



POINT-OF-SALE STRATEGIES TO ADDRESS ACCESS AND EXPOSURE TO TOBACCO PRODUCTS

POINT-OF-SALE (POS) STRATEGIES TO REDUCE THE AVAILABILITY AND APPEAL OF TOBACCO PRODUCTS MAY INCLUDE ADDRESSING THE MARKETING AND AFFORDABILITY OF THESE PRODUCTS THROUGH RESTRICTIONS ON THE POINT-OF-SALE TOBACCO ADVERTISING, PROMOTION (INCLUDING PRICE PROMOTIONS), DISPLAYS, AND PLACEMENT; THE SALES OF SPECIFIC TYPES OF TOBACCO PRODUCTS (E.G., FLAVORED PRODUCTS); AND TOBACCO RETAILER LOCATION AND DENSITY.^{79-81,*}

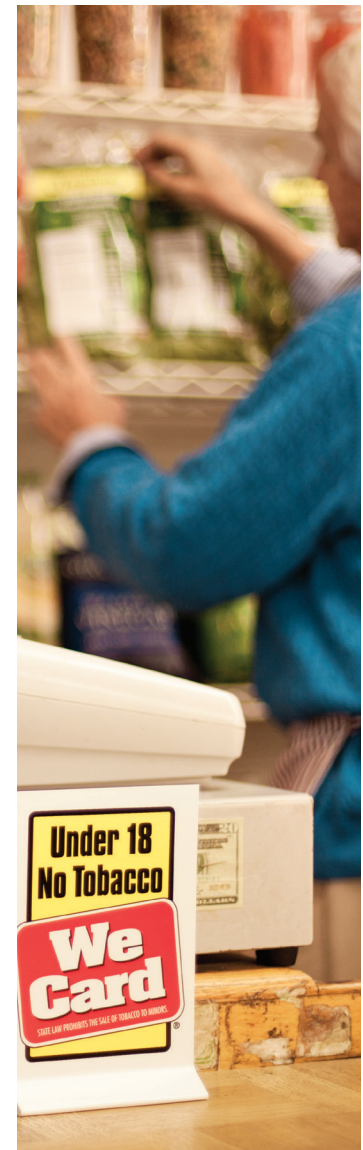
MAKE THE CASE:

Why Is This A Health Equity Issue?

The issues below highlight the need for POS strategies that advance health equity:

- **Different Exposure to POS Advertising and Targeted Marketing:** Studies have consistently shown that low-income communities⁸² and communities of color are more heavily exposed to POS tobacco advertising than other communities.^{83,84} Additionally, such advertising may be targeted to or disproportionately impact certain population groups. For instance, the messaging used in marketing menthol cigarettes has been culturally tailored and targeted toward communities of color, especially African Americans.⁸⁵
- **Placement of and Price Discounts on Tobacco Products:** Tobacco companies have used a variety of point-of-sale strategies to place tobacco products prominently in the retail environment and keep these products affordable.⁸⁶ For example, in 2011, the tobacco industry spent an estimated \$8 billion, or nearly \$23 million per day, on cigarette advertising and promotional expenses in the United States alone. Approximately 84% (or nearly \$7 billion) of this expenditure was spent on price discounts to cigarette retailers or wholesalers to reduce the price of cigarettes to consumers.⁸⁷ A placement strategy may include placing tobacco products (e.g., cigarillos, cigars) next to candy or within the view of children and youth.⁸⁸ Additionally, tobacco companies may deeply discount their products in stores in lower-income communities and require targeted placement of signs advertising lower prices in these stores.⁸⁹ Youth and low-income individuals may be particularly sensitive to prominently placed, inexpensive tobacco products.^{79,90}
- **Greater Density of Tobacco Retailers in Underserved Communities:** Research has shown that tobacco retail outlets are more heavily concentrated in low-income communities and communities of color than in higher income communities.⁹¹⁻⁹⁴ This makes tobacco products more readily accessible, potentially increasing consumption.⁹⁴

***Note:** The Tobacco Control Act preserves the authority of state, local, and tribal governments to regulate tobacco products in certain specific respects. It also prohibits, with certain exceptions, state and local requirements that are different from, or in addition to, requirements under the provisions of the FDCA relating to specified areas.



Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating POS strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
<p>RESOURCE & FUNDING LIMITATIONS</p> <p>Prioritize and prepare resources for communities in greatest need</p>	<p>Underserved communities may have fewer resources to implement POS strategies. Additionally, such communities may have other priorities that make it difficult to implement tobacco control initiatives.</p>	<ul style="list-style-type: none"> • Conduct assessments to examine tobacco retail density, the amount of POS advertising, and tobacco-related health disparities. • Prioritize intervention efforts to address areas with greatest need. • Engage partners who can provide technical assistance to identify viable POS strategies and overcome barriers. • Participate in community coalitions and events in order to understand community priorities, align POS efforts with those priorities, and educate and mobilize the community around these efforts.
<p>ECONOMIC STABILITY</p> <p>Support retailers when implementing POS strategies</p>	<p>Underserved communities, which can have disproportionately high concentrations of tobacco retailers, may oppose POS strategies due to concerns about the potential financial effects on local businesses.</p>	<ul style="list-style-type: none"> • Find creative mechanisms to support retailers that are implementing POS strategies. • Establish programs that may help retailers transition from relying on sales of tobacco product to selling healthier products (e.g., Healthy Food Financing,⁹⁵ healthy corner store initiatives⁹⁶).
<p>COMMUNITY AWARENESS</p> <p>Build community awareness and skills to counter tobacco advertising</p>	<p>Tobacco product displays and POS advertising may distort perceptions of the pervasiveness of tobacco use among adolescents,⁹⁷ increase the likelihood of youth smoking initiation,^{97,98} and may prompt impulse buys (e.g., among smokers who are trying to quit).⁹⁹</p>	<ul style="list-style-type: none"> • Increase community awareness of industry marketing tactics to help people critically assess the advertising they see around them. • Work with media outlets serving specific population groups to reinforce positive messaging and to counter any negative effects of tobacco marketing.
<p>VARIABLE IMPLEMENTATION & ENFORCEMENT</p> <p>Support Implementation and Enforcement of POS Strategies, particularly in communities with tobacco-related inequities.</p>	<p>Disparities may increase if POS strategies are not fully implemented or enforced in communities with high smoking rates or social norms that support tobacco use.</p>	<ul style="list-style-type: none"> • Consider developing implementation plans to support consistent and equitable policy compliance. • Consider establishing processes for accountability and gathering feedback from all communities affected by the policy.

Build the Team: Partnership for Success

Successful efforts to implement POS strategies in communities with tobacco-related disparities depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Community members (of diverse abilities, ages, cultures, gender, income levels, race/ethnicity, and sexual orientation)
- Healthy food retail groups
- Leaders and community champions from multiple sectors
- Local governments
- Local store owners
- Public health agencies
- Public Works Department
- School districts, universities, and community colleges
- Senior Centers
- State tobacco control programs
- Tobacco control groups (including groups representing populations experiencing health disparities)
- Youth volunteers/coalitions
- Zoning and Planning organizations



HEALTH EQUITY IN ACTION

Citywide Restrictions Tackle Flavored Tobacco Products

New York, NY

“The price point for entry into the world of tobacco is one dollar.” Kevin Schroth, Senior Legal Counsel for Policy, at New York City’s (NYC) Department of Health and Mental Hygiene was describing sales of single, flavored cigarillos and little cigars. These inexpensive alternatives to cigarettes are heavily marketed in stores in low-income and minority urban neighborhoods. These products are often flavored, come in brightly colored packages, and are prominently placed in stores next to gum and candy—all features that make them appealing to children and youth.

“Kids spend twice as much time in convenience stores as adults,” said Schroth. “It’s not a coincidence that these flavored tobacco products look similar to other products marketed to kids.” The point-of-sale marketing of these products contribute to perceptions among youth that these products are easily accessible and that their use is acceptable and cool.

The health department partnered with the New York City Coalition for a Smoke-Free City and community-based organizations such as Korean Community Services, which serves an Asian population with high smoking rates. Together, with support from state and city funds, they educated community stakeholders about the health risks associated with flavored non-cigarette tobacco products. In 2009, the NYC City Council passed a law that restricted the sale of flavored non-cigarette tobacco products, with the exception of menthol, mint, wintergreen, and tobacco-flavored products, in stores throughout the city, with the exception of tobacco bars. The strategy is part of a comprehensive approach to protect all residents, especially impressionable youth, in all New York City communities from tobacco industry marketing. The example has motivated other local jurisdictions, such as nearby Providence, Rhode Island, to implement similar measures.



Tobacco-Free Pharmacies Promote Health for All

San Francisco, CA

Many people go to pharmacies to purchase medications and other items to improve their health. Why then do many major pharmacy chains and independent pharmacies sell tobacco products which contribute to severe health effects? The California LGBT Tobacco Education Partnership (the Partnership) saw this discrepancy as an opportunity to decrease the widespread availability of tobacco products.

With the high rates of smoking within the LGBT population, the Castro District (historically considered the center of San Francisco's LGBT communities) was the Partnership's priority location in its attempt to eliminate tobacco sales in pharmacies. The Partnership strategically engaged independent pharmacies that were already tobacco-free, acknowledging them with certificates. These pharmacies also educated community stakeholders on the benefits of tobacco-free pharmacies. In addition, a public opinion survey of smokers and nonsmokers assessed the need for tobacco-free pharmacies.

To ensure that every San Francisco resident, not only those living in the Castro District, has access to tobacco-free pharmacies, the Partnership, with

support from the California Department of Public Health, Tobacco Control Program and others, implemented a citywide strategy. Working with diverse partners, including the San Francisco Tobacco-Free Coalition, the University of California at San Francisco School of Pharmacy, and the Board of Supervisors, the Partnership made a compelling research-supported argument that pharmacies should be hubs for health, and that this role was inconsistent with selling tobacco products. Even in the face of opposition from some local media outlets and national retailers, the Partnership remained focused on the message that health for all should be the priority.



On October 1, 2008, San Francisco became the first city in the United States to eliminate the sale of tobacco products in its pharmacies (through changes to the Health Code), affecting an estimated 100 pharmacies and all 805,000 city residents. The policy's success has inspired similar efforts in cities from nearby Richmond, CA to Boston, MA. As Bob Gordon of the Partnership stated, the policy has "changed a social norm around the availability and accessibility of tobacco products in San Francisco. That alone is an amazing outcome."