

Tobacco Retail Density in Massachusetts

June 2018



Our Community Health

The community where we live, work, and play has an important role in determining our health. The built environment in our lives consists of human-made elements such as transportation, buildings, streets, open spaces and infrastructure. A community's infrastructure, its basic facilities and services, impacts available resources and services and influences a person's ability to be healthy.

Many elements of the built environment that make up our neighborhoods and communities have historically disadvantaged low-income communities and communities of color, leading to a wide variety of poorer health outcomes in these communities.

For example, access to healthy food, or on the flip side, access to unhealthy products like tobacco and alcohol are typically determined by a community's infrastructure and policies. Communities that have high numbers of fast food restaurants and tobacco retailers are linked with poorer health outcomes in their residents.¹ Additionally, research shows that air quality is worse in communities of color and communities with higher proportions of low-socioeconomic residents.²

As such, where you live impacts both health behaviors such as food access and food choice, and risk behaviors such as alcohol and tobacco use; as well as health conditions such as obesity, diabetes, cardiovascular disease, heart disease, lung cancer and asthma. In addition, where you live can cause stress and affect mental health, which in combination with the built environment, can affect a wide variety of health behaviors and health conditions.

In short, the environment influences our behaviors and ultimately, our health.

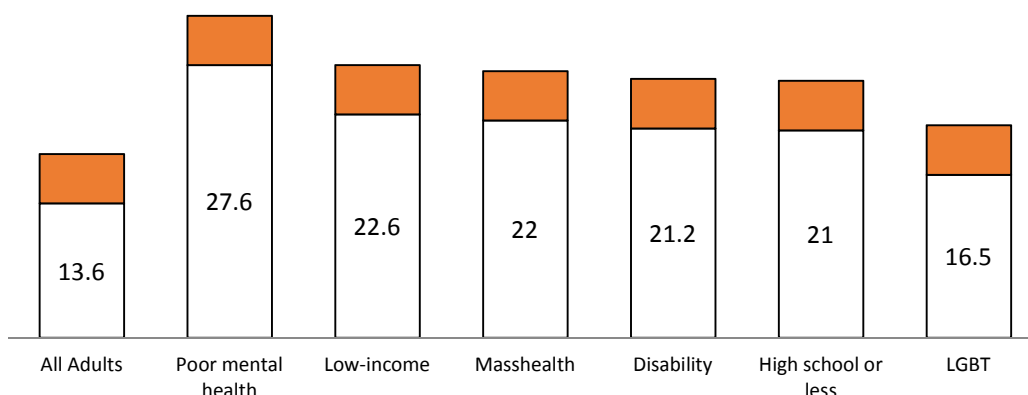
How tobacco affects the health of our community

Smoking remains the leading cause of preventable disease and death, and almost all smokers started smoking before the age of 26.³

While cigarette use has been trending downwards in Massachusetts, particularly among youth, other tobacco and nicotine products have become more available and accessible. This is not by chance. The tobacco industry spends millions of dollars marketing tobacco and nicotine products in the retail environment, particularly to youth, people of color, and the LGBT population.

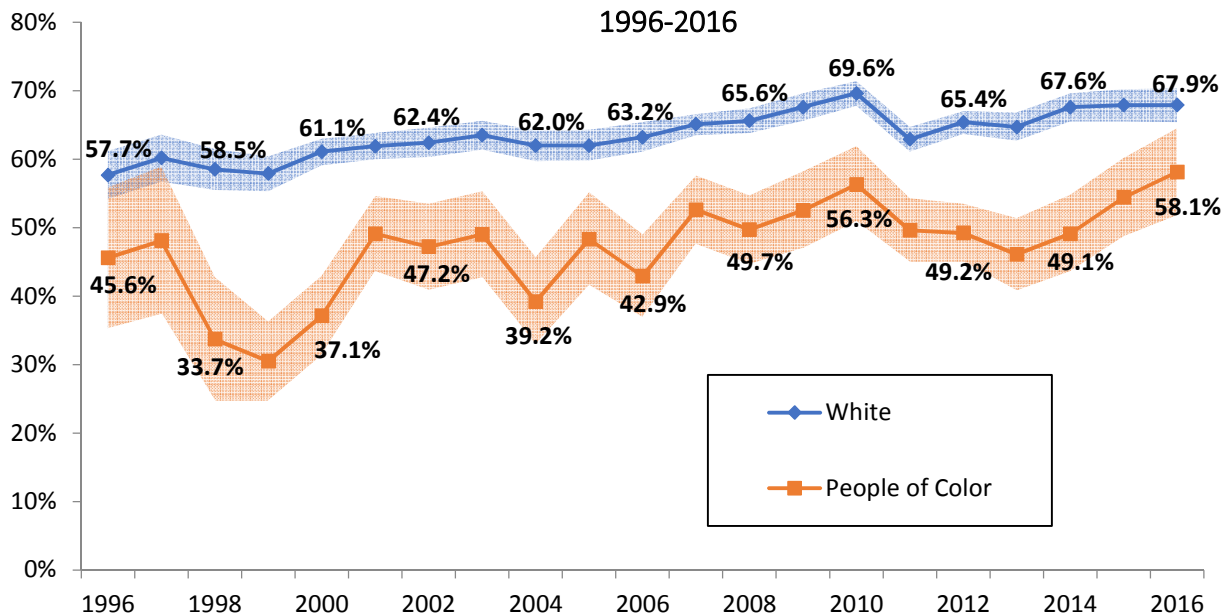
Tobacco and nicotine do not impact everyone in the same way. Some populations, such as those with poor mental health, those who identify as LGBT (Lesbian, Gay, Bisexual or Transgender), and those with lower educational attainment or lower income, have smoking rates that are higher than the general adult population (Figure 1).

Figure 1: Massachusetts Adults Who Currently Smoke (%), 2016



Despite, making similar quit attempts, people of color, particularly blacks and Hispanics, report having a harder time staying successfully quit than white adults (Figure 2).

Figure 2: Rates of Successful Quitting by Race/Ethnicity Subgroup: Massachusetts, 1996-2016



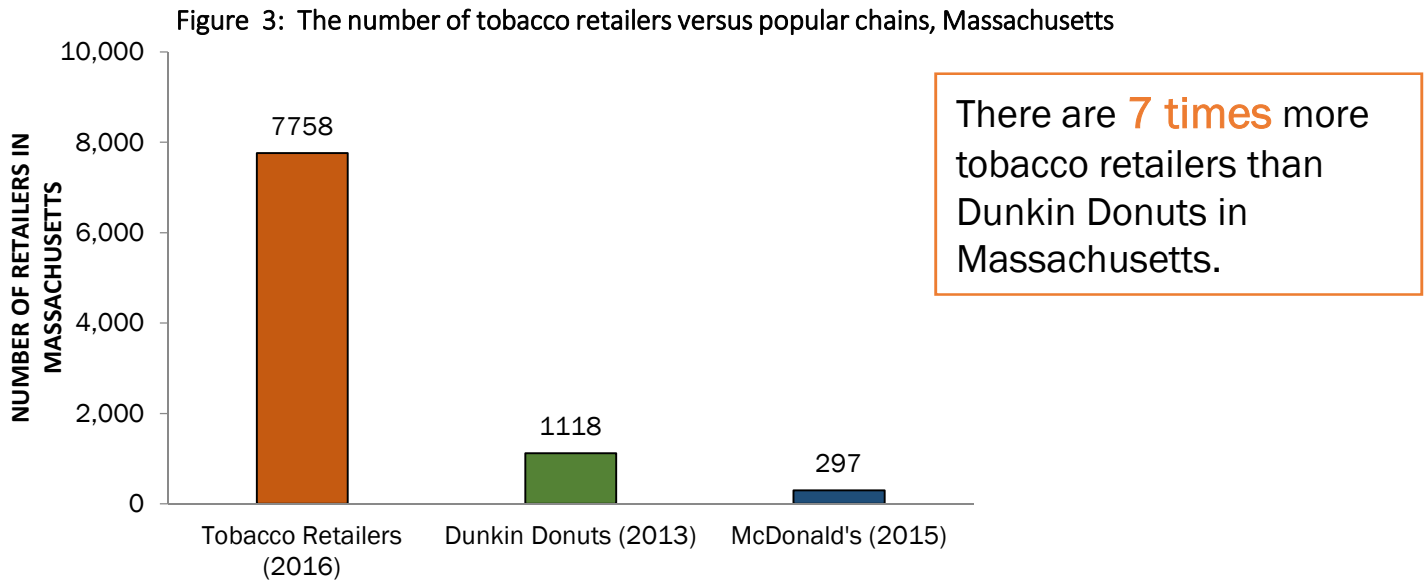
Populations of color and low-income populations have the worst smoking attributable outcomes. Not only are these groups dying earlier, but they are affected by multiple stressors, behaviors and conditions that co-occur with tobacco use and exposure and often contribute to less successful quit rates.

Examining the availability and normalization of tobacco and nicotine in our communities is a social justice issue.

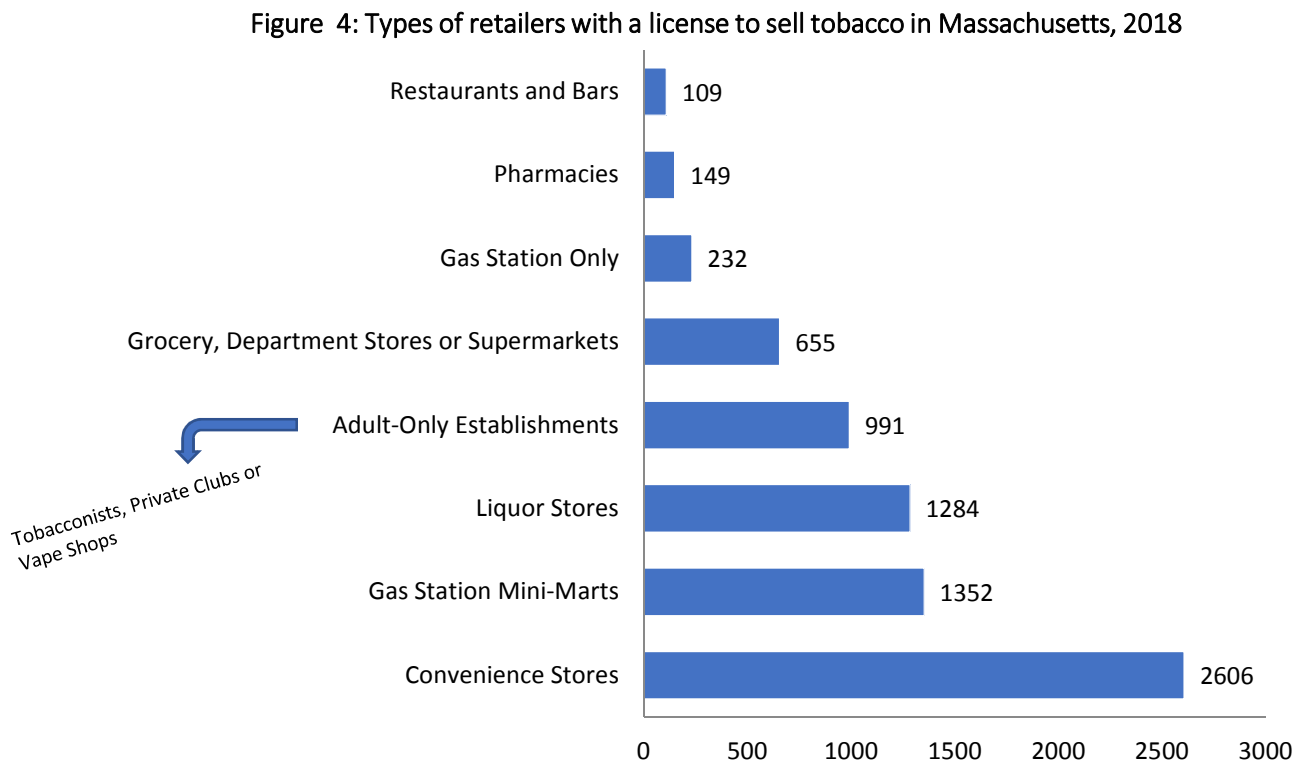
Tobacco Industry Influence In Your Neighborhood

It is not uncommon to find tobacco and nicotine products at stores in your neighborhood. Tobacco has become normalized in our communities, despite the well-documented negative health effects of smoking, other tobacco use, nicotine addiction and secondhand smoke exposure.

In 2016, there were 7,758 retail establishments with a license or permit to sell tobacco in Massachusetts. The number of tobacco retailers far outnumbers popular chain restaurants in Massachusetts, such as McDonald's and Dunkin Donuts⁴ (Figure 3).



Tobacco retailers are made up of a wide variety of stores that people visit and frequent for reasons other than to purchase tobacco. The most common tobacco retailers, convenience stores and gas station mini-marts, make up 54% of tobacco retailers across the state (Figure 4).



Tobacco Industry Influence In Your Neighborhood

Retail Density

Retail density is the number of tobacco retailers per 1,000 individuals in a given geography.

- Tobacco retail density can be calculated for adults and youth separately, and on the community, county and state-level.
- No matter how it is calculated, retail density acts as a measure of the concentration of tobacco availability.

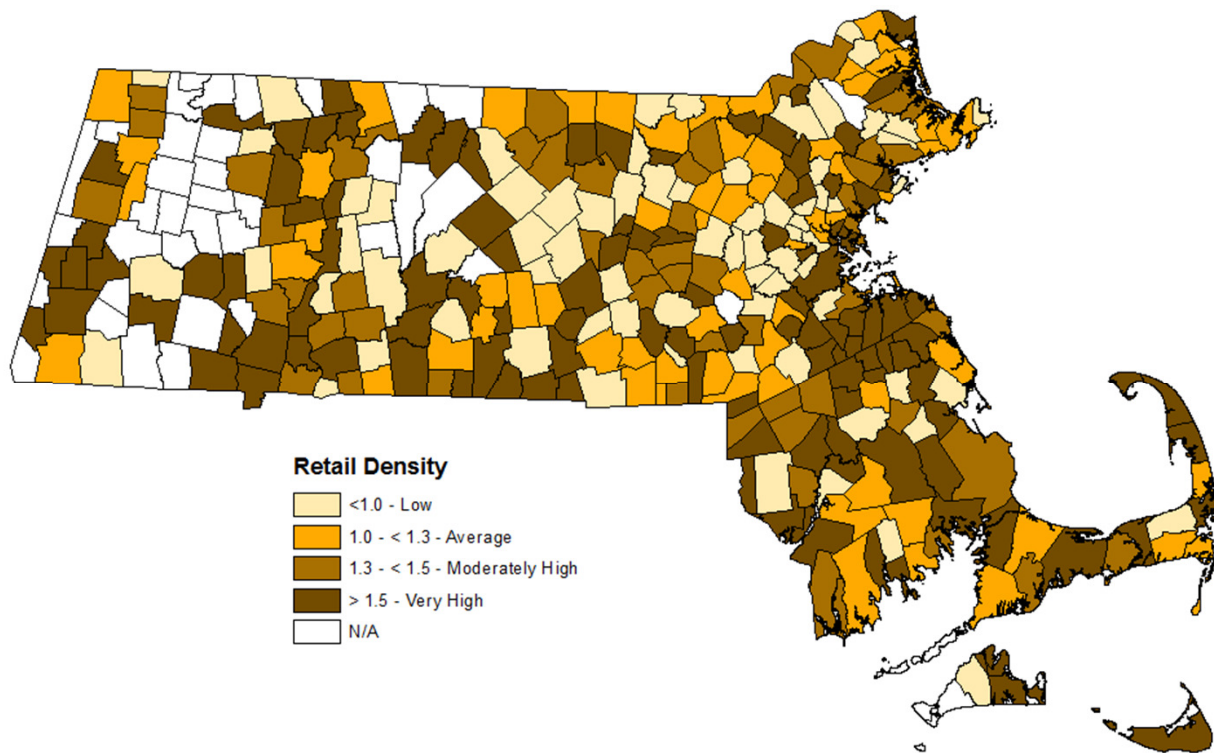
In 2018, retail density for the state of Massachusetts was 1.13, meaning there were 1.3 retailers per 1,000 individuals.

- Adult retail density was 1.43 and youth retail density was 5.20.

In Massachusetts, adult-only tobacco retailers such as tobacconists and vape shops are typically included in calculations of retail density. Many municipalities have classified electronic nicotine delivery systems, such as e-cigarettes, e-hookahs and vape pens, as tobacco products and are regulated as such.

Retail density is not the same across communities in Massachusetts (Figure 5). Where you live can determine your exposure to tobacco and nicotine products and marketing.

Figure 5: Retail Density by Community, Massachusetts: 2018



Tobacco retail density is a measure of *concentration* of tobacco availability in a community.

Tobacco retail density is part of the built environment of a community that can influence an individual's behavior and the community's overall health. Retailer storefronts often feature ads for tobacco and nicotine products, including low advertised prices and price promotions. The concentration of tobacco retailers and the abundance of marketing images have an effect on our health and behavior.

Tobacco Industry Influence In Your Neighborhood

SOCIAL NORMS

The widespread advertisement and availability of tobacco in stores normalizes the presence and use of tobacco in our communities such that people think it is common and acceptable to smoke. Marketing strategies by tobacco companies help create the impression that tobacco is normal. Furthermore, this type of normalization (advertising) can work to undermine quit attempts, keep current users addicted, and help attract new users.⁵ The abundance of marketing and tobacco and nicotine products can perpetuate the norm that most people smoke, even when smoking rates have been on the decline for years.



CESSATION

Greater tobacco retail presence not only normalizes tobacco and nicotine products, but provides environmental cues to smoke or use tobacco products.⁶ High visibility of retail marketing and ads makes it harder to quit smoking.⁷ Cigarette displays that we commonly see at the check out counter often lead to impulse purchases and tempt smokers who are trying to quit.⁸



Research shows that higher exposure to in-store advertising and price promotions at the point-of-sale was associated with a lower probability of successful quitting among adult smokers.⁹

The presence of tobacco products in the community undermines quit attempts, keeps current users addicted, and helps attract new users.

UNEQUAL IMPACT

There are more tobacco retail stores in communities of color and low income communities than in areas with mostly white residents.¹⁰

The tobacco industry has historically used deliberate marketing strategies to target low-income populations and communities of color, which is tied directly to the likelihood of smoking in these populations. The tobacco industry has used tactics such as price discounts, culturally-targeted ads, promotional giveaways and product placement to increase demand in these communities.¹¹

The impact of tobacco retailers in the community does not affect everyone in an equal way

Environmental Justice and Tobacco Retail Density

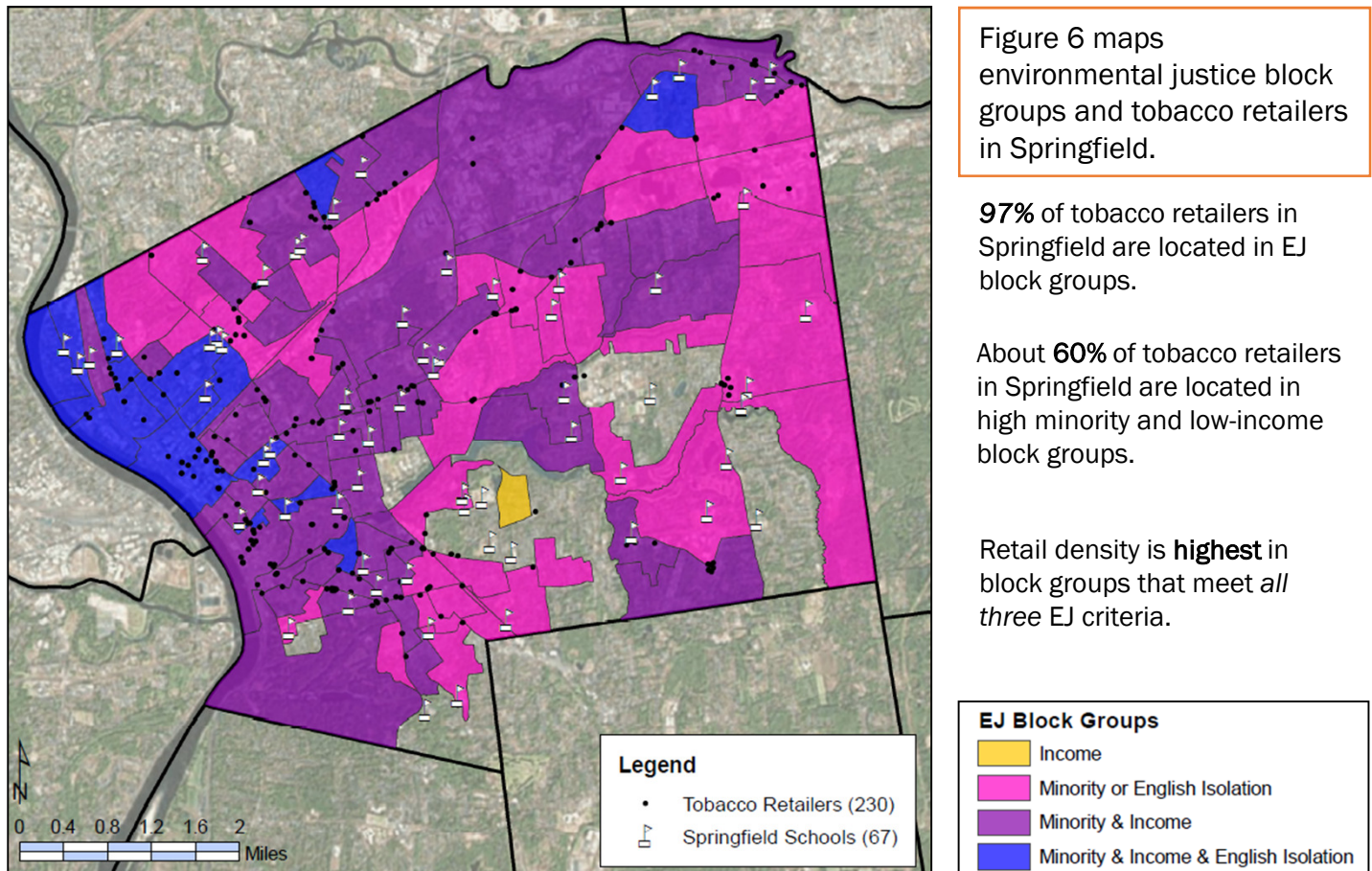
Environmental Justice (EJ) is based on the principle that all people have a right to be protected from environmental hazards and to live in communities that promote health. Historically, public resources have been divested away from communities of color to predominately white communities, resulting in a disproportionate burden of pollution and environmental harm to people of color.

MassGIS created Environmental Justice block group layers using 2010 U.S. Census data to identify areas and populations that currently lack environmental assets. Block groups are small units of geography, typically capturing 600-3,000 people. EJ block groups can help visually determine who is most at risk of exposure to the tobacco retail environment.

Environmental justice block groups are classified as block groups that meet *any* of the following criteria:

1. Block groups that are 25% or more minority populations
2. Block groups with a median household income equal to or lower than \$40,673
3. Block groups with English language isolation (a household in which no person 14 years old and over speaks English well)

Figure 6: Environmental Justice Block Groups and Tobacco Retailers: Springfield, MA 2017



EJ Region	% of Retailers	Retail Density
Income	0	-
Minority	21.6%	1.98
Minority/Income	59.6%	2.56
Minority/Income/ English Isolation	16.0%	2.84

Even within communities, tobacco retail density, and thus availability of tobacco and nicotine products, differs by neighborhood.

In Springfield, tobacco retailers are disproportionately located in environmental justice block groups.

The impact of tobacco retailers in the community does not affect everyone in an equal way

In addition to higher retail density, communities of color and low-income communities also experience a disproportionate amount of tobacco marketing and advertising. Due to racist policies like racial red-lining and segregation, people of color have been forced to live in areas where historically, resources have been diverted to other areas, primarily white communities.

Since the 19th century, state and federal governments engaged in systematic efforts to segregate people into distinct neighborhoods on the basis of race.

Red lining is the practice that the Federal Housing Authority used to deny or limit financial services and homeowner loans to certain neighborhoods on the basis of race. Areas deemed “unfit” for economic investment were physically marked with red shading on maps.

Racial residential segregation is the physical segregation by race, institutionalized by the housing policies of the federal government to prevent interaction between white and black residents. While race-based segregation is no longer legal, many cities still remain segregated.

These policies resulted in communities that were systematically prevented from the development of banks, health institutions, grocery stores and other businesses. Segregation of this type has led to conditions of poverty, limited educational and employment opportunities, increased crime; the effects of which are still felt in these communities today.

Segregation has made it easier for the tobacco industry to target and market their products to people of color.



One study in Washington D.C. showed that little cigars and cigarillos, as well as menthol tobacco products, were cheaper in African-American neighborhoods. This is one strategy the tobacco industry uses to target communities of color.¹²

Tobacco Industry Targeting of Menthol Products

Of particular concern is the history of marketing menthol cigarettes to black populations in order to increase market share among a population that had been typically neglected by other industries. As a result of menthol targeting over generations, black youth and adults currently smoke menthol cigarettes at much higher rates than whites.¹³

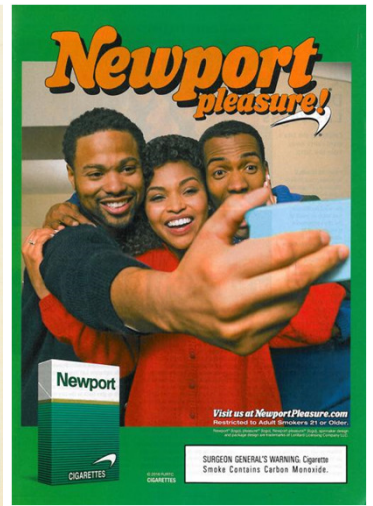
Several studies in Boston provide evidence of the industry’s targeted marketing of menthol products to people of color.



In one study of 6 Boston neighborhoods, the race or ethnicity of models in tobacco advertisements matched the demographics of that neighborhood.¹⁴

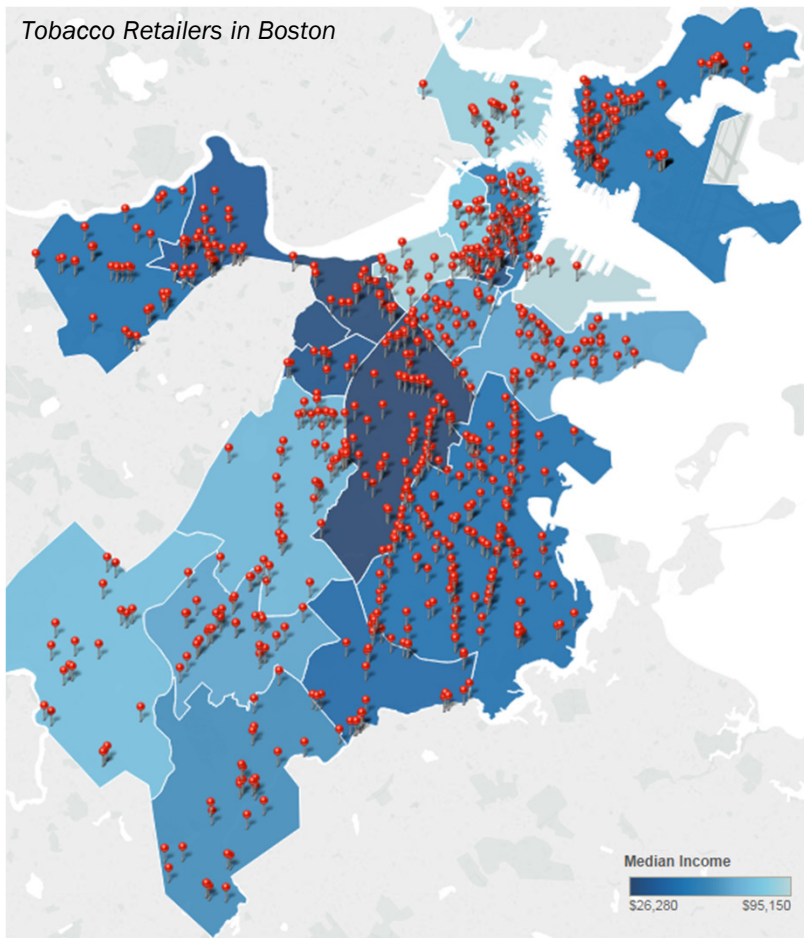


Additionally, Newport, Salem, and Kool menthol advertising made up nearly half (49%) of all outdoor tobacco advertising in black neighborhoods compared to 38% in Latino neighborhoods and only 22% in White neighborhoods.¹⁴



Menthol cigarettes are *more addictive* and *harder to quit*.

The impact of tobacco retailers in the community does not affect everyone in an equal way



Boston is the largest urban community in Massachusetts with over 800 tobacco retailers. In Boston overall, there are 1.7 tobacco retailers per 1,000 adults and 8.4 tobacco retailers per 1,000 youth.

However, low-income neighborhoods and neighborhoods of color in Boston have greater retail density and disproportionate exposure to tobacco and nicotine products.

! A 2010 study of two neighborhoods in the Boston area found that there was a significantly greater percentage of retailers displaying storefront cigarette advertisements in Dorchester (86%) than Brookline (43%).¹⁵

! One study of the Boston retail environment found a greater proportion of retailers sold tobacco in low-income neighborhoods and neighborhoods of color.¹⁶

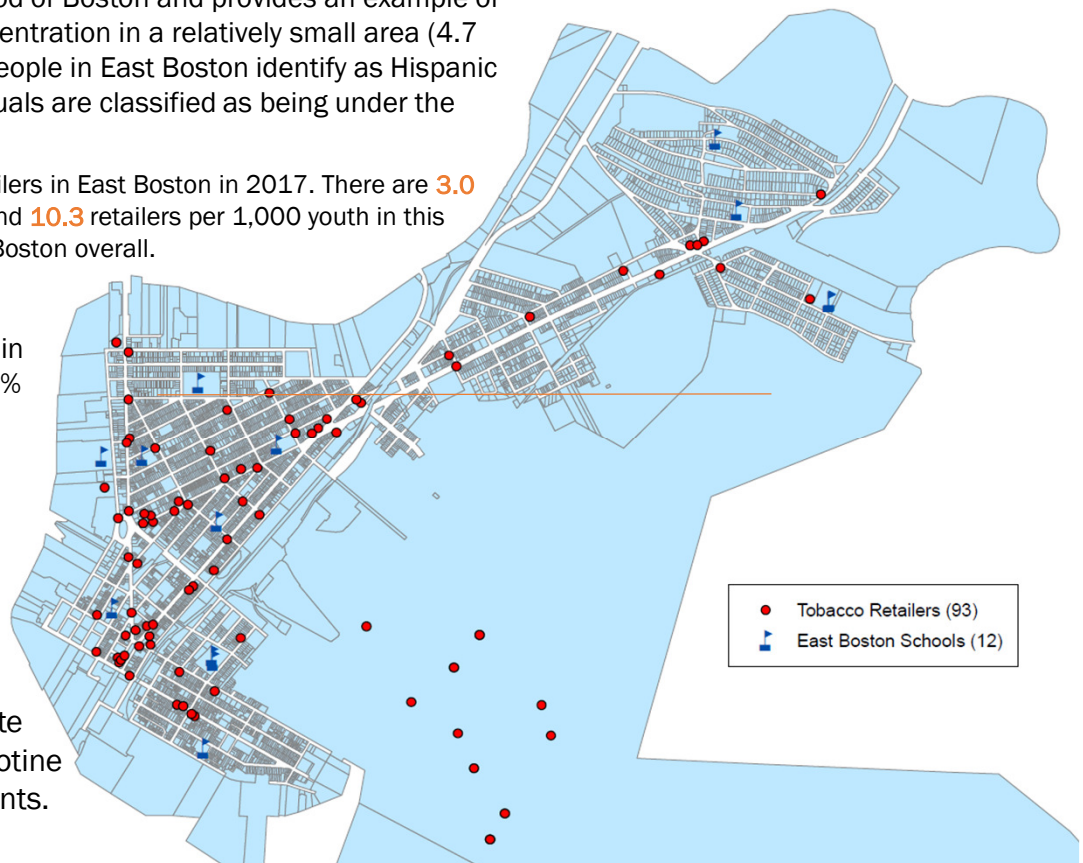
Figure 7: Tobacco Retailers in East Boston, 2017

East Boston is a neighborhood of Boston and provides an example of very high tobacco retail concentration in a relatively small area (4.7 square miles). Over half of people in East Boston identify as Hispanic or Latino and 19% of individuals are classified as being under the federal poverty line.

! There were 93 tobacco retailers in East Boston in 2017. There are **3.0** retailers per 1,000 adults and **10.3** retailers per 1,000 youth in this neighborhood, higher than Boston overall.

74% of retailers are located within 1000 feet of a school in East Boston compared to 45% for Boston, overall.

People who live in this neighborhood are likely to experience disproportionate exposure to tobacco & nicotine products and advertisements.



The impact of tobacco retailers in the community does not affect everyone in an equal way

YOUTH EXPOSURE

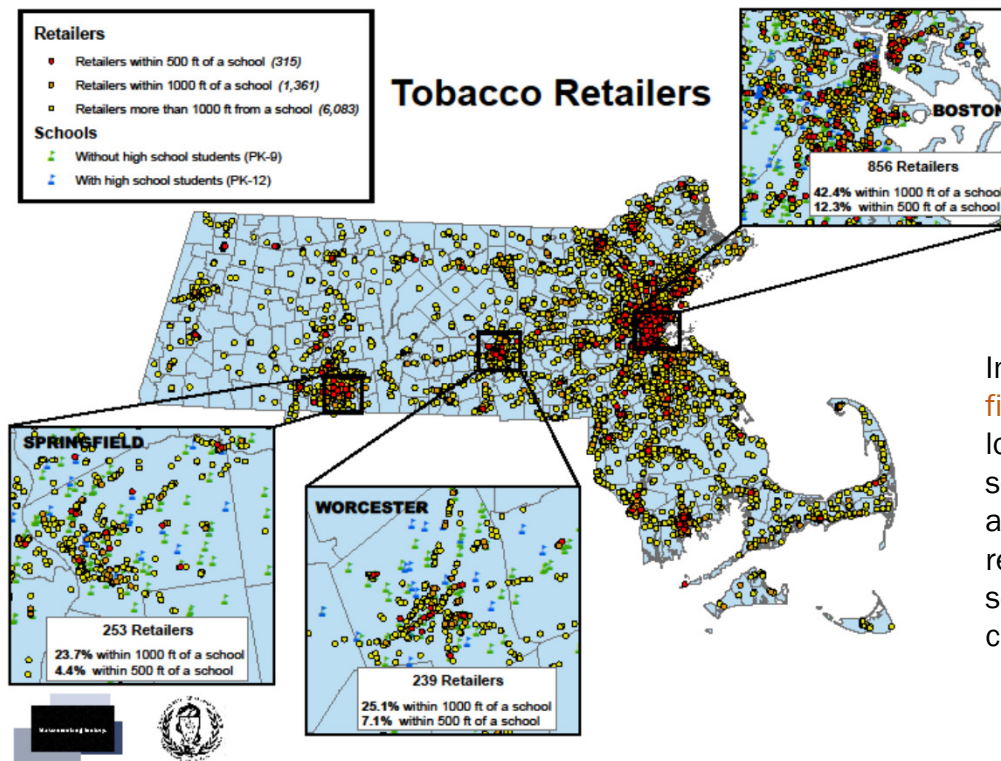
Tobacco retail density is associated with youth initiation and experimentation of tobacco products.¹⁷

Frequent exposure to tobacco advertisement and marketing normalizes tobacco and smoking for youth and makes them more likely to smoke.

TOBACCO RETAIL DENSITY AND SCHOOLS

Research shows that tobacco advertising is more prevalent in stores where youth are likely to shop, and in stores located *near schools*.¹⁸ Retailers that sell tobacco products are an important marketing channel that the tobacco industry uses to reach and attract potential new users, *especially youth*.

Figure 8: Tobacco Retailers Near Schools: Massachusetts, 2017



Youth smokers prefer brands most heavily marketed in convenience stores closest to their schools.¹⁹

In Massachusetts, **about a fifth of retailers (21%)** are located within 1000 feet of a school (Figure 8). However, an even higher percentage of retailers are located near schools in many urban communities.

One study looking at alcohol and tobacco retailers in Worcester, Massachusetts found that 58% of schools in Worcester were within 1000 feet of a tobacco retailer compared to 39% that were near an alcohol retail store.²⁰



Schools within 1000 feet of a tobacco retailer in Worcester tended to have a higher percentage of low-income students, students of color, and students with more limited English proficiency.

Studies of storefront advertisements in Boston neighborhoods, as well as similarly low-income or non-white communities outside Boston, found more storefront advertisements within 1,000 feet of a school than in comparison neighborhoods, which were higher-income and had a greater percentage of white residents.²¹



In a study of 6 Boston neighborhoods, 73% of retailers with tobacco advertisements were within 1000 feet of public schools.²²

Higher retail density contributes to uptake of youth smoking.

Incidence of smoking was shown to be higher among students who attend schools in communities with high retail density than students in schools without any tobacco retail outlets around.²³

INSIDE THE RETAIL ENVIRONMENT

The presence of tobacco retailers in a community helps normalize tobacco use, provides environmental cues to smoke, makes it harder to quit or stay quit, and acts as the primary channel in which the tobacco industry targets specific populations: those with a low-income, people of color, and youth. Retail density is an important factor of a community's built environment that influences individual behavior. Tobacco marketing and availability *inside* local convenience and corner stores may also influence someone's tobacco and nicotine use.

In a given neighborhood, a convenience store has many roles. Convenience stores provide access to food, fuel, snacks, beverages and household supplies. Due to the dis investment of resources in low-income and communities of color, convenience stores may be the only source of food instead of large grocery stores. It may be easier for smaller stores to carry mostly pre-prepared, high calories foods, with limited options for fresh and affordable produce, which can influence a person's diet. As a result, residents of these communities are also exposed to unhealthy products like tobacco and alcohol.

In communities of color, neighborhoods are more likely to be densely populated with local convenience and corner stores, rather than larger supermarkets and grocery stores, which limits access to fresh fruits and vegetables.²⁴

Point-of-sale (POS) marketing is extremely prevalent at convenience stores. This type of marketing typically includes large product displays, interior and exterior advertisements and promotional and price incentives to consumers.

In 2014, the tobacco industry spent \$9.1 billion dollars on marketing cigarettes and smokeless tobacco. 96% of this expenditure was for point-of-sale marketing.²⁵

! An estimated \$125.1 million is spent on tobacco and nicotine marketing in Massachusetts each year.²⁶



Point-of-sale (POS) marketing includes signs and advertisements on the outside of stores.

Convenience and corner stores are typically retailers that are youth-accessible, meaning that youth can go into them, and that youth often frequent. In a survey of more than 3,500 high school youth from 5 Massachusetts communities in 2016-2017, nearly a third (31%) of them reported going to a convenience store, corner store or mini-mart every day or a few times per week.²⁷

The convenience store remains an important source of tobacco products for youth, despite minimum age laws, which require youth to be a certain age to buy tobacco or nicotine products.

- Data from the 2017 Massachusetts Youth Health Survey (MYHS) suggests that 15% of youth that currently use tobacco got their products from a store and 14% indicated that they gave someone money to buy tobacco for them.
- Tobacco use among youth increases with increased exposure to retail advertisements and ease of in-store access to tobacco products.²⁸
- The majority of youth describe seeing tobacco product advertisements when they visit convenience stores.²⁹

INSIDE THE RETAIL ENVIRONMENT

POWER WALLS

One of the most striking visuals commonly seen in stores is the **power wall**. The power wall is a display of cases, often located behind the counter at the point-of-purchase, filled with cigarettes and **other tobacco and nicotine products**, advertisements, promotions and bright colors. These displays are designed to be highly visible and in strategic locations, dictated by the tobacco companies themselves.²⁷ Not only are these power walls designed to encourage impulse purchases of tobacco, but serve to impact youth's perception of the popularity and acceptability of cigarettes.³⁰



Nationally, 85% of tobacco shelving units and 93% of tobacco displays are located at check-out, where each customer must pass.³¹

In a study of retailer participation in cigarette company incentive programs, **4 out of 5** retailers indicated that the tobacco company determined the location of marketing materials in their stores.³²

PROMOTIONS

One tactic that the tobacco industry uses to target populations that may be more sensitive to higher prices of tobacco, especially youth, are promotional offers. Price promotions make tobacco and nicotine products more affordable to people with fewer economic resources.³³ Price promotions are often used to combat public-health driven price-increase initiatives such as minimum price laws and excise taxes.

- Price promotions are relatively common in the retail environment. A 2008 California survey found that 90% of retailers participated in a price promotion or had a merchandising contract with a tobacco company.³⁴
- Stores that participate in promotions tend to have lower prices because of these promotions.³⁵
- Youth who had more access to price promotions were more likely to move from experimentation to regular smoking.³⁶

Studies show that when the price of tobacco is raised, it reduces overall consumption among youth.

Eliminating price promotions is one tactic that could be used to reduce inequities in tobacco use and health-related outcomes.³⁷

The tobacco industry knows that price increases have a negative impact on sales given that youth and smokers of color are more price-sensitive.³⁸ The industry therefore employs multiple tactics to keep prices low: lower wholesale prices, multi-pack discounting, and price discounts. Retailers located in communities of color tend to market cheaper cigarettes or provide more buy-one, get-one deals than in white communities.³⁹

THE INCREASING PRESENCE OF OTHER TOBACCO PRODUCTS IN STORES

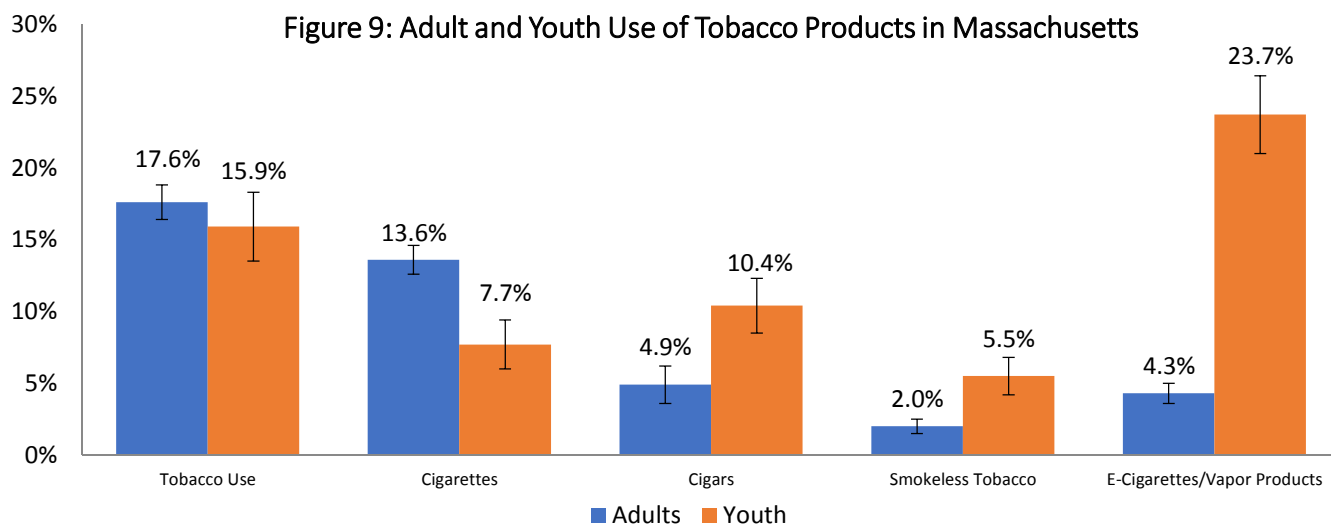
Flavored tobacco products, including little cigars, smokeless tobacco and e-cigarettes or vaping products, have become prevalent in the retail environment. This dramatic upsurge in flavored “other tobacco products” is occurred following The Family Smoking Prevention and Tobacco Control Act (2009), which prohibited the sale of flavored cigarettes because these products were attractive to youth. The U.S. Food and Drug Administration and the U.S. Surgeon General consider flavored tobacco products to be “starter” products for youth which can lead to long-term addiction. While the FDA has ruled that cigarettes cannot be flavored, no such federal regulations apply to other tobacco products.



The largest cigarette manufacturers purchased existing cigar brands, developed a wide array of flavors, wrapped them individually in colors attractive to youth, and priced them for as low as 49 cents each.⁴⁰

As a result, tobacco industry spending on advertisements for these other products has increased, and advertisements for these products are often not subject to the same regulations that apply to cigarettes ads.⁴¹

In conjunction with this rebranding and marketing, Massachusetts saw a rise in the use of other tobacco products, including cigars, by youth, even as youth use of cigarettes declined. Without exception, youth use of other tobacco products such as cigars/cigarillos, smokeless tobacco and electronic cigarettes/electronic vapor products, exceeds adult use of these products (Figure 9).



Most high school youth who currently use tobacco products indicated that they initiated on a flavored tobacco product. In a survey of more than 3,500 high school youth from 5 Massachusetts communities in 2016-2017, 64% reported that the first tobacco product they tried was flavored.



79.8% of current tobacco users reported using a flavored product in the past 30 days (MYHS 2017).

82.9% of current e-cigarette users reported using a flavored product in the past 30 days (MYHS 2017).

THE INCREASING PRESENCE OF OTHER TOBACCO PRODUCTS IN STORES

After 2009, electronic cigarettes (e-cigarettes) and other electronic vaping devices also began to fill the void left by flavored cigarettes. In the past, these products were primarily promoted as cessation aids and were typically sold for higher prices. However, newer and smaller companies have emerged, selling cheap, flavored electronic nicotine delivery products – such as e-cigarettes, e-hookahs, e-pipes, vape pens, juuls, and more.

Like combustible tobacco products such as cigars or smokeless tobacco, these electronic nicotine delivery devices are cheap, come in a variety of flavors, and are easy to obtain at local convenience stores and corner stores.

In 2015, nearly half of Massachusetts high school youth reported ever trying an e-cigarette or electronic vaping device.

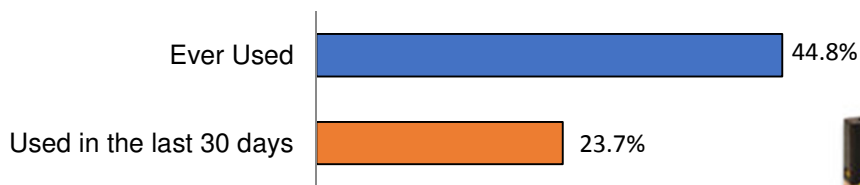


Figure 10: Use of E-Cigarettes by MA High School Youth, 2015



POLICIES AND STRATEGIES FOR MINIMIZING THE IMPACT OF TOBACCO RETAIL DENSITY ON TOBACCO USE AND COMMUNITY HEALTH

Reducing tobacco retail density is an environmental justice issue. Changing the physical environment where people live, work, and play can lead to positive impacts on health.

RETAIL LICENSING

Massachusetts has a state law requiring retailers to obtain a license to sell tobacco. This allows the state to suspend or revoke licenses if retailers violate state or local laws. This also allows for local enforcement and provides communities with the ability to set limits on the location and number of tobacco retailers

- An annual permit fee that reflects the municipal cost of issuance, enforcement and renewal may result in lower retailer density as stores with small tobacco sales may choose to cease selling tobacco.
- Licensing provides a way for cities and towns to issue permit suspensions for those retailers who repeatedly violate local tobacco sales policies.
- Local licensing, or permitting, provides an accurate list of who is selling tobacco or vape products within the city or town borders.



POLICIES AND STRATEGIES FOR MINIMIZING THE IMPACT OF TOBACCO RETAIL DENSITY ON TOBACCO USE AND COMMUNITY HEALTH

CAPPING

Retail permit “capping” limits or reduces the number of tobacco retail licenses (or permits) that are available in a given municipality. Capping is a long term strategy to reduce tobacco retail density and exposure to tobacco and nicotine products, as well as marketing.

- ! In 2010, Santa Clara County, California prohibited any tobacco retailers within 1,000 feet of a school or within 500 feet of another tobacco retailer. As a result of this new capping policy, nearly one-third of current tobacco retailers decided to end their tobacco sales and 73% of surveyed residents supported prohibiting tobacco sales within 1000 feet of a school.⁴²

Capping is an equity strategy. As low-income communities and communities of color have disproportionately high number of retailers, capping can be used to mitigate the oversaturation of the tobacco retail presence and targeting in these communities.

Density strategies, such as capping, could apply to emerging tobacco and nicotine retailers such as adult-only vape shops, or tobacconists by further limiting the number of “Adult-Only Retail Tobacco Stores” within the general permit cap policy. As of June 2018, 100 municipalities in Massachusetts have implemented a capping policy, limiting the number of tobacco retailers in their communities.

PHARMACY BAN

Policies that prohibit the sale of tobacco products in healthcare institutions, such as pharmacies, can work to reduce retail density. Pharmacy bans eliminate tobacco sales in pharmacies and lessen the total number of tobacco retailers in a community. Pharmacy bans are especially important as the sale of tobacco products in pharmacies is incompatible with the inherent mission of institutions designed to provide health care or health-related products.

- Cities in Massachusetts and California that have implemented a pharmacy ban saw a three times greater reduction in tobacco retail density than cities that did not.⁴³
- Although pharmacies are supposed to be health institutions, they accounted for 5% of all cigarette sales in 2005-2008.⁴⁴



CVS Pharmacy voluntarily stopped selling tobacco products in 2014, citing a conflict with the mission of the retail chain to help people achieve better health. Additionally, public support is typically high for policies that eliminate sales of tobacco in pharmacies.

- ! A 2014 survey showed that 2/3 of Americans supported the removal of tobacco from pharmacies. Among younger adults, 66% favored a pharmacy ban, including half of young adult smokers.⁴⁵

As of June 2018, 160 municipalities in Massachusetts have implemented a policy prohibiting the sale of tobacco in pharmacies.

Several municipalities (175) in Massachusetts have a similar policy that prohibits the sale of tobacco in educational institutions, including retailers that operate on the property of an educational institution.

REDUCING TOBACCO INDUSTRY INFLUENCE IN THE RETAIL ENVIRONMENT

Addressing the availability of products and oversaturation of tobacco marketing inside retail stores is important to address through policy action, concurrent with strategies that aim to reduce overall retail density.

FLAVORED TOBACCO PRODUCT RESTRICTION

The flavored tobacco product restriction limits the sale of flavored tobacco products to adult-only retail tobacco stores. This policy changes the retail environment by reducing exposure and access to flavored tobacco products, which are particularly appealing to youth.

Nationally, many municipalities across the country have restricted the sale of flavored tobacco products including New York City, Chicago, Providence, RI, and several Florida localities.

An evaluation of NYC's flavored tobacco restriction policy found that there were significant declines in sales of flavored tobacco products post-restriction, and that odds of both flavored tobacco ever-use, and any tobacco ever-use among youth decreased 3 years after the policy.⁴⁶

As of June 2018, 103 municipalities in Massachusetts have passed a flavored tobacco product restriction. This policy covers 42.5% of youth-accessible retailers across the state.



Flavored products are attractive to youth users, and youth use of flavored products well exceeds that of adults.

Removing flavored tobacco products from youth-accessible retailers may reduce point of access of these products to youth, while also reducing exposure to these products and promotions.



Other Tobacco Products, such as cigars, cigarillos, blunt wraps, smokeless tobacco (snuff, snus, chew) and e-cigarettes, e-hookah, vaping devices and e-liquids are often sold in a variety of flavors that appeal to kids.

FRUITS: apple, grape, watermelon, berry, vanilla

ALCOHOL: wine, bourbon, mojito, scotch, pina colada

CANDY: chocolate, bubblegum, gummy bears, birthday cake



The 2009 Tobacco Control Act excluded menthol or mint in its definition of flavors. As a result, menthol and mint flavors are still widely available in both cigarettes and other tobacco and nicotine products. When used in cigarettes, the mint taste may work to reduce the "harshness" and irritation of smoking.⁴⁷

Minneapolis and St. Paul, Minnesota & San Francisco and Oakland, CA have included "menthol or mint" in their flavored product restrictions.

REDUCING TOBACCO INDUSTRY INFLUENCE IN THE RETAIL ENVIRONMENT



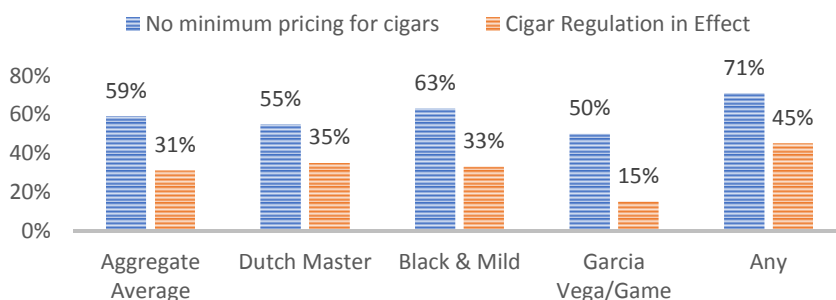
MINIMUM CIGAR PRICING AND PACKAGING

The cigar pricing and packaging regulation requires single cigars to be sold for at least \$2.50 and multi-packs of 2 or more cigars to be sold for at least \$5.00.

As of June 2018, 152 municipalities have passed a cigar policy, covering 58% of tobacco retailers in Massachusetts.

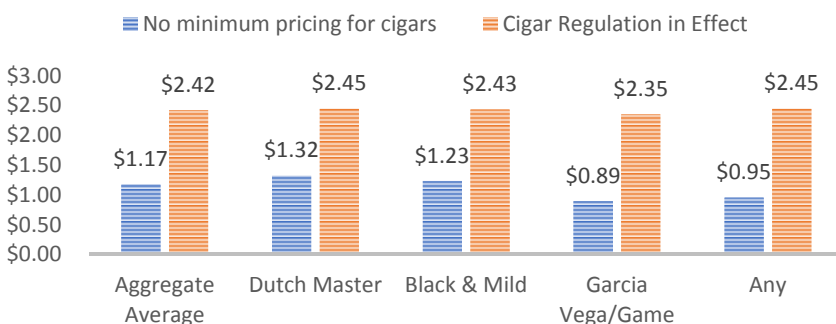
The cigar minimum price and packaging policy has changed the retail environment by increasing the price of single cigars. Communities with this policy have also seen a reduction in the availability of single cigars

Figure 11: Single cigar availability in Massachusetts, FY14



In Fiscal Year 2014, only 45% of retailers in communities with a cigar policy carried single cigars compared to 71% of retailers in communities without the policy (Figure 11).

Figure 12: Single cigar pricing in Massachusetts, FY14



Additionally, the average price of single cigars in communities with the cigar policy is significantly higher than single cigars in communities without the policy (Figure 12).

COMPREHENSIVE APPROACH TO IMPROVING COMMUNITY HEALTH

The role of the built environment has a complex, multi-factorial effect on health. Similarly, the tobacco retail presence, both the number of retailers and the environment inside the retail establishment, serves to normalize tobacco use and influences tobacco and nicotine use and quitting behaviors among youth and adults. Tobacco retail density is a social justice and equity issue, as there tends to be greater concentration of retailers, tobacco availability and marketing in communities of color and low-income communities.

Policies that address density, price, and availability at the point-of-sale are essential to reduce the accessibility, and consumer use of tobacco products. Utilizing a multi-prong policy approach to address the tobacco retail environment will allow municipalities to combat tobacco industry tactics and strengthen community health.

APPENDIX: Massachusetts Data Sources

Several Massachusetts specific data sources were used to provide data in this report.

Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) is an annual phone survey of Massachusetts adults that looks at health-related behavioral risk factors, chronic health conditions, and use of preventive services. All data in BRFSS is self-reported by respondents. People who chose to participate in the survey may be different from those who do not participate. As BRFSS is conducted through telephone, the sample may not adequately capture those who are institutionalized, incarcerated, or live in places or households that do not have a telephone. Those with severe limitations or disabilities may be unable to participate.

Massachusetts Youth Risk Behavior Survey (YRBS) is an in-school survey that collects data on major health risk behaviors of Massachusetts high school youth. Surveys are conducted in randomly selected public high schools every odd year. This anonymous survey includes questions about tobacco use, alcohol and other drug use, sexual behaviors that might lead to unintended pregnancy or sexually transmitted disease, dietary behaviors, physical activity, and behaviors associated with intentional or unintentional injuries. This sample does not capture youth who do not attend public schools.

Massachusetts Youth Health Survey (YHS) is an in-school survey that collects health data from Massachusetts youth in grades 6 through 12. The MYHS is conducted by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Department of Elementary and Secondary Education (DESE) in randomly selected public middle and high schools every odd year. This anonymous survey asks questions on current health status, health risk behaviors and protective behaviors.

Massachusetts Tobacco Cessation and Prevention (MTCP) Program Youth Surveys

In 2015, the MTCP was awarded a CDC competitive grant to conduct surveys of both retailers and youth to evaluate the impact of a flavored tobacco restriction of flavored tobacco availability and youth use and initiation. Baseline and follow-up surveys were administered in 5 communities in 2015 and 2016. Baseline surveys were all completed before the implementation of a flavored tobacco restriction. Data in this report uses baseline data from Massachusetts high schools in 5 communities. These five communities are not representative of the youth population of the whole state. Numbers should be interpreted with caution. However, these surveys ask questions about flavor product use, initiation, and frequency of visiting stores which are metrics that are not captured in statewide youth surveillance systems.

Retailer Data Management System (RDMS)

In Massachusetts, tobacco retailers are required by law to have licenses to sell tobacco. Funded Board of Health programs conduct enforcement and inspection activities in retailers across the state, collecting data such as location and type of retailer, and data on pricing and availability of several products.

Pricing Survey

As part of inspection activities, MTCP funds Board of Health programs to conduct a pricing survey in tobacco retailers in funded communities across the state. Pricing data is collected quarterly in a random sample of retailers over one fiscal year, until data collection is complete for all retailers. John Snow Inc (JSI) conducts pricing surveys in unfunded communities. Data collected includes: price per pack of five cigarette brands and price and multi-pack prices of cigar/cigarillo brands and pricing and availability data for various electronic products.

Regulations Database

In Massachusetts, each municipality (351) has a Board of Health that has the authority to pass local health regulations. MTCP funded partners and field staff keep track of local ordinances passed in municipalities around tobacco control including minimum sale age laws, flavored product restrictions, minimum cigar pricing and packaging, capping and pharmacy bans. This data, including passage data and enforcement data, are tracked in an Access Database.

A Note About Images

All images of the retail environment were taken in four communities in Massachusetts in July 2017. At the time of the photographs, two communities did not have flavor or cigar regulations and two communities did. Photograph of CVS shelf space after tobacco was removed is from: <http://redwoodbark.org/2014/03/05/local-health-leaders-praise-cvs-tobacco-decision/>

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