



- Retail Policy Activity
- Barriers
- Opposition & Preemption
- Store Assessments
- Resources
- COVID-19

Tobacco Retail Policy Trends in 2022

Insights from
the Field

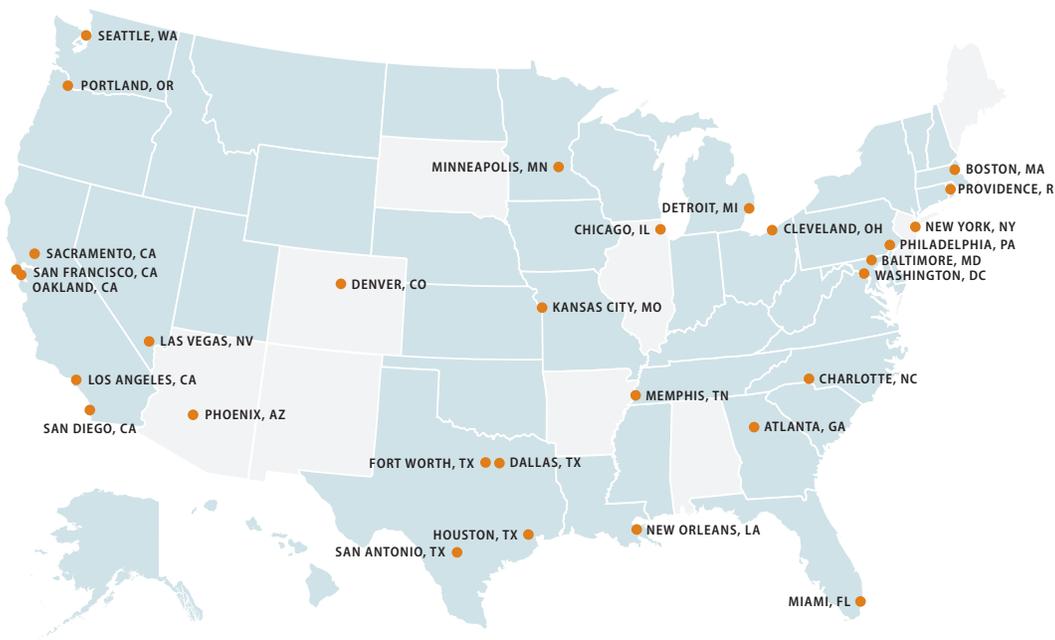
Overview

Between March and May 2022, we interviewed tobacco control program managers or coalition members in each of the 30 ASPiRE Community Advisory Board (CAB) cities for the second time (first round was in 2019) about their retail policy efforts. We also conducted a second online survey of state tobacco control program managers in all 50 states. Twenty of the 41 states that responded also host CAB cities.

We collected data on what has changed since 2019 in **Retail Policy Activity**, **Barriers** and **Opposition** to policy efforts, use of **Store Assessments**, and helpful **Resources**. We also asked about the effects of the **COVID-19 pandemic** on retail policy efforts. We then compiled and translated the information into six user-friendly reports intended for a broad audience of partners working in the tobacco* retail policy arena. We also looked at differences across cities with different levels of retail policy activity. See “About these data” below for how we categorized cities into high-, moderate-, and low-policy activity categories.

*In this set of report briefs, *tobacco* means *commercial tobacco*. Commercial tobacco means harmful products that are mass-produced and sold by tobacco companies for profit. It does not include the traditional use of tobacco by Indigenous groups for religious or ceremonial purposes.

Map of ASPiRE CAB city interview participants (●) and state online survey participants (■)



The ASPiRE Center is building a strong scientific evidence base for effective policies in the retail environment to help reduce tobacco use, tobacco-related disparities, and the public health burden of tobacco, including cancer.

We are working to...

- Fill gaps in the evidence about how different aspects of the retail environment—such as retailer density—affect tobacco use and disease.

- Investigate the potential of different retail policies to reduce tobacco use and increase cessation, especially for population groups with the highest rates of tobacco use.

- Help communities implement scientifically sound, legally defensible, and practically feasible retail policies by translating and sharing evidence about what works.

About these data: We conducted a first wave of interviews and surveys in the Spring/Summer of 2019 (see our previous [Insights from the Field briefs](#) for results of that data collection). For the second wave, we virtually interviewed tobacco control program managers or coalition members in each of the 30 ASPiRE cities between March 16 and May 13, 2022. We also conducted a second online survey of state tobacco control program managers in all 50 states. Forty-one states responded in 2022 (82%), 20 of which also host CAB cities. We coded themes from narrative responses with at least two independent coders and reached consensus through discussion. We categorized cities into high-, moderate-, and low-activity policy categories by assigning scores on each of 22 policies (0-4 for no activity, planning, proposed, passed, and implemented). The National Cancer Institute of the National Institutes of Health supported this research under Award Number P01CA225597 for ASPiRE (Advancing Science & Practice in the Retail Environment).

What's changed?

Here are the **top changes** in retail policy efforts from 2019 to 2022 in ASPiRE CAB cities.

- **The number of retail policies reported in 2022 grew by 20% (98 in 2022 compared with 82 in 2019)**

As in 2019, the top three implemented policies are retailer licensing, Tobacco 21, and flavor restrictions.

- **More cities use data and evidence to advance retail policy efforts**

After three years participating in the ASPiRE CAB, cities at all levels of policy activity increasingly used data and evidence to support retail policy efforts. More than twice as many cities noted using data and evidence in 2022 as in 2019.

- **Small business impacts top the concerns of decision makers**

Lack of political will to address tobacco industry influence in the retail environment was a top barrier in 2019, but was reported even more frequently in 2022. Policymakers were especially concerned about the economic impact on small businesses, especially after COVID-19. The tobacco industry tried to use decision maker concerns to their advantage, focusing opposition to retail policies on suggesting that efforts would put retailers out of business.

- **Coalitions & data essential to overcome opposition**

Cities used many strategies to try to overcome industry opposition. In 2022, more cities mobilized coalition support and used data to overcome industry challenges.

- **Cities look for examples among their peers**

In 2022, cities more frequently mentioned looking to neighboring cities or others with similar demographics for models of retail policy work, as well as those most active in retail policy.

- **Cities need a wider variety of resources**

Cities reported needing a wider variety of future resources than in 2019. Evidence of effectiveness and case studies were still frequently noted, but cities also wanted more data, expert education, capacity, advocacy, and policy tracking information.

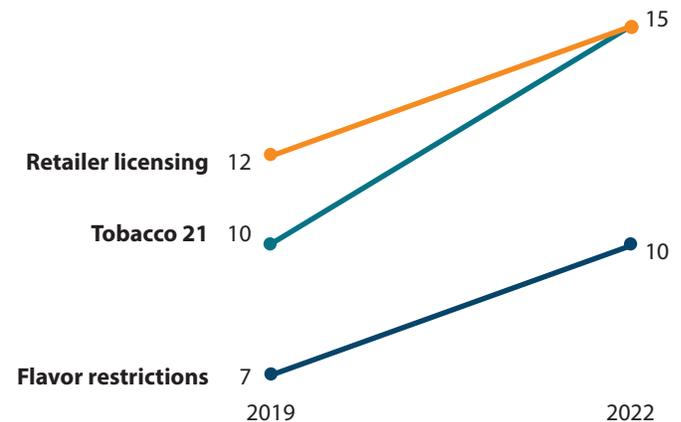
- **Retailer compliance, repeat offenders challenge cities**

Deliberate non-compliance by retailers was a frequently reported enforcement challenge experienced by cities in both 2019 and 2022. Often these retailers are repeat offenders who have been non-compliant for years.

- **COVID-19 delayed enforcement and evaluation and resulted in staff redeployment**

COVID-19 stopped enforcement and evaluation activities due to stay-at-home orders or safety concerns. As a result, cities reported not having a good sense of what was happening in retail stores. Staff were also pulled completely from their tobacco control duties for pandemic response. When turnover happened, cities were unable to fill open positions. Lack of staff capacity is now the top challenge to enforcing retail policies. *(See page 19 for the full COVID-19 brief.)*

CAB cities implemented **more policies from the same top 3 policy types** from 2019 to 2022



■ Returning to “normal” hasn’t been easy

Cities reported difficulty shifting their focus and that of lawmakers back to retail policy. As a result, policies that were close to the adoption phase shifted back to research and planning. The product landscape has also changed, and lack of enforcement and evaluation has made it difficult for cities to catch up. The long-term impacts of these challenges to capacity and focus are still being discovered.

- “ It absolutely has changed our work. Things that we may have been able to tackle in the near or midterm have now again become long term—policy research, analysis, and then, hopefully, advocacy and implementation.
- “ It’s really hard to switch back and wrap your head around all this stuff. When you were 195% doing vaccinations and boosters just a couple weeks ago, you know? It was a really intense two years.
- “ I’m hopeful that things are slowly getting back to somewhat normal. But I think COVID has affected us all in ways that we don’t even know about right now. And I’m not sure what the lasting effects of that are going to be.

A View from the States

We also surveyed state-level tobacco control program managers about retail policy activity.

Here’s what changed at the state level.

Lack of political will, preemption, and enforcement issues continued to top the list of barriers to retail policy and were reported by even more states in 2022.

“ Lack of policymaker interest at the local and state levels.

States report **widespread staffing challenges** that affected retail policy in many ways, including delaying adoption, implementation, and evaluation.

“ For tobacco retail licensing, our implementation timeline is ambitious with the hiring and staffing challenges we experience at the state.

While national and state partners continued to be among the most helpful resources to advance retail policy, in 2022 states also reported **policy & legal advice** and **data & evaluation** as useful.

“ Technical assistance from the Public Health Law Center has been one of the best resources.



Retail Policy Activity

There are approximately **28 tobacco retailers for every one McDonald's** in the United States.^{1,2} Cities and states are focusing on retail policy solutions to reduce tobacco use in their communities, but much more work remains.

We asked tobacco control practitioners in the 30 ASPiRE cities about their retail policy work and its priority in strategic plans. Here's what we learned...

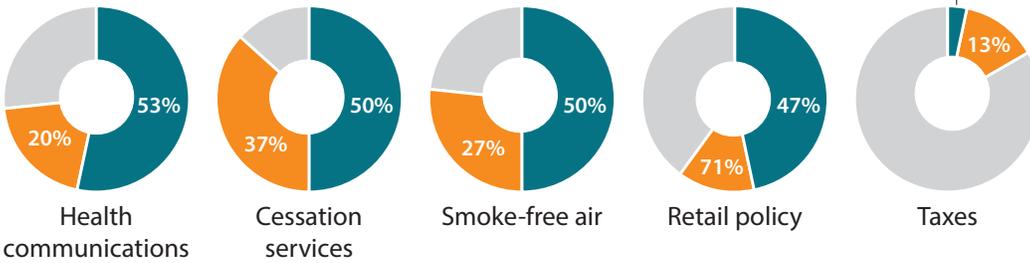


Cities prioritized tobacco retail policy.

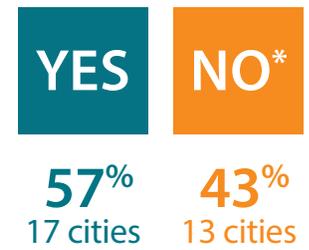
Most cities placed a high or moderate priority on retail policy and included it in their strategic plan.

Level of priority placed on different areas of tobacco prevention & control

■ High ■ Moderate ■ Low, none



Proportion of cities that include retail policy in their strategic plan



*includes 3 unsure



Polls showed support for retail policy, particularly among the public.

Over 50 percent of cities reported polling the public or policymakers about retail policy. These cities reported generally strong support from the public and moderate support among policymakers.

9 cities polled members of the public only



3 cities polled policymakers only



5 cities polled both members of the public & policymakers

Level of support from the public and policymakers



1. Centers for Disease Control and Prevention. State System Licensure Fact Sheet. Available at: <https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html>
2. Restaurant Business Online. McDonald's added U.S. restaurants last year for the first time since 2014. Available at: <https://www.restaurantbusinessonline.com/financing/mcdonalds-added-us-restaurants-last-year-first-time-2014>



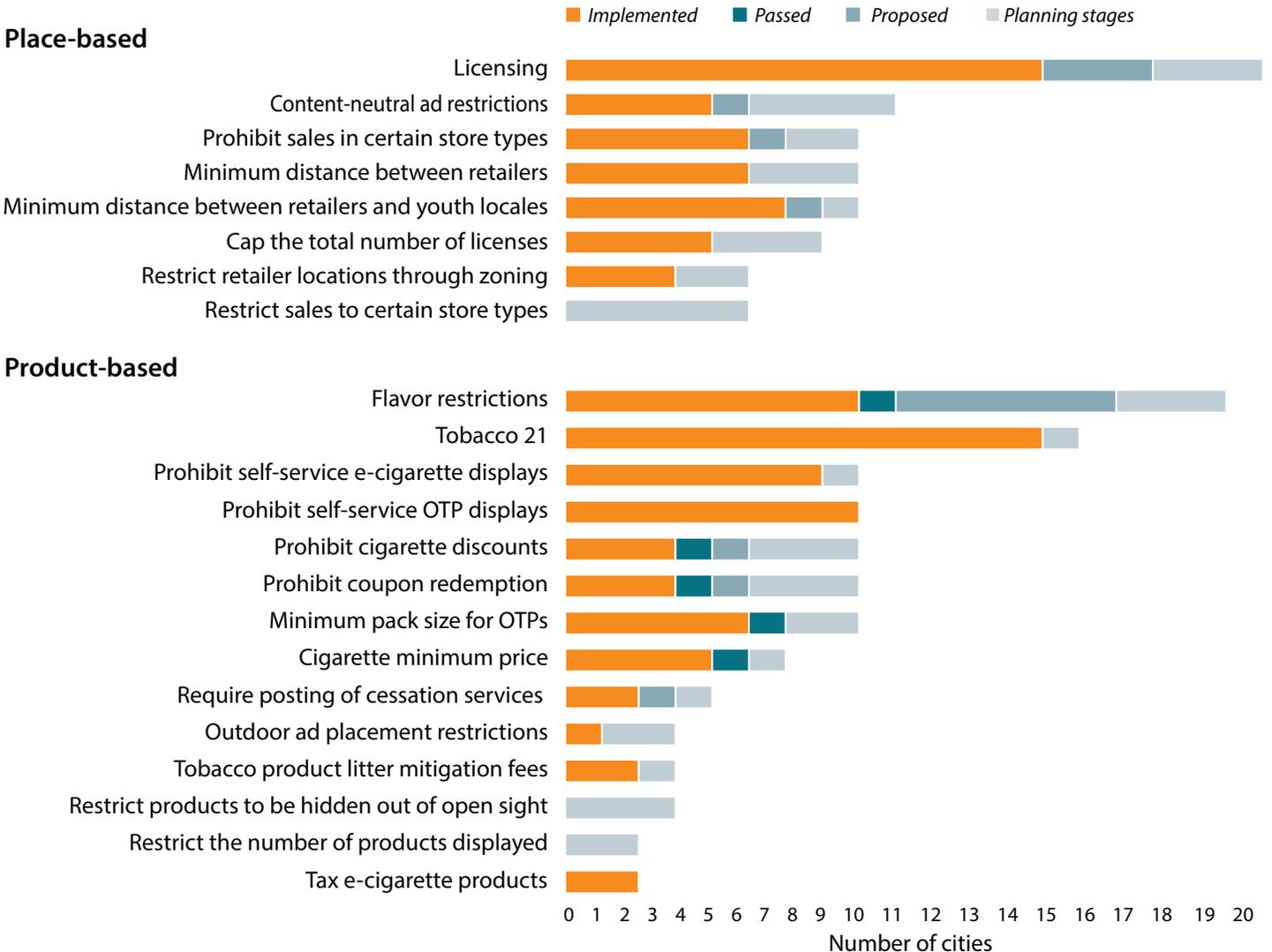
Cities were most active in licensing, flavor restrictions, and Tobacco 21 policies.

CAB cities most often passed or implemented **retailer licensing, flavor restrictions, and Tobacco 21 policies**. Other popular policies included restricting self-service e-cigarette or OTP displays and policies requiring retailers to be a certain distance from youth locales.



Ad from Multnomah County Don't Be Fooled Campaign. Source: Multnomah County Health Department

Local retail policy activity in 30 ASPIRE cities, 2022



NOTES: OTP = Other Tobacco Products. All policies are at the local level. For each environment, policies are listed from most to least activity. For policies that are now also in place at the state or federal level, localities get credit if their policy was in place before the higher jurisdiction or if they have a stronger or separate policy in place or in development at the local level.

A View from the States

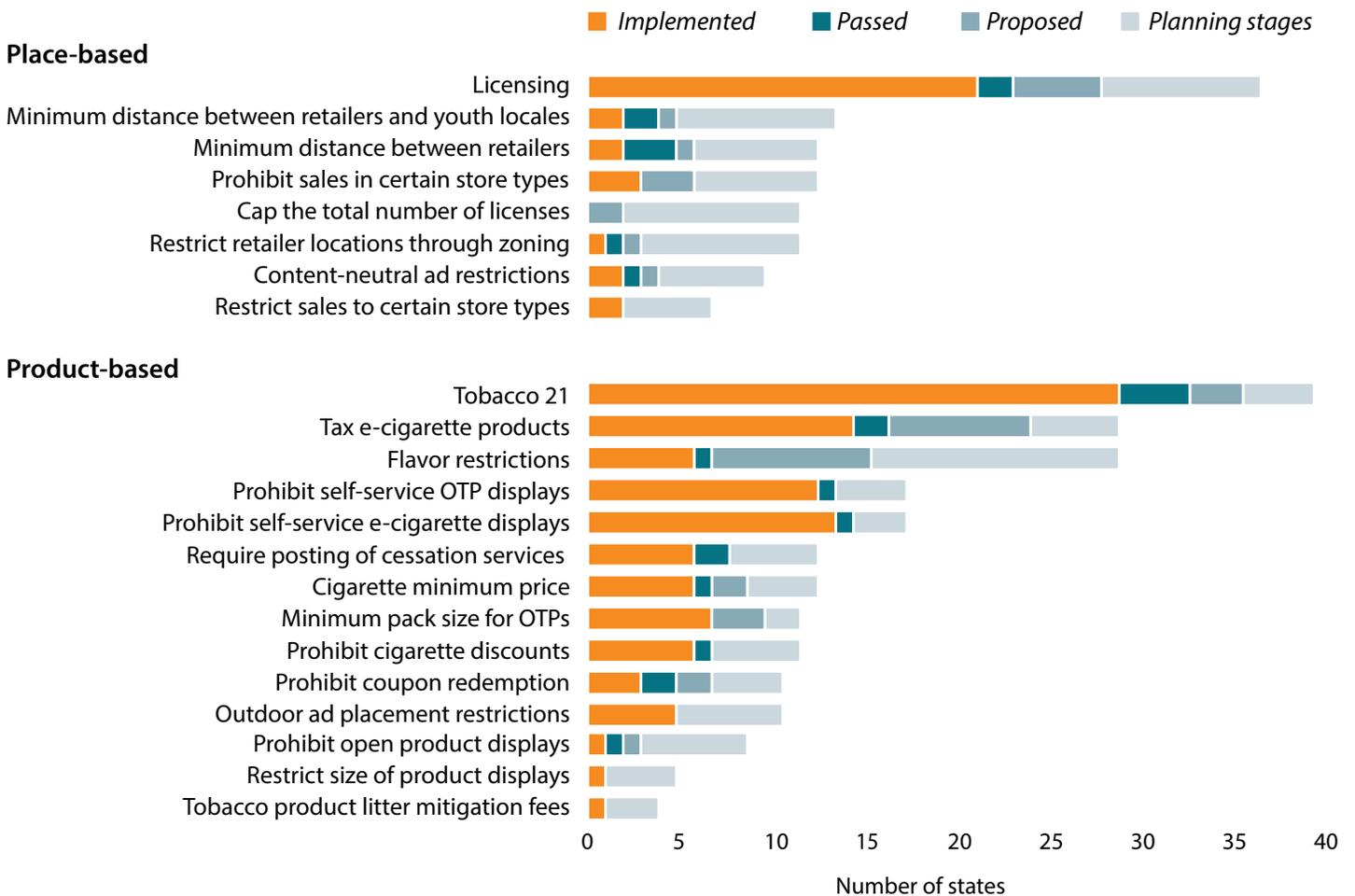
We also surveyed state-level tobacco control program managers about retail policy activity.

Here's what states were working on...

As with cities, over half of responding states (32 of 41) **placed a high or moderate priority on retail policy**, and almost all (38 of 41) included it in their strategic plans.

Retailer licensing and Tobacco 21 were popular among both states and cities, but states were more active in working to tax e-cigarette products and cities were more focused on policies to restrict flavored products.

U.S. state-level retail policy activity in 41 states, 2022



NOTES: OTPs = Other Tobacco Products; In 5 states, 2 individuals submitted separate responses to the survey, and in those cases where policy stage responses differed, the highest policy stage was used.

Barriers

Tobacco companies spend **nearly \$1 million an hour** to advertise and promote tobacco products in retail stores.¹ Advocates working to reduce the deadly effects of these products on their communities face challenges at every step in the policy process.

We asked tobacco control practitioners in 30 ASPiRE cities about barriers to adopting and enforcing tobacco retail policies. Here's what we learned...



Lack of political will was the greatest roadblock to policy adoption.

Lack of political will was the most common barrier cities experienced to advancing retail policies.

LACK OF POLITICAL WILL: Limited or no committed support among key decision makers to address policy problems or for particular policy solutions.

“ We are struggling with how to support businesses in replacing that revenue that would be lost from tobacco sales. So I think that it's not something that has shut down policy initiatives, but it is something we need to consider as we lead through this and have some good ideas in place. I anticipate that's going to be the next biggest barrier, how do you do this and not seem anti-business? ”

“ There's been a real concern about small retailers and how they've been impacted by the pandemic. ”



Other barriers were varied and inconsistent across cities, which showed the multitude of barriers cities can face when working in retail policy. A few city respondents did note **industry opposition** as a key barrier.



Sign from St. Paul Coalition of Neighborhood Retailers opposing the proposed menthol restrictions in 2017. Source: Association for Nonsmokers Minnesota

1. Centers for Disease Control and Prevention. Economic Trends in Tobacco. Available at: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm



Limited staff, retailer non-compliance, and other challenges hindered enforcement.

Limited staff capacity for enforcement was the primary challenge noted by city respondents and it affected cities at all policy activity levels. Issues included **inadequate staffing levels**, **lack of training**, and **poor coordination** between tobacco control staff and the enforcement agency.

- “ Enforcement happens at the state level, which has limited staffing, two enforcement agents for the entire state. This also presents a challenge for new policies that require additional enforcement efforts.
- “ There isn't good communication between the planning department and the police department.
- “ The lack of experience on behalf of the staff with developing a licensing program has been just very challenging...Public Health was just used to collecting licensing fees and fees for birth certificates and death certificates...So we really had to start from scratch and that was a huge challenge.

“ There were changes in staffing [from COVID-19] at pretty much all levels within the program, as well as elsewhere within the county. Staffing changes, staff turnover, open positions, having difficulty filling. I currently have two open positions that have been open for almost a year for health educators.



COVID-19

Deliberate non-compliance by retailers was a common challenge noted by respondents from high-activity cities. Often these retailers are repeat offenders who have been in non-compliance for years.

“ I think that we have a far too large proportion of retailers that have no vested interest in following state and local tobacco sale laws. Having good surveillance and evaluation and strong routine multi-partner enforcement is critical.

All city respondents noted a **lack of enforcement activity**, either because enforcement is not prioritized or because cities don't have the authority to enforce policies.

- “ There's no enforcement mechanism, really, or capacity to enforce.
- “ We don't enforce, our tobacco control program has no enforcement authority.

Other enforcement challenges

City respondents noted a variety of other challenges, including:

- Industry actions to stop enforcement
- Difficulty enforcing "concept" flavor sales
- Lack of policymaker support for enforcement
- Navigating loopholes and exemptions

- “ It's tough, but the industry is smart. They have money to try to get around stuff.
- “ Trying to convince policy makers that resources for enforcement is an important issue. It's not as compelling sometimes in itself. Sometimes when we've seen the need for increased enforcement resources over the years, but we haven't necessarily been able to access them.

“ Just COVID related, again. We passed the policy and then shortly thereafter COVID hit. We went on hiatus for roughly a year and a half, when we were not conducting any inspections in the field.



COVID-19



Cities leveraged education and surveillance efforts to overcome barriers.

Cities at all policy activity levels **worked to overcome enforcement challenges**. Tobacco control staff **developed education materials** for retailers, enforcement officers, and decision makers. Some cities also **improved surveillance tools** like flavored product and licensing lists.

“ If you don’t have a good plan...I think the strike teams are good to help, but having a lot of education, a lot of times there’s a lot of staff turnover. And so making sure they’re even aware of the policies, especially when something’s new, is a big process. So most of our time was spent in educating [retailers].



Spanish-language outreach flyer from T21 Community Education Toolkit. Source: City of San Antonio Metropolitan Health District

A View from the States

We also surveyed state-level tobacco control program managers about retail policy activity.

Here’s what they had to say about the barriers to policy progress in their state.

Lack of political will was a key challenge for states, and was common across all policy activity levels. **Enforcement issues**, mostly due to low capacity, were also common across activity levels.

LACK OF POLITICAL WILL

- “ It’s much harder to gain the input and commitment to tobacco from key decision makers. There is less bandwidth among legal and business to support us and overall fatigue among key decision makers.
- “ Momentum needs to start at the community level so that will be a priority before conversations start at the state level.

ENFORCEMENT ISSUES

- “ In the past, city councils have delayed policy adoption and implementation because there were no interested enforcement entities.

Opposition & Preemption

Opposition from the tobacco industry, including vaping, and other groups, along with state-level preemption laws that limit local authority to regulate tobacco, **hamper local innovation in retail policy and can leave local partners virtually powerless**, with few or no options to address tobacco use.

We asked tobacco control practitioners in the 30 ASPiRE cities about opposition to tobacco retail policies and the impact of preemption laws. Here's what we learned...



Retailers & retailer associations challenged proposed policies.

As in 2019, opposition came most frequently from **retailers and retail associations** and focused on the potential for loss of sales. Retail representatives spoke at **city council hearings** and other public meetings and organized retailers to make public comments.

Compared to 2019, fewer cities mentioned experiencing opposition from the vaping industry. This may have to do with the type of policies they were pursuing.

- “ Local officials get a lot of pressure from retailer associations and from retailers saying, we can't regulate this product in this way, we need tobacco to survive.
- “ National advocacy groups were telling us that it was Big Tobacco that had paid for some local retailers to be advocates at city council. So they were there crying and “I'm going to go out of business and I'm going to have to fire people. That's going to put me out of business. You're enforcing this just in the city. I'm inside the city, but right across the street is outside the city, so that store is going to get my business.”
- “ We have a very strong coalition of retail merchants who are really vocal in opposing any and all tobacco retail policies. They are very effective at lobbying to city council, probably because they donate to many members in city council.



Community groups supported by the tobacco industry opposed retail policy efforts.

In a few cities, the tobacco industry **used community groups as their voice** to oppose to policies, especially menthol product restrictions.

- “ There was a lot of turnout from community groups related to the menthol piece and even trying to interject the issues of the safety and police interaction related to African Americans, as it relates to menthol and what strategies we use overcome them.



The tobacco industry aimed to stall policy action.

Half of the CAB cities, mostly those with higher policy activity, noted industry opposition. In several cities, the **industry argued that policies would put retailers out of business**. They also used a variety of other strategies, including:

- **Lobbying decision makers** and **making campaign donations**
- **Advocating for exemptions** to proposed policies
- **Funding ballot initiatives**
- **Conducting media campaigns**
- Suggesting that policies could **increase aggressive policy enforcement**



The tobacco industry bused in four buses worth of people from not only out of area, but also out of state, to come to the meeting. And with Zoom, we've absolutely had people that have called in not only locally, but also nationally, in opposition.



Arguments include worry about loss of business or livelihood, loss of revenue to the city, or they say that parents or schools should help their kids not smoke.



Cities used a wide variety of strategies to overcome opposition.

Strategies to overcome industry opposition varied across cities and included:

- **Mobilizing community coalitions** to speak in support of retail policies
- **Using compelling data** to make the case for retail policy
- **Submitting public testimony** in support of proposed policies
- **Educating policymakers** about industry tactics and dispelling myths about tobacco policy
- **Modifying policy language** to help overcome industry opposition
- **Engaging retail partners** when developing policies



So we've tried to use local, statewide, and national data, personal comment with personal stories and data, sharing by trusted sources, trying to get those who are of the cultural, racial and or ethnic community to talk about their own community.

Only a few cities mentioned **engaging with national partners and** one city noted that working with a national partner was not helpful because of differing goals.



We do a lot of testifying at public hearings...we have advocates there and we also have either me or one of my colleagues who are very well versed in their arguments and we can pretty much shut them down by just reciting the facts and by testifying knowledgeably about their strategies and about what the real facts are.



Campaign ad from Detroit highlighting data. Source: www.endmenthol.org



Preemption laws continued to stifle retail policy work.

WHAT IS PREEMPTION? Preemption occurs when, by legislative or regulatory action, a higher level of government (state or federal) eliminates or reduces the authority of a lower level of government over a given issue.

One third of the CAB city respondents noted that **preemption limits their retail policy options**. As in 2019, most cities noting difficulties with preemption had lower levels of policy activity. To counter preemption, cities used strategies such as **working in areas exempted by preemption, partnering with other departments**, and **exploring the use of zoning laws** to limit retailer locations.

A few cities were working with partners to try to overturn preemption, and one city worked with community groups and national organizations to **overturn a preemption-like disincentive** around retail licensing.

“Preemption has been a barrier because as we all know the best practice is to work on these policies at a local level, but we’re just not allowed to do any local level work with retail.

“There’s a growing number [of counties working to overturn preemption]. We have been educating our community partners that still work in this area. There’s an underlying feeling now and a belief that people understand what it is. And so there is much more of a push to the state to get it changed, but it always seems to be the poison pill to any potential state bill.

A View from the States

We also surveyed state-level tobacco control program managers about retail policy activity.

Here’s what they had to say about preemption and opposition.

Preemption prevented **many states** from working with partners on local policies. Several states were also unable to pass state-level policies due to the political climate.

“Getting preemption removed or addressing retail policies at the state level has been and remains our biggest barrier.

“Advocates were too busy defending [against] “bad bills” (e.g., preemption on public health authority, exemptions), and we predict the 2023 legislature will be another year of defense for public health.

Some states faced **industry opposition**, including lobbying and lawsuits.

“We anticipate industry complaints when enforcement begins and lawsuits that challenge enforcement or our interpretation of the law’s allowance for additional local policies.



Store Assessments

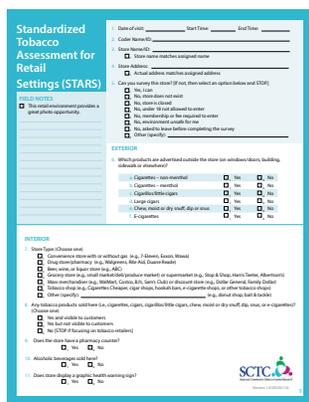
Most tobacco purchases are made in convenience stores or gas stations.¹ Store assessments help educate policymakers and the public about tobacco’s impact on their communities and illuminate neighborhood disparities.

We asked tobacco control practitioners from the 30 ASPiRE cities how they assess the tobacco retail environment and use the data they collect. Here’s what we learned...



Just over half of cities conducted store assessments since 2019.

Just over half of the 30 ASPiRE cities conducted store assessments at least once, compared to almost all cities in 2019. **STARS (Standardized Tobacco Assessment for Retail Settings)** is a simple, 20-item store observation tool that takes about 10 minutes to complete. While some cities used the STARS tool as-is, many used a **modified version created by Counter Tools**.



STARS is available for download at countertobacco.org



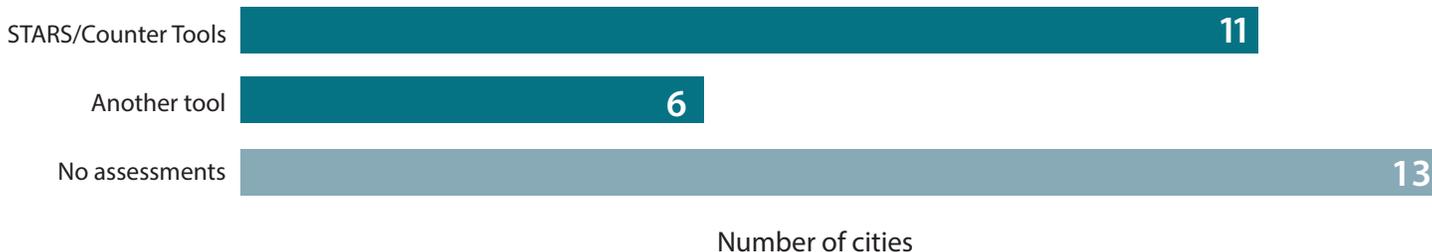
Cities used store assessment results to:

- **Determine** compliance with policies
- **Promote** policy change



We used the data locally to strengthen the need for policy change. For example, the information was used to campaign for the 100% tobacco-free college campuses in our state. Several of our universities in the County have gone smoke free with 100% comprehensive ordinances on the university level and community colleges as well. So yes, the information was used to enhance the policies that existed at those college campuses.

Most cities used STARS/Counter Tools or another tool



1. Kruger, J., Jama, A., Lee, J.G.L., Kennedy, S., Banks, A., Sharapova, S., & Agaku, I. Point-of-sale cigarette purchase patterns among U.S. adult smokers—National Adult Tobacco Survey, 2012-2014. *Preventive Medicine*. 101,19-19. <https://doi.org/10.1016/j.ypmed.2017.05.005>



Retail policy surveillance was low across the board.

There is still a need for more retail policy surveillance in big cities. **Forty percent of cities** did not report any surveillance activity. In cities that did conduct surveillance, it was infrequent. Most often this was a one-time event, though varied or sporadic surveillance was also common.

“ I don't think it's regularly. Especially in the last couple years of no funding, there's been very little. It's been a youth group or two that has done that.



I want to say every other year, but I'm not positive because COVID-19 threw a wrench into that too, for a lot of places.



Paper format of STARS tool presented data collection challenges for some.

The **paper format** made the accuracy of data collection challenging and also made data syncing difficult. One city reported creating a mobile app to streamline the process. One city reported challenges with **retailer reluctance** to participate, which may also have been influenced by the paper format (e.g., presence of clipboards).

“ [Problems included] accuracy of data. Things were written by hand, things could be misspelled, or wording can be misconstrued.

“ STARS on paper was difficult just for data collection and data syncing. Having our youth or community health workers or health educators go out and check STARS on a paper was difficult. So we created a mobile app to streamline that process.



Tobacco control professional collecting store data.
Source: Counter Tools



Cities with high policy activity tended to use state-specific tools.

Cities with high policy activity used primarily **state-specific tools**, including four higher activity cities that reported using the *Healthy Stores, Healthy Communities* tool. Other tools included one developed by the state government and one created by RTI International. One city with high activity reported using STARS. Cities with moderate policy activity used **primarily STARS/Counter Tools**.



It was locally developed, but in partnership with the state—our observation tool.



STARS is a long instrument. So we merge the STARS questions that we think are appropriate for our State, in addition to our census tract requirement... So it's a STARS base with other questions added and some things taken off.

A View from the States

We also surveyed state-level tobacco control program managers about retail policy activity.

Here's what they had to say about conducting retailer assessments.

Most states **conducted store assessments** at least once. States with more retail policy activity conducted assessments more frequently than lower-activity states. As with the cities, many states had their **assessments interrupted by COVID-19**.

“ It was significantly more difficult to conduct store assessments during COVID due to social distancing requirements. Our state had to delay implementation of the assessments until things returned back closer to normal.



More states used a **different tool to conduct assessments** than used STARS, though only by one. A few used STARS with another tool. **Most states that used STARS modified it.**

“ We have a custom tool that incorporates the Assurances of Voluntary Compliance (AVCs) questionnaire developed by the National Association of Attorneys General with some more general retail environment questions.

Although retail assessment went smoothly in most states, **a few identified challenges.**

“ Cost was a challenge in the past. Currently, creating a tool for compiling and analyzing data has been cumbersome.

States most commonly **used assessment data by sharing it with local partners** to raise awareness. Several shared materials with decision makers directly.

“ The local coalitions use the data to educate community members and decision makers about issues identified in the assessments.



Resources

When people learn about the tobacco industry's deceptive tactics, they come together and fight back. Well-packaged data and evidence continues to be effective, and **states and cities need more resources to keep the momentum going.**

In 2022, we asked tobacco control practitioners in the 30 ASPiRE cities to identify the organization, information, and products that are most helpful to advance their policy work. Here's what we learned...



Data and local partners were key to adopting retail policies.

Data or evidence was the most frequently noted helpful resource for passing retail policies. Cities used local data to **demonstrate the need** for retail policy change and maps to **visually display inequities**. They also found data and evidence compelling when **making the case for policy change** or arguing for effectiveness of retail policies.

“ [The store observation surveys] gave us really good data on what stores were continuing to sell flavored tobacco as well as what the cheapest price of tobacco products was. So, the data we had was really clear and compelling.

“ We shared GIS maps, for example, of our violation and retailer density to show what that retailer density looked like, where the retailers exist currently or at the time, and where the violations were occurring...showing that visually was really helpful.

Several city respondents pointed to **contributions of local partners** as key reasons for policy success. In particular, local coalitions, youth, and city council members helped educate and build support among decision makers. **National organizations** also provided data, fact sheets, and in some cases, lobbied for policies.

“ I think the other thing is that we had a very coordinated and vocal support group, which was the local coalition...[they] did a great job showing their support with public testimony, sending in letters, and getting a few signer-ons from school districts. That always really helps a policymaker feel safe in their decision.

“ Oh, speakers helped a lot. We brought teenagers in that would be impacted by the policy and they spoke about their support and about what they see at their school. And so that was very moving.



Cities sought advice from model jurisdictions and cities like their own.

When asked what other jurisdictions served as models, city respondents cited high-activity locales like **California cities**. Other frequently mentioned state models included **California, New York, Minnesota, and Massachusetts**.

In 2022, cities increasingly looked to **cities within their own states** for guidance, especially **those with similar size or demographics**.



Some cities packaged retail policies into a bundle to aid adoption.

Several cities, especially higher activity ones, **packaged retail policies together in a bundle** with one or more popular policies.

“ So, I think that we had really clear data on the minimum price and that we were able to include it just as part of the package. So, it was easy to attach to something a little bit flashier.

“ The 2019 [law] was big. It was actually flavors that caught the conversation. And while they were at it, they were able to throw in the retail density, update that some of the definitions make it the age be 21 to mirror state language. But it was flavors that actually drove the other things.



Ad from the successful St. Paul, MN Don't Discount My Life campaign to pass the 2021 St. Paul Tobacco Ordinance. The ordinance is comprehensive and was passed as a policy package. Read the [ASPiRE case study](#). Source: ANSR

Cities with different levels of policy activity relied on different resources to pass retail policies. **Higher activity cities** relied most heavily on local partners and packaged policies into a bundle. **Lower activity** cities did not seem to have strong local partnerships or package multiple policies together. Cities at all levels relied on data, but use was most frequently noted by higher activity cities.

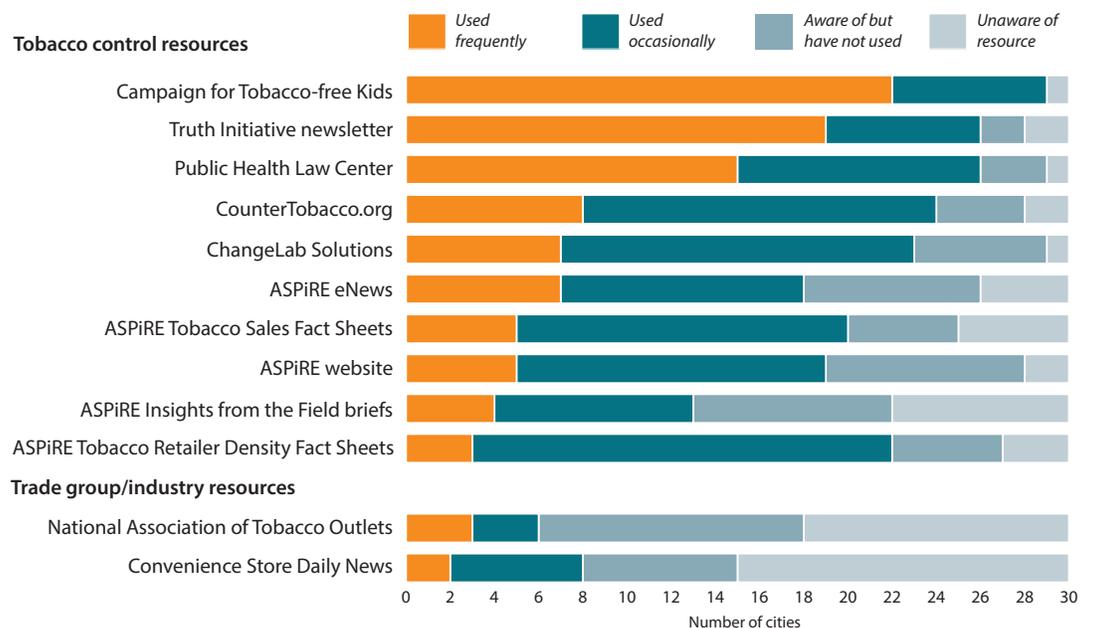


Campaign for Tobacco-Free Kids, Truth Initiative topped list of go-to resources.

Respondents also frequently mentioned the **Public Health Law Center** as a helpful resource.

A few respondents **monitored tobacco trade group news** outlets that track retail trends. These publications can be informative sources for new products and marketing campaigns.

Top 10 helpful resources, ranked by use





Cities need more kinds of resources.

A **wider variety of resources were needed** than in 2019. Evidence of effectiveness and case studies were still frequently noted, but cities also wanted **more data and policy information**, including policy briefs and model policies.

Some cities reported wanted **more evidence to support retail policy adoption**, particularly **evidence of effectiveness or economic impact**.

- “ Evaluation data and especially in terms of outcomes or changes in use or quit attempts, like that kind of data would be the most useful.
- “ How to counter the business loss of revenue arguments is huge. That is something that we don't really have talking points on.

Some city respondents noted wanting **more legal and policy resources, and store assessment data**.

- “ Having the specific sample policy language has been helpful.
- “ Actually really good sales data, like what is really happening? The Nielsen data's good, but it's somewhat limited because it only gets at the bigger stores. So real-time sales data.
- “ Case studies or policy briefs of other similar cities or states that have similar populations as us that may have overcome preemption, just given that's where we are right now.

A View from the States

We also surveyed state-level tobacco control program managers about retail policy activity.

Here's what they had to say about the resources they use and need most...

What resources (partner support or other resources) are most helpful to states?

- National partners (e.g., Public Health Law Center, Counter Tools, and American Lung Association)
- State partners (e.g., other departments and attorneys general)
- Policy or legal advice
- Data or evidence

“ Technical assistance from the Public Health Law Center has been one of the best resources.

What resources do states need most?

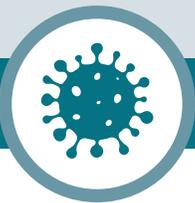
- An evidence base for retail policy, including toolkits and how-to resources
- Increased awareness or greater political will
- Preemption repeal or ways to work around preemption



COVID-19

The COVID-19 pandemic called for a public health response that affected public health operations and staffing at national, state, and local levels. Many tobacco control professionals and organizations had to shift their focus from tobacco control to pandemic-related activities. **Returning to “normal” hasn’t been easy.**

We asked tobacco control practitioners in the 30 ASPiRE cities about the effects of the COVID-19 pandemic on their work. Here’s what we learned...



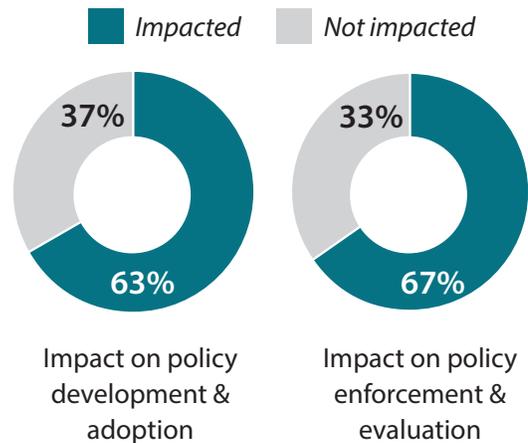
All but one city reported that COVID-19 shifted their focus away from retail.

29 of 30 city respondents reported that COVID-19 affected their retail work in some way. COVID-19 affected the **adoption, implementation, and enforcement** of policies. Nine city respondents reported effects in all three areas.

A shift in focus to COVID-19 hampered policy development and adoption in many cities, mostly those with high activity levels. A few cities noted the positive effect of **increased attention on commercial tobacco** as a public health issue.

“ It has not left a lot of air in the room to talk about retail to that control policy, because everyone has been so just COVID focused. I think everyone’s experienced that to some level.

About **two-thirds of cities** reported COVID-19 had impacted their work in **policy development and adoption** (19 cities) and **policy enforcement and evaluation** (20 cities).



Enforcement activities slowed down or stopped during the pandemic.

Enforcement challenges were widespread. Over a third of the CAB cities were unable to do inspections or compliance checks for some time. Inspections have resumed in most, but at least one city is no longer doing inspections. **Interruptions in implementation or evaluation work** were also reported by several cities.

“ We haven’t done any youth inspections for two years, so we have no idea what’s going on in the field.

“ It just delayed a lot of our implementation work as well as just looking at ways to improve the program.

“ Evaluation is harder. I think we would be going out to the stores a little bit in just checking what’s happening. One of my staff went to a store recently and he was amazed at how many new products were there that he had not seen previously. So, we’ve got a little bit of catching up to do.



Many cities had tobacco control staff diverted to COVID-19.

About half of the cities (14) had over **50% of their staff diverted to COVID-19** during the pandemic, while a third of the cities (9) still had **some staff diverted in Spring 2022**.

Number of cities that had a percentage of staff diverted during COVID-19



Number of cities that *still* had a percentage of staff diverted to COVID-19 in Spring 2022



Staffing challenges extended beyond redeployment to COVID-19 duties. Many cities experienced **hiring freezes** and had **unfilled positions**. Some city respondents also noted funding fluctuations, with four cities reporting decreases in program funding during COVID-19 and three reporting increases.

“ We had a hiring freeze. So that definitely has affected our research and evaluation unit a lot because they had several staff members who left during COVID and they weren’t able to fill those vacancies. Some of them are still vacant right now.

A View from the States

We also surveyed state-level tobacco control program managers about the impact of the COVID-19 pandemic.

Here’s what they had to say about how COVID-19 affected retail policy efforts in their state.

37 of 41 states reported that **COVID-19 affected their retail work in some way**. Effects on **adoption, implementation, and enforcement** were almost equally common, though only six states reported effects in all three areas.

SHIFTED AGENCY FOCUS

“ COVID restrictions limited our ability to prioritize this work. We’re now getting “back to business as usual”, however, we have many other priorities at the moment that had also been on hold from the pandemic.

DELAYED ENFORCEMENT

“ Compliance checks were not conducted for over a year due to stay-at-home orders and concerns about youth safety.

STAFF SHORTAGES

“ The program has experienced significant staffing changes with the “great resignation” impacting the entire country. In the past year, there has been turnover in 5 of the 7 people who make up the program.

