco Retail License, among only 4 others. Additionally, Oregon is 1 of the 9 states that do not have state-wide Tobacco Retail Ordinances, to ensure all retailers in the county are compliant with tobacco-related laws.

Lastly, I wanted to take the time to thank you for all the work you do to keep Clackamas County a healthy and thriving community. We are lucky to have a dedicated and thoughtful board of county commissioners that is committed to the health and well-being of the community.

Sincerely,

A handwritten signature in black ink that reads "Ellen Velez". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Ellen Velez
Prevention & Policy Coordinator
Vibrant Future Coalition

Tobacco Retail Licensing Engagement Summary

	Group	Date of Presentation	Response
Cities	City Managers	May 7, 2018	Move forward with presentations to cities
	Sandy City Council	July 2, 2018	Letter of support
	West Linn City Council	July 16, 2018	Signed resolution
	Happy Valley City Council	July 17, 2018	Pending
	Estacada City Council	July 23, 2018	Does not support fees
	Molalla City Council	July 25, 2018	Does not support
	Canby City Council	August 1, 2018	No position
	Wilsonville City Council	August 6, 2018	Pending
	Milwaukie City Council	August 7, 2018	Signed resolution
	Gladstone City Council	August 14, 2019	Signed resolution
	Oregon City Commission	November 8, 2018	Signed resolution
	Lake Oswego	Emails exchanged September-October	Pending
	Tualatin	Email exchange in September	No retailers in Clackamas County
	Rivergrove	Email exchange in September	Declined presentation, no retailers in city
	Johnson City	Email exchange in September	Declined presentation, no retailers in city
	Barlow	Emails sent in September	No response No retailers in city
Community Leaders	October 15, 2018	Pending	
Chambers of Commerce	North Clackamas Chamber of Commerce	September 10, 2018	Pending
	Clackamas County Business Alliance	September 19, 2018	Pending
	Lake Oswego Chamber of Commerce	October 11, 2018	Pending
	Tualatin Chamber of Commerce	October 15, 2018	Pending
	Sandy Chamber of Commerce	October 17, 2018	Pending
Schools & Students	Superintendents meeting	November 14, 2018	Letter of support
	Providence Rebels for a Cause	Ongoing	Support
Community Coalitions	Public Health Advisory Committee	November 5, 2018	Support
	Clackamas County Prevention Coalition	November 28 & December 19, 2018	Members committed to letters of support
	Oregon Partners for Tobacco Prevention	Ongoing, November-December	Members committed to letters of support
	Vibrant Future Coalition Macro-Committee	December 20, 2018	Letter of support
Tobacco Retailers	Letter mailed to retailers	November 1	One phone call One letter
	Online Survey	November 1-30	2 responses in opposition
	Listening Session I: Sandy	November 20, 2018	No response
	Postcard mailed to retailers	November 22, 2018	One phone call
	Listening Session II: Oregon City	November 27, 2018	4 people participated
Board of County Commissioners	Policy Session	January 30, 2018	Directed Public Health to move forward with community engagement
	Policy Session	October 2, 2018	Directed Public Health to engage Retailers
	Policy Session	January 8, 2019	TBD

Tobacco Retail Licensing: Frequently Asked Questions



Tobacco Retail Licensing requires all businesses in the county, including large retailers, convenience stores, gas stations, pharmacies and bars, to purchase an annual license to sell tobacco and nicotine products, including E-cigarettes.

Tobacco Retail Licensing is part of Clackamas County's comprehensive strategy to prevent youth from using nicotine products and end the burden of tobacco-related disease and death.

What does Tobacco Retail Licensing propose to do?

Tobacco Retail Licensing is a tool used to improve enforcement of federal, state, and local tobacco laws. It enables local jurisdictions to identify tobacco retailers, monitor their compliance with laws and enforce penalties if tobacco is sold to people under the age of 21. It provides a platform for retailer education and consequences if tobacco is sold illegally. Penalties, such as fines or suspending retailers' ability to sell tobacco, deter retailers from selling tobacco to youth.

Why focus on tobacco regulation in the retail environment?

Youth who have more opportunities to obtain tobacco and see more tobacco advertising are more likely to use tobacco and nicotine products due to their susceptibility to marketing. Studies show that density of tobacco retailers and proximity of retailers to schools impacts youth tobacco rates. Increased tobacco retailer density is linked to experimental smoking among youth.

Why are electronic cigarettes and other vaping products included in this licensing?

Many youth today are being introduced to nicotine through e-cigarettes rather than conventional cigarettes and tobacco products. A 2015 survey found that among e-cigarette users aged 19-24, 40% had never been regular cigarette smokers. Juul is a brand of e-cigarettes that has skyrocketed in popularity among teens, commanding over half the e-cigarette market.

How effective is Tobacco Retail Licensing in reducing youth access to tobacco?

Tobacco Retail Licensing reduces illegal sales to minors through retailer education and enforcement of laws. Communities across the country, including four counties and a number of cities within Oregon, are implementing Tobacco Retail Licensing to prevent youth from illegally purchasing nicotine products. While it is too soon to see the results in Oregon, a recent assessment of 33 communities in California that implemented a tobacco retail license, showed dramatically decreased rates of illegal youth sales.

What is the economic impact of Tobacco Retail Licensing?

Portland State University's Northwest Economic Research Center determined that a license fee of \$500 – \$600 would not have a significant effect on the Clackamas County economy. A \$500 – \$600 fee amounts to \$1.37 – \$1.64 per day to sell tobacco and nicotine products. The impact on store revenue would be minimal, as retailers are able to raise tobacco prices to offset the cost of the license.

A private employer may pay over \$5816 annually to employ an individual who smokes tobacco compared to a non-smoking employee. Preventing youth access to tobacco through Tobacco Retail Licensing would result in a healthier future workforce.

What does Tobacco Retail Licensing mean for cities?

Tobacco Retail Licensing will reduce youth access and initiation to tobacco and nicotine products, protecting them from a lifetime of addiction and tobacco-related disease. This will ultimately improve quality of life, increased productivity and health care savings. Allocating responsibility to the Board of Health to pass Tobacco Retail Licensing shifts the administration and implementation to Clackamas County Public Health Division, resulting in consistent education and enforcement county-wide.

“Among e-cigarette users aged 19-24, 40% had never been regular cigarette smokers.”

57 McCarthy, W. J., Mistry, R., Lu, Y., Patel, M., Zheng, H., & Dietsch, B. (2009). Density of Tobacco Retailers Near Schools: Effects on Tobacco Use Among Students. *American Journal of Public Health*, 99, 2006-2013. doi: 10.2105/AJPH.2008.145128

Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventative Medicine*, 47, 210-214.

E-Cigarette Fact Sheet, Oregon Health Authority, 2016. http://www.co.lincoln.or.us/sites/default/files/fileattachments/health_amp_human_services/page/585/e-cigfactsheet.pdf

MMWR via Centers for Disease Control and Prevention, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

See “Table of youth sales rates before and after the adoption of a strong tobacco retailer licensing ordinance”. The American Lung Association in California, 2013. <http://center4tobaccopolicy.org/wp-content/uploads/2016/10/Tobacco-Retailer-Licensing-is-Effective-September-2013.pdf>

vi Berman, M. et al; “Estimating the Cost of a Smoking Employee”, *Tobacco Control*, 2013. <https://tobaccocontrol.bmj.com/content/23/5/428>

October 31, 2018

Dear Clackamas County Retailer,

In January 2018, the State of Oregon raised the minimum legal sales age for tobacco products from 18 to 21 years of age. This law also amended the definition of “tobacco products” to include “a device that can be used to deliver tobacco”, which includes but is not limited to: e-cigarettes, e-liquids (nicotine and non-nicotine liquid), hookah, vape pen, tanks, etc.

The vast majority of tobacco users started before the age of 20. The earlier youth start using tobacco, the more likely they are to become addicted.

We learned from the Oregon Health Authority that one in three Clackamas County 11th graders said that it would be “very easy” to access to tobacco products (2017 Oregon Healthy Teen survey). This is alarming because nicotine is a highly addictive, powerful drug and may have a lasting negative impact on teens’ developing brains.

Raising the sale age of tobacco products to 21 is part of a comprehensive strategy to prevent children and young adults from developing a lifelong addiction to nicotine. The Clackamas Board of County Commissioners is considering a Tobacco Retail License to support compliance with the minimum legal sales age, prevent youth from using nicotine and address the leading cause of death in Clackamas County.

Tobacco Retail Licensing has effectively reduced youth access to tobacco products in communities across the country. Because Oregon does not have a state-wide Tobacco Retail License, counties are passing it locally. It would require all businesses that sell tobacco products, including e-cigarettes, to purchase a license. Tobacco Retail Licensing would include education to help retailers comply with tobacco-related laws and keep our youth safe.

Enclosed in this letter is a summary of the economic impact of Tobacco Retail Licensing and responses to frequently asked questions. If you would like to learn more about Tobacco Retail Licensing or provide feedback on the proposed ordinance, visit <https://www.clackamas.us/publichealth/trl.html>

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 742-5300 • Fax (503) 742-5352

www.clackamas.us/publichealth

You may also provide feedback at one of the following listening sessions with public health staff:

Tuesday November 20, 2018

9:00 – 10:30 a.m.

Sandy Senior Center Auditorium
38348 Pioneer Blvd, Sandy

Tuesday November 27, 2018

6:30 – 8:00 p.m.

Providence Willamette Falls Community Center
519 15th Street, Oregon City

Feedback gathered from the survey and listening sessions will be shared with the Board of County Commissioners.

Thank you for your time. Clackamas County appreciates your contribution to healthy and safe communities.

Sincerely,



Dawn Emerick, Ed.D.

Director, Public Health Division, Clackamas County

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For free translation, contact us at 503-742-5300

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**What do you think about a
Tobacco Retail License?
Come share your thoughts!**

Join us in person:

Tuesday, November 27

6:30 p.m. to 8 p.m.

Providence Willamette Falls

Community Center

519 15th St., Oregon City

Interpretation services will
be available.

**You can also send us feedback
by visiting [www.clackamas.us/
publichealth/trl.html](http://www.clackamas.us/publichealth/trl.html)**

WE WANT YOUR FEEDBACK

www.clackamas.us/publichealth/trl.html





Lauren MacNeill
Director

RESOLUTION SERVICES
Public Services Building
2051 Kaen Road, #210 / Oregon City, OR 97045

TOBACCO RETAIL LICENSING RETAILERS LISTENING SESSIONS
NOVEMBER 20 AND 27, 2018

Facilitators Report
Prepared by Erin Ruff

Resolution Services provided neutral facilitation of listening sessions for retailers of tobacco and nicotine products. As the intent of this session was to receive feedback from retailers, I asked Public Health staff to limit themselves to responding to questions. This report provides a summary of the concerns and issues raised by the retailers. Public Health staff will respond in other documents or testimony.

PRIORITY CONCERNS

Licensing will have a significant and disproportionate impact on small, locally owned businesses and on businesses that are already diligently not selling to minors.

- Retailers that consistently pass decoy operations would bear the same annual licensing burden as retailers with multiple violations. Noncompliant retailers are benefiting both from the revenue of selling to minors and the structure of the licensing fee.
- Small retailers who follow the law have already seen significant income decrease after the age raised from 18 to 21. Retailers who exclusively sell tobacco products reported a 30% reduction in revenue, which required them to lay off staff.
- Tobacco manufacturers offer discounts on product for high-volume retailers. Low-volume retailers are already paying more for product and would pay equal fees under this system.

Law enforcement is not effectively enforcing existing age restrictions.

- Youth who obtain and use tobacco and nicotine products are not being charged for law violations by law enforcement. The disincentive intended by the current law has not effectively changed youth decision making. This licensing fee holds business owners responsible while law enforcement does not hold youth responsible.
- The existing state laws and enforcement mechanisms have not significantly reduced underage use of tobacco and nicotine, this licensing structure does not demonstrate that it will lead to better results.

Creating and changing law and policy does not effectively change behaviors

- Enacting new laws and licensing structures like this creates new burdens for already law-abiding citizens and businesses but do not create a paradigm shift in the thinking of those who are already in violation of existing laws.

Retailers should not bear the financial burden of a public health effort targeted and changing teen decision-making. Schools are far more influential and efforts focused there would have better results and better outcomes for local economies.

- Youth have outsmarted every system restricting their access to harmful and addictive substances so far, and they will find a way to outsmart this system. Retailers who are already not selling tobacco and nicotine products to minors will see increased costs, and minors will continue to find ways to get the products from another store, from another county, or from an adult purchaser.
- Retailers do not have influence over use decisions of minors. It would be more effective for public health advocates to put resources into supporting parents and schools to educate youth about tobacco use as schools are much more influential on youth than retailers.

OTHER CONCERNS RAISED

- The structure of this fee would require co-located businesses to obtain multiple licences. This is a significant issue in rural areas where co-located businesses have much lower volume.
- Business owners do not believe that they can effectively raise prices to offset the licensing fee because their larger-volume competitors, who also receive volume discounts and other incentives that small retailers do not, will not similarly raise prices.
- Retailers report parents buying tobacco for their children (and they also report refusing to sell to parents when that is obvious to them). If parents are supporting their children's unhealthy choices, no amount of retailer education paid by the cost of licensing will realistically achieve public health goals of reduced youth use and addiction.

OTHER ISSUES NOT FULLY EXPLORED

As I said above, this was a listening session for retailers, not a debate, and Public Health staff agreed to limit their input to responding to questions. During the conversation, there were times that I thought that exploring the pros and cons of issues might yield valuable information for the Board. Those are outlined below, with an attempt to represent both Public Health staff and retailers with accuracy and respect.

Is the cost to small businesses worth the expected results?

Public Health Staff:

Public Health staff acknowledge that licensing will not prevent 100% of youth from accessing tobacco and nicotine products, and that youth who are determined to use these products will continue to find ways to obtain them. They emphasize data from other communities

which supports that licensing, as a tool, effectively reduces illegal sales to minors, which correlates to reduced youth use, which correlates to improved public health in both the short and long term.

Retailers

Retailers described that this licensing fee, combined with all the other costs of doing business, would have a significant financial impact on many small, locally owned businesses that will not be recoverable through raised prices. They believe that youth who choose to use tobacco and nicotine will get it if they want it by going to a business willing to risk the license and law violation, by going to another county, or by having an adult friend or family member purchase for them.

Is the impact of charging a standard license fee for both (1) high volume large businesses and low volume small business and (2) compliant businesses and offending businesses an economically appropriate policy?

Public Health Staff

The amount of the fee is designed to cover the costs of effective administration and enforcement. A flat fee is easiest to administer and less time and paperwork burden on retailers. Tiered fee structures have been challenged in court in other states.

Retailers

The margins of small, locally-owned businesses are much narrower than large, national corporations. High volume corporations are offered both product discounts and incentives for which low-volume small business are not eligible. Retailers believe that large corporations will not reduce prices to cover the cost of the licensing fee, which means small businesses will also not be able to raise prices in order to remain competitive. Small compliant retailers are already facing significant reduced income from sales to 18 – 21 year olds, whereas noncompliant businesses profit from sales to minors easily offsets licensing and enforcement fees.

Public Health Response to Retailers' Concerns about Tobacco Retail License

Licensing will have a significant and disproportionate impact on small, locally owned businesses and on businesses that are already diligently not selling to minors.

- Clackamas County Public Health Division (CCPHD) is grateful for tobacco retailers who responsibly operate their businesses and comply with current tobacco control laws. Unfortunately, fourteen percent (11/79) of retailers in Clackamas County illegally sold tobacco to minors during the inspections conducted by the Oregon Health Authority between November 2017 and March 2018.¹ If tobacco retail licensing is adopted, Clackamas County Public Health Division would be able to follow-up on complaints received of retailers not complying with tobacco-related laws. Businesses in violation of laws would face penalties to be determined by a Rules Advisory Committee.
- An annual license fee of \$500 - \$600 amounts to \$1.37 and \$1.64 per day to sell tobacco and nicotine products. Smaller retailers could raise the price of a pack of cigarettes by \$.12 to offset the cost of the license fee, minimizing the impact of a TRL on store revenue.²

Law enforcement is not effectively enforcing existing age restrictions.

- The *Oregon Health Authority* contracts with the *Oregon State Police Drug Enforcement Section* to conduct unannounced inspections to test retailers' compliance with minimum legal sales age of tobacco products. Due to the State's limited capacity, only a small random sample of retailers are inspected each year. Inspections do not include education, and enforcement for violations is inconsistent.
- A county-wide tobacco retail license would offer consistent and equitable enforcement and inspections for all retailers, augmenting the State's current inspection strategy by visiting every tobacco retailer annually.
- A strong enforcement strategy with graduated penalties for repeated violations is an essential element of an effective tobacco retail license. The threat of a suspended license to sell tobacco motivates retailers to comply with tobacco control laws.

Creating and changing law and policy does not effectively change behaviors.

- Knowing something is bad for us is not often enough to deter behaviors. Despite the education that students receive in school about the harm of tobacco, over 40% of 11th graders have used any form of tobacco.³
Policy does impact behavior change. A recent assessment of 33 communities in California that implemented a tobacco retail license showed dramatic decreased rates of illegal youth sales.⁴

Retailers should not bear the financial burden of a public health effort targeted and changing teen decision-making. Schools are far more influential and efforts focused there would have better results and better outcomes for local economies.

¹ Oregon Tobacco Retail Enforcement Inspection Results 2017 – 2018.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCOPREVENTION/Pages/retailcompliance.aspx#inspections>

² Upstream Public Health, Health Equity Impact Analysis

³ Oregon Healthy Teens 2017

https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2017/County/03_Clackamas.pdf

⁴ American Lung Association. (2013). Tobacco retailer licensing is effective. Accessed at <http://center4tobaccopolicy.org/wp-content/uploads/2016/10/Tobacco-Retailer-Licensing-is-Effective-September2013.pdf>

- In spite of the education students receive in school about the dangers of tobacco, alcohol, and other drugs, more than 40% of 11th graders report using some form of tobacco.⁵ Given the high propensity of students to join their peers in risking taking behaviors, a comprehensive approach that includes policy is necessary to prevent youth from experimenting with substances. A tobacco retail license would complement education by ensuring retailers do their part to keep tobacco and e-cigarettes out of the hands of adolescents.
- Studies show that density of tobacco retailers and proximity of retailers to schools impacts youth tobacco rates. The prevalence of smoking is higher at schools with five or more retailers within the area.⁶ Ensuring that current tobacco laws are being followed is a decision that supports the vitality of Clackamas County.

The structure of the fee would require co-located businesses to obtain multiple licenses. This is a significant issue in rural areas where co-located businesses have much lower sales volume.

- This feedback is valuable and something to consider in developing the rules. A strategy to consider for retailers who have a lower volume of tobacco sales is identifying healthy items to add to store inventories that would be more desirable and profitable than tobacco.

Business owners do not believe they can effectively raise prices to offset the licensing fee because their larger-volume competitors, who also receive volume discounts and other incentives that small retailers do not, will not similarly raise prices.

- Clackamas County Public Health Division acknowledges the challenges small retailers face with large chain stores. The Rules Advisory Committee can explore strategies to equitably address these challenges while supporting a fully funded Tobacco Retail License program.

Retailers report parents buying tobacco for their children.

- Tobacco Retail Licensing will not prevent all minors from accessing tobacco and nicotine products when supplied to them by adults over the age of 21. It does, however, support healthy environments by enforcing all tobacco control laws such as prohibiting sales of single cigarettes.

Is the cost to small businesses worth the expected results?

- The American Lung Association Center for Tobacco Policy and Organizing studied the effects of a strong TRL ordinance in 33 California communities in 2013. They found significant decreases in illegal sales to minors in nearly every community; 14 communities saw decreases of 30% or more in the time since a strong tobacco retail licensing ordinance was adopted.⁷ Tobacco retail licensing is a mechanism to reduce youth access to tobacco and nicotine products by enforcing age restrictions on the purchase of tobacco and nicotine products.⁸
- The Economic Impact study done by NERC demonstrated that the financial impact of Tobacco Retail Licensing amounts to about \$1.50 per day. A separate Health Equity Impact Analysis estimated in 2015 that a small retailer could raise the price of a pack of cigarettes by \$0.12 to offset the cost of a \$500 license.

⁵ Oregon Healthy Teen Survey 2017

⁶ McCarthy, W.J.; Mistry, R., Lu, Y., Patel, M., Zheng, H., & Dietsch, B. (2009). Density of Tobacco Retailers Near Schools: Effects of Tobacco Use Among Students. *American Journal of Public Health*, 99, 2006-2013. doi:10.2105/AJPH.2008.145128

⁷ The Center for Tobacco Policy & Organizing. Tobacco Retailer Licensing is Effective. 2013. <http://center4tobaccopolicy.org/wp-content/uploads/2016/10/Tobacco-Retailer-Licensing-is-Effective-September-2013.pdf>

⁸ The Center for Tobacco Policy & Organizing. Reducing Youth Access to Electronic Cigarettes through Tobacco Retailer Licensing. 2015. <http://center4tobaccopolicy.org/wp-content/uploads/2016/11/E-cigarettes-in-TRL-April-2015.pdf>.

- Tobacco Retail Licensing is a recommended and standard practice throughout the United States. Oregon is one of 9 states in the nation that does not have this licensing implemented. Four counties in Oregon have a current tobacco retail licensing policy in place, with many other counties working on implementing similar ordinances. Multnomah and Klamath counties are examples of county-wide policies that have engaged all retailers. As e-cigarette use has become epidemic among youth, it is necessary for Clackamas County to take measures to protect our population.

Is the impact of charging a standard license fee for both (1) high volume large businesses and low volume small businesses and (2) compliant businesses and offending businesses an economically appropriate policy?

- All businesses and communities, large and small will benefit from a Tobacco Retail License. Tobacco remains the number one cause of preventable death in the nation and in Clackamas County. Employee's tobacco use decreases productivity and increases employers' costs. Business communities across the country are addressing this challenge by working with public health to develop and promote tobacco policies that support a healthy future workforce and prosperous communities.
- In order for Tobacco Retail Licensing to be effectively enforced, the licensing fee must cover the cost of administration, education and enforcement. All businesses, regardless of size, will receive the same level of service from Public Health. A flat fee alleviates the administrative burden from businesses to report revenue from tobacco sales.

City Councils' Questions RE: Tobacco Retail Licensing & Responses from Clackamas County Public Health Division

City councils raised the following questions when Clackamas County Public Health Division presented Tobacco Retail Licensing, proposal to prevent youth from accessing tobacco and nicotine products. This summary is to help ensure that jurisdictions receive the same information about Tobacco Retail Licensing.

How many new employees will the County have to hire to operate Tobacco Retail Licensing?

The Public Health Division would hire one Program Coordinator for a Tobacco Retail License Program.

What is the proposed enforcement strategy? How would it be different than current enforcement? What are the current penalties for illegal sales? What is the role of local law enforcement?

Proposed enforcement would include two inspections per year for every business selling tobacco and nicotine products. One would be with Public Health staff to help retailers understand and comply with laws; the other would use minor decoys to ensure retailers do not sell to people under 21 years of age. Clackamas County Public Health Division would provide the education and operate the compliance checks with youth.

Currently, the Oregon Health Authority enforces the tobacco minimum sales age law and coordinates with the Oregon State Police to conduct compliance inspections. A clerk may be cited for Endangering the Welfare of a Minor if caught selling tobacco or nicotine products (e-cigarettes) to a person under 21 years. Minimum fine of \$200, maximum of \$2000. Due to the State's limited capacity and resources, a random sample of retailers are inspected. A TRL in Clackamas County would augment the state's system so that every tobacco retailer is inspected annually.

Local law enforcement is able to issue citations for "Endangering the welfare of a minor" ORS 163.575 to store owners for illegal sales. Class A violation, minimum fine for each violation is \$100.

What is the Board of Health's authority to pass a county-wide TRL? What do cities have to do to support TRL?

The County as the Local Public Health Authority, has broad authority under state law (ORS 431A.010 and ORS 431.413) to adopt and implement public health programs to protect the public health and safety. Cities should follow their own governing processes if a city wishes to support TRL in their city, for example, by resolution or an IGA with the County.

Based on the experiences of other counties in Oregon that have implemented TRL, what impact has TRL had on illegal sales to youth?

Multnomah and Klamath Counties have not had TRL in place long enough to measure change in underage sales. The license fees in Benton & Lane Counties are not high enough to support compliance checks.

A recent assessment of 33 communities in California that implemented a tobacco retail license showed dramatic decreases in illegal sales to youth since passing TRL.

Why are bars and adult venues required to have a license to sell tobacco if youth under 21 years are not permitted on the premise?

While youth are legally not allowed into bars and adult venues, they occasionally manage to skirt the system to enter. The tobacco retail license enables CCPHD to provide compliance checks as well as help retailers know and understand tobacco retail laws.

Oregon law preempts any local jurisdiction from regulating vending machines. So if a bar / adult venue has only a vending machine, CCPHD cannot require them to get a tobacco retail license. Oregon Revised Statutes §167.404 Cities and counties by ordinance or resolution may not regulate vending machines that dispense tobacco products or inhalant delivery systems. [1991 c.970 §3; 2015 c.158 §10

What is the fee for a liquor license and how does it compare to the fee proposed for TRL?

The liquor license fee ranges from \$100 for Distilleries to \$500 for Breweries. The fee for a full on-site commercial sale is \$400. A list of licensing types and fees is available online

<https://www.oregon.gov/olcc/LIC/Pages/index.aspx>

We are proposing a licensing fee of \$500-\$600 annually. This amount is necessary to provide adequate education and enforcement to the 232 known tobacco retailers in Clackamas County.

How does the enforcement for underage liquor sales compare to enforcement for underage tobacco sales?

The OLCC is responsible for ensuring compliance with liquor laws. One way of doing so is through minor decoy operations to ensure retailers do not sell or serve alcohol to people under 21 years. The OLCC is under staffed to adequately ensure compliance with State liquor laws. Their capacity has been further stressed since the legalization of marijuana as they are responsible for ensuring compliance with marijuana laws as well. For example, the last inspection in Estacada was to one business in 2015. The OLCC posts inspection results on their website https://www.oregon.gov/olcc/Pages/reg_program_overview.aspx

For businesses licensed by the OLCC, the penalty for failing to verify the age of a minor (category III offense) is a 10 day suspension of license or \$1650. The second offense is a 30 day suspension or \$4950. A summary of common violations and penalties is available here

https://www.oregon.gov/OLCC/pages/laws_and_rules.aspx#Penalty_Schedule/Sanction_Schedule

If adopted, a Tobacco Retail License would include two inspections per year for every business selling tobacco & nicotine products. One inspection with a Public Health staff to help retailers understand and comply with tobacco-related laws and the other using minor decoys to ensure retailers do not sell to people under 21 years.

Penalties for selling tobacco to people under 21 years would be determined with the guidance of a Rules Advisory Committee. Currently under the state's inspections, clerks may be cited for Endangering the Welfare of a Minor. Minimum fine of \$200, maximum fine of \$2000.

What is the argument against TRL? Is there anything negative to approving TRL?

It's no surprise that the tobacco industry opposes TRL. Their revenue relies on young people developing a life-long addiction to tobacco and nicotine products.

If the Board of County Commissioners, acting as the Board of Health, adopts a county-wide Tobacco Retail License, Clackamas County Public Health Division (CCPHD) will be directed to administer and implement the program. Shifting responsibility to CCPHD will result in consistent education and enforcement and will equitably prevent all youth in the county from developing an addiction to nicotine.

Will a small mom and pop store get charged the same as a larger entity such as Fred Meyer or Winco? Can the fee be sliding based on the retailer size or amount of sales?

A flat fee of \$500 - \$600 is based on the cost to administer the license, educate retailers and conduct inspections with the 232 known retailers in the county. The total cost of the program will be divided among all retailers. Every retailer, regardless of the size, will receive the same level of service in order to comply with laws governing sale of tobacco and nicotine products.

The licensing fee must be set no higher than the actual costs incurred by the government to operate the program. We have learned from other jurisdictions that a tiered based fee structure has been challenged in court.

In 2009, the New York State Legislature adopted legislation to replace the licensing fee of \$100/year with a graduated fee of between \$1,000 and \$5,000/year, depending on the volume of sales by a retailer. The amount of the proposed new fee was not based on any precise calculation of program costs. A trade association filed a lawsuit alleging that the fee increase was an unconstitutional tax, and the appellate court issued an order allowing the retailers to pay the \$100 fee until the court decided the case. The lawsuit was ultimately dismissed when the State Legislature adopted legislation to impose a flat licensing fee of \$300/year.

Long Island Gasoline Retailers Ass'n v. Paterson, 83 A.D.3d 913 (App. Div. 2011). Case summarized by ChangeLab Solutions, Tobacco Retailer Licensing Playbook | changelabsolutions.org/tobacco-control

A flat fee is easiest to administer and less burden to retailers. A tiered fee would require retailers to prepare documentation of profit that would need to be reviewed prior to any license or renewal.

There are options for retailers to recoup the cost of a TRL. A \$500 - \$600 fee amounts to \$1.37 - \$1.64 per day to sell tobacco products. The impact on store revenue would be minimal as retailers are able to raise tobacco prices and/or adjust the prices of other store items to offset the cost of the license fee.

Why can't Department of Revenue records be used to identify retailers?

In Oregon, tobacco taxes are levied at the distributor or wholesaler level, rather than at the retail level. Some retailers, like Costco, might have a license through the Dept. of Revenue so they can distribute to other retailers. Most retailers get their tobacco from the tobacco company distributors themselves (RJR and Altria sales reps grease the wheels for this process by visiting stores and signing them up on distribution contracts). The distributors are responsible for paying for and applying the Oregon tax stamp. The distributors don't inform the Dept. of Revenue to whom they distribute products. Therefore, the Department of Revenue doesn't have a comprehensive list of who sells tobacco in the state of Oregon, only who "distributes" tobacco.

Would paraphernalia and non-nicotine liquid be taxed too?

No, this is not a tax. Any store that sells products containing tobacco or nicotine would need to maintain a tobacco retail license.

Is TRL being pursued across the metro area?

TRL was implemented in Multnomah County in 2016. Washington County is considering TRL but is not yet ready to move forward. If TRL passes in Clackamas County, it will help build the case to approve TRL across the tri-county area.

What is the process for implementation?

The details to implement TRL will be determined. However, retailers will have a period of time to obtain their license before enforcement began.

How has TRL been received by chambers of commerce?

The Public Health Division has meetings scheduled in September to discuss the business case for TRL.

There are examples of chambers supporting TRL in other places. Driven by the economic benefits of a healthy workforce, Kansas City Chamber of Commerce is leading the Tobacco 21 initiative in Kansas to reduce tobacco-related tobacco illness.

How much does a Juul cost?

A starter kit, including the Juul device and four flavor pods, costs around \$50. Vaping devices such as e-cigarettes and Juuls are not taxed.

Are schools in support of TRL?

Public Health is going to talk about TRL with superintendents when school is back in session. A couple have already expressed support, stating that Juuls are a real distraction from learning.

Would the citizens vote on something like this?

While Clackamas County Public Health Division values community input, ballot measures are expensive. Instead of a vote in the mid-term election, Public Health will invite citizens and business owners to provide oral and written comments during the County Commissioners' public hearings.

NOV 19 2018

BCC, CH

November 14, 2018

Chairman Jim Bernard

Board of Commissioners & Dawn Emerick, Director Public Health Division

2051 Kaen Road

Oregon City, OR 97045

RE: Retail Tobacco License

Dear Chairman Bernard, Commissioner and Director Emerick:

I have been a tobacco retailer in Clackamas County for over twenty-five years. I have street level experience and knowledge people in County government do not have. I take exception to retailers being blamed as the source of "11th graders finding easy access to tobacco products." The survey did not ask where the kids got their tobacco, a retail shop or from peers and even family members. No retailer is out to get kids hooked on tobacco products. I had the Mother of a D.A.R.E. student buying him cigars because he was too young to buy them. The young man was one of the minors who participated in stings on retailers. She said she would rather he smoke cigars than do drugs. Therein lies your problem keeping tobacco out of the hands of minors.

I have long advocated for a retail tobacco license for a totally different reason. I worked with former State Representative Tom Butler and Mazen Malik of the Legislative Revenue office to get a statewide bill passed. Our reason was to prevent non-retail tobacco shops from buying online and selling to the public without paying the tobacco taxes legal retailers pay. The Dept. of Revenue still has no way to track legal retailers unless they are traditional retailers.

I also would suggest the tobacco retail license not exceed the price of a beer/wine resell license. An annual license fee of \$500 is excessive and punitive to small Mom & Pop businesses. While your literature shrugs off the financial impact of job losses, remember those jobs pay the taxes that support schools, public safety and other state services. The loss of a job does more than harm the employee, it impacts the entire infrastructure of the state taxation, not just Clackamas County.

I believe the retail tobacco license should be a state issue for consistency with each County collecting no more than the cost of a beer & wine license. The state as well as the FDA are already conducting stings of retail tobacco shops, why spend money duplicating their law enforcement efforts?

Respectfully submitted

Jan Esler-Rowe, President

A handwritten signature in cursive script that reads "Jan Esler-Rowe". The signature is written in black ink and is positioned to the right of the typed name "Jan Esler-Rowe, President".

Cascade Cigar & Tobacco Co., Inc.

9691 SE 82nd Avenue

Happy Valley, OR 97086

I am unable to attend the public hearings on the dates listed but I want to present my position on the matter.

Survey Questions for Tobacco Retailers

Introduction (

A Tobacco Retail License (TRL) would require businesses in the county who sell tobacco and nicotine products, including E-cigarettes, to purchase a license. This includes large retailers, convenience stores, gas stations, pharmacies and bars.

The state raised the minimum legal sales age for tobacco products from 18 to 21 years in January 2018 because research found that the vast majority of tobacco users started before the age of 20. Raising the sale age of tobacco products prevents children and young adults from developing a lifelong addiction to nicotine.

Licensing would allow the county to know who sells tobacco, monitor their compliance with laws and enforce penalties if tobacco is sold to people younger than 21.

1) How would you describe yourself?

- A. Owner
- B. Manager
- C. Staff

2) Please describe how employees are trained to prevent the sale of tobacco and/or electronic nicotine delivery systems (E-cigarettes, Juuls) to people under 21 years? (open-ended)

Please indicate whether you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or neither agree or disagree with the following statements:

3) My current training policies and program are successful in limiting sales of tobacco and vaping products to minors.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

4) Employees at my store have experienced minors attempting to purchase tobacco or vaping products illegally.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

- 5) How can the Clackamas County Public Health Division support your education and training focused on reducing sales of tobacco and vaping products to minors? (open-ended)**

According to the Oregon Health Authority, one in three Clackamas County 11th graders said that it would be “very easy” to access to tobacco products (2017 Oregon Healthy Teen survey). This is alarming because nicotine is a highly addictive powerful drug and may have a lasting negative impact on teens’ developing brains.

- 6) If a tobacco retail license system would help prevent youth from starting to use tobacco or vaping products, I would support a licensing program**

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

- 7) If it would reduce or prevent youth from using tobacco, I would discontinue the sale of flavored tobacco and/or vaping products**

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

- 8) If it would reduce or prevent youth from using tobacco, I would support a policy that prohibits retailers from selling tobacco within 1000 feet of schools.**

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

- 9) My store would be willing to post Oregon Tobacco Quit Line information for tobacco users who are interested in quitting.**

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

- 10) What questions or concerns do you have about a tobacco retail license program? (open-ended)**

Information about listening session

Clackamas County Public Health Division is hosting two listening sessions to answer questions about tobacco retail licensing and hear your thoughts.

Tuesday, November 20, 2018

9:00 – 10:30 a.m.

Sandy Senior Center

38348 Pioneer Blvd.

Sandy, OR 97055-8001 (Auditorium-upstairs)

Tuesday, November 27, 2018

6:30 – 8:00 p.m.

Providence Willamette Falls Community Center,

519 15th St.

Oregon City, OR 97045

If you are interested in attending and need translation services, please call 503-742-5300

If you would like to be contacted by public health staff, please provide your contact information (optional):

Name

Email

Phone

City

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, November 09, 2018 2:32:17 PM
Last Modified: Friday, November 09, 2018 2:39:57 PM
Time Spent: 00:07:39
IP Address: 73.67.184.63

Page 1

Q1 How would you describe yourself? **Owner**

Q2 Please describe how employees are trained to prevent the sale of tobacco and/or electronic nicotine delivery systems (E-cigarettes, Juuls) to people under 21 years? (open-ended)

We follow all FDA Federal guidelines and train our staff using their materials.

Q3 Please indicate whether you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or neither agree or disagree with the following statements:

My current training policies and program are successful in limiting sales of tobacco and vaping products to minors. **Strongly agree**

Employees at my store have experienced minors attempting to purchase tobacco or vaping products illegally. **Strongly agree**

Q4 How can the Clackamas County Public Health Division support your education and training focused on reducing sales of tobacco and vaping products to minors? (open-ended)

We have been in business for 26 yrs with only once sale to a minor in that time frame. Employees know to check all ID of anyone who appears under 30. I have long advocated on the state level for retail tobacco licensing, but equal to beer & wine licensing. Tobacco retailers should not be charged more than alcohol sellers.

Tobacco Retail Licensing Retailer Feedback

Q5 According to the Oregon Health Authority, one in three Clackamas County 11th graders said that it would be “very easy” to access to tobacco products (2017 Oregon Healthy Teen survey). This is alarming because nicotine is a highly addictive powerful drug and may have a lasting negative impact on teens’ developing brains.

If a tobacco retail license system would help prevent youth from starting to use tobacco or vaping products, I would support a licensing program **Strongly disagree**

If it would reduce or prevent youth from using tobacco, I would discontinue the sale of flavored tobacco and/or vaping products **Strongly disagree**

If it would reduce or prevent youth from using tobacco, I would support a policy that prohibits retailers from selling tobacco within 1000 feet of schools. **Strongly disagree**

My store would be willing to post Oregon Tobacco Quit Line information for tobacco users who are interested in quitting. **Strongly disagree**

Q6 If you would like to be contacted by public health staff, please provide your contact information (optional):

Name	Jan Esler-Rowe
Company	Cascade Cigar & Tobacco Co., Inc
City/Town	Happy Valley
Email Address	jan@casdecigar.com
Phone Number	503-775-5885

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, November 27, 2018 11:06:03 AM
Last Modified: Tuesday, November 27, 2018 11:18:56 AM
Time Spent: 00:12:52
IP Address: 67.170.145.164

Page 1

Q1 How would you describe yourself? **Owner**

Q2 Please describe how employees are trained to prevent the sale of tobacco and/or electronic nicotine delivery systems (E-cigarettes, Juuls) to people under 21 years? (open-ended)

Under the OLCC regulations, we are required to card to prevent the sale of tobacco and/ or electronic nicotine delivery systems already... Licensing in county level just make it double taxing and give more hardship on retailers....

Q3 Please indicate whether you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or neither agree or disagree with the following statements:

My current training policies and program are successful in limiting sales of tobacco and vaping products to minors. **Strongly agree**

Employees at my store have experienced minors attempting to purchase tobacco or vaping products illegally. **Strongly agree**

Q4 How can the Clackamas County Public Health Division support your education and training focused on reducing sales of tobacco and vaping products to minors? (open-ended)

We are doing our parts to not to sell tobacco and vaping products to minors in every way, and we are very successful to preventing sales to minors. Increasing tax and expenses will not help...

Tobacco Retail Licensing Retailer Feedback

Q5 According to the Oregon Health Authority, one in three Clackamas County 11th graders said that it would be “very easy” to access to tobacco products (2017 Oregon Healthy Teen survey). This is alarming because nicotine is a highly addictive powerful drug and may have a lasting negative impact on teens’ developing brains.

If a tobacco retail license system would help prevent youth from starting to use tobacco or vaping products, I would support a licensing program **Strongly disagree**

If it would reduce or prevent youth from using tobacco, I would discontinue the sale of flavored tobacco and/or vaping products **Somewhat agree**

If it would reduce or prevent youth from using tobacco, I would support a policy that prohibits retailers from selling tobacco within 1000 feet of schools. **Somewhat agree**

My store would be willing to post Oregon Tobacco Quit Line information for tobacco users who are interested in quitting. **Strongly agree**

Q6 If you would like to be contacted by public health staff, please provide your contact information (optional):

Name	Bok Lee
Company	Kearns Market
City/Town	Happy Valley
Email Address	bjlee62@comcast.net
Phone Number	5033677361

Implementing a Tobacco Retail License in Clackamas County

Tobacco Remains a Major Source of Harm

Tobacco use remains the most preventable cause of illness and death in America and Clackamas County. In the United States, cigarette smoking is responsible for more than 480,000 deaths per year, including more than 41,000 deaths resulting from secondhand smoke exposure. This is more deaths than from gun violence, HIV, motor vehicle accidents, and opioid overdosesⁱ.

All Clackamas County residents deserve opportunities for good health. Clackamas County is committed to further restrict minors' access to tobacco and other nicotine products, and support our communities that bear the highest health burden from tobacco-related illnesses and deaths. Recent examples of Clackamas County's efforts include our support of the statewide Tobacco 21 initiative, tobacco retailer licensing, and active enforcement of the Indoor Clean Air Act with businesses that allow on-site smoking.

Inequities Persist Among Tobacco Users

Tobacco disproportionately affects lower-income populations, communities of color, people living with mental illness, and the LGBTQI community. Tobacco retailer location is a factor in tobacco and other nicotine product use by adults, particularly for minority communities. Neighborhoods that have higher numbers or densities of tobacco retail outlets are more likely to be where more people of color and people experiencing economic hardship live. High densities of tobacco retailers have been linked to increased smoking rates among adults living in the surrounding neighborhoodsⁱⁱ.

Youth are More Vulnerable to Nicotine

Preventing nicotine dependence before it starts can help us reduce the inequitable burden of tobacco use. More than three quarters of smokers begin smoking before their 20th birthday. Adolescents who start smoking before their 19th birthday have on average a 20% higher risk of dying from a smoking-related illnessⁱⁱⁱ. Tobacco and other nicotine products remain too accessible for youth to use and purchase in Clackamas County. The percent of teens who smoke cigarettes has increased from 2013-2015. In that same time period, the fraction of 11th graders who have used electronic cigarettes has almost doubled. 8th grade use has more than tripled in two years. Overall smoking rates in Clackamas County are higher than the Oregon average for both age groups.

Clackamas Strategy to Reduce Tobacco Burden

Beginning in January 2018, Oregon will increase the state's tobacco and nicotine product possession age to 21 (Tobacco 21). Increasing the age to purchase these products, in combination with stronger local enforcement laws, are part of Clackamas County's comprehensive strategy to prevent youth from using nicotine products and end the burden of tobacco-related diseases and deaths. Because of this, Clackamas County is proposing to implement a tobacco retail license where businesses located in the County must obtain a license to sell tobacco and other nicotine products, including electronic cigarettes.

Effectiveness of Tobacco Retail Licensing

Communities across the country, including four in Oregon, are using a tobacco retail license as a best practice to prevent youth from illegally purchasing nicotine products. A number of these communities are demonstrating positive implementation results. For example, a recent assessment of 33 communities in California that implemented a tobacco retail license, showed decreased rates of illegal youth sales^{iv}. Locally, Multnomah County implemented a retail license in July 2016 and is on track to reduce illegal sales to minors.

A tobacco retail license is also useful as a surveillance and evaluation tool, and allows for greater local control of retailer education and enforcement activities. A tobacco retail license, in conjunction with Tobacco 21, would enable the County to educate businesses about tobacco laws, ensure accountability with tobacco laws, and evaluate where these business are located relative to schools and other youth-populated areas.

ⁱ Centers for Disease Control and Prevention. (2017). Burden of tobacco use in the US. Accessed at <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

ⁱⁱ Public Health Law Center. (2014). Location, location, location: Regulating tobacco retailer locations for public health. Accessed at <http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-regulating-retailer-locations-2014.pdf>

ⁱⁱⁱ Choi, S.H., & Stommel, M. (2017). Impact of age at smoking initiation on smoking-related morbidity and all-cause mortality. *American Journal of Preventive Medicine*, 53, 33-41.

^{iv} American Lung Association. (2013). Tobacco retailer licensing is effective. Accessed at <http://center4tobaccopolicy.org/wp-content/uploads/2016/10/Tobacco-Retailer-Licensing-is-Effective-September-2013.pdf>



Clackamas County: Tobacco License Impact Analysis

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College of Urban and Public Affairs

April 2018

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ACKNOWLEDGEMENTS

This report was researched and produced by the Northwest Economic Research Center (NERC) with support from Clackamas County Public Health.



The Clackamas County Public Health Division serves the County by overseeing local health programs and initiatives, collecting and analyzing health data, and performing vital administrative and regulatory services.



NERC is based at Portland State University in the College of Urban and Public Affairs. The Center focuses on economic research that supports public-policy decision-making, and relates to issues important to the Pacific Northwest and the Portland Metropolitan Area. NERC serves the public, nonprofit, and private sector with economic analysis. Dr. Tom Potiowsky is the Director of NERC, and is the former Chair of the Department of Economics at Portland State University. Dr. Jenny H. Liu is NERC's Assistant Director and Assistant Professor in the Toulan School of Urban Studies and Planning. This report was researched and written by Peter Hulseman, with research support from Emma Willingham.

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Executive Summary

Passage of Senate Bill 754 (Tobacco 21) in August of 2017 raised the tobacco sales age from 18 to 21 in Oregon. However, there is currently no state law requiring retailers to have a license to sell tobacco products within the state. Without a full registry of tobacco vendors, it is difficult to determine whether or not said vendors are complying with the new law. Other counties within Oregon have adopted regional tobacco retail license programs, which help to ensure compliance with Tobacco 21. With this in mind, the Clackamas County Public Health Division requested that the Northwest Economic Research Center (NERC) investigate the potential economic impacts of adopting a county-wide Tobacco Retail License for the Public Health Division to inform decision makers.

To accomplish this, NERC used the modelling software IMPLAN. NERC relied on existing literature for potential effects that cannot be modeled by IMPLAN. It should be noted that, while some implications of Tobacco 21 are discussed, this report is primarily an analysis of the economic impact of tobacco retail licensing (TRL) for Clackamas County.

If TRL goes into effect, Clackamas County would see a reduction in employment of 4.12 Full Time Equivalent (FTE) positions, and a corresponding decreased in gross wages of \$129,185 (see Table 1). To put these numbers in perspective, in 2016 – the most recent year of IMPLAN data – there were 220,375 FTE employees in Clackamas County and 7,127 FTE employees in the industries included in the analysis. Labor Income was \$10,191,352,866 and \$204,899,969 respectively.

This only includes the loss of employment to the private sector and does not include the public employees who would be hired to regulate this industry – which would mitigate these effects. Estimates by Health Equity Zone (HEZ) are shown in Appendix A.

Table 1: Clackamas County Economic Impacts¹

Impact Type	Employment	Labor Income
Direct Effect	-3.20	-\$89,474
Indirect Effect	-0.41	-\$18,106
Induced Effect	-0.52	-\$21,605
Total Effect	-4.12	-\$129,185

The IMPLAN model is static, meaning that the above estimates do not account for dynamic price adjustments of tobacco and nicotine products, long-term health effects of tobacco, or decreases in tobacco revenue due to increased compliance with the minimum legal sales age.

¹ Indirect effects represent the effects on other firms in the supply chain. Induced effects indicate economic activity supported by wages.

Tobacco, like many addictive products, is a notoriously inelastic good—meaning that there is a disproportionately small decrease in demand to any increase in price. One current estimate for the price elasticity of tobacco in the United States is -0.4 .² This means that for a 1% increase in price, demand only decreases by 0.4%: retailers make more money by increasing the price of a good than they lose from the subsequent decrease in demand. Therefore, increasing the price is a viable method to pass on increased operational costs to consumers. This potential response is not included in the analysis.

Another limitation of the analysis is that of increased compliance with the new, higher legal sales age of tobacco and nicotine products. Without tobacco retail licensing it is difficult to enforce laws such as Tobacco 21. Hence, by passing tobacco retail licensing, retailers that previously skirted Tobacco 21 now are bearing the full cost of the regulation.

By increasing compliance, tobacco retail licensing indirectly brings about the health effects associated with Tobacco 21. Although this is not an analysis of Tobacco 21, these effects should be mentioned as there is potential for significant, positive, long-run economic impacts. The potential directions of these effects, which do not appear in the model, are shown in Table 2 below.

Table 2: Direction of other Potential Effects³

Type of Effect	Direction of Effect
Dynamic Price Adjustment (Elasticity)	Mitigates Negative Impact
Increased Compliance	Exacerbates Negative Impact
Long-term Health Effects	Mitigates Negative Impact

Key Findings if Clackamas County Tobacco Retail Licensing goes into effect

- Clackamas County would see a reduction in employment of 4.12 Full Time Equivalent (FTE) positions.
- Clackamas County would see a reduction in gross wages of \$129,185.
- The inelastic nature of tobacco products indicates that the above effects could be mitigated by raising prices for tobacco products.
- Tobacco licensing raises retailer compliance with laws – meaning that policies that could increase unemployment are felt. This indicates that the above effects could be too small.
- By ensuring compliance with Tobacco 21, Tobacco Retail Licensing will have positive health effects for the County that are unaccounted for in the above estimates.

² World Health Organization (2012). *The demand for cigarettes and other tobacco products* [PowerPoint Slides]. Retrieved from: http://www.who.int/tobacco/economics/2_1factorsaffectingconsumerbehavior.pdf

³ See the discussion of Other Potential Factors (pgs. 10-13) for more detail

In summary, IMPLAN estimates a total impact of 4.12 less FTE employees for Clackamas County out of the 7,127 FTE employees estimated in the pertinent industries in 2016. There are factors that could mitigate and exacerbate the negative impact including the dynamic price adjustments of tobacco and nicotine products, long-term health effects of tobacco use, or decreases in tobacco revenue due to increased compliance with the legal sales age. Overall, tobacco retail licensing is unlikely to have a significant adverse effect on the Clackamas County economy.

Introduction

Preventing smoking initiation for teenagers is a major goal of public health officials everywhere. This is in part due to the well-known health risks of smoking, but also because initiation in a person's youth leads to significantly higher chances of a long-term addiction.⁴ According to the 2014 *National Survey on Drug Use and Health*, 90 percent of adult smokers began smoking during their teenage years.⁵ Increasing the tobacco purchase age to 21 prevents early use of tobacco and nicotine products.

Passage of Senate Bill 754 (Tobacco 21) in August of 2017 raised the tobacco sales age from 18 to 21 in Oregon. However, there is currently no state law requiring retailers to have a license to sell tobacco products. Therefore, there are no guarantees that vendors will comply with the new law. Four counties and several cities within Oregon have adopted regional tobacco retail license requirements which helps ensure compliance with Tobacco 21. With this in mind, the Clackamas County Public Health Division requested that the Northwest Economic Research Center (NERC) investigate the potential economic impacts of adopting a county-wide Tobacco Retail License for the Public Health Division to inform decision makers.

To accomplish this, NERC used the modelling software IMPLAN. NERC relied on existing literature for potential effects that cannot be modeled by IMPLAN. It should be noted that, while some implications of Tobacco 21 are discussed, this report is primarily an analysis of the economic impact of tobacco retail licensing for Clackamas County.

⁴ Bonnie, Richard J.; Stratton, Kathleen; and Kwan, Leslie Y. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Retrieved from: <https://www.nap.edu/read/18997/chapter/9#202>

⁵ United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. *National Survey on Drug Use and Health, 2014*. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. Retrieved from: <https://doi.org/10.3886/ICPSR36361.v1>

Data Description

Clackamas County Public Health provided NERC with a list of known tobacco retailers by Health Equity Zone (HEZ), zip code, and industry. Clackamas County Public Health divided the county into 10 Health Equity Zones to analyze data broken down by geographic areas. The HEZs serve as a tool for residents, policy makers, community-based organizations and businesses to address the unique needs of the communities located in each of the zones. Since the geographic area in the IMPLAN model is organized by zip code, NERC sorted zip codes into HEZs. In a few instances, zip codes were encompassed by multiple HEZs so NERC placed the zip code into the HEZ in which most of its retailers were located. This resulted in a negligible effect on HEZ estimates, and no effect on the county wide estimate.

The retailer's industry type was translated and sorted into one of three IMPLAN retail industries: food and beverage (IMPLAN code 400), gas station (402), or miscellaneous (406).⁶ One limitation of this analysis is that IMPLAN does not separate out industries into distinct retailers. As a result, it is impossible to isolate the impacts on small retailers or large retailers.

NERC assumed the cost for a tobacco retail license would be \$600 - which Clackamas County Public Health believes to be a conservative, high estimate. Therefore, the anticipated increase to operating costs for a given HEZ is \$600 multiplied by the number of retailers. For example, if there are three gas stations in the Molalla HEZ selling tobacco and nicotine products, then NERC would input an increased operating cost of \$1,800 for the gas station retailer industry into IMPLAN Molalla model (zip codes: 97038 and 97042).

⁶ Defined, in detail, in Appendix C.

Description of IMPLAN

IMPLAN is one the industry standard models for doing economic impact analysis. IMPLAN models are constructed using Social Accounting Matrices (SAM) based on spending and purchasing data from the Bureau of Economic Analysis (BEA) supplemented by data from other publicly available sources. SAMs are constructed to reflect the actual industry interactions in a region, and include government activities that are not traditionally reflected in this type of economic analysis.

SAMs create a map showing how money and resources flow through the economy. In a simulation, new economic activity is assumed to occur in an industry or group of industries. Based on past spending and purchasing activity, IMPLAN simulates the purchasing and spending necessary for this new economic activity to occur. IMPLAN tracks this new economic activity as it works its way through the economy. Also included in SAMs are household and government behavior.⁷ In addition to following purchasing and spending through the private sector, IMPLAN also estimates the impact of changes in disposable income and tax revenue.

A production function is constructed for each industry, reflecting its connections to other industries. Economic changes or events are propagated through this process as new economic activity motivates additional economic activity in other parts of the supply chain, and through changes in spending habits.

IMPLAN breaks out analysis results into three types of impact: direct, indirect, and induced.

- ❖ **Direct Impacts:** These are defined by the modeler, and placed in the appropriate industry. In this case, the direct impact is the increased operating cost for

⁷ Defined in Appendix C.

IMPLAN Impacts

The impact summary results are given in terms of employment, labor income, total value added, and output:

Employment represents the number of annual, 1.0 FTE jobs. These job estimates are derived from industry wage averages.

Labor Income is made up of total employee compensation (wages and benefits) as well as proprietor income. Proprietor income is profits earned by self-employed individuals.

Total Value Added is made up of labor income, property type income, and indirect business taxes collected on behalf of local government. This measure is comparable to familiar net measurements of output like gross domestic product.

Output is a gross measure of production. It includes the value of both intermediate and final goods. Because of this, some double counting will occur. Output is presented as a gross measure because IMPLAN is capable of analyzing custom economic zones. Producers may be creating goods that would be considered intermediate from the perspective of the greater national economy, but may leave the custom economic zone, making them a local final good.

tobacco retailers. The IMPLAN model uses built in estimates to translate this into direct employment, labor income, and value-added lost.

- ❖ **Indirect Impacts:** These impacts are estimated based on national purchasing and sales data that model the interactions between industries. This category reflects the economic activity necessary to support the new economic activity in the direct impacts by other firms in the supply chain.
- ❖ **Induced Impacts:** These impacts are created by the change in wages and employee compensation. Employees change purchasing decisions based on changes in income and wealth.

IMPLAN Analysis

To conduct the analysis, NERC assumed that the retailer bears the full cost of the tobacco retail license as an increase to their operating costs. The economic impacts for Clackamas County are shown below in Table 3. All values are in 2018 dollars. Impacts by HEZ are shown in Appendix A at the end of this report.

Table 3: Clackamas County Economic Impacts⁸

Impact Type	Employment	Labor Income
Direct Effect	-3.20	-\$89,474
Indirect Effect	-0.41	-\$18,106
Induced Effect	-0.52	-\$21,605
Total Effect	-4.12	-\$129,185

The year tobacco retail licensing goes into effect, Clackamas County will see a reduction in employment of 4.12 Full Time Equivalent (FTE) employees and gross wages of \$129,185. This only includes the loss of employment to the private sector and does not include the additional employees to regulate this industry – which would mitigate these effects. To put these numbers in perspective, in 2016 – the most recent year of IMPLAN data – there were 220,375 FTE employees in Clackamas County and 7,127 FTE employees in the industries included in the analysis. Labor Income was \$10,191,352,866 and \$204,899,969 respectively.

Other Potential Factors

The IMPLAN model is static, meaning that the above estimates do not account for dynamic price adjustments of tobacco and nicotine products, long-term health effects of tobacco use, or decreases in tobacco revenue due to increased compliance with the legal sales age. Some potential effects are discussed below.

Dynamic Price Adjustment (Elasticity)

Tobacco, like many addictive products, is a notoriously inelastic good—meaning that there is a disproportionately small decrease in demand to any increase in price. One current estimate for the price elasticity of tobacco in the United States is -0.4 .⁹ This means that for a 1% increase in price, demand only decreases by 0.4%: retailers make more money by increasing the price of a good than they lose from the subsequent decrease in demand. Therefore, increasing the price is a viable method to pass on increased operational costs to consumers.

⁸ Total Value Added and Output are included in a table in Appendix A.

⁹ World Health Organization (2012). *The demand for cigarettes and other tobacco products* [PowerPoint Slides]. Retrieved from: http://www.who.int/tobacco/economics/2_1factorsaffectingconsumerbehavior.pdf

Typically, market competition prevents such price increases. However, for a market-wide¹⁰ disturbance—such as tobacco retail licensing—every retailer faces the same increase in operating costs and is therefore better able to pass it on to consumers. The inelastic nature of tobacco products likely means that the employment and wage effects of the license fee would be less than indicated in Table 3, as consumers would share some of the increased cost.

Compliance

Another limitation of the analysis is that of increased compliance with the legal sales age of tobacco and nicotine products. Without tobacco retail licensing it is difficult to enforce laws such as Tobacco 21. By passing tobacco retail licensing, retailers that previously skirted Tobacco 21 now are bearing the full cost of the regulation. This means that Table 3 underestimates the negative employment and wage effects, as tobacco retail licensing would increase compliance for other regulations (specifically, Tobacco 21).

Oregon conducts two types of compliance checks for tobacco retailers: Synar Inspections, required as part of the federal Synar Amendment prohibiting the sale of tobacco to minors, and Enforcement Inspections. Results for these state enforcement inspections vary considerably from year to year: over the 2013-2018 period, Clackamas County's overall failure rate ranged from 14-25%.

Long-term Health Effects

By increasing compliance, tobacco retail licensing indirectly brings about the health effects associated with Tobacco 21. Although this is not an analysis of Tobacco 21, these effects should be mentioned as there is potential for significant long-run economic impacts.

The health affected associated with tobacco use are known to increase medical costs and decrease quality of life. Additionally, the loss of life associated with tobacco usage decreases employment and other economic activity. The Oregon Health Authority, using a Center for Disease Control methodology, estimates the total effect of tobacco use in Oregon to be \$2.5 billion a year.¹¹ The magnitude of dynamic, long-run estimates such as these are difficult to verify – but tobacco usage does inflict large costs on society over the span of decades. By encouraging Tobacco 21 compliance among retailers, youth initiation rates (and thus long-term medical costs) will decrease, indicating that the estimates in Table 3 overestimate the negative effects of tobacco retail licensing.

The direction of the above potential effects are shown in the table below.

¹⁰ Retailers bordering counties without tobacco retail licensing would not be experiencing a "market-wide" disturbance as other competitors in their market don't have the same increase in operating cost.

¹¹ Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. 2017. Oregon tobacco facts. Available, along with other years, at <https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx>.

Table 4: Direction of Other Potential Effects¹²

Type of Effect	Direction of Effect
Dynamic Price Adjustment (Elasticity)	Mitigates Negative Impact
Increased Compliance	Exacerbates Negative Impact
Long-term Health Effects	Mitigates Negative Impact

Conclusion

In summary, IMPLAN estimates a total impact of 4.12 less FTE employees for Clackamas County out of the 7,127 FTE employees estimated in the pertinent industries in 2016. There are factors that could mitigate and exacerbate the negative impact including the dynamic price adjustments of tobacco and nicotine products, long-term health effects of tobacco use, or decreases in tobacco revenue due to increased compliance with the legal sales age. Overall, tobacco retail licensing is unlikely to have a significant adverse effect on the Clackamas County economy.

¹² See the discussion of Other Potential Factors (pgs. 10-13) for more detail.

Appendix A: Economic Impact by Health Equity Zone

Below are the 2016 estimates IMPLAN reports for population, total employment, and total personal income, along with the complete economic impact tables for Clackamas County and each Health Equity Zone. All values are in 2018 dollars.

Tables A1: Clackamas County Economic Impacts

Clackamas County	
Population	408,062
Total Employment	220,375
Total Personal Income	\$20,476,346,368

Impact Type	Employment ¹³	Labor Income	Total Value Added	Output
Direct Effect	-3.20	-\$89,474	-\$101,981	-\$166,800
Indirect Effect	-0.41	-\$18,106	-\$37,078	-\$61,464
Induced Effect	-0.52	-\$21,605	-\$39,052	-\$65,830
Total Effect	-4.12	-\$129,185	-\$178,111	-\$294,094

Tables A2: 2018 Impacts, Canby

Canby	
Population	24,929
Total Employment	11,636
Total Personal Income	\$1,250,938,112

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.20	-\$5,771	-\$6,664	-\$10,800
Indirect Effect	-0.01	-\$452	-\$927	-\$1,542
Induced Effect	-0.02	-\$706	-\$1,403	-\$2,354
Total Effect	-0.23	-\$6,930	-\$8,995	-\$14,696

¹³ The total impact does not always exactly equal the sum of the direct, indirect, and induced impacts due to rounding.

Tables A3: 2018 Impacts, Colton

Colton	
Population	3,204
Total Employment	569
Total Personal Income	\$160,794,464

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.02	-\$664	-\$694	-\$1,200
Indirect Effect	-0.00	-\$27	-\$69	-\$126
Induced Effect	-0.00	-\$13	-\$56	-\$91
Total Effect	-0.02	-\$704	-\$819	-\$1,417

Tables A4: 2018 Impacts, Estacada

Estacada	
Population	14,439
Total Employment	3,877
Total Personal Income	\$724,536,608

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.12	-\$3,219	-\$3,660	-\$6,000
Indirect Effect	-0.00	-\$207	-\$518	-\$866
Induced Effect	-0.01	-\$175	-\$486	-\$804
Total Effect	-0.13	-\$3,601	-\$4,664	-\$7,669

Tables A5: 2018 Impacts, Gladstone

Gladstone	
Population	13,164
Total Employment	4,304
Total Personal Income	\$660,539,392

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.09	-\$2,863	-\$3,401	-\$5400
Indirect Effect	-0.01	-\$198	-\$502	-\$800
Induced Effect	-0.01	-\$245	-\$543	-\$867
Total Effect	-0.10	-\$3,306	-\$4,447	-\$7,067

Tables A6: 2018 Impacts, Lake Oswego

Lake Oswego	
Population	46,176
Total Employment	38,730
Total Personal Income	\$2,317,096,320

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.25	-\$7,719	-\$8,865	-\$14,400
Indirect Effect	-0.02	-\$,1039	-\$2,187	-\$3,649
Induced Effect	-0.03	-\$1,111	-\$1,976	-\$3,395
Total Effect	-0.30	-\$9,869	-\$13,028	-\$21,444

Tables A7: 2018 Impacts, Molalla

Molalla	
Population	20,618
Total Employment	7,292
Total Personal Income	\$1,034,586,832

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.12	-\$3,549	-\$4,026	-\$6,600
Indirect Effect	-0.01	-\$245	-\$539	-\$919
Induced Effect	-0.01	-\$314	-\$662	-\$1,090
Total Effect	-0.13	-\$4,109	-\$5,227	-\$8,610

Tables A8: 2018 Impacts, North Clackamas

North Clackamas	
Population	124,419
Total Employment	80,424
Total Personal Income	\$6,243,259,008

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-1.06	-\$30,082	-\$34,920	-\$56,400
Indirect Effect	-0.11	-\$5,343	-\$9,736	-\$16,149
Induced Effect	-0.18	-\$7,864	-\$13,630	-\$23,258
Total Effect	-1.35	-\$43,290	-\$58,285	-\$95,808

Tables A9: 2018 Impacts, Oregon City

Oregon City	
Population	60,770
Total Employment	22,203
Total Personal Income	\$3,049,432,336

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.52	-\$13,876	-\$15,641	-\$25,800
Indirect Effect	-0.03	-\$1,306	-\$3,070	-\$5,103
Induced Effect	-0.06	-\$2,373	-\$4,326	-\$7,194
Total Effect	-0.61	-\$17,556	-\$23,036	-\$38,097

Tables A10: 2018 Impacts, Oregon Trail

Oregon Trail	
Population	32,378
Total Employment	12,126
Total Personal Income	\$1,624,718,483

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.41	-\$11,340	-\$12,645	-\$21,000
Indirect Effect	-0.03	-\$938	-\$2,253	-\$3,634
Induced Effect	-0.03	-\$1,167	-\$2,436	-\$4,006
Total Effect	-0.47	-\$13,445	-\$17,334	-\$28,640

Tables A11: 2018 Impacts, West Linn - Wilsonville

West Linn - Wilsonville	
Population	54,961
Total Employment	36,211
Total Personal Income	\$2,757,918,720

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.40	-\$10,390	-\$11,465	-\$19,200
Indirect Effect	-0.04	-\$1,666	-\$3,468	-\$5,829
Induced Effect	-0.04	-\$1,485	-\$2,881	-\$4,827
Total Effect	-0.48	-\$13,540	-\$17,815	-\$29,855

Appendix B: Economic Impact by City Zip Codes

Clackamas County requested that NERC provide the above tables for select cities. IMPLAN does not have city level models; however, NERC used zip codes contained within each of the cities for a reasonable approximation. Below are the 2016 estimates IMPLAN reports for population, total employment, and total personal income, along with the complete economic impact tables for the cities of Happy Valley, Milwaukie, West Linn, and Wilsonville. All values are in 2018 dollars.

Tables B1: 2018 Impacts, Happy Valley (Zip Code: 97086)

Happy Valley	
Population	29,809
Total Employment	10,793
Total Personal Income	\$1,495,815,808

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.11	-\$3,154	-\$3,828	-\$6,000
Indirect Effect	-0.01	-\$238	-\$553	-\$907
Induced Effect	-0.01	-\$283	-\$599	-\$1,005
Total Effect	-0.12	-\$3,677	-\$4,981	-\$7,913

Tables B2: 2018 Impacts, Milwaukie (Zip Codes: 97222, 97267, and 97269)

Milwaukie	
Population	72,459
Total Employment	35,684
Total Personal Income	\$3,635,931,392

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.65	-\$18,271	-\$21,094	-\$34,200
Indirect Effect	-0.06	-\$2,846	-\$5,304	-\$8,730
Induced Effect	-0.08	-\$3,619	-\$6,667	-\$10,913
Total Effect	-0.79	-\$24,737	-\$33,067	-\$53,844

Tables B3: 2018 Impacts, West Linn (Zip Code: 97068)

West Linn	
Population	30,607
Total Employment	10,193
Total Personal Income	\$1,535,827,456

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.21	-\$5,568	-\$5,980	-\$10,200
Indirect Effect	-0.02	-\$563	-\$1,314	-\$2,166
Induced Effect	-0.01	-\$438	-\$930	-\$1,543
Total Effect	-0.24	-\$6,571	-\$8,225	-\$13,910

Tables B4: 2018 Impacts, Wilsonville (Zip Code: 97070)

Wilsonville	
Population	24,354
Total Employment	26,018
Total Personal Income	\$1,222,091,264

Impact Type	Employment	Labor Income	Total Value Added	Output
Direct Effect	-0.19	-\$4,821	-\$5,485	-\$9,000
Indirect Effect	-0.02	-\$792	-\$1,631	-\$2,766
Induced Effect	-0.01	-\$515	-\$1,002	-\$1,690
Total Effect	-0.22	-\$6,129	-\$8,119	-\$13,457

Appendix C: Definitions

Price Elasticity of Demand: The degree to which demand is sensitive to a change in price.

Government Behavior: Taxation and spending patterns of the government.

Household Behavior: Employment and spending patterns of households.

Industry: A particular form or branch of economic or commercial activity, typically named after the principal product or service. Pertinent industries are described below.

Retail – Food and Beverage: Industries in the Food and Beverage Stores subsector usually retail food and beverages merchandise from fixed point-of-sale locations. Establishments in this subsector have special equipment (e.g., freezers, refrigerated display cases, refrigerators) for displaying food and beverage goods. They have staff trained in the processing of food products to guarantee the proper storage and sanitary conditions required by regulatory authority. Examples: Grocery Stores, Specialty Food Stores, and Beer, Wine, and Liquor Stores. Retrieved from BLS.gov.

Retail – Gasoline Stores: Industries in the Gasoline Stations subsector retail automotive fuels (e.g., gasoline, diesel fuel, gasohol, alternative fuels) and automotive oils or retail these products in combination with convenience store items. These establishments have specialized equipment for the storage and dispensing of automotive fuels. Retrieved from BLS.gov.

Retail - Miscellaneous: Industries in the Miscellaneous Store Retailers subsector retail merchandise from fixed point-of-sale locations (except new or used motor vehicles and parts; new furniture and home furnishings; new appliances and electronic products; new building materials and garden equipment and supplies; food and beverages; health and personal care goods; gasoline; new clothing and accessories; and new sporting goods, hobby goods, books, and music). Establishments in this subsector include stores with unique characteristics like florists, used merchandise stores, and pet and pet supply stores as well as other store retailers. Includes tobacco specialty stores (those engaged in retailing cigarettes, cigars, tobacco, pipes, and other smokers' supplies). Retrieved from BLS.gov.

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Tobacco Retail Licensing: Economic Impact

In January 2018, Oregon increased the age to purchase tobacco and nicotine products from age 18 to 21 (Tobacco 21). Tobacco Retail Licensing (TRL) is a policy we can adopt in Clackamas County to enforce laws like Tobacco 21. Combined, TRL and Tobacco 21 are part of Clackamas County's plan to prevent youth from using nicotine and end tobacco-related disease.

TRL requires every business that sells tobacco and nicotine products, like gas stations and grocery stores, to have a license. A license to sell tobacco and nicotine products is similar to the licenses required to sell alcohol and marijuana. Tobacco Retail Licensing is a necessary tool to enforce existing federal, state, and local laws.

Clackamas County Public Health Division asked the Northwest Economic Research Center (NERC) to look at the potential economic impacts of a county-wide TRL to inform decision makers and stakeholders.

What is the cost of a license? How will the fee be used?

A Tobacco Retail License may cost \$500 - \$600 each year. Specifically, the funds will be used to:

- Identify retailers, track compliance with laws, and enforce penalties if tobacco is sold to persons under the age of 21.
- Provide education to retailers and personalized technical assistance about laws and consequences if tobacco is sold illegally.
- Perform twice annual compliance checks.

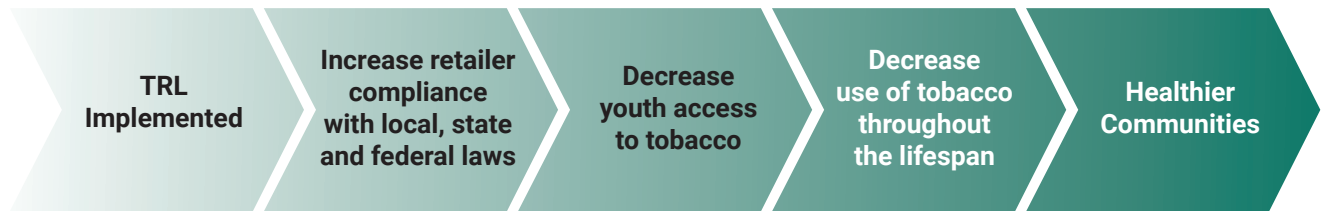
How will the fee impact the economy?

Tobacco Retail License fees are not likely to have a big impact on the Clackamas County economy. If implemented, the County may see a total loss of 4.12 full-time jobs out of the 7,127 full-time employees in the impacted industries. Total loss in wages from TRL is estimated to be \$129,185. This is a small fraction of the nearly \$205 million in labor income represented by employees in the impacted industries.

The table below shows the potential loss in full-time equivalent (FTE) employment positions and income (Labor Income) for each jurisdiction within Clackamas County.

Jurisdiction	FTE	Labor Income
Canby	-0.23	-\$6,930
Colton	-0.02	-\$704
Estacada	-0.13	-\$3,601
Gladstone	-0.10	-\$3,306
Happy Valley	-0.12	-\$3,677
Lake Oswego	-0.30	-\$9,869
Milwaukie	-0.79	-\$24,737
Molalla	-0.13	-\$4,109
Oregon City	-0.61	-\$17,556
Oregon Trail	-0.47	-\$13,445
West Linn	-0.24	-\$6,571
Wilsonville	-0.22	\$6,129
Unincorporated	-0.79	-\$28,551
Total County	-4.12	-\$129,185

Not included in the analysis and worth noting



Dynamic Price Adjustment

Tobacco, like many addictive products, does not see a very big change in demand to any increase in price. Demand only decreases by 0.4% for a 1% increase in price. This means that retailers actually make more money by increasing the price of a product than they would lose from any loss in demand. The annual license fee of \$500-\$600 would cost \$1.37-\$1.64 per day. A small increase in price of tobacco and nicotine products is one way that retailers can offset the cost of a TRL.

Long Term Health Effects

If stores comply with tobacco rules and regulations, TRL has the potential to improve quality of life for future generations. Tobacco is associated with cancer, respiratory diseases, and cardiovascular diseases which, are known to increase medical costs and decrease quality of life. Additionally, chronic disease and early death caused by tobacco contribute to work absenteeism and decreased economic activity. Using TRL to enforce laws like Tobacco 21, youth will have less access to tobacco products and will smoke less over their lifespan resulting in decreased tobacco-related disease and long-term medical care costs.

About NERC

NERC is based at Portland State University in the College of Urban and Public Affairs. The Center focuses on economic research that supports public-policy decision-making, and relates to issues important to the Pacific Northwest and the Portland Metropolitan Area. NERC serves the public, nonprofit, and private sector with economic analysis.

Tobacco Retail Licensing and Youth Product Use

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abstract

BACKGROUND: Restricting youth access to tobacco is a central feature of US tobacco regulatory policy, but impact of local tobacco retail licensing (TRL) regulation on cigarette smoking rates remains uncertain. Effects of TRL on other tobacco product use and use as adolescents reach the age to legally purchase tobacco products has not been investigated.

METHODS: Prevalences of ever and past 30-day cigarette, electronic cigarette (e-cigarette), cigar, and hookah use were assessed in a survey of a cohort of 1553 11th- and 12th-grade adolescents (mean age: 17.3 years); rates of initiation were evaluated 1.5 years later. An American Lung Association (2014) youth access grade was assigned to each of 14 political jurisdictions in which participants lived on the basis of the strength of the local TRL ordinance.

RESULTS: At baseline, participants living in 4 jurisdictions with “A” grades (ie, with most restrictive ordinances) had lower odds of ever cigarette use (odds ratio [OR] 0.61; 95% confidence interval [CI] 0.41–0.90) and of past 30-day use (OR 0.51; 95% CI 0.29–0.89) than participants in 10 D- to F-grade jurisdictions. At follow-up at legal age of purchase, lower odds of cigarette use initiation (OR 0.67; 95% CI 0.45–0.99) occurred in jurisdictions with stronger TRL policy. Lower odds of e-cigarette initiation at follow-up (OR 0.74; 95% CI 0.55–0.99) and of initiation with past 30-day use (OR 0.45; 95% CI 0.23–0.90) were also associated with better regulation.

CONCLUSIONS: Strong local TRL ordinance may lower rates of cigarette and e-cigarette use among youth and young adults.



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Dr McConnell conceptualized and designed the study and reviewed and revised the manuscript; Mr Astor collected data on tobacco retail licensing in study communities, conducted a literature review, and drafted the manuscript; Dr Urman conducted all data analyses; Drs Barrington-Trimis, Berhane, Steinberg, Cousineau, Leventhal, Unger, Cruz, Pentz, and Samet provided advice on the analysis and interpretation of results and reviewed and provided guidance on the development of the manuscript; and all authors approved the final manuscript as submitted.

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WHAT'S KNOWN ON THIS SUBJECT: Restricting youth access to tobacco has long been a central feature of US tobacco regulatory policy, but the impact of local tobacco retail licensing regulation on electronic cigarette use rates remains uncertain.

WHAT THIS STUDY ADDS: Strong local tobacco retail licensing ordinances may lower rates of cigarette and electronic cigarette use among youth and young adults. Success of regulations restricting youth access to cigarettes and alternative tobacco products may depend on ensuring a robust enforcement scheme.

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Most US states have had laws to restrict the sale of cigarettes to minors for decades.¹ Because there was widespread violation of these laws by tobacco vendors,² Congress passed the Synar Amendment to the Public Health Service Act in 1993,³ which required that states enact laws banning cigarette sales to minors and that they enforce such laws with compliance checks using undercover “decoys” posing as underage customers.^{4,5}

Enforcement of these youth access regulations is a central feature of US tobacco control programs. However, although compliance checks of vendors have been shown to reduce sales to minors, their effectiveness in reducing youth smoking rates is less certain, for example, because they may obtain cigarettes legally purchased by older friends.^{6,7} Key regulatory features that are reported to reduce both compliance violations and youth cigarette use include a mandatory tobacco retailer licensing fee to provide sustainable funding of undercover decoys to make at least 1 annual visit to each vendor and fines or penalties for violations.^{7,8}

Low rates of vendor compliance checks, which occur annually at only a small fraction of tobacco vendors under existing state and federal enforcement programs,^{9,10} and inadequate penalties may explain why associations with youth smoking rates have not consistently been observed.⁷ Within states, compliance enforcement may vary markedly on the basis of local ordinances that provide funding to do so. Given the expense involved in enforcement and the lack of expert consensus on its benefits, additional studies are warranted to assess the effectiveness in reducing youth cigarette use.

The impact of youth access restriction on the initiation of alternative tobacco products, such as electronic cigarettes (e-cigarettes), hookah, and cigars, has not been studied, although prevalence of ever

using these products is high.¹¹ An additional gap in understanding the effectiveness of youth tobacco access restriction is during the transition to the legal age of purchase. Most adult smokers historically have initiated cigarette use by age 18,¹² which is the legal age of purchase in most states. There have been few prospective studies examining the effect of tobacco licensing and youth access restriction on cigarette and alternative tobacco product use during this transition to adult life.

Among participants in the Southern California Children’s Health Study, we evaluated whether youth living in jurisdictions with a strong tobacco retail licensing (TRL) ordinance had reduced prevalence of cigarette and other tobacco use, compared with participants in jurisdictions with a poor TRL ordinance. In addition, using prospectively collected data, we assessed the association of local ordinances with the initiation of tobacco product use during a cohort follow-up as youth reached 18 years of age, the age at which the sale of tobacco products was legal in California at the time of the study.

METHODS

Study Population

Between January and June of 2014, a total of 2097 11th- and 12th-grade participants in the Southern California Children’s Health Study (mean age: 17.3; SD: 0.6) completed self-administered questionnaires collecting detailed information about cigarette and alternative tobacco product use. Follow-up online questionnaire data were collected on 1553 participants (74% of the 2097 at baseline) as they reached 18 years of age, between January 2015 and June 2016 (mean age: 18.8; SD: 0.6). Additional characteristics of the study sample have been described previously.^{13,14}

Ethics Statement

The study was approved by the University of Southern California Institutional Review Board. Parental written informed consent and child assent were obtained for all Children’s Health Study participants <18 years of age. Participants age 18 or older provided written informed consent.

Tobacco and Alternative Tobacco Product Use

At each survey, participants were asked whether they had ever tried e-cigarettes, cigarettes, cigars, or hookah and the number of days each product was used in the past 30 days.¹² Participants who had “never tried” a product (not “even 1 or 2 puffs”) were classified as never users. Those reporting an age at first use of each tobacco product were classified as ever (lifetime prevalent) users of that product at baseline. Rates of initiation were calculated on the basis of a new report of use of a tobacco product at follow-up among participants not reporting use of that product at baseline. Both prevalent users and initiators of each tobacco product were further characterized on the basis of past 30-day use.

Evaluation of Local Tobacco Regulatory Licensing to Reduce Youth Access

There were 14 political jurisdictions with corresponding tobacco product ordinances across the 12 participating Children’s Health Study communities. Four study jurisdictions were assigned an A grade on the basis of the 2014 American Lung Association (ALA) “Reducing Sales of Tobacco Products” to youth scale, which is used to evaluate the strength of the local TRL ordinance across California.¹⁵ An A grade required adequate annual retail license fees, which were paid by all tobacco retailers (including gas stations, convenience stores, larger grocery stores, and pharmacies),

to cover the administration of an enforcement program and regular compliance checks in each store. An A grade also required (1) an annual renewal of this local license; (2) a provision that any violation of local, state, or federal law is a violation of the license; and (3) a graduated penalty system for violators, including financial deterrents such as fines or other penalties, including license revocation or suspension.¹⁵

The remaining study jurisdictions were assigned an F grade (8) or a D grade (1). An F grade indicated either (1) no local ordinance mandating a license fee or (2) a fee insufficient to fund administrative and compliance checks as well as none of the 3 other provisions for an A grade. The jurisdiction with the D grade had a licensing fee that was insufficient to cover administration and compliance checks, but it had at least 1 of the other 3 provisions listed above that were needed for an A grade. The D and F communities were collapsed for data analysis, because the insufficient annual fee is a central feature of regulation to reduce youth access.^{7,15} No study jurisdiction in this sample had B or C grades corresponding to TRL policies of intermediate quality.¹⁵

ALA assigned grades to other categories of tobacco policy (smoke-free housing policy, smoke-free outdoor policy, and overall tobacco policy).¹⁵ These policies, which are not specific to youth tobacco product access, were not associated with tobacco product use in this study, and results are not presented.

Covariates

Self-administered questionnaires completed by parents of participants were used to assess sociodemographic characteristics, including sex, ethnicity (Hispanic, non-Hispanic white, other), age at baseline, and parental education (completed high school or less, some

college, or completed college or more).

Statistical Analysis

Unconditional logistic regression models were used to evaluate the associations of living in a jurisdiction with an ALA grade A versus D or F TRL ordinance with baseline ever and past 30-day use of cigarettes, e-cigarettes, hookah, cigars, or use of any of these tobacco products in separate models. Models were also fit to evaluate associations of ALA grade with the initiation of each product, with or without past 30-day use. In models used to evaluate the initiation of use of each tobacco product between baseline and follow-up, the sample was restricted to baseline never users of that product. Odds ratios (ORs) and 95% confidence intervals (CIs) were used to estimate the association of each tobacco product use with an ALA grade. All models were adjusted for sex, ethnicity, highest parental education, and baseline age, factors that have been associated both with e-cigarette use and cigarette use in previous studies.^{13,14} Each tobacco product-specific model was also adjusted for a baseline history of use of any other tobacco product, because there was clustering of the tobacco product outcomes.¹³ A missing indicator category for covariates and any other tobacco product use was included where appropriate. Additionally, all models included a random effect for community to account for similarities among subjects within jurisdictions. In a sensitivity analysis, models were further adjusted for time between baseline and follow-up questionnaire completion. Statistical analyses were based on 2-sided hypotheses tested at a 0.05 level of significance, using SAS 9.4 (SAS Institute, Inc, Cary, NC).

RESULTS

Of the 2097 participants, 31.1% (652) lived in a jurisdiction with an

ALA 2014 TRL A grade, and 68.9% (1445) students lived in jurisdictions with D or F grades. Sex and ethnic distributions were similar in A and D or F jurisdictions, but students in A jurisdictions were more likely to come from less-educated households (Table 1). Unadjusted prevalence and initiation rates for each tobacco product were lower in jurisdictions with A than with D or F grades, with the exception of new initiation of hookah with past 30-day use. Initiation rates were substantial among never tobacco product users at baseline, in particular for e-cigarette use. Both prevalence and initiation rates of past 30-day tobacco product use generally did not exceed 10% for any product.

For baseline prevalence of ever and past 30-day use of cigarette and e-cigarette ever use, and to a lesser degree for prevalence of cigar use, jurisdictions with A grades had generally lower use rates than D or F jurisdictions (Supplemental Fig 3). However, within both grade groups, there was considerable variability in prevalence rates across jurisdictions for all tobacco products. Rates in individual jurisdictions had wide CIs (results not shown) because of small sample size. Rates of tobacco product initiation at follow-up were also generally quite variable across the jurisdictions within both A and D or F grades (Supplemental Fig 4).

At baseline, participants living in the 4 jurisdictions with A grades had lower odds of ever using a cigarette (OR 0.61; 95% CI 0.41–0.90) and of past 30-day use (OR 0.51; 95% CI 0.29–0.89) than participants in 10 D- to F-grade jurisdictions, after adjusting for sociodemographic covariates and other tobacco product use at baseline (Fig 1).

Living in A-grade jurisdictions was associated with lower odds of initiation of cigarette use between baseline and the follow-up questionnaire (OR 0.67; 95% CI 0.45–0.99 [Fig 2]). The risks of

TABLE 1 Prevalence of Sociodemographic Characteristics, Lifetime, and Current (Last 30-Day) Use of Each Tobacco Product at Baseline and Rates of Product Initiation at Follow-up Among Youth Residing in a Jurisdiction With ALA Reduced Tobacco Sales, Grade A or D or F

	Grade A	Grade D or F
	N (% ^a)	N (% ^a)
Sex		
Male	324 (49.7)	735 (50.9)
Female	328 (50.3)	710 (49.1)
Ethnicity		
Hispanic white	349 (53.5)	736 (50.9)
Non-Hispanic white	230 (35.3)	504 (34.9)
Other	73 (11.2)	205 (14.2)
Parent education		
Less than or equal to high school	245 (41.3)	460 (34.3)
Some college	219 (36.9)	502 (37.4)
College or more	129 (21.8)	379 (28.3)
Prevalent ever tobacco product use at baseline		
Cigarette	89 (13.7)	302 (21.0)
E-cigarette	123 (19.0)	379 (26.4)
Hookah	158 (24.3)	411 (28.6)
Cigars	69 (10.6)	204 (14.2)
Any tobacco product	214 (32.9)	564 (39.2)
Prevalent past 30-d tobacco product use at baseline		
Cigarette	24 (3.7)	95 (6.6)
E-cigarette	56 (8.6)	145 (10.1)
Hookah	62 (9.5)	162 (11.3)
Cigars	21 (3.2)	55 (3.8)
Any tobacco product	107 (16.5)	267 (18.6)
Initiation of tobacco product use (between baseline and follow-up) ^b		
Cigarette	52 (13.1)	156 (18.0)
E-cigarette	92 (24.7)	235 (29.7)
Hookah	55 (15.9)	146 (18.9)
Cigars	49 (12.0)	158 (17.1)
Any tobacco product	85 (27.7)	198 (30)
Initiation with past 30-d tobacco product use at follow-up ^b		
Cigarette	17 (4.3)	52 (6.0)
E-cigarette	17 (4.7)	69 (8.9)
Hookah	16 (4.7)	32 (4.2)
Cigars	12 (2.9)	36 (3.9)
Any tobacco product	24 (7.9)	78 (12.1)

^a The denominator (652 in grade A; 1445 in grade D or F) varies because of missing values in covariates.

^b Restricted to nonusers of each product (or of any tobacco product) at baseline.

initiation of e-cigarettes (OR 0.74; 95% CI 0.55–0.99) and of initiation with past 30-day use (OR 0.45; 95% CI 0.23–0.90) were also lower in A-grade than D- or F-grade jurisdictions. In sensitivity analyses adjusting for time since turning 18 at follow-up, there was no change in the protective effect estimate of living in a well-regulated (A-grade) jurisdiction (results not shown). Participants still living in their jurisdiction of origin at follow-up evaluation would have had consistent exposure to the same regulatory environment. In this sample, there were stronger protective A-grade

compared with D- or F-grade associations with cigarette and e-cigarette initiation at follow-up (and of initiation of e-cigarettes with past 30-day use) than in the entire sample (results not shown). The protective association of A-grade residence with initiation of cigar use was similar in magnitude to the association with cigarette and e-cigarette use but was not statistically significant.

DISCUSSION

Central features of the ALA TRL grade include a licensing fee

sufficient to fund compliance checks and enforcement of regulations prohibiting tobacco sales to minors and penalties for violating the law, features of TRL that have been reported to be necessary to reduce sales to and use by youth.⁷ Compared with living in a jurisdiction with poor TRL policy, youth in a jurisdiction satisfying these criteria were less likely to smoke in high school. In a prospective follow-up of the cohort, the odds of initiation of e-cigarette use, with or without past 30-day use, and of initiation of cigarette use were also lower in well-regulated jurisdictions. Stronger associations among participants still living in their jurisdiction of origin at follow-up evaluation, with consistent exposure to the same regulatory environment throughout, also suggest that the benefits of good TRL policy extended both beyond cigarette use to e-cigarette use and into early adult life at age 18 when the sale of tobacco products was legal at the time of the study. The protective associations were large, with risk lower by one-third to a half in the strong compared with weak TRL jurisdictions (depending on the outcome).

There has been uncertainty regarding the effects of youth access restrictions on cigarette use.^{6,7,16} Some authors of prospective studies in which age-specific prevalence of tobacco use was assessed before and after regulatory intervention to restrict youth access found reductions in cigarette use,^{17–20} but others found no benefit.^{21,22} Authors of 1 review of studies that reported changes in smoking associated with youth access restrictions found no relationship of vendor compliance or of changes in vendor compliance, with smoking prevalence in a meta-analysis of available studies,⁶ perhaps because the restriction of commercial access resulted in a shift to social sources of cigarettes such as older friends or siblings. Authors of other observational studies have

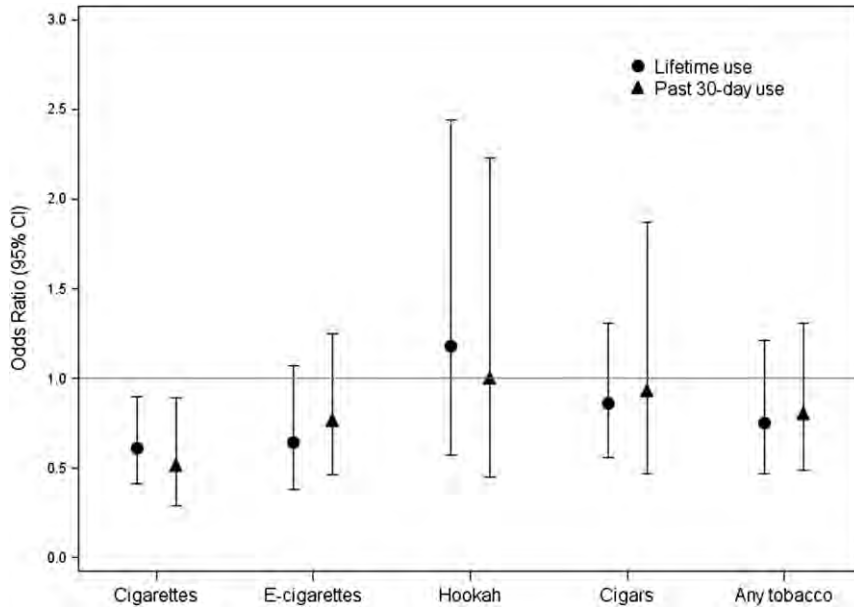


FIGURE 1

Associations of prevalent lifetime and current (last 30-day) use of each tobacco product at baseline with residence in ALA Reduced Tobacco Sales grade A jurisdictions, compared with residence in grade D or F jurisdictions. Models were adjusted for sex, ethnicity, parental education, age at baseline, and for any other tobacco product use at baseline (except for any tobacco product use prevalence, which was compared with never users of any tobacco product) and included a random effect for jurisdiction.

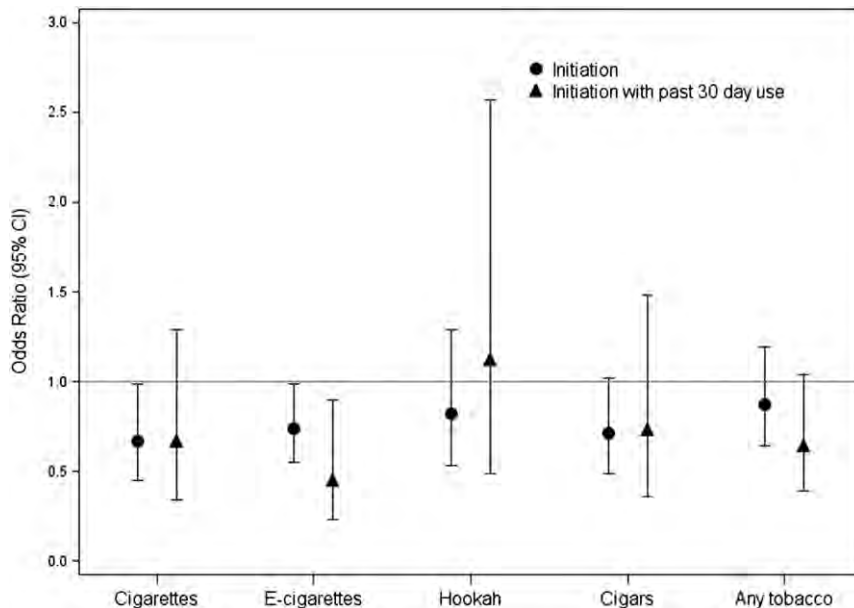


FIGURE 2

Associations of initiation of use of each tobacco product between baseline and follow-up and of initiation and current (last 30-day) use, with residence in ALA Reduced Tobacco Sales grade A jurisdictions, compared with residence in grade D or F jurisdictions. Each model was restricted to nonusers of product at baseline. Models were adjusted for sex, ethnicity, parental education, age at baseline, and for any other tobacco product use at baseline (except for any tobacco product use initiation, which was compared with never users of any tobacco product at either baseline or follow-up) and included a random effect for jurisdiction.

found reduced smoking rates in communities with youth access restrictions, but it was not clear that reduced access mediated the reduction in smoking rates.^{19,23} For example, sustained reductions in adolescent daily smoking rates were observed in Minnesota communities that were randomly assigned to intervention supporting community organizers to develop and promote good TLR ordinances, compared with nonintervention communities.²⁰ However, it was not clear whether the observed reductions in smoking rates were due to youth access restrictions and improved vendor compliance or to other regulatory features resulting from the intervention, such as bans on vending machines and requirements for posted signs reporting age of sale policies, or for storing cigarettes behind the sales counter.¹⁷

Our results are broadly consistent with findings of a comprehensive review in which authors concluded that lower smoking rates occur if local TRL requires yearly compliance checks with effective enforcement.⁷ Our study is 1 of the few that assessed associations of TRL with both prevalence and initiation rates in a prospective assessment of the same participants during an adolescent period of known high incidence of initiation. The prospective cohort design of the study also provided the opportunity to examine the impact of TRL on legal tobacco product use by young adults. The reduced risk of initiation of cigarette and e-cigarette use at follow-up in jurisdictions with better TRL regulation (with effect estimates that were unaffected by adjusting for time since turning 18 at follow-up) suggests that regulation may have lowered initiation rates even after participants reached the age for legal purchase. Although most adult smokers historically first use cigarettes before age 18,¹² in our cohort, rates of initiation of tobacco

product use were substantial, even in well-regulated jurisdictions. For example, in jurisdictions with an A grade, rates of initiation of cigarette and e-cigarette use during the follow-up period were 13.1% and 24.7%, respectively (from Table 1); these high rates of experimentation indicate a need for interventions to reduce initiation in this susceptible age window.

An alternative explanation for the protective effects of better TRL policy is that the associations reflected broadly unfavorable community attitudes toward cigarette use, including other tobacco regulations that affected the use of cigarettes and e-cigarettes to minors. If this were the explanation, we might expect to have seen associations with the other ALA tobacco grades relating to, for example, smoke-free housing, smoke-free outdoor air, or the overall tobacco grade in a jurisdiction. However, protective effects only of the TRL grade were observed.

Lower odds of cigar use initiation associated with better TRL regulation, although not statistically significant, were similar in magnitude to reductions in odds of the initiation of cigarettes and e-cigarettes. However, living in a jurisdiction with stronger regulation was not protective for baseline prevalence or subsequent initiation of hookah use. Sales of hookah paraphernalia often occur in specialty shops and hookah bars where cigarettes may not have been sold²⁴ and therefore may not consistently have been subjected to the same rigorous compliance checks as traditional cigarette vendors. E-cigarettes are commonly sold at locations that also sell cigarettes that would have been subject to TRL regulation, and a state law passed in 2010 made it illegal to sell e-cigarettes to minors.²⁵ However, e-cigarettes are also sold in specialty “vape” shops,²⁶ and at

the time of the study, e-cigarettes were not specifically categorized as a tobacco product.²⁷ Therefore, vape shops were not required by state law to obtain a tobacco vendor license if they were not selling other tobacco products. If strong TRL regulation was responsible for the lower rates of e-cigarette use in A-grade jurisdictions, it is possible that similar TRL requirements for vape shops would have resulted in larger protective effects.

The US Food and Drug Administration (FDA) has contracts with regulators in most states to restrict youth tobacco access and also conducts its own inspections and hires third parties to conduct compliance checks.²⁸ However, the frequency of compliance checks is generally low, because of resource limitations, and penalties for violation of the law vary widely between states. California, for example, which has been a leader in tobacco control, annually inspected, on average, only 7% of tobacco retailers in 2016.^{9,10} If a high rate of compliance checks, accompanied by enforcement, is necessary to reduce youth smoking as our results suggest, then strong local TRL ordinances may be an important option to reduce teen tobacco product use through access restriction.^{10,29,30}

The study has some limitations. The ALA criteria for an A grade covered a relatively broad spectrum of TRL policy relevant to youth access, including larger fees, compliance access, and penalties if vendors violated the law. Identifying the possible effects of specific features of the TRL policy was not possible. A minimum proportion of vendors actually undergoing compliance checks was not specified, and it was not possible to assess the effect of the proportion of vendors visited. In addition, the “deeming rule” that defined e-cigarettes and hookah as tobacco products means that TRL

will be required of all vendors of these products.³¹ The recent increase in the legal age of tobacco product purchase to 21 years in California, passed after data collection for this study was completed, means that the associations of TRL policy with use during the transition to legal age of purchase may no longer be applicable to California. However, the results may broadly be generalizable to local jurisdictions in states with a legal purchase age of 18 years, with the exception of a few states that have prohibited local jurisdictions from enacting more stringent local regulation.³² The increase of poorly regulated e-cigarette Internet vendors, a relatively new way for minors to obtain tobacco products illegally at the time of data collection, may limit the future impact of TRL as a regulatory tool.³³ Future follow-up of this cohort is warranted to determine the persistence of associations with strong youth TRL and to examine longitudinally potential mediating factors, such as social characteristics of neighborhoods and communities and individuals’ changing tobacco social environment over time. There were also other potential confounders or mediators of TRL effects, such as differences in school-level tobacco prevention programs or number of tobacco outlets by jurisdiction, that were not available to study.

CONCLUSIONS

The results suggest that a strong local TRL ordinance that provides adequate resources to fund regular compliance checks and enforcement may result in large reductions in the use of cigarettes and may also result in reduced e-cigarette use. The benefits of these policies may extend into early adult life. The study also suggests that the success of future FDA regulation to reduce youth cigarette and alternative tobacco product access and use, under rules

deeming these products to be subject to FDA regulation,³¹ may depend on the availability of resources for universal annual compliance checks and enforcement targeted to both traditional and alternative tobacco product vendors. Continued monitoring is needed to assess the impact on the effectiveness of TRL

policy within the rapidly evolving tobacco product patterns of use, new national regulation, and poorly regulated Internet sales.

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April Roeseler provided useful comments on the development of the article.

ABBREVIATIONS

ALA: American Lung Association
CI: confidence interval
e-cigarette: electronic cigarette
FDA: US Food and Drug Administration
OR: odds ratio
TRL: tobacco retail licensing

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Surgeon General's Advisory on E-cigarette Use Among Youth

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of protecting our children from a lifetime of nicotine addiction and associated health risks by immediately addressing the epidemic of youth e-cigarette use. The recent surge in e-cigarette use among youth, which has been fueled by new types of e-cigarettes that have recently entered the market, is a cause for great concern. **We must take action now to protect the health of our nation's young people.***

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

The E-cigarette Epidemic Among Youth

Considerable progress has been made in reducing cigarette smoking among our nation's youth.¹ However, the tobacco product landscape continues to evolve to include a variety of tobacco products, including smoked, smokeless, and electronic products, such as e-cigarettes.² E-cigarettes are designed to deliver nicotine, flavorings, and other additives to the user via an inhaled aerosol.²

E-cigarettes entered the U.S. marketplace around 2007, and since 2014, they have been the most commonly used tobacco product among U.S. youth.² E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017.³ However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018.⁴ In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes.⁴

E-cigarette aerosol is not harmless.² Most e-cigarettes contain nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products.² Nicotine exposure during adolescence can harm the developing brain – which continues to develop until about age 25.² Nicotine exposure during adolescence can impact learning, memory, and attention.^{1,2} Using nicotine in adolescence can also increase risk for future addiction to other drugs.^{1,2} In addition to nicotine, the aerosol that users inhale and exhale from e-cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs.²

Many e-cigarettes also come in kid-friendly flavors. In addition to making e-cigarettes more appealing to young people,⁵ some of the chemicals used to make certain flavors may also have health risks.² E-cigarettes can also be used to deliver other drugs, including marijuana.² In 2016, one-third of U.S. middle and high school students who ever used e-cigarettes had used marijuana in e-cigarettes.⁶

For adults, e-cigarettes may have the potential to reduce risk for current smokers if they completely transition from cigarettes to e-cigarettes; however, a majority of adults who use e-cigarettes also smoke cigarettes.⁷ For youth, the use of multiple tobacco products puts youth at even greater risk for addiction and tobacco-related harms.^{1,2} Moreover, a 2018 National Academy of Sciences, Engineering, and Medicine report concluded that there was moderate evidence that e-cigarette use increases the frequency and intensity of cigarette smoking in the future.⁷ But any e-cigarette use among young people is unsafe, even if they do not progress to future cigarette smoking.²

E-cigarettes Come in Many Shapes and Sizes

E-cigarettes are a rapidly changing product class, and are known by many different names, including “e-cigs,” “e-hookahs,” “mods,” and “vape pens.”² Recently, a new type of e-cigarette has become increasingly popular among our nation's youth due to its minimal exhaled aerosol, reduced odor, and small size, making it easy to conceal.⁸ Many of these new e-cigarettes look like a USB flash drive, among other shapes. One of the most commonly sold

USB flash drive shaped e-cigarettes is JUUL, which experienced a 600% surge in sales during 2016-2017, giving it the greatest market share of any e-cigarette in the U.S. by the end of 2017.⁹ Other companies are now also starting to sell e-cigarettes that look like USB flash drives.

All JUUL e-cigarettes have a high level of nicotine. A typical JUUL cartridge, or “pod,” contains about as much nicotine as a pack of 20 regular cigarettes.¹⁰ These products also use nicotine salts, which allow particularly high levels of nicotine to be inhaled more easily and with less irritation than the free-base nicotine that has traditionally been used in tobacco products, including e-cigarettes. This is of particular concern for young people, because it could make it easier for them to initiate the use of nicotine through these products and also could make it easier to progress to regular e-cigarette use and nicotine dependence. However, despite these risks, approximately two-thirds of JUUL users aged 15-24 do not know that JUUL always contains nicotine.¹¹

You Can Take Action

We must take aggressive steps to protect our children from these highly potent products that risk exposing a new generation of young people to nicotine.^{2,7} The bad news is that e-cigarette use has become an epidemic among our nation’s young people. However, the good news is that we know what works to effectively protect our kids from all forms of tobacco product use, including e-cigarettes.^{1,2,12} We must now apply these strategies to e-cigarettes, including USB flash drive shaped products such as JUUL. To achieve success, we must work together, aligning and coordinating efforts across both old and new partners at the national, state, and local levels. Everyone can play an important role in protecting our nation’s young people from the risks of e-cigarettes.

Information for Parents

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Set a good example by being tobacco-free. If you use tobacco products, it’s never too late to quit. Talk to a healthcare professional about quitting all forms of tobacco product use. For free help, visit smokefree.gov or call 1-800-QUIT-NOW.
- Adopt tobacco-free rules, including e-cigarettes, in your home and vehicle.
- Talk to your child or teen about why e-cigarettes are harmful for them. It’s never too late.
- Get the Surgeon General’s tip sheet for parents, [Talk With Your Teen About E-cigarettes](https://e-cigarettes.surgeongeneral.gov/), at <https://e-cigarettes.surgeongeneral.gov/>. Start the conversation early with children about why e-cigarettes, including JUUL, are harmful for them.
- Let your child know that you want them to stay away from all tobacco products, including e-cigarettes, because they are not safe for them. Seek help and get involved.
 - Set up an appointment with your child’s health care provider so that they can hear from a medical professional about the health risks of tobacco products, including e-cigarettes.
 - Speak with your child’s teacher and school administrator about enforcement of tobacco-free school policies and tobacco prevention curriculum.
 - Encourage your child to learn the facts and get tips for quitting tobacco products at Teen.smokefree.gov.

Information for Teachers

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Develop, implement, and enforce tobacco-free school policies and prevention programs that are free from tobacco industry influence, and that address all types of tobacco products, including e-cigarettes.

- Engage your students in discussions about the dangers of e-cigarette use. To help you, the Food and Drug Administration (FDA), and Scholastic, developed free resources for teachers. These materials can be found at www.scholastic.com/youthvapingrisks.

Information for Health Professionals

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Ask about e-cigarettes, including small, discreet devices such as JUUL, when screening patients for the use of any tobacco products.
- Educate patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.
- Encourage patients to quit. For free help, patients can visit smokefree.gov or call [1-800-QUIT-NOW](tel:1-800-QUIT-NOW).

Information for States, Communities, Tribes, and Territories

- **You have an important role to play in addressing this public health epidemic.**
- Implement evidence-based population-level strategies to reduce e-cigarette use among young people, such as including e-cigarettes in smoke-free indoor air policies, restricting young peoples' access to e-cigarettes in retail settings, licensing retailers, implementing price policies, and developing educational initiatives targeting young people.
- Implement strategies to curb e-cigarette advertising and marketing that are appealing to young people.
- Implement strategies to reduce access to flavored tobacco products by young people.

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

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Attachment A: Clackamas County Tobacco Retail Oregon Health Authority Inspection Results

OHA Enforcement Inspection

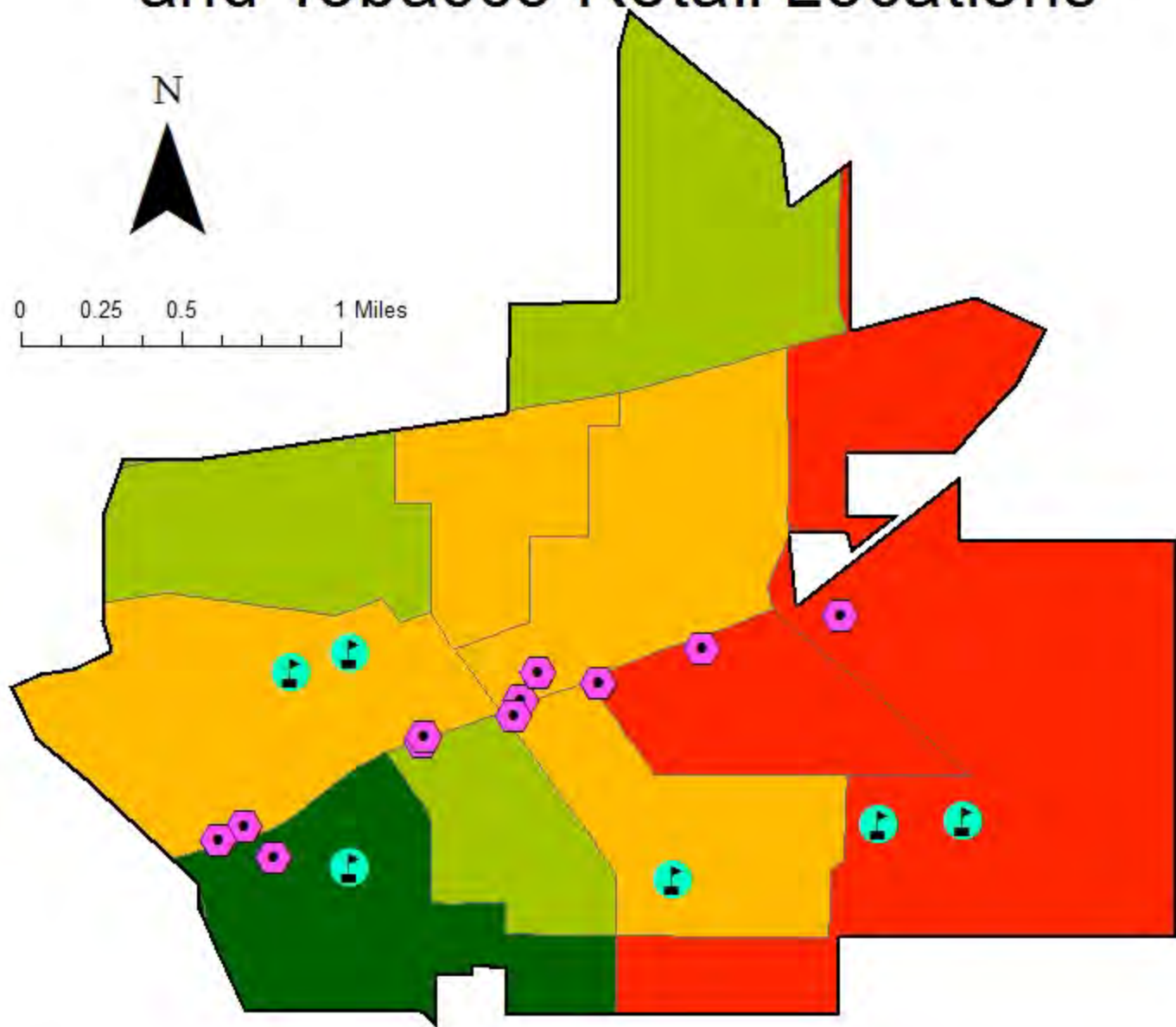
Unannounced inspections are conducted by retired Oregon State Police (OSP) troopers as OSP employees in partnership with a “minor decoy” inspector under 21 years. Inspections are conducted annually to a random sample of known retailers statewide. A store clerk may be cited for Endangering the Welfare of a Minor and fined between \$200 and \$2,000. Additional civil penalties may be assessed to the store owner.

	City	# Tobacco Retailers ¹	# retailers inspected 2017-2018	# Illegal sales	# Tobacco Retailers within 1000' of schools	
Incorporated	Canby	16	5	0	0	
	Estacada	10	5	0	2	
	Gladstone	9	1	0	0	
	Happy Valley	13	5	1	0	
	Lake Oswego	23	5	1	3	
	Milwaukie	46	9	1	2	
	Molalla	10	2	0	0	
	Oregon City	40	9	2	1	
	Sandy	20	6	1	3	
	Tualatin	No tobacco retailers in Clackamas County				
	West Linn	15	5	1	0	
	Wilsonville	17	6	1	4	
Unincorporated	Beavercreek	3	0	NA		
	Boring	6	3	0		
	Brightwood	1	0	NA		
	Clackamas	19	5	1		
	Colton	2	0	NA		
	Damascus	5	3	0		
	Eaglecreek	1	0	NA		
	Govt Camp	3	1	0		
	Mulino	1	1	0		
	Oak Grove	1	1	0		
	Portland	21	5	1		
	Rhododendron	1	1	1		
	Welches	3	1	0		
	TOTAL	287	79	11	15	

- Only 34 percent of tobacco retailers in Clackamas County were inspected in 2017 for compliance with the minimum legal sales age.
- Rate of illegal sales to minors is 13.9%
- No attempts were made to purchase e-cigarettes.

¹ Number of *known* tobacco retailers, including “adult only” businesses is 287 (updated 11-19-18)

Canby: Youth Under 21 and Tobacco Retail Locations



Legend

-  Tobacco Retailers
-  Schools
-  Canby City Limits

Population Under 21

-  100 - 250
-  251 - 500
-  501 - 750
-  751 - 1000

Approximately 5,700 youth under the age of 21 live in the Canby area. In this same area, there are 11 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education



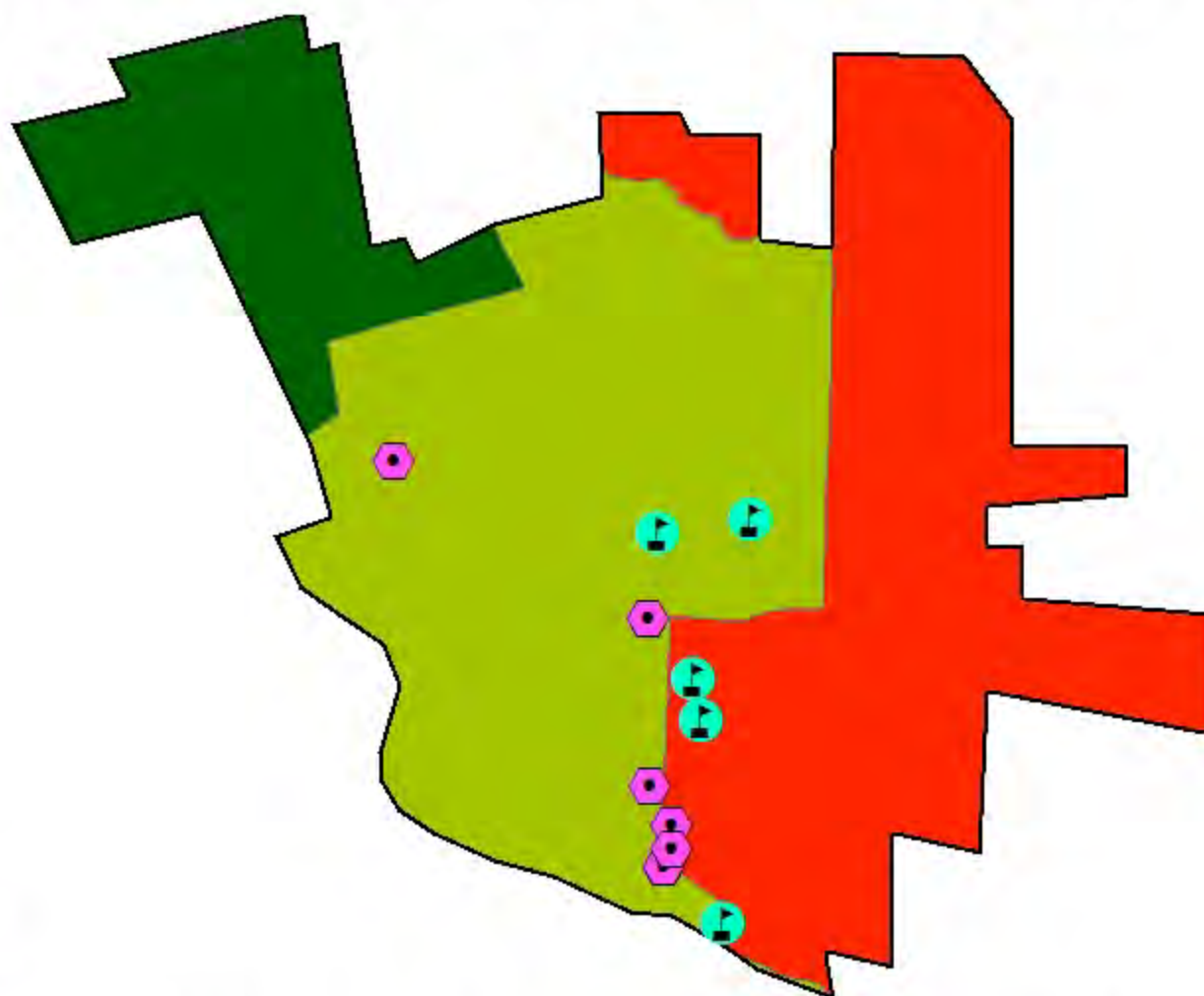
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Estacada: Youth Under 21 and Tobacco Retail Locations



Legend

-  Schools
-  Tobacco Retailers
-  Estacada City Limits

Population Under 21

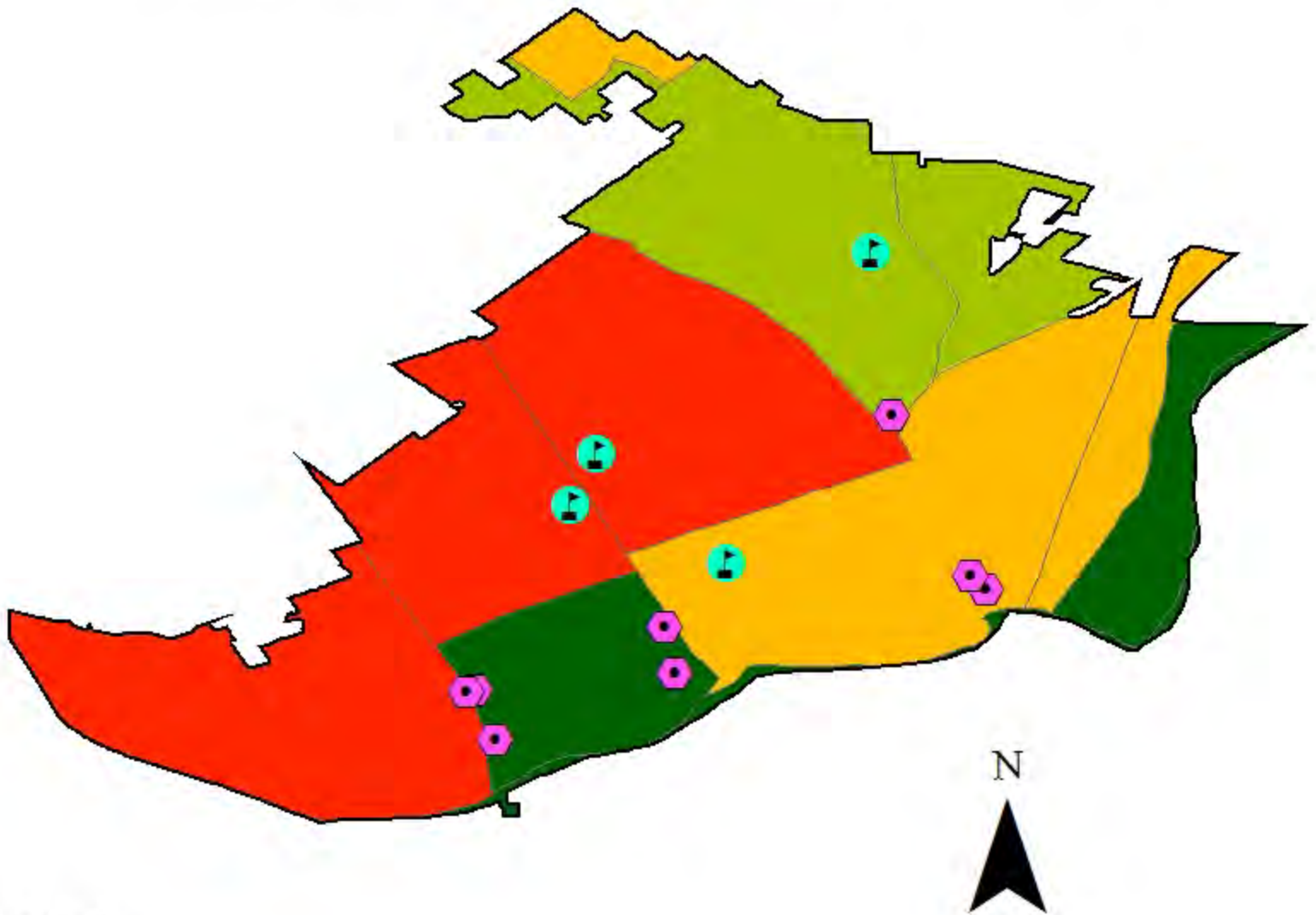
-  0 - 250
-  251 - 500
-  501 - 750
-  751 - 1000

Approximately 2,000 youth under the age of 21 live in the Estacada area. In this same area, there are 6 tobacco retail locations.




Clackamas County Public Health Division
Data Source: ACS 5 year estimate 2012-2016
Oregon Department of Education, and
Clackamas County Public Health Division

0 0.3 0.6 1.2 Miles

Gladstone: Youth Under 21 and Tobacco Retail Locations



Legend

-  Tobacco Retailers
-  Schools
-  Gladstone City Limits

Population Under 21

-  100 - 250
-  251 - 500
-  501 - 750
-  751 - 1000

Approximately 4,800 youth under the age of 21 live in the Gladstone area. In this same area, there are 8 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education

0 0.25 0.5 1 Miles



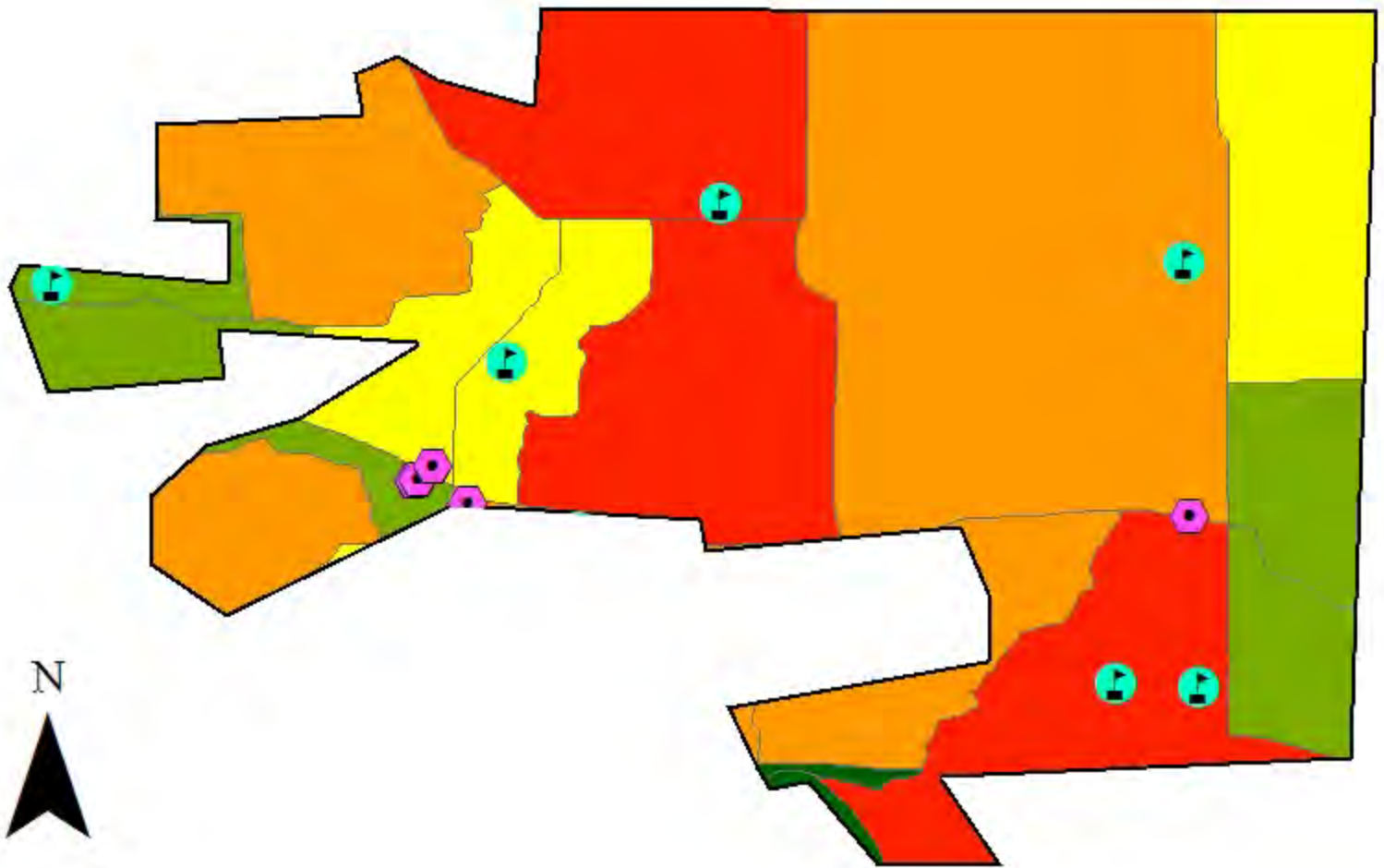
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Happy Valley: Youth Under 21 and Tobacco Retail Locations

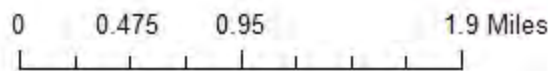


Legend

-  Tobacco Retailers
-  Schools
-  Happy Valley City Limit

Population Under 21

-  0 - 250
-  251 - 500
-  501 - 750
-  751 - 1000
-  1001 - 2150



Approximately 15,000 youth under the age of 21 live in the Happy Valley area. In this same area, there are 5 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education



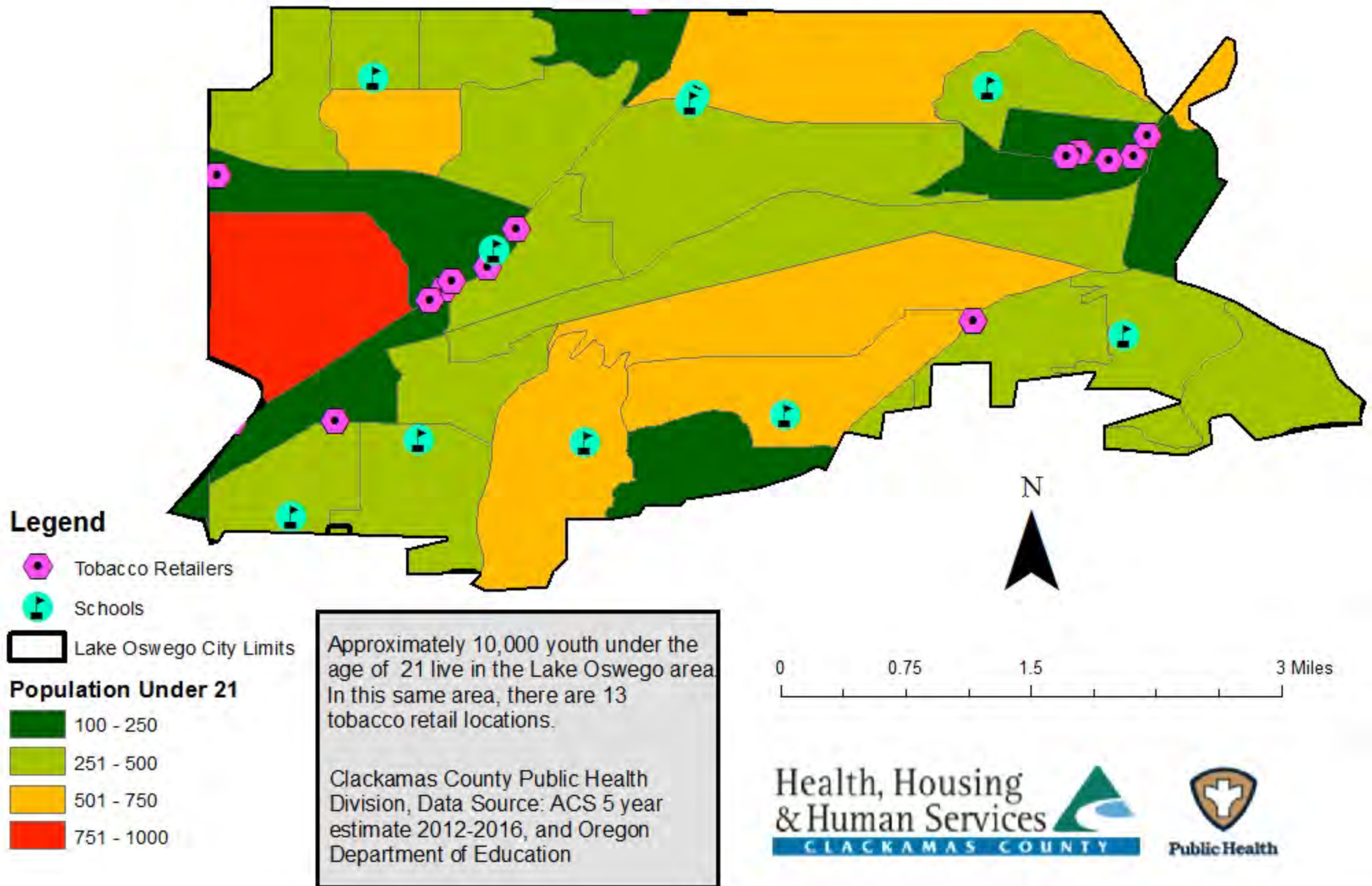
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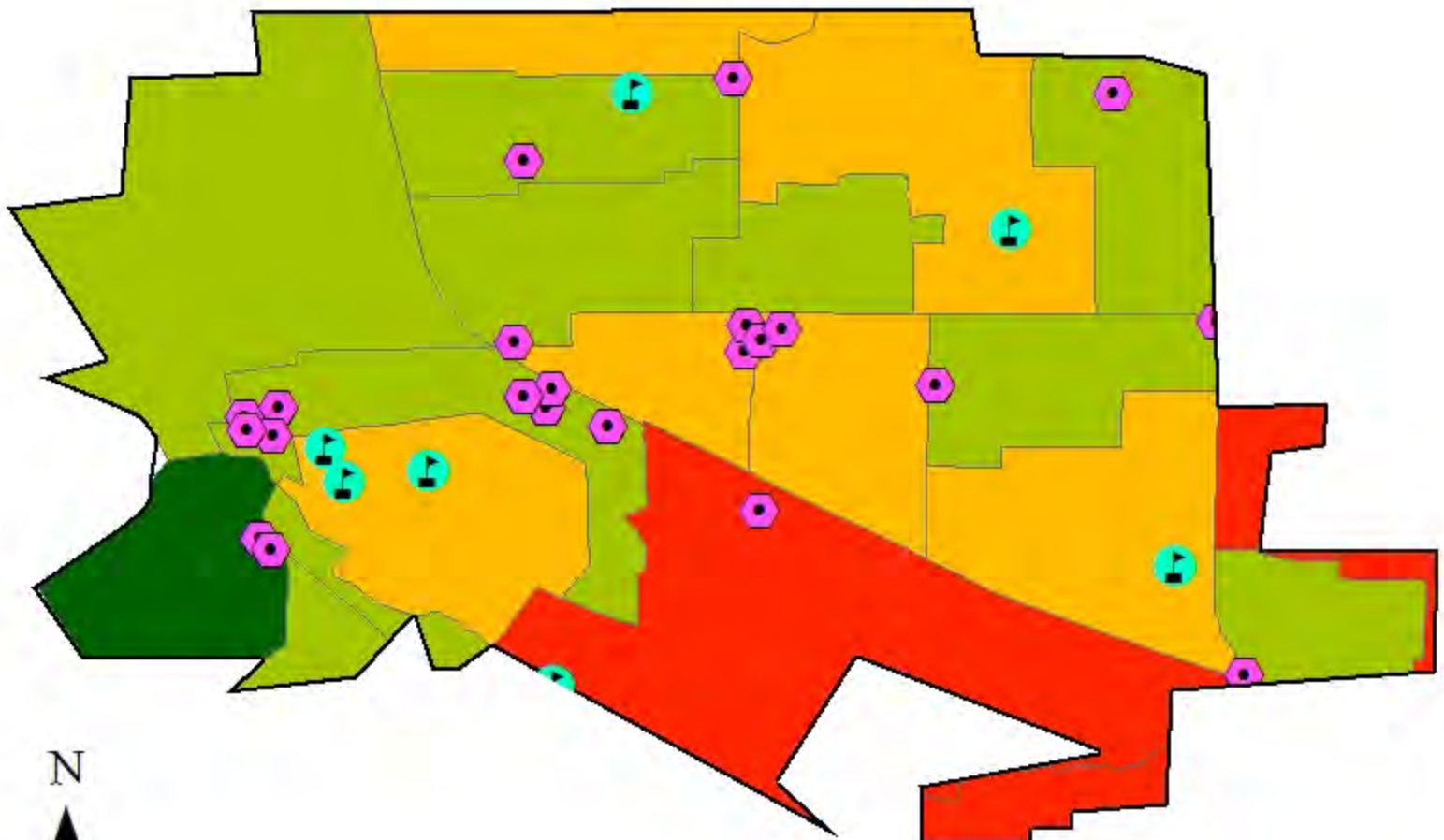
CLACKAMAS COUNTY



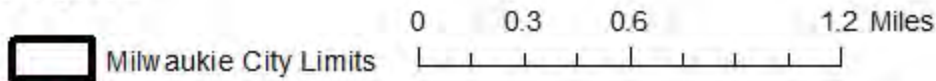
Lake Oswego: Youth Under 21 and Tobacco Retail Locations





Milwaukie: Youth Under 21 and Tobacco Retail Locations




Legend



 Milwaukie City Limits

 Schools

 Tobacco Retailers

Population Under 21



Approximately 6,000 youth under the age of 21 live in the Milwaukie area. In this same area, there are 22 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education



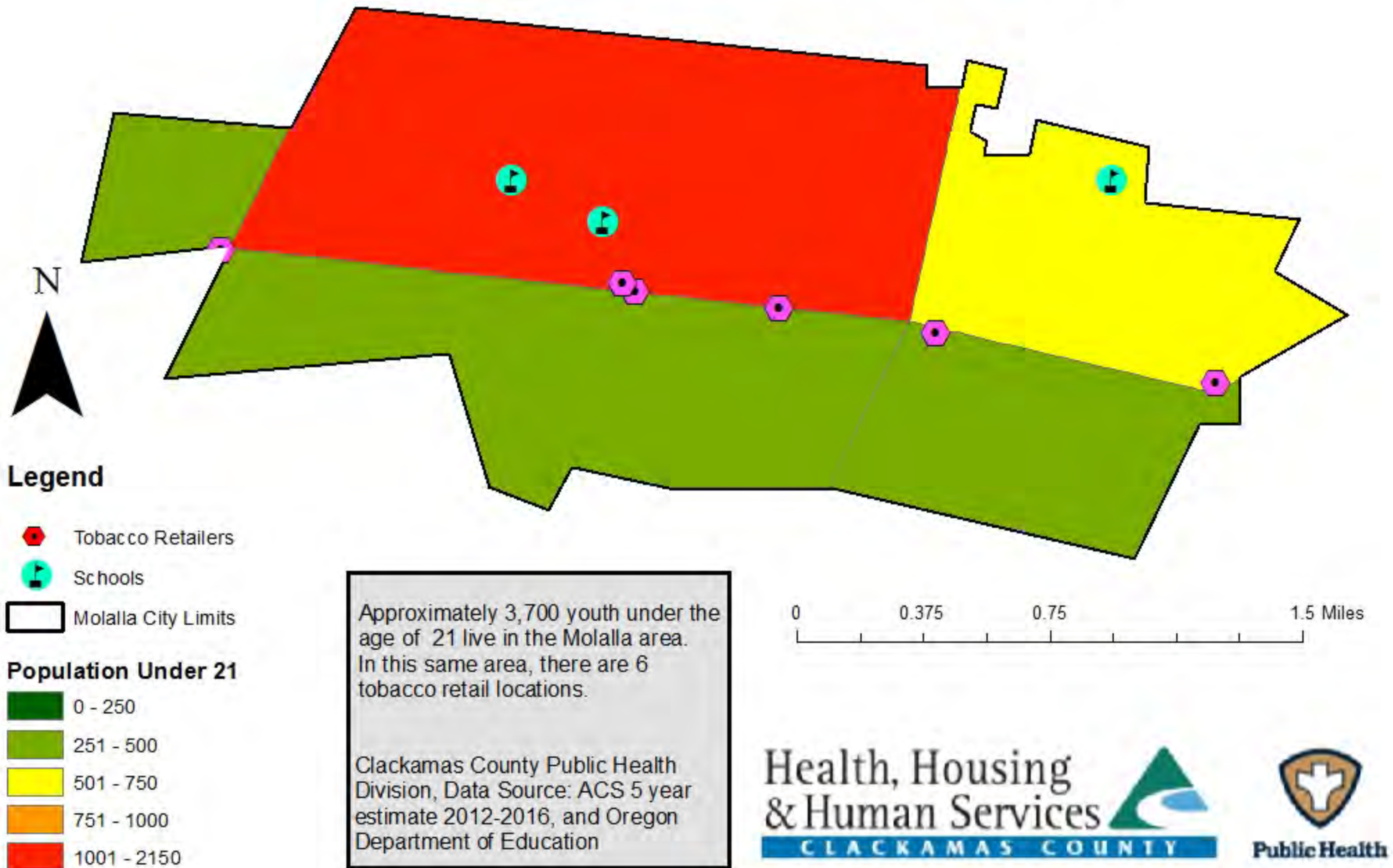
Public Health

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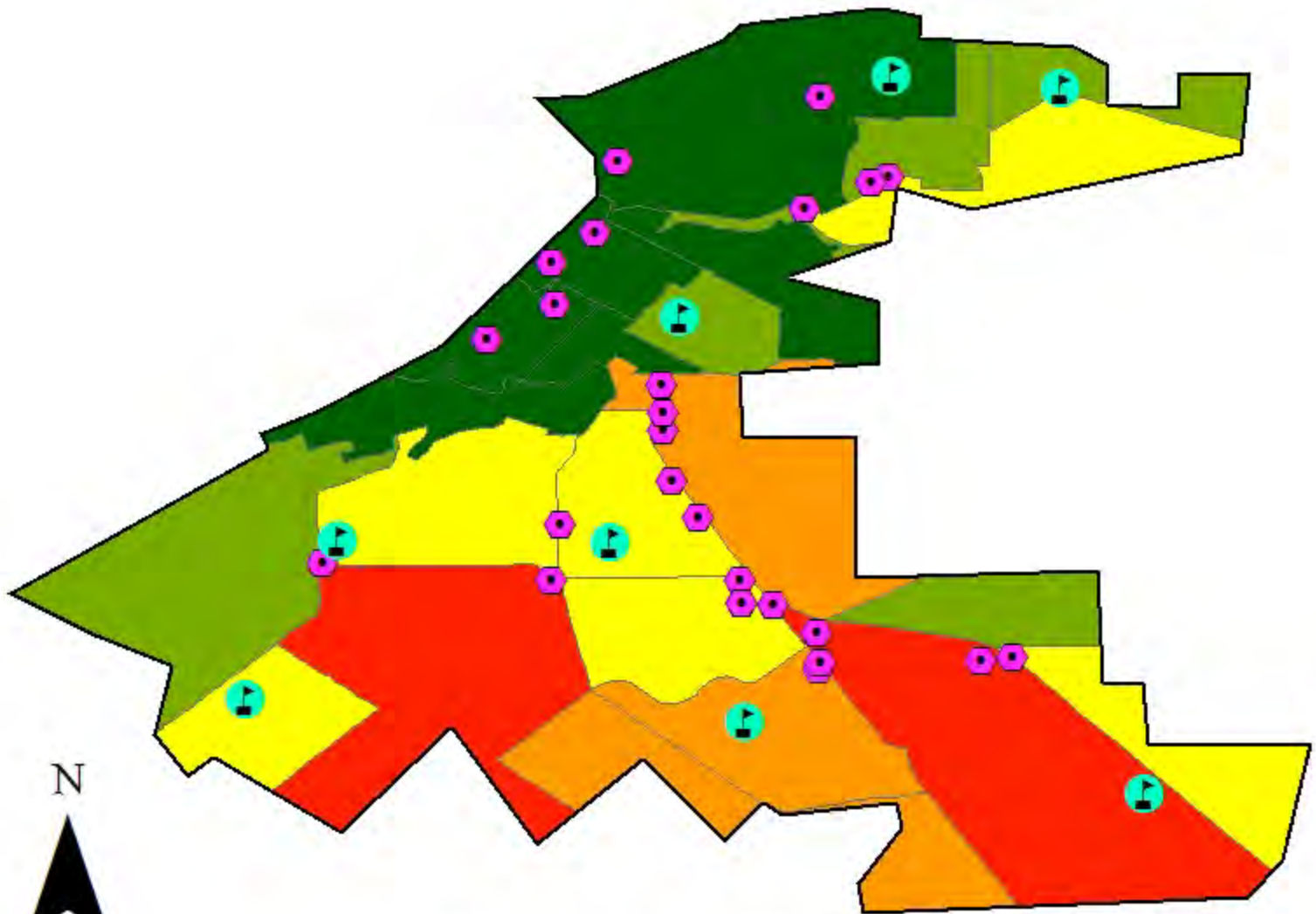
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Molalla: Youth Under 21 and Tobacco Retail Locations



Oregon City: Youth Under 21 and Tobacco Retail Locations



Legend

-  Tobacco Retailers
-  Schools
-  Oregon City Limits
- Population Under 21**
-  75 - 250
-  251 - 500
-  501 - 750
-  751 - 1000
-  1001 - 2150

0 0.5 1 2 Miles

Approximately 11,000 youth under the age of 21 live in the Oregon City area. In this same area, there are 25 tobacco retail locations.

Clackamas County Public Health Division: Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education.



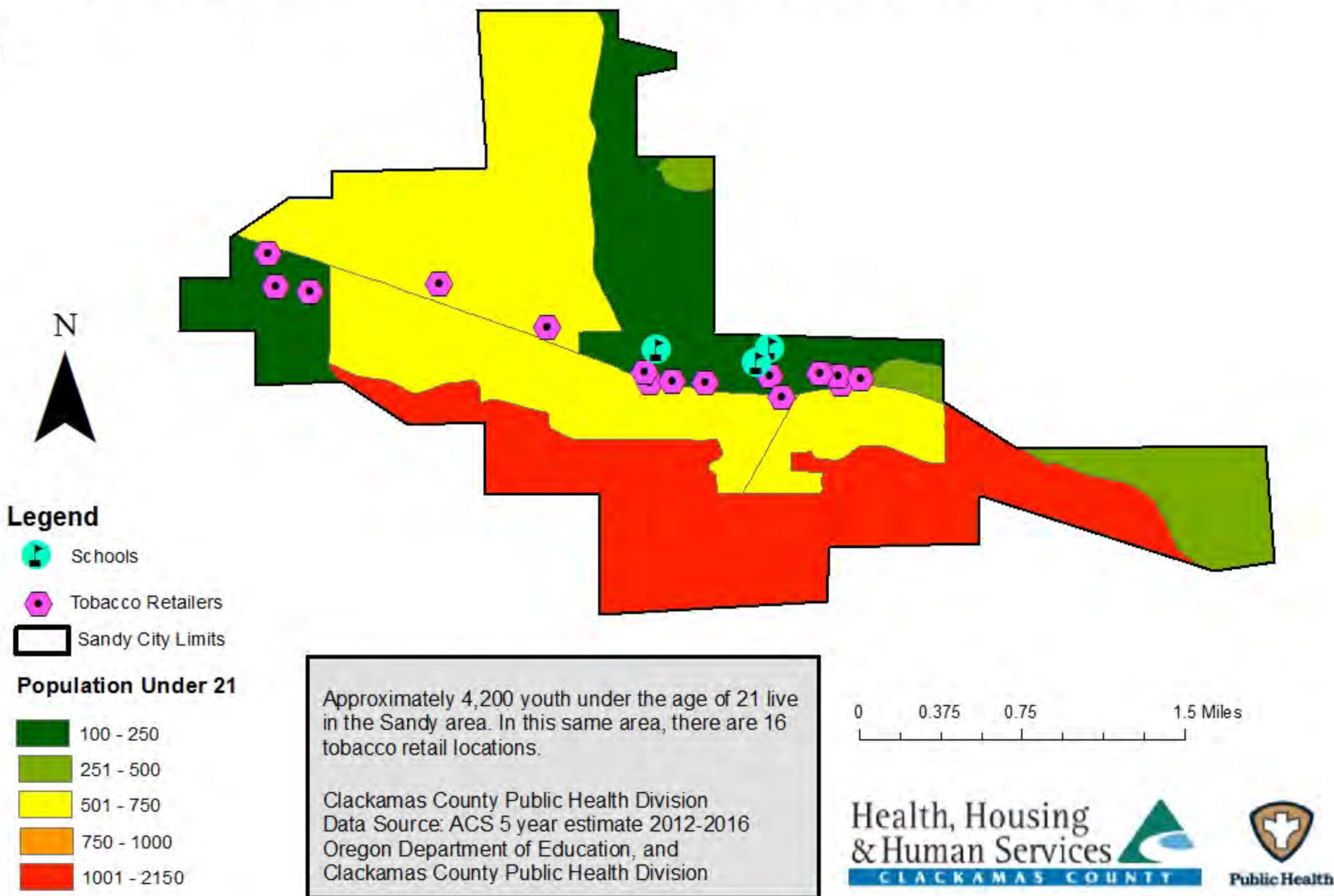
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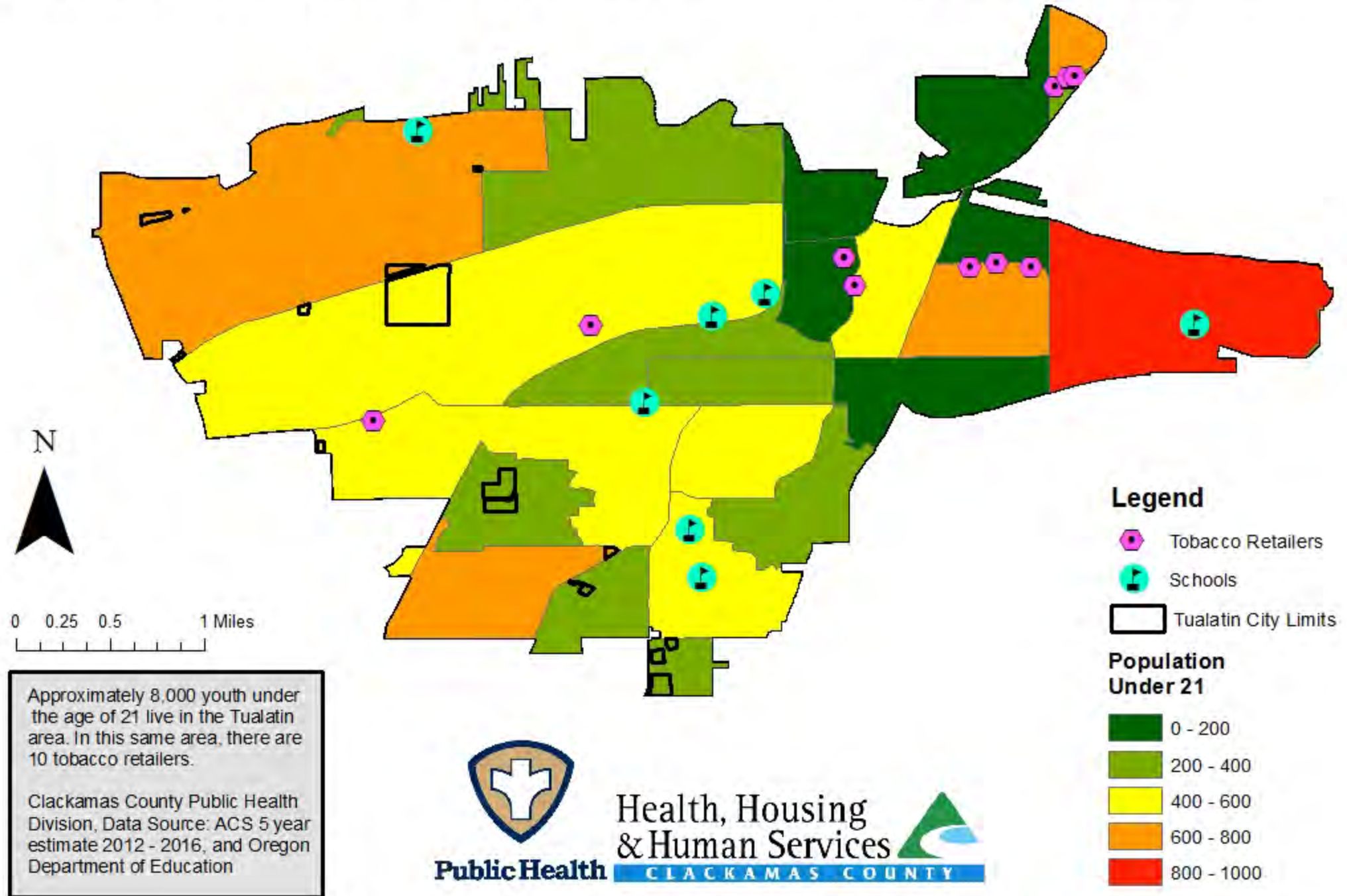
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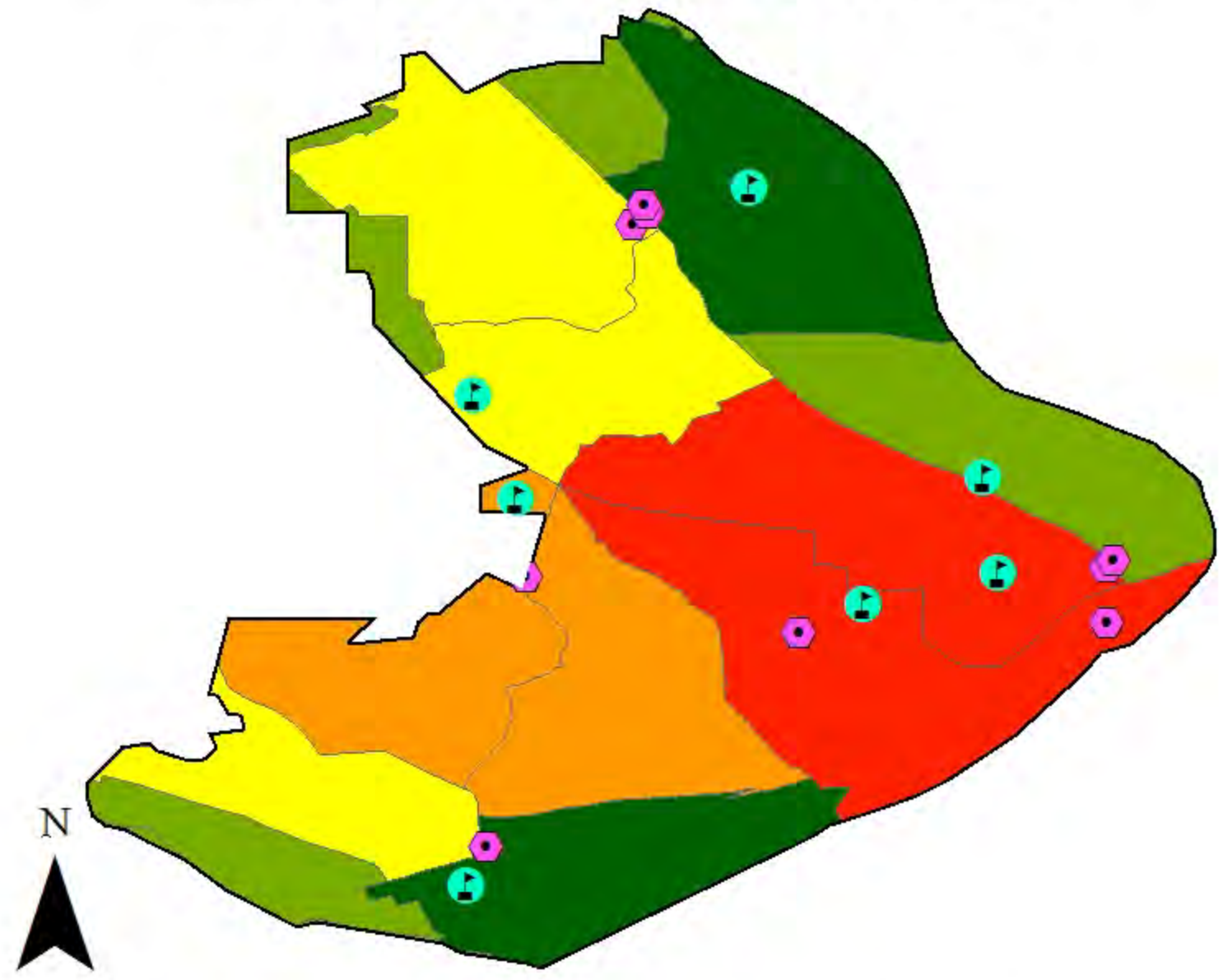
Sandy: Youth Under 21 and Tobacco Retail Locations






Tualatin Youth Under 21, Schools, and Tobacco Retail Locations








West Linn: Youth Under 21 and Tobacco Retail Locations



Legend

-  Tobacco Retailers
-  Schools
-  West Linn City Limit

Population Under 21

-  100 - 250
-  251 - 500
-  501 - 750
-  751 - 1000
-  1001 - 2150

Approximately 7,100 youth under the age of 21 live in the West Linn area. In this same area, there are 9 tobacco retail locations.

Clackamas County Public Health Division, Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education

0 0.375 0.75 1.5 Miles



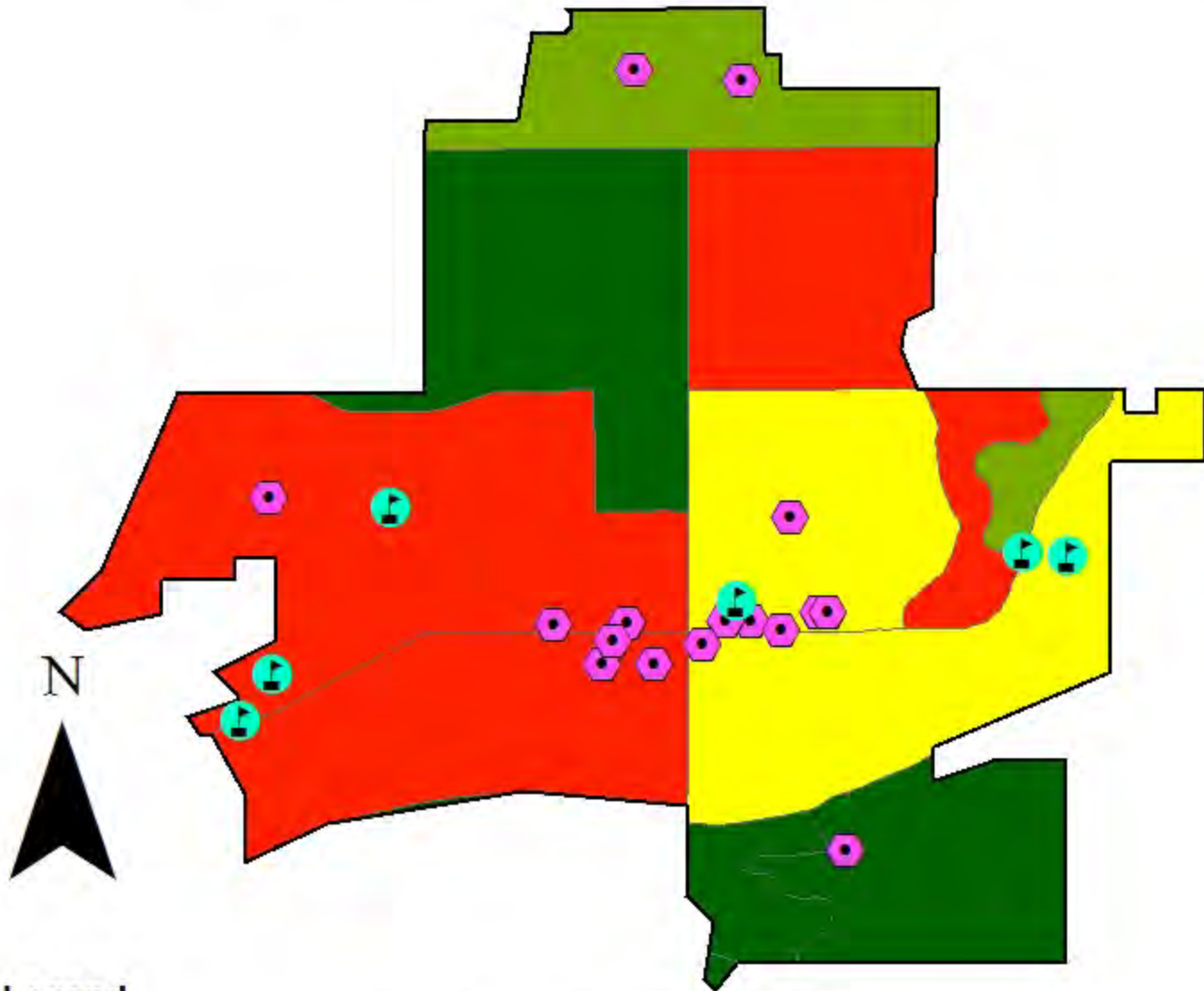
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Wilsonville: Youth Under 21 and Tobacco Retail Locations



Legend

-  Tobacco Retailers
 -  Schools
 -  Wilsonville City Limits
- Population Under 21**
-  0 - 250
 -  251 - 500
 -  501 - 750
 -  751 - 1000
 -  1001 - 2150

0 0.4 0.8 1.6 Miles

Approximately 5,800 youth under the age of 21 live in the Wilsonville area. In this same area, there are 16 tobacco retail locations. 2 of the tobacco retailers in Wilsonville are not located in Clackamas County.

Clackamas County Public Health Division: Data Source: ACS 5 year estimate 2012-2016, and Oregon Department of Education.



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