

Health Impact Assessment of a Tobacco Retail License Ordinance in Klamath County: Executive Summary

The purpose of this Health Impact Assessment (HIA) is to provide information for decision-makers and stakeholders in Klamath County as they consider not only development and adoption of a tobacco retail license ordinance (TRL) but what the healthiest components of that ordinance would be.

In Klamath County one in five adults smoke cigarettes and over \$34 million dollars are spent every year on tobacco-related medical care.¹ Among Klamath County youth, 13% of 8th graders and 36.6% of 11th graders have used tobacco in the past 30 days. Youth tobacco use rates are significant because almost 90% of adult smokers begin smoking before they turn

18.² Effective strategies to reduce youth tobacco use rates in a community can help reduce overall use rates, improve community health, and reduce the amount of money community members spend on health care.

Many factors contribute to a youth's decision to use tobacco, including the availability, placement, and marketing of tobacco products. The CDC has determined that marketing strategies help create social norms, undermine quit attempts, keep current users addicted, and attract new users.³ In Oregon, the tobacco industry spends \$112 million on advertising.⁴ To limit industry influence, an increasing number of jurisdictions in Oregon and across the country have begun to develop and implement strategies for limiting the presence and visibility of tobacco in the retail environment.⁵



HIA Findings:

- *According to literature, price increases for tobacco products lead to lower rates of tobacco use by all users, including youth.*
- *A licensing fee by itself would probably not impact the price of tobacco products.*
- *A licensing fee would be unlikely to discourage retailers from selling tobacco or result in lost revenue.*
- *It is relatively easy for youth in Klamath County to purchase tobacco from some retail outlets*
- *Effective enforcement of sales-to-minors laws, when coupled with other youth focused education and programs, can reduce youth tobacco use rates*
- *Youth living in close proximity to tobacco retail outlets are more likely to use tobacco*

¹ Oregon Health Authority (2013). 2011 and 2013 Klamath County Tobacco Fact Sheets.

² U.S. Department of Health and Human Services. (2012). Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General.

³ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health (2012). "Social, Environmental, and Genetic Influences on the Use of Tobacco among Youth." Accessed from: www.ncbi.nlm.nih.gov/gov/books/NBK99236/?report=printable.

⁴ Federal Trade Commission (2012) Reports of Cigarettes and Smokeless Tobacco & Oregon Measure 44 Tax Revenue

⁵ Pizacani, B., Murray, S., & Aird, K. (2012). Statewide tobacco retail licenses: Old youth access policy or new tobacco control policy? The Oregon assessment.



Recommendation Explanations:

Our first recommendation is for adoption of a Tobacco Retail Licensing (TRL) ordinance which requires all tobacco retailers to have a license and meet certain requirements for maintenance of that license. TRL can be an effective framework for comprehensive tobacco control and is the foundation necessary for implementation of the density cap and/or school buffer, making it the core of our recommendations. TRL can help support retailer compliance to youth tobacco sales laws. While youth in Klamath County get tobacco products from social sources, they also report purchasing directly from retailers and have knowledge of particular retailers who have lax identification verification practices.⁶ Additional enforcement and oversight may improve compliance rates and create an additional barrier to youth tobacco access. Multiple studies have found that higher tobacco retailer densities are associated with higher rates of youth tobacco experimentation and initiation.^{7,8,9} School buffer zones of 1000 feet for tobacco would: maintain consistency with other legal adult-use substance regulations; reduce tobacco retailer density, over time¹⁰; and, limit the availability of and exposure to tobacco products. The combination of a Tobacco Retail License, Density Cap, and School Buffer Zone is the strongest policy option because a comprehensive, integrated policy has the potential to impact several levels from education to environment to enforcement.

Recommendations:

Adoption of Tobacco Retail Licensing Ordinance

Density Cap on Tobacco Retailers

School Buffer Zone

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⁶ Klamath County Youth Health and Tobacco Assessment. Oregon Health and Sciences University School of Nursing, Klamath Falls Campus. 2015

⁷ Cantrell, Jennifer, et al. "Tobacco Retail Outlet Density and Young Adult Tobacco Initiation." Nicotine & Tobacco Research. 2015

⁸ 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

⁹ McCarthy, William J., et al. "Density of tobacco retailers near schools: effects on tobacco use among students." American Journal of Public Health 2009; 99(11).

¹⁰ Luke DA, Stamatakis KA, Brownson RC. State youth-access tobacco control policies and youth smoking behavior in the United States American Journal of Preventive Medicine. 2000;19(3):180; McLaughlin I. License to Kill?: Tobacco Retailer Licensing as an Effective Enforcement Tool. St. Paul, MN: Tobacco Control Legal Consortium; April 2010.