

Dear Lake County Board of Supervisors,

Thank you for this opportunity to voice our concerns over commercial tobacco and other nicotine and vaping product use in Lake County. The [**organization name**] supports the implementation of either a Tobacco Retail Licensing (TRL) mechanism or other ordinance(s) that address these concerns for the following reasons:

- Tobacco use is still the No.1 cause of preventable death and disease in California. Each year, nearly 34,000 California adults die from smoking and 20,300 kids become new daily smokers.¹
- Tobacco is the only legal consumer product that kills up to half of those who use it as intended by the manufacturer.²
- California pays more than thirteen billion dollars (\$13,000,000,000+) each year for the costs of smoking and *much of this cost is paid directly by the taxpayers*.³
- Ninety percent (90%) of smokers today started before they were 18.⁴ The legal smoking age in the United States is now 21.
- In 2018, the U.S. Surgeon General declared the use of e-cigarettes an epidemic among youth.⁵
- More kids than ever are using flavored electronic smoking devices and flavored tobacco products. ***In 2019 California Healthy Kids survey showed 17% of Lake County's 7th graders, 32% of 9th graders and 35% of 11th graders had vaped.***⁶ A local TRL policy can disrupt this unhealthy trend by reducing the availability of these dangerous products and assuring that they don't fall into the hands of kids.
- Higher density of tobacco retailers in a community is associated with increases of non-smokers starting to smoke.⁷ Lake County has 2.75 and California's average is 2 tobacco retailers per 2,500 residents.⁸
- Exposure to retail tobacco marketing in stores increases tobacco experimentation and use by youth and is more powerful than peer pressure.^{9,10,11}
- Middle school youth exposed to tobacco products in a retail setting multiple times per week are twice as likely to start smoking.¹²
- In 2019 in the **Lake County, 39%, 62% and 68% of students in grade 7, 9, and 11, respectively, reported that e-cigarettes are fairly easy or very easy to obtain.**¹³

We believe the increase in youth smoking is caused by the tobacco industry. Good education and family influences can help prevent youth uptake of smoking, but it hasn't been enough. Additionally, given the number of youth that are using these products, current state licensing and enforcement of tobacco retailers is not effective in preventing their initiation. We must take local action to confront the tobacco industry and protect our children. A Tobacco Retail License (TRL) is one such mechanism that can help. We recommend that the following aspects of tobacco and nicotine products be addressed and included in a TRL, or similar ordinance:

- **Reduce tobacco and nicotine product retail density.** Unincorporated Lake County has 49 tobacco retailers, which equates to 2.75 per 2,500 residents. The

California state average is 2 per 2,500.¹⁴ We recommend a cap of 1 per 2,500 residents.

- **Prohibit tobacco / vape / nicotine product retailers near schools & other youth-serving areas** such as parks & community centers.
- **Restrict pharmacies from selling tobacco / vape / nicotine products.** Pharmacies are designed to be retail centers for health. Tobacco and nicotine products are just the opposite.
- **Eliminate the sale of flavored tobacco / vape / nicotine products.** As of January 2021, over 60 communities in California have eliminated the sale of all flavored tobacco, including Mendocino County.¹⁵
- **Restrict placement of tobacco / vape / nicotine product advertising, displays, and products within a certain distance of youth-oriented merchandise (candy, soda, snacks, etc.)** The City of San Diego has adopted restrictions that prohibit the placement of tobacco, vape and nicotine products and advertising within two (2) feet of candy, snack or non-alcoholic beverage displays inside stores.¹⁶ The city of Fort Bragg is considering a similar restriction.

Over 200 jurisdictions in California already have passed laws and ordinances requiring tobacco retailers to obtain licenses to sell tobacco products. Since local tobacco control projects can provide model policy language, offer free legal resources and technical assistance, and help draft retail licensing policy specific to the needs of local communities, we encourage you to reach out to them for support. You can contact the Health Education Coalition at <http://health.co.lake.ca.us/Community/Tobacco.htm> or contact NorCal 4 Health at (707) 530-5171 or www.NorCal4Health.org.

No other legal product sold in America kills up to half of those that use it as intended. Please protect the health and safety of our children by supporting a strong tobacco retailer licensing or other ordinance.

Sincerely,

[Name]

[Your Position, Your Organization]

¹ Campaign for Tobacco Free Kids. (2014). The Toll of Tobacco in California.

² Report on Tobacco Control for the Region of the Americas. WHO Framework Convention on Tobacco Control: 10 Years Later. Washington, DC : PAHO, 2016.

³ Xin Xu, Ellen Bishop, et.al. Annual Healthcare Spending Attributable to Cigarette Smoking. American Journal of Preventative Medicine, 2014. [https://www.ajpmonline.org/article/S0749-3797\(14\)00616-3/abstract](https://www.ajpmonline.org/article/S0749-3797(14)00616-3/abstract)

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- ⁴ U.S. Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
- ⁵ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/index.html
- ⁶ Lake County. California Healthy Kids Survey, 2017-2019: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.
- ⁷ Chan WC, Leatherdale ST. Tobacco retailer density surrounding schools and youth smoking behaviour: a multi-level analysis. *Tobacco induced diseases*. 2011;9(1):1.
- ⁸ *Stanford CTHAT*. <https://cthat.org/#> . Accessed 17 Dec. 2021.
- ⁹ Campaign for Tobacco-Free Kids. Toll of Tobacco in the United States of America. 2011. <http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>.
- ¹⁰ Evans N, Farkas A, Gilpin E, Berry C, Pierce JP, Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *Journal of the National Cancer Institute*, 1995 Oct 18;87(20):1538-45.
- ¹¹ Henriksen, L., Feighery, E.C., Wang, Y., Fortmann, S.P., Association of retail tobacco marketing with adolescent smoking. *American Journal of Public Health*, 2004. 94(12): p. 2081-2083.
- ¹² Feighery EC, Henriksen L, Wang Y, Schleicher NC, Fortmann SP. An evaluation of four measures of adolescents' exposure to cigarette marketing in stores. *Nicotine & Tobacco Research*. 2006;8(6):751-759.
- ¹³ Lake County. California Healthy Kids Survey, 2017-2019: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.
- ¹⁴ *Stanford CTHAT*. <https://cthat.org/#> . Accessed 17 Dec. 2021.
- ¹⁵ <https://truthinitiative.org/sites/default/files/media/files/2020/04/Local-flavored-tobacco-policies.pdf> .
- ¹⁶ <https://onbase.sandiego.gov/OnBaseAgendaOnline/Meetings/ViewMeeting?id=2019&doctype=1> . Item #54