Tobacco Projects, Initiatives and Talking Points

Key Messages

- There is no safe level of tobacco smoke exposure.
- 16.5% of Colorado adults use tobacco.
- 38% of those individuals receiving Medicaid use tobacco
- More than 4,300 Coloradans die every year from tobacco-related illnesses.
- Tobacco is highly addictive and use of tobacco products can lead to cancer, heart disease and stroke
- More than 80 percent of adults who use tobacco start before the age of 18.
- Tobacco use remains the leading cause of preventable disease and death and a major driver in health care costs.

Clinical Guidelines and Resources

- http://www.healthteamworks.org/guidelines/tobacco.html

Children

- Children exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, ear infections and more severe asthma
- In Colorado 5,700 kids become regular smokers each year.
- In Colorado, 92,000 kids will die prematurely from smoking.
- More than 80% of adult smokers became addicted to tobacco as children.
- Adolescents' bodies are more sensitive to nicotine and they are more easily addicted than adults.
- Research shows that children of smokers are more likely to become smokers.
- The tobacco industry targets children with kid-friendly marketing, products and packaging.
- Children are more susceptible to tobacco industry marketing.
- Six of 10 Colorado high school smokers successfully bought tobacco from retailers in 2008.
- Nearly half of high school smokers attempting to buy cigarettes were not asked for identification.
- The Colorado Department of Public Health and Environment is helping to reduce illegal sales of tobacco to children (FDA grant).

Clean Indoor Air Act

- 2011 marked the 5 year anniversary of the Clean Indoor Air Act in Colorado.
- Since the Colorado Clean Indoor Air Act was passed, there are fewer smokers and less chronic disease in Colorado.
- Since 2005, the Colorado Clean Indoor Air Act, the tobacco tax and other public health interventions have worked together to:
    - Decrease exposure to secondhand smoke and work and public places for millions of Coloradans. Exposure to secondhand smoke at work decreased by

50% (2005 and 2008 Tobacco Attitudes and Behavior Survey).
    - Decrease current cigarette smoking among adults from 20 percent to 16 percent (2005 and 2010 BRFSS). This means there are at least 100,000 fewer people who smoke than before these interventions. (2005 and 2010 BRFSS, Colorado Department of Public Health and Environment and Colorado Population Data Sets, State Demographers Office, Colorado Department of Local Affairs).
        - More than 4,300 Coloradans die each year from smoking and 740 nonsmoking Colorado adults die each year from exposure to secondhand smoke (Campaign for Tobacco Free Kids).
        - Colorado spends $1.3 billion on smoking-caused health costs and $1 billion in lost productivity due to smoking—that's roughly $579 a year for every Colorado household (Public Health Reports).
        - Colorado spends $180 million on direct medical expenditures and $19 million for loss of life due to secondhand smoke (Centers for Disease Control and Prevention).
    - Decrease heart attack hospitalizations among all ages by 17 percent. (Hospital Discharge Dataset, Colorado Hospital Association State Demography Office, Colorado Department of Local Affairs).
        - It costs $14,000 to treat one heart attack patient per hospitalization (American Heart Association).
    - Reduce consumption of cigarettes by more than 20 packs per person per year (2001-03 compared to 2010, Department of Revenue and State Demography Office, Colorado Department of Local Affairs).
    - Decrease smoking among mothers during pregnancy by 20.6 percent (PRAMS 2005 and 2008, Colorado Department of Public Health and Environment).
        - In 2010, 1 in 14 low-weight births was attributable to maternal smoking, compared to 1 in 8 low weight births in 2000, a 40 percent improvement (Colorado Birth Certificate records).
        - Preterm/low birth weight infants in the United States account for half of infant hospitalization costs and one quarter of pediatric costs (American Academy of Pediatrics).

<u>Quits in Colorado</u>

- 90% of CO smokers are considering quitting
- 53% have tried to quit at least once
- 3% report successful quit attempts

The average smoker makes about 7 quit attempts before successfully quitting.

<u>Colorado Quitline/MyQuitPath Tobacco Cessation Resources</u>

- **COQuitLine.org** and **1-800-QUIT-NOW (784-8669)**
    - Research shows that smokers who use Colorado QuitLine services are more likely to successfully quit than smokers who try to quit on their own.
    - Trained coaches work closely with individuals to develop coping skills to quit tobacco use and remain tobacco-free.

    - The program consists of a bilingual QuitLine Call Center; proactive, positive coaching sessions; the web-based COQuitLine.org for 24/7 support; provision of nicotine replacement therapy products to eligible participants; printed materials; and a comprehensive quality assurance program.
- **Myquitpath.org -** links to variety of options for info and help, including
    - Information specific to pregnant tobacco users or those on medicaid
    - Text/SMS-based assistance systems
    - other product-specific resources, such as smokeless tobacco/dip

Colorado Quitline

- The Colorado QuitLine has the capacity to serve approximately 1,800 callers a month. Before the budget cuts, Quitline served as many as 6,000 smokers in a month.
- The increase in the price of tobacco and use of media campaigns to promote the QuitLine has a significant impact on the number of smokers who consider quitting and call the QuitLine.
- The Colorado QuitLine has a special program to help pregnant women quit smoking during pregnancy and stay tobacco free after the baby is born. This free program provides the following:
    - As many as nine personal coaching calls during pregnancy and after delivery
    - The opportunity to work with the same coach throughout her quitting process
    - Text messaging for additional support
    - Rewards that can be used to purchase items for herself and her baby.
- Medicaid enrollees who smoke are eligible to receive the same service as any caller to the Colorado QuitLine, including five coaching calls and a free supply of the nicotine patch. They are also informed of the medication benefit available to them through the Medicaid program This includes two 90-day supplies of any of the FDA approved medications, including the patch, lozenge, nasal spray, Zyban and Chantix. Tobacco medications increase the quitting success and help minimize nicotine withdrawal symptoms.

Dissolvable Tobacco Products

- Dissolvable tobacco products represent the newest line of tobacco products marketed by the tobacco industry
- The public health concern is that the composition, packaging and flavoring may have a particular appeal to children.
- Some new dissolvable tobacco products resemble breath mints and strips.
- Counties throughout Colorado have reported seeing these new products in local stores.
- In 1989, the state Board of Health adopted a resolution opposing the marketing and sale of a new tobacco product.
- The Camel orbs, sticks and strips are being test-marketed in Colorado and North Carolina(2011). The products were originally introduced in 2009 in Indiana, Ohio and Oregon.

- Colorado research has shown that kids have easy access to tobacco products, with nearly half the kids who purchased tobacco illegally reporting they were not asked to show any proof of age.
- The research on cigarettes and tobacco is conclusive. Tobacco is highly addictive, and use of tobacco products can lead to cancer, heart disease and stroke
- Colorado is seeing an increase in smokeless tobacco use among high school boys.
- Co HB11-1016 updated the definition of “tobacco product” and includes dissolvable products. Prohibits sale of products to anyone under the age of 18

Family Smoking Prevention and Tobacco Control Act

- CDPHE issued a release Monday, Sept. 13, 2010, describing a new $1 million contract with the FDA to begin enforcing the Family Smoking Prevention and Tobacco Control Act.
- This FDA contract gives Colorado additional resources to stop the illegal sales of tobacco to our children and protect them from a life of tobacco addiction and poor health.
- New smokers are created every year. Each year, 400,000 kids in the United States and 4,900 kids in Colorado become regular smokers. Approximately 6 million kids nationwide and 92,000 kids statewide will die prematurely from smoking.
- Many retailers sell tobacco to Colorado kids. According to the 2008 Healthy Kids Colorado Survey on Tobacco and Health, 44.7 percent of high school students who smoke were not asked for proof of age and 60.7 percent of underage high school students who tried were able to buy cigarettes. Colorado is one of a handful of states that does not license tobacco retailers.
- We need to protect the health of future generations of Coloradans. Research shows that more than 80 percent of adult smokers started smoking before age 18. Smokers risk lung diseases such as bronchitis and asthma when they’re young and chronic diseases such as heart disease and cancer as they age.
- Progress in reducing youth smoking has stalled nationally and slowed in Colorado. The significant decreases in youth smoking around the turn of the century leveled off nationally beginning in 2003 and statewide in 2006. This is especially true among young male smokers.
- The $1 million FDA contract will enhance enforcement activities in Colorado. CDPHE enforcement activities will supplement those of the Colorado Department of Revenue, which remains committed to reducing youth access to tobacco. CDPHE is actively coordinating with DOR to avoid duplication and enhance enforcement activities.
- CDPHE will fund local health agencies to inspect more than 1,000 retail tobacco stores in six regions statewide. Trained staff members from these local health agencies will be commissioned by the FDA to document illegal tobacco sales and marketing violations. Violations uncovered during these inspections will be forward to the FDA, which will issue citations to retailers. Staff members will not only identify illegal sales, but also illegal self-service tobacco displays, candy-flavored cigarettes or smokeless tobacco, and tobacco products labeled as “low-tar,” “mild,” or “light.”

- Young people need protection from big tobacco's deceptive marketing practices: Research shows that young people are more susceptible to tobacco advertising and more likely to smoke if they have easy access to tobacco. The tobacco industry spends about $171 million per year in Colorado, much of it targeting the youth market with kid-friendly packaging and products.
- In addition to enforcing Colorado state and federal youth tobacco laws, CDPHE is coordinating a more comprehensive, long-term response to this serious issue. CDPHE is convening a high-profile stakeholder group to study the problem of illegal tobacco sales to minors and will make evidence-based recommendations to address the issue. Strategies are likely to include community-wide, population based interventions as these have been proven to be the most effective in other states.

Health Benefits of Quitting

- When people who smoke quit for good, their health begins to improve immediately. According to research, within 20 minutes after quitting, a smoker's heart rate and blood pressure have dropped.
- Within 12 hours, the carbon monoxide levels in their blood have decreased.
- As soon as two weeks, their circulation and lung functions have improved. Long-term health benefits of quitting include decreasing the risk of cancer, heart disease and stroke and increasing the life span.

Infants

- Maternal smoking is associated with 30 percent of small-for-gestational-age infants, 10 percent of preterm infants and 5 percent of infant deaths
- Smoking during pregnancy is a leading cause of low birth weight among singleton births in Colorado, where **one in eight** low birth-weight births are attributed to maternal smoking

Medicaid

- Increasing the number of Medicaid participants who quit smoking can have a significant impact on tobacco-related health care costs.
- Tobacco counseling must be part of the Colorado Medicaid covered benefit.
- We must remove the barriers that restrict telephonic coaching as a Medicaid billable service, to allow the state to draw down the federal match for Medicaid participant's QuitLine costs.
- Federal health care reform exempts Medicaid, unlike other health plans, from having to provide a cessation benefit. However, starting in 2013 there will be a 1% increase in Federal Medical Assistance Percentage (FMAP) to States that implement preventive services, including tobacco cessation benefits.
- We must sustain the funding for a comprehensive tobacco program in Colorado, therefore continuing to prevent tobacco initiation among our youth while promoting and supporting cessation among those smokers ready to quit.
- If 5% of current Medicaid smokers in Colorado quit, it is estimated that Medicaid would

save $5 million during the next five years. If half of current smokers quit, Colorado Medicaid would save $51 million during the next five years.

- It is estimated that 17% of Colorado Medicaid expenditures are due to tobacco related illness. Smoking-attributable costs account for 27% of Medicaid hospital expenditures.
- For pregnant Medicaid women who quit, average Medicaid cost savings are approximately $1,274 through the first 6 months of the infant's life, with a return on investment (ROI) of 9 to 1.
- Massachusset's Medicaid population plunged by 26% in the first two and a half years of implementing a cessation benefit. Costly medical procedures among those who utilized the cessation benefit fell dramatically, with 38 percent fewer hospitalizations for heart attacks and 17 percent fewer emergency-room visits for asthma symptoms among tobacco users in the first year after using the tobacco cessation benefit. And, there were 17 percent fewer claims for maternal birth complications.

Multi-Unit Housing

- Children and groups with incomes below the Federal Poverty Level are more likely to be exposed to SHS than other age groups and their rates of decline are slower than other groups
- Rates of exposure to secondhand smoke are higher among groups below the Federal Poverty Level
- In households with children, 98.7% of children with no smoker in the house are not exposed to smoke, 77.5% of children with a smoker in the house are not exposed.
- 76.1% of African American households are smoke-free, compared to 85.6% of white households
- 78.5% of low-SES households are smoke-free, compared to 89.9% of households that are not low-SES
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers concluded that ventilation techniques cannot control health risks from secondhand smoke exposure. Multi-unit complexes experience up to a 65 percent re-circulation between units.
- 85% of all Colorado households and 63% of Colorado households with a smoker reported having smoke-free home rules.
- Approximately 500 multi-unit residential communities in Colorado have 100 percent no-smoking policies indoors, as listed on the directory of smoke-free housing at www.mysmokefreehousing.com.
- More than a dozen housing authorities in Colorado have implemented or are phasing in no-smoking policies in thousands of units in hundreds of different buildings, also according to the directory mentioned above.
- The U.S. Department of Housing and Urban Development (HUD) "strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some or all of their public housing units."
- 84% of children, 90% of African American and white children were found to have continine (tobacco smoke indicator) in their blood

Nicotine Replacement Therapy

- Tobacco users should talk to their doctor or health care provider about medication.
- Quit counseling can be combined with over-the-counter or prescription medications, too. Counseling and medication are effective when used by themselves for treating tobacco dependence. However, the combination of counseling and medication is more effective than either alone.
- There are 7 FDA approved medications to help people quit tobacco. There are medications that contain and do not contain nicotine. Multiple medications = no “one answer” for all.
- Over-the-counter nicotine replacement therapies, or NRTs, are medications that contain nicotine to help reduce cravings and withdrawal symptoms so the tobacco user can focus on changing the behavior and habits that trigger the urge to smoke.
    - NRTs available without a doctor's prescription include nicotine lozenges, nicotine gum, and nicotine patches.
    - NRTs such as nicotine inhalers and nasal sprays are available with a prescription only and act much like the over-the-counter NRTs.
- The Colorado QuitLine offers nicotine replacement therapy (patches or gum) to smokers 18 years of age and over and who are medically eligible.
- A prescription for nicotine replacement therapy is required for smokers who are pregnant and/or have uncontrolled high blood pressure or heart disease.
- Altria - Product is NOT the same as the FDA-approved nicotine replacement therapy in lozenge form. The FDA-approved lozenge is available over the counter (name brand Commit) under the same company that produces Nicorette gum, and does not contain any tobacco. FDA has tested the therapeutic level of nicotine in the OTC NRT lozenge and found the nicotine levels to be consistent across products. It's likely that the distinctions between the NRT products and the tobacco lozenges are going to be quite confusing for consumers.

Pregnant Women

- Pregnant women who smoke are at high risk and often can deliver babies prematurely or at a low birth weight – potentially causing ongoing health problems.
- While spontaneous quitting occurs among many pregnant women who smoked prior to pregnancy, about 50 percent of women who quit during pregnancy resume smoking within the first six months after delivery and as many as 80 percent resume within 12 months
- The percentage of women who smoked in the three months before they became pregnant changed little between 2000 and 2007 (about 20 percent), but reached its lowest level in 2008 (16.9 percent), a significant change from the previous year
- This pattern was also reflected in the percentage of women who smoked in the last three months of pregnancy: about 10 percent between 2000 and 2007, decreasing to 8.1 percent in 2008.
- The percentage of women who reported smoking after delivery was about 15 percent

from 2000 through 2007, but dropped significantly to 11.2 percent in 2008.
- White non-Hispanic women were significantly more likely to be smokers than White Hispanic women, before or during pregnancy or after delivery
- Women with Medicaid coverage for prenatal care and delivery were more than twice as likely to be smokers before pregnancy (33.0 percent) than women without Medicaid coverage (13.3 percent)
- Women with Medicaid coverage were significantly less likely to quit smoking during pregnancy (42 percent) compared to women without Medicaid coverage (60 percent)
- The smoking rate during pregnancy for women with Medicaid coverage (19.2 percent) was almost four times the rate for women without Medicaid coverage (5.3 percent)
- Smoking decreases the fertility of young men and women.
- One in 12 Colorado women smoke during pregnancy
- One in five Colorado women on Medicaid smoke during pregnancy
- Mothers who smoke risk low birth weight babies (1 in 8 born in Colorado)
- Maternal smoking is associated with 30% of small-for gestational-age infants, 10% of preterm infants and 5% of infant deaths
- The Colorado QuitLine offers customized services for pregnant women. They work with the same quit smoking coach during pregnancy and after delivery, receiving regular coaching phone calls and motivational text messaging.

<u>Public Health Benefit of Unit Price Increases</u>

- A 10% increase in tobacco price reduces consumption by 5%
- Calls to tobacco Quitlines increase with price of tobacco
- Youth, low-income and expectant mothers most price sensitive
- A 10% increase in tobacco prices leads to a 5 – 7% decrease in smoking by pregnant women
- Households below the median income level are 4 times more responsive to tobacco prices
- Cigarette tax increases positively affect tax revenue because prices don't increase in direct proportion to taxes and sales do not decrease in direct proportion to tax increase. (In Kansas, a 70-cent increase led to a 142% increase in tobacco tax revenue.)
- Tobacco tax increases lead to deterred initiation and increased cessation
- A $1 increase in tobacco taxes could reduce tobacco prevalence by 5%, reduce youth initiation by 16.3% and reduce chronic disease risk in those who quit by 70%
- Tobacco use accounts for much of the health gap between rich and poor
- Nationwide, 52% of adults favor a tobacco tax increase (reducing youth smoking most effective argument)
- In Georgia, 72% favored a 50 cent tobacco tax increase and 73% favored a $1 increase
- A $1 increase in the price of a pack of cigarettes in Colorado would:
    - Prompt more than 20,000 adults to quit smoking
    - Reduce youth smoking by nearly 14%
    - Save nearly 17,000 lives
    - Save more than $16 million in health-related spending within 5 years

Quit Smoking Tips

- One of the best ways to set the stage for success is to make a commitment to quit and set a quit date.
- Tell friends and family about your quit day. Make smoke-free home and car rules. Get rid of ashtrays or anything that triggers smoking.
- Increase physical activity like walking. And drink lots of water.
- People should not get discouraged if they cannot quit smoking with just one attempt. Research shows that it takes most smokers multiple times to quit for good. It's important to set the stage to quit successfully and keep trying.

Secondhand Smoke

- Secondhand smoke is the third leading cause of preventable death in this country, killing 53,000 nonsmokers in the U.S. each year. For every eight smokers the tobacco industry kills, it takes one non-smoker with it.
- Secondhand smoke can trigger heart attacks in adults and exacerbate breathing difficulties for those with respiratory illnesses.
- Secondhand smoke exposure is a known cause of sudden infant death syndrome (SIDS), respiratory problems, ear infections, and asthma attacks in infants and children.
- Smoke from the burning end of a cigarette contains at least 250 chemicals known to be toxic, including more than 50 that can cause cancer, such as formaldehyde, benzene vinyl chloride and arsenic.
- The Surgeon General has concluded there is no safe level of exposure to secondhand smoke.
- 82% of Colorado's adults don't smoke

Socially/Economically Disadvantaged Groups

- Socially and economically disadvantaged groups carry the greatest burden of tobacco use.
- These groups are three times more likely to smoke cigarettes than others and have higher exposure to secondhand smoke.
- The cigarette smoking rate for Colorado's Medicaid recipients is about 38 percent, which is more than double Colorado's overall adult smoking rate of 17 percent.

Tobacco Cessation - Cost-Benefit Analysis

- A study conducted by Penn State University and released in September of 2010 demonstrates that the overall benefits of tobacco cessation treatments greatly outweigh the costs to implement them. For every dollar Colorado spends on tobacco cessation treatment, the average return on investment is $1.24.
- According to the study, Colorado quit-smoking interventions can save the state approximately $9 million each year.
- The average retail price of a pack of cigarettes in Colorado is $4.90. But the true price of a pack of cigarettes to the public and to the state's economy is $19.25 per pack.

Researchers determined these costs by calculating direct health care costs, productivity losses and premature deaths.

- Tobacco use remains the leading cause of preventable disease and death in Colorado and can lead to chronic illnesses such as heart disease, stroke and cancer. More than 75 percent of Colorado's health care costs go toward chronic disease treatment.
- Quitting smoking not only saves lives, it saves Colorado money – this includes smokers, employers, taxpayers and state governments.
- Colorado populations with the highest smoking rates including smokers who are uninsured do not have tobacco cessation coverage and Medicaid enrollees lack comprehensive tobacco cessation coverage. Studies show if 5 percent of Medicaid smokers quit, Medicaid would save $5 million during the next five years.(ALF)
- The state-funded Colorado QuitLine that has served over 235,000 smokers since its inception provides an effective and cost-saving intervention to Colorado.

Health Care Providers and Cessation

The new Morbidity and Mortality Weekly report on the use of clinical preventive services in the U.S. It addresses tobacco screening, tobacco cessation counseling, and overall cessation success related to physician office visits by adults. In short, of the three billion office visits during the 2005-2009 time span:

- 62.7% of patients were screened for tobacco
- 17.6% of patients screened were current tobacco users
- 20.9% of patients using tobacco received cessation counseling and
- 7.6% of patients using tobacco received a prescription or order for a cessation medication

The report concludes that "tobacco use screening and intervention is one of the most effective clinical prevention services, both in terms of cost and success."

LGBT

New data from the 2009-2010 National Adult Tobacco Survey, confirms the need for LGBT culturally tailored efforts in the tobacco control movement. The historic release of national surveillance data on LGBT tobacco use data was released in the American Journal for Public Health finding **that 32.8% of LGBT people nationally smoke cigarettes; 12.2% smoke cigars/cigarillos/small cigars; 6.1% and 38.5% report using any tobacco.**This means that LGBT people smoke cigarettes at rates 68% higher than the general population and that their overall tobacco use is 50% higher.

Youth

- Colorado is focusing on youth and the socially and economically disadvantaged populations through public education and support of policies to reduce and eliminate illegal tobacco sales to youth and increase tobacco cessation interventions.
- Research shows youth are more vulnerable to tobacco industry marketing than adults and have easy access to tobacco products.

- More than 80 percent of smokers start before the legal age of 18, addicting approximately 5,700 new daily smokers in Colorado each year.
- 6 of 10 (60.7%) Colorado high school smokers successfully bought tobacco from retailers in 2008
- Nearly half (44.7%) of high school smokers attempting to buy cigarettes were not asked for identification
- 45.9% of middle school smokers and 48.2% of high school smokers reported smoking on school grounds, even though 95% of schools post tobacco-free zone signs
- More than 75% of Colorado teens visit a convenience store at least once a week
- More than half of teenagers are influenced by in-store tobacco displays
- More than 80% of adult smokers started smoking before the age of 18
- In the U.S., 400,000 kids become regular smokers each year
- In the U.S., 6 million kids will die prematurely from smoking
- In Colorado, 4,900 kids each year become regular smokers
- In Colorado, 92,000 kids will die prematurely from smoking
- In 2008 in Colorado, 14.4% of middle school students and 36.8% of high school students have ever smoked
- The tobacco industry annually spends $171 million in Colorado and $12.5 billion nationwide on marketing and advertising primarily in the retail environment.
- 90% of tobacco industry marketing is spent at point of sale (74% on price discounts)

PREVENTING ILLEGAL TOBACCO SALES TO MINORS- LICENSING OF RETAILERS

Colorado youth are using tobacco at alarming rates, threatening the health of our kids, our communities and the state as a whole. Nearly 90 percent of smokers become addicted to tobacco before the age of 18[1]**.**

o More than 43 percent of Colorado youth report having tried smoking[2].
o Smoking incurs $1.3 billion in Colorado medical costs each year[3] including $319 million in Medicaid costs. This equates to $579 for every household in Colorado.

Current laws prohibiting tobacco sales to minors are not effective. Colorado kids are able to purchase tobacco, even though sales to minors are illegal.

o Colorado is one of only seven states that do not have any retail license provisions in state law.[4]
o More than 60 percent of kids under the age of 18 in Colorado who attempted to purchase tobacco report being able to do so.[5]
o In Colorado, we don't know where tobacco is being sold, effectively creating a black market for tobacco and loss of revenue for the state.

o At least 20% of compliance checks find that establishments are not selling tobacco or are no longer in business, wasting limited state resources.

The Centers for Disease Control and Prevention states that policies such as licensing of tobacco retailers, are essential and effective in preventing youth from using tobacco.

o Retail licensing will help to prevent youth from using tobacco, save lives and reduce health care costs in Colorado.
o Licensing of tobacco retailers is an effective way to reduce illegal tobacco sales to youth**.**

Location	Illegal sales before licensing	Illegal sales after licensing
Minnesota[6] [7]	40.8%	4.9%
Massachusetts	48%	8%
Woodridge, IL[8]	70%	5%
Burbank, CA[9]	26.7%	4%
Elk Grove, CA[10]	17%	0%

o Stores located in states with weaker compliance policy measures are 36 percent more likely to illegally sell tobacco to minors than stores located in states with more effective measures.[11]

Licensing of tobacco retailers will allow for the successful enforcement of current state law.

o Licensing is a common-sense approach that will ensure that retailers operate legally, ethically and responsibly when it comes to preventing illegal tobacco sales to kids. [12]
o Retailers will pay a small license fee that will fund local enforcement of the existing state law.
o The threat of license suspension and revocation is significant motivation for compliance with tobacco laws.[13]

Nearly 68 percent of Coloradans believe store owners should have a license to sell tobacco[14].

[1] Centers for Disease Control and Prevention, “Selected Cigarette Smoking Initiation and Quitting Behavior Among High School Students – United States.” 1997.
[2] Youth Online: High School Youth Risk Behavior Survey (YRBS), Colorado 2009 and United States 2009 Results. Rep. Centers for Disease Control and Prevention, 2009. Web. <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=CO&YID=2009&LID2=XX&YID2=2009&COL=&ROW1=&ROW2=&HT=QQ&LCT=&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&C1=CO2009&C2=XX2009&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1&TST=True>.
[3] 5 Centers for Disease Control and Prevention, “Best Practices for Comprehensive Tobacco Control Program.” Oct. 2007.
[4] 15 Centers for Disease Control and Prevention, Office on Smoking and Health. STATE Tobacco Activities Tracking and Evaluation (STATE) System, retrieved April 29, 2010. <http://apps.nccd.cdc.gov/statesystem/comparisonreport/comparisonreports.aspx#reportdetail>.
[5] Youth Online: High School Youth Risk Behavior Survey (YRBS), Colorado 2009 and United States 2009 Results. Rep. Centers for Disease Control and Prevention, 2009. <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=CO&YID=2009&LID2=XX&YID2=2009&COL=&ROW1=&ROW2=&HT=QQ&LCT=&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&C1=CO2009&C2=XX2009&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1&TST=True>.
[6] Forester J., et al., (1998) “The Effects of Community Policies to Reduce Youth Access to Tobacco,” American Journal of Public Health, 88:1193-1198.
[7] Ibid.
[8] Jason L.A., Ji P.Y., and Birkhead, S.H. (1991) “Active Enforcement of Cigarette Control Laws in the Prevention of Cigarette Sales to Minors,” JAMA, 226:3159-3161.
[9] The Center for Tobacco Policy and Organizing. “Becoming a Policy Wonk on Local Tobacco Retailer Licensing: Answers to Tough Questions from Opponents and Elected Officials.” Mar. 2011.
[10] Ibid.
[11] 16 Gray, B,. and Chaloupka F.J. (2003) “State Policies and Community Characteristics Affect Tobacco Sales to
Minors: An Analysis of over 100,000 FDA Compliance Check.” Policy Forum 16 (1).
[12] STORE: Strategic Tobacco Retail Effort. “Talking Points: Retailer Licensing”
[13] Ibid.
[14] Tobacco Attitudes and Behavior Survey (TABS), Adult Tobacco Use and Exposure Colorado 2008 Results. Amendment 35 Program Evaluation Group (APeG) Web. http://www.cohealthsource.org/media/89519/adult%20tabs_2008_2-3-2010_final.pdf

FAQ's: PREVENTING TOBACCO SALES TO MINORS: LICENSING OF TOBACCO RETAILERS

Q: It's already illegal to sell tobacco to minors. Do we really need another law?
A: Yes. While there is a law prohibiting the sale of tobacco to youth, it is not being adequately enforced in Colorado because there is insufficient funding to make sure that retailers follow the law. Thus, retailers are not being held accountable for upholding the law. More than 60% of Colorado youth who have tried to purchase tobacco report being able to do so, while nearly half who purchased tobacco illegally said they were not asked to show any proof of age[1].

Q: Won't more regulation hurt local businesses?
A: No. Local licensing of tobacco retailers simply ensures that businesses are following an existing law prohibiting sales to minors. The national average convenience store profit from cigarettes in 2009 was $89,923.[2] An annual fee of $100 - $300 would not impact their profits. Moreover, the vast majority of Coloradans believe that retailers should have a license to sell tobacco.

Q: How many Colorado retailers aren't following the current law?
A: Good question. Because there is no licensing – and therefore no list of all retailers selling tobacco in Colorado – it's impossible to know who is breaking the law. Colorado is one of only seven states in the country with no licensing of tobacco retailers. Licensing would create the necessary list of all retailers selling tobacco, enabling more effective enforcement of the law. While it is likely that most retailers are not selling illegally to minors, we need to ensure that *all* businesses are following the law. Any illegal sales to minors are unacceptable.

Q: In Colorado, there is a tax on tobacco. Doesn't the collection of that tax require a list of retailers?
A: Unfortunately, no. The tobacco tax in Colorado is an excise tax levied at the wholesale level, not the retail level. So, that tax doesn't tell us who is selling tobacco or where it is being sold.

Q: How would a new retail licensing process work?
A: Retailers of tobacco products would pay a small fee to purchase a license. The fee would be used to pay for increased compliance checks (enforcement of existing laws), which, coupled with motivation to avoid suspension or revocation, would increase retailer accountability.

Q: Will licensing help prevent youth from smoking?
A: Yes. The U.S. Centers for Disease Control and Prevention says that comprehensive and adequately enforced policies to prevent illegal sales to minors, such as licensing of retailers, are effective in reducing tobacco use among youth. Not only does it directly prevent illegal sales to minors, but it indirectly stops youth from smoking by cutting off the social supply. The heaviest and most regular youth smokers are the most likely to buy cigarettes directly from stores, and to supply cigarettes to other youths. So, preventing them from obtaining tobacco cuts off the supply chain and prevents other youth from obtaining tobacco and becoming heavy users

themselves.

Q: If retailers already use the “We Card” program, do we really need licensing?
A: Yes. The “We Card” program is not sufficient to prevent illegal sales to minors, and is an industry tactic used to undermine enforcement activities[3]. This program is funded and implemented by the tobacco industry, and the industry should not be in charge of monitoring illegal sales.

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[1] Youth Online: High School Youth Risk Behavior Survey (YRBS), Colorado 2009 and United States 2009 Results. Rep. Centers for Disease Control and Prevention, 2009.
[2] Center for Tobacco Policy & Organizing (2011). “Cigarettes Generate Big Revenue for Convenience Stores: Analysis of 2010 State of the Industry Report.” American Lung Association in California, 2011.
[3] Apollonio D.E., Malone R.E. (2010) “The ‘We Card’ Program: Tobacco Industry ‘Youth Smoking Prevention’ as Industry Self-Preservation,” American Journal of Public Health, 100: 1188-1201.