**TARA TALKING POINTS AND Q&A**

*The talking points and related statistics below are pulled from data collected by the statewide 2018 Tobacco and Alcohol Retail Assessment (TARA) as well as general tobacco marketing and advertising data. They include specific policy calls to action to help guide communities in fighting back.*

**Talking points about the assessment and how it was conducted:**

**TARA sheds light on the tobacco industry’s marketing and advertising tactics in Oregon retail locations.**

* The Oregon Health Authority (OHA) conducted a statewide assessment of tobacco advertising, marketing and promotion in retail locations to understand how much space the tobacco industry occupies in the places where Oregonians were shopping daily.
* OHA-trained teams of county health department staff and community volunteers and used a standard assessment tool.
* In total, the assessment covered 2,000 tobacco retailers across every county, including grocery stores, convenience stores, gas stations and other places, all accessible to youth. In **[INSERT YOUR COUNTY],** volunteers visited **[insert number of retailers visited]** retailers.
* The assessment provides a comprehensive understanding of the ways community members — particularly youth, communities of color and people living with lower incomes — are targeted by the tobacco industry.

**Potential oncoming questions regarding the assessment:**

* Question: This is called the Tobacco and Alcohol Retail Assessment. Where are the alcohol findings?
	+ Response: *These talking points focus on the tobacco component of the assessment; the alcohol component will be released soon.*
* Question: What kind of stores were part of the assessment?
	+ Response: *The businesses selected for the tobacco and alcohol retail assessment were retail locations across Oregon that sold tobacco products and were accessible to children and youth.*
* Question: Has this assessment been done before? When? How do the findings compare?
	+ Response: *OHA completed an earlier assessment of tobacco retail environments in Oregon from 2013 to 2015* *and in 2016. That assessment is summarized here. It used a different methodology, so we can’t compare the results with the 2018 assessment.*

**Talking points about the assessment findings:**

*Note: All talking points below are from the assessment unless the citation specifically indicates otherwise.*

**Tobacco is sweet, cheap and everywhere.**

* Sweet tobacco flavors are prominently marketed and designed to hook youth.
* Of the tobacco retail locations assessed, nearly 9 out of 10 sold fruit- or candy-flavored e-cigarettes or cigarillos (e.g., e-cigarettes in flavors such as “Pebbles Donuts”).
* These flavors are designed to appeal to underage consumers by masking the natural harshness and true taste of tobacco.[[1]](#endnote-1)
* In Oregon, e-cigarette use among 11th graders is approximately 13 percent as of 2017. Nationally and in Oregon, e-cigarette use is rising rapidly.
* 4 out of 5 Oregon youth who have used tobacco started with a flavored product.[[2]](#endnote-2)

**Big Tobacco makes sure retailers keep tobacco cheap for people on a limited budget.**

* The tobacco industry frequently incentivizes retailers to offer discounts and coupons.
* “Single serving” products, such as small flavored cigars, can be sold for $1 or less.
* 57 percent of tobacco retailers that sold cigarillos advertised them for less than $1.
* 64 percent of tobacco retailers in the assessment had a price discount on at least one tobacco product.
* Industry-driven discounts target low-income communities and youth with limited budgets.

**The tobacco industry targets communities of color.**

* Of the retailers that sold cigarettes, 96 percent sold menthol cigarettes.
* The tobacco industry markets menthol products heavily in African American communities and uses themes of black empowerment and identity.
* 60 percent of African American youth prefer Newport, a brand of menthol cigarettes, compared with 22 percent of white youth.[[3]](#endnote-3)
* The commercial tobacco industry steals cultural imagery and values from tribal nations’ sacred tobacco traditions to sell addictive products.[[4]](#endnote-4),[[5]](#endnote-5)
* Commercial tobacco companies also target American Indians and Alaska Natives with promotions, events and giveaways.[[6]](#endnote-6)

**Tobacco ads are front and center in most stores, and many are next to candy and toys.**

* Approximately 50 percent of tobacco retailers assessed in Oregon used outside advertising for at least one type of tobacco product to keep tobacco top of mind and lure people into the store.
* Tobacco retailers placed attractive images of tobacco products alongside ads for snacks and treats that kids know and love, such as sodas, hot dogs and chips.
* 20 percent of tobacco retailers in the assessment placed tobacco products within a foot of candy or toys. Kids who see tobacco marketing more often are more likely to start smoking.[[7]](#endnote-7)
* By the time a shopper reaches the register, tobacco promotions are inescapable. The tobacco industry spends more than 75 percent of its promotion and advertising dollars in the retail environment — especially the coveted space right behind the checkout counter.
* Exposure to tobacco ads has been linked to impulse tobacco buys among adults who are trying to quit and to relapse among people who have quit.[[8]](#endnote-8)

**Potential incoming questions regarding assessment findings:**

* Question: How does Oregon compare with the nation in terms of tobacco industry marketing?
	+ Response: *Oregon’s marketing and advertising experience is consistent with the rest of the country’s in terms of advertising and marketing spending. The tobacco industry spends billions of dollars annually across the nation to keep its products visible and cheap.*

**Calls to action: Talking points about policy solutions**

**There are proven policy solutions for reducing tobacco industry marketing, protecting kids and helping people quit. For example:**

**Tobacco retail licensure**

* Tobacco retail licensure requires businesses to obtain an annual license to sell tobacco and e-cigarettes. It is a comprehensive strategy to prevent youth from buying deadly products. Tobacco retail licensure also creates opportunities to limit the density of tobacco retailers and the number of tobacco retailers near schools.
* Oregon is one of only nine states that do not have statewide tobacco retail licensure. As a result, **[INSERT YOUR COUNTY]** and others are taking the initiative to pass it themselves.
	+ Tobacco retail licensure is already being implemented in several Oregon counties. For example, Klamath and Multnomah counties both have tobacco retail licensure policies in place.
* Here in **[INSERT YOUR COUNTY]**, Oregon Health Authority Public Health Division coordinates with the Oregon State Police to conduct unannounced compliance checks using minor decoys. A random sample of retailers are selected for compliance checks each year. Retailers should expect no more than one inspection per year.
* A tobacco retail license policy in **[INSERT YOUR COUNTY]** would enable our program to augment the state’s system so that tobacco retailers that sell illegally to kids are held accountable. It would also ensure that all retailers are equipped with information and tools to keep tobacco products out of the hands of our young people and help protect them from a lifetime of addiction and poor health.
* Nearly 3 in 4 Oregon adults surveyed supported requiring licenses for stores that sell tobacco — and 66 percent were not aware that Oregon *did not* require a state tobacco license.[[9]](#endnote-9)

**Increasing the price of tobacco products is a proven strategy to help people quit and keep youth from starting[[10]](#endnote-10).**

* In Oregon, both local and state governments have the authority to raise taxes on e-cigarettes. Only the state government, however, can raise cigarette and smokeless tobacco taxes.
* Across the country, communities are raising the price of tobacco, a strategy proven to help people quit and keep youth from starting.[[11]](#endnote-11) Related strategies include:
	+ Prohibiting the distribution and use of coupons (including “buy one, get one free” multipack offers)
	+ Implementing a tobacco minimum price standard
	+ Requiring a minimum pack size (including restricting the sales of single cigarillos)
	+ Prohibiting promotional samples
* National evidence shows that every 10 percent increase in the real price of cigarettes reduces adult smoking by about 4 percent and youth smoking by 7 percent.[[12]](#endnote-12)
* Half of Oregon adults surveyed supported prohibiting the use of tobacco coupons or discounts.[[13]](#endnote-13)

#### **Prohibiting flavored tobacco products would get rid of fruit- or candy-flavored products designed to appeal to youth, as well as menthol products that are marketed heavily to African Americans[[14]](#endnote-14).**

* In the United States, it is against the law to manufacture or distribute flavored cigarettes.[[15]](#endnote-15) Yet other flavored tobacco and nicotine products, including e-cigarettes such as Juul, remain legal and easily accessible — and are designed to appeal to youth.
* Policies that ban flavors could prohibit the sale of these tobacco products, including those with fruit, candy or menthol flavoring.
* More than half of Oregon adults support prohibiting the sale of flavored tobacco products.[[16]](#endnote-16)

#### **Proximity and density policies would limit the number of tobacco retailers that could be located in certain areas, such as near a school. The less exposure children have to tobacco products and advertising, the less likely they are to try tobacco[[17]](#endnote-17).**

* In neighborhoods with more tobacco retail locations and advertising, children smoke at higher rates[[18]](#endnote-18).
* A tobacco retail license that caps the number of tobacco licenses in a geographic area or the number of licenses relative to population size — is a solution that can help.
	+ Cities and counties can also require a minimum distance between retailers or prohibit retail locations near schools or other areas that youth frequent.[[19]](#endnote-19)
* 66 percent of Oregon adults surveyed support limiting how close tobacco stores can be to schools.[[20]](#endnote-20)

**Tobacco-free pharmacies, another use of tobacco retail licensure and proximity and density restrictions, would keep deadly tobacco out of the places Oregonians go for medicine, flu shots and health care advice.**

* In 2014, CVS Pharmacy decided to remove tobacco products from all stores nationwide. The chain’s continued success demonstrates that pharmacies can flourish without selling tobacco products.[[21]](#endnote-21)

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2. Villanti, A. C., Johnson, A. L., Ambrose, B. K., Cummings, K. M., Stanton, C. A., Rose, S. W., . . . Hyland, A. (2017). Flavored Tobacco Product Use in Youth and Adults: Findings From the First Wave of the PATH Study (2013-2014). *American Journal of Preventative Medicine, 53*(2), 139-151. doi:10.1016/j.amepre.2017.01.026 [↑](#endnote-ref-2)
3. Lee, J. G., Henriksen, L., Rose, S. W., Moreland-Russell, S., & Ribisl, K. M. (2015). A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing. American Journal of Public Health, 105(9), e8-18. doi:10.2105/ AJPH.2015.302777. [↑](#endnote-ref-3)
4. American Cancer Society, Cancer Action Network. (n.d.) Manipulating a sacred tradition: an investigation of commercial tobacco marketing & sales strategies on the Navajo nation and other native tribes. Retrieved from http://action.fightcancer.org/site/DocServer/Industry\_Influence-\_Indian\_Lands-\_Indian\_Gaming.pdf?docID=8902 [↑](#endnote-ref-4)
5. Cooper, C. (2015). American Indian imagery and cigarette branding. *National Native Network: Keep It Sacred.* Retrieved from <https://keepitsacred.itcmi.org/2015/10/american-indian-imagery-and-cigarette-branding/> [↑](#endnote-ref-5)
6. Commercial tobacco. (2015). *National Native Network: Keep It Sacred.* Retrieved from <http://keepitsacred.itcmi.org/tobacco-and-tradition/commercial-tobacco/> [↑](#endnote-ref-6)
7. Centers for Disease Control and Prevention. “Preventing Tobacco Use Among Youth and Adults: A Report of the Surgeon General.” 2012. pg. 2. [↑](#endnote-ref-7)
8. Centers for Disease Control and Prevention. “Preventing Tobacco Use Among Youth and Adults: A Report of the Surgeon General.” 2012. pg. 2. [↑](#endnote-ref-8)
9. Oregon Health Authority. Smokefree Oregon Ad Recall Survey. November 2018. Unpublished data. [↑](#endnote-ref-9)
10. See, e.g., Chaloupka, FJ, “Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products,” Nicotine and Tobacco Research 1(Suppl 1):S105-9, 1999; other studies at http://www.ihrp.uic.edu/researcher/frank-jchaloupka-phd and http://tobacconomics.org/ [↑](#endnote-ref-10)
11. Center for Public Health Systems Science. [Point-of-Sale Strategies: A Tobacco Control Guide CDC-pdf[PDF–15.6 MB] External](https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/CPHSS_TCLC_2014_PointofSaleStrategies1-2jps9wj.pdf). St. Louis: Center for Public Health Systems Science, George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium, 2014. [↑](#endnote-ref-11)
12. See, e.g., Chaloupka, FJ, “Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products,” Nicotine and Tobacco Research 1(Suppl 1):S105-9, 1999; other studies at http://www.ihrp.uic.edu/researcher/frank-jchaloupka-phd and http://tobacconomics.org/ [↑](#endnote-ref-12)
13. Oregon Health Authority. Smokefree Oregon Ad Recall Survey. November 2018. Unpublished data. [↑](#endnote-ref-13)
14. See, e.g., Chaloupka, FJ, “Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products,” Nicotine and Tobacco Research 1(Suppl 1):S105-9, 1999; other studies at http://www.ihrp.uic.edu/researcher/frank-jchaloupka-phd and http://tobacconomics.org/ [↑](#endnote-ref-14)
15. Oregon Health Authority. Tobacco Retail Environment. Tobacco HPCDP Connection. Accessible via: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/TOBACCO/Pages/RetailLicensing.aspx> [↑](#endnote-ref-15)
16. Oregon Health Authority. Smokefree Oregon Ad Recall Survey. November 2018. Unpublished data. [↑](#endnote-ref-16)
17. Oregon Health Authority, HPCDP Connection. Tobacco Retail Environment. www.oregon.gov/oha/ PH/DISEASESCONDITIONS/CHRONICDISEASE/ HPCDPCONNECTION/TOBACCO/Pages/RetailLicensing.aspx. [↑](#endnote-ref-17)
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19. Oregon Health Authority. Tobacco Retail Environment. Tobacco HPCDP Connection. Accessible via: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/TOBACCO/Pages/RetailLicensing.aspx> [↑](#endnote-ref-19)
20. Oregon Health Authority. Smokefree Oregon Ad Recall Survey. November 2018. Unpublished data [↑](#endnote-ref-20)
21. Oregon Health Authority. Tobacco Retail Environment. Tobacco HPCDP Connection. Accessible via: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/TOBACCO/Pages/RetailLicensing.aspx> [↑](#endnote-ref-21)