

City Council/Manager

Aug 13, 2019 – 6:30 pm
Council Conference Room
Golden Valley City Hall
7800 Golden Valley Road

REGULAR MEETING AGENDA

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Council/Manager meetings have an informal, discussion-style format and are designed for the Council to obtain background information, consider policy alternatives, and provide general directions to staff. No formal actions are taken at these meetings. The public is invited to attend Council/Manager meetings and listen to the discussion; public participation is allowed by invitation of the City Council.



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MEMORANDUM

City Administration

763-593-8006 / 763-593-8109 (fax)

Executive Summary

Golden Valley Council/Manager Meeting

August 13, 2019

Agenda Item

1. Tobacco Regulation

Prepared By

Maria Cisneros, City Attorney

Kris Luedke, City Clerk

Summary

The City of Golden Valley has the authority to license the sale of tobacco and related products in the City.¹ As part of the 2019 goal setting process, the City Council directed staff to study the issue of tobacco sales regulation and present options for amending the tobacco licensing ordinance.

Staff has spent the last several months studying tobacco sales regulation, discussing the topic with Hennepin County Public Health (HCPH) and local tobacco retailers, and gathering community input. Staff has focused on the following four policy areas:

1. Prohibiting the sale of tobacco to people under age 21
2. Restricting the density or location of tobacco retailers
3. Enacting minimum price or pack size requirements for certain tobacco products
4. Restricting the sale of flavored tobacco, including menthol

Staff seeks direction from the Council on whether and how to amend the tobacco licensing ordinance to include restrictions related to these or other policy areas.

I. Current Tobacco Retail Landscape in Golden Valley

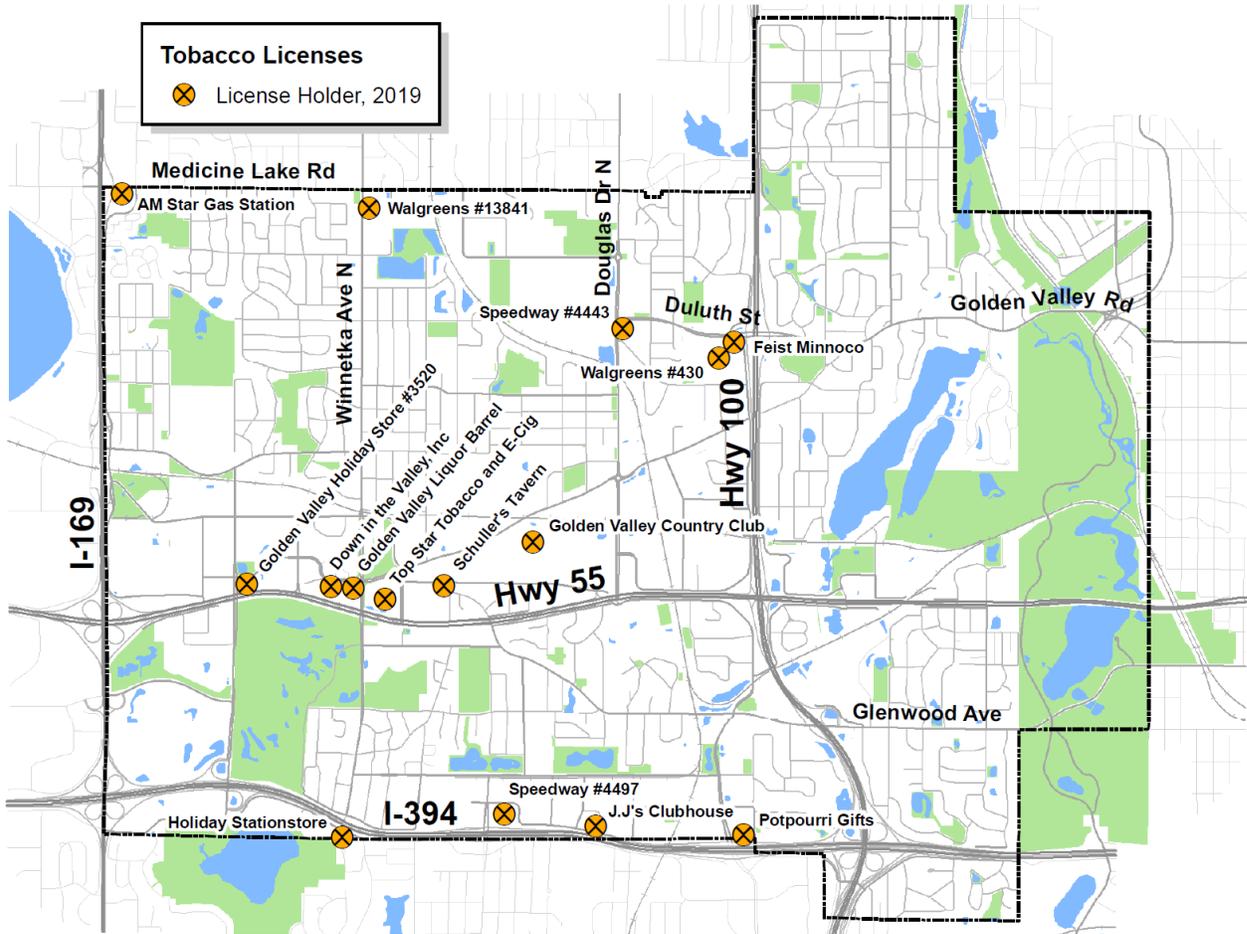
The City currently licenses 15 businesses to sell tobacco and related products. Six of the licensed retailers are convenience stores, three are restaurants or bars, two are stores with pharmacies, one is a liquor store, one is a tobacco shop and two are other types of retailers. These retailers sell a variety of tobacco products, including menthol cigarettes, non-menthol cigarettes, smokeless tobacco products, cigarillos or little cigars, e-cigarettes, JUUL, and large cigars. 57% of

¹ City Code, Ch. 16, Art. VI. (Exhibit A).

retailers in Golden Valley sell flavored, non-menthol tobacco products and 86% sell menthol products.

Tobacco retailers are disbursed throughout the City. Figure 1 below shows the locations of the 15 licensed retailers.

Figure 1: Licensed Tobacco Retailers



II. Research and Community Input

Staff conducted research in the following areas: state and federal tobacco laws, local retail tobacco environment, best practices for tobacco licensing ordinance drafting, ramifications of tobacco regulations on local retailers, and the regional tobacco regulation environment. A sampling of the materials collected in this research are included in the attached Exhibit B.

The City Manager's Office also coordinated several community engagement efforts to gather feedback from the community on this topic. Research and engagement activities included:

- social media outreach
- an online survey

- an interactive community forum
- letters, emails, phone calls, and face-to-face meetings with local tobacco retailers
- emails, phone calls, and face-to-face meetings with non-smoking advocates
- a continuing legal education course hosted by the Public Health Law Center
- consultation with local school district staff
- consultation with Hennepin County Public Health, the City's public health department

The attached Community Input Report summarizes the City's community outreach efforts and the input received through those efforts.

III. Hennepin County Public Health Information

Hennepin County Public Health (HCPH) is the City's public health department. HCPH studies the public health issues surrounding the sale and use of tobacco and has provided data and research to inform the Council's decisions in this area. In March 2019, HCPH researched the tobacco retail environment in Golden Valley and provided two reports. These reports are attached as **Exhibit C**. The reports contain statistics regarding the types of tobacco retailers in the City, the types of products sold, the marketing strategies employed, the locations of the retailers, the toll of tobacco on the community, tobacco use among Golden Valley students, inequities in tobacco use by population group, and tobacco use impact on chronic conditions. HCPH will be present at the study session to provide additional information and answer questions.

IV. Current City Ordinance

The City's current tobacco licensing ordinance is found in City Code, Chapter 16, Article VI.² Sales of tobacco and tobacco-related products are regulated in several ways through an annual business license. The following is a summary of the restrictions applicable to licensed tobacco retailers:

- Tobacco and tobacco-related products may not be sold or offered for sale to any person under the age of 18.
- Vending machines and self-service sales of tobacco or tobacco related products are prohibited.
- The sale of loosies (defined as single cigarettes or cigars under \$2.00) is prohibited.
- The sale of tobacco from moveable places of business is prohibited.
- Smoking inside of retail establishments, including smoking for the purpose of sampling, is prohibited.
- Tobacco, tobacco products and tobacco related devices must be stored behind a counter or in an area not freely accessible to customers.

Police perform annual compliance checks to verify that regulated products are not being sold to minors. Golden Valley tobacco retailers have historically had high compliance rates.

The zoning section of City Code does not contain requirements related to the location or density of tobacco retail establishments or on-site signage.

² Exhibit A.

The Public Health Law Center at Mitchell Hamline School of Law provided an analysis of the City's current tobacco licensing ordinance, including ways to more closely align with state and federal law and ways to strengthen the ordinance pursuant to best public health policy practices and data. That analysis is attached as Exhibit D.

V. Consideration of Policy Issues

Cities rely on a variety of policy strategies to regulate tobacco. For this study session, staff focused on the four policies listed in page 1 of this memo. Staff would like to know whether and to what extent the Council would like to pursue each of those policies. In addition, staff would like direction from the Council on the threshold matter of whether several definitions in the current ordinance should be updated to better align with modern tobacco use and state and federal law.

Staff prepared the questions below to help guide the discussion. Question 1 addresses the definitions issue. Questions 2–5 address the four policy questions. Question 6 addresses additional policy options.

Question #1: Should the City update the definitions section of the current ordinance?

Relevant resources:

- Community Input Report (beginning at pages 107 and 158).
- Current Ordinance (Exhibit A).
- Public Health Law Center Model Ordinance (Ex. B at page 47)
- Public Health Law Center memo (Exhibit D).

Next Steps:

- Staff recommends updating the definitions of the following terms: cigar, electronic delivery device, nicotine or lobelia delivery product, tobacco, tobacco related product, and tobacco related device by modernizing these definitions to cover current and future tobacco related products and delivery devices, and harmonize the definitions with current Minnesota law.
- Staff recommends creating a new catch-all term to cover all licensed products, including cigars, electronic delivery devices, nicotine and lobelia delivery products, tobacco, tobacco related products, and tobacco-related devices.

Question #2: Should the City prohibit the sale of tobacco to people under 21?

Relevant Resources:

- Community Input Report (beginning at pages 109 and 171).
- Exhibit C.

Next Steps:

- Consider the following options and provide direction to staff:

Should the City ban the sale of tobacco products to individuals under the age of 21?

- a. Yes
- b. No

Question #3: Should the City regulate the number or geographic location of tobacco retailers?

Relevant Resources:

- Community Input Report (beginning at page 214).
- Exhibit C (page 80).

Next Steps:

- Consider the following options and provide direction to staff:

1. Should the City limit the number of tobacco licenses?

- a. Yes
- b. No

2. Should the City regulate the density or geographic location of tobacco retailers?

- c. No.
- d. Yes, by limiting the number of available tobacco licenses.
- e. Yes, by regulating the density of tobacco retailers (i.e. requiring stores to be a certain distance apart)
- f. Yes, by regulating the location of tobacco retailers (i.e. by requiring stores to be a certain distance from youth oriented facilities)
- g. Yes, by regulating both the location and density of tobacco retailers.

- Staff recommends making changes regulating number of licenses in tobacco ordinance.
- Staff recommends making changes regulating the geographic location of tobacco retailers in the zoning code. Planning staff plans to bring other changes to the zoning code to Council later this year.

Question #4: Should the City update the regulations related to loosies in City Code § 16-159?

Relevant Resources:

- Community Input Report (beginning at pages 115 and 219).
- Tobacco Retail Sales Ordinance Restrictions: Hennepin County Map (page 213).

Next Steps:

- Staff recommends replacing the current definition of “loosie” with the following:

Loosies: The common term used to refer to single or individually packaged cigars or cigarettes, or any other licensed product that has been removed from its intended retail packaging and offered for sale. LOOSIES does not include individual cigars with a retail price, after any discounts are applied and before any sales taxes are imposed, of at least [\$_____] per cigar.

- Consider whether to raise the minimum price for loosies. The current minimum price is \$2.00.

Question #5: How should the City regulate the sale of flavored tobacco?

Relevant Resources:

- Tobacco Retail Sales Ordinance Restrictions: Hennepin County Map (page 213).
- Community Input Report (beginning at pages 116 and 222).

Next Steps:

- Consider the following options and provide direction to staff:

How should the City regulate the sale of flavored tobacco?

- a. The City should not regulate the sale of flavored tobacco
- b. Completely ban the sale of flavored tobacco, including menthol
- c. Completely ban the sale of flavored tobacco, excluding menthol
- d. Allow the sale of flavored tobacco, including menthol, only at stores that are 21+
- e. Allow the sale of flavored tobacco only at stores that are 21+, but allow the sale of menthol tobacco at all tobacco retailers

Question 6: Does the Council wish to pursue any other tobacco related policies?

The Public Health Law Center recommended several additional policies the Council could consider adopting, including:

1. Increasing the number of mandatory compliance checks and raising the license fee to cover the cost of the additional checks.
2. Requiring retailers to train their employees on youth access laws and other licensing requirements.
3. Establishing a minimum age for employees that work for licensed tobacco retailers
4. Setting additional age verification and related signage requirements.

5. Removing penalties for purchasing, use and possession of tobacco products by underage people (“PUP Regulations”).

Staff Recommendation: Staff recommends removing PUP penalties from the existing ordinance (City Code § 16-166)

6. Increasing penalties for license violations.
7. Increasing the cost of tobacco products through non-tax approaches, such as prohibiting coupon redemption or other price discounting.
8. Prohibiting pharmacies from selling tobacco products.
9. Prohibiting the sale of imitation tobacco products.
10. Modifying on-site signage requirements.

Staff Recommendation: If the Council wishes to pursue signage regulations, staff recommends including such requirements in the signage section of the zoning code. The planning department plans to bring other signage requirement changes to the Council later this year. Staff recommends discussing this regulatory strategy more fully later this year with planning staff.

V. **Next Steps**

If the Council wishes to pursue amending the Tobacco Licensing Ordinance, staff will draft an ordinance for consideration. The ordinance could be considered at a future study session, or it could be considered for adoption at the September 3 and 17 regular City Council meetings.

Attachments

- Exhibit A: Golden Valley City Code, Ch. 16, Art VI—Tobacco (8 pages)
- Exhibit B: Selected Research Materials (64 pages)
- Exhibit C: Hennepin County Reports (13 pages)
- Exhibit D: Public Health Law Center Golden Valley Ordinance Review (8 pages)
- Community Input Report (pages)

Exhibit A: Golden Valley City
Code, Ch. 16, Art. VI - Tobacco

ARTICLE VI. - TOBACCO

Sec. 16-157. - Purpose and Intent.

Because the City recognizes that many persons under the age of 18 years purchase or otherwise obtain, possess and use tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices, and the sales, possession, and use are violations of both State and Federal laws; and because studies, which the City hereby accepts and adopts, have shown that most smokers begin smoking before they have reached the age of 18 years and that those persons who reach the age of 18 years without having started smoking are significantly less likely to begin smoking; and because smoking has been shown to be the cause of several serious health problems which subsequently place a financial burden on all levels of government; this article shall be intended to regulate the sale, possession and use of tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices for the purpose of enforcing and furthering existing laws, to protect minors against the serious effects associated with the illegal use of tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices, and to further the official public policy of the State in regard to preventing young people from starting to smoke as stated in Minn. Stats. § 144.391, as it may be amended from time to time. In making these findings, the City Council accepts the conclusions and recommendations of Centers for Disease Control in their study "Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students, United States, 1997," and of the following medical professionals in these medical journals: Khuder SA, et al., "Age at Smoking Onset and Its Effect on Smoking Cessation," *Addictive Behavior* 24(5):673-7, September-October 1999; D'Avanzo B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology* 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," *Health Reports* 9(4):39-46, Spring 1998; Everett SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine* , 29(5):327-33, November 1999, copies of which are adopted by reference.

(Code 1988, § 6.34(1))

Sec. 16-158. - Definitions.

Except as may otherwise be provided or clearly implied by context, all terms shall be given their commonly accepted definitions. The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Compliance Checks: The system the City uses to investigate and ensure that those authorized to sell tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices are following and complying with the requirements of this article. Compliance checks shall involve the use of minors as authorized by this article. The term "compliance checks" shall also mean the use of minors who attempt to purchase tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices for educational, research and training purposes as authorized by State and Federal laws. Compliance checks may also be conducted by other units of government for the purpose of enforcing appropriate Federal, State or local laws and regulations relating to tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices.

Individually Packaged: The practice of selling any tobacco or tobacco product wrapped individually for sale. Individually wrapped tobacco and tobacco products shall include but not be limited to single cigarette packs, single bags or cans of loose tobacco in any form, and single cans or other packaging of snuff or chewing tobacco. Cartons or other packaging containing more than a single pack or other container as described in this definition shall not be considered individually packaged.

Indoor Area: All space between a floor and a ceiling that is bounded by walls, doorways, or windows, whether open or closed, covering more than 50 percent of the combined surface area of the vertical

planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent.

Loosies: The common term used to refer to a single or individually packaged cigarette or any other tobacco product that has been removed from its packaging and sold individually. The term "loosies" does not include individual cigars with a retail price, before any sales taxes, of more than \$2.00 per cigar.

Minor: Any natural person who has not yet reached the age of 18 years.

Moveable Place of Business: Any form of business operated out of a truck, van, automobile or other type of vehicle or transportable shelter and not a fixed address storefront or other permanent type of structure authorized for sales transactions.

Nicotine or Lobelia Delivery Devices: Any product containing or delivering nicotine or lobelia intended for human consumption, or any part of such a product, that is not tobacco as defined in this section, not including any product that has been approved or otherwise certified for legal sale by the United States Food and Drug Administration for tobacco use cessation, harm reduction, or for other medical purposes, and is being marketed and sold solely for that approved purpose.

Retail Establishment: Any place of business where tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices are available for sale to the general public. The term "retail establishment" shall include, but not be limited to, grocery stores, convenience stores, restaurants, and drug stores.

Sale: Any transfer of goods for money, trade, barter or other consideration.

Self-Service Merchandising: Open displays of tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices in any manner where any person shall have access to the tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices, without the assistance or intervention of the licensee or the licensee's employee. The assistance or intervention shall entail the actual physical exchange of the tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device between the customer and the licensee or employee. Self-service sales are interpreted as being any sale where there is not an actual physical exchange of the product between the clerk and the customer.

Smoking: Inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco or plant product. The term "smoking" also includes carrying a lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco or plant product intended for inhalation. For the purpose of this article, the definition of smoking includes the use of electronic cigarettes, including the inhaling and exhaling of vapor from any electronic delivery device as defined in Minn. Stats. § 609.685, subd. 1.

Tobacco or Tobacco Products: Tobacco and tobacco products includes cigarettes, e-cigarettes and any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product; cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobaccos; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and forms of tobacco. The term "tobacco" excludes any tobacco product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

Tobacco-Related Devices: Includes any tobacco product as well as a pipe, e-cigarette, rolling papers, ashtray, or other device intentionally designed or intended to be used in a manner which enables the chewing, sniffing or smoking of tobacco or tobacco products.

Vending Machine: Any mechanical, electric or electronic, or other type of device which dispenses tobacco, tobacco products or tobacco-related devices upon the insertion of money, tokens or other form of payment directly into the machine by the person seeking to purchase the tobacco, tobacco product or tobacco-related device.

(Code 1988, § 6.34(2); Ord. No. 462, 2nd Series, 7-30-2011; Ord. No. 554, 2nd Series, 5-14-2015)

Sec. 16-159. - License.

- (a) *License Required.* No person shall sell or offer to sell any tobacco, tobacco products, tobacco-related device, or nicotine or lobelia delivery device without first having obtained a license to do so from the City.
- (b) *Application.* An application for a license to sell tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices shall be made on a form provided by the City. The application shall contain the full name of the applicant, the applicant's residential and business addresses and telephone numbers, the name of the business for which the license is sought, and any additional information the City deems necessary. Upon receipt of a completed application, the City Clerk shall forward the application to the City Council for action at its next regularly scheduled City Council meeting. If the City Clerk shall determine that an application is incomplete, he/she shall return the application to the applicant with notice of the information necessary to make the application complete.
- (c) *Action.* The City Council may either approve or deny the license, or it may delay action for a reasonable period of time as necessary to complete any investigation of the application or the applicant it deems necessary. If the City Council shall approve the license, the City Clerk shall issue the license to the applicant. If the City Council denies the license, notice of the denial shall be given to the applicant along with notice of the applicant's right to appeal the City Council's decision.
- (d) *Term.* All licenses issued under this article shall be valid for one calendar year from the date of issue.
- (e) *Revocation or Suspension.* Any license issued under this article may be revoked or suspended as provided in Section 16-168.
- (f) *Transfers.* All licenses issued under this article shall be valid only on the premises for which the license was issued and only for the person to whom the license was issued. No transfer of any license to another location or person shall be valid without the prior approval of the City Council.
- (g) *Moveable Place of Business.* No license shall be issued to a moveable place of business. Only fixed location businesses shall be eligible to be licensed under this article.
- (h) *Display.* All licenses shall be posted and displayed in plain view of the general public on the licensed premises.
- (i) *Renewals.* The renewal of a license issued under this article shall be handled in the same manner as the original application. The request for a renewal shall be made at least 30 days but no more than 60 days before the expiration of the current license.
- (j) *Issuance As Privilege and Not a Right.* The issuance of a license issued under this article shall be considered a privilege and not an absolute right of the applicant and shall not entitle the holder to an automatic renewal of the license.
- (k) *Smoking.* Smoking shall not be permitted and no person shall smoke within the indoor area of any establishment with a retail tobacco license. Smoking for the purposes of sampling tobacco and tobacco related products is prohibited.

(Code 1988, § 6.34(3))

State Law reference— Municipal licensing of tobacco generally, Minn. Stats. § 461.12.

Sec. 16-160. - Fees.

No license shall be issued under this article until the appropriate license fee shall be paid in full. The fee for a license under this article shall be established by the City Council and adopted by ordinance, and may be amended from time to time.

(Code 1988, § 6.34(4))

Sec. 16-161. - Basis for Denial of License.

- (a) Grounds for denying the issuance or renewal of a license under this article include, but are not limited to, the following:
- (1) The applicant is under the age of 18 years.
 - (2) The applicant has been convicted within the past five years of any violation of a Federal, State, or local law, ordinance provision, or other regulation relating to tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices.
 - (3) The applicant has had a license to sell tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices revoked within the preceding 12 months of the date of application.
 - (4) The applicant fails to provide any information required on the application, or provides false or misleading information.
 - (5) The applicant is prohibited by Federal, State, or other local law, ordinance, or other regulation from holding a license.
- (b) However, except as may otherwise be provided by law, the existence of any particular ground for denial does not mean that the City must deny the license.
- (c) If a license is mistakenly issued or renewed to a person, it shall be revoked upon the discovery that the person was ineligible for the license under this article.

(Code 1988, § 6.34(5))

Sec. 16-162. - Prohibited Sales.

It shall be a violation of this article for any person to sell or offer to sell any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device:

- (1) To any person under the age of 18 years.
- (2) By means of any type of vending machine.
- (3) By means of self-service methods whereby the customer does not need to make a verbal or written request to an employee of the licensed premises in order to receive the tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device and whereby there is not a physical exchange of the tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device between the licensee, or the licensee's employee, and the customer.
- (4) By means of loosies as defined in Section 16-158.
- (5) Containing opium, morphine, jimson weed, bella donna, strychnos, cocaine, marijuana, or other deleterious, hallucinogenic, toxic or controlled substances except nicotine and other substances

found naturally in tobacco or added as part of an otherwise lawful manufacturing process. It is not the intention of this provision to ban the sale of lawfully manufactured cigarettes or other tobacco products.

- (6) By any other means, to any other person, on in any other manner or form prohibited by Federal, State or other local law, ordinance provision, or other regulation.

(Code 1988, § 6.34(6))

Sec. 16-163. - Storage.

All tobacco, tobacco products, tobacco-related devices, and nicotine or lobelia delivery devices shall either be stored behind a counter or other area not freely accessible to customers, or in a case or other storage unit not left open and accessible to the general public.

(Code 1988, § 6.34(7))

Sec. 16-164. - Responsibility.

All licensees under this article shall be responsible for the actions of their employees in regard to the sale of tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices on the licensed premises, and the sale of an item by an employee shall be considered a sale by the license holder. Nothing in this article shall be construed as prohibiting the City from also subjecting the clerk to whatever penalties are appropriate under this article, State or Federal law, or other applicable law or regulation.

(Code 1988, § 6.34(8))

Sec. 16-165. - Compliance Checks and Inspections.

All licensed premises shall be open to inspection by the City police or other authorized City official during regular business hours. From time to time, but at least once per year, the City shall conduct compliance checks by engaging, with the written consent of their parents or guardians, minors over the age of 15 years but less than 18 years to enter the licensed premises to attempt to purchase tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices. Minors used for the purpose of compliance checks shall be supervised by city designated law enforcement officers or other designated city personnel. Minors used for compliance checks shall not be guilty of unlawful possession of tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices when those items are obtained as a part of the compliance check. No minor used in compliance checks shall attempt to use a false identification misrepresenting the minor's age, and all minors lawfully engaged in a compliance check shall answer all questions about the minor's age asked by the licensee or his/her employee and shall produce any identification, if any exists, for which he/she is asked. Nothing in this article shall prohibit compliance checks authorized by State or Federal laws for educational, research, or training purposes, or required for the enforcement of a particular State or Federal law.

(Code 1988, § 6.34(9))

State Law reference— Compliance checks, Minn. Stats. § 461.12, subd. 5.

Sec. 16-166. - Other Illegal Acts.

Unless otherwise provided, the following acts shall be a violation of this article:

- (1) *Illegal Sales.* It shall be a violation of this article for any person to sell or otherwise provide any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device to any minor.
- (2) *Illegal Possession.* It shall be a violation of this article for any minor to have in his/her possession any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device. This subsection shall not apply to minors lawfully involved in a compliance check.
- (3) *Illegal Use.* It shall be a violation of this article for any minor to smoke, chew, sniff or otherwise use any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device
- (4) *Illegal Procurement.* It shall be a violation of this article for any minor to purchase or attempt to purchase or otherwise obtain any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device, and it shall be a violation of this article for any person to purchase or otherwise obtain those items on behalf of a minor. It shall further be a violation for any person to coerce or attempt to coerce a minor to illegally purchase or otherwise obtain or use any tobacco, tobacco product, tobacco-related device, or nicotine or lobelia delivery device. This subsection shall not apply to minors lawfully involved in a compliance check.
- (5) *Use of False Identification.* It shall be a violation of this article for any minor to attempt to disguise his/her true age by the use of a false form of identification, whether the identification is that of another person or one on which the age of the person has been modified or tampered with to represent an age older than the actual age of the person.

(Code 1988, § 6.34(10))

Sec. 16-167. - Exceptions and Defenses.

Nothing in this article shall prevent the providing of tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices to a minor as part of a lawfully recognized religious, spiritual, or cultural ceremony. It shall be an affirmative defense to the violation of this article for a person to have reasonably relied on proof of age as described by State law.

(Code 1988, § 6.34(11))

State Law reference— Defenses, Minn. Stats. § 461.12, subd. 6.

Sec. 16-168. - Violations and Penalty.

- (a) *Administrative Civil Penalties—Individuals.* If a person who is not a licensee is found to have violated this article, the person shall be charged an administrative penalty as follows:
 - (1) *First Violation.* The Council shall impose a civil fine not to exceed \$50.00.
 - (2) *Second Violation Within 12 months.* The Council shall impose a civil fine not to exceed \$100.00.
 - (3) *Third Violation Within 12 months.* The Council shall impose a civil fine not to exceed \$150.00.
- (b) *Same—Licensee.* If a licensee or an employee of a licensee is found to have violated this article, the licensee shall be charged an administrative penalty as follows:
 - (1) *First Violation.* The Council shall impose a civil fine of \$500.00 and suspend the license for not less than five consecutive days.
 - (2) *Second Violation Within 24 Months.* The Council shall impose a civil fine of \$750.00 and suspend the license for not less than 15 consecutive days.

- (3) *Third Violation Within 24 Months.* The Council shall impose a civil fine of \$1,000.00 and suspend the license for not less than 30 consecutive days.
- (4) *Fourth Violation Within 24 Months.* The Council shall revoke the license for at least one year.
- (c) *Administrative Penalty Procedures.* Notwithstanding anything to the contrary in this section:
 - (1) Any of the administrative civil penalties set forth in this section that may be imposed by the Council, may in the alternative be imposed by an administrative citation under Section 1-9.
 - (2) If one of the foregoing penalties is imposed by an action of the Council, no penalty shall take effect until the licensee or person has received notice (served personally or by mail) of the alleged violation and of the opportunity for a hearing before the, and such notice must be in writing and must provide that a right to a hearing before the Council must be requested within 10 business days of receipt of the notice or such right shall terminate.
- (d) *Misdemeanor Prosecution.* Nothing in this section shall prohibit the City from seeking prosecution as a misdemeanor for any alleged violation of this article.
- (e) *Defense.* It is a defense to the charge of selling tobacco or tobacco-related devices to a person under the age of 18 years, that the licensee or individual, in making the sale, reasonably and in good faith relied upon representation of proof of age described in Minn. Stats. § 340A.503.
- (f) *Exceptions.* An Indian may furnish tobacco to an Indian under the age of 18 years if the tobacco is furnished as part of a traditional Indian spiritual or cultural ceremony. For purposes of this subsection, the term "Indian" means a person who is a member of an Indian tribe as defined in Minn. Stats. § 260.755, subd. 12.

(Code 1988, § 6.34(13); Ord. No. 462, 2nd Series, 7-30-2011; Ord. No. 462, 2nd Series, 7-30-2011; Ord. No. 474, 2nd Series, 12-16-2011; Ord. No. 565, 2nd Series, 7-31-2015)

State Law reference— Administrative penalties, Minn. Stats. § 461.12, subd. 3; defenses, Minn. Stats. § 461.12, subd. 6.

Sec. 16-169. - Violation a Misdemeanor.

Every person who violates a section, subsection, paragraph or provision of this article, when such person performs an act thereby prohibited or declared unlawful, or fails to act when such failure is thereby prohibited or declared unlawful, and upon conviction thereof, shall be punished as for a misdemeanor or gross misdemeanor and may also be subject to administrative penalties as otherwise stated in specific provisions.

(Code 1988, § 6.34(14); Ord. No. 462, 2nd Series, 7-30-2011)

Secs. 16-170—16-191. - Reserved.

Exhibit B: Selected Research Materials

- Overview
- Expansion of State and Local Authority
- Preemption of State and Local Authority
- Unchanged State and Local Authority
- Tobacco Product Marketing Restrictions
- State and Local Authority to Establish Tobacco Product Standards

Federal Regulation of Tobacco: Impact on State and Local Authority

July 2009



Tobacco Control
Legal Consortium



Law. Health. Justice.

Federal Regulation of Tobacco: Impact on State and Local Authority

On June 22, 2009, President Barack Obama signed into law the Family Smoking Prevention and Tobacco Control Act, giving the U.S. Food and Drug Administration (FDA) comprehensive authority to regulate the manufacturing, marketing, and sale of tobacco products. The new law ([H.R. 1256](#)) represents the most sweeping action taken to date to reduce what remains the leading preventable cause of death in the United States.

The Tobacco Control Legal Consortium, a collaborative national network of legal centers, has analyzed the way in which the federal regulation of tobacco products will affect the tobacco control authority of state and local governments. The Consortium prepared this publication as a resource (1) to help clarify possible areas of confusion about the new law and (2) to help support state and local policymakers and health advocates in the successful implementation of this new legislation.

The publication is divided into the following sections:

1. [Overview](#)
2. [Expansion of State and Local Authority under Federal Tobacco Regulation](#)
3. [Preemption of State and Local Authority under Federal Tobacco Regulation](#)
4. [Unchanged State and Local Authority under Federal Tobacco Regulation](#)
5. [Tobacco Product Marketing Restrictions under Federal Tobacco Regulation](#)
6. [State and Local Authority to Establish Tobacco Product Standards under Federal Tobacco Regulation](#)

1

Overview

Background

On June 22, 2009, President Barack Obama signed into law the Family Smoking Prevention and Tobacco Control Act, giving the U.S. Food and Drug Administration (FDA) comprehensive authority to regulate the manufacturing, marketing, and sale of tobacco products. The new law represents the most sweeping action taken to date to reduce what remains the leading preventable cause of death in the United States.

Before enactment of the new law, tobacco products were largely exempt from regulation under the nation's federal health and safety laws, including the Food, Drug, and Cosmetic Act. The FDA has regulated food, drugs and cosmetics for many decades, but not tobacco products, except in those rare circumstances when manufacturers made explicit health claims.

What the New Law Does

The Family Smoking Prevention and Tobacco Control Act adds a new Chapter IX to the Food, Drug, and Cosmetic Act, establishing and governing the regulation of tobacco products. A new Center for Tobacco Products is created within the FDA to establish tobacco product standards, among other things. Chapter IX vests the FDA with jurisdiction to regulate both current and new tobacco products and restrict tobacco product marketing, while also directly implementing provisions that will, among other things, restrict tobacco product marketing and advertising, strengthen cigarette and smokeless tobacco warning labels, reduce federal preemption of certain state cigarette advertising restrictions, and increase nationwide efforts to block tobacco product sales to youth.

The authority of the FDA to regulate the structure of tobacco products is particularly important because it empowers the agency to order changes in existing or new products designed to render them less harmful or less (or non-)addictive. Such product regulation is enormously complex, requiring extensive oversight and testing expertise and capacity. Most, if not all, states lack such expertise or resources, and none have sought to regulate tobacco products themselves, with the exception of "fire-safe" cigarette laws and bans on flavored cigarettes such as the small, hand-rolled cigarettes called bidis.

In addition to the FDA's new powers to regulate the structure of tobacco products, the agency has wide-ranging authority to regulate tobacco products and tobacco product marketing. The new law:

- Restricts tobacco advertising and promotion in order to promote overall public health (the judicial system will almost certainly be asked to determine whether any of the legislated advertising restrictions unconstitutionally interferes with free speech under the First Amendment)
- Stops illegal sales of tobacco products to minors
- Bans all cigarettes that have a characterizing flavor, including all fruit and candy flavors,

other than tobacco or menthol

- Prohibits health claims about purported reduced-risk products, where such claims are not scientifically proven or would cause net public health harms (for example, by discouraging current tobacco users from quitting or encouraging new users to start)
- Requires tobacco companies to disclose the contents of tobacco products, changes to their products and research about the health effects of their products
- Requires much larger, more visible, and more informative health warning labels, including color and graphics, on cigarette and smokeless tobacco product packages
- Similarly requires much larger, more visible, and more informative health warning labels on advertisements for cigarettes and smokeless tobacco
- Prohibits terms such as “light,” “mild” and “low-tar” on tobacco product packages and advertisements, while authorizing the FDA to restrict additional terms in the future

The law also imposes certain limits on FDA authority. The agency cannot ban conventional tobacco products, such as cigarettes and smokeless tobacco, or require the total elimination of nicotine in tobacco products. However, the FDA may order the reduction of nicotine to non-addictive levels in some or all tobacco products. The agency could also order an increase in nicotine levels in some or all tobacco products if it determined that doing so would promote overall public health. For their part, states retain the authority to ban all or some tobacco products or the sale of tobacco products containing nicotine.

The law also prohibits the FDA from using its new authority to increase the new federal minimum age of 18 to a higher level, require prescriptions for the purchase of tobacco products, ban tobacco product sales in any particular type of sales outlet, or regulate tobacco farming directly. In all of these areas, the FDA could ask Congress either to take these actions or to provide the agency with new authority to do them. Moreover, states have the authority to take such actions without congressional approval.

The Family Smoking Prevention and Tobacco Control Act also mandates restrictions on the marketing and advertising of cigarettes and smokeless tobacco that the FDA itself adopted in 1996 but which the Supreme Court nullified in 2000 on the basis that Congress had not at that time given the FDA the authority to take such action. The new law:

- Bans outdoor advertising within 1,000 feet of schools and playgrounds
- Bans brand sponsorships of sports and entertainment events
- Bans free giveaways of any non-tobacco items with the purchase of a product or in exchange for coupons or proof of purchase
- Bans free samples and the sale of cigarettes in packages that contain fewer than 20 cigarettes
- Limits any outdoor and all point-of-sale tobacco advertising, except in adult-only facilities, to black text on white background only
- Limits advertising in publications with significant teen readership to black text on white background only
- Limits audio-visual advertising (e.g., at point of purchase), except in adult-only facilities,

to black text on white background visuals and spoken words (no music, images or moving images)

- Restricts vending machines and self-service displays to adult-only facilities
- Establishes 18 as a federal nationwide minimum age for legal cigarette and smokeless tobacco sales with strong federal penalties, including the loss of the right to sell tobacco products for chronic, repeat offenders (with no preemption of existing state laws or penalties, and preserving state authority to impose higher minimum-age laws)
- Requires retailers to verify age for all over-the-counter sales by checking a photographic ID, and provides for federal enforcement and penalties against retailers who sell to minors

The law also includes a number of other changes, including the following:

- Limits the current federal preemption against state regulation of cigarette advertising under the Federal Cigarette Labeling and Advertising Act (FCLAA), by allowing states to restrict the location, color, size, number and placement of cigarette advertisements
- Grants the FDA exclusive authority in such areas as tobacco product standards, pre-market approval, adulteration, misbranding, labeling, registration, manufacturing standards and modified-risk products, thereby preempting existing state authority in these areas— however, states continue to have authority to adopt fire-safe cigarette laws that regulate the ignition propensity of tobacco products
- Requires the tobacco companies to submit a listing of all tobacco ingredients and additives to tobacco, paper and filters by brand and by quantity in each brand, a description of the content, delivery and form of nicotine in each product, and all documents developed after enactment that relate to the health, toxicological, behavioral or physiological effects of current or future tobacco products
- Revises and strengthens the content of health warnings on both cigarette and smokeless tobacco products, requiring the warnings to cover 50 percent of the front and back of all packages, including graphic images depicting the harmful effects of tobacco use
- Blocks tobacco companies from claiming that the FDA has approved or certified any tobacco product

The law also provides substantial funding for the FDA's new responsibilities by imposing a user fee on tobacco companies. The prescribed funding mechanism is designed to ensure that the agency's tobacco prevention activities are fully funded without taking resources away from the FDA's other work. In 2010, the total fee will be \$235 million, rising to \$450 million in 2011 and increasing 6% a year until 2019, after which it will remain at \$712 million.

What States Can Do Now that the FDA Will Regulate Tobacco

The looming question for state policymakers and health advocates is what state and local governments can do now that the FDA will regulate tobacco products and tobacco product marketing.

The basic bottom line is that state and local governments will retain the authority to engage in a sweeping array of tobacco control policy actions long championed by the public health advocacy

community. A key guide to the state-based actions regarded as being most effective in reducing tobacco use and initiation and exposure to secondhand smoke is the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*, updated in 2008. Based on thousands of peer-reviewed studies, CDC's guidelines identify the most effective population-based approaches within the following categories:

- **State and community interventions**, which cover a range of activities, including state and local policies and programs, chronic disease and tobacco-related disparity elimination initiatives, and interventions aimed at influencing youth.
- **Health communication interventions and counter-marketing strategies** that employ paid broadcast, billboard, print, and web-based advertising at the state and local levels; media advocacy endeavors; and efforts to reduce or replace tobacco industry sponsorship and promotions.
- **State-supported cessation interventions** encompassing a broad array of policy, system, and population-based measures.
- **State surveillance**, which involves monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals.
- **Administration and management** infrastructure and staffing, since internal capacity within a state health department is essential for program sustainability, efficacy and efficiency.

FDA regulation will not interfere with, and in some ways will strengthen, state authority to engage in these well-established best practices. Specifically, state and local governments retain the power to:

- Raise tobacco tax rates
- Enact and enforce smoke-free laws in workplaces and public places
- Fund comprehensive state tobacco prevention programs
- Implement counter-marketing campaigns
- Enhance access to effective cessation treatments
- Restrict the sale, distribution, and possession of tobacco products
- Implement anti-smuggling and tax evasion measures

The new law also notably expands what state and local governments can do to prohibit or restrict certain tobacco product marketing.

The Family Smoking Prevention and Tobacco Control Act blocks state and local governments from taking action specifically to regulate the structure of any tobacco product that is subject to FDA regulation – except that state and local governments retain authority, which a few have already exercised, to enact fire-safe cigarette laws.

Once it is fully implemented, the new law will establish a range of new marketing restrictions and other measures that will apply nationwide to complement, not interfere with, state and local tobacco prevention efforts. The law will also provide assistance to states to enforce restrictions on promotion, advertising and sales to youth, including an emphasis on mentholated cigarettes.

A More In-Depth Look

The Law Expands State and Local Authority to Restrict Cigarette Advertising and Promotion

The Family Smoking Prevention and Tobacco Control Act expands state and local governments' ability to restrict tobacco advertising and marketing. Some health advocates have endeavored, for example, to ban promotions of tobacco products at retail establishments (e.g., buy one, get one free, and discount coupons), but have been hampered by actual or feared federal statutory impediments. Since the adoption of certain amendments to the FCLAA in 1969, federal law had blocked states from restricting cigarette advertising and promotion specifically for health purposes. Some courts had, for example, rejected state and local measures banning free samples. By eliminating the preemption of state laws regulating the time, place or manner of cigarette advertising and promotion, the new law eliminates that problem and allows this kind of state and local regulation. The new law reduces the preemptive effect of the FCLAA, giving states the power to restrict the time, place and manner, though not the content, of cigarette advertising and promotion.

Previously, advocates of restrictions on cigarette advertising and marketing were required to carefully tailor regulations to pass legal muster (e.g., by making a case for enacting such laws for reasons other than public health), with no assurance that doing so would survive legal challenges. Removal of the preemption, as described above, appears to eliminate this problem.

Notably, there existed no similar federal preemption of state or local efforts to regulate or prohibit the advertising or promotion of tobacco products other than cigarettes, although, as in the case of cigarettes, such restrictions may be subject to constraints imposed by the First Amendment's protections of commercial speech.

The new law permits state and local governments to:

- Expand the law's requirement that retail ads for cigarettes and smokeless tobacco products be limited to black-and-white text to cigar and other tobacco product advertisements
- Restrict or eliminate the display of so-called power walls of cigarette packages at retail outlets, which will be the only presentation of cigarette brand logos, labels and colors permitted in retail outlets under the new law ("power walls" are the large displays of cigarettes found near cash registers at such places as convenience stores and gas stations)
- Limit the number and size of tobacco ads at retail outlets
- Require that tobacco products and advertisements be kept a minimum distance from cash registers in order to reduce impulse purchases by smokers trying to quit

The caveat is that the enactment of some of the measures noted above are likely to face legal challenges by tobacco or allied interests. States and localities will be able to engage in all such actions to the extent they are determined by the judicial system to be permissible under the free speech protections of the First Amendment. This should not unduly dissuade advocates and policy-makers from pursuing such policies, but when doing so, advocates are advised to take steps to strengthen the case that such regulations are valid under the First Amendment. Policymakers

must conscientiously develop both a strong legislative history and a substantial evidentiary record demonstrating that such restrictions (e.g., prohibiting power walls) directly advance the legitimate and substantial government interest of preventing youth tobacco use, reducing adult tobacco use or otherwise protecting and promoting public health. The legislative record should also make explicit that the restrictions will not entirely prevent tobacco companies from communicating truthful information to their legal adult customers, and that the restrictions are reasonably related to the government interests they seek to address.

With an eye toward effective use of the powers newly granted by the Family Smoking Prevention and Tobacco Control Act, advocates and policymakers may also consider using age-based criteria to avoid potential First Amendment concerns. For example, while the new law already limits outdoor and point-of-sale tobacco advertising to black-and-white text only, except in adult-only facilities, a state or locality could potentially prohibit outright point-of-sale advertising and require keeping tobacco products and paraphernalia out of sight in venues that admit persons under age 18.

The Law Leaves States and Localities Free to Engage in a Wide Range of Traditional State Tobacco Control Policy Actions

State and local governments remain free to adopt all of the major “best practices” policies, including tobacco tax hikes, smoke-free laws, restrictions on sales to youth and other sales restrictions, increased tobacco prevention program funding, and enhanced access to tobacco cessation services. The Family Smoking Prevention and Tobacco Control Act has no effect on state authority to restrict the sale, distribution, and possession of tobacco products. States may prohibit the sale of cigarettes or any other tobacco products entirely or to persons of any age, may change the age of sale, and may restrict sales to specified locations. They can, to take one example, prohibit tobacco product sales at pharmacies, as the cities of San Francisco and Boston have already done. Another example is prohibiting the sale of tobacco products in venues admitting persons under the age of 18 or, possibly, prohibiting sales within 1,000 feet of a school. States also retain the authority to implement anti-smuggling and tax evasion measures.

The Law Blocks Most, Though Not All, State Regulation of Tobacco Products Themselves

The Family Smoking Prevention and Tobacco Control Act gives the FDA exclusive authority to establish tobacco product standards, prohibit adulterated or misbranded tobacco products, establish labeling requirements, and regulate manufacturing standards and modified-risk tobacco products, thereby preempting previously existing state authority to do so. Similarly, the bill generally preempts states from separately licensing tobacco manufacturers and suppliers specifically and exclusively for tobacco product regulation purposes.

On the other hand, the legislation does not prevent state action regarding any products or activities over which the FDA has not asserted jurisdiction or taken action. For example, tobacco manufacturers’ production, marketing and sale of flavored tobacco products is an area of concern to health authorities and tobacco control advocates. The new law’s product standard section directly prohibits any cigarettes with a characterizing flavor other than tobacco or menthol, but does not apply to any other tobacco products. States may themselves ban any or all categories of tobacco

products—e.g., all cigarettes or smokeless tobacco—as a function of states’ authority over sales and distribution.

The legislation also does not appear to impede a state’s ability to require licenses and permits from manufacturers or other tobacco industry entities for any other purpose. Moreover, the new law specifically allows states to implement fire-safe cigarette laws and permits states to impose additional reporting requirements, including ingredient disclosures, on tobacco product manufacturers in the event states identify any information that has not already been obtained or shared by the FDA.

The Law Blocks State and Local Authority to Prescribe Health Warning Labels on Product Packages and Advertisements

The Family Smoking Prevention and Tobacco Control Act prescribes stronger health warning labels and warning label formats on cigarette and smokeless tobacco product packages and advertisements, and authorizes the FDA to establish warning labels on other tobacco products. At the same time, the law prohibits states from placing requirements on cigarette or smokeless tobacco product labeling or on the content of cigarette or smokeless tobacco advertisements.

State and local governments can, on the other hand, impose warning requirements that do not affect tobacco product packages or ads. For example, the New York City Board of Health has proposed requiring all tobacco retailers to prominently display point-of-sale warnings and cessation messages, possibly including graphic images to depict the adverse health effects of tobacco products.

The Law Permits Most Tobacco-Related Litigation

Most litigation is permitted under state and other laws, while some forms of litigation, or of specific legal claims within permitted lawsuits, are preempted. The law does not have a preemptive effect on most state-based civil claims, stating that it cannot be used to “modify or otherwise affect” any lawsuits or court rulings based on state product liability law. The law further states that it does not “affect any action pending in Federal, State or Tribal court, or any agreement, consent decree, or contract of any kind,” thus preserving pending smoking and health actions and all “light” cigarette fraud cases.

The preemptive effect of Section 5(b) of the Federal Cigarette Labeling and Advertising Act, as amended, still applies, which means that litigation against cigarette companies based on their “failure to warn” remains preempted by federal law. Thus, plaintiffs in products liability cases cannot claim that cigarette companies failed to warn them of the health effects of smoking after 1969, when the preemptive language went into effect. Nor can plaintiffs bring claims based on legal theories of negligence or misrepresentation by omission.

Many legal actions against tobacco companies have been based on legal theories other than product liability. For example, “light” cigarette cases rest largely on state consumer protection laws, and some cases have been based on state racketeering (or “RICO”) laws. The impact of the legislation on such cases is unclear. In some states, these consumer protection laws cannot be used

to challenge corporate practices that are regulated or approved by federal agencies. Some legal claims under some of these state laws might be disallowed.

As a practical matter, tobacco company defendants can be expected to use the fact of FDA regulation in an effort to persuade courts and juries not to assess significant punitive damage awards. Those are the monetary penalties that have been assessed in many cases against tobacco companies to punish the bad behavior of the defendants and to deter such misconduct in the future. The companies may argue that, since they are now more tightly regulated, there is no need to punish them or discourage future wrongdoing. How their arguments fare in courts of law remains to be seen.

Conclusion

The technical question of state authority aside, an intriguing strategic question concerns how enactment of the Family Smoking Prevention and Tobacco Control Act might affect the tobacco control advocacy environment. Once certain major changes (e.g., the strengthening of health warning labels and the implementation of the 1996 FDA tobacco rule restricting or eliminating a variety of tobacco marketing activities) take effect, pending the outcome of likely legal challenges, how such changes might influence public perspectives and those of decision-makers cannot be predicted with certainty. What will emerge as the top tobacco control policy priorities of state and local advocates in the years ahead? Answering these questions will require careful consideration of research and data regarding the relative effectiveness of the available (including newly available) options, their political viability, and the impact of those options (and the advocacy of such options) on building and strengthening the tobacco control movement or otherwise making additional future progress easier.

2

Expansion of State and Local Authority

The Family Smoking Prevention and Tobacco Control Act explicitly limits the current federal preemption against state and local regulation of cigarette advertising under the Federal Cigarette Labeling and Advertising Act (FCLAA), by allowing states and localities to restrict the location, color, size, number and placement of cigarette advertisements. In this way, the law clearly expands what states can do to prohibit or restrict certain tobacco product marketing.

Since the adoption of amendments to the FCLAA in 1969, federal law had blocked state and local governments from restricting cigarette advertising and promotion specifically for health purposes. Advocates and policymakers attempted to tailor the regulations in such a way as to thwart legal challenges (e.g., by arguing that such laws were enacted for reasons other than protecting health), but often without success. For example, some local regulations sought to ban promotions of tobacco products at retail establishments (e.g., buy one, get one free, and discount coupons). By weakening the preemptive language of the FCLAA, the new law strengthens the hand of local regulators and allows state and local governments to pass these types of regulations.

It should be pointed out that no similar federal preemption of state regulation of advertising and promotion of tobacco products other than cigarettes existed, although, as in the case of cigarettes, such restrictions may be tested in the courts to determine that they are consistent with the First Amendment's protections of commercial speech.

Specifically, the new law permits states to:

- Expand the law's requirement that retail ads for cigarettes and smokeless tobacco products be limited to black-and-white text to cigar and other tobacco product advertisements
- Restrict or eliminate the display of so-called power walls of cigarette packages at retail outlets, which will be the only presentation of cigarette brand logos, labels and colors permitted in retail outlets under the new law ("power walls" are the large displays of cigarettes found near cash registers at such places as convenience stores and gas stations)
- Limit the number and size of tobacco ads at retail outlets
- Require that tobacco products and advertisements be kept a minimum distance from cash registers in order to reduce impulse purchases by smokers trying to quit

Again, enactment of some of the above measures are likely to face legal challenges by tobacco or allied interests. This should not unduly dissuade advocates and policymakers from pursuing such policies, but when doing so, advocates must take appropriate steps to strengthen the case that such regulations are valid under the First Amendment. Policymakers must conscientiously develop both a strong legislative history and a substantial evidentiary record demonstrating that such restrictions (e.g., prohibiting power walls) directly advance the legitimate and substantial government interest of preventing youth tobacco use, reducing adult tobacco use or otherwise protecting and promoting public health. The legislative record should also make explicit that the restrictions will not entirely

prevent tobacco companies from communicating truthful information to their legal adult customers, and that the restrictions are reasonably related to the government interests they seek to address.

Advocates and policymakers may also consider using age-based criteria to avoid potential First Amendment concerns. For example, while the new law already limits outdoor and point-of-sale tobacco advertising to black-and-white text only, except in adult-only facilities, a state or locality could potentially prohibit outright point-of-sale advertising and require keeping tobacco products and paraphernalia out of sight in venues that admit persons under age 18.

Finally, state and local advocates should be aware that the law provides for new Food and Drug Administration assistance to states to enforce restrictions on promotion, advertising and sales to youth, including assistance focused on preventing underage tobacco use in communities with a disproportionate use of menthol cigarettes by minors.

3

Federal Regulation of Tobacco:
Impact on State and Local Authority

Preemption of State and Local Authority

The Family Smoking Prevention and Tobacco Control Act vests the Food and Drug Administration with jurisdiction to regulate both current and new tobacco products and restrict tobacco product marketing, while also preempting certain state and local regulatory authority, as described below. The authority of the Food and Drug Administration (FDA) to regulate the structure of tobacco products is particularly important because it empowers the agency to order changes in existing or new products designed to render them less harmful or less (or non-)addictive. Such product regulation is enormously complex, requiring extensive oversight and testing expertise and capacity. Most, if not all, states lack such expertise or resources, and none have sought to regulate tobacco products themselves, with the exception of “fire-safe” cigarette laws and bans on flavored cigarettes such as the small, hand-rolled cigarettes called bidis.

The Law Blocks State Authority to Regulate the Content of Cigarette Advertisements or to Prescribe Health Warning Labels on Tobacco Product Packages

The Family Smoking Prevention and Tobacco Control Act prescribes stronger health warning labels and warning label formats on cigarette and smokeless tobacco product packages and advertisements, and authorizes the FDA to establish warning labels on other tobacco products. The new law also expands states’ ability to restrict tobacco advertising and marketing by amending the Federal Cigarette Labeling and Advertising Act (FCLAA), which no longer prohibits states from restricting cigarette advertising and promotion specifically based on concerns related to smoking and health.

At the same time, the new law prohibits states from placing requirements on cigarette or smokeless tobacco product labeling or on the content of cigarette advertisements. State and local governments can, however, impose warning mandates that do not affect tobacco product packages or ads. For example, the New York City Board of Health has proposed requiring all tobacco retailers to prominently display point-of-sale warnings and cessation messages, possibly including graphic images to depict the adverse health effects of tobacco products.

The Law Blocks Most State and Local Regulation of the Content of Tobacco Products

The new law gives the FDA exclusive authority to establish tobacco product standards, prohibit adulterated or misbranded tobacco products, establish labeling requirements, and regulate manufacturing standards and modified-risk tobacco products, thereby preempting previously existing state and local authority to do so. Similarly, the law generally preempts state and local governments from separately licensing tobacco manufacturers and suppliers specifically and exclusively for tobacco product regulation purposes.

There are exceptions. First, the new law's product standard section directly prohibits any cigarettes with a characterizing flavor other than tobacco or menthol, but it does not apply to any other tobacco products. States may themselves ban any or all categories of tobacco products—e.g., all cigarettes or smokeless tobacco—as a function of states' authority over sales and distribution.

The law also does not appear to impede a state's ability to require licenses and permits from manufacturers or other tobacco industry entities for any other purpose. Finally, the law specifically allows state and local governments to implement fire-safe cigarette laws and permits states to impose additional reporting requirements, including ingredient disclosures, on tobacco product manufacturers in the event states identify any information that has not already been obtained or shared by the FDA.

The Law Includes Limited Preemption of Some Tobacco-Related Litigation

Most litigation continues to be permitted under state and other laws, while some forms of litigation, or of specific legal claims within permitted lawsuits, are preempted. The law does not have a preemptive effect on most state-based civil claims, stating that it cannot be used to "modify or otherwise affect" any lawsuits or court rulings based on state product liability law. The law further states that it does not "affect any action pending in Federal, State or tribal court, or any agreement, consent decree, or contract of any kind." Still, the tobacco industry may attempt to argue that the inclusion of a "grandfather clause" in the law suggests that actions filed in the future that are not considered to arise under a state product liability law (such as consumer fraud) are preempted. In addition, in some states consumer protection laws cannot be used to challenge corporate practices that are regulated or approved by federal agencies.

Questions of interpretation aside, the preemptive effect of Section 5(b) of the FCLAA, as amended, still clearly applies: litigation against cigarette companies based on their "failure to warn" remains preempted by federal law. Thus, plaintiffs in products liability cases cannot claim that cigarette companies failed to warn them of the health effects of smoking after 1969, when the preemptive language went into effect. Nor can plaintiffs bring claims based on legal theories of negligence or misrepresentation by omission.

4

Unchanged State and Local Authority

While the Family Smoking Prevention and Tobacco Control Act changes state authority to regulate tobacco products and tobacco product marketing in various respects—either enhancing or, in some cases, preempting state authority—there are many ways in which state power remains unchanged, as described below.

States Retain Important Tobacco Control Authority

First and foremost, it is important that advocates and policymakers understand that, following enactment of the new law, states retain the authority to engage in a sweeping array of tobacco control policy actions long championed by the public health community. A key guide to the state-based actions regarded as being most effective in reducing tobacco use and initiation and exposure to secondhand smoke is the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*, updated in 2008. Based on thousands of peer-reviewed studies, CDC's guidelines identify the most effective population-based approaches within the following categories:

- **State and community interventions**, which cover a range of activities, including state and local policies and programs, chronic disease and tobacco-related disparity elimination initiatives, and interventions aimed at influencing youth.
- **Health communication interventions and counter-marketing strategies** that employ paid broadcast, billboard, print, and web-based advertising at the state and local levels; media advocacy endeavors; and efforts to reduce or replace tobacco industry sponsorship and promotions.
- **State-supported cessation interventions** encompassing a broad array of policy, system, and population-based measures.
- **State surveillance**, which involves monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals.
- **Administration and management** infrastructure and staffing, since internal capacity within a state health department is essential for program sustainability, efficacy and efficiency.

Specifically, the new legislation leaves fully intact state authority to engage in all of the following well-established best practices:

- Raise tobacco tax rates
- Enact and enforce smoke-free laws in workplaces and public places
- Increase funding for comprehensive state tobacco prevention programs

- Implement counter-marketing campaigns
- Enhance access to effective cessation treatments
- Restrict the sale, distribution, and possession of tobacco products
- Implement anti-smuggling and tax evasion measures

The new law gives the Food and Drug Administration (FDA) exclusive authority to establish tobacco product standards, prohibit adulterated or misbranded tobacco products, establish labeling requirements, and regulate manufacturing standards and modified-risk tobacco products, thereby preempting previously existing state authority to do so. Similarly, the bill generally preempts states from separately licensing tobacco manufacturers and suppliers specifically and exclusively for tobacco product regulation purposes.

There are exceptions, however, that preserve significant state regulatory authority in the area of tobacco product standards. First, the new law's product standard section directly prohibits any cigarettes with a characterizing flavor other than tobacco or menthol, but it does not mandate similar changes in other tobacco products. States retain their authority to ban any or all categories of tobacco products as a function of states' authority over sales and distribution. States could, for example, outlaw all classes of tobacco products (e.g., all cigarettes or smokeless tobacco).

The law also makes clear that states continue to have the authority to implement fire-safe cigarette laws, and it permits states to impose additional reporting requirements, including ingredient disclosures, on tobacco product manufacturers in the event states identify any information that has not already been obtained or shared by the FDA. Nor does the law appear to change states' ability to require licenses and permits from manufacturers or other tobacco industry entities for purposes other than tobacco regulation.

The new law requires FDA review and approval of all new tobacco products before they are allowed on the market. While the FDA will have the responsibility to regulate (and, when it deems appropriate, prohibit) novel or new products, including their marketing, sale and distribution, states retain the power to ensure that any new products that are allowed on the market by the FDA are marketed and sold in compliance with federal law and do not hamper state tobacco control efforts. States can take regulatory action to prevent any new products from being marketed in such a way as to increase initiation among youth or impede cessation.

Other actions that states retain the authority to take include:

- Mandating minimum pack sizes for all tobacco products, to discourage initiation and usage among youth
- Prohibiting the sale of non-tobacco products containing nicotine that have not been approved by the FDA
- Short of prohibiting the sale of unapproved, non-tobacco products containing nicotine, taxing or restricting such products.

The Law Permits Most State-Based Tobacco-Related Litigation to Continue, Preserving State Authority in the Area

Most litigation continues to be permitted under state and other laws, while some forms of litigation, or of specific legal claims within permitted lawsuits, are preempted. The law does not have a preemptive effect on most state-based civil claims, stating that it cannot be used to “modify or otherwise affect” any lawsuits or court rulings based on state product liability law. The law further states that it does not “affect any action pending in Federal, State or tribal court, or any agreement, consent decree, or contract of any kind.”

5

Tobacco Product Marketing Restrictions

The Family Smoking Prevention and Tobacco Control Act requires a number of restrictions on cigarette and smokeless tobacco product advertising and other marketing, and also grants the Food and Drug Administration (FDA) authority to impose additional restrictions on the advertising, promotion and other marketing of tobacco products in order to promote overall public health. All such restrictions would be subject to the constraints of the First Amendment, which protects certain commercial speech. The FDA finding as to whether such regulation would be appropriate for the protection of the public health would be determined with respect to the population as a whole, including users and non-users of tobacco.

The FDA has wide-ranging authority to regulate tobacco product marketing. Apart from the agency's power to implement new regulations in the future, the new law mandates certain specific changes, as follows:

- Restricts tobacco advertising and promotion in order to promote overall public health (the judicial system will almost certainly be asked to adjudicate whether any of the legislated advertising restrictions unconstitutionally interferes with free speech under the First Amendment)
- Stops illegal sales of tobacco products to minors
- Prohibits health claims about purported reduced-risk products, where such claims are not scientifically proven or would cause net public health harms (for example, by discouraging current tobacco users from quitting or encouraging new users to start)
- Revises and strengthens the content of health warnings on both cigarette and smokeless tobacco products, requiring the warnings to cover 50 percent of the front and back of all packages, including graphic images depicting the harmful effects of tobacco use
- Prohibits terms such as "light," "mild" and "low-tar" on tobacco product packages and advertisements, while authorizing the FDA to restrict additional terms in the future

The Family Smoking Prevention and Tobacco Control Act also mandates restrictions on the marketing and advertising of cigarettes and smokeless tobacco that the FDA itself adopted in 1996 but which the Supreme Court nullified in 2000 on the basis that Congress had not at that time given the FDA the authority to take such action. The new law:

- Bans outdoor advertising within 1,000 feet of schools and playgrounds
- Bans brand sponsorships of sports and entertainment events
- Bans free giveaways of any non-tobacco items with the purchase of a product or in exchange for coupons or proof of purchase
- Bans free samples and the sale of cigarettes in packages that contain fewer than 20 cigarettes
- Limits any outdoor and all point-of-sale tobacco advertising, except in adult-only facilities,

- to black text on white background only
- Limits advertising in publications with significant teen readership to black text on white background only
- Limits audio-visual advertising (e.g., at point of purchase), except in adult-only facilities, to black text on white background visuals and spoken words (no music, images or moving images)
- Restricts vending machines and self-service displays to adult-only facilities
- Establishes 18 as a federal nationwide minimum age for legal cigarette and smokeless tobacco sales with strong federal penalties, including the loss of the right to sell tobacco products for chronic, repeat offenders (with no preemption of existing state laws or penalties, and preserving state authority to impose higher minimum-age laws)
- Requires retailers to verify age for all over-the-counter sales by checking a photographic ID, and provides for federal enforcement and penalties against retailers who sell to minors

The law includes other significant changes as well. For example, it:

- Limits the previously existing federal preemption against state regulation of cigarette advertising under the Federal Cigarette Labeling and Advertising Act (FCLAA), by allowing states to restrict the location, color, size, number and placement of cigarette advertisements
- Blocks tobacco companies from claiming that the FDA has approved or certified any tobacco product

What State and Local Governments Can Do

States and localities will retain the authority to engage in a sweeping array of tobacco control policy actions. FDA regulation will not interfere with, and in some ways will strengthen, state authority to:

- Prohibit or restrict certain forms of tobacco product marketing
- Implement counter-marketing campaigns
- Fund comprehensive state tobacco prevention programs

The Law Expands State and Local Authority to Restrict Cigarette Advertising and Promotion

The Family Smoking Prevention and Tobacco Control Act expands state and local governments' ability to restrict tobacco advertising and marketing by amending the FCLAA, which previously prohibited states from restricting cigarette advertising and promotion specifically based on concerns related to smoking and health. Some health advocates have endeavored, for example, to ban promotions of tobacco products at retail establishments (e.g., buy one, get one free, and discount coupons), but have been hampered by the language of the FCLAA. Before the new law was enacted, advocates were forced to base new marketing restrictions on goals other than health in order to circumvent the FCLAA preemption, with no assurance that doing so would survive legal challenges.

Some courts had, for example, rejected state and local measures banning free samples. By eliminating the preemption of state and local laws regulating the time, place or manner of cigarette advertising and promotion, the new law eliminates that problem and allows this kind of state and local regulation.

The preemption that applied to regulation of cigarette advertising and promotion did not apply to smokeless tobacco or other tobacco products, and the new law does not change that. Thus, state and local governments remain free to regulate the time, place or manner, but not the content, of advertising and promotion of all non-cigarette tobacco products, subject to possible judicial review relating to the First Amendment's protections of commercial speech.

The new law permits state and local governments to:

- Expand the law's requirement that retail ads for cigarettes and smokeless tobacco products be limited to black-and-white text to cigar and other tobacco product advertisements
- Restrict or eliminate the display of so-called power walls of cigarette packages at retail outlets, which will be the only presentation of cigarette brand logos, labels and colors permitted in retail outlets under the new law ("power walls" are the large displays of cigarettes found near cash registers at such places as convenience stores and gas stations)
- Limit the number and size of tobacco ads at retail outlets
- Require that tobacco products and advertisements be kept a minimum distance from cash registers in order to reduce impulse purchases by smokers trying to quit

The caveat, again, is that the enactment of some of the measures noted above may face legal challenges by tobacco or allied interests. States and localities will be able to engage in all such actions to the extent they are determined by the judicial system to be permissible under the free speech protections of the First Amendment. The possibility of judicial review should not unduly dissuade advocates and policymakers from pursuing such policies, but when doing so, advocates are advised to take steps to strengthen the case that such regulations are valid under the First Amendment. Policymakers must conscientiously develop both a strong legislative history and a substantial evidentiary record demonstrating that such restrictions (e.g., prohibiting power walls) directly advance the legitimate and substantial government interest of preventing youth tobacco use, reducing adult tobacco use or otherwise protecting and promoting public health. The legislative record should also make explicit that the restrictions will not entirely prevent tobacco companies from communicating truthful information to their legal adult customers, and that the restrictions are reasonably related to the government interests they seek to address.

With an eye toward effective use of the powers newly granted by the Family Smoking Prevention and Tobacco Control Act, advocates and policymakers may also consider using age-based criteria to avoid potential First Amendment concerns. For example, while the new law already limits outdoor and point-of-sale tobacco advertising to black-and-white text only, except in adult-only facilities, a state or locality could potentially prohibit outright point-of-sale advertising and require keeping tobacco products and paraphernalia out of sight in venues that admit persons under age 18.

The Law Blocks State Authority to Prescribe Health Warning Labels on Product Packages and Advertisements

The Family Smoking Prevention and Tobacco Control Act prescribes stronger health warning labels and warning label formats on cigarette and smokeless tobacco product packages and advertisements, and authorizes the FDA to establish warning labels on other tobacco products. At the same time, the law prohibits states from placing requirements on cigarette or smokeless tobacco product labeling or on the content of cigarette or smokeless tobacco advertisements.

State and local governments can, however, impose warning mandates that do not affect tobacco product packages or ads. For example, the New York City Board of Health has proposed requiring all tobacco retailers to prominently display point-of-sale warnings and cessation messages, possibly including graphic images to depict the adverse health effects of tobacco products.

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State and Local Authority to Establish Tobacco Product Standards

The new law gives the Food and Drug Administration exclusive authority to establish tobacco product standards, which are regulations affecting the design or safety of a product. The FDA is also authorized to prohibit adulterated or misbranded tobacco products, establish labeling requirements, and regulate manufacturing standards and modified-risk tobacco products, thereby generally preempting previously existing state authority in those areas. Similarly, the law preempts states from separately licensing tobacco manufacturers and suppliers specifically and exclusively for tobacco product regulation purposes.

While the new law thus limits state and local authority to regulate tobacco product standards, it leaves in the hands of the states an array of options to restrict or eliminate the sale, distribution, and possession of certain types of tobacco products and non-tobacco products that contain nicotine. Indeed, states retain significant regulatory authority in the area of tobacco product standards.

The new law's product standard section directly prohibits any cigarettes with a characterizing flavor other than tobacco or menthol, but it does not mandate similar changes in other tobacco products. States retain their existing authority to ban any or all categories of tobacco products as a function of states' jurisdiction over sales and distribution. States and localities could, for example, outlaw all classes of tobacco products (e.g., all cigarettes or smokeless tobacco).

The law also preserves state and local governments' authority to implement fire-safe cigarette laws that regulate the ignition propensity of tobacco products, and permits states and localities to impose additional reporting requirements, including ingredient disclosures, on tobacco product manufacturers in the event states identify any information that has not already been obtained or shared by the FDA. Nor does the law appear to change states' ability to require licenses and permits from manufacturers or other tobacco industry entities for purposes other than tobacco regulation.

A fundamental feature of the new law is that it requires FDA review and approval of all new tobacco products before they can be introduced to the market. While the FDA will have the responsibility to regulate—or, if it deems appropriate, prohibit—novel or new products, including their marketing, sale and distribution, states and localities retain the power to take enforcement actions to ensure that any new products approved by the FDA are marketed and sold in compliance with federal law and do not hamper state tobacco control efforts.

States also retain the authority to prohibit the sale of non-tobacco products containing nicotine that have not been approved by the FDA, and to tax or restrict the sale, distribution, or marketing of unapproved non-tobacco products containing nicotine. Advocates and lawmakers should be alert to the fact that many state laws contain definitions of "cigarette," "smokeless tobacco," and "tobacco product" that may not be sufficiently broad to cover new types of tobacco products for taxation and other purposes. States are well-advised to modify such definitions to close potential gaps or loopholes.

To learn more about FDA regulation of tobacco, visit www.tclconline.org.

The Tobacco Control Legal Consortium provides information and technical assistance on issues related to tobacco and public health, but does not provide legal representation or advice. These fact sheets should not be considered legal advice or a substitute for obtaining legal advice from an attorney who can represent you. If you have specific legal questions, we recommend that you consult with an attorney familiar with the laws of your jurisdiction.

Tobacco Control Legal Consortium
875 Summit Avenue
Saint Paul, Minnesota 55105-3076
Tel: 651.290.7506 · Fax: 651.290.7515
www.tclconline.org

FOCUSING ON EQUITY AND INCLUSION

WHEN WE WORK ON PUBLIC HEALTH LAWS



Introduction

Law and policy are essential tools for improving public health and addressing the social determinants of health. Laws, in the form of statutes or codes, ordinances, and administrative or agency rules, are a particularly potent type of policy because they have the power of government behind them. Laws are also powerful because they reflect and help to shape and reinforce social norms.

Law impacts our health and our opportunities to lead healthy lives in multi-layered ways. It regulates our access to healthcare services, which directly affects our health. Law also impacts our health in less direct but still significant ways by shaping where we live and what our physical environment is like (is there safe tap water to drink? clean air to breathe? safe places to walk outside?), and restricting or widening the choices and opportunities that are available to us (can we get appealing, nutritious food? can we get a job that pays a living wage? can we use public restrooms?). In other words, the law is a key force for *equity* and *health equity*, both for good and for ill.

There are many helpful ways to explain what equity means. PolicyLink provides this concise and inspiring definition: “This is equity: just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all.”¹ In turn,

Law is a key force for equity and health equity, both for good and for ill.

Dr. Paula Braveman describes the pursuit of health equity as striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.² Right now, the leading causes of poor health and death in the U.S. are chronic diseases that are largely preventable—cancer, heart disease, high blood pressure, and diabetes. As Dr. Georges C. Benjamin, Executive Director of the

American Public Health Association, has noted, “The root causes of many of these health threats are inextricably linked to the social determinants of health and the conditions that shape a person’s opportunity to attain good health and adopt healthy behaviors. These social determinants include access to safe housing, good jobs with living wages, quality education, affordable health care, nutritious foods, and safe places to be physically active. They also include racism, discrimination, and bias.”³

Law and Equity

In the U.S., the law and equity have not gone hand in hand, especially when it comes to the social determinants of health. There are many reasons for the disconnect. One likely reason is that the elected officials who tend to make up U.S. policy making bodies—from city councils to state legislators to Congress—disproportionately come from groups for whom the social determinants of health are typically positive. These legislative bodies, particularly at the state and federal levels, are predominantly white, male, Christian, heterosexual, able-bodied, with higher levels of education and income compared to the general population.⁴

Add to this fact that one of the basic principles of our legislative system is that lawmakers do not have to do the “best” thing or choose the policy option that is backed by evidence. They must only be able to show that they are not acting on a whim;

in legal terms, that they are not arbitrary or capricious. When a law is challenged, if legislators can point to some “rational basis” for their decisions, that is usually enough. A rational basis standard sounds good, but it is a low threshold. What passes for common sense at the time to legislators and judges often passes this test. Exceptions to this standard have evolved—for example, laws that make race, gender, or religious classifications, and laws that infringe upon rights protected by the Bill of Rights (such as the right to be free of government restrictions on speech), must pass much harder tests. But generally, much to the dismay of many public health researchers, lawmakers do not have to base their policy decisions on recommended best practices or evidence-based approaches. Of course, what is common sense to some is often neither common nor sensible to everyone. Although there are usually opportunities for community members to share alternative views of common sense, people dealing with negative impacts from social determinants of health face greater barriers to participation, including lack of access, time, money, and good health.

The public health law sector aims for something more than common sense justifications for law and policy, which is probably a good thing. Many of the individual behaviors that are linked to chronic diseases are driven by larger policy choices and system designs that have become so normal they are invisible to us—they are the common sense. When public health

proponents in turn propose policy and systems changes to create a healthier “normal,” these proposals often draw charges of government overreach into individual liberties and rights. Having some kind of evidence to support the need for proposed policy changes can help to counteract these concerns. But scientific evidence is not enough—these policy proposals must also incorporate the priorities and values of, and be supported by, the community members who will be affected by them.

The Five Essential Services for Public Health Law – A Public Health Policy Development Framework

The “Five Essential Public Health Law Services Framework” is an example of how public health law academics and advocates are thinking seriously and methodically about public health law development. The Framework is a tool that defines and describes the “observable, improvable, services required for health agencies and systems to develop and enforce laws to improve public health.”⁵ The Framework divides these “services” into five categories: access to evidence and expertise to support legal policy development; expertise in design of legal policy solutions; collaboration in building political will and partnerships across community stakeholders; support for implementation, enforcement, and defense of legal solutions; and monitoring of policy adoption across jurisdictions and evaluation of

impacts. Although the order in which these “services” are stated is consistent with how policy development happens in theory, in practice, policy development is a dynamic process that can start at different points, stop, restart, loop back; the legislative process is referred to as sausage making for a reason. Similarly, the Framework developers acknowledge that the “services” must be viewed as iterative and as “general capacities that are needed to operate and be in readiness at all times.”⁶

In recent years there has been a widespread resurgence of calls for the public health sector to do better in addressing how racism and other social determinants of health impact our work. In turn, we are

paying more attention to how laws and legal systems have been (and continue to be) used to create and perpetuate systemic oppression and health inequities, and building our understanding that changing these

systems requires not just repeal or amending of harmful laws, but a holistic approach that keeps the social determinants of health, and equity impacts, squarely in focus.

We must keep the social determinants of health, and equity impacts, squarely in focus.

These efforts have led to the development of several thoughtful guides and toolkits to support policymakers, advocates, and public health staff in thinking through equity considerations as part of policy development processes. This guide draws upon these resources and applies principles from them to the Framework. In particular, we drew upon RaceForward’s Racial Equity Impact Assessment Guide and the Local and Regional Government Alliance on Race & Equity’s Racial Equity Toolkit (see Key Sources and Additional Resources section).

Elevating Equity Considerations Across the Five Services

This resource offers guidance on how to use the Framework in a way that maintains focus on equity goals and concerns, primarily through a focus on authentic engagement and inclusion of community members throughout the policy identification, development, design, adoption, implementation, and enforcement process. For each “service” or capacity, questions are provided to help prompt readers to think about how perspectives, voices and experiences of community members—and particularly, those of priority populations—are or should be integrated into each area.

Priority populations include: racial and ethnic minority groups; American Indians and Native Alaskans; low-income groups;

women; children; older adults (age 65 and over); rural communities; individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life care; LGBTQ populations, and others who are socially disadvantaged or marginalized.⁷

Several of the questions are relevant to more than one “service” but we did not repeat them. We provided objectives to help frame categories of questions within each “service” to help readers think about how they would use the answers to the questions to inform their policy development processes. We also adjusted the order in which the “services” are presented to reflect that community members must help to identify the problem and possible solutions from the outset.

These questions should be viewed as a starting point; they also are a work in progress. As noted by Dr. Shiriki Kumanyika, “The efforts to identify systemic factors that allow inequities to arise and persist are a critical first step and will prove worthwhile when they lead to actions and accountability for changing these factors.”⁸ We hope these questions will prove worthwhile, and we welcome your feedback and ideas about how we could add to or improve them.

KEEPING THE FOCUS ON EQUITY AND INCLUSION WITHIN THE FIVE ESSENTIAL SERVICES FOR PUBLIC HEALTH LAW

Guiding principle: "Nothing about us without us."

Service: Collaboration in Building Partnerships/Forming Political Will

For example, community organizing, education, advocacy or lobbying.

Objective: Identify priority populations to be helped by addressing the problem, the specific issues to be addressed, and ways to frame the issues to build collaborative will.

- Which groups are most burdened by the problem? How are they burdened?
- Who benefits from the current situation? How do they benefit? How are their interests served or not served by maintaining the status quo?
- How can you frame the policy idea as addressing a universal goal that also provides a targeted solution for the people or groups who are the intended beneficiaries?
- What specific, concrete actions are you taking to learn about what/who you don't know, including from potential allies as well as potential adversaries?

Objective: Assess whether and to what degree community members view the problem and potential policy solutions to be a priority, and what that means for political will to move the policy idea.

- Who identified the problem and the policy ideas to pursue? Did the policy idea or problem identification come from top down, or outside of the community, from affected community members, or some combination?
- What does the origin of the ideas mean for what you should or must do to support or promote engagement and inclusion with community members, and especially priority populations?

Service: Collaboration in Building Partnerships/Forming Political Will

For example, community organizing, education, advocacy or lobbying (continued).

Objective: Cultivate adequate and appropriate engagement with and inclusion of community members, especially intended beneficiaries of the policy solution idea, to support the development of a policy solution that will be responsive to community goals and needs.

- What can you do to support collaborations that build and strengthen interpersonal relationships, acknowledge bias, and recognize the strengths and assets that community members bring to the table for the policy design, adoption, implementation, and evaluation processes?
- What steps can you take to ensure that representatives from the groups who are the hoped-for beneficiaries of the policy solution are meaningfully involved and authentically represented in the policy development, adoption, implementation, and evaluation processes? Who can you partner with to help build relationships?
- What are you doing to meet people where they are, literally and metaphorically?
- How will you assess the level, range, and quality of community and stakeholder engagement throughout the process?⁹
- How are you identifying leaders or spokespeople from impacted communities, to include both those who have titles (such as Executive Director, or Chair) or formal educational degrees, and those who may not have titles or degrees, or who may not be part of a formal organization?

Objective: Identify and anticipate the likely opposition to policy change and take steps to neutralize or mitigate potential opponents.

- If this policy solution were to be challenged in court, who would be likely to challenge it? What groups are they likely to seek support from or to ally with?
- If you had to defend it, whom would you want as allies?
- What can you do to build buy-in so that the intended community beneficiaries will want to ally with you?

Service: Accessing Evidence and Expertise

For example, epidemiological or behavioral data, best practices, political judgments, community knowledge, or practical experience about a problem and possible solutions.

Objective: Search out evidence and expertise from community sources and lived experiences in addition to classic sources of research and expertise.

- How are you defining “evidence” and “expertise”? Does the definition include lived experiences of community members who are impacted by/likely to be impacted by the policy area? Does it include practice-based evidence?
- What community-based organizations can you reach out to help you connect with community sources of expertise?
- There are significant research gaps with respect to many priority populations—what are the limits or shortfalls of the known evidence? How can you address or mitigate these knowledge gaps in the policy development process? For example, is there “grey literature” or other helpful sources?

Objective: Identify and navigate blind spots and potential bias in sources of evidence and expertise.

- Where did the evidence and expertise that you are relying on come from? For example, through community-based research practices? By researchers who have some connection with the community being studied? By researchers with no connection? From community leaders and spokespeople? (See question above about how leaders and spokespeople are identified.)
- How has the law, both historically and currently, affected the availability of research or expertise about the issue area or about impacts on priority populations?
- Communities and populations are not monolithic—how does the evidence or experts you are relying on reflect the diversity of experiences within specific communities/populations?

**Service: Designing Legal and Policy Solutions
(including both substantive and technical aspects of policy drafting)**

For example, helping people pick the best legal mechanism for a policy (e.g., law, regulation; state law or local law) or drafting model laws.

Objective: Understand the social and legal landscape that should inform your policy solution idea(s).

- How does the policy solution incorporate and reflect the experiences, values, and goals of priority populations who are likely to be affected by the policy?
- How will the policy fit in or interact with other laws and regulations in the jurisdiction?

Objective: Assess predicted potential impacts so you can adjust your policy solution idea as needed to mitigate or avoid negative unintended impacts.

- How are different groups within a jurisdiction (or community) likely to be impacted by the policy solution, both positively and negatively?
- What positive impacts on equity and inclusion are likely to come from this proposal? How can you maximize the opportunities for positive impact?
- Are there better ways to reduce disparities and advance equity? What provisions could be changed or added to ensure or enhance positive impacts on equity and inclusion?¹⁰
- What other laws or policies should be changed to help your policy solution idea be more effective, or to mitigate unintended burdens that your policy solution idea would create?

Objective: Plan for implementation, enforcement, and monitoring to strengthen the likelihood that the policy will work effectively and as intended.

- Who will implement and/or enforce this policy? Will the implementers or enforcers have the capacity, tools, or resources they need to do a good job? Is funding or some other kind of support important or necessary to ensure successful implementation and enforcement, and if so, will that support be available?
- What kind of monitoring process could you build into the policy so that you can learn—without creating more burden for impacted community members—whether the policy is actually doing what you hoped it would?
- What provisions can you include to facilitate or ensure ongoing data collection about implementation and enforcement activities, public reporting about these activities, stakeholder and community participation in reviewing efforts, and other types of public accountability?¹¹

Service: Implementing, Enforcing and Defending Legal Solutions

For example, devising enforcement strategies or filing an amicus brief to help defend a law that is being challenged in court.

Objective: Understand the history and current experiences that are likely to inform how community members will perceive implementation and enforcement efforts related to the policy solution idea.

- What is the experience of community members, and priority populations in particular, with the implementation and enforcement of this kind of policy, or with this policy area, historically and currently? Does the data show disparate impacts?
- How is this history or experience viewed by representatives of these groups?

Objective: Design implementation and enforcement strategies that reflect community values and will not contribute to systemic oppression or disadvantage to priority populations.

- How can you incorporate the experiences, values, and goals of priority populations who are likely to be affected by the policy solution into the implementation and enforcement plans and processes?
- How can implementation and enforcement be carried out so as to not contribute to adverse impacts or negative outcomes for priority populations within the jurisdiction?

Service: Surveying and Evaluating Policies

For example, evaluating the implementation or impact of a policy, and/or systematically tracking the adoption or repeal of new laws by communities over time.

Objective: Design measures and evaluations that focus on how much the policy solution is likely to improve health equity and to effectively address other equity goals.

- What positive, negative or unintended impacts on equity and inclusion, if any, could result from the policy solution? How can these impacts be measured and documented?¹²
- What factors are most relevant for understanding the potential policy's impact on the causes of inequity (such as structural racism, economics and employment, social isolation and housing segregation, structural sexism, poverty, lack of educational opportunities, Adverse Childhood Experiences,¹³ and other social determinants of health)?
- How do your evaluation benchmarks or other measure of progress reflect the experiences, values, and goals of priority populations who are likely to be affected by the policy solution idea?
- What can you do to make sure that the surveying or evaluation does not create unnecessary burdens for community members?

Key Sources and Additional Resources:

- The Local and Regional Government Alliance on Race & Equity has [several resources](#)¹⁴ to help local governments create policies with an equity focus, including a [Racial Equity Toolkit](#).¹⁵
- RaceForward’s [Racial Equity Impact Assessment Toolkit](#)¹⁶ can help with doing a systematic analysis of how different racial and ethnic groups will likely be affected by a proposed action or decision.
- The Centers for Disease Control and Prevention has an in-depth resource to support authentic community engagement in public health policy making and program planning processes (including case studies), called [Promoting Health Equity, A Resource to Help Communities Address Social Determinants of Health](#) (2008).¹⁷
- The [Collaborating for Equity and Justice Toolkit](#) includes case studies, resources and tools to support collaborations for equity that go beyond the idea of “collective impact.”¹⁸
- The Minnesota Department of Health maintains a [library of resources](#) to support advancing health equity in public health.¹⁹
- The National Association of County and City Health Officials has created a [Health Equity and Social Justice Toolkit](#) to help local health departments explore and address the root causes of health inequities.²⁰
- The Public Health Law Center has a resource on [Drafting Effective Laws and Policies](#) (2014).²¹

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The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.

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Endnotes

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- 11 Race Forward, *Racial Equity Impact Assessment Guide*, Section 9.
- 12 Adapted from Race Forward, *Racial Equity Impact Assessment Guide*, Section 7.
- 13 Adverse Childhood Experiences (or ACEs) refers to a set of negative experiences in childhood that show a strong association with poorer health outcomes for adults. These experiences include: sexual abuse; physical abuse; emotional abuse; witnessing domestic violence; household substance abuse; mental illness in the household; parents were separated or divorced; and having an incarcerated household member. Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 AM. J. PREVENTATIVE MED. 245 (1998).
- 14 <http://www.racialequityalliance.org/tools-resources/>
- 15 <http://www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/>
- 16 <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>
- 17 <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/sdoh-workbook.pdf>
- 18 <https://www.myctb.org/wst/CEJ/Pages/home.aspx>
- 19 <http://www.health.state.mn.us/divs/opi/healthequity/resources/index.html#work-policy>
- 20 <http://archived.naccho.org/topics/justice/hesj-tools.cfm>
- 21 <http://www.publichealthlawcenter.org/sites/default/files/resources/Drafting%20Effective%20Policies.pdf>

RELEVANT LINKS:

[Minn. Stat. § 28A.065.](#)

[Minn. Stat. § 437.07.](#)

[Minn. Stat. § 461.12, subd. 1.](#)
Tobacco Possession, Sale and Use, LMC model ordinance.

[Minn. Stat. § 297F.01, subd. 19.](#)
[Minn. Stat. § 461.12, subd. 1-2, 4-5.](#)
[Minn. Stat. § 461.18, subd. 1.](#)
[Minn. Stat. § 609.685, subd. 1.](#)
See also, Public Health Law Center at William Mitchell College of Law, [Minnesota's Tobacco Modernization and Compliance Act of 2010 - Information Sheet](#).

[Minn. Stat. § 325F.77, subd. 4.](#)

[Minn. Stat. § 609.685, subd. 1\(b\).](#)

I. Carnival, circus, or fair

No person who obtains a state food handling license for a carnival, circus, or fair shall be required to obtain any additional license or permit from a city to engage in any aspect of food handling or to operate a restaurant. However, a city may require a carnival, circus, or fair to comply with any sanitation, public health, or zoning ordinance, or privilege license requirements when held within the city's jurisdiction.

No city council may permit or allow an itinerant carnival, street show, street fair, sideshow, circus, or any similar enterprise within one mile of the corporate limits of any city of the fourth class without having first obtained in writing the consent thereto from the council of that city of the fourth class.

J. Tobacco and related products

Cities may license and regulate all retailers that sell tobacco products, tobacco-related devices, electronic delivery devices, and nicotine and lobelia delivery products. If a city does not adopt its own tobacco licensing ordinance, then the county must do so.

1. Tobacco

State law specifically defines and lists out products that constitute “tobacco”, tobacco related products, electronic delivery devices and nicotine and lobelia delivery products. Consult the statutory resources cited on the left when determining regulation of specific products. The definition of tobacco excludes any tobacco product approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and marketed and sold solely for such an approved purpose.

2. Promotional products

No person shall distribute smokeless tobacco products or cigarettes, cigars, pipe tobacco, or other tobacco products suitable for smoking as defined, except that tobacco stores may distribute single serving samples in the store.

3. Tobacco-related devices

State law defines tobacco-related device to include cigarette papers or pipes for smoking or other devices intentionally designed or intended for use in a manner that enables the chewing, sniffing, smoking, or inhalation of vapors of tobacco or tobacco products. State law prohibits the sale or furnishing of pipes, cigarette papers, tobacco related devices, and tobacco to minors. Cities can provide for more stringent regulation of these types of sales.

RELEVANT LINKS:

[Minn. Stat. § 609.685, subd. 1\(c\).](#)

[Minn. Stat. § 609.6855.](#)

[Minn. Stat. § 461.19. Tobacco Possession, Sale and Use, LMC model ordinance.](#)

[Minn. Stat. § 461.12.](#)

4. Electronic delivery device

An electronic delivery device means any product containing or delivering nicotine, lobelia, or any other substance intended for human consumption that a person can use to simulate smoking through inhalation of vapor from the product. Electronic delivery device includes any component part of a product, whether or not marketed or sold separately.

Electronic delivery device does not include any product approved or certified by the United States Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and marketed and sold for such an approved purpose. Selling “nicotine delivery products” to a minor constitutes a crime.

Nicotine delivery products include any product containing or delivering nicotine or lobelia intended for human consumption, or any part of such a product, that is not tobacco as defined by state law.

5. City ordinances licensing sale of tobacco and tobacco-related products

Cities may regulate the sale of these new forms of tobacco the same way they have always regulated traditional cigarettes, cigars, snuff and chew via a local licensing ordinance. Cities should review their licensing ordinance in light of the Tobacco Modernization and Compliance Act of 2010. Cities may need to amend their ordinance’s terms and definitions section to mirror the new expanded definitions.

A city wishing to adopt an ordinance licensing the sale of tobacco and tobacco-related devices must give general notice of the intent to adopt or amend a tobacco ordinance, and must give retailers 30 days’ written notice of the time, place, and subject matter of the meeting where the proposed ordinance or amendments are to be considered.

A tobacco licensing ordinance, whether adopted by the county or the city, must contain at least the following provisions:

- Establish an administrative hearing system where an alleged violator has the right to be heard before a designated hearing officer or panel (which could be the city council) and where a fine, instead of a criminal penalty, could be imposed for violating the ordinance. State law establishes a schedule of fines.
- Provide for and conduct at least one unannounced compliance check each year.

RELEVANT LINKS:

[Minn. Stat. § 461.18.](#)

[Minn. Stat. § 461.12, subd. 1.](#)

[Public Law Center, Tobacco-control, Hookah.](#)

[Minn. Stat. § 461.19.](#)

[Minn. Stat. § 624.731, subd. 3.](#)

[Minn. Stat. § 624.731, subd. 9.](#)

[Minn. Stat. § 325J.02.](#)
[Minn. Stat. § 325J.13.](#)

- Prohibit self-service (vending machines) sales of individual cigarette packages, tobacco-related devices, electronic delivery devices, and nicotine and lobelia delivery products, except in establishments that prohibit minors, and in establishments that derive at least 90 percent of their revenue from the sale of tobacco.

The ordinance may establish a licensing fee sufficient to cover the costs of enforcing the above provisions.

6. Hookah

A hookah, also known as shisha and nargile, is a waterpipe used for smoking flavored tobacco. Shredded tobacco leaf flavored with molasses, honey or dried fruit commonly is used in the hookah waterpipe. It is unclear if the Clean Indoor Air Act covers hookah; however, many communities have chosen to regulate hookah under their tobacco regulations.

A city ordinance regulating sales of tobacco, tobacco-related devices, electronic delivery devices, and nicotine and lobelia products may be more restrictive than state law.

K. Tear gas and electronic incapacitation devices

Generally, those over 16 years of age may possess and use an authorized tear gas compound from an aerosol container to defend themselves or their property. A person over 18 years of age may possess and use an electronic incapacitation device to defend themselves or their property only if the electronic incapacitation device is labeled with or accompanied by clearly written instructions as to its use and the dangers involved in its use.

Cities have the authority to license vendors of tear gas, tear gas compounds, authorized tear gas compounds, or electronic incapacitation devices within their respective jurisdictions; to impose a license fee therefor; to impose qualifications for obtaining a license or the duration of licenses; and to restrict the number of licenses the governing body will issue. The local governing body may establish the grounds, notice, and hearing procedures for revocation of licenses issued. The local governing body also may establish penalties for sale of tear gas, tear gas compounds, authorized tear gas compounds, or electronic incapacitation devices in violation of its licensing requirements.

L. Pawnbrokers

Cities may regulate pawn transactions and license pawnbrokers, but state law establishes minimum standards any ordinance or regulation must include. Municipalities may provide for more restrictive regulation on pawnbrokers or pawn transactions except that a city ordinance must mirror state law regarding:



MINNESOTA CITY RETAIL TOBACCO LICENSING ORDINANCE



Through licensing and related regulations, Minnesota cities have the opportunity to address the sale of commercial tobacco and related devices and products in the retail environment.

This model ordinance includes all of the minimum retail tobacco sales restrictions required by Minnesota state and federal law. It also includes a number of additional provisions a city may choose to adopt in order to further advance public health. A city planning to adopt this model ordinance, in whole or in part, should review it with its city attorney beforehand to determine suitability for the city's circumstances. While the model ordinance language can be modified by adding or omitting content concerning activities that a city does or does not seek to regulate, doing so may result in an ordinance that does not conform to state law, federal law, and best public health policy practices.

Because provisions within this model ordinance are controlled by statute and rule, the city



attorney should review any modifications to ensure they conform to state and federal law. In addition, because the ordinance establishes rights and responsibilities of both the city and license applicants and holders, the city attorney should review the entire ordinance before it is adopted. The Public Health Law Center provides legal technical assistance to help communities that wish to adopt commercial tobacco control ordinances. We encourage communities to contact us for assistance when considering this model language.

Notice

This ordinance is drafted in the form prescribed by state law for statutory cities. Statutory cities must publish their ordinances — or a summary thereof — in the city’s official newspaper before they become effective. Home rule charter cities may have to follow the formatting and/or other procedural requirements found in their city’s charter. Charter cities should consult their charter and their city attorney to ensure that they comply with all charter requirements. All cities must provide copies of their ordinances to the county law library or its designated depository pursuant to Minn. Stat. § 415.021.

This ordinance may affect existing license holders. Under Minn. Stat. § 461.19, a city is required to give retailers notice that it is considering adopting or substantially amending a retail tobacco licensing ordinance. The city must take reasonable steps to send notice by mail at least 30 days prior to the meeting to the last known address of each licensee or person required to hold a license. The notice must state the time, place, and date of the meeting and the subject matter of the proposed ordinance. A city may also mail a copy of the proposed ordinance to all existing license holders to inform them of its contents and to provide them an opportunity to make their views known.

Additionally, Minn. Stat. § 415.19 requires statutory and home rule charter cities to post proposed new ordinances and ordinance amendments on the city website at least 10 days prior to a final vote by the city council, if the city already posts ordinances on its site. Under the same statute, within 10 days of a final vote, cities must also provide this same notice to all city listserv subscribers via their electronic notification system or, if the city does not have an electronic notification system, in the location that the city posts public notices. Cities must also provide new or renewing licensees with information about the city’s notification procedure at the time of application.

Tips for Using This Model Ordinance

The best possible world is one without the death and health harms associated with commercial tobacco use. Communities differ on their readiness and willingness to adopt certain commercial tobacco control policies that are intended to help make that world a reality. As such, this model ordinance represents a balance between state and federal minimum standards, best public health policy practices, and practicality for city governments in Minnesota. This model ordinance contains several policy components that go beyond state minimum requirements and communities may or may not choose to adopt at this time, including:

- Raising the legal purchasing age to 21;
- Restricting the sale of flavored tobacco products, including menthol;

- Regulating the price of commercial tobacco products, such as establishing minimum prices for cigars and restricting price promotions and coupon redemptions;
- Regulating the distance between tobacco retailers, youth-oriented facilities and other retailers; and
- Prohibiting pharmacies from selling commercial tobacco products.

Context Box

Context boxes are included throughout this model ordinance to explain some key provisions. These boxes are not meant to be included in any final ordinance. A city wishing to adopt all or part of this model ordinance should keep this in mind and remove the context boxes.

Context boxes have been included throughout the model ordinance to explain some of the key provisions. These boxes are not meant to be included in any final ordinance and a city wishing to adopt all or part of this model ordinance should keep this in mind and remove the context boxes.

While the Public Health Law Center does not lobby, advocate, or directly represent communities, adopting effective commercial tobacco control policies starts early with education, stakeholder and community engagement, and a strong advocacy plan. If a community is unaware of the resources available to them for engaging the community and developing an advocacy plan, or if a city is considering adopting an ordinance and is interested in learning about the range of resources available, the Public Health Law Center can provide assistance through our publications and referrals to experts in the field. In certain, limited circumstances, Public Health Law Center staff may be able to speak at public hearings or work sessions to provide education about particular policy options.

This retail tobacco licensing ordinance was prepared by the Tobacco Control Legal Consortium at the Public Health Law Center, located at Mitchell Hamline School of Law in St. Paul, Minnesota.

The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not lobby nor does it provide direct legal representation or advice. This document should not be considered legal advice.

This publication represents the only Minnesota model city retailer licensing policy endorsed by the Public Health Law Center.



ORDINANCE NO. [_____]

**AN ORDINANCE REGULATING THE SALE OF TOBACCO
AND RELATED DEVICES AND PRODUCTS WITHIN
THE CITY OF [_____], MINNESOTA**

**THE CITY COUNCIL OF THE CITY OF [_____]
DOES ORDAIN:**

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Section 1. Purpose and Intent.

Because the city recognizes that the sale of commercial tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products to persons under the age of 18 violates both state and federal laws; and because studies, which the city accepts and adopts, have shown that youth use of any commercial tobacco product has increased to 26.4% in Minnesota; and because nearly 90% of smokers begin smoking before they have reached the age of 18 years, and that almost no one starts smoking after age 25; and because marketing analysis, public health research, and commercial tobacco industry documents reveal that tobacco companies have used menthol, mint, fruit, candy, and alcohol flavors as a way to target youth and young adults and that the presence of such flavors can make it more difficult to quit; and because studies show that youth and young adults are especially susceptible to commercial tobacco product availability, advertising, and price promotions at tobacco retail environments; and because commercial tobacco use has been shown to be the cause of many serious health problems which subsequently place a financial burden on all levels of government, this ordinance is intended to regulate the sale of commercial tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products for the purpose of enforcing and furthering existing laws, to protect youth and young adults against the serious health effects associated with use and initiation, and to further the official public policy of the state to prevent young people from starting to smoke, as stated in Minn. Stat. § 144.391, as it may be amended from time to time.

In making these findings, the City Council accepts the conclusions and recommendations of: the U.S. Surgeon General reports, *E-cigarette Use Among Youth and Young Adults* (2016), *The Health Consequences of Smoking — 50 Years of Progress* (2014) and *Preventing Tobacco Use Among Youth and Young Adults* (2012); the Centers for Disease Control and Prevention in their studies, *Tobacco Use Among Middle and High School Students — United States, 2011–2015* (2016), and *Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students, United States, 1997* (1998); and of the following scholars in these scientific journals: Chen, J., & Millar, W. J. (1998). Age of smoking initiation: implications for quitting. *Health Reports*, 9(4), 39-46; D'Avanzo, B., La Vecchia, C., & Negri, E. (1994). Age at starting smoking and number of cigarettes smoked. *Annals of Epidemiology*, 4(6), 455-459; Everett, S. A., Warren, C. W., Sharp, D., Kann, L., Husten, C. G., & Crosssett, L. S. (1999). Initiation of cigarette smoking and subsequent smoking behavior among U.S. high school students. *Preventive Medicine*, 29(5), 327-333; Giovino, G. A. (2002). Epidemiology of tobacco use in the United States. *Oncogene*, 21(48), 7326-7340; Khuder, S. A., Dayal, H. H., & Mutgi, A. B. (1999). Age at smoking onset and its effect on smoking cessation. *Addictive Behaviors*, 24(5), 673-677; Luke, D. A., Hammond, R. A., Combs, T., Sorg, A., Kasman, M., Mack-Crane, A., Henriksen, L. (2017). Tobacco Town: Computational Modeling of Policy

Options to Reduce Tobacco Retailer Density. *American Journal of Public Health*, 107(5), 740–746; Minnesota Department of Health. (2018). *Data Highlights from the 2017 Minnesota Youth Tobacco Survey*. Saint Paul, MN; Tobacco Control Legal Consortium. (2006). *The Verdict Is In: Findings from United States v. Phillip Morris, The Hazards of Smoking*. University of California — San Francisco. Truth Tobacco Industry Documents, <https://www.industrydocumentslibrary.ucsf.edu/tobacco/>; Xu, X., Bishop, E. E., Kennedy, S. M., Simpson, S. A., & Pechacek, T. F. (2015) Annual healthcare spending attributable to cigarette smoking: an update. *American Journal of Preventive Medicine*, 48(3), 326–333, copies of which are adopted by reference.

Purpose and Findings

A Purpose and Findings section is important because it provides the evidentiary basis for the proposed commercial tobacco control policies and demonstrates the city’s reasoning for adopting specific provisions. This Purpose and Findings section reflects language appropriate for all of the provisions suggested. The Public Health Law Center can provide support for communities to determine which Purpose and Findings statements and references should be retained in a final ordinance, depending on which provisions from the model ordinance the city chooses to adopt.

Section 2. Definitions.

Except as may otherwise be provided or clearly implied by context, all terms are given their commonly accepted definitions. For the purpose of this ordinance, the following definitions apply unless the context clearly indicates or requires a different meaning:

CHILD-RESISTANT PACKAGING. Packaging that meets the definition set forth in Code of Federal Regulations, title 16, section 1700.15(b), as in effect on January 1, 2015, and was tested in accordance with the method described in Code of Federal Regulations, title 16, section 1700.20, as in effect on January 1, 2015.

CIGAR. Any roll of tobacco that is wrapped in tobacco leaf or in any other substance containing tobacco, with or without a tip or mouthpiece, which is not a cigarette as defined in Minn. Stat. § 297F.01, subd. 3, as may be amended from time to time.

COMPLIANCE CHECKS. The system the city uses to investigate and ensure that those authorized to sell licensed products are following and complying with the requirements of this ordinance. COMPLIANCE CHECKS involve the use of persons under the age of 21 who purchase or attempt to purchase licensed products. COMPLIANCE CHECKS may also be conducted by the city or



other units of government for educational, research, and training purposes or for investigating or enforcing federal, state, or local laws and regulations relating to licensed products.

ELECTRONIC DELIVERY DEVICE. Any product containing or delivering nicotine, lobelia, or any other substance, whether natural or synthetic, intended for human consumption through the inhalation of aerosol or vapor from the product. ELECTRONIC DELIVERY DEVICE includes, but is not limited to, devices manufactured, marketed, or sold as e-cigarettes, e-cigars, e-pipes, vape pens, mods, tank systems, or under any other product name or descriptor. ELECTRONIC DELIVERY DEVICE includes any component part of a product, whether or not marketed or sold separately. ELECTRONIC DELIVERY DEVICE does not include any product that has been approved or certified by the U.S. Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and is marketed and sold for such an approved purpose.

FLAVORED PRODUCT. Any licensed product that contains a taste or smell, other than the taste or smell of tobacco, that is distinguishable by an ordinary consumer either prior to or during the consumption of the product, including, but not limited to, any taste or smell relating to chocolate, cocoa, menthol, mint, wintergreen, vanilla, honey, fruit, or any candy, dessert, alcoholic beverage, herb, or spice. A public statement or claim, whether express or implied, made or disseminated by the manufacturer of a licensed product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such products, that a product has or produces a taste or smell other than a taste or smell of tobacco will constitute presumptive evidence that the product is a flavored product.

IMITATION TOBACCO PRODUCT. Any edible non-tobacco product designed to resemble a tobacco product, or any non-edible tobacco product designed to resemble a tobacco product and intended to be used by children as a toy. IMITATION TOBACCO PRODUCT includes, but is not limited to, candy or chocolate cigarettes, bubble gum cigars, shredded bubble gum resembling chewing tobacco, and shredded beef jerky in containers resembling tobacco snuff tins. IMITATION TOBACCO PRODUCT does not include electronic delivery devices or nicotine or lobelia delivery products.

INDOOR AREA. All space between a floor and a ceiling that is bounded by walls, doorways, or windows, whether open or closed, covering more than 50 percent of the combined surface area of the vertical planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent. A standard window screen (0.011 gauge with an 18 by 16 mesh count) is not considered a wall.

LICENSED PRODUCTS. The term that collectively refers to any tobacco, tobacco-related device, electronic delivery device, or nicotine or lobelia delivery product.

LOOSIES. The common term used to refer to single or individually packaged cigars or cigarettes, or any other licensed product that has been removed from its intended retail packaging and offered for sale. LOOSIES does not include individual cigars with a retail price, after any discounts are applied and before any sales taxes are imposed, of at least [\$4.00] per cigar.

MOVEABLE PLACE OF BUSINESS. Any form of business that is operated out of a kiosk, truck, van, automobile or other type of vehicle or transportable shelter and not a fixed address store front or other permanent type of structure authorized for sales transactions.

NICOTINE OR LOBELIA DELIVERY PRODUCT. Any product containing or delivering nicotine or lobelia intended for human consumption, or any part of such a product, that is not a tobacco or an electronic delivery device as defined in this section. NICOTINE OR LOBELIA DELIVERY PRODUCT does not include any product that has been approved or otherwise certified for legal sale by the U.S. Food and Drug Administration as a tobacco-cessation product, a tobacco-dependence product, or for other medical purposes, and is being marketed and sold solely for that approved purpose.

PHARMACY. A place of business at which prescription drugs are prepared, compounded, or dispensed by or under the supervision of a pharmacist and from which related clinical pharmacy services are delivered.

RETAIL ESTABLISHMENT. Any place of business where licensed products are available for sale to the general public. The phrase includes but is not limited to grocery stores, tobacco products shops, convenience stores, gasoline service stations, bars, and restaurants.

SALE. Any transfer of goods for money, trade, barter or other consideration.

SELF-SERVICE DISPLAY. The open display of licensed products in any manner where any person has access to the licensed products without the assistance or intervention of the licensee or the licensee's employee.

SMOKING. Inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other plant, whether natural or synthetic, that is intended for inhalation. Smoking also includes carrying or using an activated electronic delivery device.

TOBACCO. Any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product including but not limited to cigarettes; cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and

twist tobacco; fine cut and other chewing tobaccos; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and forms of tobacco. TOBACCO does not include any product that has been approved by the U.S. Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

TOBACCO-RELATED DEVICE. Any rolling papers, wraps, pipes, or other device intentionally designed or intended to be used with tobacco products. TOBACCO-RELATED DEVICE includes components of tobacco-related devices or tobacco products, which may be marketed or sold separately. TOBACCO-RELATED DEVICES may or may not contain tobacco.

VENDING MACHINE. Any mechanical, electric or electronic, or other type of device that dispenses licensed products upon the insertion of money, tokens, or other form of payment directly into the machine by the person seeking to purchase the licensed product.

YOUTH-ORIENTED FACILITY. Any facility with residents, customers, visitors, or inhabitants of which 25 percent or more are regularly under the age of 21 or that primarily sells, rents, or offers services or products that are consumed or used primarily by persons under the age of 21. Youth-oriented facility includes, but is not limited to, schools, playgrounds, recreation centers, and parks.

Section 3. License.

- (A) **License required.** No person shall sell or offer to sell any licensed product without first having obtained a license to do so from the city.
- (B) **Application.** An application for a license to sell licensed products must be made on a form provided by the city. The application must contain the full name of the applicant, the applicant's residential and business addresses and telephone numbers, the name of the business for which the license is sought, and any additional information the city deems necessary. Upon receipt of a completed application, the City Clerk will forward the application to the City Council for action at its next regularly scheduled meeting. If the City Clerk determines that an application is incomplete, it will be returned to the applicant with notice of the information necessary to make the application complete.
- (C) **Action.** The City Council may approve or deny the application for a license, or it may delay action for a reasonable period of time to complete any investigation of the application or the applicant deemed necessary. If the City Council approves the application, the City Clerk will issue the license to the applicant. If the City Council denies the application, notice of the denial will be given to the applicant along with notice of the applicant's right to appeal the decision.
- (D) **Term.** All licenses issued are valid for one calendar year from the date of issue.

- (E) **Revocation or suspension.** Any license issued may be suspended or revoked following the procedures set forth in Section 11.
- (F) **Transfers.** All licenses issued are valid only on the premises for which the license was issued and only for the person to whom the license was issued. The transfer of any license to another location or person is prohibited.
- (G) **Moveable place of business.** No license will be issued to a moveable place of business. Only fixed-location businesses are eligible to be licensed.
- (H) **Display.** All licenses must be posted and displayed at all times in plain view of the general public on the licensed premises.
- (I) **Renewals.** The renewal of a license issued under this ordinance will be handled in the same manner as the original application. The request for a renewal must be made at least 30 days, but no more than 60 days, before the expiration of the current license.
- (J) **Issuance as privilege and not a right.** The issuance of a license is a privilege and does not entitle the license holder to an automatic renewal of the license.
- (K) **Minimum clerk age.** Individuals employed by a licensed retail establishment under this ordinance must be at least [18 or 21] years of age to sell licensed products.

Minimum Age for Clerks

Cities may be interested in establishing a minimum age for employees that work for licensed tobacco retailers. Doing so ensures that employees are of or above the minimum legal sales age for commercial tobacco sales. If a city chooses to raise the minimum legal sales age to 21, but leave the minimum clerk age at 18, clerks between the ages of 18 and 20 can legally sell licensed products within the purview of their employment, but would be unable to purchase them.

- (L) **Maximum number of licenses.** The maximum number of licenses issued by the city at any time is limited to [see context box below]. When the maximum number of licenses has been issued, the city may place persons seeking licensure on a waiting list and allow them to apply on a first-come, first-served basis, as licenses are not renewed or are revoked. A new applicant who has purchased a business location holding a valid city license will be entitled to first priority, provided the new applicant meets all other application requirements in accordance with this ordinance.

Licensing Cap

Communities with a higher density of commercial tobacco retailers expose more youth and young adults to commercial tobacco industry marketing and make it easier for youth and young adults to obtain licensed products. This encourages commercial tobacco initiation, use, and brand choice. One way to address retailer density issues is to place a cap on the number of tobacco retailer licenses that may be issued by the city. The above provision would set the maximum number of licenses available.

Cities can choose how to structure a licensing cap to meet the needs of their communities. Potential options include setting the cap at the number of existing licensed retailers or limiting the number of licensed retailers based on population density. A city may also want to limit licenses to those that currently exist and reduce the number of available licenses over time, as licenses are revoked or expire and are not renewed. Cities are encouraged to work with local public health departments, city attorneys, and the Public Health Law Center to determine the appropriate licensing cap provision for their community.

For more information on retailer density, review our publication, *Location, Location, Location: Regulating Tobacco Retailer Locations for Public Health*.

- (M) **Proximity to youth-oriented facilities.** No license will be granted to any person for a retail establishment location that is within [1,000] feet of a youth-oriented facility, as measured by the shortest line from the property line of the space to be occupied by the proposed licensee to the nearest property line of a youth-oriented facility. This restriction does not apply to an existing license holder who has been licensed to sell licensed products in that same location for at least one year before the date this section was enacted into law.
- (N) **Proximity to other licensed retailers.** No license will be granted to any person for a retail establishment location that is within [2,000] feet of any other existing licensed retail establishment , as measured by the shortest line from the property line of the space to be occupied by the applicant for a license to the nearest property line of the existing licensee. This restriction does not apply to an applicant who has been licensed to sell licensed products in the same location for at least one year before the date this section was enacted into law.



Proximity Restrictions

Research has demonstrated that policies requiring set distances between retailers and between retailers and youth-oriented facilities help to reduce tobacco retailer density and increase prices for commercial tobacco products. These proximity buffers have the largest impact in urban, low-income neighborhoods, which have been historically targeted by the tobacco industry with pervasive marketing and price promotions at the point-of-sale. The greatest public health impacts are seen when these policies are combined with a cap on the number of licenses issued.

Luke, D. A., Hammond, R. A., Combs, T., Sorg, A., Kasman, M., Mack-Crane, A., Henriksen, L. (2017). Tobacco Town: Computational Modeling of Policy Options to Reduce Tobacco Retailer Density. *American Journal of Public Health*, 107(5), 740-746; Myers, A. E., Hall, M. G., Isgett, L. F., & Ribisl, K. M. (2015). A Comparison of Three Policy Approaches for Tobacco Retailer Reduction. *Preventive Medicine*, 74, 67-7; and Ribisl, K. M., Luke, D. A., Bohannon, D. L., Sorg, A. A., & Moreland-Russell, S. (2017). Reducing Disparities in Tobacco Retailer Density by Banning Tobacco Product Sales near Schools. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, 19(2), 239-244.

- (O) **Pharmacies ineligible for licensure.** No existing license will be eligible for renewal to any pharmacy, including any retail establishment that operates or contains an on-site pharmacy, and no pharmacy or any retail establishment that operates an on-site pharmacy will be granted a new license.

Pharmacy Prohibitions

Several communities have adopted laws prohibiting pharmacies from selling commercial tobacco products. These laws have been shown to significantly reduce commercial tobacco retailer density when compared to communities without similar laws. These gains have had the greatest impact on neighborhoods with higher median income, education, and proportion of non-Hispanic white residents. Although pharmacy restrictions alone are unlikely to address health disparities, some studies have shown that these policies are most effective when combined with proximity restrictions.

Giovenco, D. P., Spillane, T. E., Mauro, C. M., & Hernández, D. (2018). Evaluating the Impact and Equity of a Tobacco-free Pharmacy Law on Retailer Density in New York City Neighbourhoods. *Tobacco Control*, tobaccocontrol-2018-054463. Jin, Y., Lu, B., Klein, E. G., Berman, M., Foraker, R. E., & Ferketich, A. K. (2016). Tobacco-Free Pharmacy Laws and Trends in Tobacco Retailer Density in California and Massachusetts. *American Journal of Public Health*, 106(4), 679-685.

- (P) **Smoking prohibited.** Smoking, including smoking for the purpose of the sampling of licensed products, is prohibited within the indoor area of any retail establishment licensed under this ordinance.
- (Q) **Samples prohibited.** No person shall distribute samples of any licensed product free of charge or at a nominal cost.
- (R) **Instructional program.** Licensees must ensure that all employees complete a training program on the legal requirements related to the sale of licensed products and the possible consequences of license violations. Any training program must be pre-approved by the city. Licensees must maintain documentation demonstrating their compliance and must provide this documentation to the city at the time of renewal, or whenever requested to do so during the license term.

Section 4. Fees.

No license will be issued under this ordinance until the appropriate license fees are paid in full. The fees will be established by the city's fee schedule and may be amended from time to time.

Licensing Fees

Fees provide revenue for the administration and enforcement of the ordinance and for retailer and community education. Periodic review and adjustment of licensing fees will ensure that they are sufficient to cover all administration, implementation, and enforcement costs, including compliance checks. Our publication, *Retail License Fees*, provides more information about retail licensing fees and a license fee checklist.

Section 5. Basis for Denial of License.

- (A) Grounds for denying the issuance or renewal of a license include, but are not limited to, the following:
 - (1) The applicant is under 21 years of age.
 - (2) The applicant has been convicted within the past five years of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to licensed products.
 - (3) The applicant has had a license to sell licensed products suspended or revoked within the preceding 12 months of the date of application.



- (4) The applicant fails to provide any of the information required on the licensing application, or provides false or misleading information.
- (5) The applicant is prohibited by federal, state, or other local law, ordinance, or other regulation from holding a license.
- (B) Except as may otherwise be provided by law, the existence of any particular ground for denial does not compel the city to deny the license.
- (C) If a license is mistakenly issued or renewed to a person, it will be revoked upon the discovery that the person was ineligible for the license under this ordinance. The city will provide the license holder with notice of the revocation, along with information on the right to appeal.

Section 6. Prohibited Acts.

- (A) **In general.** No person shall sell or offer to sell any licensed product:
 - (1) By means of any type of vending machine.
 - (2) By means of loosies as defined.
 - (3) Containing opium, morphine, jimson weed, bella donna, strychnos, cocaine, marijuana, or other deleterious, hallucinogenic, toxic, or controlled substances except nicotine and other substances found naturally in tobacco or added as part of an otherwise lawful manufacturing process. It is not the intention of this provision to ban the sale of lawfully manufactured cigarettes or other products subject to this ordinance.
 - (4) By any other means, to any other person, on in any other manner or form prohibited by federal, state or other local law, ordinance provision, or other regulation.
- (B) **Legal age.** No person shall sell any licensed product to any person under the age of 21.
 - (1) **Age verification.** Licensees must verify by means of government-issued photographic identification that the purchaser is at least 21 years of age. Verification is not required for a person over the age of 30. That the person appeared to be 30 years of age or older does not constitute a defense to a violation of this subsection.
 - (2) **Signage.** Notice of the legal sales age and age verification requirement must be posted prominently and in plain view at all times at each location where licensed products are offered for sale. The required signage, which will be provided to the licensee by the city, must be posted in a manner that is clearly visible to anyone who is or is considering making a purchase.

Raising the Minimum Legal Sales Age (MLSA) to 21

In 2015, the Institute of Medicine (now the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine) (IOM) released a report containing compelling evidence of the significant public health benefits of raising the minimum legal sales age (MLSA) for tobacco products. The IOM concluded that raising the MLSA today to 21 would result in a 12 percent decrease in tobacco use, approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019. Based on studies showing the effectiveness of enforced youth access laws, increasing the MLSA is likely to be particularly effective in reducing tobacco usage among high school-aged youth by reducing their access to commercial tobacco products. Studies have also indicated that older underage youth (i.e. those who are closer to age 18) are more likely to succeed in buying tobacco in stores. Further, high school friends and peers of legal age are an important social source of commercial tobacco products for underage youth.

Under Minnesota state law, it is unlawful to sell licensed products to any person under the age of 18. [Minn. Stat. § 609.685](#), [Minn. Stat. § 609.6855](#). State law does not prohibit local jurisdictions from enacting a higher minimum legal sales age.

DiFranza, J R, Savageau, J. A., & Aisquith, B. F. (1996). Youth access to tobacco: the effects of age, gender, vending machine locks, and "it's the law" programs. *American Journal of Public Health*, 86(2), 221-224. DiFranza, Joseph R., & Coleman, M. (2001). Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*, 10(4), 323-328. DiFranza, Joseph R., Savageau, J. A., & Fletcher, K. E. (2009). Enforcement of underage sales laws as a predictor of daily smoking among adolescents — a national study. *BMC Public Health*, 9(1), 107. Institute of Medicine. (2015). *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products: Health and Medicine Division*.

- (C) **Self-service sales.** No person shall allow the sale of licensed products by any self-service displays where the customer may have access to those items without having to request the item from the licensee or the licensee's employee and where there is not a physical exchange of the licensed product from the licensee or the licensee's employee to the customer. All licensed products must be stored behind the sales counter, in another area not freely accessible to customers, or in a case or other storage unit not left open and accessible to the general public. Any retailer selling licensed products at the time this ordinance is adopted must comply with this section within 90 days of the effective date of this ordinance.
- (D) **Flavored products.** No person shall sell or offer for sale any flavored products. This prohibition does not apply to retail establishments that:



- (1) Prohibit persons under 21 from entering at all times;
- (2) Derive at least 90 percent of their gross revenues from the sale of licensed products; and
- (3) Meet all of the following building or structural criteria:
 - (a) Shares no wall with, and has no part of their structure adjoined to any other business or retailer, unless the wall is permanent, completely opaque, and without doors, windows, and pass-throughs to the other business or retailer;
 - (b) Shares no walls with, and has no part of their structure directly adjoined to, another licensed tobacco retailer; and
 - (c) Is accessible by the public only by an exterior door.

Any retail establishment that sells flavored products must provide financial records documenting its annual sales, upon request by the city.

Sales of Flavored Products

Research demonstrates that flavored tobacco products are especially attractive to youth. These products increase initiation among all populations by masking the harsh taste of tobacco and nicotine. Flavors like menthol and clove also provide a numbing effect that lead to longer breath-holding. This makes quitting flavored tobacco products difficult. Overwhelmingly, youth begin using tobacco with flavored products. Restricting the sale of flavored tobacco products to stores that youth and young adults cannot enter can reduce youth access to, and advertisements for, flavored products.

Many Minnesota jurisdictions have restricted the sale of flavored tobacco products by using the exemptions above. In response, some tobacco retailers have divided their establishment into two stores, separated by a wall or other structural divider. This results in a 21 year+ licensed tobacco retailer on one side that sells flavored tobacco products and a licensed tobacco retailer on the other side that sells only unflavored tobacco products. Adding structural requirements, as suggested in this model ordinance, would place limitations upon such practices.

For more information, please review our publication: [*Regulating Flavored Tobacco Products*](#).

- (E) **Cigars.** No person shall sell or offer to sell any cigar that is not within its intended retail packaging containing a minimum of [five] cigars and for a sales price, after any discounts are applied and before sales taxes are imposed, of less than [\$12.50] per package. This provision does not prohibit the sale of a single cigar with a sales price, after any discounts are applied and before sales taxes are imposed, of at least [\$4.00].
- (F) **Imitation tobacco products.** No person shall sell, offer to sell, or otherwise distribute any imitation tobacco products within the city.
- (G) **Liquid packaging.** No person shall sell or offer to sell any liquid, whether or not such liquid contains nicotine, which is intended for human consumption and use in an electronic delivery device, in packaging that is not child-resistant. Upon request by the city, a licensee must provide a copy of the certificate of compliance or full laboratory testing report for the packaging used.
- (H) **Price promotion and coupon redemption.** No person shall accept or redeem any coupon or other instrument or mechanism, whether in paper, digital, electronic, mobile, or any other form, that provides any licensed products to a consumer at no cost or at a price that is less than the non-discounted, standard price listed by a retailer on the item or on any related shelving, posting, advertising, or display at the location where the item is sold or offered for sale, including all applicable taxes.

Product Discounts

The price of tobacco products directly affects the consumption levels, particularly among price-sensitive consumers, including youth, young adults, and those with limited financial means. The commercial tobacco industry uses innovative pricing strategies to entice new customers to purchase their products, to discourage current users from quitting, and to reduce the effectiveness of tobacco tax increases in decreasing tobacco sales and increasing users' quit attempts. These pricing strategies include "buy-one-get-one" coupons, cents- or dollar-off promotions, and multi-pack offers, which are often marketed and redeemed at the point-of-sale. Jurisdictions can prohibit the redemption of these price discounts to negate the sophisticated discounting strategies of the commercial tobacco industry. Please see our publication, *Death on a Discount: Regulating Tobacco Product Pricing*, for more information on product pricing.

Section 7. Responsibility.

All licensees are responsible for the actions of their employees in regard to the sale, offer to sell, and furnishing of licensed products on the licensed premises. The sale, offer to sell, or furnishing of any licensed product by an employee shall be considered an act of the licensee. Nothing in this section shall be construed as prohibiting the city from also subjecting the employee to any civil penalties that the city deems to be appropriate under this ordinance, state or federal law, or other applicable law or regulation.

Section 8. Compliance Checks and Inspections.

All licensed premises must be open to inspection by law enforcement or other authorized city officials during regular business hours. From time to time, but at least [twice] per year, the city will conduct compliance checks. In accordance with state law, the city will conduct [at least one compliance check that involves the participation of two persons: one person between the ages of 15 and 17 and one person between the ages of 18 and 20] [at least one compliance check that involves the participation of a person between the ages of 15 and 17 and at least one compliance check that involves the participation of a person between the ages of 18 and 20] to enter licensed premises to attempt to purchase licensed products. Prior written consent is required for any person under the age of 18 to participate in a compliance check. Persons used for the purpose of compliance checks will be supervised by law enforcement or other designated personnel.

Compliance Checks

State law requires every local licensing authority to conduct at least one compliance check each year. This state-mandated compliance check “must involve minors over the age of 15, but under the age of 18.” It appears that cities with T21 laws can conduct this annual compliance check to both satisfy state law and to enforce its local T21 policy. To do so, a municipality could either conduct at least one compliance check with a person between the ages of 15 and 17 *and* a person between the ages of 18 and 20, *or* conduct more than one compliance check — at least one check with a person between the ages of 15 and 17 and at least one additional check with a person between the ages of 18 and 20. Above, the bracketed language identifies two options that the city could choose and only one option should be retained in a final licensing ordinance.

Section 9. Other Prohibited Acts.

Unless otherwise provided, the following acts are an administrative violation of this ordinance:

- (A) **Prohibited furnishing or procurement.** It is a violation of this ordinance for any person 21 years of age or older to purchase or otherwise obtain any licensed product on behalf of a person under the age of 21. It is also a violation for any person 21 years of age and older to coerce or attempt to coerce a person under the age of 21 to illegally purchase or attempt to purchase any licensed product.
- (B) **Use of false identification.** It is a violation of this ordinance for any person to use any form of false identification, whether the identification is that of another person or has been modified or tampered with to represent an age older than the actual age of the person using that identification.

Penalizing Underage Purchase, Use, and Possession and the Use of a False Identification

Prohibiting the attempted and actual possession, use, and purchase (PUP) of licensed products by underage persons or the use of a false ID to purchase tobacco products is a part of many local Minnesota ordinances. However, this model ordinance does not include penalties for underage PUP and only provides non-criminal, non-monetary penalties for the use of false IDs.

At its core, a licensing ordinance is intended to regulate the behavior of licensees. Penalizing underage persons detracts from the focus of the licensing code and siphons enforcement resources away from the licensees to young consumers, many of whom are addicted to nicotine. A *2017 Minnesota Annual Synar Report* on youth access enforcement found that underage persons were cited 3.6 times, and assessed fines 2.6 times, more often than retailers. It is important to note that, even if PUP provisions are not included in an ordinance, retailers have the authority to ask underage persons to leave the premises if they attempt to purchase products.

There is no strong evidence to support an assertion that PUP penalties are effective in significantly reducing youth smoking. Historically, these laws were lobbied for by the commercial tobacco industry to punish youth users while the industry simultaneously targeted, and continues to target, youth to replace a dying consumer base and maintain profits in a dwindling market.

Penalizing Underage Purchase, Use, and Possession and the Use of a False Identification *(continued)*

Furthermore, many advocates are concerned that PUP penalties open the door to selective enforcement against youth from certain racial, ethnic, and socio-economic groups. Evidence suggests that youth of color in Minnesota are disproportionately over-represented in similar status-level offenses, increasing their interactions with law enforcement and resulting in their introduction to the criminal justice system. Finally, Minnesota law currently penalizes PUP and the use of false IDs and no further enforcement is needed at the local level.

Some of these concerns may be alleviated by offering alternative non-criminal, non-monetary penalties as suggested below in section 11(B)(3).

For further reading on the history of PUP laws and the disproportionate enforcement of laws against youth of color and indigenous youth, please see Minnesota Juvenile Justice Advisory Committee's report, *2016 Annual Report to Governor Mark Dayton and the Minnesota State Legislature* (2016) and Wakefield, M., & Giovino, G. (2003). Teen penalties for tobacco possession, use, and purchase: evidence and issues. *Tobacco Control*, 12(suppl 1), i6-i13.

Section 10. Exceptions and Defenses.

- (A) **Religious, Spiritual, or Cultural Ceremonies or Practices.** Nothing in this ordinance prevents the provision of tobacco or tobacco-related devices to any person as part of an indigenous practice or a lawfully recognized religious, spiritual, or cultural ceremony or practice.
- (B) **Reasonable Reliance.** It is an affirmative defense to a violation of this ordinance for a person to have reasonably relied on proof of age as described by state law.

Section 11. Violations and Penalties.

(A) Violations.

- (1) **Notice.** A person violating this ordinance may be issued, either personally or by mail, a citation from the city that sets forth the alleged violation and that informs the alleged violator of his or her right to a hearing on the matter and how and where a hearing may be requested, including a contact address and phone number.



(2) **Hearings.**

(a) Upon issuance of a citation, a person accused of violating this ordinance may request in writing a hearing on the matter. Hearing requests must be made within 10 business days of the issuance of the citation and delivered to the City Clerk or other designated city officer. Failure to properly request a hearing within 10 business days of the issuance of the citation will terminate the person's right to a hearing.

(b) The City Clerk or other designated city officer will set the time and place for the hearing. Written notice of the hearing time and place will be mailed or delivered to the accused violator at least 10 business days prior to the hearing.

(3) **Hearing Officer.** The City Council will designate a hearing officer. The hearing officer will be an impartial employee of the city or an impartial person retained by the city to conduct the hearing.

(4) **Decision.** A decision will be issued by the hearing officer within 10 business days of the hearing. If the hearing officer determines that a violation of this ordinance did occur, that decision, along with the hearing officer's reasons for finding a violation and the penalty to be imposed, will be recorded in writing, a copy of which will be provided to the city and the accused violator by in-person delivery or mail as soon as practicable. If the hearing officer finds that no violation occurred or finds grounds for not imposing any penalty, those findings will be recorded and a copy will be provided to the city and the acquitted accused violator by in-person delivery or mail as soon as practicable. The decision of the hearing officer is final, subject to an appeal as described in section 11, division (A)(6) of this section.

(5) **Costs.** If the citation is upheld by the hearing officer, the city's actual expenses in holding the hearing up to a maximum of [\$1,000] must be paid by the person requesting the hearing.

(6) **Appeals.** Appeals of any decision made by the hearing officer must be filed in [_____] County district court within 10 business days of the date of the decision.

(7) **Continued violation.** Each violation, and every day in which a violation occurs or continues, shall constitute a separate offense.

(B) Administrative penalties.

- (1) **Licensees.** Any licensee found to have violated this ordinance, or whose employee violated this ordinance, will be charged an administrative fine of [\$200] for a first violation; [\$500] for a second offense at the same licensed premises within a 24-month period; and [\$750] for a third or subsequent offense at the same location within a 24-month period. Upon the third violation, the license will be suspended for a period of not less than [30] consecutive days. Upon a fourth violation, the license will be revoked.
- (2) **Other individuals.** Individuals, other than persons under the age of 21 regulated by division (B)(3) of this section, who are found to be in violation of this ordinance will be charged an administrative fine of [\$50].
- (3) **Persons under the Age of 21.** Persons under the age of 21 who use a false identification to purchase or attempt to purchase licensed products may only be subject to non-criminal, non-monetary civil penalties such as tobacco-related education classes, diversion programs, community services, or another penalty that the city determines to be appropriate. The City Council will consult with court personnel, educators, parents, children and other interested parties to determine an appropriate penalty for persons under the age of 21 in the city. The penalty may be established by ordinance and amended from time to time.
- (4) **Statutory penalties.** If the administrative penalty authorized to be imposed by Minn. Stat. § 461.12, as it may be amended from time to time, differ from that established in this section, then the higher penalty will prevail.

- (C) **Misdemeanor prosecution.** Nothing in this section prohibits the city from seeking prosecution as a misdemeanor for any alleged violation of this ordinance by a person 21 years of age or older.

Section 12. Severability.

If any section or provision of this ordinance is held invalid, such invalidity will not affect other sections or provisions that can be given force and effect without the invalidated section or provision.

Section 13. Effective Date.

This ordinance becomes effective on the date of its publication, or upon the publication of a summary of the ordinance as provided by Minn. Stat. § 412.191, subd. 4, as it may be amended from time to time, which meets the requirements of Minn. Stat. § 331A.01, subd. 10, as it may be amended from time to time.



State and Local Tobacco Regulation in a Post-Deeming World

The Family Smoking Prevention and Tobacco Control Act of 2009 granted the U.S. Food and Drug Administration (FDA) the authority to regulate all tobacco products. However, the Act only gave the FDA immediate authority over cigarettes, cigarette tobacco, smokeless tobacco, and roll-your-own tobacco. To regulate all other tobacco products, the agency was required to issue a rule that “deemed” those products to be within FDA authority. On May 10, 2016, nearly seven years after the Tobacco Control Act became law, the FDA published the final deeming regulation. This regulation is a necessary first step for there to be comprehensive federal regulation of cigars, e-cigarettes, hookah, pipe tobacco, dissolvable tobacco products, and any other product containing tobacco, or nicotine derived from tobacco.

While the deeming regulation is an important step to protect the public from the harms of tobacco products, the final rule leaves a lot to be done at all levels of government. This factsheet identifies the gaps left by the deeming regulation that can be filled at the state and local levels. For a more comprehensive discussion of the contents of the deeming regulation and other actions that the FDA should take to reduce the huge toll of illness and death caused by tobacco use, see our factsheet [The Deeming Regulation: FDA Authority Over E-Cigarettes, Cigars, and Other Tobacco Products](#).

Federal Preemption in Tobacco Control

The Tobacco Control Act explicitly preserved most state authority (and, to the extent allowed under state law, local authority) to regulate tobacco products. Only a few specific types of policies are preempted by federal law. The Act provides that state and local governments retain the authority to restrict or prohibit the “sale, distribution, possession, exposure to, access to, advertising, and promotion of, or use of tobacco products by individuals of any age.” It also allows policies related to “fire safety standards for tobacco products,” and permits states to require “information reporting to the State.”

The Tobacco Control Act prohibits state and local governments from adopting policies that are “different from, or in addition to” FDA standards related to “tobacco product standards, premarket review, adulteration, misbranding, labeling, registration, good manufacturing standards, or modified risk tobacco products.”

State and local governments retain full authority to tax products, enact smoke-free laws, and adopt retail restrictions, such as limiting or prohibiting the sales of tobacco products, licensing retailers, and raising the minimum legal sales age above eighteen.

Post-Deeming Regulation Gaps

While the deeming regulation is an important development, simply asserting jurisdiction does not adequately protect public health from the dangers related to e-cigarettes, cigars, and other products.

Given some limits on FDA authority as well as the slow pace of the federal regulatory process, state and local governments retain their critical role of implementing strong, evidence-based tobacco control policies to protect health in their communities.

Key policy options to protect health in your state or community include:

Raising taxes on tobacco products, including e-cigarettes

Prohibiting smoking and tobacco use in public spaces

Establishing minimum pack sizes and minimum prices for tobacco products

Raising the minimum legal sales age for tobacco products to 21

Prohibiting the sale of tobacco products by certain retailers, such as:

- Prohibiting the sale of tobacco products in pharmacies
- Limiting the sale of tobacco products to adult-only, tobacco-only retail stores

Reducing the number of tobacco retailers in a community, as part of a comprehensive tobacco retailer licensing program

Restricting the location of tobacco retailers within the community, so that they are not near other tobacco retailers or near schools

Prohibiting the sale of classes of tobacco products, such as:

- All combustible tobacco products
- All flavored tobacco products, including menthol

Final Deeming Regulation Provisions

	 CIGARETTES	 SMOKELESS TOBACCO	 CIGARS	 E-CIGARETTES & OTHERS
Minimum sales age of 18 and age verification under 27	✓	✓	✓	✓
Prohibition on vending machine sales	Allowed in adults-only facilities	Allowed in adults-only facilities	Allowed in adults-only facilities	Allowed in adults-only facilities
Prohibition on self-service displays	Allowed in adults-only facilities	Allowed in adults-only facilities		
Minimum package size requirements	✓			
Prohibition on breaking packages by retailers (e.g., sales of loosies)	✓	✓		
Prohibition on free samples	✓	Allowed in qualified adults-only facilities	✓	✓
Prohibition on characterizing flavors	Menthol and tobacco allowed			
Mandatory warning labels on packages and advertisements	9 Rotating warnings	4 Rotating warnings	6 Rotating warnings ¹	1 Static warning
Prohibition on brand names on non-tobacco products and brand name sponsorship of sporting and cultural events	✓	✓		
Required notice of advertising in any non-traditional medium	✓	✓		

Other Resources

For more information on the FDA's regulation of tobacco products, visit our [FDA Tobacco Action Center](#).

Last updated: May 2016

¹ In the proposed deeming rule, FDA proposed to require four of the five warnings already included on most cigar packages and in most cigar advertisements as a result of settlement agreements between the Federal Trade Commission (FTC) and the seven largest U.S. cigar manufacturers. The final deeming regulation requires a fifth warning regarding reproductive health effects and cigar use specifically, which reads "WARNING: Cigar use while pregnant can harm you and your baby." The FDA notes in the final rule materials that this requirement is supported by existing scientific evidence and is appropriate for the protection of the public health. However, because the general statement "Tobacco smoke increases the risk of infertility, stillbirth and low birth weight" is also a true statement, and because scientific evidence demonstrates that cigar smoke is similar in content and effects to cigarette smoke, the FDA will allow the use of the reproductive health warning required by the FTC settlement agreement as an optional alternative to the fifth FDA warning. In addition, cigarette tobacco, roll-your-own tobacco, and the newly covered tobacco products will have a required warning label regarding addictiveness.

Exhibit C: Hennepin County Reports

The Impact of Tobacco in Golden Valley

The toll of tobacco

Tobacco use is the largest preventable cause of death, disability and disease in Minnesota. Research shows most persons who smoke started smoking prior to the age of 21, are more likely to be people of color or American Indians, or have a low income, and low educational attainment. For the first time in 17 years, tobacco use among Minnesota teens has increased, largely due to e-cigarette use. Each year 2,100 kids in become new daily smokers; 102,000 now under age 18 in Minnesota will die prematurely from smoking.¹

Treating chronic conditions attributable to tobacco related disease and death costs money. The economic toll of tobacco use in Hennepin County is over \$585 million in excess health care costs. This amounts to \$753 tax burden per household. Evidence-based tobacco prevention policies can decrease youth use of tobacco products, so that they do not become one of the 15% of Minnesota adults who smoke.

Hennepin County Public Health is funded by Minnesota Department of Health's Statewide Health Improvement Partnership to examine youth and adult tobacco use, and health inequities in local communities to guide tobacco prevention strategies and policies. This document provides information for the City of Golden Valley gathered from the Minnesota Student Survey (MSS) data in school districts serving Golden Valley, Hennepin County Survey of the Health of All the Population and Environment (SHAPE), and local census data.

Tobacco use among students at Hopkins & Robbinsdale School Districts

The MSS asks students about their activities, opinions, behaviors and experiences on a wide-variety of topics including school climate, health and wellness, substance use and more. The MSS is administered every three years in grades 5, 8, 9 and 11. The most recent year survey data are available is 2016. Figure 1 provides tobacco use results for the Hopkins and Robbinsdale School Districts, which serve Golden Valley students.

Figure 1. Minnesota Student Survey – Tobacco Use, Hopkins & Robbinsdale School Districts combined

Percentage of youth who reported using the following products within the past 30 days:	Hopkins & Robbinsdale School Districts, <i>combined</i>		Suburban Hennepin County	
	9 th grade	11 th grade	9 th grade	11 th grade
Any tobacco use*	9%	15%	8%	19%
Cigarettes	2%	5%	2%	6%
Cigars, cigarillos, little cigars	1%	4%	1%	5%
Electronic cigarettes	7%	11%	7%	17%
Of those who use any tobacco, proportion who report using menthol tobacco	25%	32%	28%	30%
Of those who use any tobacco, proportion who report using flavored tobacco	42%	30%	40%	42%

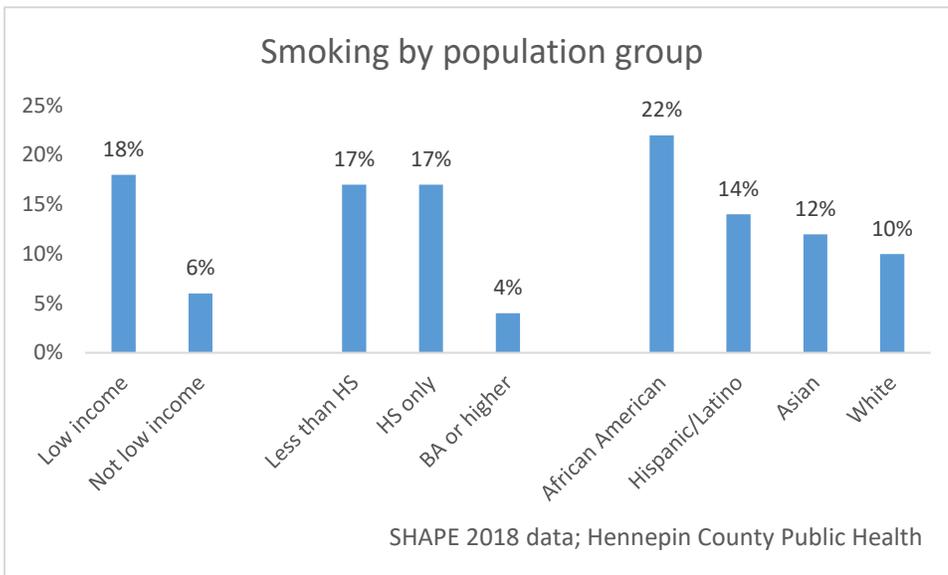
*Any tobacco includes cigarettes, chewing tobacco/snuff/dip, cigars/cigarillos/little cigars, electronic cigarettes, and hookah/water pipe.

Key findings include:

- Nearly 1 in 10 ninth graders and 1 in 6 eleventh graders use some form of tobacco.
- Many Hopkins & Robbinsdale students who use tobacco are using menthol and other flavored products. Flavored products are a starter product, and some, such as menthol, are harder to quit.²
 - 9th graders: 42% of tobacco users use flavored tobacco and 25% of tobacco users use menthol.
 - 11th grades: 30% of tobacco users use flavored tobacco and 32% of tobacco users use menthol.
- With 4,100 youth in Golden Valley under age 18, and 4,400 youth under age 21, the potential reach for tobacco prevention policies is substantial.

Health inequities in adult tobacco use

Tobacco companies target certain demographic groups defined by age, race, ethnicity, income, gender, mental health status, and sexual orientation. This results in rates of tobacco use being higher among certain racial/ethnic groups, and those with lower income and lower educational attainment. Figure 2 illustrates stark disparities in smoking among Hennepin County adults.



- Those with low income and low education are more likely to be smokers; and
- African American residents report two times the levels of smoking compared to white residents.

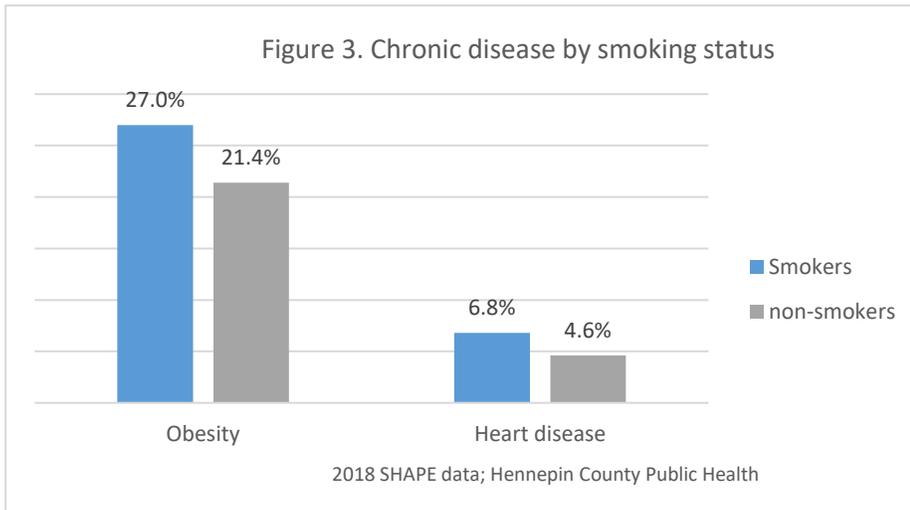
In Golden Valley:

As the city considers strengthening their tobacco sales regulations, residents who are at risk of experiencing health inequities due to tobacco use should also be considered. In Golden Valley, this includes:

- Over 3,400 residents living below 200% of the federal poverty level, or less than \$50,000 a year for a family of four;
- One-third of African Americans in Golden Valley living below the federal poverty level, or less than \$26,000 annually for a family of four; and
- About 15% of adults age 25 or older have a high school diploma or less.

Tobacco use impact on chronic conditions

Heart disease, cancer, diabetes, and stroke are among the most common causes of illness, disability, and death in the United States. Tobacco use can contribute to all of these chronic conditions, which are often more common or severe for certain racial/ethnic groups, those with lower income, and lower educational attainment. Hennepin County SHAPE data shows that smokers are more likely to be obese or have heart disease (Figure 3).



What can be done?

Cities can take actions to decrease the impact of tobacco use for populations most impacted.

1. Incorporate evidence-based tobacco prevention policies that reduce youth access and exposure to tobacco products and marketing at the retail environment.
2. Adopt smoking and tobacco use restrictions (i.e., smoke-free city grounds, housing, parks, etc.).
3. Support the availability and awareness of adult and youth cessation resources and support.

For more information:

Hennepin County Public Health
 Ruth Tripp, MPH, RN
 Principal Health Promotion Specialist
 Office: 612-348-5367
Ruth.Tripp@hennepin.us

References

¹ Campaign for Tobacco Free Kids. (2018). The Toll of Tobacco in Minnesota. http://www.tobaccofreekids.org/facts_issues/toll_us/minnesota. Last updated 3/1/18. Accessed on 3/29/18.

² U.S. Department of Health and Human Services. (2012). Preventing Tobacco Use Among Youth and Young Adults: 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.

City of Golden Valley Tobacco Retail Environment

The tobacco industry spends nearly \$115 million in Minnesota to promote their products, encouraging people to start and continue tobacco use. Most of this spending is directed to the tobacco retail environment, making it the primary venue for tobacco product marketing. Tobacco marketing and promotion increases impulse purchases among current users and those trying to quit, and is associated with smoking initiation, particularly among youth.¹ Reducing the influence of this marketing is a core tobacco prevention and reduction strategy.

Minnesota Department of Health Statewide Health Improvement Partnership funds Hennepin County Public Health to assess the tobacco retail environment in local communities and identify tobacco marketing practices in order to guide tobacco prevention strategies and policies. This document provides information specific to the City of Golden Valley, gathered through observational visits and data collection at licensed tobacco retailers, retailer mapping, state-level tobacco data and information from the literature.

Tobacco retailers by store type

Minnesota law prohibits the sale of tobacco products to persons under age 18. Most young people obtain tobacco from others, yet many report purchasing products themselves. The Minnesota Youth Tobacco Survey, administered in 2017, shows that:

- 62% of high school and 57% of middle school e-cigarette users got their e-cigarettes from friends.
- 32% of underage high school students who use e-cigarettes got or bought their e-cigarettes from retail outlets. The most common retail outlet reported was vape shops (18%).
- 19% of underage high school students who are current smokers bought their own cigarettes.

These statistics underscore the need for reducing access and enforcement of regulations.

In Golden Valley, there are 14 retailers licensed to sell tobacco as illustrated in Figure 1.

Figure 1. Golden Valley tobacco retailers by store type



The “Four P’s” of Marketing in the Tobacco Retail Environment

In an effort to reduce access and exposure to tobacco products and marketing in the retail environment, local jurisdictions can address one or more of the “four Ps” of marketing: product, price, promotion, and place. Observational visits to all 14 businesses licensed to sell tobacco in Golden Valley were completed in March 2019.

Product

Product refers to the physical tobacco product being sold. It includes characteristics such as flavoring, package size and design. There are many tobacco products available in stores, prominently displayed near the purchasing counter, and taking up a lot of floor space. This includes cigarettes, cigars, chew and loose tobacco, as well as newer products such as e-cigarettes. Products may be flavored, and come in packaging that looks similar to candy, gum, mints, and other snacks. They may come in different package sizes, including singles.

Why it matters.

The abundance of tobacco products and package design promotes brand recognition, increases familiarity with tobacco, and creates a sense that tobacco is everywhere and readily available.² Expanding the perceived availability of tobacco products encourages impulse purchases, cues cravings, and undermines quit attempts.^{3,4,5} Fruit, candy, and minty products in brightly colored packaging appeal to youth. According to the 2017 Minnesota Youth Tobacco Survey (MYTS), over 60 percent of students who use tobacco use menthol or other flavored products. In addition, products sold in smaller packages are often cheaper, making them appealing to youth who are very price sensitive.

What is happening in Golden Valley?

As illustrated in Figures 2 and 3, retailers in Golden Valley follow this pattern, selling a wide variety of products, including menthol and other flavored products as well as single cigars, all of which are appealing to youth.

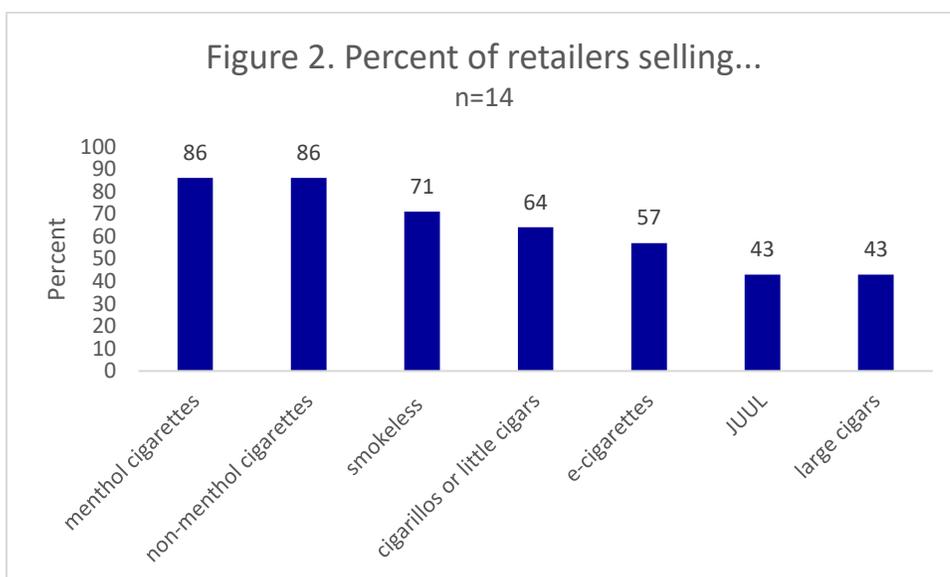
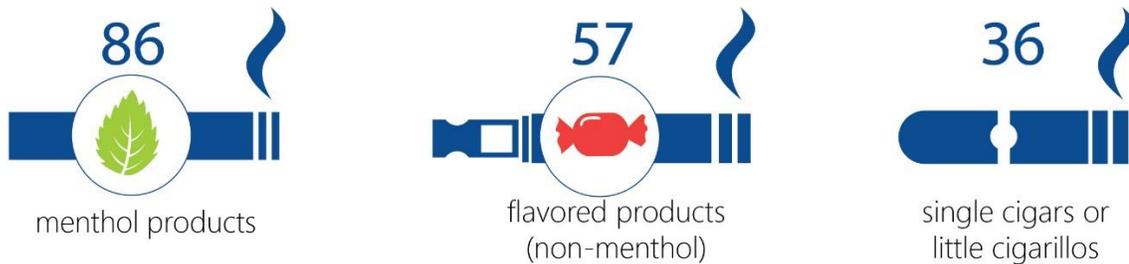


Figure 3. Percent of retailers selling products that appeal to youth, n=14



What can be done?

You can reduce youth access and exposure to these products by ensuring that city policies include all current and emerging products, and consider mechanisms for monitoring new products in the community. Also ensure e-cigarette products and devices are sold in childproof packaging, as required by state law. Some jurisdictions restrict where flavored products are sold. Jurisdictions have also established package size requirements, resulting in increased price and decreasing appeal.

Price

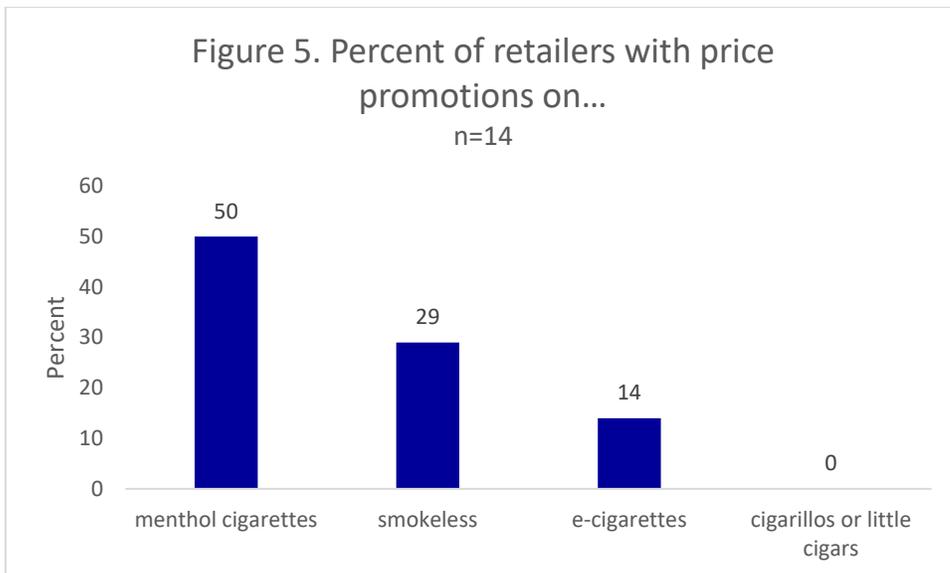
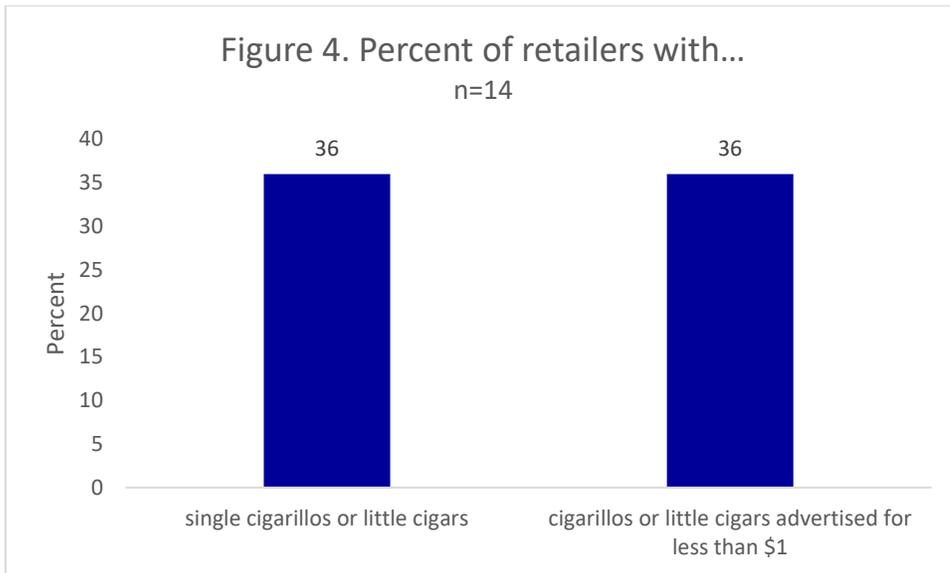
Price refers to the cost of the tobacco products, including advertised price, price discounts, and price promotions. In 2017, the tobacco industry spent over \$7.3 billion nationally marketing and promoting cigarettes and smokeless tobacco at the point-of-sale. Over 90% is spent on strategies to reduce the cost of tobacco products to the consumer.⁶ This is done by selling products in smaller packages and through price discounts, multi-pack promotions, coupons, and other strategies that allow customers to obtain free or reduced-price products. Direct mail coupons and multi-pack offers are marketed by geography, brand, user profile, or to certain groups that are most price-sensitive. Such tactics contribute to health inequities.

Why it matters.

Lower prices entice the customer, encourage people to “try” tobacco products or start smoking and increase overall consumption. Youth are especially sensitive to price. For example, the availability of single cigarillos, often sold for less than \$1, are particularly attractive to youth.⁷ Reductions in price increase the likelihood that youth will experiment. Conversely, every 10% increase in the price of tobacco reduces youth tobacco use by 6-7%.⁸ Increasing the price is associated with lower initiation, higher cessation and lower consumption.⁹

What is happening in Golden Valley?

Low prices and price promotions are evident in Golden Valley. Over one-third of tobacco retailers sell single cigars; all of these retailers have this product available for less than \$1.00 (Figure 4). Fifty percent of retailers have price promotions on tobacco, most often for menthol cigarettes and smokeless products (Figure 5).



What can be done?

Increasing the price of tobacco products is the most effective way to reduce tobacco consumption overall.¹⁰ At the local level, this can be done by adopting laws that require a minimum price and/or a package size for cigars; or prohibit retailers from redeeming tobacco coupons and discounts, such as “buy two, get one free.”

Promotion

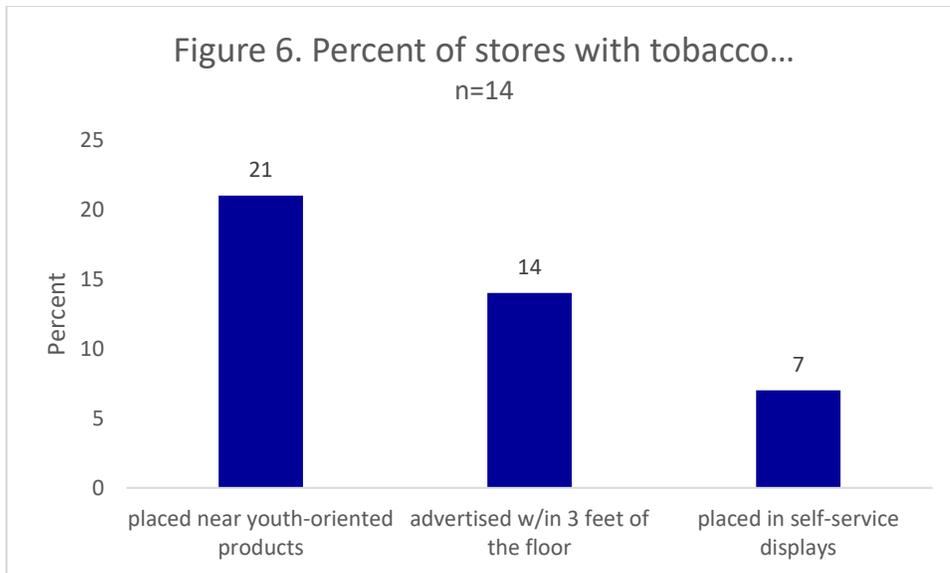
Promotion refers to advertising, displays, product placement, direct marketing and other strategies promoting tobacco products. Advertising and product promotions are found outside and inside the store. A significant portion of tobacco industry spending is in the form of incentives to retailers to provide strategic shelving and placement of tobacco products.¹¹ Products may be placed at eye level of young children or near candy, snacks and other products that interest young people, all in an effort to entice the young consumers and begin brand recognition. Products are often placed in special vendor-assisted displays, near the register.

Why it matters.

Young people are likely to be exposed to tobacco marketing on the exterior of the store or at the gas pumps, particularly at convenience stores. When inside the store, there is an abundance of products, ads, and promotions. Youth are more likely to see ads and products placed near items that interest them, making them familiar. The influence of retail marketing on youth smoking is significant.

What is happening in Golden Valley?

Figure 6 shows the percentage of stores in Golden Valley that employ common practices used to market to youth: placing tobacco products near youth oriented products, placed in self-service displays and advertised within three feet of the floor, or at eye-level for young children.



What can be done?

Jurisdictions can employ “content-neutral” signage requirements that apply to all ads or signs, not just tobacco ads. For example, limiting the percentage of the outward facing window area that can be covered by signs. In Minnesota, tobacco products cannot be sold in open displays where products are available to the public without assistance from an employee (e.g., behind the counter or in a locked display). This does not apply to adult-only tobacco stores where 90% of revenues are from tobacco and tobacco-related products.

Place

Place refers to the retailer locations where tobacco products are sold. There is often a greater concentration of tobacco retailers near schools as well as in neighborhoods at higher risk for adverse outcomes, including those with greater racial disparities, lower incomes, and less educational attainment.¹² E-cigarette retailers are often found near schools and universities.¹³

Why it matters.

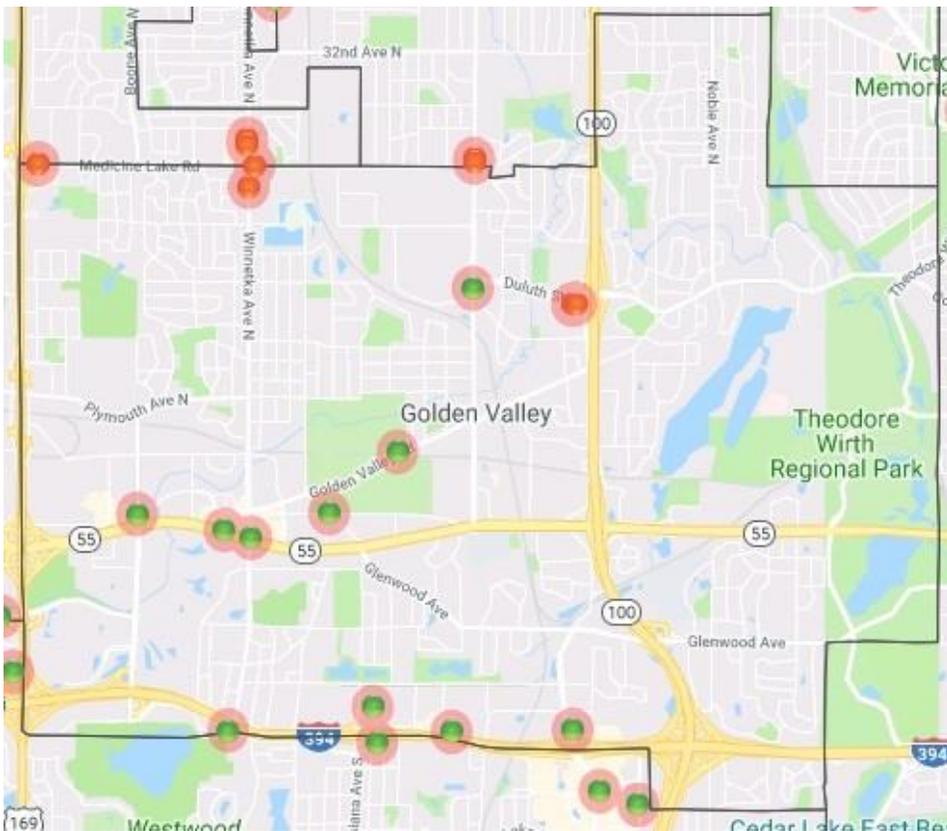
The location, density, and type of tobacco retailers in a community are associated with increases in both adult and youth tobacco use and contribute to health inequities.¹⁴ Young people who live or attend school in neighborhoods with a high density of tobacco retailers have higher smoking rates,¹⁵ and there is research

indicating that adults who use tobacco may be less successful in quitting, based on their proximity to tobacco retailers.¹⁶ In addition, retailers in racially diverse and low-income neighborhoods spend more on in-store advertising and promotions compared to those in affluent and white neighborhoods.¹⁷ Sales to minors are more prevalent in neighborhoods with more young people of color and American Indians.¹⁸

What is happening in Golden Valley?

There are 14 tobacco retailers in Golden Valley, or 1 retailer per 1,537 residents. Two retailers are within 500 feet of another retailer licensed by Golden Valley and two are within 500 ft. of another retailer licensed by a bordering city (Figure 7).

Figure 7. Retailers w/in 500 ft. of another retailer

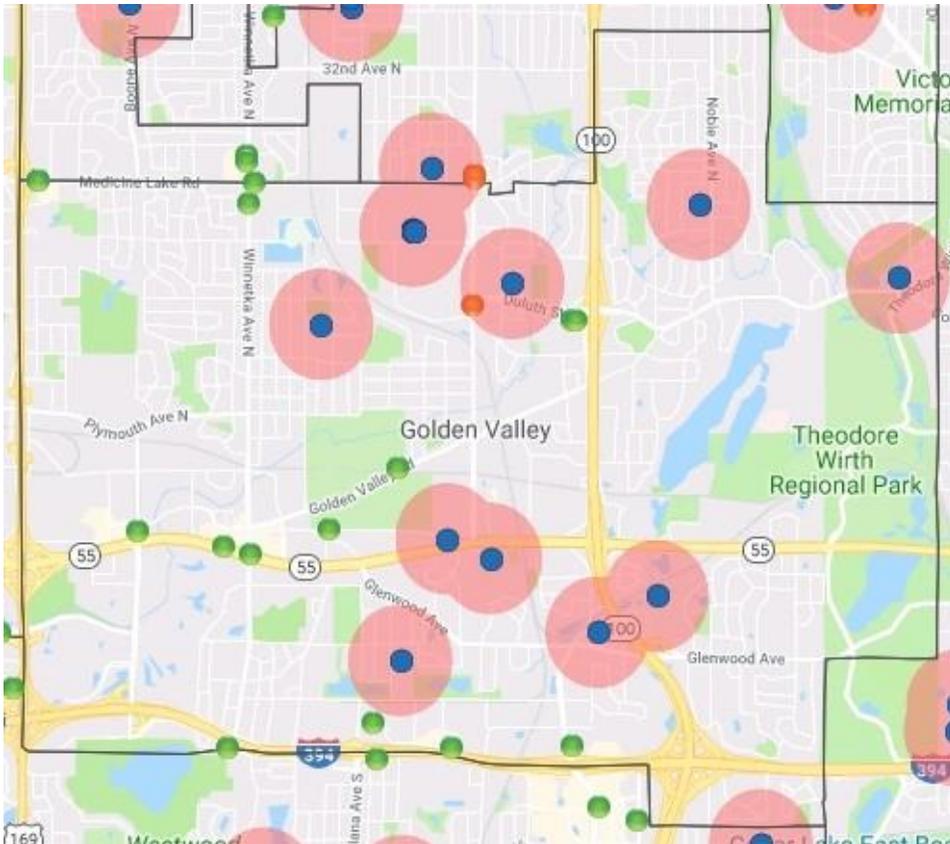


Key

- Retailer within 500 feet of another tobacco retailer
- Retailer not within 500 feet of another tobacco retailer
- 500 feet buffer zone around retailer

No schools in Golden Valley have a tobacco retailer within 500 feet. King of Grace Lutheran School, serving students in grades 1-8, has a retailer within 1000 feet (Figure 8).

Figure 8. Retailers within 1000 ft. of a school



Key:

- School locations
- Retailer is within 1000 ft. of a school
- Retailer is not within 1000 ft. of a school
- 1000 ft. radius around schools

What can be done?

Examining the location and types of retailers that sell tobacco in your community is essential to setting and achieving policy goals. Local jurisdictions have several options for reducing the density of retailers including:

- Limit, or cap the total number of retailers/e-cigarette outlets in the community;
- Set a maximum number of retailers in proportion to population size, like 1 per 2,500 residents;
- Regulate where tobacco/e-cigarette retailers can be located, specifying the minimum distance from each other, schools, or other youth-oriented facilities;
- Restrict the types of businesses that can sell tobacco and/or e-cigarettes: tobacco specialty shops, or prohibit sales at health businesses such as pharmacies or other healthcare institutions.

Summary

Addressing the “four Ps” through a comprehensive approach, rather than individually, is recommended to help cities determine strategies to reduce youth exposure to tobacco products. Many tobacco retailers in Golden Valley sell flavored products, single cigars for less than \$1.00, and are likely to accept coupons for product discounts. This information presents a number of opportunities to reduce access and exposure to tobacco products and marketing.

For more information

Hennepin County Public Health
Ruth Tripp, MPH, RN
Principal Health Promotion Specialist
Office: 612-348-5367
Ruth.Tripp@hennepin.us

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- ¹⁷ U.S. Department of Health & Human Services, *Preventing Tobacco Use Among Youth and Young Adults: A report of the Surgeon General* (2012).
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Exhibit D: Public Health Law Center
Golden Valley Ordinance Review



August 8, 2019

Maria Cisneros
City Attorney | City of Golden Valley
7800 Golden Valley Road, Golden Valley, MN 55427
mcisneros@goldenvalleymn.gov | 763-593-8096

RE: Golden Valley Tobacco Ordinance Review

Dear Maria:

Thank you for your request to review the City of Golden Valley's tobacco licensing code (Chapter 16, Article VI of the city code) and provide analysis on ways to conform with state and federal law ("modernizing" the code) and strengthen the law pursuant to best public health policy practices and data.

First, as you may be aware, the Public Health Law Center does not lobby, nor does it provide legal representation or advice. Based on our experiences with retail licensing and sales restrictions, we are able to provide our observations and other educational information for your own evaluation of these issues. This information is for educational purposes only; we do not request that a policymaker take any specific action in regard to our comments, nor should our comments be considered a replacement for legal advice. If the City of Golden Valley requires a legal opinion, we encourage them to consult with you as local legal counsel.

Below, please find a summary of my key findings from the City of Golden Valley's "Article VI Tobacco" licensing regulations. The regulations were compared to licensing laws from other jurisdictions in Minnesota and across the U.S.

City of Golden Valley's Retail Tobacco Regulations

Minnesota municipalities have the [authority](#) to license retailers and regulate the sale of commercial tobacco and related devices and products within their jurisdictions. Regulating tobacco retailers through licensing is considered a best practice.

The City of Golden Valley's tobacco licensing code already complies with minimum state statutory requirements aligns with some good commercial tobacco control practices. They include:

- Prohibits the transfer of any tobacco license. (However, there is potential for transfer with approval from the city council, which is not considered a best practice.)
- Prohibits licensure for applicants: (a) convicted of violating a federal, state or local law relating to tobacco products within the past five years, (b) whose tobacco license has been revoked within the past twelve months, and (c) who in the past 12 months have been cited three or more times for documented tobacco sales to minors.
- Prohibits licenses for moveable places of business.

- Prohibits vending machine sales, without exception.
- Prohibits the sale of single cigarettes and the sale of cigars under \$2.00 (“loosies”).
- Prohibits self-service sales and requires inaccessible or behind-the-counter displays.
- Prohibits smoking inside licensed retail establishments, including smoking for the purpose of sampling products.
- Holds license holders responsible for the conduct of employees on the licensed premises. Employee’s violations are counted against the license holder.
- Substantial monetary penalties, license suspension, and license revocation for retailer violations.
- Includes a furnishing exemption for indigenous ceremonial practices.

Despite these strengths, there are elements that could be clarified, strengthened, or added, including:

Readability: simplifying the definition of licensed or covered products under a catch-all term

The city might consider creating a new “catch all” term that would cover all covered licensed products under the code for reference throughout the regulation. This would simplify the definitions of licensed products covered by the city ordinance and place them under a defined umbrella term of “licensed products” or “covered products” to both ensure coverage of all products under all regulations in the code and enhance the readability of the code. This also allows for future amendments of the definition as new products come on the market without having to change the list of products in numerous places throughout the ordinance. Possible language for a definition may include:

Licensed Products. The term that collectively refers to any tobacco, tobacco-related device, electronic delivery device, or nicotine or lobelia delivery product.

Align with minimum standards in state and federal law

- Minnesota law requires a local license to sell “electronic delivery devices” (EDDs)— a broad term used to describe what are more commonly referred to as “e-cigarettes.” These products (whether they contain nicotine or not) are subject to the same sales regulations that apply to more conventional tobacco products and tobacco-related devices. The regulation of these products are even more important as they are increasingly popular among youth. The current county code does not require a license to sell EDDs, although one could imagine the intention is that they are captured by existing product definitions. However, it is important to explicitly require licensure of these products and define them independently and comprehensively.
- State and Federal law requires that electronic delivery device fluid (liquid packaging) be sold in child-resistant packaging. This requirement and a mechanism for enforcement could be explicitly incorporated to reflect federal law. A definition of child-resistant packaging would also be needed if this is adopted.

- State and federal law prohibits the distribution of most free samples of commercial tobacco products. While the city already prohibits the act of indoor use of tobacco products *for the purpose of sampling*, it does not prohibit the distribution of the samples in the first place. Local jurisdictions can prohibit the distribution of **all** free or nominally priced samples of all products.

Effective Administration and Enforcement

- Minnesota law requires at least one youth access compliance check per retailer each year. The City of Golden Valley sets a minimum number of compliance checks each year based on state requirements(one), but allows for more. A city can require multiple checks, as well as re-inspections after violations. Performing additional compliance checks per year can help promote better compliance with youth access laws. Costs for additional-mandated compliance checks can be incorporated into the license fee, with the costs absorbed by the license holders themselves.
- Some municipalities require retailers to train their employees on youth access laws and other licensing requirements. The City of Golden Valley could require training as a preventive measure for all licensees and/or as a consequence for underage and other illegal sales and violations.
- Cities may be interested in establishing a minimum age for employees that work for licensed tobacco retailers. Doing so ensures that employees are of or above the minimum legal sales age for commercial tobacco sales. If a city chooses to raise the minimum legal sales age to 21, but leave the minimum clerk age at 18, clerks between the ages of 18 and 20 can legally sell products within the purview of their employment, but would be unable to purchase them.
- Enforcement of and compliance with the ordinance could be clarified and strengthened if language was included to set requirements for age verification and for signage. The ordinance may be amended with language such as:

Age verification. Licensees must verify by means of government-issued photographic identification that the purchaser is at least 21 years of age. Verification is not required for a person over the age of 30. That the person appeared to be 30 years of age or older does not constitute a defense to a violation of this subsection.

Signage. Notice of the legal sales age and age verification requirement must be posted at each location where licensed products are offered for sale. The required signage, which will be provided to the licensee by the city, must be posted in a manner that is clearly visible to anyone who is or is considering making a purchase.

Fees & Penalties

- The [current licensing fee](#) for the City of Golden Valley is \$275.00. Fees should be periodically reviewed to ensure they cover all administration, implementation and enforcement costs, including compliance checks and retailer/community education. Fees that do not reflect actual costs should be adjusted. Our publication, [Retail License Fees](#), provides more information about retail licensing fees and a license fee checklist.
- The City of Golden Valley's licensing code penalizes persons under age 18 for purchasing or attempting to purchase, use, or possess of tobacco, tobacco products, tobacco-related devices, or nicotine or lobelia delivery devices and use of false ID. Under the current ordinance, these violations may result in administrative fines (which could turn into criminal assessments if left unpaid) as well as misdemeanor and gross misdemeanor prosecution.

Possession, use and purchase (PUP) laws may be unlikely to reduce youth smoking significantly. They may undermine other conventional avenues of youth discipline, divert attention from more effective tobacco control strategies, and relieve the tobacco industry of responsibility for its marketing practices. PUP provisions may be enforced inconsistently with respect to youth from certain racial and ethnic groups, resulting in their introduction into the criminal justice system. Nicotine is very addictive and has significant effects on the adolescent brain. The tobacco industry has target youth, especially Black and Indigenous youth and youth of color, youth from low socioeconomic neighborhoods, and LGBTQ+ youth, to replenish their ever-expiring consumer base. Many public health groups suggest focusing on the retailer and not youth and young adults, especially since this is a licensing code that regulates licensees. The city could consider removing penalties against all persons under the local minimum legal sales age (e.g., 18, 21) for PUP and use of false ID. Removal of this provision puts responsibility on the licensee, seller, or provider of the covered products. Alternatively, if the city was interested in keeping penalties for false ID, it could consider only non-criminal, alternative penalties (education, community service).

- The ordinance allows for misdemeanor and gross misdemeanor prosecution for all violations of the law. For the reasons outlined above regarding PUP provisions, and also in consideration of the ineffectiveness of criminal, punitive measures in public health policies, the City may consider limiting or eliminating the use of criminal penalties altogether.

- Strong consequences like high administrative fines and suspensions/revocations of licenses against violating licensees and shorter timeframes for violations can help promote compliance and ensure that repeat offenders that serve as an access point for underage persons are unable to offer commercial tobacco products. The structure is in line with good public health policy but could be strengthened if desired by lengthening the amount of time to consider repeat violations (e.g., 24 months to 12 months).

Additional Licensing Options

Through licensing regulations, Minnesota cities and counties can do also have the opportunity to further protect public health in their communities with the following policies:

- Restrict or prohibit the sale of flavored tobacco products (this includes the sale of the menthol flavor). Research demonstrates that flavored products are especially attractive to youth. These products increase initiation amongst all populations by masking the harsh taste of tobacco and nicotine. Flavors like menthol and clove also provide a numbing effect that lead to longer breath-holding. This makes quitting flavored products more difficult. Overwhelmingly, youth users of licensed products initially began using flavored products. Prohibiting the sale of flavored products entirely or restricting the sale of flavored licensed products to stores that youth and young adults cannot enter can reduce youth access to and advertisements for the flavored products. Adult users who use flavored tobacco products and suffer from related health effects would also greatly benefit from this kind of regulation. A significant majority (84%) of African American smokers in the Twin Cities metro smoke menthol-flavored products. This is not a coincidence. The tobacco industry has targeted Black youth and adults for decades with menthol-flavored products. Just over 72% of African Americans polled makes it harder to quit. Polls revealed support for such an ordinance, showing that the lack of availability of menthol products in their neighborhoods would help them successfully quit. For more information on this local data re: menthol, you can watch the testimony of Gene Nichols and Ora Hokes representing the African-American Leadership Forum in a recent Minneapolis committee hearing, starting at the 36:40 mark (click on the play button of agenda item #6 “Tobacco products shops ordinance” on [this website](#)).

Some jurisdictions in Minnesota have prohibited the sale of flavored tobacco products everywhere in their municipality without exception. Many jurisdictions in Minnesota have restricted the sale of flavored licensed products with the retailer exemption noted above. In response, some tobacco retailers have divided their establishment into two stores, separated by a wall or other structural divider. This results in a 18/21+ licensed tobacco retailer on one side that sells flavored licensed products and a licensed tobacco retailer on the other side that sells only unflavored licensed products. Adding structural requirements, as suggested in our model ordinance, would place limitations upon such practices.

- Reduce or restrict the number, location, and density of retailers. A high prevalence of tobacco retailers is associated with increased use of commercial tobacco; and a higher concentration of tobacco retailers in low-income neighborhoods and around schools has

negative consequences for public health. Retail outlets are also a source of exposure to tobacco marketing, which is designed to encourage initiation and use. The tobacco industry targets low-income areas and neighborhoods with a high population of people of color. These changes may be accomplished through the licensing code by setting a cap on the number of tobacco retailer licenses that may be issued and restricting where retailers may be located to qualify for a license (e.g., within 1,000 feet of a school or other retailer).

- Raise the minimum legal sales age to 21.
- Increase product costs through non-tax approaches (such as prohibiting coupon redemption or other price discounting). The price of tobacco products directly affects the consumption levels, particularly among price-sensitive consumers, including youth, young adults, and those with limited financial means. The commercial tobacco industry uses innovative pricing strategies to entice new customers to purchase their products, to discourage current users from quitting, and to reduce the effectiveness of tobacco tax increases in decreasing tobacco sales and increasing users' quit attempts. These pricing strategies include "buy-one-get-one" coupons, cents- or dollar-off promotions, and multi-pack offers, which are often marketed and redeemed at the point-of-sale. Jurisdictions can prohibit the redemption of these price discounts to negate the sophisticated discounting strategies of the commercial tobacco industry.
- Increase the minimum price for the sale of cigars (single and in a pack). The City already prohibits the sale of single cigars under \$2.00. The cost set in a minimum price for single cigars is meant to deter price-sensitive populations that are targeted by the tobacco industry with these products, like youth, from purchasing them. The City may consider increasing the minimum price for a single cigar (our model reflects a \$4.00 minimum price). The city could also consider implementing a minimum price/pack size for little cigars.
- Prohibit pharmacies from selling tobacco products. As pharmacies are considered health supporting institutions, it is inconsistent for them to sell tobacco products.
- Prohibit the sales of imitation tobacco products and tobacco products containing other substances such as toxic, controlled or hallucinatory substances. Many new products coming onto the market use tobacco related products to consume the other substances.

The City of Golden Valley may choose to adopt all or any of these policies, which the PHLC considers to be the best practice for public health.

The City of Golden Valley may also consider:

- Expanding the "Purpose and Intent" section if any new policy is adopted to support that policy. Adding a "Purpose and Intent" section helps to explain the legislative intent and the scientific basis for the law and is relied upon should the ordinance be challenged.

- Adding a severability clause. An ordinance with a severability clause protects and upholds other components of the law if a successful legal challenge prevails against any part of the law.

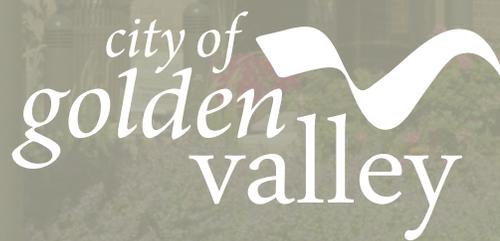
I have also reviewed Golden Valley's clean air ordinance (Article II – Smoking), which prohibits use of commercial tobacco products (including e-cigarettes) in all indoor places of work and public places, which would cover licensed retail establishments regulated by the city's tobacco retailer licensing code. This prohibition on indoor use is reflected in the current retailer licensing code (but see note above re—need for definition of electronic delivery devices within the code itself). However, the Golden Valley clean air ordinance does go further than the retail licensing code explicitly does by also prohibiting smoking within 25 feet of entrances, exits, open windows, and ventilation intakes of public places and places of work. The licensing code could be amended to reflect the city's already-existing clean air ordinance to help ensure licensee compliance.

I hope this is helpful. I would be happy to provide sample language for any policy change discussed in this memo. Please let us know if we can assist you further.

Sincerely,

Natasha C. Phelps
Staff Attorney
Public Health Law Center

REGULATION OF TOBACCO SALES COMMUNITY INPUT REPORT



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Overview

Soliciting public input was a major component of the Golden Valley City Council's consideration of whether and how to regulate the sale of tobacco products in Golden Valley.

Staff solicited input from the community through an online survey, social media, and an interactive public forum regarding the following four policy areas:

- prohibiting the sale of tobacco to people under age 21
- restricting the density of tobacco retailers
- enacting minimum price or pack size requirements for certain tobacco products
- restricting the sale of flavored tobacco, including menthol

To promote the survey and open house, the City published two online news stories and sent out press releases with information about the regulations being considered by the City Council. News reports were published in the SunPost (both print and online) and broadcast on CCX Media. All information included links to the online survey.

The City further promoted the survey and open house through social media posts on Facebook and Twitter.

Online Survey

The survey asked for public input on each of the four policy areas under consideration. It also asked two demographic questions, one regarding whether respondents lived or worked in Golden Valley, and the other to establish the age range of respondents. See Appendix A for detailed survey responses.

The survey was active from July 17-Aug 6, was limited to one response per IP address, and had 727 responses.

WHAT DO YOU THINK ABOUT REGULATING TOBACCO SALES IN GOLDEN VALLEY?

"I should be able to buy tobacco if I am 18."

"Tobacco sales should be limited to those 21 or older."

"Flavored tobacco shouldn't be sold in Golden Valley."

"I should be able to buy flavored tobacco."

city of golden valley

Learn about the issues and share your opinions at the City's upcoming forum.

Monday, Aug 5 from 6-8 pm in the Bassett Creek Room at Brookview

Participate in our survey at www.goldenvalleymn.gov/rts.php.

Public Forum

The City hosted an interactive public forum Aug 5, 6–8 pm, at Brookview, where community members could learn more about the issue and offer input. Representatives from the City, the Hennepin County Department of Health, the Association for Nonsmokers-Minnesota (ANSR), and local tobacco retailers were on hand to provide information and answer questions.

The online survey was open during the public forum, with real-time results showing on a display screen. Printed versions of the survey and comment cards were also available.

Social Media Outreach

The City posted information and reminders about the public forum and the survey six times on Facebook and five times on Twitter between July 12 and Aug 5. See Appendix B for reach and engagement details for each post.

The public forum was live-streamed and archived on Facebook for later viewing. To date, it has had 483 views.

Additional Information

In addition to the online and social media responses, staff received a wide variety of other submissions from members of the public, advocacy groups, and other governmental organizations. These materials are included in Appendix C and are organized into the following categories:

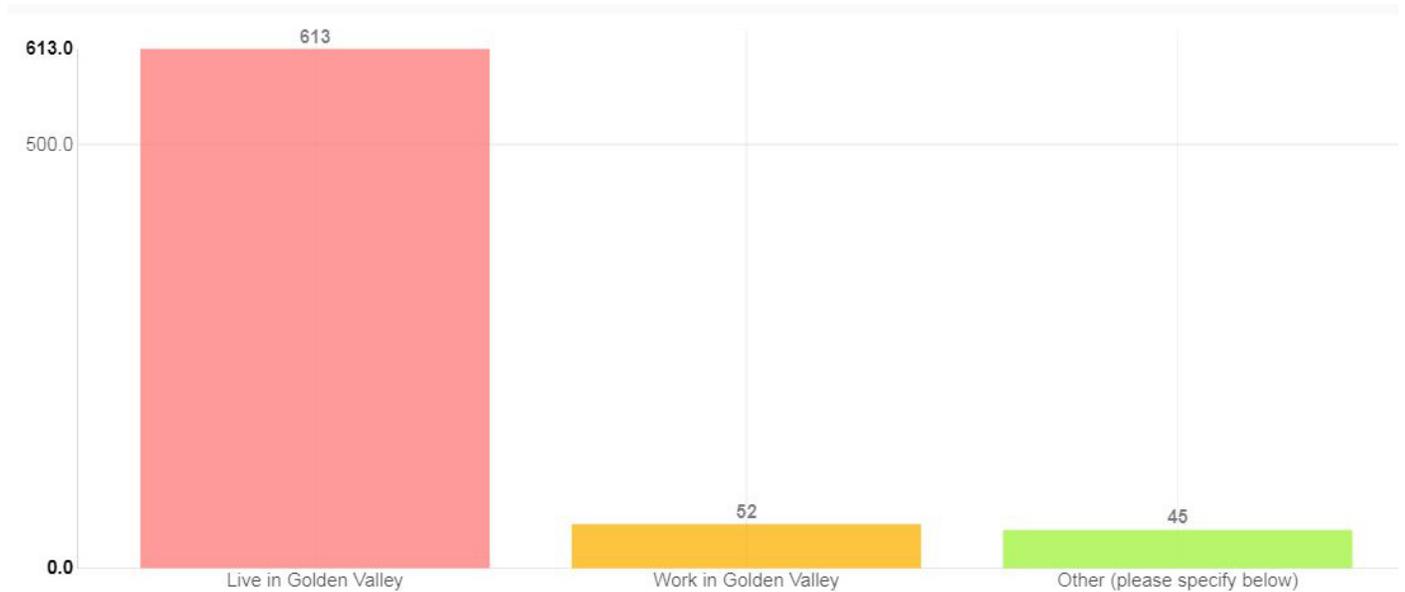
- Vaping and E-Cigarettes
- Tobacco 21
- Location of Tobacco Retailers
- Minimum Price
- Flavored Tobacco

See Appendix C for details.

Demographics

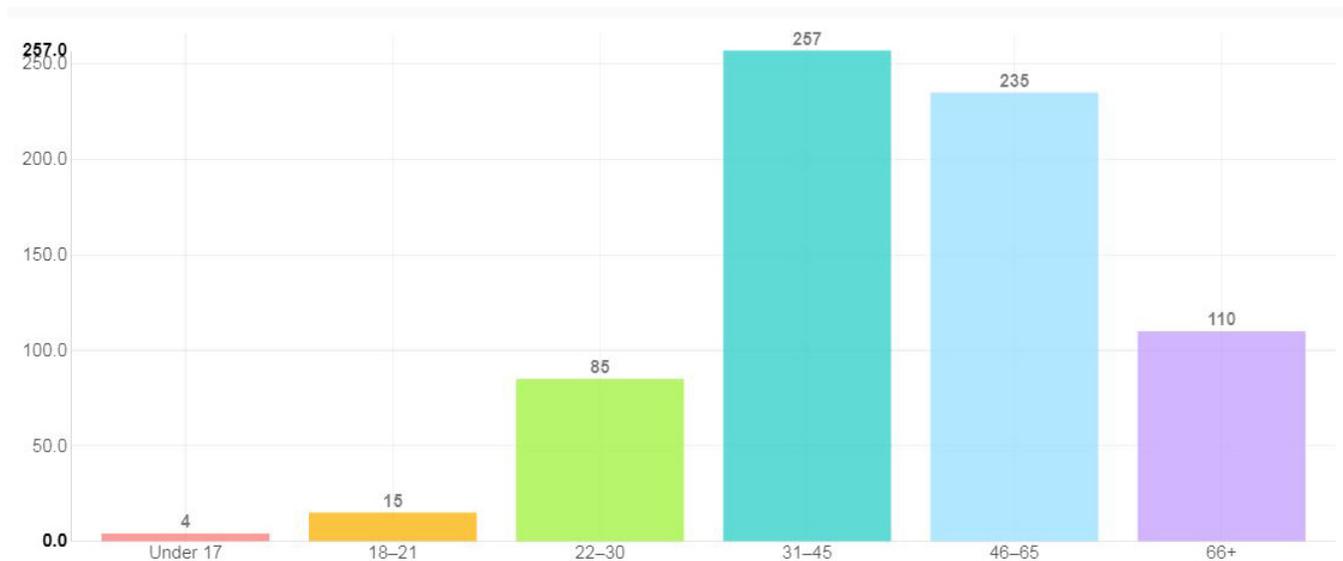
Live or work in Golden Valley?

Of the 772 respondents, 613 (86 percent) live in Golden Valley, 52 (7 percent) work in Golden Valley, 45 (6 percent) responded "Other," and 21 chose not to answer the question.



Age range?

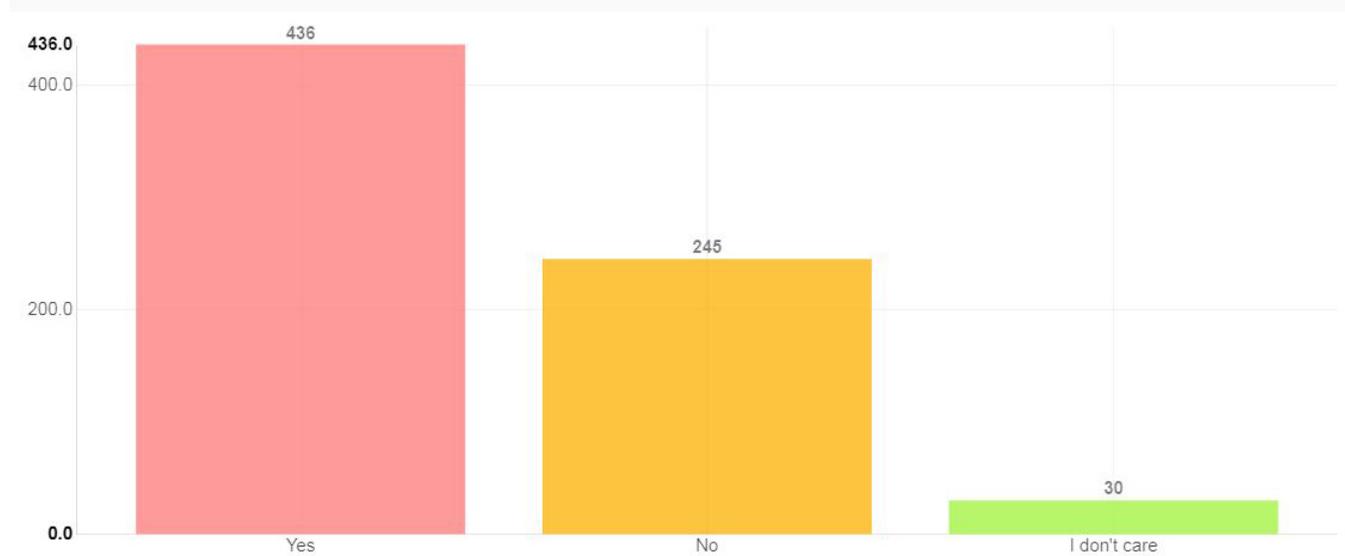
Approximately two-thirds of respondents were between the ages of 31 and 65, with 257 (36 percent) age 31-45 and 235 (33 percent) age 46-65. One hundred ten respondents were age 66+ (16 percent), 85 (12 percent) were age 22-30, 15 were age 18-21 (2 percent), and four were under age 17. Twenty respondents chose not to answer the question.



Vaping And E-Cigarettes

Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?

Of the 711 respondents who answered this question, 436 (61 percent) are in favor of regulating electronic cigarettes and vapes in Golden Valley, 245 (34 percent) are not, and 30 (4 percent) don't care.



Survey Comments

There needs to be much tighter regulation on e-cigs and vapes. As the tobacco industry has lost users through regulation, taxes, and education, they have fought back to gain new users through e-cigs and vapes. Millennials and Gen-Z do not associate the same caution and stigma to vapes as they do to cigarettes, in fact some see it as a status symbol. Nicotine should be a highly controlled substance. I started smoking when I was 15 years old and it took me 38 years to finally quit and I still struggle with it from time to time. When I started there were virtually no barriers: unenforced age restrictions, open availability at cigarette machines, very low prices, almost no restriction as to where one could smoke, role models everywhere, advertising in every media, no warnings on packaging, and active marketing to youth.

Thank you. With kids in the school system they talk about how prevalent vaping is in the bathrooms at AHS.

Let us also think about e-cigarettes. Thank you.

Ban sale of tobacco and vaping products to people under age of 19 years. This reduces impact on high school age students. No need to make people wait until they are 21 years old. Poorly worded survey -regulate means what? Can adults have menthol or fruit tobacco? What is science here. The goal is stopping kids access to tobacco and vaping until they are out of high school.

Regulate sales by not selling to those under 19 years old. This keeps vaping and tobacco out of high schools.

As a parent of young children, I see vaping and flavored products, electronic cigarettes as a potential temptation and would like to see the city get ahead.

Regulate away, increase the price of all tobacco products (and tax them heavily).

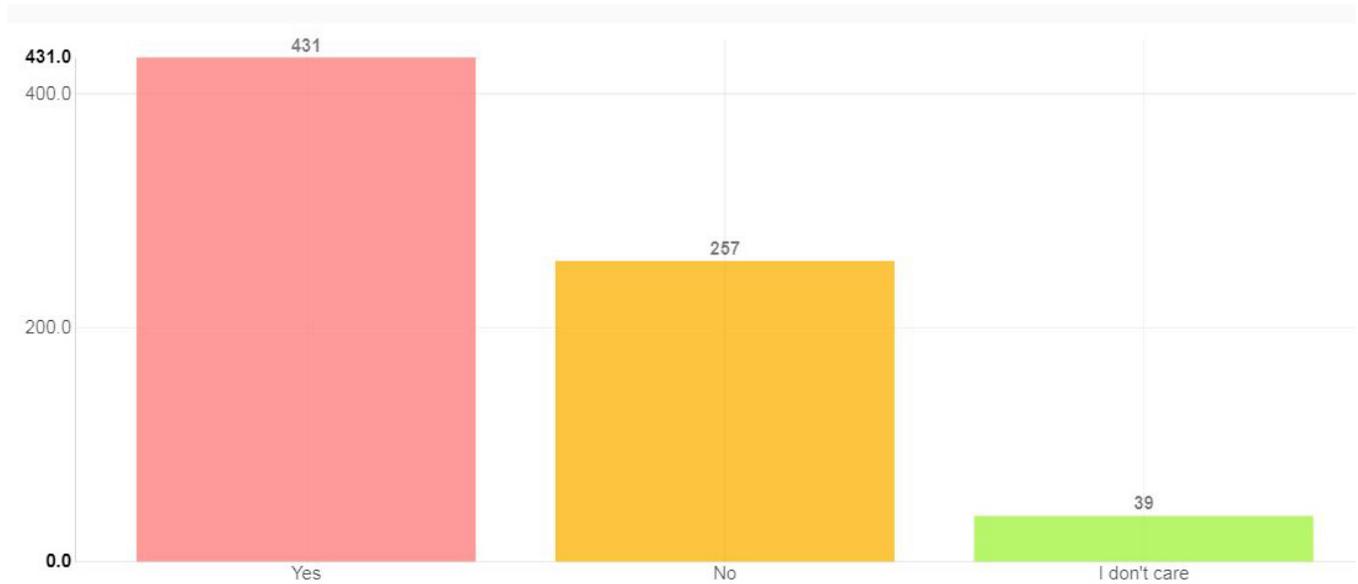
Very concerned about data on youth smoking and vaping. Once they're hooked, the tobacco industry usually has them for life. Glad to see other cities moving in the direction of more regulation.

<p>Rather than regulate the sale of vape and menthol, please intact a law that outlaws The possession of said items to those under 18. That is the only way to stop youth.</p>
<p>I am especially against restrictions on the sale of vaping products other than to prohibit the sale of them to minors. As an adult and former cigarette smoker, vaping has allowed me to cut down on my nicotine usage, stop smoking cigarettes, and save money. I am healthier and breathe more easily. I do not want to pay more or have to jump through hoops to buy vaping products. Also, I think adults should be able to make decisions about their bodies and therefore should be allowed to smoke cigarettes and use tobacco products even if it causes them to become ill. Let people buy cigs if they want them.</p>
<p>Also regulate the number of vape/e-cig stores and/or “places” within the city.</p>
<p>Please begin to look at vapes. More of a concern than tobacco at this time. I think we are behind and the regulations should start shifting focus to vapes.</p>
<p>The only regulation that would be useful pertaining to ecigs and vapes would be a quality rating system and a requirement that all ingredients be listed on the label.</p>
<p>I am against over- regulation but concerned about flavored/e-cig products marketing towards children.</p>
<p>We don't want "our" kids to have easy access to vaping or flavored nicotine. Studies show how vaping can hinder brain development.</p>
<p>There should be a PSA for parents regarding teenage e-cig/vape use (e.g. Juul)</p>
<p>In the past few years youth vaping has become an epidemic. Youth are targeted by e-cig companies, and due to the high nicotine in these products are quickly addicted. I work for Hopkins Public Schools, which serves many Golden Valley families, and have seen the direct impact of the teen vaping epidemic. Many teens have 18 year olds buy them their vapes. By placing restrictions on tobacco products (including vapes) and flavored products, youth will restricted access. Research shows raising the purchase age to 21 will prevent youth from starting, and ultimately save lives.</p>

Age Of Tobacco Product Buyers

Should the City of Golden Valley prohibit the sale of tobacco to people under 21?

Of the 727 respondents who answered this question, 431 (59 percent) are in prohibiting tobacco sales to people under age 21 in Golden Valley, 257 (35 percent) are not, and 39 (5 percent) don't care.



Survey Comments

I feel if someone really wants it, they're just going to go to the closest city that has it. That means golden valley business will lose out on income and the city loses out on sales tax. Personally, I don't smoke and I don't enjoy being around people that do, but those people are going to do it no matter what. Also, if a 19 has been able to buy tobacco legally for a year and is addicted, they now either have to illegally have someone buy it for them, or again, cause golden valley to lose out on their revenue. It seems silly to raise the age when developmentally 21 isn't much different than 18.

18 is the defined date for being an adult. We need to let adults make their own decisions. If 18 year olds can not make these decisions for themselves, we should not be labeling them adults. I'd also urge you to look outside of the US at ages people are allowed to smoke and drink at. We are already one of the most strict nations.

I'm assuming 'legal' age is 18...to vote, live as an adult and to serve our country. If a person wants to smoke cigarettes, they will find away regardless of age. I think we need just one legal age. At 18 your considered and adult but not old enough to purchase alcohol (that happens @ 21). I think Minnesota needs to have just 1 legal age and then that person can purchase whatever and live as they please.

Legally an individual is an adult at 18. If they can die protecting your country and your rights.. they can make there own decisions. You can not tell and individual they are only a partial adult.
And yes I feel the same way about alcohol.

For adults over 21 options should be available.

I am all for tobacco limitations. However, I have a problem with conflicting messages on what constitutes an adult in our society. If we say 18 for voting and serving our country, then we need to be consistent.

Do whatever it takes to keep tobacco products out of the hands of people under age 21.

It's time to protect our children from tobacco consume.
Tobacco is a known killer and one of the most difficult addictions to break -- worse than opioids or heroin. Regulating the sale of tobacco to young people is a responsible, important public response to this preventable health hazard at a time when addictions are easily acquired. Golden Valley should be in the forefront of tobacco use prevention, not dragged kicking and screaming into it.
Making it more difficult for under 21 makes sense to me. Until we are aware of the consequences of vaping long term, I would support a total ban. I do not see what banning menthol will do.
Increasing the age limit will not restrict access to tobacco. Increased enforcement, and substantial penalties to businesses caught selling to under 18 would have a greater impact. Besides, if you are old enough to join the military and die for this country, you should be also allowed to buy tobacco.
Electronic cigarettes & vapes should be regulated exactly the same as tobacco products because they impact others besides the smoker. Penalties for stores that sell to under-age purchasers should be increased but if a person is considered an adult at age 18 they should be able to make their own decision about smoking.
I think if someone is old enough to enlist in the military, they are old enough to choose whether to purchase tobacco products. While I agree that flavored tobacco is targeted to the younger crowd, it's still a personal choice and government should not be regulating it. Assuming we are talking about those old enough to purchase.
Regulate meaning heavily tax it. Don't get in the game of limiting it to a certain age (ie 21+). If they're considered adults at 18, they should be able to make that choice.
I think that people are educated enough today to know the risks of using tobacco products. If we consider an 18 year old an adult, then they should be able to make their own decisions about what they put in their body. I'm fine with restricting where smoking can take place since second-hand smoke is a risk to those around the smoker, but otherwise it's up to us to choose what we do as adults. The government definitely shouldn't have anything to do with setting prices or package sizes on any products, tobacco or otherwise. If you want to spend tax money on something related, then consider education to further awareness of the risks or maybe on some form of incentive to quit tobacco products. I guess it really comes down to what age we define as an adult. I'd rather see that changed to 21 than these one off rules that effectively say, "you are now responsible as an adult and you can do anything... except this and that.. Oh and this too." That being said, I don't want to see the age of adulthood changed either.
I like the 21+ rule, however think GV should not regulate what type of products can be sold. Especially to those adults that are using those products to try and quit smoking.
Just as with alcohol, if this age restriction helps in the effort to limit access to tobacco products for younger people, I am for it.
I have COPD. My partner has lung cancer and COPD. We were both smokers for more than 30 years. Cigarettes were inexpensive and easy to get even before were 18. Need I say more?
Tobacco companies are brilliant marketing a destructive, environmentally harmful product that is devastatingly expensive to individuals and communities. Regulation is a critical public health priority.
As long as it is restricted from people under 21 years of age, the person should be allowed to purchase whichever type of tobacco and flavoring they want. They are considered as actual adults at age 21 should be free to make their decisions. Government should not be involved in personal choices.

<p>There is sufficient legislation currently and it seems Golden Valley is just copying other cities they've seen do this. To my knowledge underage smoking in Golden Valley hasn't been a problem. People's rights need to be protected and in this case, choice of whether to consume tobacco or not. You can send 18-20 year olds to war but they can't buy cigarettes?</p>
<p>If the age requirement changes from 18 to 21, people who aren't 21 before the effective date should be grandfathered in.</p>
<p>18 year-olds are adults. Let adults make the choice to smoke or vape. Less government oversight, please.</p>
<p>Tobacco is legal to 18 and above in the US. Why does Golden Valley believe it has the right to violate federal law? Also, does this mean people under 21 are no longer adults and should be treated as such (in ALL aspects)?</p>
<p>I support regulations that make it more difficult for teens to gain access to tobacco products.</p>
<p>My age is none of your business</p>
<p>While I support efforts to reduce the ability of children and teens accessing tobacco products, I also don't believe in limiting freedoms for adults. I would support exploring a 19 age limit, as it would provide a buffer between high school aged teens and access to products.</p>
<p>Protecting children is an admirable idea, but 21? Those people have been adults for 3 years. You can join the Army at 17, get married, vote, and buy a house at 18. I don't think the decision to buy tobacco is a more monumental decision than any of these and we allow the individual to make those choices. You can't legislate good choices, all you do is make criminals of people who don't agree with your assessment and add a layer of expensive enforcement to shopkeepers and the police. I'd prefer you to raise taxes on the products and use the money for education.</p>
<p>Flavored tobacco shouldn't be an option for anyone. If by law you are grown up enough to make legal decisions, vote and go into the service (where you may be killed) then you should be able to buy tobacco.</p>
<p>Stop trying to save people from themselves. If they are old enough to vote and are considered an adult in the City of GV, etc at 18 then treat them like one.</p>
<p>I would STRONGLY prefer you not make it an option for my young daughter to purchase cigarettes of any kind under the age of 21. Let's show some integrity here and send the right message to young people. This is not rocket science.</p>
<p>Anyone who can vote and join the military should be able to buy tobacco.</p>
<p>21 and up. No regulation needed.</p>
<p>If you are 18 you are an adult. Let adults make decisions for themselves. Just enforce the age with stings to make sure retailers are checking IDs.</p>
<p>We need to make it as difficult as possible for young people to start this horrible habit.</p>
<p>I'm a former smoker who started at 12 yrs. It was easy to get cigarettes and I luckily quit at 27.</p>
<p>An age restriction would help curb teen smoking which is when most people start. All for it.</p>
<p>I have 3 kids - 21 yrs 18 yrs & 15 - None of them smoke - but I still think if you can fight & die for your country, you should be able to smoke. Legal adult age is 18 - federal law has not changed it. If my kids wanted to smoke they would travel a few more miles to buy cigarettes where the age is still 18. Vaping has not been proven bad for you, and only has nicotine in it - which is a harmless - only addictive. Not any different the wearing a patch or chewing the gum. Either way kids are going to find a way to do either option. Drinking age is 21 - but they seem to find a way to drink when they want.</p>
<p>Minnesota is already enough of a nanny state. It is a legal product for adults over the age of 18.</p>

The city should be responsible to our youth even if National or State pressure develops for liberalization. Know what we do not know. Use research-based policy making approach on these crucial decisions.
Smoking, vaping, or other such behaviors need to be kept as far away from our youth as possible. The behaviors should be marginalized and made rare. Everything we know of social network effects point to the power of mimicry.
The research is also becoming clear - cannabis and derivatives are extremely dangerous for early adolescent brain development.
<https://www.sfgate.com/news/article/In-first-states-to-legalize-pot-teen-use-14001768.php>
<https://www.jneurosci.org/content/39/10/1817>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6433615/>

Root cause - the impulse - stress or fear - can be overwhelmed with joy and contentment! Celebrate GV in deep and powerful ways - not multiple shallow, easy-to-forget events. Help residents connect with the marginalized. Not easy without the bold action of Leaders.

You can give the kid a gun and have him kill political enemies, he should be able to make decisions on smoking, and buying a beer. Get out of our lives.

I want us to keep young people from starting to smoke or vape.

If the city chooses to regulate the sale of tobacco to restrict people under the age of 21 from purchasing tobacco I think the city should consider changing the age at which people can vote to 21. If those under 21 are not capable of deciding whether or not to smoke, should they really be deciding who should represent them as elected officials? If this isn't the issue and we are just trying to ban the sale of cigarettes then the Council should just outright ban the sale of all tobacco and e cigs.

If young adults have the right to vote and serve their country, they should have the choice to buy tobacco products. More education is key.

I have lived in Golden Valley for 3 years now. Definitely am for raising the minimum age to 21.

1. The city should not regulate it. Minimum purchasing age should be 18. Other than that, the city should not get involved with the topic.
2. Regulating that will hurt some small businesses that make some of their profit from those sales, restricting certain sales can damage the businesses and limit taxes that the city is collecting.

If we raise the minimum age I don't think we should limit the flavors. If we don't raise the age, then we should limit the flavors.

If you're old enough to vote and be in the military you're old enough to legally buy tobacco of any kind.

The societal costs of tobacco use are incredibly high. Tobacco companies prey on teens, minorities, and the poor. As a teacher, I am aware of 6th and 7th graders vaping in the bathroom, and kids are getting this from older teen siblings. I support regulation and price increases.

Really,
Your asking for no sales under 21
Is that because those under 21 can't make sound choices? I'm not clear on the why of this topic..
It's getting to be a bit much..

CHILDREN SHOULD NOT BE EXPOSED TO TOBACCO ADDICTION IN OUR COMMUNITY. WE NEED TO PROMOTE THE NATIONAL TREND OF LESS SMOKING IN OUR POPULATION.

I don't use tobacco. I have small children and don't want them to purchase tobacco when they turn 18. I purchased a pack of flavored Camels shortly after I turned 18 myself. However I am opposed to these regulations because I don't want excessive government restriction of individual choices.

This fight is against Big Tobacco and its targeting of young people.
Adults should be able to make informed decisions about the substances they ingest, government should have no say as long as the substance doesn't make you a risk to people around you.
As a close to 30 something, I personally feel that the tobacco age should be higher, between 22 and 25. This would allow young adults to fully form opinions and become educated on tobacco before being scooped up by enticing advertisements, cheap prices or quick "feel good" activities while in college. I'm not sure what the current age restriction is on who can sell tobacco but I feel that one should be unable to sell tobacco unless they are 28 or older. Tobacco should not be able to be smoked around businesses that sell it. It's been nearly impossible to go into gas stations and grocery stores without being exposed to someone smoking right outside the door. I urge you to push the limit to smoking near an entrance or sidewalk to 50 or 100 feet distance from public areas and crack down on smoking near restaurants, places of businesses and parks. Tobacco sales should, in my opinion, be restricted on the weekends and tobacco should not be able to be sold after 9 pm.
If people are old enough to vote at age 18, they should be able to make their own decision on tobacco products. Too much government involvement!
I am a non-smoker. I am a little torn on this. I hate seeing teens have access to tobacco products and I hate being around anyone that is smoking. But . . . if an 18 year old can enlist in the armed services and protect our country, I think that pretty much makes that person an adult. Shouldn't he/she then be allowed to buy tobacco products?
This is a solution looking for a problem and infringes on the rights of adults 18 to 20. Also not worth enforcing.
If at age 18 you are considered a legal adult then you should have the right to make your own bad decisions.
Whatever can be done to stop young people from starting to smoke, should be done. Lives can be saved and so many health problems can be avoided. We all end up paying the huge medical costs associated with smoking. So many health issues and death could be avoided by not smoking. It is the most stupid and unnecessary habit. Government has the right to regulate smoking, because even the chemicals left behind on someone's clothing, if they smoke outside, can impact a child's health.
Changing the age to 21 to buy tobacco is a great idea. I remember when I was in high school and adult teens buying tobacco for the younger kids. This is at the heart of the addiction cycle. Now with e-cigs becoming an epidemic it is vitally important to reduce the availability of these products. The flavored tobacco products should only be allowed to be sold in adult tobacco stores as this is another key way the youth get hooked on tobacco. Any store owner selling to underage kids should be severally fined. Also please consider doing something about the target marketing tobacco products to the youth as this should be banned. I am happy to see that you are getting on top of this big problem. I have two kids 8 and 11 and warn them about the dangers of these tobacco products. Having Golden Valley step up and say we are going to protect our kids means the world to me and other families I know.
Regulation necessary to protect our youth.
I think raising the legal age to buy tobacco/vaping products to 21 is enough regulation for now.
18 is the age still they can be drafted? Then 18 I think. Remember some buy tobacco for ceremony.
we are allowed to drive cars, buy guns,
The tobacco industry is targeting the youth in our community to take the place of those dying from tobacco related diseases. We must protect our youth - smoking cigarettes and e-cigarettes is deadly, and we do not want to take a vote that essentially says we are okay with killing our youth!
Regulating tobacco is regulating how legal adults spend their time and relieve stress or enjoy themselves. This isn't the government's place. If 18 year olds can serve in the military, they should be allowed to smoke.

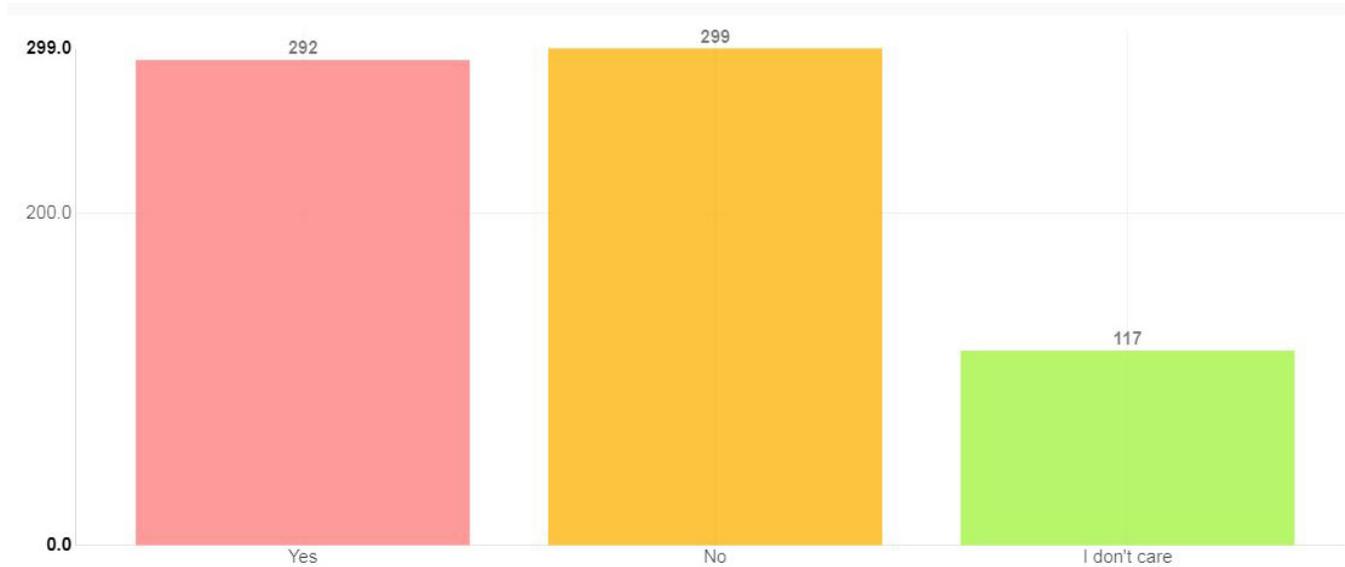
	Facebook/Email Comments
Carrie Shanahan →	Smoking kills. Tobacco companies intentionally target young people. Anyone fired up about fighting for their kids' and grandkids' right to smoke might want to think about finding a better cause to celebrate.
Amber Smith →	(response to above) So, what you're saying is protecting Golden Valley resident's health, particularly our youth's health, should NOT be a priority?
Röb Brandt →	Amber Smith yes, hun, that is exactly what I am saying
Holly Koch Staples →	Probably because people don't think it's a big enough issue to waste their time on voting on something that is increasing the age of an adult to make an adult decision from 18 to 21.
Justin Zollar →	Holly Koch Staples do 18 years olds then have the ability to make an adult decision to vote? Own a house?
Holly Koch Staples →	Yes they do. My point is that if we consider people adults at 18, then they should be able to make adult decisions if they want to smoke, buy smokeless tobacco, drink alcohol, etc. Why does the government need to get involved in saving us from ourselves if we are old enough to vote, buy a house, go to college, join the military, etc.
Cindy →	Here are some links and articles in support of Tobacco 21. Another argument is that tobacco use is the number 1 actual cause of death and causes many of the top 10 causes of death in the US. This costs a lot of healthcare dollars for us all. All of our premiums go up because people have tobacco related illnesses. We don't live in a bubble when it comes to our healthcare costs. I pay for all those smokers who have diseases from using. https://www.tobaccofreekids.org/what-we-do/us/sale-age-21 http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/tobacco-21-laws.html https://www.tobaccofreekids.org/what-we-do/us/sale-age-21 http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/tobacco-21-laws.html
Justin Zollar →	Then let's raise the voting age to 21. You're an adult or you're not.
Stephen Voyd →	Justin Zollar Apples and Oranges. Voting generally doesn't contribute toward your early death or those around you.
Nick Hauge →	Going off to war can.
Rob Swanson →	Unfortunately these days it does
Diana Weber Beutner →	I was upset to see the tobacco e-cig store go in at Golden Valley commons. Definitely in favor of raising the age limit to buy these products to 21.
Janet Avery →	These regulations would improve the health of GV and they are so important in helping young people to not start using nicotine or tobacco products. Our neighboring communities already have similar regulations
Jon Nelson →	18 years old - you can go to war, you can legally vote to change the laws, you can also make your own choice to have a smoke. Why are we desiring to legislate to take more peoples rights to choose away from them? How about continuing towards education and less regulation? #myrights #mybodymychoice
Robin Weaver →	Understandable, and I agree we need to push education so individuals don't want to start to smoke in the first place. However, your examples (voting, military) help to build strength, character, future etc. Smoking is literally the opposite. And while it's "your body", the cost of cigarettes from a healthcare perspective are astronomical, and we ALL essentially subsidize smokers. That said, I don't see a problem with making it difficult to purchase tobacco products, but agree that if you are an adult at 18, it's your decision.

Minimum Price

Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?

Tobacco products sold in packages of three or fewer are known as “loosies.” Of the 708 respondents who answered this question, 292 (41 percent) are in favor of requiring a minimum price for loosies in Golden Valley, 299 (42 percent) are not, and 117 (16 percent) don’t care.

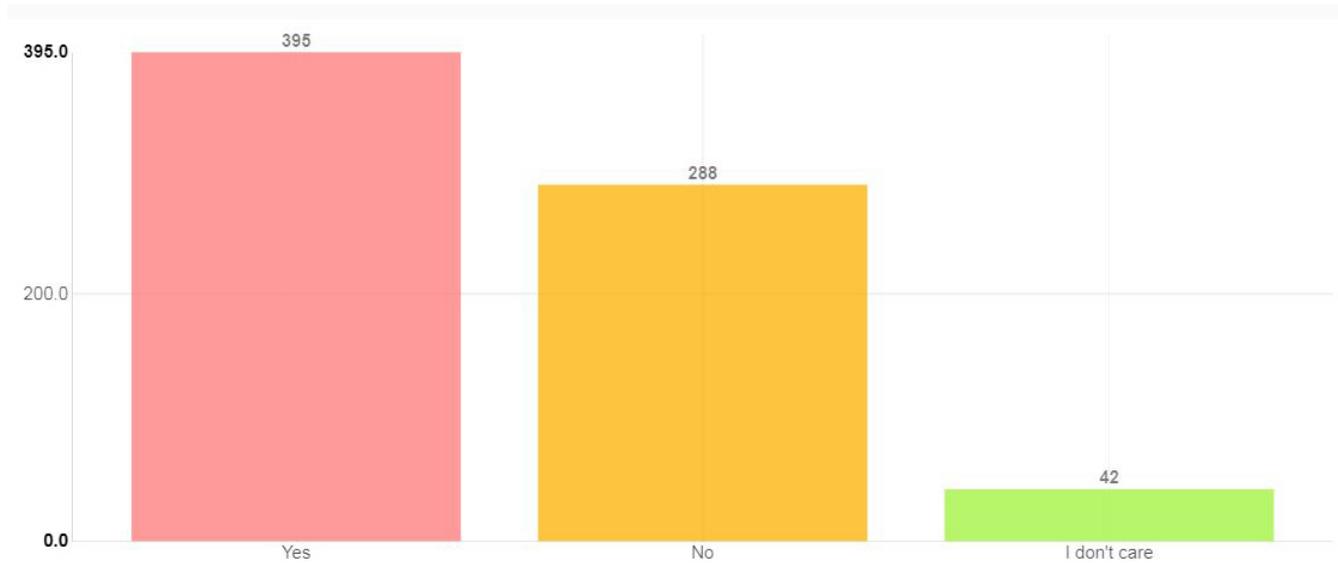
Regulation options include broadening the definition of a loosie, raising the price of loosies, or both.



Flavored And Menthol Tobacco

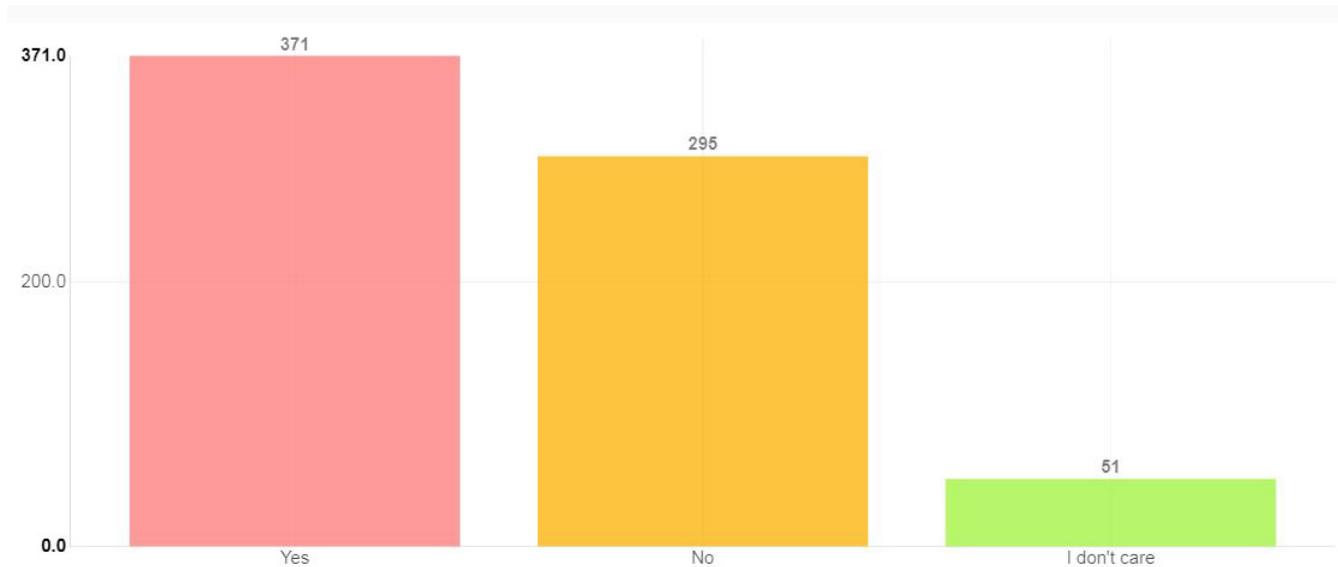
Should the City of Golden Valley regulate the sale of flavored tobacco?

Of the 725 respondents who answered this question, 395 (54 percent) are in favor of requiring a minimum price for loosies in Golden Valley, 288 (39 percent) are not, and 42 (5 percent) don't care.



Should the City of Golden Valley regulate the sale of menthol flavored tobacco?

Of the 717 respondents who answered this question, 371 (51 percent) are in favor of requiring a minimum price for loosies in Golden Valley, 295 (41 percent) are not, and 51 (7 percent) don't care.



Regulation options include:

- completely banning the sale of all flavored tobacco
- completely banning the sale of flavored tobacco, excluding menthol
- allowing the sale of all flavored tobacco only at adult stores
- allow the sale of flavored tobacco only at adult stores, but allow the sale of menthol tobacco at all tobacco retailers
- allow the sale of flavored tobacco only at designated tobacco shops

Survey Comments

Golden Valley should do everything in its power to restrict the sale of flavored tobacco and all other measures to reduce the risk of youth addiction to tobacco.

Only real concern is regulating menthol tobacco for adults.... Nothing said here about what was involved in decision or purchase. I would be against regulating menthol for adults, and why just menthol???? I don't consider it really a "flavor". Some people seem to have concern for the younger generation due to the flavors, which I share. (Sorry if I'm repeating here, but I can't see what I've written as the sidebar disappears.) Is regulation of any of it necessary? People make their own choices. Just because do gooders from one city think it's a good idea to regulate, Golden Valley has to do it too????

Regarding the regulation of flavored tobacco - I don't think they should be regulated any differently than "regular" tobacco products.

Flavors don't mean it attracts kids. Especially if it's for 21 and over only. Kids are attracted to anything they aren't supposed to have that's nature but you can't take away the freedom and right of everyone else because of the few bad apples. Vaping is safer than cigarettes and is a much safer alternative. People can drink all they want but can't enjoy a tasty cloud of water vapor?

I am especially concerned about the use of menthol products and vaping among teens and young adults. As a former smoker, I understand the dangers of tobacco use and would like to see more regulation.

I feel like regulating menthol cigarettes is systematic racism at it's finest, and MN and GV should be better than that and above such things. Also, old enough to go to war? Old enough to make decisions about smoking.

Flavored products are a worry of mine. If we have to make it taste good to pull in a younger clientele that creates a problem in my opinion.

If the city passes a flavor restriction, it should include menthol, and there should be no exception for adult-only tobacco stores. If the minimum sales age is raised to 21, the penalties should be on the retailers for violation, not on young people.

While the goal of your revised ordinance is to keep vape products out of the hands of minors, you are going a step too far when looking at a ban on menthol, mint and wintergreen products. I do hope you will consider the many small business owners who have supported this community and will suffer devastating losses due to the restrictive and ill planned ordinances

I think there should be more regulations on tobacco products in general, especially the flavored ones and vibrant packaging that attracts younger users. I think nationally more regulation needs to happen, but it is a good start with our city

General Survey Comments

I started smoking at 15 and know the struggle of resisting (at that age) and of stopping the bad habit later in life
It's very important to have strict regulation in tobacco products. It impacts the health of us all, and also taxpayer money to treat the health and pollution issues created.
This is a public health issue and is long overdue.
I am extremely disappointed to see the new tobacco/e-cig shop in the Golden Valley mall where families and children hang out. It does not seem like a good fit and is not what I want my children exposed to when going to Dairy Queen or grabbing a quick dinner. I'm surprised that there is not better zoning to prevent it.
I like these proposals
Thanks for tackling this issue.
We know the health risks associated with tobacco usage. It seems like a no brainer to restrict sales and similar ordinances have been successful in other cities.
I don't believe these types of regulations are effective at the city level. Also, if someone is old enough to join the military, they are old enough to make (legal) life choices and not have the city impose their ideas on them.
There are more important public safety issues already in Golden Valley. Such as the unsafe drivers every day on Olympia (speeding and not stopping for stop signs).
Would also appreciate no tobacco sales near schools. Maybe this is already a rule?
Please explain that these measures have been proven to reduce the number of young people who start smoking and save lives.
Prohibiting sales to minors is ok, but don't treat adults like they are children. It's insulting and paternalistic.
The city of Golden Valley should ban the sale of all tobacco related products in the whole city within the city limits.
Don't restrict the individual freedoms of people to use legal products.
This is a very important topic. As a parent, I worry about my kids having access to this stuff, so any extra regulation and restrictions that we can impose can help prevent them from getting addicted to cigarettes or ecigarettes.
Anything evidence based to reduce tobacco use is a great idea.
If you adopt these regulations, Golden Valley will join a growing list of communities in Minnesota (many of them adjacent to Golden Valley) who have adopted similar policies.
Increase taxes to pay for the public health implications of all of these products and support tobacco use cessation resources, please! Thank you for bringing up this very important subject!
if you can vote and join the military then the government has no place to someone what they can or can not buy
18-year-olds can vote and be drafted. They should be able to buy tobacco. I realize tobacco is a public health problem. So is alcohol. Where's the call to prohibit sales of fruity-flavored alcohol? So is food. Where's the call to limit fast food sales? Exactly. Leave it alone.
People have to be responsible for their own decisions. People can own homes, have kids and service our country at 18.
We need to be able to smoke inside!! Cigs inside or else.
There are bigger fish to fry than regulating legal purchases
Raise tax on it
Tobacco use should be highly discouraged everywhere. It pollutes the body and causes sickness.
State issue.
We encourage regulations that would inhibit the sales of tobacco products in pharmacies.

Tobacco and related products are contributing to a public health crisis which taxpayers all eventually underwrite with their hard earned dollars. It's time to take action!
<p>Instead of requiring a minimum price on the sales of cigarettes &/or e-cigarettes raise the overall price through a city tax and then use the tax money raised towards improving the City's air quality, the health of the residents &/or more education on the effects smoking/vaping does to oneself & second hand smoke.</p> <p>Another option to help limit sales of cigarettes &/or e-cigarettes require licenses to sell the products & if that is already in place set higher requirements to obtain/renew a tobacco/vape sales license.</p> <p>Set higher penalties for underage smoking/vaping.</p> <p>Set higher penalties for disposing of cigarette butts illegally a.k.a. littering.</p>
I don't smoke tobacco but last time I checked it is a legal substance. Stop being a nanny and let people make their own choices. Also if you raise the age to 21 then that should also be the legal voting age. You can't say your mature enough to vote at 18 but not mature enough to make decisions concerning tobacco product. Enough PC Big Brother!! GV resident since 1957.
People will just drive elsewhere. Just tax it and move on to the next real issue
Having smoked for many years, I have been diagnosed with COPD and am on supplemental oxygen. No cigarette is safe in my opinion.
<p>There needs to be some kind of restriction on the use of signs; a new tobacco shop just went up near the Cub off Hwy 55 - why do they need LARGE signs in front of the grocery where kids are in view to publicize?</p> <p>Regulate smoking in public places!</p>
Stop this!
Other communities have already put these types of restrictions in place. I would like our city to catch up.
You should have two types of licenses: tobacco products shop and over the counter tobacco retailer. Only tobacco products shops (at least 90% tobacco sales) should be able to sell flavored tobacco and vaping products. You should limit the number and location of tobacco shops in the city.
I think tobacco should not be sold at all. I am curious about how much it would cost to regulate all of these products? And how many smokers and business owners would really be affected?
Other nearby cities have increased regulation. Golden valley should too.
Increase the tax on tobacco and offset that with a reduction in property tax
Focus on bigger issues.
Golden Valley should simply stick to the business of running the City.
This seems like an unenforceable measure in reality.
Golden Valley should follow what surrounding communities decide on this subject.
Smokers have been "regulated" enough. And as much as the majority may wish that the world would go smoke-free, there will always be people who smoke. Please stop this this endless persecution of smokers. Leave it alone, and hopefully the pendulum one day may start swinging the other way.
Let people make their own decisions. As long as it's legal it shouldn't be restricted. I personally do not use these products but it feels like it's being used to shame the people that do.
Government has no business regulating sales of tobacco. I am not a smoker but this is government and nanny-state over reach. City government should not be worried about this. Worry about crime, policing the city, roads, traffic, and attracting more businesses into the city.
Why doesn't the city worry about more important things?
I smoked for years and would have found a way to buy tobacco if it was restricted. Also all the talk of restricting tobacco but marijuana is going to be ok in a couple years does not make sense.
Work with other nearby cities to implement similar regulations to level the playing field for stores that sell tobacco products, i.e. so people don't just go to crystal and Golden Valley business's suffer
If you care about the health of your residents, you will regulate tobacco products. Thank you for making this a priority.

Education about the dangers of smoking has been very effective in decreasing smoking. Keep the education going, and any statute changes should be statewide.
Tobacco store should not have been allowed to open in the commons. Very poor choice.
I am not a user of any of these products, but I don't see what difference it'll make when those restricted can simply go to another community & spend their money there.
The city should focus on things that benefit all residents. I do not support making a choice separate from the state of Minnesota in regards to tobacco sales.
We should ban the sale to tobacco altogether. It has zero positive impact on society other than the collecting of tax revenue.
Golden Valley should not be involved in the regulation of tobacco. This is a state matter.
I'm a non smoker. It's still a legal product. People should have the right to decide for themselves if/when they want to use tobacco. The city shouldn't try to act as my mother!
Fix streets, move bikes and scooters that are blocking sidewalks, stop creating bike lanes that no one uses, and let people be use their own judgement on buying tobacco products... it's not the city's role to dictate to anyone over the state's age of majority. History: Prior to 1973, the drinking age was the age of legal adulthood (age of majority), which was 21 (Minnesota Statutes 1971, section 645.45). In 1973, the age of majority was lowered from 21 to 18.
They should close ALL smoke shops NOW
I don't think this is a very important topic for the city to waste time and effort on.
Less regulation just abide by state laws
How much will this tobacco enforcement cost for the city?
Stay out of peoples business. You are too small to make a difference, I will drive to slp, new hope, mpls, Plymouth or crystal. They will get my money and I will still smoke in my yard in golden valley. Why dont you stop picking on us
Don't
Education phamphets to be posted at sale locations.
The city should not enact any legislation or place any restrictions on tobacco sales that are already covered by state government.
There are already federal and state tobacco sale regulations. Stop the unnecessary intervention and expansion of government where it is not needed.
This is a public health issue and GV should be a leader in the prevention of addiction thru products like this.
This is a public health no-brainer
Don't sell it
Cities should stay out of this business.
I strongly detest smoking by anyone at any age. GV's proposed attempt to restrict the sale of tobacco products will do the following: <ol style="list-style-type: none"> 1. Drive consumers under the age of 21 to purchase tobacco in neighboring communities. 2. Drive business away from GV retailers that sell tobacco products. 3. Fail to restrict use of tobacco by adults under the age of 21. 4. Shine a bright light on the classist, ageist and racist motives underlying this effort.
Also consider an extra tax on tobacco that could go to things like fixing our roads, etc...
I think the city should stop putting their hands on everything. We don't need more city/govt control or regulations...we have enough!

I agree with all of the changes the council is considering and that makes me wonder why we, as a city, are licensing tobacco sales at all? Can the City afford to stop licensing tobacco sales for any more new locations, existing licensed outlets could remain?
It's a state issue not a city issue
Anything to stop people taking it up or restarting would be helpful. Thank you.
I would also like to limit the number of smoke shops in the city as well
You're on the right track.
I think the city should stay out of it
Other addictive products are regulated by law, enforcing higher age limits or Dr. prescription. I'm in favor of changes that being these substances into alignment with controls already enforced for other addictive products.
I have not smoked for 35 years but I don't think it's fair to regulate tobacco sales. It sounds like a left-wing idea
Allow grown adults to make their own decisions. No new laws that impede on one's individual freedoms to consume products.
This seems like a waste of resources and would be a nuisance for local retailers.
I believe we are going too extreme with this possible regulation. People know the dangers of smoking; there are already age restrictions on cigarettes in place. I believe similar regulations should be in place for vaping products. But we need to stop policing behaviors with more regulations
I don't even smoke. It's frustrating to see you think you have the right to "regulate" people from engaging in legal activities. Leave people alone to live the life they choose. Is this not a free nation?
Thank you to Golden Valley for considering these life-saving ordinances.
Regulation has never worked. Any attempts at restriction simply create law breakers. Education is the only reasonable way to reduce use of dangerous chemicals, and even then people should be allowed to do dangerous things.
Tobacco is bad
Make it expensive and difficult to get so I don't have to deal with smoke and butts.
I'd love to see as few locations selling tobacco products as possible and as many restrictions on accessibility as possible to limit product availability for new users. All in hope to see less people suffer and die each year from tobacco-related addiction and illnesses.
I am a retired nurse and watched the scare tactics about so king in restaurants and other public places. The only outcomes were positive.
This should be done at a state level. As a small city with a limited retail base, we need to consider non-tobacco sales that would be lost by Golden Valley businesses to surrounding communities.
Remember Prohibition! Tobacco sales are not the problem. The problem is lack of morals and values.
I have no issue with the current tobacco laws and am strongly opposed to changing them.
Stop controlling things that have nothing to do with you
The government should not be regulating ANY businesses based on "moral standards" .
Stay out of regulating legal businesses.
I feel there are more important issues that the council should be working on.
Although I am a non-smoker (and find the habit gross on many levels), if someone wants to waste their money, that's THEIR choice. As far as kids taking up the habit? Let's put that responsibility on THEIR PARENTS - not elected officials. I oppose government regulating EVERYTHING.
Ban all sales of tobacco products and vaping products unless prescribed by a doctor.
Tobacco/nicotine is a health-care burden on our community and country. It should be expensive and regulated.

Do anything to STOP the sale of tobacco. It kills!
Price it high, and tax the crap out of it. Make it so unpleasantly expensive that it's not easily accessible or appealing, especially to younger people. The flavor issue is totally irrelevant; it's lethal in every flavor.
Tobacco related illness only kills about 1/2 million Americans every day. Yes I understand freedom, but suicide is against the law for a reason and tobacco use is suicide in slow motion. Former 2 pack a day smoker.
Don't you have anything more important to do like waste more money on bicycle lanes that no one uses. BTW, where are all those green bicycles?
It is not the government's job to tell people how to live. Stay out of private business and personal choices.
Let people be free to make their own choices.
No vape stores near school buildings. Not sure if possible but saw one go up near Hopkins High School and don't want that here.
Stay out of our lives with regard to vices. Mind the coffers. Plow the roads. Maintain the green spaces. Pay the police. (You do all those things. Just maintain your focus, please).
We regulate the availability and sale of alcohol. I believe we should do the same for tobacco-related products. Liquor store owners abide these regulations. So can vendors who sell tobacco-related products.
I think there are better ways of addressing the issue of an unwanted tobacco/smoke shop in the area. Limit the % of sales from that one lane of products to no more than 25% of the total business. Example would be a gas station or convenience store like Walgreens. When SLP didn't want Pawn America, they limited their function through something creative like this. While I voted no to this questionnaire, I would rather see the tobacco shop go. I think these kinds of businesses harm communities from the promotion of unhealthy products and lifestyle. We can do better and should demand better business for Golden Valley.
The city has no reason to be in the regulation of this. They have no ability to perform unbiased research and analysis. It is purely a feel good "look how much I care" grab. Both Federal and State entities are fully aware of to pro and con of these situations. Leave it alone.
Prohibition of undesirable products only drives illegal sales. Taxation, coupled with using that tax money for addiction treatment, is the only effective method to discourage use. If the city can't implement that, then it should lobby the state, rather than trying to push tobacco sales to neighboring cities.
Tobacco is a "luxury" item and should be heavily taxed to allow the community to: 1. Clean up after users 2. Effectively pay for health impact 3. Cover the cost of anti-tobacco educational campaigns.
While teen use is at alarming levels, focusing on city regulation is misplaced. These are legal products. The city has no business trying to further regulate this area. Access to these products is in easy in walking or biking distance outside of city limits.
GV is starting to become "Big Brother". Stick to your city charter and not get into people's personal choices. Cigarettes are legal, right? Don't like small businesses? Who's going to pay for highway construction? (smokers tax on cigs is huge) Who are you trying to please/placate by doing this? Don't like children smoking but it's really the parents who should be monitoring/teaching their kids - not the city. What's next - prohibition?
I think that the regulation of tobacco sales in Golden Valley is very important to help protect the health of our young citizens. It is a responsible action for supporting good public health in Golden Valley.
Free will is excellent. Placing appropriate guardrails around deadly activity is excellent. Let's create policy that does both.
sometimes government regulation isn't necessary. But, tobacco sales is a public health issue and therefore should be regulated

Why? I am not interested in smoking or vaping myself. But why spend the time and energy on this?
The health risks that are associated with tobacco use are so well known, but people, especially young people, are still being lured into trying it. Some people say that it is their "right" to use tobacco and it is a question of "free will". I see the addiction to tobacco as the opposite of "free will". You give up your "free will" to an addictive substance. Anything that the city can do to stop people from becoming addicted would be great and maybe save someone's life.
Golden Valley should match the state regulations
I think there should be citywide PSAs on the ingredients of e-cigarettes, including their long-term effects and levels of toxicity. I also think that shops that advertise that they sell nicotine products should not be allowed to do business within a two mile radius of any elementary, middle or high schools.
Now that Minneapolis has/is changing its Tobacco ordinance we need to as well. Otherwise we'll have people driving here from nearby MPLS to acquire these products.
There are way bigger issues than wasting time with this.
Literally saves lives if enacted
I am not a smoker, nor a tobacco user of any kind. There is no need to restrict tobacco sales any further than the already enacted and enforced state regulations on cigarettes, chewing tobacco, and vape/electronic cigarettes.
Given the number of deaths that tobacco industry is responsible for, these products should be restricted.
I would have to take my business to a neighboring city. I also fee that I should be the one to decide what I smoke and it should not be determined my anyone else, especially the government.
These are critical to providing a safe environment for our youth and savings on future health costs. Many other cities in Mn have already moved ahead on these measures. G. V. should not be left behind.
Stop meddling with free market capitalism.
The FDA ALREADY HAS RETAIL REGULATIONS IN PLACE.
mostly questions around enforcement (and potential for bias) - any comparitive burbs doing this? - around regulating sales of flavored/menthol - just regulating for businesses, not penalties for kids right? - if businesses are penalized, what is the penalty? fees? where does the \$ go? - will kids be penalized if they try to buy? or does the penalty go to the business? - if kids are penalized, what is the penalty? is it civil or criminal? lots of issues with this
One correlation I need someone to tell me more detail on, is how does serving in the military at 18 relate to the health affects and healthcare costs associated with People need to think of this as a spectrum. If you shift the legal age it could move the age of first use up, which could reduce the length of time someone uses and has health issues. If we can get people to not start using tobacco by 18, then they probably won't use.
This is nanny state ridiculousness. City government has no business regulating tobacco sales. Responsibilities of city government: fix the roads, build roads, reduce crime, fund the police and fire department, get the scooters out in the spring not when summer is half over, plow the roads, provide clean water, to name a few. Get out of legislating behavior and get back to the business of running the city. Honestly.
I agree that this should not be city government's responsibility, but so many things are now because of gridlock at the state legislature and in DC. Legislators wait for cities to do their work for them because they don't want to take any responsibility and then jump on the bandwagon at the end. That said, I would rather address this one state-wide so as not to disadvantage Golden Valley businesses and because the impact of one small city on health won't be measurable. The whole problem would shrink if federal subsidies for tobacco growers were eliminated.

(response to above) I agree, yet respectfully disagree. Policies, particularly health behavior, starts at the local level. It's been discussed at the state level because so many cities have passed these changes to protect our youth and community's health.
Should be a state issue not a city by city issue.
I am curious why people want to violate federal law? I agree with Jon - if you can't realize the rights of an adult, don't require them to go to war and don't try them as adults for illegal activities. Any other things people personally don't like they would like a law for, even if it's not fair/legal to others? Teach don't legislate. Don't use unnecessary laws to enforce your will on others - go out and make the difference yourself
no one asked our opinion before a smoke shop opened up
Why does Golden Valley want to violate federal law?
Think you should tax the heck out of it
The city shouldn't be involved in regulating legal products.

Facebook/Email Comments

	Facebook/Email Comments
Cindy Schiebe →	One correlation I need someone to tell me more detail on, is how does serving in the military at 18 relate to the health affects and healthcare costs associated with People need to think of this as a spectrum. If you shift the legal age it could move the age of first use up, which could reduce the length of time someone uses and has health issues. If we can get people to not start using tobacco by 18, then they probably won't use.
Rob Brandt →	This is nanny state ridiculousness. City government has no business regulating tobacco sales. Responsibilities of city government: fix the roads, build roads, reduce crime, fund the police and fire department, get the scooters out in the spring not when summer is half over, plow the roads, provide clean water, to name a few. Get out of legislating behavior and get back to the business of running the city. Honestly.
Cathy Howard Waldhauser →	I agree that this should not be city government's responsibility, but so many things are now because of gridlock at the state legislature and in DC. Legislators wait for cities to do their work for them because they don't want to take any responsibility and then jump on the bandwagon at the end. That said, I would rather address this one state-wide so as not to disadvantage Golden Valley businesses and because the impact of one small city on health won't be measurable. The whole problem would shrink if federal subsidies for tobacco growers were eliminated.
Amber Smith →	(response to above) I agree, yet respectfully disagree. Policies, particularly health behavior, starts at the local level. It's been discussed at the state level because so many cities have passed these changes to protect our youth and community's health.
Greg Robberstad →	Should be a state issue not a city by city issue
Casey J Ratliff →	I am curious why people want to violate federal law? I agree with Jon - if you can't realize the rights of an adult, don't require them to go to war and don't try them as adults for illegal activities. Any other things people personally don't like they would like a law for, even if it's not fair/legal to others? Teach don't legislate. Don't use unnecessary laws to enforce your will on others - go out and make the difference yourself
Kay Villarreal →	no one asked our opinion before a smoke shop opened up
Casey J Ratliff →	Why does Golden Valley want to violate federal law?
Barbara → Prindle	mostly questions around enforcement (and potential for bias) - any comparative burbs doing this? - around regulating sales of flavored/menthol - just regulating for businesses, not penalties for kids right? - if businesses are penalized, what is the penalty? fees? where does the \$ go? - will kids be penalized if they try to buy? or does the penalty go to the business? - if kids are penalized, what is the penalty? is it civil or criminal? lots of issues with this

Staff Notes From Public Forum

Association For Nonsmokers-Minnesota (ANSR) Table

- Juul pods inexpensive, sold at stores. Price of unit ends up evening up when compared to tobacco
- Question on min price. Has someone done a regulation on pack size? Mostly in MN, single cig at a certain price
- How many communities have done flavor and how does that effect? St. Paul 91 percent completed. With flavor restricted most e-cigs — yes it would. Is Juul flavored? Yes it is.

Tobacco Retailers Table

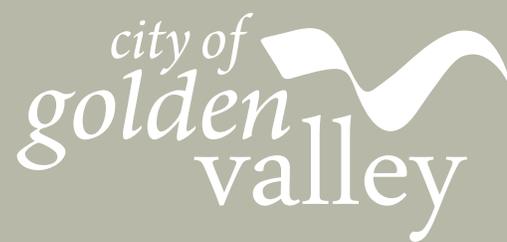
- Question to Down In The Valley: How much money comes from tobacco? — ½ of our profits
- Why do you sell other things? Records, etc? — We are a unique, shopping experience. The structure works. E cigs are low profit on our business.
- Top Star Tobacco and E-cig: New store, we depend on E-Cig products. Over 70 percent of our sales
- Gas station retailer: We have been in business for a long time. If we don't sell cigarettes, we can't survive on gas sales only. 8 to 15 percent profit from tobacco products. Tobacco is 40 percent of product sales.
- State law should be passed across the board. I think you shouldn't sell a product that kills half the people that use it.
- Advocate for informed decision making. Tobacco is linked to brain damage, childhood development. Ingredients are not listed. Not full idea of effects by 21. It kills!
- How do you prevent retailers from going out of business? Cap retailer number. They would take licenses away from business that decided to remove them at some point in time. GV would not allow them to apply for them again.
- Retailer: against regulations in general. I hear the term, my ears ring. If you want it, you'll find a way to get it! It will only create a black market for tobacco
- Asked about 21 and over ok in tobacco store only. What percentage of lost revenue if stop of flavor tobacco. Depends on the store. Gas station- 50 percent of store. Menthol big sales.
- Asked where minors are getting it. Vendor said, many from internet. In store they have to show ID.
- Resident asked about minimum package.
- Asked about flavor ban
- Against because tobacco stores will still be able to sell, but other retailers won't.
- For because it will keep it out of the reach of youth.
- Against if its only 21 and over regulation enacted. Existence of black market means 21 won't solve everything. I think they should limit number of tobacco stores. 21 is a step, we need more. The younger people start, the earlier they get addicted.
- Price will prohibit kids from purchasing. Retailers responded that higher prices are good for them.
- Concern that there is a level field—if one community adopts a ban but neighboring cities don't, it won't help.
- How much of retailers business is Juul? — Zero to little, but those are available online.

Hennepin County Department Of Health Table

- Advertisement question (Shep) — Certain percentage of the window can be designated for ads. Limiting signage in front windows. The county did not address advertisement. The signage policy applies to any business.
- Question: Has it been difficult to instill changes, from policy perspectives, in different cities? What is the likelihood of the regulations being implemented in Golden Valley? Hennepin County can't comment on city's implementation. What we can say is you want to give retailers time to work on inventory before enacting a flavor ordinance.
- Are any cities banning all sales? San Francisco is trying to ban all e-cigs sales.
- PowerPoint used available somewhere. Contact Maria.
- Asked about the cap of licenses, how it would work. Normally, grandfather in but it would be up to the city. If someone close if over limit, would not be able to add another.
- Would raising age to 21 solve most of the problems? HC said it would reduce. Residents said you can see other places.
- What percentage would be taking away from retailers? HC said ask retailers.
- Resident said 21 makes sense. Another person said it makes sense for pharmacy not to sell.
- Commented that other neighboring cities already limit density (noted it from the handouts)
- For, because price is deterrent for younger people
- Has anyone considered a compromise on age, like 19, to keep it away from schools without taking freedoms away from adults?

APPENDIX A

Detailed Survey Responses



Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	I live one block outside of Golden Valley in Robbinsdale.	46-65	Vaping and E-Cigarettes	There needs to be much tighter regulation on e-cigs and vapes. As the tobacco industry has lost users through regulation, taxes, and education, they have fought back to gain new users through e-cigs and vapes. Millennials and Gen-Z do not associate the same caution and stigma to vapes as they do to cigarettes, in fact some see it as a status symbol. Nicotine should be a highly controlled substance. I started smoking when I was 15 years old and it took me 38 years to finally quit and I still struggle with it from time to time. When I started there were virtually no barriers: unenforced age restrictions, open availability at cigarette machines, very low prices, almost no restriction as to where one could smoke, role models everywhere, advertising in every media, no warnings on packaging, and active marketing to youth.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	Thank you. With kids in the school system they talk about how prevalent vaping is in the bathrooms at AHS.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	Let us also think about e-cigarettes. Thank you.
Survey	No	No	No	No	Yes	Live in Golden Valley	66+	Vaping and E-Cigarettes	Ban sale of tobacco and vaping products to people under age of 19 years. This reduces impact on high school age students. No need to make people wait until they are 21 years old. Poorly worded survey -regulate means what? Can adults have menthol or fruit tobacco? What is science here. The goal is stopping kids access to tobacco and vaping until they are out of high school.
Survey	No	Yes	Yes	No	Yes	Live in Golden Valley	66+	Vaping and E-Cigarettes	Regulate sales by not selling to those under 19 years old. This keeps vaping and tobacco out of high schools.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	As a parent of young children, I see vaping and flavored products, electronic cigarettes as a potential temptation and would like to see the city get ahead. Regulate away, increase the price of all tobacco products (and tax them heavily).
Survey	Yes	Yes	I don't care	I don't care	Yes	Live in Golden Valley	46-65	Vaping and E-Cigarettes	Very concerned about data on youth smoking and vaping. Once they're hooked, the tobacco industry usually has them for life. Glad to see other cities moving in the direction of more regulation.
Survey	No	No	No	No	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	Rather than regulate the sale of vape and menthol, please intact a law that outlaws The possession of said items to those under 18. That is the only way to stop youth.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Vaping and E-Cigarettes	I am especially against restrictions on the sale of vaping products other than to prohibit the sale of them to minors. As an adult and former cigarette smoker, vaping has allowed me to cut down on my nicotine usage, stop smoking cigarettes, and save money. I am healthier and breathe more easily. I do not want to pay more or have to jump through hoops to buy vaping products. Also, I think adults should be able to make decisions about their bodies and therefore should be allowed to smoke cigarettes and use tobacco products even if it causes them to become ill. Let people buy cigs if they want them.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	Also regulate the number of vape/e-cig stores and/or "places" within the city.
Survey	Yes	I don't care	I don't care	I don't care	Yes	Live in Golden Valley	46-65	Vaping and E-Cigarettes	Please begin to look at vapes. More of a concern than tobacco at this time. I think we are behind and the regulations should start shifting focus to vapes.
Survey	No	I don't care	I don't care	No	No	Live in Golden Valley	46-65	Vaping and E-Cigarettes	The only regulation that would be useful pertaining to ecigs and vapes would be a quality rating system and a requirement that all ingredients be listed on the label.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45	Vaping and E-Cigarettes	I am against over- regulation but concerned about flavored/e-cig products marketing towards children.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Vaping and E-Cigarettes	We don't want "our" kids to have easy access to vaping or flavored nicotine. Studies show how vaping can hinder brain development.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	Vaping and E-Cigarettes	There should be a PSA for parents regarding teenage e-cig/vape use (e.g. Juul)

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes		Yes	Yes	Work in Golden Valley	31-45	Vaping and E-Cigarettes	In the past few years youth vaping has become an epidemic. Youth are targeted by e-cig companies, and due to the high nicotine in these products are quickly addicted. I work for Hopkins Public Schools, which serves many Golden Valley families, and have seen the direct impact of the teen vaping epidemic. Many teens have 18 year olds buy them their vapes. By placing restrictions on tobacco products (including vapes) and flavored products, youth will restricted access. Research shows raising the purchase age to 21 will prevent youth from starting, and ultimately save lives.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	Vaping and E-Cigarettes	Vaping and flavored tobacco have six times more nicotine than regular cigarettes. Vaping companies are targeting youth. My child reports some peers are vaping on the school bus (from Golden Valley) and in high school bathrooms. Let's do what we can to decrease access for our developing youth and protect their brain health. Also - please add warnings about vape high nicotine levels at point of sales.
Survey	I don't care	No	No	No	No	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	I feel if someone really wants it, they're just going to go to the closest city that has it. That means golden valley business will lose out on income and the city loses out on sales tax. Personally, I don't smoke and I don't enjoy being around people that do, but those people are going to do it no matter what. Also, if a 19 has been able to buy tobacco legally for a year and is addicted, they now either have to illegally have someone buy it for them, or again, cause golden valley to lose out on their revenue. It seems silly to raise the age when developmentally 21 isn't much different than 18.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	18 is the defined date for being an adult. We need to let adults make their own decisions. If 18 year olds can not make these decisions for themselves, we should not be labeling them adults. I'd also urge you to look outside of the US at ages people are allowed to smoke and drink at. We are already one of the most strict nations.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	I'm assuming 'legal' age is 18...to vote, live as an adult and to serve our country. If a person wants to smoke cigarettes, they will find away regardless of age. I think we need just one legal age. At 18 your considered and adult but not old enough to purchase alcohol (that happens @ 21). I think Minnesota needs to have just 1 legal age and then that person can purchase whatever and live as they please.
Survey	No	No	No	No	Yes	Work in Golden Valley	46-65	Age Of Tobacco Product Buyers	Legally an individual is an adult at 18. If they can die protecting your country and your rights.. they can make there own decisions. You can not tell and individual they are only a partial adult. And yes I feel the same way about alcohol.
Survey	Yes	No	No	Yes	No	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	For adults over 21 options should be available.
Survey	No	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	I am all for tobacco limitations. However, I have a problem with conflicting messages on what constitutes an adult in our society. If we say 18 for voting and serving our country, then we need to be consistent.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	Do whatever it takes to keep tobacco products out of the hands of people under age 21.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	It's time to protect our children from tobacco consume.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	Tobacco is a known killer and one of the most difficult addictions to break -- worse than opioids or heroin. Regulating the sale of tobacco to young people is a responsible, important public response to this preventable health hazard at a time when addictions are easily acquired. Golden Valley should be in the forefront of tobacco use prevention, not dragged kicking and screaming into it.

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Survey	No	Yes	No	No	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Making it more difficult for under 21 makes sense to me. Until we are aware of the consequences of vaping long term, I would support a total ban. I do not see what banning menthol will do.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Increasing the age limit will not restrict access to tobacco. Increased enforcement, and substantial penalties to businesses caught selling to under 18 would have a greater impact. Besides, if you are old enough to join the military and die for this country, you should be also allowed to buy tobacco.
Survey	No	No	No	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	Electronic cigarettes & vapes should be regulated exactly the same as tobacco products because they impact others besides the smoker. Penalties for stores that sell to under-age purchasers should be increased but if a person is considered an adult at age 18 they should be able to make their own decision about smoking.
Survey	No	No	No	I don't care	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	I think if someone is old enough to enlist in the military, they are old enough to choose whether to purchase tobacco products. While I agree that flavored tobacco is targeted to the younger crowd, it's still a personal choice and government should not be regulating it. Assuming we are talking about those old enough to purchase.
Survey	No	Yes	Yes	No	Yes	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	Regulate meaning heavily tax it. Don't get in the game of limiting it to a certain age (ie 21+). If they're considered adults at 18, they should be able to make that choice.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	I think that people are educated enough today to know the risks of using tobacco products. If we consider an 18 year old an adult, then they should be able to make their own decisions about what they put in their body. I'm fine with restricting where smoking can take place since second-hand smoke is a risk to those around the smoker, but otherwise it's up to us to choose what we do as adults. The government definitely shouldn't have anything to do with setting prices or package sizes on any products, tobacco or otherwise. If you want to spend tax money on something related, then consider education to further awareness of the risks or maybe on some form of incentive to quit tobacco products. I guess it really comes down to what age we define as an adult. I'd rather see that changed to 21 than these one off rules that effectively say, "you are now responsible as an adult and you can do anything... except this and that.. Oh and this too." That being said, I don't want to see the age of adulthood changed either.
Survey	Yes	No	No	I don't care	No	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	I like the 21+ rule, however think GV should not regulate what type of products can be sold. Especially to those adults that are using those products to try and quit smoking.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Just as with alcohol, if this age restriction helps in the effort to limit access to tobacco products for younger people, I am for it.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	I have COPD. My partner has lung cancer and COPD. We were both smokers for more than 30 years. Cigarettes were inexpensive and easy to get even before were 18. Need I say more?
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	46-65	Age Of Tobacco Product Buyers	Tobacco companies are brilliant marketing a destructive, environmentally harmful product that is devastatingly expensive to individuals and communities. Regulation is a critical public health priority.

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Survey	Yes	No	No	Yes	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	As long as it is restricted from people under 21 years of age, the person should be allowed to purchase whichever type of tobacco and flavoring they want. They are considered as actual adults at age 21 should be free to make their decisions. Government should not be involved in personal choices.
Survey	No	No	No	No	No	Work in Golden Valley	46-65	Age Of Tobacco Product Buyers	There is sufficient legislation currently and it seems Golden Valley is just copying other cities they've seen do this. To my knowledge underage smoking in Golden Valley hasn't been a problem. People's rights need to be protected and in this case, choice of whether to consume tobacco or not. You can send 18-20 year olds to war but they can't buy cigarettes?
Survey	No	No	No	No	No	Work in Golden Valley	22-30	Age Of Tobacco Product Buyers	If the age requirement changes from 18 to 21, people who aren't 21 before the effective date should be grandfathered in.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	18 year-olds are adults. Let adults make the choice to smoke or vape. Less government oversight, please.
Survey	No	No	No	No	I don't care	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Tobacco is legal to 18 and above in the US. Why does Golden Valley believe it has the right to violate federal law? Also, does this mean people under 21 are no longer adults and should be treated as such (in ALL aspects)?
Survey	Yes	No	No	Yes	Yes	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	I support regulations that make it more difficult for teens to gain access to tobacco products.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	My age is none of your business
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	While I support efforts to reduce the ability of children and teens accessing tobacco products, I also don't believe in limiting freedoms for adults. I would support exploring a 19 age limit, as it would provide a buffer between high school aged teens and access to products.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Protecting children is an admirable idea, but 21? Those people have been adults for 3 years. You can join the Army at 17, get married, vote, and buy a house at 18. I don't think the decision to buy tobacco is a more monumental decision than any of these and we allow the individual to make those choices. You can't legislate good choices, all you do is make criminals of people who don't agree with your assessment and add a layer of expensive enforcement to shopkeepers and the police. I'd prefer you to raise taxes on the products and use the money for education.
Survey	No	Yes	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Flavored tobacco shouldn't be an option for anyone. If by law you are grown up enough to make legal decisions, vote and go into the service (where you may be killed) then you should be able to buy tobacco.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	Stop trying to save people from themselves. If they are old enough to vote and are considered an adult in the City of GV, etc at 18 then treat them like one.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	I would STRONGLY prefer you not make it an option for my young daughter to purchase cigarettes of any kind under the age of 21. Let's show some integrity here and send the right message to young people. This is not rocket science.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Anyone who can vote and join the military should be able to buy tobacco.
Survey	Yes	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	21 and up. No regulation needed.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	If you are 18 you are an adult. Let adults make decisions for themselves. Just enforce the age with stings to make sure retailers are checking IDs.
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	46-65	Age Of Tobacco Product Buyers	We need to make it as difficult as possible for young people to start this horrible habit.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	I'm a former smoker who started at 12 yrs. It was easy to get cigarettes and I luckily quit at 27.

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Survey	Yes	I don't care	I don't care	I don't care	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	The city should be responsible to our youth even if National or State pressure develops for liberalization. Know what we do not know. Use research-based policy making approach on these crucial decisions. Smoking, vaping, or other such behaviors need to be kept as far away from our youth as possible. The behaviors should be marginalized and made rare. Everything we know of social network effects point to the power of mimicry. The research is also becoming clear - cannabis and derivatives are extremely dangerous for early adolescent brain development. https://www.sfgate.com/news/article/In-first-states-to-legalize-pot-teen-use-14001768.php https://www.jneurosci.org/content/39/10/1817 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6433615/ Root cause - the impulse - stress or fear - can be overwhelmed with joy and contentment! Celebrate GV in deep and powerful ways - not multiple shallow, easy-to-forget events. Help residents connect with the marginalized. Not easy without the bold action of Leaders.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	An age restriction would help curb teen smoking which is when most people start. All for it.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	I have 3 kids - 21 yrs 18 yrs & 15 - None of them smoke - but I still think if you can fight & die for your country, you should be able to smoke. Legal adult age is 18 - federal law has not changed it. If my kids wanted to smoke they would travel a few more miles to buy cigarettes where the age is still 18. Vaping has not been proven bad for you, and only has nicotine in it which is a harmless - only addictive. Not any different the wearing a patch or chewing the gum. Either way kids are going to find a way to do either option. Drinking age is 21 - but they seem to find a way to drink when they want.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Minnesota is already enough of a nanny state. It is a legal product for adults over the age of 18.
Survey	No	No	No	No	No	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	You can give the kid a gun and have him kill political enemies, he should be able to make decisions on smoking, and buying a beer. Get out of our lives.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	I want us to keep young people from starting to smoke or vape.
Survey	No	No	No	No	No	Live and work in Golden Valley	66+	Age Of Tobacco Product Buyers	If the city chooses to regulate the sale of tobacco to restrict people under the age of 21 from purchasing tobacco I think the city should consider changing the age at which people can vote to 21. If those under 21 are not capable of deciding whether or not to smoke, should they really be deciding who should represent them as elected officials? If this isn't the issue and we are just trying to ban the sale of cigarettes then the Council should just outright ban the sale of all tobacco and e cigs.
Survey	No	No	No	No	No	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	If young adults have the right to vote and serve their country, they should have the choice to buy tobacco products. More education is key.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	I have lived in Golden Valley for 3 years now. Definitely am for raising the minimum age to 21.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	1. The city should not regulate it. Minimum purchasing age should be 18. Other than that, the city should not get involved with the topic. 2. Regulating that will hurt some small businesses that make some of their profit from those sales, restricting certain sales can damage the businesses and limit taxes that the city is collecting.
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	If we raise the minimum age I don't think we should limit the flavors. If we don't raise the age, then we should limit the flavors.

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Survey	No	No	No	No	No	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	If you're old enough to vote and be in the military you're old enough to legally buy tobacco of any kind.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	The societal costs of tobacco use are incredibly high. Tobacco companies prey on teens , minorities, and the poor. As a teacher, I am aware of 6th and 7th graders vaping in the bathroom, and kids are getting this from older teen siblings. I support regulation and price increases.
Survey	No	No	No	No	I don't care	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	Really, Your asking for no sales under 21 Is that because those under 21 can't make sound choices ? I'm not clear on the why of this topic.. It's getting to be a bit much..
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	CHILDREN SHOULD NOT BE EXPOSED TO TOBACCO ADDITION IN OUR COMMUNITY. WE NEED TO PROMOTE THE NATIONAL TREND OF LESS SMOKING IN OUR POPULATION.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	I don't use tobacco. I have small children and don't want them to purchase tobacco when they turn 18. I purchased a pack of flavored Camels shortly after I turned 18 myself. However I am opposed to these regulations because I don't want excessive government restriction of individual choices.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	This fight is against Big Tobacco and its targeting of young people.
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	Adults should be able to make informed decisions about the substances they ingest, government should have no say as long as the substance doesn't make you a risk to people around you.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	As a close to 30 something, I personally feel that the tobacco age should be higher, between 22 and 25. This would allow young adults to fully form opinions and become educated on tobacco before being scooped up by enticing advertisements, cheap prices or quick "feel good" activities while in college. I'm not sure what the current age restriction is on who can sell tobacco but I feel that one should be unable to sell tobacco unless they are 28 or older. Tobacco should not be able to be smoked around businesses that sell it. It's been nearly impossible to go into gas stations and grocery stores without being exposed to someone smoking right outside the door. I urge you to push the limit to smoking near an entrance or sidewalk to 50 or 100 feet distance from public areas and crack down on smoking near restaurants, places of businesses and parks. Tobacco sales should, in my opinion, be restricted on the weekends and tobacco should not be able to be sold after 9 pm.
Survey	No	Yes	I don't care	No	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	If people are old enough to vote at age 18, they should be able to make their own decision on tobacco products. Too much government involvement!
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	I am a non-smoker. I am a little torn on this. I hate seeing teens have access to tobacco products and I hate being around anyone that is smoking. But . . . if an 18 year old can enlist in the armed services and protect our country, I think that pretty much makes that person an adult. Shouldn't he/she then be allowed to buy tobacco products?
Survey	No	No	No	No	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	This is a solution looking for a problem and infringes on the rights of adults 18 to 20. Also not worth enforcing.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	If at age 18 you are considered a legal adult then you should have the right to make your own bad decisions.

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Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	Whatever can be done to stop young people from starting to smoke, should be done. Lives can be saved and so many health problems can be avoided. We all end up paying the huge medical costs associated with smoking. So many health issues and death could be avoided by not smoking. It is the most stupid and unnecessary habit. Government has the right to regulate smoking, because even the chemicals left behind on someone's clothing, if they smoke outside, can impact a child's health.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Age Of Tobacco Product Buyers	Changing the age to 21 to buy tobacco is a great idea. I remember when I was in high school and adult teens buying tobacco for the younger kids. This is at the heart of the addiction cycle. Now with e-cigs becoming an epidemic it is vitally important to reduce the availability of these products. The flavored tobacco products should only be allowed to be sold in adult tobacco stores as this is another key way the youth get hooked on tobacco. Any store owner selling to underage kids should be severally fined. Also please consider doing something about the target marketing tobacco products to the youth as this should be banned. I am happy to see that you are getting on top of this big problem. I have two kids 8 and 11 and warn them about the dangers of these tobacco products. Having Golden Valley step up and say we are going to protect our kids means the world to me and other families I know.
Survey	Yes	Yes	Yes	Yes	Yes	Spend time with friends in Golden Valley and use stores near Byerlys and in downtown GV	66+	Age Of Tobacco Product Buyers	Regulation necessary to protect our youth.
Survey	Yes	No	No	I don't care	No	Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	I think raising the legal age to buy tobacco/vaping products to 21 is enough regulation for now.
Survey	No					Live in Golden Valley	46-65	Age Of Tobacco Product Buyers	18 is the age still they can be drafted? Then 18 I think. Remember some buy tobacco for ceremony.
Survey	No	No	No	No	No	Live in Golden Valley	18-21	Age Of Tobacco Product Buyers	we are allowed to drive cars, buy guns,
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	Age Of Tobacco Product Buyers	The tobacco industry is targeting the youth in our community to take the place of those dying from tobacco related diseases. We must protect our youth - smoking cigarettes and e-cigarettes is deadly, and we do not want to take a vote that essentially says we are okay with killing our youth!
Survey	No	No	No	No	No	Live in Golden Valley	22-30	Age Of Tobacco Product Buyers	Regulating tobacco is regulating how legal adults spend their time and relieve stress or enjoy themselves. This isn't the government's place. If 18 year olds can serve in the military, they should be allowed to smoke.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45	Flavored and Menthol	Golden Valley should do everything in its power to restrict the sale of flavored tobacco and all other measures to reduce the risk of youth addiction to tobacco.
Survey	Yes	Yes	No	I don't care	Yes	Live in Golden Valley	66+	Flavored and Menthol	Only real concern is regulating menthol tobacco for adults.... Nothing said here about what was involved in decision or purchase. I would be against regulating menthol for adults, and why just menthol???? I don't consider it really a "flavor". Some people seem to have concern for the younger generation due to the flavors, which I share. (Sorry if I'm repeating here, but I can't see what I've written as the sidebar disappears.) Is regulation of any of it necessary? People make their own choices. Just because do gooders from one city think it's a good idea to regulate, Golden Valley has to do it too?????
Survey	Yes	No	No	I don't care	I don't care	Live in Golden Valley	31-45	Flavored and Menthol	Regarding the regulation of flavored tobacco - I don't think they should be regulated any differently than "regular" tobacco products.

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45	Flavored and Menthol	Flavors don't mean it attracts kids. Especially if it's for 21 and over only. Kids are attracted to anything they aren't supposed to have that's nature but you can't take away the freedom and right of everyone else because of the few bad apples. Vaping is safer than cigarettes and is a much safer alternative. People can drink all they want but can't enjoy a tasty cloud of water vapor?
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Flavored and Menthol	I am especially concerned about the use of menthol products and vaping among teens and young adults. As a former smoker, I understand the dangers of tobacco use and would like to see more regulation.
Survey	No	No	No	No	No	Work in Golden Valley	31-45	Flavored and Menthol	I feel like regulating menthol cigarettes is systematic racism at it's finest, and MN and GV should be better than that and above such things. Also, old enough to go to war? Old enough to make decisions about smoking.
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Flavored and Menthol	Flavored products are a worry of mine. If we have to make it taste good to pull in a younger clientele that creates a problem in my opinion.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	Flavored and Menthol	If the city passes a flavor restriction, it should include menthol, and there should be no exception for adult-only tobacco stores. If the minimum sales age is raised to 21, the penalties should be on the retailers for violation, not on young people.
Survey	Yes	No	No	No	Yes	Work in Golden Valley	46-65	Flavored and Menthol	While the goal of your revised ordinance is to keep vape products out of the hands of minors, you are going a step too far when looking at a ban on menthol, mint and wintergreen products. I do hope you will consider the many small business owners who have supported this community and will suffer devastating losses due to the restrictive and ill planned ordinances
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	Flavored and Menthol	I think there should be more regulations on tobacco products in general, especially the flavored ones and vibrant packaging that attracts younger users. I think nationally more regulation needs to happen, but it is a good start with our city
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	I started smoking at 15 and know the struggle of resisting (at that age) and of stopping the bad habit later in life
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	It's very important to have strict regulation in tobacco products. It impacts the health of us all, and also taxpayer money to treat the health and pollution issues created.
Survey	Yes	Yes	Yes		Yes	Live in Golden Valley	31-45	General Survey Comments	This is a public health issue and is long overdue.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	I am extremely disappointed to see the new tobacco/e-cig shop in the Golden Valley mall where families and children hang out. It does not seem like a good fit and is not what I want my children exposed to when going to Dairy Queen or grabbing a quick dinner. I'm surprised that there is not better zoning to prevent it.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	I like these proposals
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Thanks for tackling this issue.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	General Survey Comments	We know the health risks associated with tobacco usage. It seems like a no brainer to restrict sales and similar ordinances have been successful in other cities.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I don't believe these types of regulations are effective at the city level. Also, if someone is old enough to join the military, they are old enough to make (legal) life choices and not have the city impose their ideas on them.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	There are more important public safety issues already in Golden Valley. Such as the unsafe drivers every day on Olympia (speeding and not stopping for stop signs).
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45	General Survey Comments	Would also appreciate no tobacco sales near schools. Maybe this is already a rule?
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Please explain that these measures have been proven to reduce the number of young people who start smoking and save lives.

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Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Prohibiting sales to minors is ok, but don't treat adults like they are children. It's insulting and paternalistic.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	The city of Golden Valley should ban the sale of all tobacco related products in the whole city within the city limits.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Don't restrict the individual freedoms of people to use legal products.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	This is a very important topic. As a parent, I worry about my kids having access to this stuff, so any extra regulation and restrictions that we can impose can help prevent them from getting addicted to cigarettes or ecigarettes.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45	General Survey Comments	Anything evidence based to reduce tobacco use is a great idea.
Survey	Yes	Yes	Yes	Yes	Yes	I'm a public health advocate in the Twin Cities	31-45	General Survey Comments	If you adopt these regulations, Golden Valley will join a growing list of communities in Minnesota (many of them adjacent to Golden Valley) who have adopted similar policies.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Increase taxes to pay for the public health implications of all of these products and support tobacco use cessation resources, please! Thank you for bringing up this very important subject!
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	if you can vote and join the military then the government has no place to someone what they can or can not buy
Survey	No	I don't care	No	No	No	Live in Golden Valley	46-65	General Survey Comments	18-year-olds can vote and be drafted. They should be able to buy tobacco. I realize tobacco is a public health problem. So is alcohol. Where's the call to prohibit sales of fruity-flavored alcohol? So is food. Where's the call to limit fast food sales? Exactly. Leave it alone.
Survey	No	No	No	No	No	Live in Golden Valley	66+	General Survey Comments	People have to be responsible for their own decisions. People can own homes, have kids and service our country at 18.
Survey	No	No	No	I don't care	Yes	Live in Golden Valley	18-21	General Survey Comments	We need to be able to smoke inside!! Cigs inside or else.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	There are bigger fish to fry than regulating legal purchases
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	General Survey Comments	Raise tax on it
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Tobacco use should be highly discouraged everywhere. It pollutes the body and causes sickness.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	State issue.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	We encourage regulations that would inhibit the sales of tobacco products in pharmacies.
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65	General Survey Comments	Instead of requiring a minimum price on the sales of cigarettes &/or e-cigarettes raise the overall price through a city tax and then use the tax money raised towards improving the City's air quality, the health of the residents &/or more education on the effects smoking/vaping does to oneself & second hand smoke. Another option to help limit sales of cigarettes &/or e-cigarettes require licenses to sell the products & if that is already in place set higher requirements to obtain/renew a tobacco/vape sales license. Set higher penalties for underage smoking/vaping. Set higher penalties for disposing of cigarette butts illegally a.k.a. littering.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I don't smoke tobacco but last time I checked it is a legal substance. Stop being a nanny and let people make their own choices. Also if you raise the age to 21 then that should also be the legal voting age. You can't say your mature enough to vote at 18 but not mature enough to make decisions concerning tobacco product. Enough PC Big Brother!! GV resident since 1957.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Tobacco and related products are contributing to a public health crisis which taxpayers all eventually underwrite with their hard earned dollars. It's time to take action!
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	People will just drive elsewhere. Just tax it and move on to the next real issue
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65	General Survey Comments	Having smoked for many years, I have been diagnosed with COPD and am on supplemental oxygen. No cigarette is safe in my opinion.

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Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	There needs to be some kind of restriction on the use of signs; a new tobacco shop just went up near the Cub off Hwy 55 - why do they need LARGE signs in front of the grocery where kids are in view to publicize? Regulate smoking in public places!
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Stop this!
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Other communities have already put these types of restrictions in place. I would like our city to catch up.
Survey	Yes	Yes	No	Yes	Yes	Former resident	46-65	General Survey Comments	You should have two types of licenses: tobacco products shop and over the counter tobacco retailer. Only tobacco products shops (at least 90% tobacco sales) should be able to sell flavored tobacco and vaping products. You should limit the number and location of tobacco shops in the city.
Survey	Yes	Yes	Yes	Yes	Yes	Live and work in GV	31-45	General Survey Comments	I think tobacco should not be sold at all. I am curious about how much it would cost to regulate all of these products? And how many smokers and business owners would really be affected?
Survey	Yes	Yes	Yes	Yes	Yes	Nieghboring community	22-30	General Survey Comments	Other nearby cities have increased regulation. Golden valley should too.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Increase the tax on tobacco and offset that with a reduction in property tax
Survey	No	No	No	No	No	Live in Golden Valley	22-30	General Survey Comments	Focus on bigger issues.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Golden Valley should simply stick to the business of running the City.
Survey	No	I don't care	I don't care	No	No	Live in Golden Valley	31-45	General Survey Comments	This seems like an unenforceable measure in reality.
Survey	I don't care	I don't care	I don't care	No	I don't care	Live in Golden Valley	31-45	General Survey Comments	Golden Valley should follow what surrounding communities decide on this subject.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Smokers have been "regulated" enough. And as much as the majority may wish that the world would go smoke-free, there will always be people who smoke. Please stop this this endless persecution of smokers. Leave it alone, and hopefully the pendulum one day may start swinging the other way.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Let people make their own decisions. As long as it's legal it shouldn't be restricted. I personally do not use these products but it feels like it's being used to shame the people that do.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Government has no business regulating sales of tobacco. I am not a smoker but this is government and nanny-state over reach. City government should not be worried about this. Worry about crime, policing the city, roads, traffic, and attracting more businesses into the city.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Why doesn't the city worry about more important things?
Survey	No	No	No	No	No	Live in Golden Valley	66+	General Survey Comments	I smoked for years and would have found a way to buy tobacco if it was restricted. Also all the talk of restricting tobacco but marijuana is going to be ok in a couple years does not make sense.
Survey		Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Work with other nearby cities to implement similar regulations to level the playing field for stores that sell tobacco products, i.e. so people don't just go to crystal and Golden Valley business's suffer
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	If you care about the health of your residents, you will regulate tobacco products. Thank you for making this a priority.
Survey	No	No	No	No	No	Live in Golden Valley	66+	General Survey Comments	Education about the dangers of smoking has been very effective in decreasing smoking. Keep the education going, and any statute changes should be statewide.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Tobacco store should not have been allowed to open in the commons. Very poor choice.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	I am not a user of any of these products, but I don't see what difference it'll make when those restricted can simply go to another community & spend their money there.

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Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	The city should focus on things that benefit all residents. I do not support making a choice separate from the state of Minnesota in regards to tobacco sales.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	We should ban the sale to tobacco altogether. It has zero positive impact on society other than the collecting of tax revenue.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Golden Valley should not be involved in the regulation of tobacco. This is a state matter.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I'm a non smoker. It's still a legal product. People should have the right to decide for themselves if/when they want to use tobacco. The city shouldn't try to act as my mother!
Survey	No	No	No	No	No	Live and work	46-65	General Survey Comments	Fix streets, move bikes and scooters that are blocking sidewalks, stop creating bike lanes that no one uses, and let people be use their own judgement on buying tobacco products... it's not the city's role to dictate to anyone over the state's age of majority. History: Prior to 1973, the drinking age was the age of legal adulthood (age of majority), which was 21 (Minnesota Statutes 1971, section 645.45). In 1973, the age of majority was lowered from 21 to 18.
Survey	Yes	Yes	Yes	Yes	Yes	am a former GV resident	66+	General Survey Comments	They should close ALL smoke shops NOW
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	46-65	General Survey Comments	I don't think this is a very important topic for the city to waste time and effort on.
Survey	No	No	No	No	Yes	Live in Golden Valley	46-65	General Survey Comments	Less regulation just abide by state laws
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	How much will this tobacco enforcement cost for the city?
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Stay out of peoples business. You are too small to make a difference, I will drive to slp, new hope, mpls, Plymouth or crystal. They will get my money and I will still smoke in my yard in golden valley. Why dont you stop picking on us
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Don't
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Education phamphets to be posted at sale locations.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	The city should not enact any legislation or place any restrictions on tobacco sales that are already covered by state government.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	There are already federal and state tobacco sale regulations. Stop the unnecessary intervention and expansion of government where it is not needed.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	This is a public health issue and GV should be a leader in the prevention of addiction thru products like this.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	General Survey Comments	This is a public health no-brainer
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Don't sell it
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Cities should stay out of this business.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I strongly detest smoking by anyone at any age. GV's proposed attempt to restrict the sale of tobacco products will do the following: 1. Drive consumers under the age of 21 to purchase tobacco in neighboring communities. 2. Drive business away from GV retailers that sell tobacco products. 3. Fail to restrict use of tobacco by adults under the age of 21. 4. Shine a bright light on the classist, ageist and racist motives underlying this effort.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Also consider an extra tax on tobacco that could go to things like fixing our roads, etc...
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	I think the city should stop putting their hands on everything. We don't need more city/govt control or regulations...we have enough!

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Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	I agree with all of the changes the council is considering and that makes me wonder why we, as a city, are licensing tobacco sales at all? Can the City afford to stop licensing tobacco sales for any more new locations, existing licensed outlets could remain?
Survey	No	No	No	No	No	Work in Golden Valley	46-65	General Survey Comments	It's a state issue not a city issue
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Anything to stop people taking it up or restarting would be helpful. Thank you.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	I would also like to limit the number of smoke shops in the city as well
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	You're on the right track.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I think the city should stay out of it
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Other addictive products are regulated by law, enforcing higher age limits or Dr. prescription. I'm in favor of changes that being these substances into alignment with controls already enforced for other addictive products.
Survey	Yes	No	No		I don't care		66+	General Survey Comments	I have not smoked for 35 years but I don't think it's fair to regulate tobacco sales. It sounds like a left-wing idea
Survey	No	No	No	No	No	Work in Golden Valley	22-30	General Survey Comments	Allow grown adults to make their own decisions. No new laws that impede on one's individual freedoms to consume products.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	This seems like a waste of resources and would be a nuisance for local retailers.
Survey	No	No	No	I don't care	Yes	Live in Golden Valley	66+	General Survey Comments	I believe we are going too extreme with this possible regulation. People know the dangers of smoking; there are already age restrictions on cigarettes in place. I believe similar regulations should be in place for vaping products. But we need to stop policing behaviors with more regulations
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I don't even smoke. It's frustrating to see you think you have the right to "regulate" people from engaging in legal activities. Leave people alone to live the life they choose. Is this not a free nation?
Survey	Yes	Yes	Yes	Yes	Yes	Support preventing youth tobacco use	22-30	General Survey Comments	Thank you to Golden Valley for considering these life-saving ordinances.
Survey	No	No	No	No	No	Work in Golden Valley	22-30	General Survey Comments	Regulation has never worked. Any attempts at restriction simply create law breakers. Education is the only reasonable way to reduce use of dangerous chemicals, and even then people should be allowed to do dangerous things.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	Under 17	General Survey Comments	Tobacco is bad
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30	General Survey Comments	Make it expensive and difficult to get so I don't have to deal with smoke and butts.
Survey	I don't care	Yes	Yes	I don't care	Yes	Live in Golden Valley	22-30	General Survey Comments	I'd love to see as few locations selling tobacco products as possible and as many restrictions on accessibility as possible to limit product availability for new users. All in hope to see less people suffer and die each year from tobacco-related addiction and illnesses.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Crystal Welcome Ave N, have a daughter and a son with 6 grandkids in Golden Valley	66+	General Survey Comments	I am a retired nurse and watched the scare tactics about so king in restaurants and other public places. The only outcomes were positive.
Survey	Yes	Yes	No	No	Yes	Live in Golden Valley	66+	General Survey Comments	This should be done at a state level. As a small city with a limited retail base, we need to consider non-tobacco sales that would be lost by Golden Valley businesses to surrounding communities.
Survey	No	No	No	No	No	Live in Crystal	66+	General Survey Comments	Remember Prohibition! Tobacco sales are not the problem. The problem is lack of morals and values.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	I have no issue with the current tobacco laws and am strongly opposed to changing them.
Survey	No	No	No	No	No	Live in Golden Valley	22-30	General Survey Comments	Stop controlling things that have nothing to do with you
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	The government should not be regulating ANY businesses based on "moral standards" .
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Stay out of regulating legal businesses.

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Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	I feel there are more important issues that the council should be working on.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Although I am a non-smoker (and find the habit gross on many levels), if someone wants to waste their money, that's THEIR choice. As far as kids taking up the habit? Let's put that responsibility on THEIR PARENTS - not elected officials. I oppose government regulating EVERYTHING.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Ban all sales of tobacco products and vaping products unless prescribed by a doctor.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Tobacco/nicotine is a health-care burden on our community and country. It should be expensive and regulated.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Do anything to STOP the sale of tobacco. It kills!
Survey	No	No	No	Yes	Yes	Live in Golden Valley	31-45	General Survey Comments	Price it high, and tax the crap out of it. Make it so unpleasantly expensive that it's not easily accessible or appealing, especially to younger people. The flavor issue is totally irrelevant; it's lethal in every flavor.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Tobacco related illness only kills about 1/2 million Americans every day. Yes I understand freedom, but suicide is against the law for a reason and tobacco use is suicide in slow motion. Former 2 pack a day smoker.
Survey	I don't care	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Don't you have anything more important to do like waste more money on bicycle lanes that no one uses. BTW, where are all those green bicycles?
Survey	No	No	No	No	No	Work in Golden Valley	46-65	General Survey Comments	It is not the government's job to tell people how to live. Stay out of private business and personal choices.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Let people be free to make their own choices.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	General Survey Comments	No vape stores near school buildings. Not sure if possible but saw one go up near Hopkins High School and don't want that here.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	Stay out of our lives with regard to vices. Mind the coffers. Plow the roads. Maintain the green spaces. Pay the police. (You do all those things. Just maintain your focus, please).
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	We regulate the availability and sale of alcohol. I believe we should do the same for tobacco-related products. Liquor store owners abide these regulations. So cam vendors who sell tobacco-related products.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	I think there are better ways of addressing the issue of an unwanted tobacco/smoke shop in the area. Limit the % of sales from that one lane of products to no more than 25% of the total business. Example would be a gas station or convenience store like Walgreens. When SLP didn't want Pawn America, they limited their function through something creative like this. While I voted no to this questionnaire, I would rather see the tobacco shop go. I think these kinds of businesses harm communities from the promotion of unhealthy products and lifestyle. We can do better and should demand better business for Golden Valley.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	The city has no reason to be in the regulation of this. They have no ability to perform unbiased research and analysis. It is purely a feel good "look how much I care" grab. Both Federal and State entities are fully aware of to pro and con of these situations. Leave it alone.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Prohibition of undesirable products only drives illegal sales. Taxation, coupled with using that tax money for addiction treatment, is the only effective method to discourage use. If the city can't implement that, then it should lobby the state, rather than trying to push tobacco sales to neighboring cities.

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Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Tobacco is a "luxury" item and should be heavily taxed to allow the community to: 1. Clean up after users 2. Effectively pay for health impact 3. Cover the cost of anti-tobacco educational campaigns.
Survey	No	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	While teen use is at alarming levels, focusing on city regulation is misplaced. These are legal products. The city has no business trying to further regulate this area. Access to these products is in easy in walking or biking distance outside of city limits.
Survey	No	No	No	No	No	Live in Golden Valley	66+	General Survey Comments	GV is starting to become "Big Brother". Stick to your city charter and not get into people's personal choices. Cigarettes are legal, right? Don't like small businesses? Who's going to pay for highway construction? (smokers tax on cigs is huge) Who are you trying to please/placate by doing this? Don't like children smoking but it's really the parents who should be monitoring/teaching their kids - not the city. What's next - prohibition?
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	I think that the regulation of tobacco sales in Golden Valley is very important to help protect the health of our young citizens. It is a responsible action for supporting good public health in Golden Valley.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65	General Survey Comments	Free will is excellent. Placing appropriate guardrails around deadly activity is excellent. Let's create policy that does both.
Survey	No	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	sometimes government regulation isn't necessary. But, tobacco sales is a public health issue and therefore should be regulated
Survey	I don't care	No	No	No	No	Live in Golden Valley	31-45	General Survey Comments	Why? I am not interested in smoking or vaping myself. But why spend the time and energy on this?
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	The health risks that are associated with tobacco use are so well known, but people, especially young people, are still being lured into trying it. Some people say that it is their "right" to use tobacco and it is a question of "free will". I see the addiction to tobacco as the opposite of "free will". You give up your "free will" to an addictive substance. Anything that the city can do to stop people from becoming addicted would be great and maybe save someone's life.
Survey	No	No	No	No	Yes	Live in Golden Valley	46-65	General Survey Comments	Golden Valley should match the state regulations
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	18-21	General Survey Comments	I think there should be citywide PSAs on the ingredients of e-cigarettes, including their long-term effects and levels of toxicity. I also think that shops that advertise that they sell nicotine products should not be allowed to do business within a two mile radius of any elementary, middle or high schools.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65	General Survey Comments	Now that Minneapolis has/is changing its Tobacco ordinance we need to as well. Otherwise we'll have people driving here from nearby MPLS to acquire these products.
Survey	No	No	No	No	No	Live in Golden Valley	22-30	General Survey Comments	There are way bigger issues than wasting time with this.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Literally saves lives if enacted
Survey	No	No	No	No	No	I both live and work in Golden Valley.	31-45	General Survey Comments	I am not a smoker, nor a tobacco user of any kind. There is no need to restrict tobacco sales any further than the already enacted and enforced state regulations on cigarettes, chewing tobacco, and vape/electronic cigarettes.
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	Given the number of deaths that tobacco industry is responsible for, these products should be restricted.
Survey	No	No	No	No	No	Work in Golden Valley	31-45	General Survey Comments	I would have to take my business to a neighboring city. I also fee that I should be the one to decide what I smoke and it should not be determined my anyone else, especially the government.

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+	General Survey Comments	These are critical to providing a safe environment for our youth and savings on future health costs. Many other cities in Mn have already moved ahead on these measures. G. V. should not be left behind.
Survey	No	No	No	No	No	Live in Golden Valley	22-30	General Survey Comments	Stop meddling with free market capitalism.
Survey	No	No	No	No	No	Live in Golden Valley	46-65	General Survey Comments	The FDA ALREADY HAS RETAIL REGULATIONS IN PLACE.
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45	General Survey Comments	Think you should tax the heck out of it
Survey	Yes	No	No	No	Yes	Work in Golden Valley	22-30	General Survey Comments	The city shouldn't be involved in regulating legal products.
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	66+		
Survey	Yes	I don't care	I don't care	No	No	Live in Golden Valley	66+		
Survey	No	Yes	Yes	I don't care	I don't care	Live in Golden Valley	18-21		
Survey	No	No	No	No	No	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Visit relatives often	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	golden valley employee	22-30		
Survey									
Survey							66+		
Survey	Yes	No	No	Yes	Yes	Work in Golden Valley	22-30		
Survey	Yes	I don't care	I don't care	I don't care	I don't care	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	No	No	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	Yes	I don't care	I don't care	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes						
Survey	Yes	No	No	Yes	Yes	Work in Golden Valley	22-30		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	No	Work in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Resid			
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	I don't care	I don't care	No	I don't care	Live in Golden Valley	18-21		
Survey	No	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes		46-65		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Both, live + work.	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes							
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	No	No	Yes	Yes	Work in Golden Valley	46-65		
Survey	Yes	Yes	Yes	No	Yes	Work in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	public health advocate	31-45		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes						
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No				
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	No	Yes	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	I don't care	I don't care	Yes	Live in Golden Valley	31-45		
Survey		Yes							
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes								
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care		46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	No	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	18-21		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	I am answering for my mother-in-law who lives in Golden Valley.	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	I don't care	No	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65		
Survey	No	Yes	No	No	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	I don't care	Live in Golden Valley	66+		
Survey	Yes	Yes	I don't care	I don't care	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Grew up in Golden Valley and my parents still live there.	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Grew up in Golden Valley, live in St Louis Park	46-65		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	I don't care	I don't care	I don't care	I don't care	Work in Golden Valley	22-30		
Survey	Yes	I don't care	I don't care	Yes	No	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	I don't care	Yes	Yes	I don't care	Yes	Work in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	Live and work in Golden Valley	46-65		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	No	No	No	No	No	Work in Golden Valley	18-21		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Work in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	No	Yes	Live in Golden Valley	22-30		
Survey	No				Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	I don't care	I don't care	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes					
Survey	Yes	No	No	No	No	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Parents live in GV. Just moved out not too long ago.	31-45		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	Yes	No	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	Yes	Yes						
Survey	No	No	No						
Survey	No	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	I don't care	I don't care	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Work in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley			
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	No	I don't care	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Kids in school in Gv	46-65		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	No	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	I don't care	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	I don't care	I don't care	Yes	Work in Golden Valley	31-45		
Survey	Yes	I don't care	I don't care	Yes	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	No	Yes	No	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Work in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	Yes	Yes	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	I don't care	Yes	I don't care	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	I don't care	I don't care	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Both	46-65		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	I don't care	No	No	No	Yes	Live in Golden Valley	31-45		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	Yes	Yes	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes						
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	I don't care	I don't care	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	I don't care	Yes	Yes						
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	I don't care	I don't care	No	No	Work for a company with a store located in Golden Valley	18-21		
Survey	Yes	Yes	I don't care	I don't care	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes							
Survey	Yes	No	No	I don't care	Yes	Hopkins	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Work in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Plymouth	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	46-65		
Survey	No	No	No	No	No		31-45		
Survey	Yes	No	No	No	No	Work in Golden Valley	46-65		
Survey	No	No	I don't care	No	Yes	Work in Golden Valley	22-30		
Survey	I don't care	No	No	No	No				
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	Minneapolis - Bryn Mawr neighborhood	46-65		
Survey	I don't care	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	No	Yes	Work in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Work in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	No	No	I don't care	No	Live in Golden Valley	22-30		
Survey	Yes	Yes	I don't care	Yes	I don't care	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes				
Survey	Yes	Yes	Yes	Yes	Yes	... care about community health, and the future of our youth.	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No								
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	18-21		
Survey	No	No	No	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	No		Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	I don't care	I don't care	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	Yes	No	No	No	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	I don't care	I don't care	I don't care	I don't care	I don't care	Live in Golden Valley	31-45		

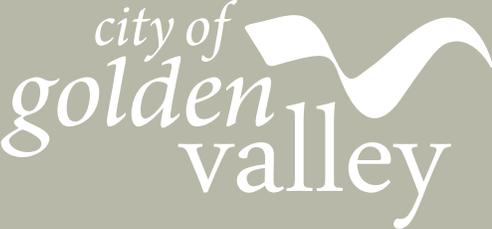
Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in New Hope	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	No	No	Yes	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	No				
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45	NA	
Survey	I don't care	Yes	No	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	I don't care	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	I don't care	I don't care	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	Yes	No	No	Live in Golden Valley	18-21		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in New Hope	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Work in Golden Valley	31-45		
Survey	I don't care	No	No	No	No	live at precise edge of Golden Valley and Plymouth	31-45		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	Yes	Work in Golden Valley	31-45		
Survey	I don't care	No	No	Yes	No	Live in Golden Valley	31-45		
Survey	No	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	Yes	Live in Golden Valley	31-45		
Survey	Yes	No	No	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	I don't care	I don't care	I don't care	Yes	Live in Golden Valley	66+		
Survey	No	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	No	No	No	No	Live in Golden Valley			
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	31-45		
Survey	I don't care	No	No	No	I don't care	Live in Golden Valley	31-45		
Survey	I don't care	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	No							
Survey	Yes	Yes	Yes	I don't care	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	22-30		
Survey	No	No	Yes	No	No	Live in Golden Valley	18-21		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No							
Survey	No	No	No	No	No	Live in Golden Valley	18-21		
Survey	No	No	No	No	No	Live in Golden Valley	18-21		
Survey	Yes	Yes	Yes	Yes	Yes	I am answering for my mother-in-law who is a Golden Valley resident	66+		
Survey	Yes	I don't care	I don't care	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	No	Yes	Live in Golden Valley	31-45		
Survey	No	No	No	No	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	22-30		
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	No	No							
Survey	No	No	No	No	No	Live in Golden Valley	46-65		
Survey	Yes	Yes			Yes	Live in Golden Valley			
Survey	Yes	I don't care	No	I don't care					
Survey	Yes	Yes	Yes	Yes	Yes		22-30		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	I don't care	Yes	Live in Golden Valley	46-65		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	Under 17		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	No	No	No	No	No	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	public health advocate	31-45		

Source	Should the City of Golden Valley prohibit the sale of tobacco products to people under the age of 21?	Should the City of Golden Valley regulate the sale of flavored tobacco?	Should the City of Golden Valley regulate the sale of menthol flavored tobacco?	Should the City of Golden Valley require a minimum price for tobacco products sold in packages of three or less?	Should the City of Golden Valley regulate the sale of electronic cigarettes and vapes?	I...	Please select your age range below.	Topic	Tell us any other thoughts you have on the regulation of tobacco sales in Golden Valley. (optional)
Survey	Yes	Yes	Yes	Yes	Yes	public health professional	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	46-65		
Survey	Yes	I don't care	No	Yes	Yes	Both	31-45		
Survey	Yes	I don't care	Yes	I don't care	Yes	Live in Golden Valley	Under 17		
Survey	Yes	No	No	No	No	Live in Golden Valley	31-45		
Survey	Yes	Yes	Yes	Yes	Yes	Live in Golden Valley	66+		
Survey	Yes	No	No	I don't care	No	Live in Golden Valley	22-30		

APPENDIX B

Social Media Reach And Engagement



SOCIAL MEDIA REACH AND ENGAGEMENT

Regulation Of Tobacco Sales

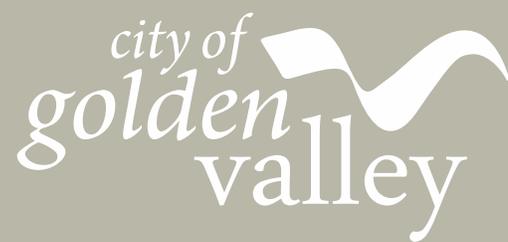
Reach = Number of people who saw the post

Engagement = Number of people who interacted with the post

July 12					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	929	92	4	1	4
Twitter	448	4	0	1	0
July 17					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	1,928	630	12	7	6
July 18					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Twitter	227	9	0	0	0
July 22					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	1,341	346	8	3	2
Twitter	210	5	0	0	0
July 26					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	2,434	787	8	8	12
Twitter	199	5	0	0	0
July 30					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	783	36	4	1	0
Aug 5					
PLATFORM	REACH	ENGAGEMENT	LIKES	SHARES/RETWEETS	COMMENTS
Facebook	408	15	3	2	0
Twitter	190	2	0	1	0

APPENDIX C

Additional Resources



Contents

Vaping And E-Cigarettes

- E-Cigarette Regulations (Minnesota Public Health Law Center)
- Ecigs 2.0: The Next Generation (Association For Nonsmokers-Minnesota)
- Electronic Cigarettes Focus Group (Hopkins High School)
- Which Teens Try Vaping? (Minnesota Department of Health)

Age Of Tobacco Product Buyers

- Raising the Legal Age to Purchase Tobacco and Restricting Flavored Tobacco (Coalition of Neighborhood Retailers)
- Where Do Youth Get Tobacco? (Food and Drug Administration)
- Golden Valley Compliance Check Inspection (Food and Drug Administration)
- Hennepin County Tobacco Profile
- Regulation Of Tobacco Sales – Golden Valley
- Letter Of Support For Tobacco Ordinance (HealthPartners)
- Youth Tobacco Use Rises For First Time In 17 Years (Minnesota Department Of Health)
- Health Advisory: Nicotine And The Escalating Risk Of Addiction For Youth (Minnesota Department Of Health)
- Tobacco Forum Talking Points (Golden Valley Tobacco Retailers)
- Increasing The Tobacco Sale Age To 21 (Association For Nonsmokers-Minnesota)
- Tobacco 21: Health Impacts Of Raising The Minimum Tobacco Sale Age (Association For Nonsmokers-Minnesota)
- Tobacco Retail Sales Ordinance Restrictions (Hennepin County Public Health)

Location Of Tobacco Retailers

- 2019 Tobacco License Holders (City of Golden Valley)
- How To Reduce Tobacco Retailer Density And Why (CounterTobacco.org)
- Retailer Correspondence (Minnesota Service Station & Convenience Store Association)

Minimum Price

- Cigars & Cigarillos Fact Sheet (Association For Nonsmokers-Minnesota)

Flavored Tobacco

Banning Flavored Tobacco Sales Will Severely Harm Or Force Local Retailers To Close
(Coalition of Neighborhood Retailers)

The Potential Impact Of A Menthol Restriction On Convenience Stores
(Association For Nonsmokers-Minnesota)

Flavored Tobacco Products Fact Sheet (Association For Nonsmokers-Minnesota)

Menthol Flavored Tobacco Products (Hennepin County Public Health)

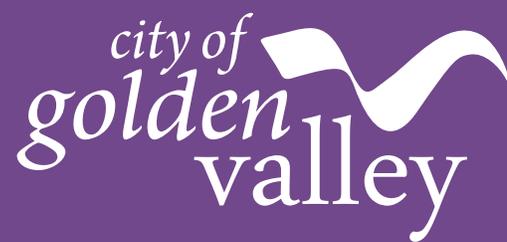
Economic Impact Analysis: Menthol Tobacco Ban (Management Science Associates, Inc)

Beautiful Lie, Ugly Truth About Menthol Tobacco (Association For Nonsmokers-Minnesota)

Tobacco Market Trends (Management Science Associates, Inc)

U.S.-born African American Menthol Tobacco Post Survey Data Highlights (Hennepin and Ramsey
Counties)

VAPING AND E-CIGARETTES



[Tobacco Control](#)[Healthy Eating](#)[Active Living](#)[Other Public Health Law](#)[About Us](#)[Webinars](#)**E-**

CIGARETTE REGULATIONS - MINNESOTA

Are e-cigarettes in any section of the state's statutes included in the definition of "Tobacco Products"?

Yes

[Minn. Stat. § 297F.01\(19\).\(2019\)](#)

How does the state define an e-cigarette?

Electronic delivery device means “any product containing or delivering nicotine, lobelia, or any other substance intended for human consumption that can be used by a person to simulate smoking in the delivery of nicotine or any other substance through inhalation of vapor from the product. Electronic delivery device includes any component part of a product, whether or not marketed or sold separately.”

[Minn. Stat. Ann. § 609.685\(1\)\(c\).\(2019\)](#)

Is there a state excise or special tax (non-sales tax) placed on e-cigarettes?

Tax of 95% of wholesale price imposed on tobacco products, including e-cigarettes.

[Minn. Stat. Ann. § 297F.05\(3\).\(2019\)](#); [Minn. Dep't of Revenue Notice #12-10](#)

What regulations are in place for e-cigarette packaging?

Liquids intended for human consumption and use in an electronic delivery device (whether they contain nicotine or not) must be sold in child resistant packaging.

[Minn. Stat. Ann. § 461.20\(b\).\(2019\)](#)

What restrictions are in place for retail or youth access?

Sale/distribution of electronic delivery devices prohibited to persons under age 18.

[Minn. Stat. §§ 609.685\(1\)\(a\),\(2\)\(a\).\(2019\)](#)

Purchase/possession/use of electronic delivery device by person under age 18 prohibited.

[Minn. Stat. §§ 609.685\(2\)\(b\),\(3\).\(2019\)](#)

Sale of electronic delivery devices from a moveable place of business (kiosk) prohibited.

[Minn. Stat. § 461.21 \(2019\)](#)

Self-service displays of electronic delivery devices restricted to adult-only, tobacco-only businesses; vending machines restricted to locations inaccessible to persons under age 18.

[Minn. Stat. § 461.18 \(2019\)](#)

Is a retail license or permit required to sell e-cigarettes?

Yes. A town board or the governing body may license and regulate electronic delivery devices however, if they do not, the county board shall license and regulate electronic delivery devices.

[Minn. Stat. § 461.12\(1\) \(2019\)](#)

What smoke-free restrictions exist for e-cigarette use?

Use of electronic cigarettes prohibited in day care and health facilities, government owned or operated buildings, facilities owned by Minnesota State Colleges and Universities, the University of Minnesota, facilities licensed by the commissioner of human services and those licensed by the commissioner of health (with some exceptions).

[Minn. Stat. § 144.414 \(2019\)](#)

Use of electronic delivery devices prohibited in public and charter schools and any facility or vehicle owned, rented or leased by a school district.

[Minn. Stat. § 144.4165 \(2019\)](#)

Salon employees may not use electronic cigarettes while performing any services.

[Minn. R.2105.0375 \(2019\)](#)

Minnesota e-cigarette regulation as of March 15, 2019. [Click to return to the map page.](#)

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875 Summit Avenue | Saint Paul, MN 55105

651.290.7506 | fax 651.290.7515 | publichealthlawcenter@mitchellhamline.edu

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E-Cigs 2.0: The Next Generation



In the decade-plus since their U.S. introduction, electronic cigarettes, known as e-cigarettes or vapes, drastically evolved. E-cigarettes first resembled conventional cigarettes, and now have morphed into sleek gadgets, like the JUUL pictured at left, that have become the next big thing. Youth love them for the big hit of nicotine and their easily-hidden, deceptive looks. Their resemblance to USB flash drives prompted some schools to ban the drives as teachers can't tell the difference between the two. Terms like "JUULing or jewelng" and "vaping" have entered the teen vernacular. Users have coined dedicated hash tags on social media and created videos of themselves doing vape tricks or blatantly vaping at school.

So, what's an e-cigarette?

E-cigarettes are battery-operated devices that contain a mixture of liquid nicotine and other chemicals. The device heats this mixture, called e-juice, producing a nicotine aerosol that is inhaled. E-cigarettes are also called e-hookahs, e-pipes, vape pens, hookah pens or personal vaporizers.



FACT:

Nicotine is harmful to developing brains.

Nicotine interferes with brain development and can have a long-term effect on mental health. Even brief or intermittent nicotine exposure during adolescence can cause lasting damage.¹ E-cigarette use by youth and young adults increases their risk of using conventional cigarettes in the future.²

Blu was formerly the market leader in e-cigarette sales but was redesigned and now resembles JUUL e-cigarettes. JUUL has the largest market share.

FACT:

E-cigarette use has increased among MN youth.

The youth tobacco usage rate has increased for the first time since 2000. This is because of the increase in the use of e-cigarettes. One in five youth (19.2 percent) currently use e-cigarettes, according to the 2017 Minnesota Youth Tobacco Survey. That is a 49 percent increase since 2014's survey.³

FACT:

E-cigarettes are not approved as a cessation tool.

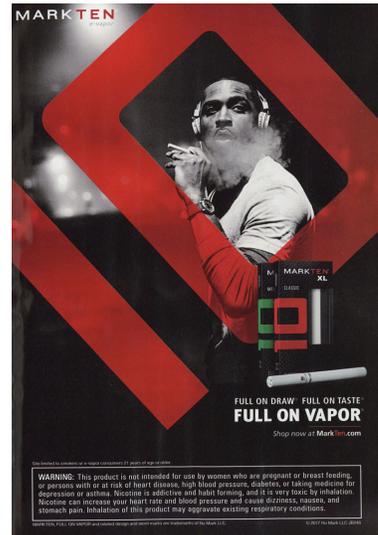
E-cigarettes have not been proven to be better for quitting than existing programs.² For those wanting to quit, there are FDA-approved quit aids such as gum, patches and lozenges, available at little or no cost through insurance companies or Minnesota's statewide QUITPLAN® Services (www.quitplan.com).

The evolution of e-cigarettes



Early e-cigarettes resembled conventional cigarettes and were called "cig-a-likes." They evolved into pen-shaped devices with small tanks that held "e-juice." Tanks got bigger, morphing into the "mods," which give users more control of the device. Now, USB-shaped e-cigarettes such as JUUL and Myblu are often discreetly used by youth and pack a huge nicotine punch.

FACT: E-cigarettes are marketed toward youth.



Companies such as JUUL, NJoy, blu and MarkTen target youth with heavy marketing in magazines and social media. In Minnesota, 88.4 percent of students had seen ads promoting e-cigarettes in the past 30 days.³ E-cigarettes come in a variety of youth-friendly flavors, such as gummy bear, fruit punch, chocolate, cherry crush and mango.⁴ (Images courtesy of trinketsandtrash.org)

FACT: E-cigarettes are not harm-free.

E-cigarettes contribute to indoor air pollution. Studies have found nicotine, heavy metals, toxins, and carcinogens in e-cigarette aerosol.²

SOURCES

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2 National Academies of Sciences, Engineering, and Medicine. 2018 Public Health Consequences of E-Cigarettes. The National Academies Press. 2018

3 Evered SR. Teens and Tobacco in Minnesota: Highlights from the 2017 Minnesota Youth Tobacco Survey. Minnesota Center for Health Statistics, Minnesota Department of Health, February 2018.

4 US Surgeon General (2012). Preventing Tobacco Use among Youth and Young Adults. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.

The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota. (April 2018)



2395 University Avenue W, Suite 310, St. Paul, MN 55114
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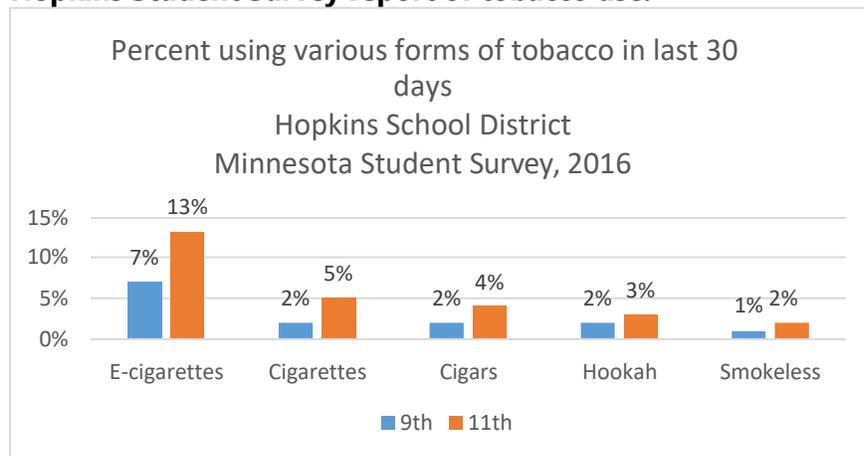
Electronic Cigarettes: Hopkins High School

February 2018

Overview:

The Hopkins High School Student Wellness Group identified youth use of electronic cigarettes (e-cigs) as a concern in their school and community. Hennepin County Public Health Promotion partnered with One Voice leadership to hold a student focus group to explore the perceived practices of e-cig use. Sixteen students joined the focus group discussion. Most were 11th graders; all were female except one. Students provided a signed permission slip to participate. This report highlights key points and future recommendations.

Hopkins Student Survey report of tobacco use:



Products like e-cigarettes and vape pens typically contain nicotine, and are currently unregulated. No amount of nicotine is safe for youth; it is highly addictive and may harm adolescent brain development. Damaging long-term effects may have implications for learning, memory, attention, behavior problems, and future addiction.

Student focus group objectives:

- To explore the perceived practices of underage e-cig use.
- To understand underage youth access to e-cig products.
- To understand the educational needs to increase perception of harm.
- To identify strategies to decrease underage e-cig use.
- To use the youth voice to develop recommendations for policies, practices, and environmental changes to reduce youth e-cig access and use.

Summary of the key findings from the focus group:

- Students report seeing an increase in e-cig use at school, often in the parking lot, bathrooms, and/or buses. Students also report vaping occurring in the classroom without teacher knowledge. Vaping is common outside of the school setting as well.
- E-cigs are easy to purchase in tobacco shops and online.
- There is a vape store within walking distance to Hopkins High School and North Jr. High.
- It is legal for 18-year-old students to purchase tobacco products in the cities of Minnetonka and Hopkins. Students feel this increases access to younger teens as 18-year-olds can purchase tobacco products for younger students. Vaping is happening at the junior high level as well.

- The youth are unsure of the health risks of vaping and some have misunderstandings or misinformation about the risk of addiction and the presence of nicotine.
- Minimal information is taught about e-cigs in the health curriculum currently.
- Youth feel most adults are unfamiliar with vape products and/or the health risks.
- Youth believe staff knows vaping is occurring, but don't know what to do about it or chooses to ignore it.
- When asked for solutions, teens stated more education is needed. Staff needs more information on current youth tobacco trends, how to recognize student use, the school policy, and appropriate policy enforcement actions.

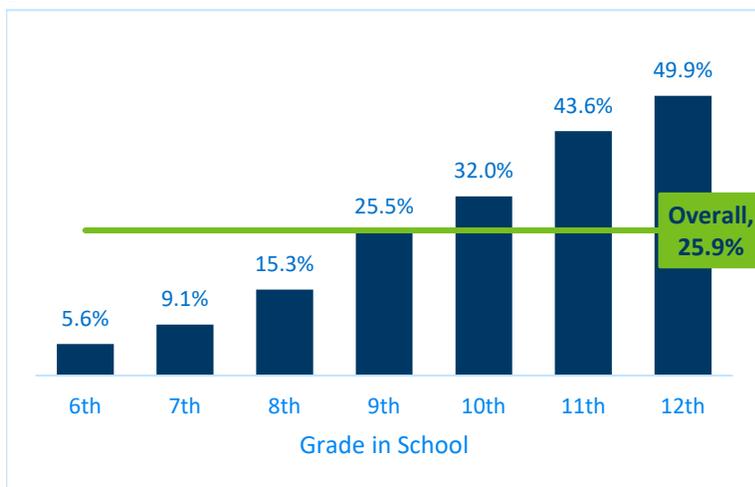
Recommendations

1. Improve enforcement of the tobacco free policy:
 - a. Conduct an assessment of the current policy and update it as appropriate. Consider the following questions: Why isn't it being enforced? How should it be enforced? What are appropriate consequences?
 - b. Implement a plan to improve policy enforcement. Be clear on specific roles and responsibilities for all school staff.
 - c. Communicate clear expectations and consequences of policy violations to students, staff, and parents. Determine suitable communication channels and develop appropriate messaging (e.g., staff meetings, announcements, signage, handbooks, newsletters to parents, etc.). Create a norm where e-cigs are seen the same as other tobacco products.
 - d. Enforce the policy, collect violation data, and have a plan to review the process.
2. Increase awareness and understanding of tobacco products.
 - a. Develop and implement a plan to increase awareness amongst students, staff, and parents on electronic and emerging tobacco products, their use, health risks, and misperceptions.
 - b. Ensure sustainable education and awareness activities are in place (e.g., embed in curriculum, communications to parents, staff orientation, and ongoing training).
 - c. Note: One Voice plans to create a student poster campaign with students and Community Blue Print in spring 2018.
3. Increase community awareness regarding youth e-cig concerns.
 - a. Increase general community awareness of tobacco products by communicating the policy through newsletters, handbooks, and events.
 - b. Examine how the community supports or discourages e-cig/tobacco use (density of tobacco retailers, retailer proximity to school and other youth venues, youth reports on underage access, retailer compliance check data).
 - c. Encourage stronger city policies, such as Tobacco 21.
4. Collaborate with partners for community solutions to build a healthy environment.
 - a. The following partners may be interested in participating in a youth tobacco prevention collaborative: Hopkins Student Wellness Group, One Voice Coalition, junior and senior high health teachers, police resource officer, Association for Non-Smokers (ANSR), Hennepin County Public Health Department, myHealth Clinic, city staff.

Which Minnesota Teens Try Vaping?

The 2017 Minnesota Youth Tobacco Survey (MYTS) revealed that one in four middle school and high school students in Minnesota had tried e-cigarettes (teens call it vaping or juuling).ⁱ Half of high school seniors reported having tried e-cigarettes at least once (**Figure 1**).

Figure 1. Percent of students that tried an e-cigarette, by grade in school



The latest e-cigarettes are made with sleek, customizable designs, deliver cigarette-like levels of nicotine, and come in fruity and candy-like flavors that appeal to youth (**Figure 2**). The growing popularity of e-cigarettes among Minnesota’s youth caused the first rise in overall tobacco use since the first MYTS in 1998.

Which teens try e-cigarettes? This data brief demonstrates that teens whose environments put them at risk for use of e-cigarettes are more likely to try them.

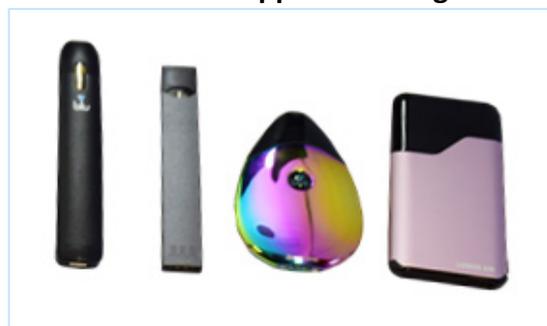
THE PROBLEM WITH TEEN VAPING

E-cigarettes contain nicotine, and no amount of nicotine is safe for youth.^{xvii}

Nicotine exposure puts youth at risk for lasting deficits in attention, learning, and memory, and may increase their susceptibility to addiction to other substances.ⁱⁱⁱ

In addition, youth who use e-cigarettes are two times more likely than non-users to start using conventional cigarettes in the future.^{xviii}

Figure 2. Newer e-cigarettes more closely resemble school supplies than cigarettes



Teens who are highly exposed to advertising are more likely to try vaping

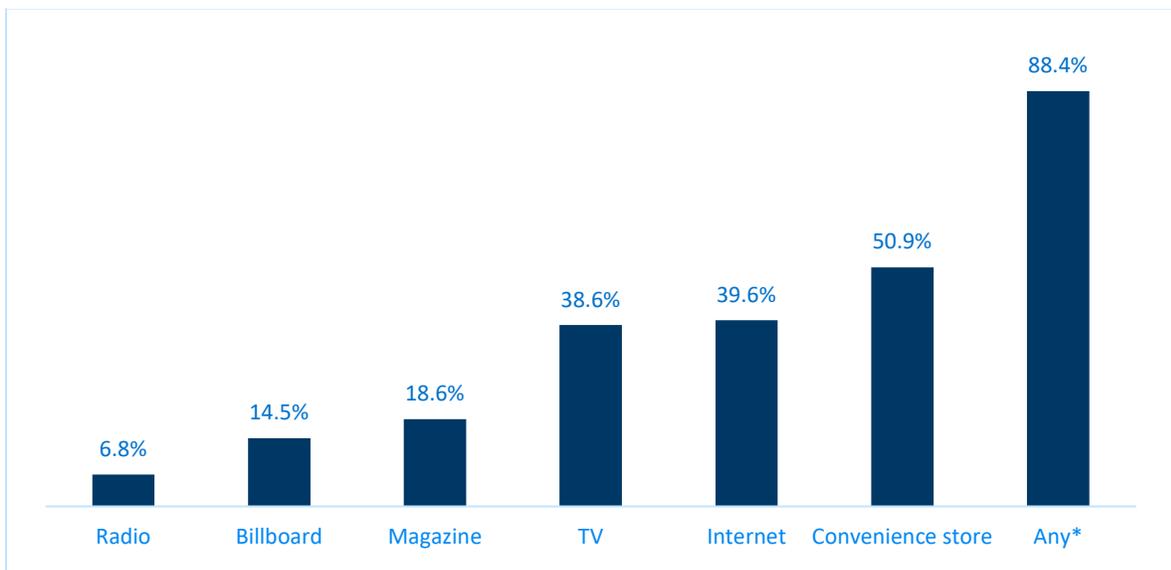
Expenditures for e-cigarette advertising have rapidly accelerated in recent years. Manufacturers spent more than \$125M on advertisements in 2014, not including expenditures for retail marketing, social media, and sponsored events,ⁱⁱ which are essential components of the industry’s marketing strategy.ⁱⁱⁱ

Ads for newer brands of e-cigarettes promote kid-friendly flavors and use the same themes of sex, independence, and rebellion that tobacco companies have effectively used to market conventional cigarettes to young people.ⁱⁱⁱ Successful advertising increases awareness of and stimulates interest in products, so it is not surprising that research confirms that exposure to manufacturers’ ads can increase interest in using e-cigarettes.^{iv} Correlational studies show that teens who report extensive exposure to e-cigarette ads are more likely to vape.^{v,vi}

Minnesota students reported a great deal of exposure to e-cigarette advertising. In 2017, nearly nine in ten students (88.4 percent) encountered promotions or advertising for e-cigarettes in the past 30 days in one or more channels (for example, in stores or on the Internet) (**Figure 3**).

In addition, 23.2 percent of students reported frequent exposure to e-cigarette ads online (student sees ads sometimes, most of the time, or always when online); 42.3 percent reported frequent exposure to e-cigarette ads in stores.

Figure 3. Percent of students that reported seeing an ad for e-cigarettes, by source of ad



* “Any” refers to the six sources in the survey: radio, billboard, magazine, TV, internet, or convenience store.

WHICH MINNESOTA TEENS TRY VAPING

Students who encountered advertising for e-cigarettes were more likely to have tried e-cigarettes than those who had not, and those who encountered ads across many channels (at least 5 of 6) were the most likely to have tried them (**Figure 4**). Similarly, more students had tried vaping if they had been frequently exposed to e-cigarette advertising when they were online or in stores (**Figure 5**).

Figure 4. Percent of students that tried e-cigarettes, by number of channels encountered e-cig ads.

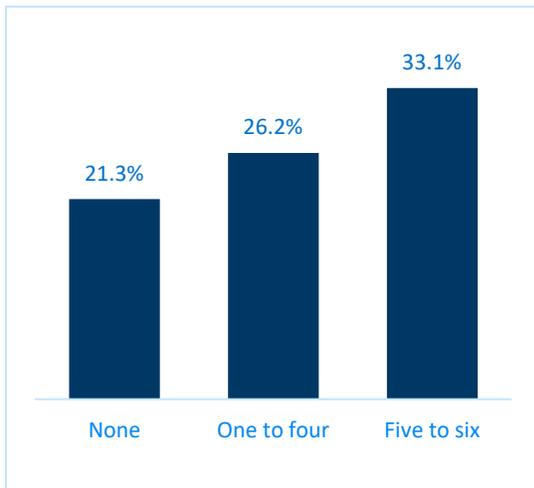
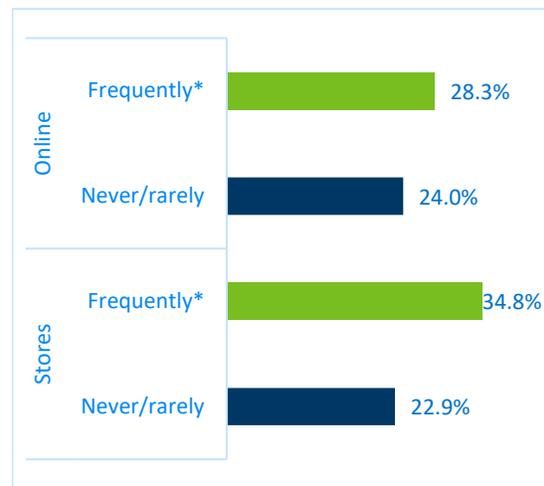


Figure 5. Percent of students that tried e-cigarettes, by how often encountered e-cig ads online or in stores



* Sometimes, most of the time, or always

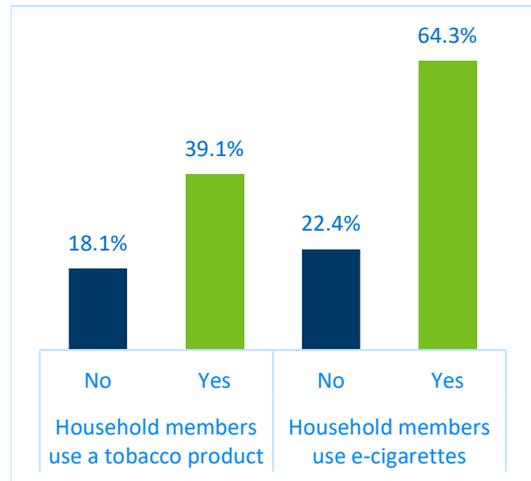
Teens who live with someone who vapes are more likely to try vaping

Research shows that teens and young adults whose family members use tobacco are more likely to use tobacco themselves.^{vii, viii, ix} Parents, siblings, and other household members who use tobacco products may unintentionally encourage tobacco use among teens by modeling the behavior. In addition, household members who use tobacco products give teens greater access to these products by having them in the home.

In 2017, 37.7 percent of students in Minnesota (an estimated 160,000 teens) reported that they live with someone who uses a tobacco product; 8.6 percent reported a household member uses e-cigarettes, specifically.

Consistent with previous studies, more Minnesota students who live with tobacco users reported trying e-cigarettes than those whose households are tobacco-free. More than twice as many students (39.1 vs. 18.1 percent) reported trying e-cigarettes if a household member uses a tobacco product (Figure 6). The association is even stronger if the household member uses e-cigarettes; nearly three times as many students tried e-cigarettes if a household member uses e-cigarettes (64.3 vs. 22.4 percent) (Figure 6).

Figure 6. Percent of students that tried e-cigarettes, by household members' use of tobacco products



Teens whose best friends vape are more likely to try vaping

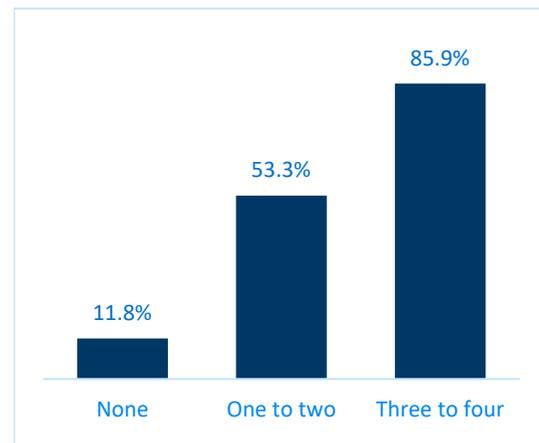
Adolescence is the period where the influence of peers and friends becomes increasingly important. This period is also characterized by increased interest in trying new things, often without adequate consideration of the consequences.^x These factors contribute to experimentation with substances during adolescence,^{xi} including e-cigarettes.^{xii}

Teens who believe many people their age use tobacco or their friends would approve of them using tobacco are more likely to use tobacco.^{xiii} Less is known about the impact of similar social influences on the use of e-cigarettes specifically, but several studies show that teens (and young adults) who report that their friends use e-cigarettes or would approve of their use are more likely to try or regularly use e-cigarettes.^{xiv,xv}

To measure peer influences on adolescent e-cigarette use, the 2017 MYTS asked students to report how many of their four best friends use e-cigarettes; 8.0 percent of middle school students and 24.6 percent of high school students reported at least one best friend uses them.

The percentage of students that tried e-cigarettes was strongly associated with the number of best friends that use e-cigarettes. Only 11.8 percent of students tried e-cigarettes if none of their best friends use them. Among

Figure 7. Percent of students that tried e-cigarettes, by number of four closest friends who use e-cigarettes.



those who reported one or two best friends use them, 53.3 percent of students had tried e-cigarettes. A startling 85.9 percent of students had tried e-cigarettes if the majority of their best friends use them (**Figure 7**). This strong association between the number of friends who vape and vaping initiation is alarming, because the number of Minnesota students that vape has risen rapidly and may continue to rise with the availability of easy-to-conceal e-cigarettes that deliver cigarette-like levels of nicotine in kid-friendly flavors.^{xvi}

Summary

The 2017 MYTS revealed that one in four Minnesota students had tried e-cigarettes. Teens who use e-cigarettes risk nicotine addiction and harm to their developing brains. To help reduce the number of students that try e-cigarettes, public health interventions must address the factors that may be influencing or enabling students to try them. According to the 2017 MYTS, students in Minnesota who tried e-cigarettes were exposed to more advertising and were around others who use e-cigarettes. Advertising restrictions and raising the legal age to purchase (a policy known as "Tobacco 21"), and other interventions targeting social use that have effectively reduced conventional tobacco use could be expanded to minimize the threat of e-cigarettes for Minnesota's youth.

Suggested citation: Helgertz, S. R. (2018). *Which Minnesota teens try vaping?* Saint Paul, MN: Minnesota Minnesota Department of Health Center for Health Statistics.

For questions, to request Youth Tobacco Survey data, or to obtain this document in a different format please contact the Minnesota Center for Health Statistics.

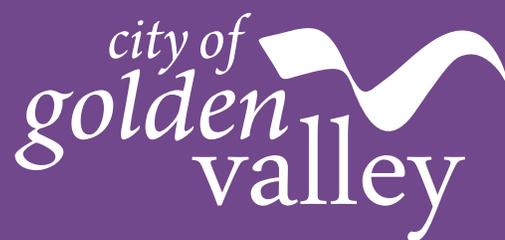
Minnesota Department of Health
Center for Health Statistics
PO Box 64882
St. Paul, MN 55164-0882
651-201-5942
Email: healthstats@state.mn.us
Website: www.health.state.mn.us

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AGE OF TOBACCO PRODUCT BUYERS



Coalition of Neighborhood Retailers



August 8, 2019

Mayor Shep Harris
Council Member Joanie Clausen
Council Member Larry Fonnest
Council Member Steve Schmidgall
Council Member Gillian Rosenquist
7800 Golden Valley Road
Golden Valley, MN 55427

Re: Raising the Legal Age to Purchase Tobacco and Restricting Flavored Tobacco

Dear Mayor Harris and Golden Valley City Council Members:

The five retail trade associations that comprise the Coalition of Neighborhood Retailers and their respective retail store members believe that it is vitally important to thoroughly consider the many questions that are raised by the proposed ordinance that would restrict the sale of flavored tobacco products including menthol cigarettes and mint and wintergreen smokeless tobacco products and raise the age to purchase tobacco products to 21.

Golden Valley Retailers Compliance Rate of 99%

Golden Valley retailers have undergone tobacco inspection compliance checks by the FDA and Minnesota Department of Human Services which utilize minors trying to buy tobacco products. **Golden Valley retailers have compiled a 99% compliance rate by not selling tobacco to minors since 2015.** The data sheet accompanying this letter directly from the FDA reflects these results and can be accessed at (www.FDA.gov). This information shows overwhelmingly that minors are predominantly accessing tobacco from sources other than retailers. In other words, retailers are part of the solution, not the problem and new sales restrictions should not be imposed on your local stores.

Hennepin County Cities Deciding to Supersede County Flavor Ban with Local Ordinances

Even though Hennepin County has recently passed an ordinance restricting flavored tobacco sales in five cities for which they were the licensing authority in 2019, three of those five cities (Rogers, Mound, and St. Bonifacius) have now either passed or are in the processing of passing their own less restrictive retail licensing ordinance to supersede the licensing authority of the county. This means that the flavored tobacco product sales ban included in the Hennepin County ordinance will be of no effect in these three cities. Also,

of the two other affected cities, Greenfield may follow the lead of Rogers, Mound and St. Bonifacius and adopt its own ordinance to prevent its one retail store from being at a competitive disadvantage and in Rockford there is no retail store that is impacted by the county's ordinance restrictions.

Also, an increasing number of other cities around the state have considered restricting the sale of flavored tobacco products and made the decision not to move forward. These cities include: Bloomington, Eden Prairie, Excelsior, Mankato, Minnetonka, New Brighton, Plymouth, Richfield and Hermantown.

Banning Tobacco Flavors Would Cause Severe Economic Hardship for Retailers

The information provided to the Golden Valley Council by advocacy groups that are lobbying in favor of imposing restrictions on menthol cigarettes, mint and wintergreen smokeless tobacco products, flavored cigars and flavored electronic cigarettes is insufficient to support adoption of these restrictions. The information is not sufficient because these advocates have failed to consider the following issues:

1. Flavored tobacco sales account for up to or more than 40% of a retailer's tobacco sales and losing that substantial amount of sales revenue will put employee jobs at risk and lead to illicit sellers seizing an opportunity to create and supply an illegal underground market in restricted tobacco products.
2. Scientific studies have shown that flavored mint and wintergreen smokeless tobacco products are less harmful than combustible tobacco products and the same is also true for flavored electronic cigarette products. These flavored products should remain on the market because of the reduced harm that they offer to adults who need nicotine.
3. The projected sales loss that would be experienced by retailers who would no longer be permitted to sell flavored tobacco products, including menthol cigarettes and mint and wintergreen flavored tobacco products, on average in Minneapolis is between \$238,00 to \$259,000 annual sales loss per store. Additional sales loss data has been provided to the Golden Valley City Council regarding the City of Duluth, MN.

Please take time to review the accompanying scientific economic impact study executive summary of restricting menthol, mint and wintergreen tobacco product sales in Minneapolis completed for the Coalition of Neighborhood Retailers by Management Science Associates.

Social Sources Are the Real Problem that an Age 21 Ordinance Would Not Solve

According to proponents of this proposal, raising the age to 21 is necessary because of access and marketing to youth. However, a 2018 report titled "Substance Abuse in Minnesota: A State Epidemiological Profile," found that underage 8th, 9th and 11th graders in Minnesota use marijuana at much higher rates than tobacco. Marijuana is not legal and the product is not commercially marketed. This study suggests that teens deciding to use a chemical or product is less about marketing and access and more about social "peer" pressure and stigma. The report also shows that educating youth about the risks and health impacts of tobacco has been effective in reducing underage use of tobacco across Minnesota. The study can be found at <http://sumn.org/~media/542/MNEpiProfile2018.pdf> and the actual data is listed in the table below:

Substances used in the last 30 days:

Grade	Tobacco (Extensive education campaign)	Marijuana (Illegal substance in MN)
8 th graders	2.8%	5.4%
9 th graders	4%	6.7%
11 th graders	8.4%	22.7%

In 2016, the U.S. Food and Drug Administration (FDA) published the findings of the agency’s Population Assessment of Tobacco and Health (PATH) Study which demonstrate that the vast majority of underage youth obtain access to tobacco from non-retail sources, also referred to as “social sources.” These social sources include older friends, adult age siblings, parents and even strangers. As shown on the accompanying chart provided by the FDA and summarized in the table below, minors rely on social sources and use various methods to obtain access to cigarettes 86.1% of the time, to obtain access to electronic cigarettes 89.5% of the time, and to obtain access to cigars 75.6% of the time.

Product	Gave Someone Money to Buy	Bought From Someone Else, Stole From a Person or Store	Asked Someone for a Tobacco Product or Someone Offered a Tobacco Product	Other or Don’t Know or Refused to Answer	Social Sources Percentage	Bought at a Retail Store
Cigarettes	32%	6.6%	42.5%	5%	86.1%	13.8%
E-Cigarettes	17.3%	5.8%	56.7%	9.7%	89.5%	10.5%
Cigars	34.2%	4.1%	37.3%	NA	75.6%	21%

Allowing Possession and Use Changes Nothing, Except Harming Retail Businesses in Golden Valley

The dialogue around raising the legal age to 21 centers on whether to make it illegal for 18, 19 and 20 year olds to *possess and consume* tobacco products in addition to prohibiting the sale to these adults. The advocates who are proposing to raise the legal purchase age to 21 claim that there will be a health benefit because 18, 19 and 20 year olds would then not use tobacco products nor serve as a social source for underage youth.

However, if 18, 19 and 20-year-old adults are not prohibited from possessing and using tobacco products, these adults will simply drive to a neighboring or nearby city or town, purchase their preferred tobacco products, and then legally possess and use them in Golden Valley. In other words, the public health benefit claimed will be marginal to non-existent, but your local retailers would suffer the financial loss of tobacco sales to legal age adults along with reduced gasoline, snack and beverage sales when these adults drive to nearby towns to patronize other retailers.

Time for Implementation

The cities of Minneapolis and St. Paul they allowed a year for retailers to make plans, adjust inventory and train employees. We request that you give the same consideration to the retailers in your community in the event that the council proceeds with this economically devastating ordinance.

Please do not move ahead on the ban of flavored tobacco including menthol, mint and wintergreen because the consequences are severe and the public health impact will be negligible. Instead, save neighborhood stores, allow employees to keep their jobs, and let retailers continue to serve the residents of their neighborhoods

We appreciate you considering our concerns and urge you to not pass an ordinance that would ban the purchase of flavored tobacco products.

Sincerely,

Lance Klatt, Executive Director
Minnesota Service Station Association

Jamie Pfuhl, President
Minnesota Grocers Association

Tim Gross, Executive Director
Minnesota Petroleum Marketers Association

Thomas Briant, Executive Director
National Association of Tobacco Outlets

Bruce Nustad, President
Minnesota Retailers Association

YOUTH ACCESS TO TOBACCO PRODUCTS AMONG PAST 30-DAY USERS: WHERE DO YOUTH GET TOBACCO?

Source of access to tobacco product among 15-17 year old current users



Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

You searched for:

City contains: Golden Valley

State is: MN

Decision Date: 01/01/2015 through 08/08/2019

76 record(s) returned

RETAILER NAME	ADDRESS	MINOR INVOLVED	SALE TO MINOR	PRODUCT TYPE	BRAND	INSPECTION DATE	DECISION DATE	INSPECTION RESULT	CHARGES
AMSTAR TOBACCO DEPOT	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	6/13/19	NO VIOLATIONS OBSERVED	N/A
SPEEDWAY	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	6/13/19	NO VIOLATIONS OBSERVED	N/A
SPEEDWAY	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	6/13/19	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE/ MINNOCO	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	6/12/19	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	600 BOONE AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	6/12/19	NO VIOLATIONS OBSERVED	N/A
DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	6/11/19	NO VIOLATIONS OBSERVED	N/A
LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	6/11/19	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	6/11/19	NO VIOLATIONS OBSERVED	N/A
WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	6/10/19	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	6/10/19	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

WALGREENS	2500 WINNETKA AVENUE NORTH GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/15/19	NO VIOLATIONS OBSERVED	N/A
WALGREENS	2500 WINNETKA AVENUE NORTH GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	7/3/18	NO VIOLATIONS OBSERVED	N/A
WALGREENS	2500 WINNETKA AVENUE NORTH GOLDEN VALLEY MN - 55427	YES	YES	ENDS	Vuse	11/22/17	12/14/17	WARNING LETTER ISSUED	1140.14(b)(1)-Sale to a Minor; 1140.14(b)(2)(i)-Failure to verify age
LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/28/17	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE/ MINNOCO	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/28/17	NO VIOLATIONS OBSERVED	N/A
DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	600 BOONE AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
J.J.S CLUBHOUSE	6400 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

SUPERAMERICA	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/27/17	NO VIOLATIONS OBSERVED	N/A
AMSTAR	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/22/17	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	6/15/17	NO VIOLATIONS OBSERVED	N/A
AMSTAR	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	NO	NO	N/A	N/A	NOT AVAILABLE	3/16/17	NO VIOLATIONS OBSERVED	N/A
GOLDEN VALLEY LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	NO	NO	N/A	N/A	NOT AVAILABLE	3/16/17	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
J.J.S CLUBHOUSE	6400 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
WALGREENS	2500 WINNETKA AVE. N. GOLDEN VALLEY MN - 55422	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	NO	NO	N/A	N/A	NOT AVAILABLE	3/10/17	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	600 BOONE AVE. N. GOLDEN VALLEY MN - 55422	NO	NO	N/A	N/A	NOT AVAILABLE	2/16/17	NO VIOLATIONS OBSERVED	N/A
MGM LIQUOR WAREHOUSE	7702 OLSON MEMORIAL HWY GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/14/16	NO VIOLATIONS OBSERVED	N/A
GOLDEN VALLEY LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/14/16	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A
DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	600 BOONE AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

J.J.S CLUBHOUSE	6400 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	11/8/16	NO VIOLATIONS OBSERVED	N/A
AMSTAR GAS STATION	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	11/7/16	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/2/16	NO VIOLATIONS OBSERVED	N/A
WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/2/16	NO VIOLATIONS OBSERVED	N/A
WALGREENS	2500 WINNETKA AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/2/16	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	11/2/16	NO VIOLATIONS OBSERVED	N/A
MGM LIQUOR WAREHOUSE	7702 OLSON MEMORIAL HWY GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	12/29/15	NO VIOLATIONS OBSERVED	N/A
GOLDEN VALLEY LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	12/29/15	NO VIOLATIONS OBSERVED	N/A
J.J.S CLUBHOUSE	6400 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
POTPOURRI GIFTS	5500 WAYZATA BLVD. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	600 BOONE AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
AMSTAR GAS STATION	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
WALGREENS	2500 WINNETKA AVE. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	12/15/15	NO VIOLATIONS OBSERVED	N/A
GOLDEN VALLEY LIQUOR BARREL	7890 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/18/15	NO VIOLATIONS OBSERVED	N/A
MGM LIQUOR WAREHOUSE	7702 OLSON MEMORIAL HWY GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/18/15	NO VIOLATIONS OBSERVED	N/A
UNITED LIQUOR #2	7751 MEDICINE LAKE RD. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/18/15	NO VIOLATIONS OBSERVED	N/A
FEIST AUTOMOTIVE	1875 N. LILAC DR. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A

Compliance Check Inspections of Tobacco Product Retailers Through 6/30/19 - Search Results

WALGREENS	5695 DULUTH ST. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	1930 DOUGLAS DR. N. GOLDEN VALLEY MN - 55422	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
DOWN IN THE VALLEY	8020 OLSON MEMORIAL HWY. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
SCHULLERS	7345 COUNTRY CLUB DR. GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
HOLIDAY	7925 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
SUPERAMERICA	6955 MARKET ST. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
J.J.S CLUBHOUSE	6400 WAYZATA BLVD. GOLDEN VALLEY MN - 55426	YES	NO	N/A	N/A	NOT AVAILABLE	2/16/15	NO VIOLATIONS OBSERVED	N/A
AMSTAR GAS STATION	9405 MEDICINE LAKE ROAD GOLDEN VALLEY MN - 55427	YES	NO	N/A	N/A	NOT AVAILABLE	1/30/15	NO VIOLATIONS OBSERVED	N/A

Tobacco's toll in one year



73,300

Adults smoke cigarettes



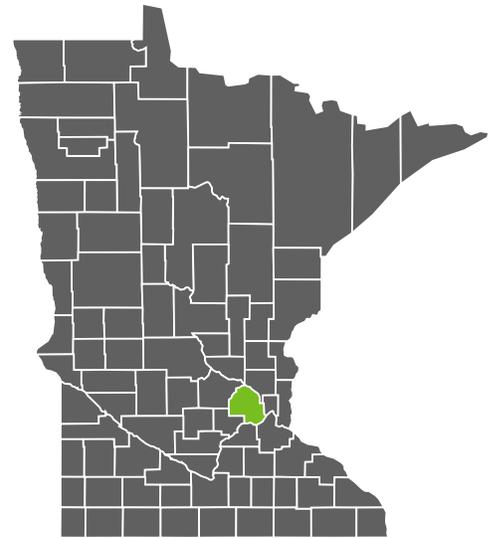
1 in 7
Deaths are tobacco-related



\$585.8
MILLION
In excess medical costs



\$753
Tax burden per household



Population

Youth	271,399
Adults	951,750
Total residents	1,223,149

Among retailers assessed in Hennepin County



Over **2 in 3** sold flavored tobacco



2 in 3 sold menthol tobacco



2 in 5 sold tobacco at discounted prices



1 in 3 offered little cigars for less than \$1.00



The Tobacco Industry spends \$110.5 million each year promoting tobacco products in Minnesota. That's about \$12,614 every hour.

Local action for effective tobacco prevention



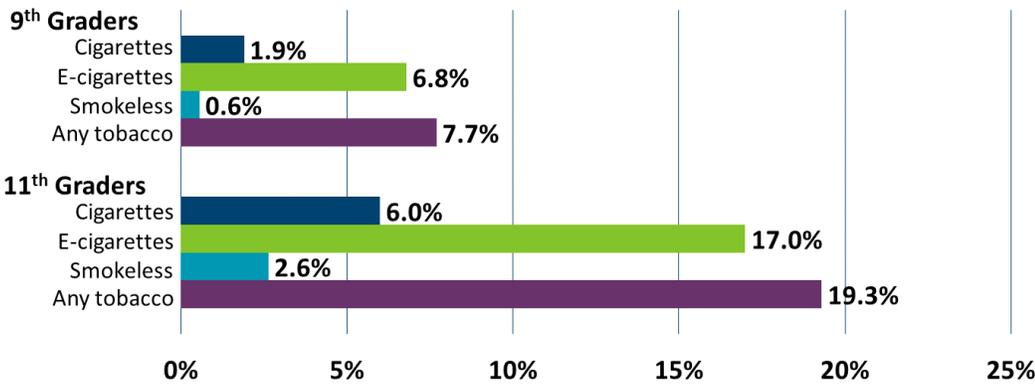
The Minnesota Department of Health supports community driven solutions to create tobacco-free environments and promote quitting.

Communities are working to:

- Reduce tobacco industry influence in retail stores.
- Increase the price of tobacco.
- Provide support and resources to Minnesota smokers who want to quit.
- Raise the minimum tobacco sales age to 21.
- Promote smoke-free environments.
- Engage diverse populations throughout Minnesota.

Youth tobacco use in Hennepin County

Tobacco use among Hennepin County's 9th and 11th grade students, 2016

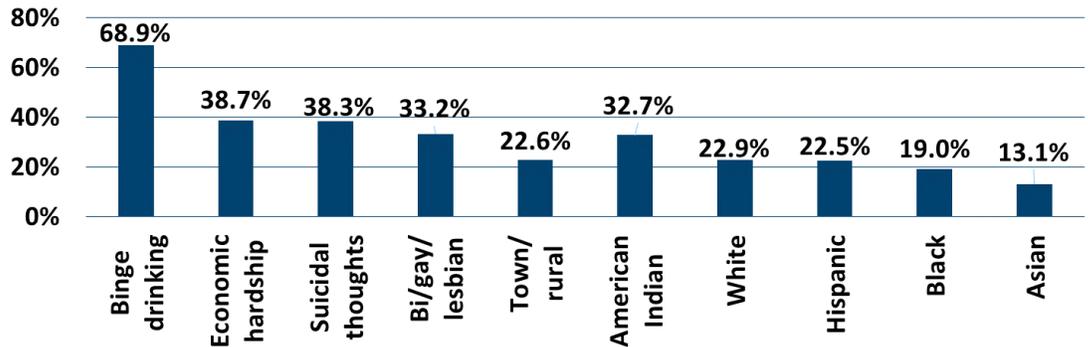


Statewide, over 17% of 11th graders use e-cigarettes, while only 8.4% use cigarettes and 5.1% use smokeless tobacco.

Statewide disparities in youth tobacco use

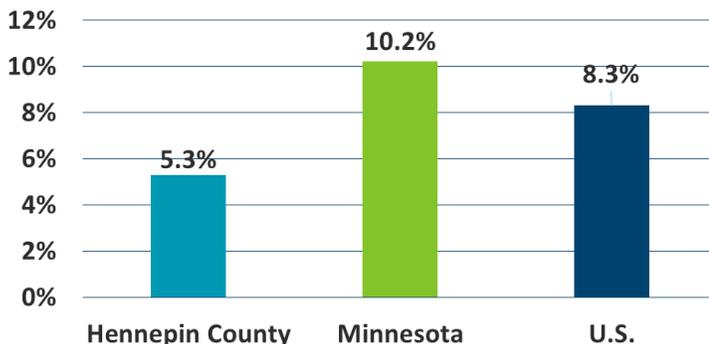
Despite declines in tobacco use overall, significant disparities remain among populations historically targeted by the Tobacco Industry. **Statewide, 21.8% of 11th graders use tobacco.**

Percent of Minnesota students who used any tobacco in past 30 days, Grade 11, 2016



Cigarette smoking during pregnancy

Percent of pregnant women who smoke, 2012-2015



Fetal exposure to nicotine can have long-term health consequences, including sudden infant death syndrome (SIDS), impaired fetal brain and lung development, hearing problems, effects on behaviors and obesity, and deficits in attention and cognition.



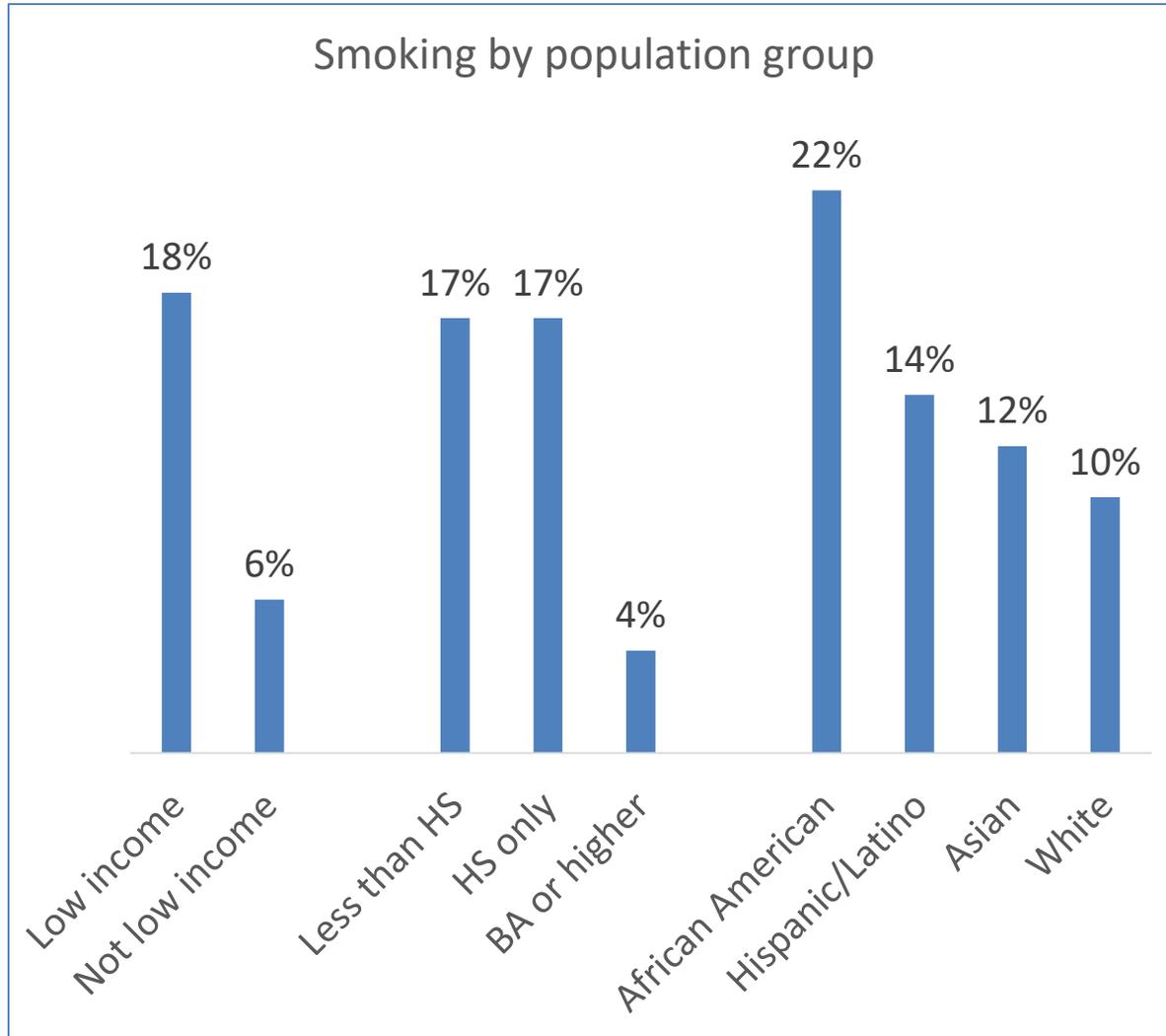
Sources: Blue Cross and Blue Shield of Minnesota Cost of Smoking Report, MDH Vital Statistics, Minnesota Adult Tobacco Survey, Minnesota Student Survey, SHIP County Surveys and Retailer Assessments, and U.S. Census Population Estimates

Want to know more about the burden of tobacco in Minnesota? Visit www.health.mn.gov/tobacco.

Why are we here?

- Tobacco is still the #1 cause of preventable death in the U.S. – killing 480,000/year
 - More than alcohol, homicides, car accidents, AIDS, illegal drugs, and suicide COMBINED
- Toll of tobacco in Hennepin County
 - 1 in 7 deaths is due to tobacco use
 - Cost to the county: \$585.8 million/year in excess health care costs
 - Tax burden: \$753/household annually

Health inequities - adult smoking



In suburban Hennepin County:

- Those with low income or less education are more likely to smoke; and
- Twice as many African American residents report smoking compared to white residents

MN youth tobacco use rises – first time in 17 years

- Over 26% of MN high school students use tobacco
- 50% increase in e-cigarette use since 2014
- Over 60% of e-cigarette users used menthol or other flavors
- Research indicates use of e-cigarettes is predictive of later use of other tobacco products
- 1 in 3 e-cigarette users have used it to vape marijuana or THC oil/wax

SOURCE: MN Youth Tobacco Survey (2017)

MN Youth Tobacco Use, 2000-2017



Local youth tobacco use

Youth who used the following products in the past 30 days:	Hopkins & Robbinsdale School Districts, combined	
	9 th grade	11 th grade
Any tobacco use*	9%	15%
Cigarettes	2%	5%
Cigars, cigarillos, little cigars	1%	4%
Electronic cigarettes	7%	11%
Of those who use any tobacco, proportion who use menthol tobacco	25%	32%
Of those who use any tobacco, proportion who use flavored tobacco	42%	30%

*Cigarettes, chewing tobacco, cigar products, e-cigarettes, and hookah

SOURCE: MN Student Survey, Hopkins & Robbinsdale School Districts combined (2016)

- 1 in 6 eleventh graders use some form of tobacco
- Many who use tobacco use menthol and other flavored products
- Potential reach of prevention is substantial:
 - 4,100 people under age 18
 - 4,400 people under age 21

Tobacco appeal and accessibility to youth

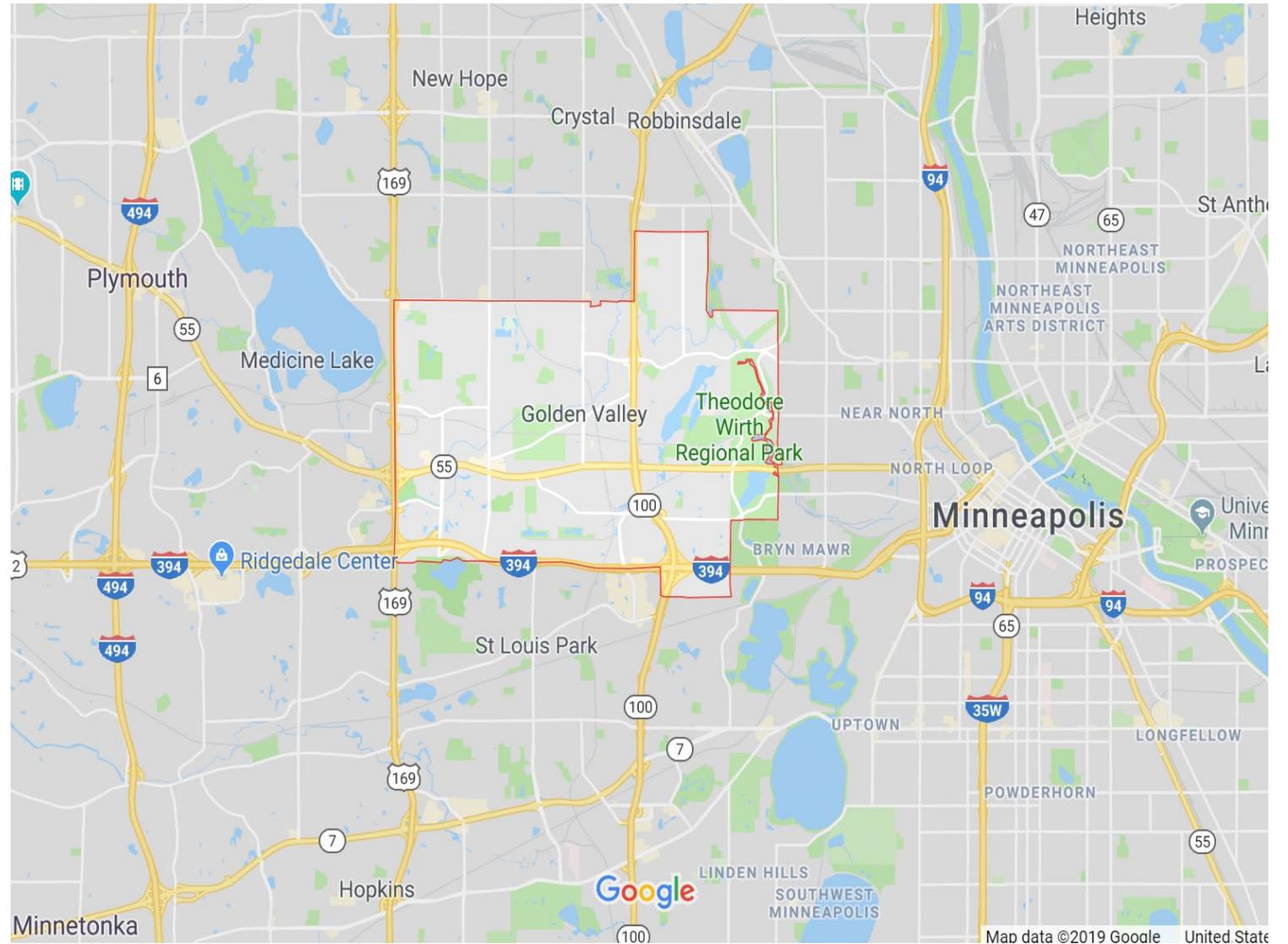
- Industry MN marketing spending: over \$114M/year, mostly in stores
- Two-thirds of teens visit a convenience store at least once/week
- Most students (88%) have seen ads promoting e-cigarettes – most often in stores, on the internet, or TV
- Nearly 1/3 of high school e-cigarette users got their products from stores
- Adopting retail policies is a recommended strategy to prevent youth from starting

SOURCE: MN Youth Tobacco Survey (2017)



What have surrounding cities done?

- Minneapolis
- Plymouth
- Robbinsdale
- St. Louis Park





Tobacco retail environment in Golden Valley...

- There are 15 retailers licensed to sell tobacco
- Nearly all (86%) sell cigarettes, including menthols, and over half sell cigarillos or little cigars, chew, and e-cigarettes
- Retailers can sell tobacco to anyone 18 years and older

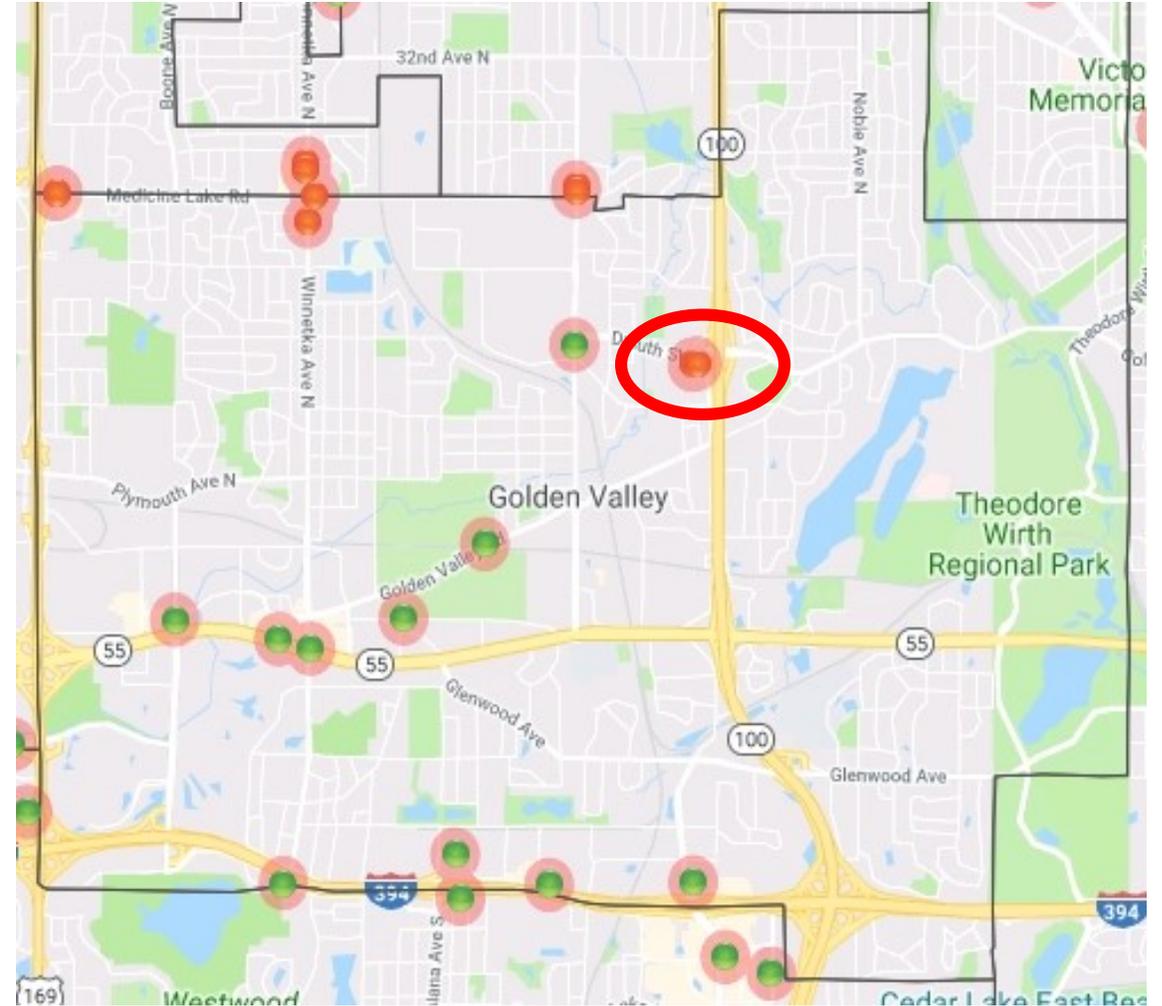
Retailer density

Proximity to other retailers

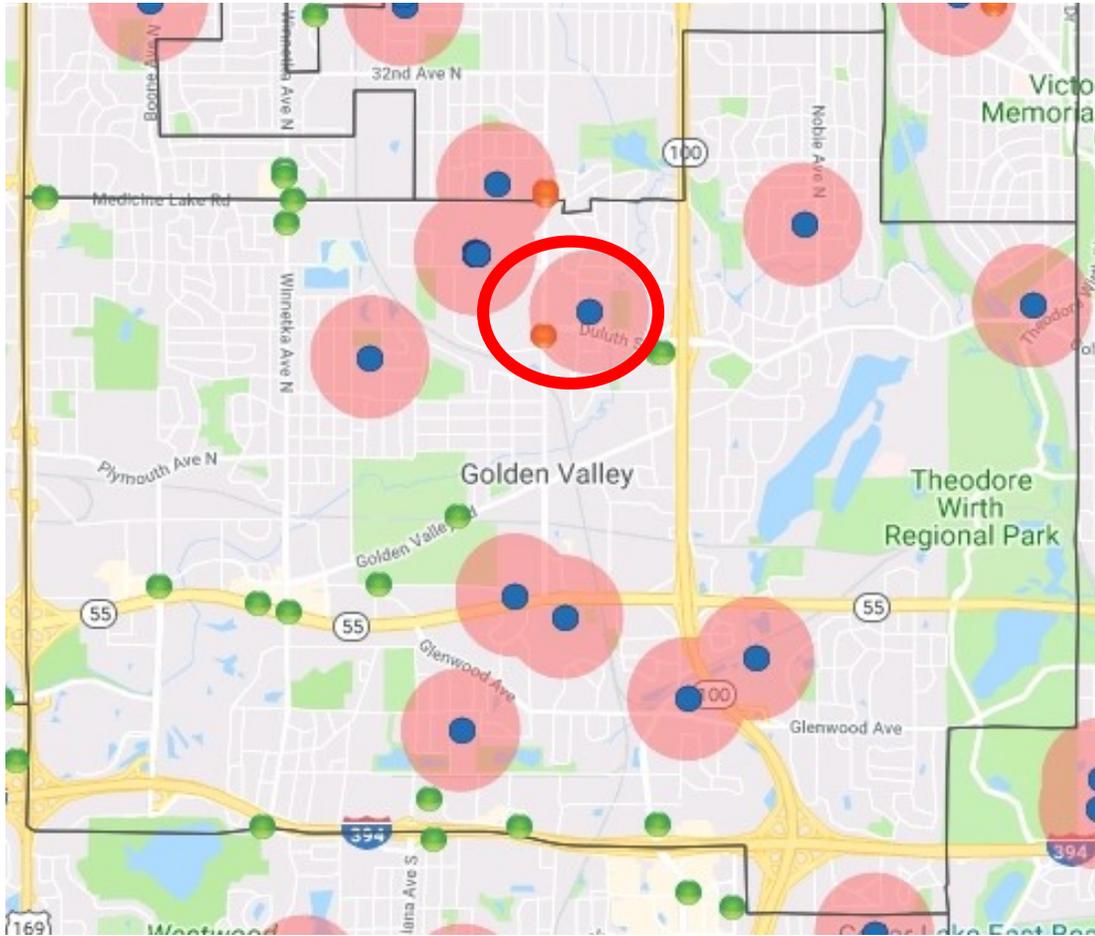
- Two retailers are within 500 feet of another retailer licensed by Golden Valley

Key

- Retailer within 500 feet of another tobacco retailer
- Retailer not within 500 feet of another tobacco retailer
- 500 feet buffer zone around retailer



Retailer density



Proximity to schools

- One school serving students in grades 1-8 has a retailer within 1000 feet
- No schools in Golden Valley have a tobacco retailer within 500 feet

Key

- School location
- Retailer within 1000 feet of a school
- Retailer not within 1000 feet of a school
- 1000 feet buffer zone around schools



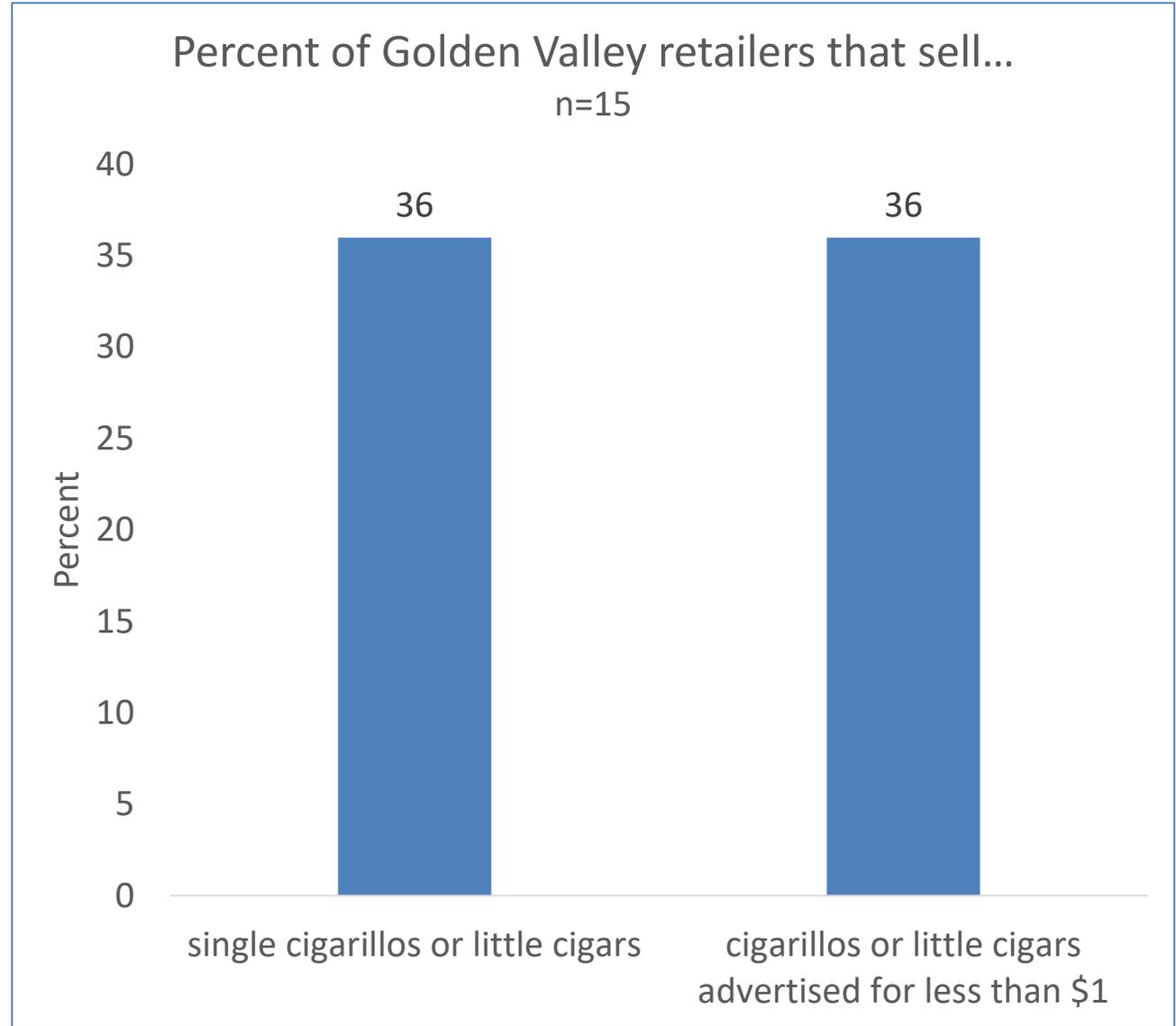
Flavored products

Percent of Golden Valley retailers selling:

Flavored products (non-menthol)	57%
Menthol products	86%

n = 14

Cheap cigars

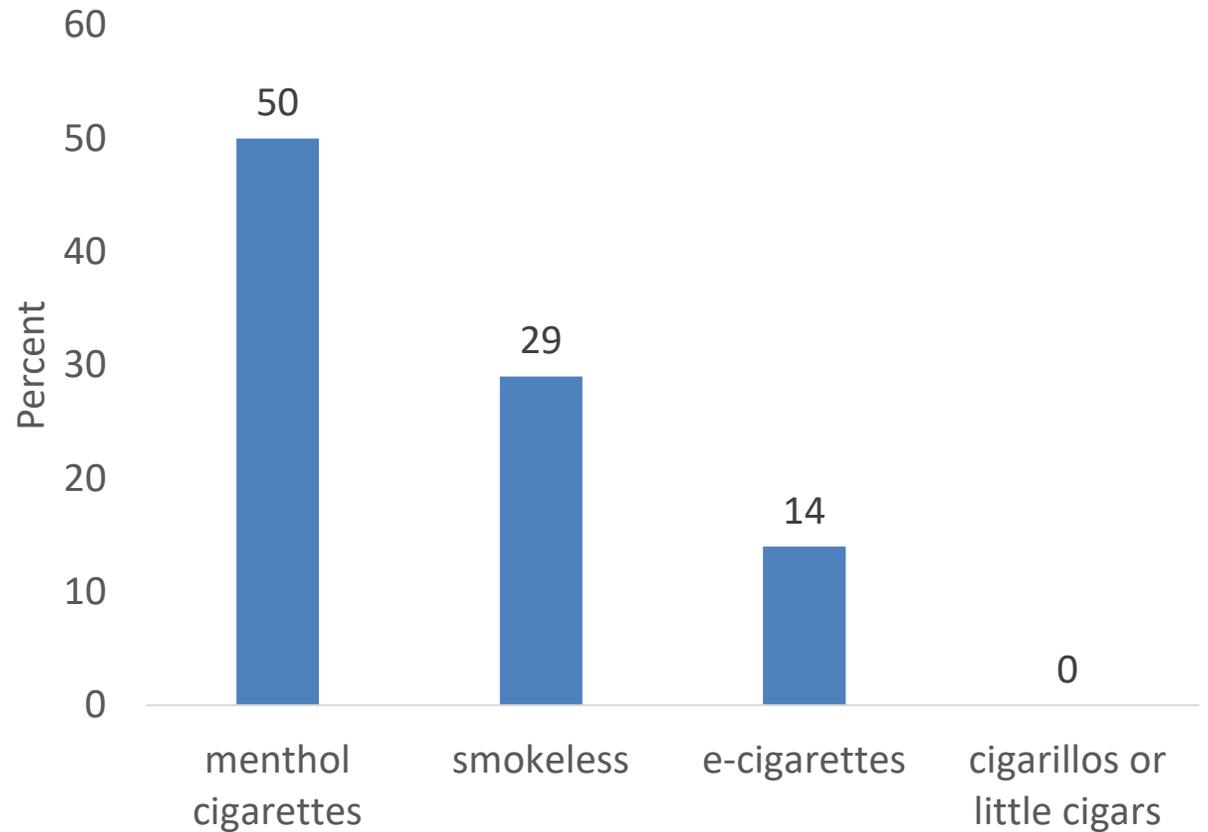


Price promotions

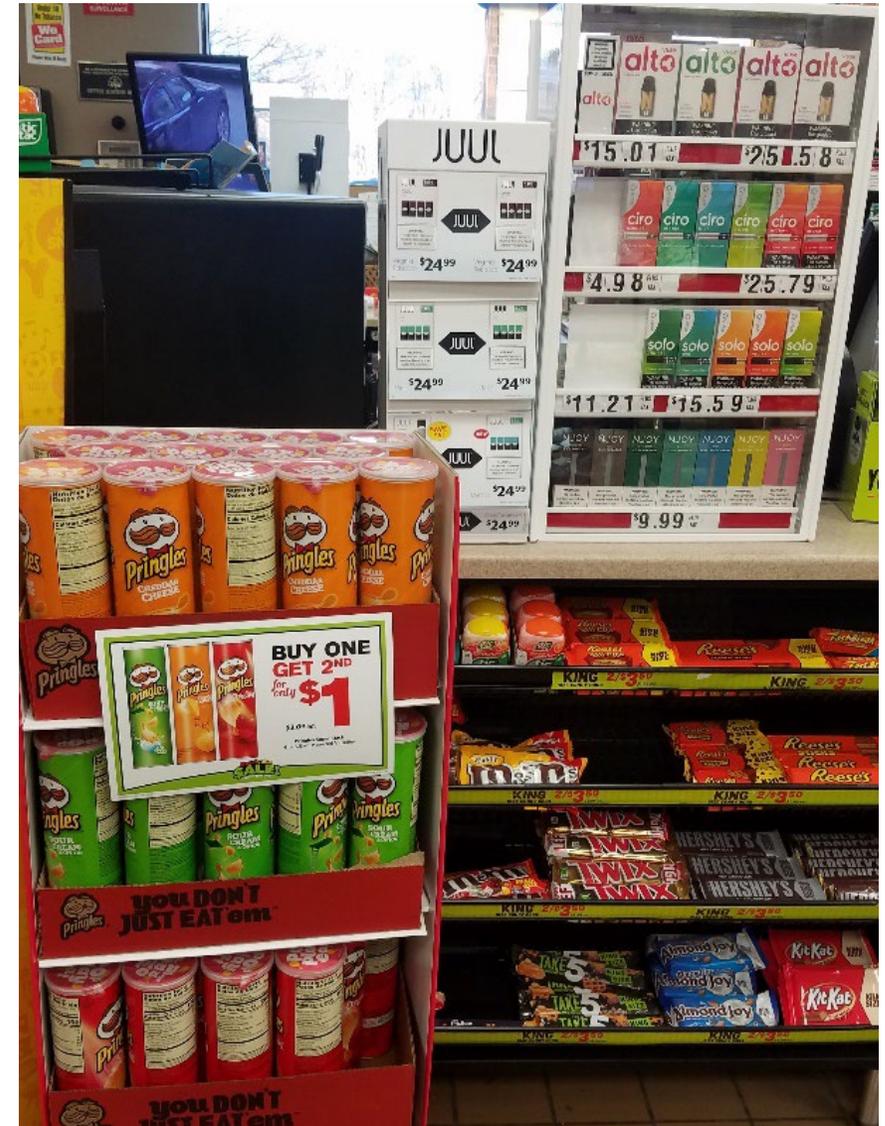
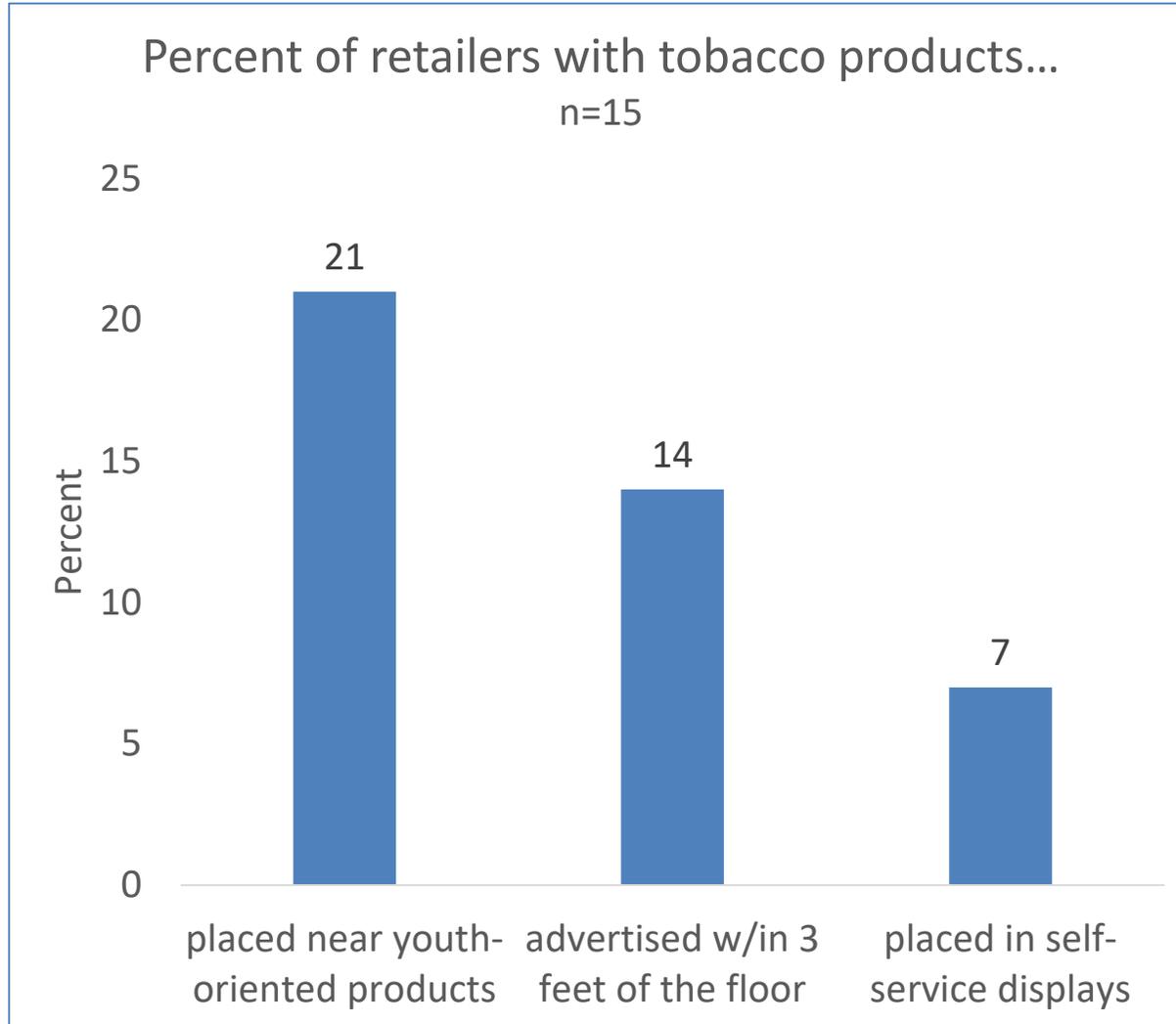


Percent of Golden Valley retailers with price promotions on...

n = 15



Placement of products and advertising



Ruth Tripp, MPH, RN

Ruth.Tripp@hennepin.us, 612-348-5367

Health Services Building
525 Portland Avenue South
Minneapolis, Minnesota 55415-1569



HealthPartners
8170 33rd Avenue South
Bloomington, MN 55425
healthpartners.com



Mailing Address:
PO Box 1309
Minneapolis, MN 55440-1309

August 6, 2019

Golden Valley City Hall
7800 Golden Valley Rd
Golden Valley, MN 55427

Dear Mayor Harris and City Council Members:

On behalf of the 26,000 employees at HealthPartners, 150 of whom live in the city of Golden Valley, we want to express our strong support for the proposed ordinance to raise the age for sales of tobacco products to 21, restrict the sale of flavored tobacco, and other measures to restrict tobacco sales to children. It is HealthPartners' mission to improve health and well-being in partnership with our members, patients and the community.

Nearly every adult smoker (approximately 95%) started before they were 21. For years tobacco use has been the number one preventable cause of death in our country and our state. Smoking costs the state more than \$3 billion annually in excess health care costs and each year more than 6,000 Minnesotans die from tobacco-related diseases. As you may know, teen tobacco use in Minnesota has also risen, primarily due to a sharp increase in e-cigarette use. The FDA recently called youth e-cigarette use an epidemic, and in a recent editorial, said "We cannot let e-cigarettes become an on-ramp to teenage addiction." We echo those concerns and implore you to include e-cigarettes in any proposal considered by the city.

18-21 is a critical time when young people move from intermittent smoking to daily use. In addition to the countless long-term negative health effects of tobacco, nicotine itself is known to be particularly harmful to the development of the adolescent brain. Research suggests that nicotine interferes with brain maturation and can have long term effects on development and mental health. A recent report from the Institute of Medicine found that increasing the tobacco sales age to 21 would also mean that smoking initiation among 15-17-year-olds would be reduced by 25 percent.

Thank you for you for being a leader in our state and taking a positive step towards keeping tobacco out of the hands of our children.

Sincerely,

A handwritten signature in black ink that reads "Thomas Kottke MD".

Dr. Thomas Kottke, M.D.
HealthPartners Medical Director, Well-being

Youth Tobacco Use Rises for First Time in 17 Years

Over 26 percent of high-school students surveyed reported using tobacco products in past 30 days

What's Driving This Trend?

Explosion of E-Cigarette Use

- Nearly one in five high-school students used e-cigarettes in past 30 days



- Nearly a 50 percent increase since 2014
- E-cigarettes have disrupted a 17-year downward trend in youth tobacco use

Why the Rise?

Flavors Appeal to Kids

- Over 60 percent of students who use tobacco reported using menthol or other flavored products



Easy Access

- Nearly a third of high school e-cigarette users report they got their e-cigarettes from retail outlets, about one in five got them from vape shops

Aggressive Marketing 88%

- Most students (88 percent) have seen ads for e-cigarettes – of those who are heavily exposed on social media, nearly 40 percent use e-cigarettes



Changing Landscape

- One in three high-school e-cigarette users reported they had used an e-cigarette to vape marijuana or THC oil/wax

The Good News: Less Youth Smoking

- Fewer than 10 percent of high-school students now report smoking cigarettes – a 70 percent decrease since 2000. Due to high cigarette prices and decades of tobacco prevention efforts, youth cigarette smoking is at an all-time low – but that progress is threatened by the changing tobacco industry.



Proven Strategies to Decrease Tobacco Use:

- Increase the price of tobacco products
- Increase prevention and cessation funding
- Restrict the sale of flavored and menthol tobacco products
- Raise the minimum legal sale age for tobacco products to 21



Health Advisory

NICOTINE AND THE ESCALATING RISK OF ADDICTION FOR YOUTH

October 8, 2018

Youth e-cigarette use has risen dramatically in Minnesota in the last three years, with an almost 50 percent increase in high school student e-cigarette use since 2014.¹ This is a major public health concern. Youth use of nicotine increases their risk of addiction, and can make them more susceptible to addiction to tobacco products and other substances in the future. The Minnesota Department of Health recommends immediate action requiring the participation of parents, educators, health care providers, and policy makers.

Nicotine primes the adolescent brain for addiction.

Addiction is a form of learning, where the brain learns to connect a stimulus (for example, smoking a cigarette or e-cigarette) with a response (feelings of pleasure and calming of cravings).² Each time a new skill or memory is learned, stronger connections – or synapses – are built between brain cells. Young people build synapses faster than adults. Nicotine changes the way these synapses are formed. **Youth exposed to nicotine are at higher risk for addiction than are adults because youth brains are still forming and making permanent connections.**^{2,3,4,5} Studies show that symptoms of nicotine addiction can appear among youth within only a few days or weeks after smoking initiation.^{6,7} The use of nicotine in e-cigarettes—nearly all of which contain nicotine^{8,9,10}—and other tobacco products primes the adolescent brain for addiction. This could have significant public health consequences, including potentially increasing the risk for youth of future addiction.²

Youth who are exposed to nicotine are more likely to use other substances.

Receptors in the brain are stimulated by exposure to nicotine, which triggers a rewarding effect on the brain. These receptors respond to and enhance the effects of nicotine and other drugs. The more adolescents are exposed to nicotine, the greater the sense of enjoyment because the effects of nicotine and other drugs are made stronger by repeated exposure. This effect increases the likelihood that youth will develop a dependence on those drugs.^{3,4,11} For example, studies have found that young adults who smoke cigarettes or who use e-cigarettes are much more likely to binge drink than non-smokers.^{11,12} More recent studies have identified similar patterns between use of nicotine and use of other drugs, including marijuana, cocaine, and methamphetamines.^{13,14,15,16,17,18,19,20}

New e-cigarette technologies pose greater risks for youth.

Popular e-cigarettes like JUUL have developed new technologies utilizing nicotine salts that are absorbed into the body more effectively and come in record-high levels of nicotine. According to the

HEALTH ADVISORY: NICOTINE AND THE ESCALATING RISK OF ADDICTION FOR YOUTH

manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.²¹ E-cigarettes like JUUL, come in a wide variety of fruit and other flavors that appeal to youth. They are also easily hidden, have limited odor, and emit aerosol that disappears quickly enabling youth to use them in public places where cigarette use is prohibited.

Youth who use e-cigarettes (vapes, JUUL) are more likely to smoke cigarettes.

Use of e-cigarettes could lead to future cigarette smoking among youth who have never smoked cigarettes. In fact, multiple research studies have demonstrated that e-cigarette users are twice as likely to smoke cigarettes in the future.⁵ In addition, the younger someone is when they start using e-cigarettes, the more likely they are to smoke cigarettes later.^{5,14,22,23,24,25,26,27,28}

Youth hold many misperceptions around the danger of e-cigarettes.

Many youth incorrectly perceive that e-cigarettes are not addictive and are easier to quit compared to cigarettes. These perceptions are more common among youth who use e-cigarettes. These misperceptions reinforce the need to increase awareness and education around the dangerous consequences of youth nicotine use.^{12,29,30,31}

Opportunities for Action

Given the danger of youth nicotine use, it is important for parents, educators, health care providers, and policy makers to be aware and take action.

Parents

- Talk to your kids about the risks of using e-cigarettes.
 - Ask about e-cigarette use as it can indicate risk for use of cigarettes and other addictive substances (e.g., alcohol, marijuana, and other illicit drugs).
 - If your child is using e-cigarettes, begin to ask about and look for signs of use of conventional cigarettes, alcohol, marijuana, and other illicit substances.
- Be aware of the risks of nicotine and the different products kids are using. Know that e-cigarettes almost always contain nicotine.

Health Care Providers

- Talk to your young patients about the risks of e-cigarette use.
 - Ask about use of e-cigarettes, as it can indicate risk for use of cigarettes and other substances (e.g., alcohol, marijuana, and other illicit drugs). Also ask about use of conventional cigarettes, alcohol, marijuana, and other substance use.
 - If your patient reports using e-cigarettes, provide education about nicotine including harms to the brain from nicotine exposure, and that nicotine in any form (smoked or vaped) can be addictive.
- Screen parents for use of all tobacco products, encourage cessation, and refer patients to cessation services (e.g., in-person counseling and/or quitline).

School Staff

- Partner with local public health for information on risks of nicotine addiction, and the use of e-cigarettes and other tobacco products. Beware of outreach from e-cigarette manufacturers offering assistance with educating students about nicotine addiction.
- Educate students and staff that that nicotine is highly addictive.
- Educate students, staff, and parents that e-cigarettes almost always contain nicotine.
- Educate teachers and parents on the harms of nicotine exposure, including impact to brain development and risks for engaging in other high-risk activities like use of cigarettes, alcohol, marijuana, and other illicit substance.
- Enforce existing prohibitions of tobacco and nicotine product use in schools.

Policy Makers

- Restrict the use of e-cigarettes in public places where combustible cigarette use is already prohibited.
- Restrict the sale of flavored tobacco to adult-only retail establishments.
- Increase the minimum legal sales age to 21 years of age.

Minnesota Department of Health
Tobacco Prevention and Control
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us/nicotine

October 8, 2018

To obtain this information in a different format, call: 651-201-3535. Printed on recycled paper.

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Down In The Valley

City Of Golden Valley

RE: Tobacco Regulations

Down In The Valley has held a tobacco license and been a trusted retailer for over 47 years in Golden Valley. Down In The Valley is a destination retailer bringing many customers to the Golden Valley area that would otherwise not visit and spend money here. We have conducted ourselves responsibly and are a model businesses in this city. Some of the proposed regulations we fear will force those folks to bypass Golden Valley in pursuit of the products Golden Valley is proposing to regulate. This change in traffic patterns could also trickle down to other businesses in the area and lead to lost sales and revenue to not only our business but others in the area. This includes the numerous businesses located in the shopping malls on Highway 55. In reality, these customers will search to buy these products elsewhere if unavailable to buy them in Golden Valley, which would lead them to possibly bypass businesses on Hwy 55 to other neighboring cities with more relaxed regulations.

In short, we are not opposed to raising the tobacco age to 21+ but we do oppose banning flavored tobacco, menthol, and electronic cigarettes/vape. We feel a move to 21+ for tobacco would make regulating flavors, menthol, etc. unnecessary.

Down In The Valley has held a tobacco license in the city of Golden Valley for 47 years. We have shown over the course of our tenancy to be responsible and trusted in regards to tobacco laws and regulations. We are not opposed to change but feel some of the proposed regulations are overreaching and unnecessary.

- Down In The Valley supports the change from 18 to 21+.
- 21+ would make the need for regulating flavors and menthol unnecessary. Currently, 21+ can purchase an array of products with flavoring, including liquor, beer, and other marketed items with flavor such as hard seltzers and ciders.
- 21+ would create an age separation in social circles that will greatly reduce the access of tobacco products and devices compared to 18+. (Jr. & Sr. High School)
- Further regulations than just moving the age to 21+ could have a negative impact on businesses in Golden Valley, including all the other businesses along the commercial hot spots on Hwy 55. Customers will seek to purchase these regulated products in nearby cities and do their additional shopping at businesses around those tobacco retailers in Crystal, New Hope, etc...



INCREASING THE TOBACCO SALE AGE TO 21



WHY RAISE THE TOBACCO SALE AGE?

The tobacco industry heavily targets young adults ages 18-21 in order to recruit new tobacco users and guarantee profits. Approximately 95 percent of current adult smokers started before they were 21.¹ In Minnesota, no one under 18 years old is allowed to buy tobacco. Youth get tobacco from several sources, including social sources. A 16-year-old has more contact with and access to 18-year-olds who can buy tobacco. However, it is less likely a 16-year-old would ask a 21-year-old for tobacco. Increasing the age gap between young people and those who can legally buy tobacco will reduce youth access to tobacco.

A 2015 report from the Institute of Medicine (IOM) found that increasing the legal age to purchase tobacco to 21 would decrease smoking initiation among 15-17-year-olds by 25 percent.² A Minnesota-specific study looked at the impact of raising the tobacco age and found that 25 percent fewer 15-year-olds would start smoking by the time they turn 18 and 15 percent fewer 18-year-olds would start smoking by the time they turn 18. This translates into 30,000 young people not becoming smokers over the next 15 years.³ If youth don't smoke by the time they are 21, they likely never will.

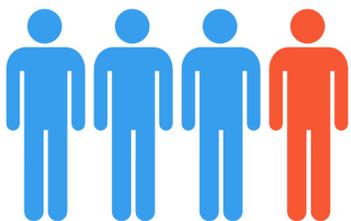


Nicotine is harmful to the development of the adolescent brain.

WHAT IS THE IMPACT OF NICOTINE ON ADOLESCENT BRAIN DEVELOPMENT?

Nicotine is addictive and is particularly harmful to the developing adolescent brain. Evidence suggests that nicotine interferes with brain maturation and can have a long-term effect on cognitive development and mental health.⁴ Even brief or intermittent nicotine exposure during adolescence can cause lasting damage.⁵

The addictive properties of nicotine can lead adolescents to heavier daily tobacco use and a more difficult time quitting later in life.⁶ Nicotine exposure can also increase the risk of addiction to other harmful substances.⁵ The long-term effects of nicotine on the adolescent brain is a significant public health concern.^{7,8}



3 out of 4 adults favor increasing the sale age for tobacco to 21.

WHO SUPPORTS RAISING THE TOBACCO SALE AGE TO 21?

A 2014 national survey shows that 75 percent of adults favor increasing the minimum sale age for tobacco to 21. A national consensus is growing to protect young people from a lifetime of addiction and health problems caused by tobacco by raising the tobacco sale age. In addition, 70 percent of current smokers and 65 percent of those age 18-24 support raising the minimum tobacco sale age.⁹

"Raising the legal minimum age for cigarette purchaser to 21 could gut our young adult market where we sell about 25 billion cigarettes and enjoy a 70 percent market share."

Philip Morris report, 1986

IS YOUTH TOBACCO USE STILL A PROBLEM?

The percent of students who smoke cigarettes is declining, but the 2016 Minnesota Student Survey found that 9th and 11th graders in Minnesota are now using e-cigarettes at twice the rate of regular cigarettes.¹⁰ Increasing the sale age to 21 would reduce youth access to all harmful tobacco products, including e-cigarettes, cigars and hookah.

WHAT CAN STATE AND LOCAL GOVERNMENTS DO?

Seventeen states have raised the age to 21 since 2016: California, Hawaii, New Jersey, Maine, Oregon, Massachusetts, Virginia, Utah, Arkansas, Illinois, Washington, Delaware, Maryland, Vermont, Texas. Connecticut and New York. In Minnesota, 40 communities have raised the age to 21, joining 475-plus nationwide.

MINNESOTA'S 40 TOBACCO 21 COMMUNITIES

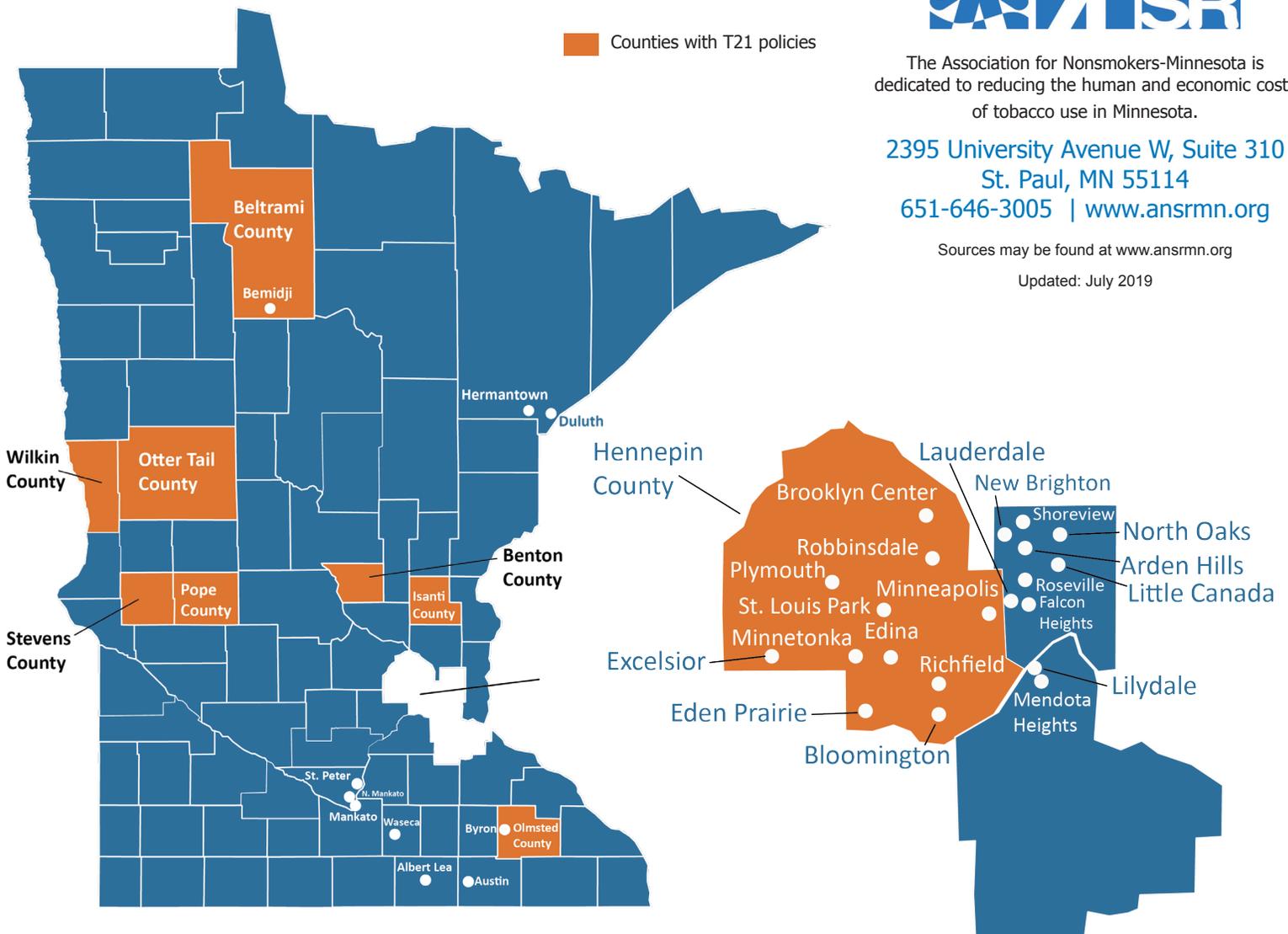


The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.

2395 University Avenue W, Suite 310
St. Paul, MN 55114
651-646-3005 | www.ansrmn.org

Sources may be found at www.ansrmn.org

Updated: July 2019



Tobacco 21: Health Impacts of Raising the Minimum Tobacco Sale Age

Research shows that raising the legal sale age from 18 to 21, known as “Tobacco 21,” would greatly reduce youth tobacco use and prevent kids from starting to smoke, according to a 2015 Institute of Medicine report.¹ Notably, the report estimated there would be a 25 percent reduction in smoking initiation among 15-to-17-year-olds if the age to purchase tobacco were raised to 21.¹

Nearly all tobacco users start before age 21.^{1,2} According to a 2017 Minnesota Department of Health advisory on nicotine, teens are especially susceptible to nicotine addiction and the harmful effects of nicotine on the developing brain. Raising the minimum tobacco sale age to 21 would limit youth access to tobacco until age 21, when the portion of the brain responsible for rational decision-making is more fully developed.³



Research shows raising the tobacco sale age would keep Minnesota kids from starting.

In Minnesota, raising the legal sale age to 21 would have a one-time effect of preventing over 3,300 young Minnesotans from starting to smoke, according to a January 2017 Minnesota Medicine article.⁴

Increasing the age gap between kids and those who can legally buy tobacco would help keep tobacco out of the high school environment. Results from the 2017 Minnesota Youth Tobacco Survey revealed that one in four students still use tobacco products of some kind,⁵ and according to the Centers for Disease Control and Prevention, 102,100 Minnesota youth are projected to die from smoking.⁶

Communities are taking action to protect youth.

Long term, Tobacco 21 has the potential to significantly reduce smoking,¹ and the *Minnesota Comprehensive Tobacco Control Framework: 2016-2021* identifies Tobacco 21 as a step for reducing youth tobacco use.

The Minnesota Department of Health supports statewide efforts to raise the legal sale age to 21. Nationally, more than 290 communities in 19 states have adopted a Tobacco 21 policy. California, Hawaii, Maine, New Jersey, and Oregon have raised their minimum tobacco sale age to 21 statewide.

Learn more at www.health.mn.gov/tobacco21.

TOBACCO 21: HEALTH IMPACTS OF RAISING THE MINIMUM TOBACCO SALE AGE

Minnesota Department of Health
Tobacco Prevention and Control
PO Box 64882
St. Paul, MN 55164-0882
651-201-3535
tobacco@state.mn.us
www.health.mn.gov/tobacco21

1/3/2019

To obtain this information in a different format, call: 651-201-3535. Printed on recycled paper.

¹ Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

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⁵ 2017 Minnesota Youth Tobacco Survey

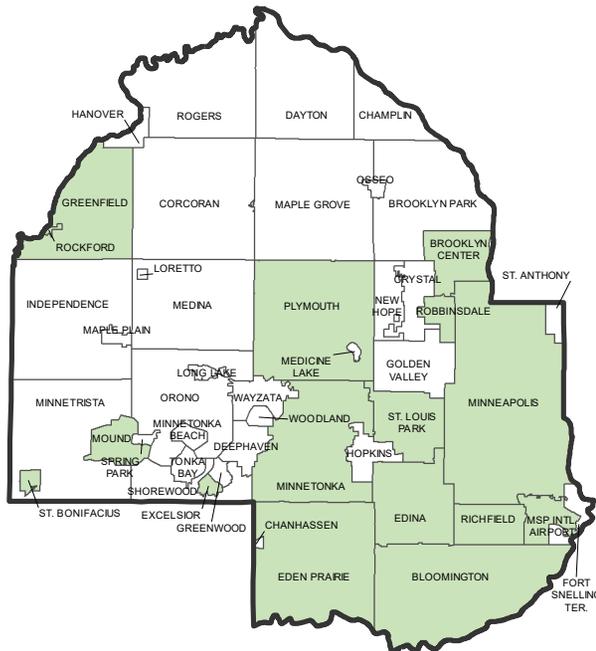
⁶ Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Program - 2014*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

Tobacco Retail Sales Ordinance Restrictions

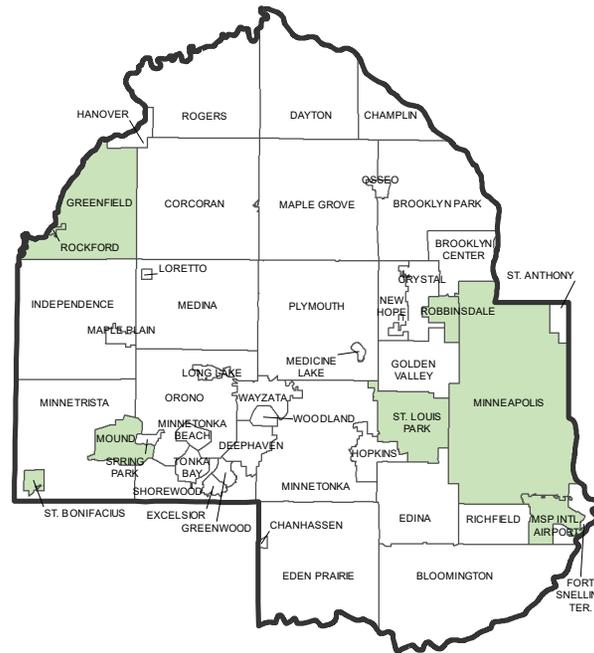
Hennepin County



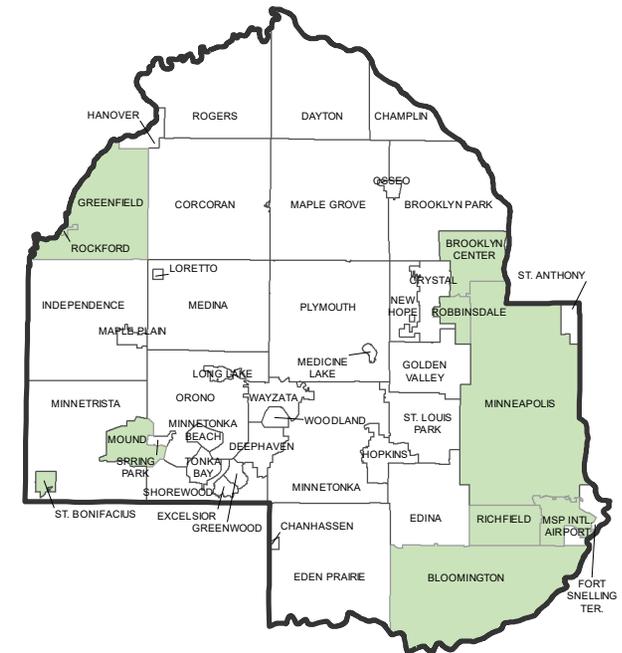
Tobacco 21 (T21)



Flavored Tobacco



Minimum Cigar Pricing & Packaging



Municipalities prohibiting the sale of all tobacco products, including electronic cigarettes, to persons under the age of 21.

Notes

Greenfield, Mound, Rockford, St. Bonifacius, MSP Int'l. Airport: Effective 1/1/2020.

Municipalities prohibiting the sale of all flavored tobacco products, including electronic cigarettes.

Notes

Greenfield, Mound, Rockford, St. Bonifacius, MSP Int'l. Airport: Adult tobacco stores are exempt. Effective 1/1/2020

Municipalities prohibiting at minimum: the sale of cigar packages containing less than 5 cigars and/or sets a minimum cigar price of at least \$2.10 per cigar in a package of 1-5 cigars with the minimum price determined after any price promotion or discount.

Notes

Greenfield, Mound, Rockford, St. Bonifacius, MSP Int'l. Airport: Effective 1/1/2020.

Legend

 Municipalities with the tobacco restriction

Minneapolis:

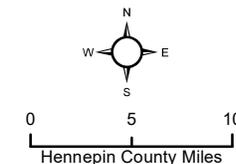
Adult tobacco stores are allowed to sell all flavors; and liquor stores are allowed to sell menthol, mint and wintergreen.

Robbinsdale:

All flavors except menthol, mint and wintergreen will be restricted. Adult tobacco stores will be exempt from all restrictions.

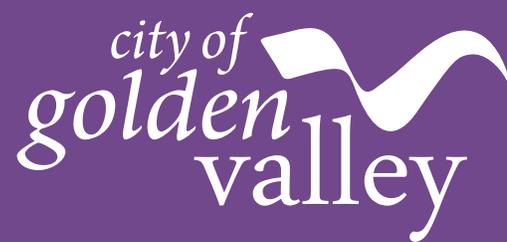
St. Louis Park:

All flavors except menthol, mint and wintergreen restricted.



Supported by the Statewide Health Improvement Partnership, Minnesota Department of Health.

LOCATION OF TOBACCO RETAILERS



**City of Golden Valley
Tobacco License Holders
January 1, 2019 to December 31, 2019**

DBA	Licensee:	Address
AM Star Gas Station	AM Star Gas Station	9405 Medicine Lake Road
Down in the Valley, Inc	Down in the Valley, Inc	8020 Olson Memorial Hwy
Feist Minnoco	Feist Automotive Group	1875 Lilac Drive N
Golden Valley Country Club	Golden Valley Country Club	7001 Golden Valley Road
Golden Valley Holiday Store #3520	Linn Retail Centers	600 Boone Ave N
Golden Valley Liquor Barrel	Golden Valley Liquor Barrel	7890 Olson Memorial Hwy
Holiday Stationstore	Holiday StationStore Inc	7925 Wayzata Blvd
J.J's Clubhouse	Scoreboard Inc	6400 Wayzata Blvd
Potpourri Gifts	KKS Inc/Potpourri Gifts	5500 Wayzata Blvd
Schuller's Tavern	Schuller's Tavern	7345 Country Club Drive
Speedway #4443	Northern Tier Retail Inc/Andeavor	1930 Douglas Drive
Speedway #4497	Northern Tier Retail Inc/Andeavor	6955 Market Street
Top Star Tobacco and E-Cig	Top Star Tobacco and E-Cig	7734 Olson Memorial Hwy
Walgreens #13841	Walgreens Company	2500 Winnetka Ave N
Walgreens #430	Walgreens Company	5695 Duluth Street

How to reduce tobacco retailer density and why

These policy solutions can be implemented in most communities through local regulation, such as tobacco retailer licensing or changes to zoning restrictions.

Local Tobacco Retailers



Cap the number of retailers in a geographic area

Example: There can be no more than 15 stores* per district.



Cap the number of retailers relative to population size

Example: There can be no more than 1 store* per 1,000 residents.



Require a minimum distance between retailers

Example: Stores cannot locate within 1,000 ft of an existing store.



Prohibit retailers from locating near schools and other youth-sensitive areas

Example: Stores cannot locate within 1,000 ft of a school or playground.



Prohibit sales of tobacco products at pharmacies or other types of retailers

Example: Pharmacies cannot be licensed to sell tobacco products.



HEALTH: When more tobacco retailers are located in a given area, residents' health suffers. Youth are more likely to start smoking. People who smoke consume more cigarettes per day and have a harder time quitting.



EQUITY: Tobacco retailers cluster in neighborhoods with a high percentage of low-income residents or residents of color. These communities are targeted by tobacco companies, and they disproportionately suffer the health harms caused by tobacco use.

* Numbers will vary by community.

From: [Lance Klatt](#)
To: [Harris, Shep](#); [Clausen, Joanie](#); [Fonnest, Larry](#); [Schmidgall, Steve](#); [Rosenquist, Gillian](#)
Cc: [Cisneros, Maria](#)
Subject: Raising the Legal Age to Purchase Tobacco and Restricting Flavored Tobacco
Date: Thursday, August 8, 2019 1:30:45 PM
Attachments: [Coalition Letter to Golden Valley 8.8.19.pdf](#)
[Golden Valley FDA Compliance 8.8.19.pdf](#)
[MSA Power Point Slides on Duluth, MN.pdf](#)
[Menthol Economic Impact Study \(Executive Summary\).pdf](#)
[FDA PATH Study Social Sources Data\[1\] - Read-Only.pdf](#)
[Hennepin County Duluth Study 5.19.pdf](#)

Dear Mayor Harris and Golden Valley City Council Members,

My name is Lance Klatt, Executive Director of the Minnesota Service Station & Convenience Store Association. I have attached a letter from my coalition I am very proud to be part of. My organization "The Minnesota Service Station & Convenience Store Association" represents many independent retailers in your great city. Many of these retailers are 2nd and 3rd generation family owners. I ask on behalf of my small corner stone retailers, for the Golden Valley City Council to please do not raise the legal age to purchase tobacco products to 21 while restricting flavored tobacco.

Passing these ordinance's in Golden Valley creates an island of regulation and is unnecessary, especially when legislation for raising the purchase age to 21 is currently pending at the state legislature. Finally, increasing the purchase age to 21 without also including a consumption and possession ban for individuals 18, 19, or 20 years of age achieves nothing, except to create a toothless ordinance that will harm lawful retail businesses while exacerbating the social sources problem.

In addition, I personally fell there should be more of a concern with the use of illegal drugs such as Marijuana use in teens. You can regulate tobacco products but who is going to regulate marijuana use? Our retailers have done an excellent job not selling to underage/young adults!

Golden Valley retailers are not the problem, social sources and a lack of education is the problem. Please be one of the first in Minnesota and address the real problem of underage tobacco use rather than hurting the local businesses that are doing their jobs.

I have also attached some slides concerning an impact study conducted in the city of Duluth, and Hennepin County regarding the impact of a flavor ban and MSA slides. A flavor ban will deeply affect these small retailers in a very negative way. Restricting retailers from selling flavored tobacco and passing such an ordinance, only picks winners and losers within our retail society.

We are small Minnesota gas branded sites and take pride in establishing our businesses within

your community!

Thanks for listening, and please take my letter and the attached information with as you have your discussions in the near future.

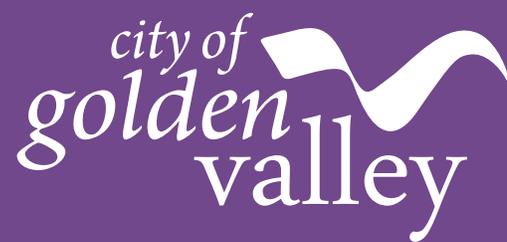
Thanks,

Lance

Lance L. Klatt
Executive Director
Minnesota Service Station & Convenience Store Association
Minnesota Professional Towing Association
Minnesota Independent Oil Co. (Minnoco)
ph: (651) 487-1983
cell: (612-916-9917
e-mail : lance@mnssa.com

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MINIMUM PRICE





CIGARS & CIGARILLOS



In most Minnesota cities, cigars and cigarillos can be purchased cheaply. This three-pack of cigars costs 99 cents, which is highly affordable for youth.



This Splitarillos advertisement was on the company's Facebook page. Their tag line "Split it with your friends" is a youth-friendly message.

WHAT ARE CIGARS & CIGARILLOS?

Cheap cigars and cigarillos are machine-made, often flavored, and inhaled like a cigarette. These cigars are wrapped in paper that contains a small amount of finely milled tobacco.

Cigarillos are a type of cigar with increasing popularity among youth. They are slightly larger than a cigarette, usually do not contain a filter, and have tobacco in the paper. Cigarillos vary in packaging size and are sold in an assortment of flavors.

ARE CIGARS & CIGARILLOS REGULATED?

Regulation is lacking for cigars and cigarillos. In 2009, Congress gave oversight on the manufacture and sale of cigarettes to the Food and Drug Administration (FDA)¹, which prohibited the sale of flavored cigarettes. In response, tobacco companies increasingly added flavoring to cigars, making them appealing to youth.

Not only are many cigars and cigarillos flavored, they are often cheap. In 2009, small cigars were subject to increased federal taxes. Cigar makers responded by slightly increasing the weight of their products to avoid this taxation.¹ In Minnesota, cigars and cigarillos became subject to increased state tobacco taxes in 2013, but these products are still much less expensive than cigarettes, costing as little as three for 99 cents.

The FDA began regulating cigars and cigarillos in 2016. The new regulations:

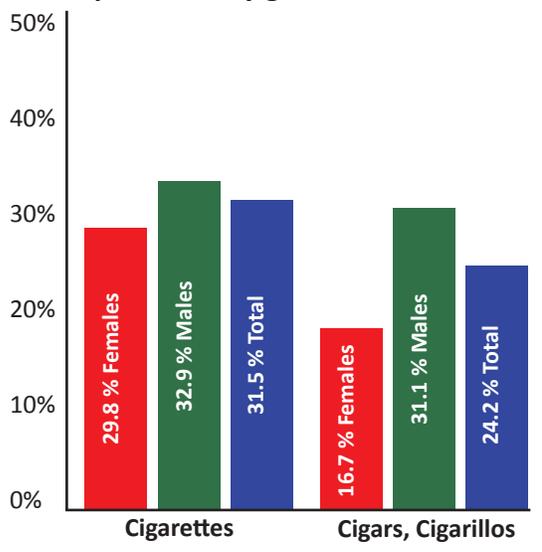
- Require that one of six rotating warnings labels be placed on the packaging of all cigars;
- Prohibit free samples of cigar products;
- Require registration of cigar manufacturers and product lists with the FDA;
- Require manufacturers to disclose ingredient lists to the FDA; and
- Require a review process for new products marketed.²

WHAT ARE THE HEALTH EFFECTS OF CIGARS & CIGARILLOS?

Cigar smoke is composed of the same toxic and carcinogenic constituents found in cigarette smoke. Cigars smoke causes cancers of the lung, larynx, oral cavity, and esophagus, coronary heart disease and chronic obstructive pulmonary disease.³

Cigars and cigarillos are often smoked and inhaled like cigarettes. Flavoring can disguise the harshness of the smoke, making it easier for first time tobacco users to smoke these products.

Percent of MN high school students who have ever used specific tobacco products, by gender, 2014⁵



WHO USES CIGARS & CIGARILLOS?

Each day, more than 2,500 kids under 18 years old try cigar smoking for the first time.⁴ With fruity flavors, candy-like packaging and deals like two for 89 cents or three for \$1, cigars and cigarillos are attractive, accessible, and affordable for young people.

In Minnesota, almost one in four high school students have used cigars or cigarillos.⁵ Nearly one in three boys and one in six girls currently use cigars or cigarillos.⁵ The Minnesota Youth Tobacco Survey found the percentage of high school current tobacco users who only smoked cigar products in the past 30 days rose from 10.9 percent in 2011 to 15.8 percent in 2014.⁵

WHAT CAN BE DONE TO PREVENT YOUTH USE OF CIGARS & CIGARILLOS?

Local communities can regulate these products to prevent youth use. Several options are available including:

- Prohibit the sale of all flavored tobacco products;
- Require minimum pack sizes for cigars; and
- Require a minimum price per cigar.

In Minnesota, Brooklyn Center adopted an ordinance that requires cigars to be sold for a minimum price of \$2.10 unless sold in packs of five or more.

Minneapolis, Saint Paul, Maplewood, Richfield and Bloomington adopted an ordinance setting the minimum price at \$2.60. These ordinances are meant to make cigars, many of which are flavored, more expensive and less appealing to price-sensitive youth. Nationally, Boston and many surrounding Massachusetts communities set minimum prices for cigars.

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The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.
(August, 2016)

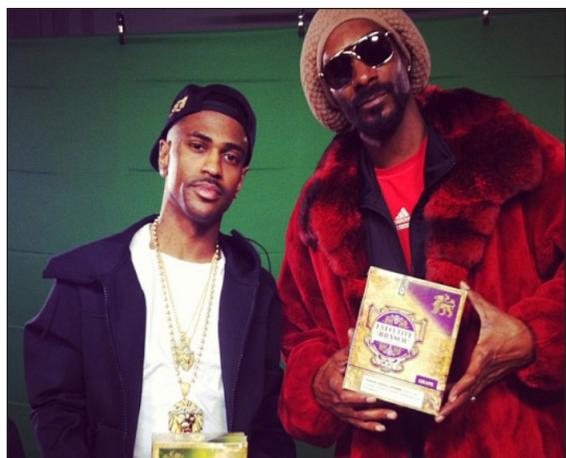


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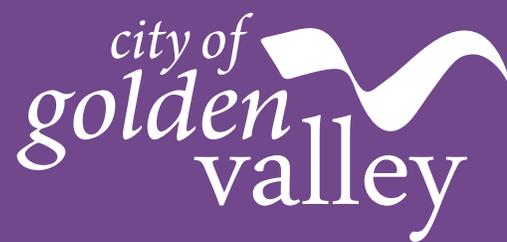
This publication is made possible by funding from the Minnesota Department of Health's Tobacco-Free Communities grant program.



Many brands market heavily on social media to reach new users. **Above**, Swisher Sweets posts beach-themed photos to its Instagram account. **Below**, Executive Branch Cigar uses rap celebrities Big Sean, left, and Snoop Dogg to reach youth. This photo appears on Executive Branch's Instagram.



FLAVORED TOBACCO



Coalition of Neighborhood Retailers



Banning Flavored Tobacco Sales Will Severely Harm or Force Local Retailers to Close

Empirical Financial Data Demonstrates Loss of Tobacco Sales by Duluth Retailers

Prohibiting the sale of flavored tobacco products including menthol cigarettes, mint and wintergreen flavored smokeless tobacco products, flavored cigars, and flavored electronic cigarettes would have a very serious economic impact on those retail stores licensed by Hennepin County. The Coalition of Neighborhood Retailers now has empirical data to support this likely outcome based on a scientific review of the impact of a virtually similar menthol and flavored tobacco restriction ordinance adopted by the Duluth, Minnesota City Council in 2018. The results of the Duluth survey should give the Hennepin County Board of Commissioners serious pause to avoid forcing local stores licensed by Hennepin County to close their doors.

For background purposes, the average convenience store business model is primarily based on gasoline sales outside at the pumps and tobacco sales inside the store. According to the National Association of Convenience Stores, cigarette and tobacco sales account for approximately 36% of all in-store sales.

Management Science Associates, an analytics firm that has monitored and reported on tobacco sales data for several decades, conducted an empirical review of Duluth tobacco sales figures and determined that while Duluth stores lost all sales of menthol cigarettes and mint and wintergreen smokeless tobacco products, other stores located less than or up to just one mile from the Duluth city border experienced a 156.3% increase in menthol cigarette sales and an 83.7% increase in flavored smokeless (moist) tobacco sales. Similarly, stores located less than or up to five miles from the Duluth city border experienced a 26% increase in menthol cigarette sales. In other words, adults did not stop buying menthol cigarettes or smokeless tobacco products, they just drove a short distance to adjacent cities or towns to purchase these products. A copy of the Management Science Associates slide deck on the Duluth, Minnesota ordinance financial impact on Duluth retailers is attached for your reference.

It is equally important that the Hennepin County Board as a policymaking body understand that Management Science Associates has been in business for over fifty years and has developed an expertise in using analytics and informatics to help various industries answer questions and solve problems. Every day, Management Science Associates analyzes data, develops systems, and creates IT infrastructure to help inform decision-making and forecast outcomes.

Specifically, Management Science Associates has been providing tobacco-related reporting and analysis for over 40 years. In addition, the firm was selected by the National Association of Attorneys General to be an independent, neutral third party for confirming cigarette volumes for purposes of the 1998 Master Settlement Agreement between certain cigarette manufacturers and the attorneys general for 46 states.

The Potential Impact of a Menthol Restriction on Convenience Stores

Tobacco isn't the primary reason customers shop at convenience stores

A 2015 national industry report on why customers go to convenience stores shows:

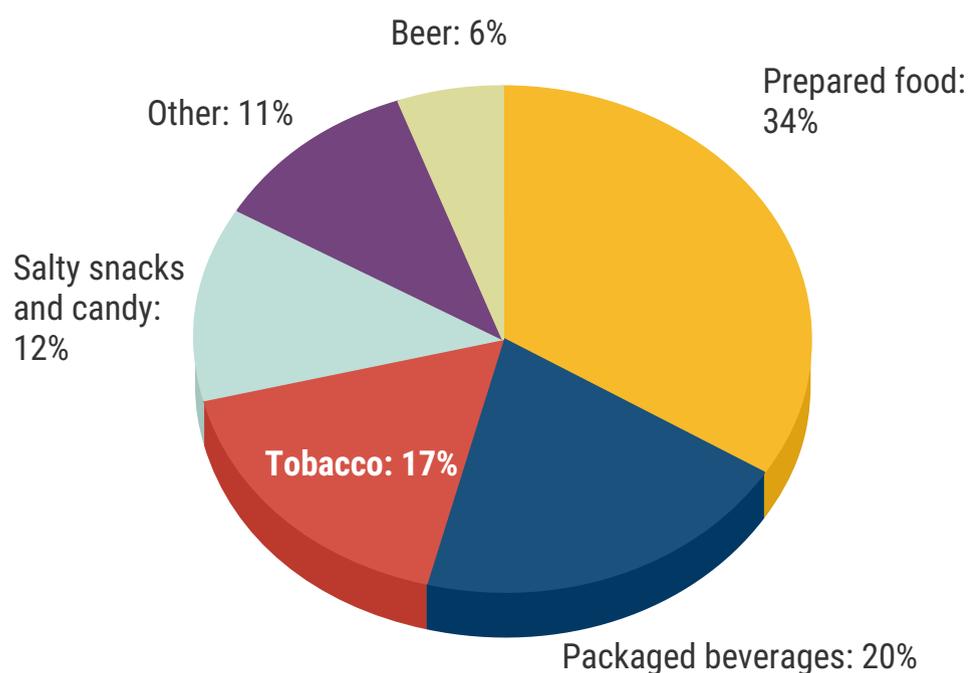


Nationwide in 2015, convenience stores profited twice as much from food service than from tobacco sales.

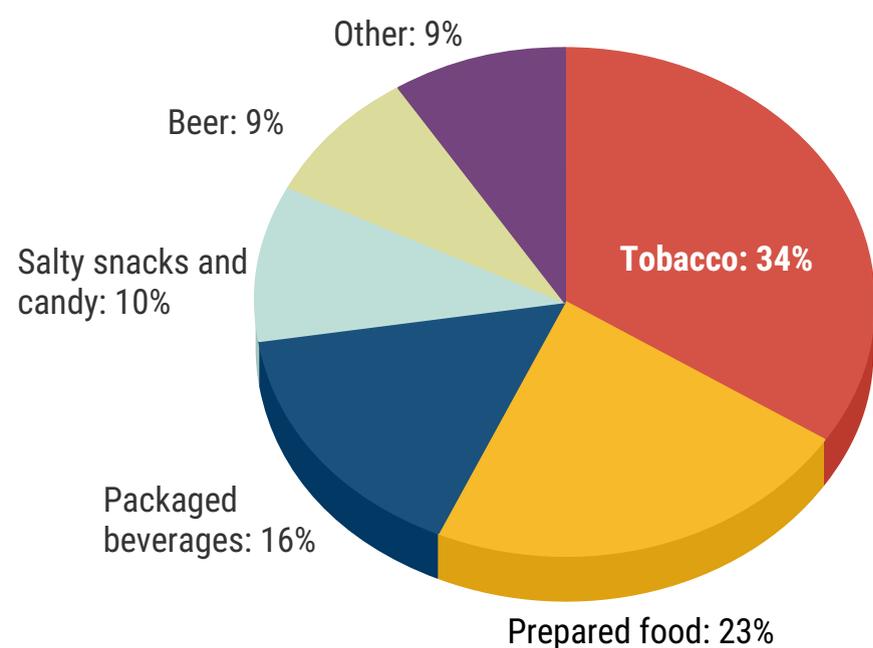


Nationally, convenience store tobacco profits are much lower than tobacco sales

Percentage of in-store **profits** in 2017



Percentage of in-store **sales** in 2017



Profit= What the store takes home after taxes and operational costs are taken out
Sales= The sale value before taxes and operational costs are taken out

Restricting menthol cigarettes to adult-only stores would have little financial impact on convenience stores

In 2015, the National Association of Convenience Stores reported that in the Central Region of the U.S., which includes Minnesota, profit from cigarettes was **\$6,253 per convenience store per month**.

The market share of menthol cigarettes in Minnesota was **24%** in 2015.

If the sale of menthol cigarettes were restricted to adult-only tobacco stores in Minnesota, each convenience store would lose an estimated **\$1,519 per month**.

Projections of the cost of a menthol ordinance in Minnesota

Market share of menthol cigarettes	Loss of profit from menthol cigarettes per store per month
24.3%	\$1,519

For stores where menthol makes up a larger market share:

30%	\$1,876
40%	\$2,501
50%	\$3,752

Compared to other non-tobacco items:

Non-tobacco convenience store items	Profit per store per month
Salty snacks	\$2,669
Candy	\$2,662
Packaged beverages	\$10,272

Take away points:

- National reports show that convenience stores make more money from prepared food, snacks and packaged beverages than tobacco. Purchasing these items is the primary reason customers shop at convenience stores.
- If Minnesota restricts menthol to adult-only tobacco shops, convenience stores would lose an estimated \$1,519 per store per month.
- The estimated cost of a menthol restriction in Minnesota is small compared to the harmful effects of menthol tobacco.

Sources:

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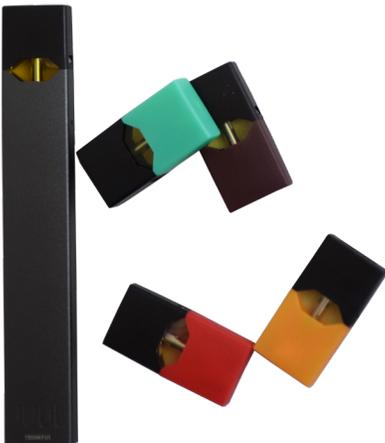
FLAVORED TOBACCO PRODUCTS



Menthol makes it easier to start smoking and harder to stop.



Like JUUL, Sourin is a popular e-cigarette brand because of the many flavors youth can use in them.



JUULs have become the top-selling e-cigarette, largely because its pods are available in flavors like mint, cool cucumber and mango.

WHAT TYPES OF TOBACCO PRODUCTS ARE FLAVORED?

Flavored tobacco products include cigarettes, cigars, chewing tobacco, blunt wraps, electronic cigarettes and shisha, the tobacco used in hookah. These products help the tobacco industry get around the FDA's 2009 ban of cigarettes with flavors other than menthol.¹ Menthol is the only flavor allowed in cigarettes.

E-cigarettes also come in a variety of youth-friendly flavors. JUUL, the most popular e-cigarette on the market, resembles a USB flash drive. These devices deliver a high dose of nicotine with a modern design that is easy to conceal.²

WHAT ARE SOME COMMON FLAVORS USED IN TOBACCO PRODUCTS?

Cigars, chewing tobacco, blunt wraps, electronic cigarettes and shisha are sold in fruit, candy, dessert and novelty flavors. Popular flavors include chocolate, piña colada, apple, grape, berry, cotton candy, bubble gum, mango, mint/wintergreen and menthol. The same flavorings used in tobacco products are also used in candy and Kool-Aid drink mixes.³

Menthol flavored tobacco is easier to start and harder to quit.⁴ Tobacco companies add menthol to tobacco products to cool the throat and make them taste better.

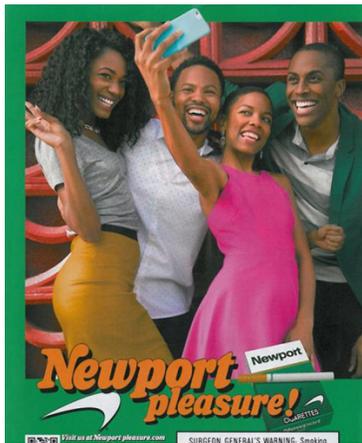
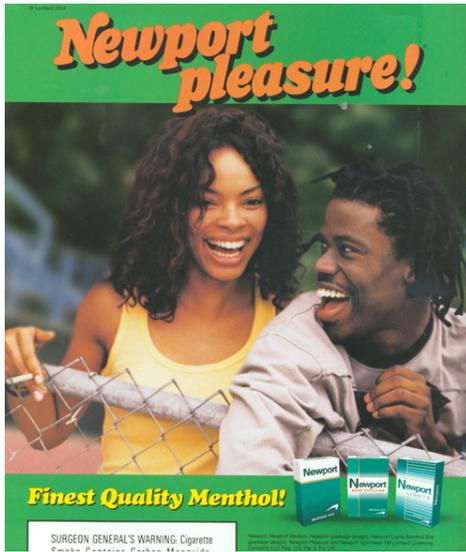
WHO USES FLAVORED TOBACCO PRODUCTS?

The tobacco industry uses flavored tobacco to attract the next generation of smokers.⁵ Young people are much more likely to use flavored tobacco products than adults.⁶ In fact, 80 percent of youth who use tobacco use fruit, candy or menthol flavored tobacco.⁷ Studies show that young people perceive flavored tobacco products as tasting better and being safer than unflavored products, even though they are just as dangerous and addictive.⁸



Cheap cigars come in bright packages and a wide variety of flavors, such as chocolate, grape, peach, strawberry, blueberry, tropical fusion and pineapple, that appeal to youth.

MORE ABOUT MENTHOL



The tobacco industry heavily targets African Americans with menthol tobacco by advertising in popular magazines, as well as supporting music festivals.

WHY DO CERTAIN POPULATIONS USE MENTHOL TOBACCO AT A HIGHER RATE?

The tobacco industry has a long history of targeting the African American community, women, LGBTQ and youth with menthol tobacco marketing. Tobacco industry documents show targeted efforts to market menthol products to African Americans, LGBTQ communities and youth.^{9,10} Menthol makes tobacco easier to start smoking and harder to quit.⁴

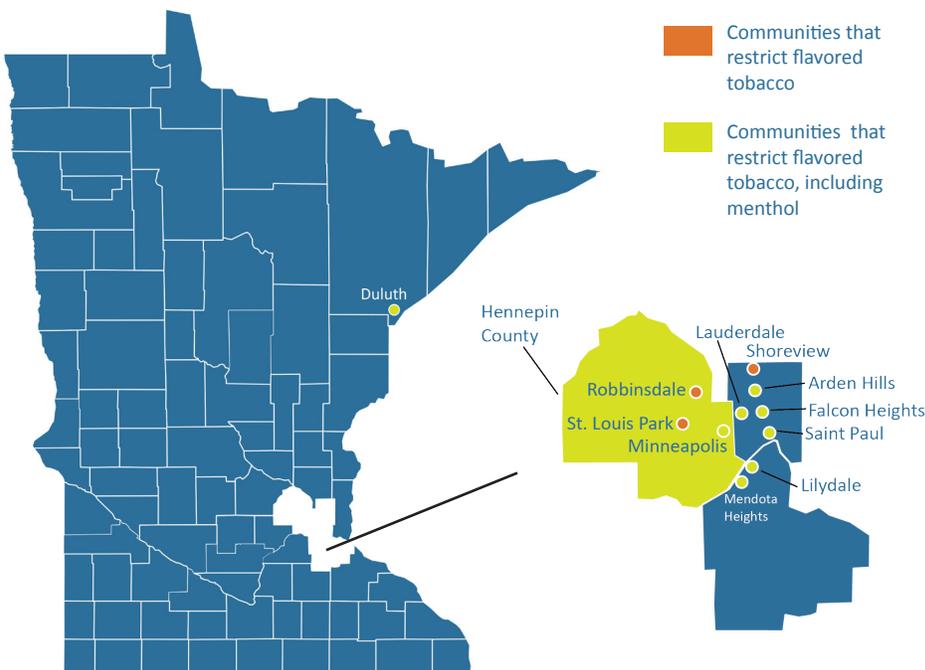
HOW DOES THIS IMPACT COMMUNITIES?

As a result of industry targeting, African Americans smoke menthol cigarettes at higher rates and are more likely to suffer from tobacco related diseases. In fact, 88 percent of African American adults who smoke use menthol, compared to 25 percent of adult smokers overall.¹¹ Menthol smoking significantly reduces quitting success among African American smokers.¹² In Minnesota, 34 percent of teen smokers smoke menthol.¹³ Nationally, 70 percent of LGBTQ youth smokers smoke menthol.¹⁴

WHAT CAN COMMUNITIES DO ABOUT FLAVORED PRODUCTS?

While the FDA banned flavored cigarettes other than menthol in 2009, the ban does not affect other tobacco products. Because the FDA ruling does not prevent local communities from addressing other types of flavored tobacco products, state and local governments can adopt laws that restrict the sale of flavored tobacco products within their jurisdiction. Limiting the sale of products, setting a minimum price or creating a minimum pack size are some of the ways communities can protect their youth by making flavored tobacco products less accessible and less appealing.

In Minnesota, the cities of Minneapolis, Saint Paul, Shoreview, St. Louis Park, Robbinsdale, Duluth, Falcon Heights, Mendota Heights, Lauderdale, Arden Hills, Lilydale and Hennepin County restrict the sale of flavored tobacco products. Minneapolis, Saint Paul, Duluth, Falcon Heights, Lauderdale, Mendota Heights, Arden Hills, Lilydale and Hennepin County also restrict the sale of menthol tobacco products.



The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.
(July 2019)

References are available at www.ansrmn.org/flavors



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**BEAUTIFUL LIE
UGLY TRUTH**

ABOUT MENTHOL TOBACCO

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This publication is made possible by funding from the Minnesota Department of Health's Tobacco-Free Communities Grant Program.

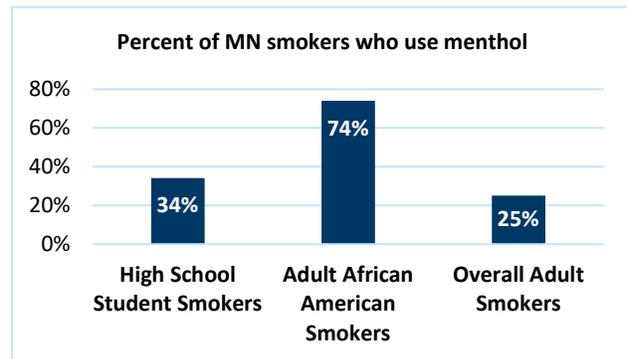
Menthol Flavored Tobacco Products

Menthol is a flavor additive commonly used in cigarettes and other tobacco products. Federal law currently prohibits the manufacture and sale of flavored cigarettes, with the exception of menthol.^[1]

Menthol cigarette use is high among Minnesota youth and African Americans.

One in three Minnesota high school smokers use menthol;^[2] overall 25 percent of adult smokers use menthol.^[3]

From 2004 to 2014, as the use of non-menthol cigarettes by youth and young adults declined, the use of menthol cigarettes among these groups increased or remained constant.^[4] This disparate progress in reducing youth smoking rates is likely perpetuated by the sale and marketing of menthol cigarettes.^[5]



Additionally, almost one in four Minnesota African-Americans are current smokers (compared to 14.4 percent of adults statewide), with the vast majority using menthol.^[6] While menthol use is high in many communities, use by African-Americans is particularly concerning as they are 30-36 percent more likely to die of lung cancer than non-Latino whites;^[7] they are also 53 percent more likely to die of heart disease.^[8]

Menthol tobacco products are serious public health threat.

Menthol makes smoking easier and more attractive for youth.

Menthol makes experimentation easier because it can mask irritation from smoking. It has a minty taste and smell and produces cooling and numbing sensations that reduce the harshness of cigarette smoke.^[9-16] This may encourage youth to keep smoking when they would otherwise stop.^[9]

The use of characterizing flavors began in the 1970s to make it easier for new smokers to start, and to become regular smokers more easily.^[17-19]



Menthol intensifies addiction, especially for young smokers.

Youth who smoke menthol cigarettes are more dependent on cigarettes and show stronger addiction to nicotine than those who smoke non-menthol cigarettes.^[9, 10, 15, 20-22] Additionally, youth who start smoking with menthol cigarettes are more likely to transition to regular smoking than those who start with non-menthol cigarettes.^[9, 22]



Menthol makes it harder for smokers to quit for good.

A large number of studies show that menthol users have a higher nicotine dependence and smoking urge.^[14] Thus, menthol users have a harder time quitting than non-menthol users.^[23, 24] This finding is stronger among African-American and other minority populations than among white smokers,^[25-27] despite African-American menthol users expressing greater confidence in their ability to quit than non-menthol users.^[28]

Women who smoke menthol cigarettes before a pregnancy are also more likely to start smoking again after the pregnancy than those who smoke non-menthol cigarettes.^[29]

Industry marketing practices target specific populations.

Menthol cigarette marketing practices are targeted more toward younger people and African-Americans than older adults and other racial or ethnic groups.^[9, 10, 30-32] Menthol cigarette marketing has consistently targeted minority and low-income communities.^[33-36] This strategy results in higher smoking rates among these groups.^[9, 10, 37]

Advertising is a strong driver of brand preference, especially among youth, and it is likely that price discounts, promotions, product placement, and geographic location have been used to drive menthol cigarette preference among youth and young adults as well as the African-American community.^[9, 10]

Communities are addressing menthol tobacco use.

The African American Leadership Forum – in partnership with Hennepin County Public Health, Bloomington Public Health, Minneapolis Health Department and St. Paul-Ramsey County Public Health – recently surveyed residents to learn about menthol tobacco use in local communities.

It was conducted as part of the Menthol Cigarette Intervention Grant, required by the Minnesota Legislature, to deepen understanding of African American use patterns and perceptions and attitudes toward menthol tobacco, and it will serve as a basis for community engagement and education moving forward.

Survey results reinforce the need to educate and raise awareness on the harms of menthol tobacco use, and they also show that a majority of African American community members support new laws to reduce tobacco's harm.

Proven tobacco control policies and evidenced-based strategies are necessary to prevent all forms of tobacco use, including flavored tobacco products.^[38] Effective strategies include price increases as well as restricting youth access to tobacco products and exposure to tobacco product marketing.^[39] The Tobacco Products Scientific Advisory Committee of the Food and Drug Administration states that “removal of menthol cigarettes from the marketplace would benefit public health in the United States.”^[9]

Learn more at www.health.mn.gov/menthol.

MENTHOL FLAVORED TOBACCO PRODUCTS

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3535
tobacco@state.mn.us
www.health.mn.gov/tobacco

3/8/2018

To obtain this information in a different format, call: 651-201-3535. Printed on recycled paper.

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MENTHOL FLAVORED TOBACCO PRODUCTS

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Economic Impact Analysis: Menthol Tobacco Ban

August 2017

About MSAi

- ◆ Management Science Associates (“MSAi”) was founded in 1963 by Dr. Alfred A. Kuehn, a faculty member at Carnegie Mellon University
- ◆ MSAi has been providing tobacco-related reporting and analysis for over 40 years
- ◆ Named in the 1998 Master Settlement Agreement as a neutral 3rd party and tasked with confirming the cigarette volumes for those manufacturers that have agreed to the settlement
- ◆ MSAi’s confirmed shipment volumes are used to determine the payment amounts made by manufacturers as defined in the Master Settlement Agreement

Menthol Economic Impact Study

- ◆ Menthol cigarettes currently account for 43% of total cigarette volume and 88% of total menthol tobacco volume in Minneapolis.
- ◆ The convenience store channel represents 73% of menthol cigarette volume in Minneapolis. Together, tobacco outlets and liquor stores comprise only 9% of menthol cigarette volume.
- ◆ In the U.S., 35% of convenience stores' in-store revenue comes from tobacco. Tobacco is convenience stores' 2nd largest source of in-store gross margin dollars.
- ◆ Management Science Associates leveraged distributor to retail shipment data and retail sales data to develop statistical models and estimate the potential sales impact of the proposed menthol, mint and wintergreen regulations on retailers within the city of Minneapolis.

Menthol Restrictions' Impact on Convenience Stores

- ◆ It is estimated that Minneapolis convenience stores would lose \$36.7MM - \$39.9MM annually in menthol, mint and wintergreen tobacco sales and ancillary in-store purchases.
- ◆ **This equates to an annual sales loss of \$238K - \$259K and an annual gross margin loss of \$38K - \$44K per convenience store.**

	Scenario #1 <i>100% Ancillary Sales Lost</i>	Scenario #2 <i>50% Ancillary Sales Lost</i>
Sales Loss in MPLS C-Stores <i>Tobacco Purchases</i>	-\$33,554,337	-\$33,554,337
Sales Loss in MPLS C-Stores <i>Ancillary Purchases</i>	-\$6,322,077	-\$3,161,039
Tax Revenue Loss in MPLS C-Stores <i>Ancillary Purchases</i>	-\$31,610	-\$15,805
TOTAL	-\$39,908,024	-\$36,731,180

Economic impact at the store level

- ◆ The average US convenience store provides 15 jobs, split about equally between full- and part-time workers.
- ◆ At the current minimum wage of \$7.75 per hour for small businesses in Minnesota, this is equivalent to 2,900 – 3,600 hours of employee wages.
- ◆ If those 30 stores would close and the other remaining stores in MPLS (excl. tobacco outlets) cut employee hours in line with their lost menthol tobacco profits, it is estimated that this would affect approximately 940 employees (a mix of full-time and part-time jobs) or the equivalent of 630 full-time jobs*.

Source: NACS, Distributor to Retail Shipments

*This assumes that any stores that remain open will offset their lost menthol tobacco gross margin dollars by making equivalent cuts to employee hours. The number of employees in MPLS stores is assumed to be in line with the U.S. average (per NACS).

BEAUTIFUL LIE UGLY TRUTH

ABOUT MENTHOL TOBACCO

ABOUT MENTHOL

Easier to start, harder to quit.

Tobacco companies add menthol to tobacco products to cool the throat and make them taste better.

The tobacco industry has marketed menthol cigarettes as healthier and safer, but they are just as deadly.

Many people choose menthol cigarettes because they believe they are safer than non-menthol cigarettes. They are not.



MENTHOL USE IN MINNESOTA

African Americans: **88%**

of African American adults who smoke use menthol, compared to 25% of adult smokers overall.

High School Students:

Use of menthol cigarettes among Minnesota high school smokers more than doubled since 2000.

44%

of Minnesota high school students who smoke use menthol.

LGBTQ Youth & Adults:

70%

of LGBTQ youth smokers smoke menthols.

36%

of adult LGBTQ smokers smoke menthol cigarettes.

HARMFUL EFFECTS OF MENTHOL

Menthol cigarettes cause cancer, heart and lung diseases, and death. Tobacco use, including menthol-flavored products, is still the No. 1 preventable cause of death in Minnesota.

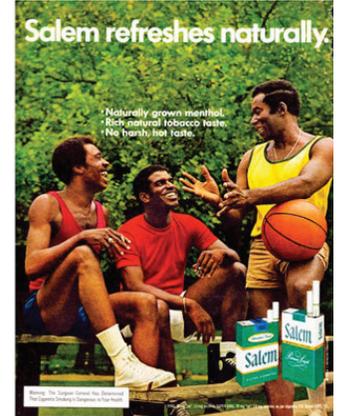
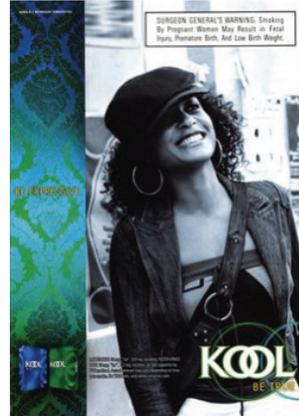
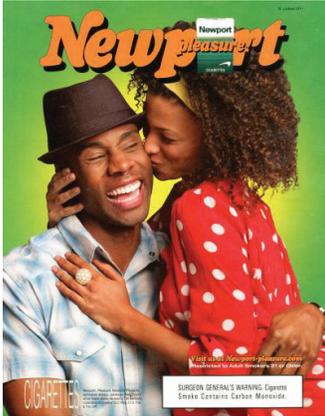
Studies have shown that the tobacco industry has manipulated menthol levels to broaden youth appeal.

BEAUTIFUL LIE UGLY TRUTH

ABOUT MENTHOL TOBACCO

INDUSTRY MANIPULATION:

The tobacco industry has a long history of targeting the African American community, women, LGBTQ, and youth with menthol tobacco marketing.



Tobacco companies began heavily targeting African Americans with menthol cigarettes in the 1960s.

Brands such as Salem and Newport would give out free packs of menthol cigarettes from vans.

Tobacco industry documents show these vans targeted young, lower-income, black smokers at “retail outlets, currency exchanges/check cashing stations, public aid offices, large housing complexes, shopping malls, rapid transit locations, busy street corners, and nightclubs/bars.”

— RJ Reynolds, 1989



“We don’t smoke that s***. We just sell it. We reserve the right to smoke for the young, the poor, the black and stupid.”

— RJ Reynolds Executive, 1971

“...the base of our business is the high school student.”

— Lorillard (Makers of Newport), 1978

TAKE ACTION

What can we do to stop the tobacco industry from harming our communities with menthol tobacco?

Minnesota communities have the authority to regulate the sale of menthol tobacco products, which will help protect youth from a lifetime of addiction. Minneapolis and Saint Paul already prohibit the sale of fruit and candy-flavored tobacco products in any store that allows children to enter. The same needs to be done for menthol.

Join us at:
BeautifulLieUglyTruth.org



References available at:
BeautifulLieUglyTruth.org
(July 2016)



Tobacco Market Trends

Don Burke
Senior Vice President
Management Science Associates, Inc.

February 11, 2019



About MSAi

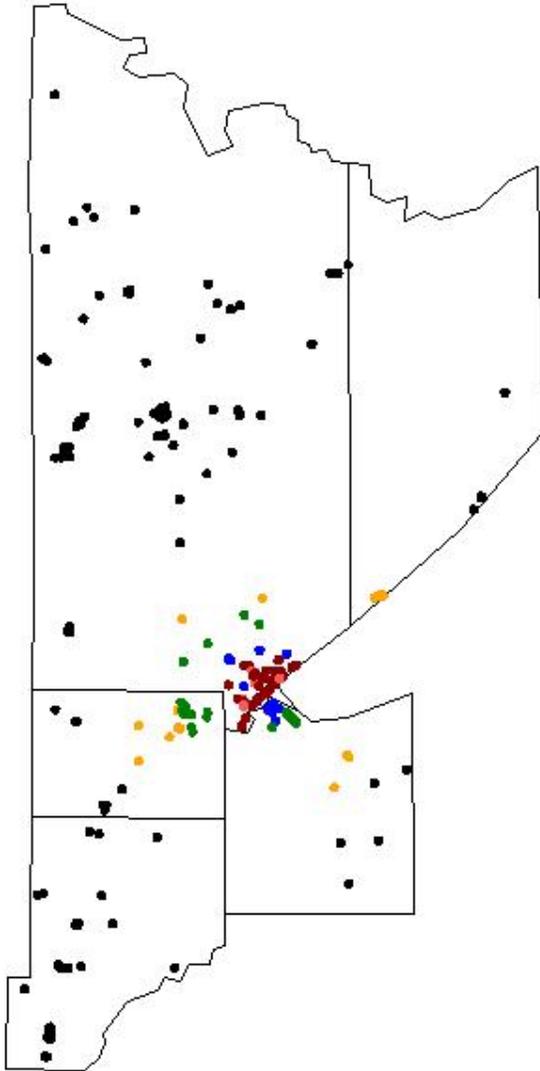
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TOBACCO FLAVOR RESTRICTION DULUTH, MINNESOTA

Flavored Tobacco Restriction

- ◆ Effective June 1st, 2018, Duluth, Minnesota restricted the sale of flavored products to adult only smoke shops. Such items are:
 - Menthol Cigarettes
 - Wintergreen / Mint Moist Tobacco
 - Chocolate, Vanilla, Candy or Fruit Vapor Items
- ◆ Only stores that prohibit persons under the age of 18 from entering at all times AND derive at least 90% of their revenue from the sale of tobacco can sell flavored tobacco products.

Flavored Tobacco Restriction



- ◆ Red – Flavored Products Banned (69 Stores)
- ◆ Light Red – Less than 1 Mile (14 Stores)
- ◆ Blue – Less than 5 Miles (29 Stores)
- ◆ Green – Less than 10 Miles (32 Stores)
- ◆ Yellow – Less than 25 Miles (20 Stores)
- ◆ Black – Greater than 25 Miles (185 Stores)

Impact on Cigarettes

% Change in Volume (July '18 through Dec '18 vs. Jan '18 through June '18)

	<u>Total</u>	<u>Restricted Stores</u>	<u><= 1 Mile</u>	<u><= 5 Miles</u>	<u><= 10 Miles</u>	<u><= 25 Miles</u>	<u>> 25 Miles</u>
Total	4.9%	-18.1%	53.2%	9.7%	9.5%	6.4%	6.4%
Non-Menthol	6.2%	3.4%	12.4%	4.8%	8.7%	5.5%	6.6%
Menthol	0.2%	-99.2%	156.3%	26.0%	12.8%	10.3%	5.5%

- ◆ Overall Cigarette volume increased by 4.9% in the post time period, with a majority of the increase from non-menthol cigarettes.
- ◆ While Menthol volume virtually went away in Restricted Stores, stores within 1 Mile and within 5 miles saw substantial increase in volume.
- ◆ Restricted Stores saw an increase of 3.4% for non-menthol, but not as much as the other stores used in the analysis.

Impact on Moist

% Change in Volume (July '18 through Dec '18 vs. Jan '18 through June '18)

	<u>Total</u>	<u>Restricted Stores</u>	<u><= 1 Mile</u>	<u><= 5 Miles</u>	<u><= 10 Miles</u>	<u><= 25 Miles</u>	<u>> 25 Miles</u>
Total	0.5%	-53.8%	62.6%	13.0%	9.6%	12.3%	3.8%
Tobacco	9.0%	34.7%	6.0%	1.2%	6.6%	5.9%	2.3%
Wintergreen	-3.6%	-98.3%	81.4%	20.0%	10.6%	16.2%	5.4%
Mint	-5.5%	-100.6%	89.0%	17.1%	12.8%	20.5%	2.2%
All Other	3.6%	-37.9%	83.7%	10.1%	9.6%	0.1%	-5.9%

- ◆ In total, Moist had very little to no increase in the post time period.
 - Tobacco flavored styles though did see an increase of 9% across all stores.
- ◆ Restricted stores saw a reduction in total moist volume of 53.8%. However, Tobacco styles saw an increase of 34.7%.
- ◆ Stores within a mile of restricted stores saw an increase of over 80% for wintergreen and mint styles.



Tobacco Market Trends

Don Burke
Senior Vice President
Management Science Associates, Inc.

February 11, 2019



Notice

This presentation is based solely on an analysis conducted by Management Science Associates Inc. (MSAi) and does not necessarily reflect the opinion of any client. The definitions and analysis used in the presentation are based on general industry knowledge and typically represent the way a tobacco retailer may refer to the broad tobacco and nicotine delivery industry. Further, this presentation refers to tobacco and non-tobacco categories, that are often reported as cigarette only, cigars and pipe tobacco only, loose leaf only and electronic and other delivery systems only.

For purposes of this presentation, all of these categories are often referred to as one category using the phrase "nicotine delivery systems", as that is a category grouping, that in MSAi's experience, is used by most retail establishments. This presentation's reference to "nicotine delivery systems" is in that context of the broadest retailer categorization of these various items.

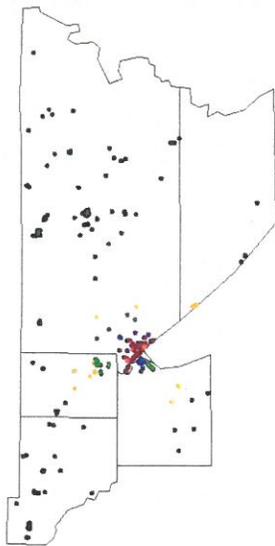


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- ◆ Black – Greater than 25 Miles (185 Stores)



Impact on Snus

% Change in Volume (July '18 through Dec '18 vs. Jan '18 through June '18)

	Total	Restricted Stores	<= 1 Mile	<= 5 Miles	<= 10 Miles	<= 25 Miles	> 25 Miles
Total	1.7%	-85.0%	99.6%	32.0%	13.6%	44.1%	8.3%
Tobacco	-35.4%	13.8%	-165.2%	-162.5%	640.0%	-129.4%	-34.3%
Mint	0.6%	-100.1%	104.7%	32.9%	15.1%	45.1%	8.4%
All Other	17.6%	6.8%	53.8%	32.8%	-1.1%	46.0%	14.8%

- ◆ Tobacco flavored Snus items saw an increase of 13.8% in volume within stores with the flavor restriction.
- ◆ Overall Mint flavored Snus items saw a small 0.6% increase in the post time period.
 - Stores within 1 mile, had a 100% increase in volume.



Impact on Vapor

% Change in Volume (July '18 through Dec '18 vs. Jan '18 through June '18)

	Total	Restricted Stores	<= 1 Mile	<= 5 Miles	<= 10 Miles	<= 25 Miles	> 25 Miles
Total	91.2%	-29.6%	200.0%	125.1%	106.7%	69.7%	85.4%
Tobacco	39.3%	59.2%	37.8%	19.5%	68.3%	25.0%	46.0%
Menthol	66.2%	-120.3%	251.1%	117.8%	64.6%	86.6%	52.8%
All Other	151.9%	-109.4%	275.4%	295.2%	150.3%	102.8%	121.7%

- ◆ Overall Vapor volume increased by 91.2%.
 - Restricted flavor stores saw an almost 30% decrease in volume.
- ◆ Tobacco Vapor items saw an overall increase of 39.3%, however for flavor restricted stores the increase was 59.2%.



YOUTH ACCESS TO TOBACCO PRODUCTS AMONG PAST 30-DAY USERS: WHERE DO YOUTH GET TOBACCO?

Source of access to tobacco product among 15-17 year old current users

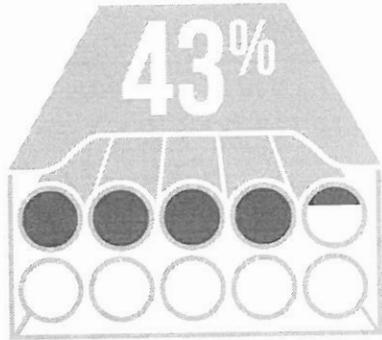


LOCAL IMPACT

Banning Menthol Tobacco in Minneapolis



Cigarettes account for 35% of convenience stores' in-store sales.



Menthol cigarettes account for 43% of total cigarettes volume in Minneapolis.



940

940 impacted jobs

This would be a **MAJOR BLOW** to the community.
Minneapolis retailers will be devastated by this menthol ban.

U.S.-born African American Menthol Tobacco Post Survey Data Highlights

December 2017

Hennepin & Ramsey Counties

Surveys and key informant interviews were completed as part of a Statewide Health Improvement Partnership (SHIP) grant. The Minnesota Legislature required that the SHIP grant address African American menthol tobacco use.¹ Post-surveys and key informant interviews were completed to evaluate efforts to increase awareness of harmful effects of menthol tobacco products and to develop community-driven recommendations to decrease tobacco use in the African American community. The African American Leadership Forum (AALF), in coordination with Hennepin County Public Health, surveyed a convenience sample of 382 African Americans in Hennepin and Ramsey counties from July through October 2017. In addition, AALF conducted interviews with nine key stakeholders in the community, the results of which support the findings highlighted below and support subsequent community-driven recommendations to reduce tobacco use in the African American community.

Eighteen percent of the respondents to the post-survey were current smokers. Consistent with the pre-survey, African American smokers at post overwhelmingly reported using menthol brands (83 percent).

Many African Americans agree that menthol cigarettes are marketed to their community more than other racial groups.

- African American smokers noticed coupons (54 percent), free cigarettes (30 percent), and cigarette promotions in the mail (25 percent) and online (19 percent) in the past 30 days.

African American smokers and nonsmokers strongly support policies to restrict sale and availability of tobacco.

- Most smokers (68 percent) and nonsmokers (77 percent) also support restricting sale of flavored products, including menthol, to certain retailers such as tobacco-only stores.
- Smokers and nonsmokers alike (71 percent and 73 percent, respectively) support increasing the legal age for sale of tobacco products from 18 to 21.
- Similarly, 67 percent of smokers and 74 percent of nonsmokers support reducing the number and density of stores that sell tobacco.
- Two-thirds of smokers (62 percent) and three-quarters of nonsmokers (74 percent) support efforts to keep prices of tobacco high.

¹ Statewide Health Improvement Partnership: Menthol Cigarette Intervention Grant <http://www.health.state.mn.us/divs/oshii/ship/menthol.html>

Sixty percent of smokers in both the pre- and post-surveys said they would quit smoking if menthol were no longer sold in stores.

Most smokers (70 percent) tried to quit in the past 12 months.

- Additionally, 68 percent knew where to get information or resources for quitting.
 - However, relatively few of those who tried to quit reported using common resources, such as telephone programs (15 percent), in-person counseling (17 percent), or medications (13 percent). One-quarter (27 percent) talked to their health care provider about their tobacco use, although it is not known what actions they took as a result.
- Those who tried to quit but were unsuccessful reported that the craving to smoke was too strong (46 percent) and that they have family and friends who still smoke (42 percent).

Community members who attended education sessions were more aware of the harms of menthol tobacco and marketing directed to the African American community.

- This grant-funded initiative supported more than 60 education sessions that reached more than 3,000 community members in Hennepin and Ramsey counties.
- Seventy nine percent of those who attended education sessions agreed that menthol makes it harder for smokers to quit; by comparison, just under half (49 percent) of those who did not attend education sessions agreed with the previous statement.
- Eighty three percent of those who attended education sessions agreed that menthol is marketed to African Americans more than other racial groups; just over half (58 percent) of those who did not attend education sessions agreed with the previous statement.





MEMORANDUM

Physical Development Department

763-593-8090 / 763-593-3997 (fax)

Executive Summary

Golden Valley Council/Manager Meeting

August 13, 2019

Agenda Item

2. Update on Council Chambers Remodel

Prepared By

Marc Nevinski, Physical Development Director

Summary

Over the past several months, staff and the architecture team have met to discuss remodeling plans for the City Council Chambers. The last major renovation of the Chambers was in 1989. Layout, décor and audio/visual improvements are driving the need for the renovation.

Several concepts and factors have been considered, including the input Council provided in May. These include:

- Orientation of the room, main entry point, gather space in hallway
- Dias shape, orientation, and relation to audience
- Seating and presentation locations for staff and presenters
- Storage for chairs, tables, voting equipment
- Mid-century modern influence
- Accommodation for early voting
- Security considers and enhanced ADA access to restrooms
- Wayfinding in City Hall

Our architect, Marcia Stemwedel, will review the concept plans for the chambers and discuss the various considerations and trade-offs. Additionally, she will review potential décor. It is anticipated that the project will be bid in the fall and work will begin in January.

Recommendation

Council comments are encouraged before work begins on the final design and plans.



MEMORANDUM

City Administration

763-593-8006 / 763-593-8109 (fax)

Executive Summary

Golden Valley Council/Manager Meeting
August 13, 2019

Agenda Item

3. Mid-Year Goal and Legislative Update

Prepared By

Tim Cruikshank, City Manager

Summary

The Council will review the 2019 Goals Mid-Year Update and Legislative updates.

Attachment:

- 2019 Goals Mid-Year Update (29 pages)



2019 Goals Mid-Year Update





Values

Communication

Community

Inclusion

Integrity

Respect

Innovation

Courage

Accountability

Vision Statement

Golden Valley strives to creatively connect people and places, preserve and enhance community resources, and nurture opportunities for all.

Mission Statement

The City of Golden Valley delivers high-quality, responsive services to ensure the community remains a vibrant and welcoming environment in which to live, work, and play.

Organizational Priorities



Strategic
Development
&
Redevelopment



Effective
Governance



Infrastructure
Maintenance
&
Enhancement



Financial
Wellness



Community
Affairs





Ongoing Action Steps

Affordable Housing Plan

Bike and Pedestrian Plan

Debt Reduction Plan

DeCola Ponds B & C

Downtown Study

Equity Plan

Fire Study

GreenStep Cities

Identify properties to return to tax rolls

Infrastructure Renewal Plan

Metro Blue Line LRT

Pavement Management Plan

Waste Hauling Decision



Basic Services

Brookview Amenities

City Administration

Communications

Economic Development

Elections

Emergency Management

Engineering

Finance

Fire Protection

Human Resources

Information Technology (IT)

Inspections

Legal Services

Motor Vehicle Licensing

Natural Resources Management

Park Maintenance

Parks and Recreation

Permits and Licensing

Planning

Police

Street Maintenance

Utilities Maintenance

Utility Billing

Vehicle Maintenance

2019 Action Steps

Administrative Services

- Configure and roll out Avolve plan review software. (IP)
- Complete Laserfiche Forms Onboarding Process and move forward with replacing Wufoo forms with Laserfiche Forms. (IP)
- Keep working with the MNLARS rollout to successfully get a working software package. (IP)
- Conduct sticker inventory. (IP)
- Continue working on electronic timesheets for departments. (✓)
- Transition to a 10 Year CIP. (IP)
- Update financing for IRP roll-out. (IP)

2019 Action Steps Communications

- Research options, edit, redesign, and implement upgraded City website. (IP)
- Research community engagement tools and costs for 2020. (✓)
- Work with CCX Media and Physical Development to plan and implement City Council Chambers update. (IP)
- Develop and build City intranet tool. (IP)
- Continue growing City's use of social media, including addition of new tools such as LinkedIn, Snapchat, NextDoor, etc). Develop and implement strategies and policies for each City social media channel. (Ongoing)
- Strengthen strategic marketing and brand standards for Brookview businesses. (Ongoing)
- Increase community awareness of City government and services. Strategically assess information needs and develop tools to meet those needs. Continue to tighten City's branding standards across the board by further consolidating and streamlining all City communications materials and developing a brand standards guide. (Ongoing)

2019 Action Steps

Fire

- Expand involvement of city departments in emergency management through training and continued efforts to develop, review, and update various emergency plans. (Ongoing)
- Work jointly with Golden Valley Fire Relief Association to approve record retention plan and electronic back-up and archiving of all records. (✓)
- Expand the use of electronic technology to increase staff ability to effectively resolve issues and efficiently provide services to the community. (CAD, FDM, Aladtec, Active 911, Avolve, PIMS, Access to the WEB, Building Preplans, etc). (Ongoing)
- Develop and implement a comprehensive commercial building inspection program that builds upon the commercial preplans. (IP)

2019 Action Steps Human Resources

- Finish seasonal/temp/variable hour, (2020) Fire, (IP) and Police handbook updates.
- Evaluate current and potential recruitment and retention strategies, including partnering with BrookLynk, (✓) use of social media and a “careers website,” (IP) as well as performance evaluations and new employee check-ins. (IP)
- Implement implicit bias training for supervisors and begin development of more in-depth supervisor training platform. (2020)
- Explore performance management and training tracking software (specifically including Fire, PD, and Public Works). (IP)
- Lead successful Rising TIDES taskforce; continue work on Equity initiatives. (Ongoing)
- Update all City job descriptions.
- Lead 2019 Citywide compensation study.

2019 Action Steps Legal

- Streamline contract review, approval, execution, and archiving processes. (✓)
- Draft purchasing, contracting, and signatory authority policy. (IP)
- Refine development management processes. (IP)
- Update document storage and retention policies leveraging LaserFiche tools to automate compliance with data practices and document retention laws. (IP)
- Create standardized procedures for property and right-of-way related code enforcement. (IP)

2019 Action Steps Parks & Recreation

- Partner with the Minneapolis Park Board and the Animal Humane Society on design of an off-leash pet exercise area to be located in the southeast quadrant of Golden Valley within Theodore Wirth Park. (IP)
- Research and implement plan for the initial goose management removal process at Brookview Golf Course and Park. (✓)
- Successfully apply for and receive a Hennepin County Youth Sports grant and fiscally partner with the Golden Valley Girls Softball Association to update and improve seven ballfields at Wesley, Lions, and Schaper Parks. (✓)
- Plan and host the 50th anniversary celebration for Brookview Golf Course. (✓)
- Work with the Medley Park neighborhood to plan and develop a community garden and off-leash pet exercise area for the park. (IP)

2019 Action Steps

Physical Development

- Complete Downtown study. (IP)
- Implement Avolve electronic plan review software and expand use of e-permits.
- Make decision regarding the future of waste hauling in Golden Valley with consideration of organics collection and recycling. (IP)
- Refine development management process. (IP)
- Complete design of DeCola Ponds B & C Expansion. (✓)
- Complete upgrade of City Council chambers. (IP)
- Increase number of business visits and build relationships.
- Develop summaries and build relationships to promote redevelopment sites. (IP)
- Create long-term comprehensive facilities plan. (2020)
- Complete water meter transmitter change-out. (✓)

2019 Action Steps Police

- Fill Community Health Officer position if staffing levels allow. Start program by collaborating with GV and regional resources in mental health services to assist in augmenting patrol officers in crisis calls and follow up response. (✓)
- As part of full staffing effort, consider different approaches to hiring and recruiting. (IP)
- Obtain final COA (Certificates of Waiver or Authorization) from the FAA for drone program, purchase needed equipment, train staff, and implement operating policy. Demonstrate program at GVPDU Citizens Academy, Public Safety Open House, and Public Safety In The Parks events. (✓)
- Develop wellness program for officers and staff to include mental, emotional, and physical health, training from mental health experts, and updating current fitness area with forfeiture money. (IP)
- Implement summer internship program with BrookLynk. (✓)
- Manage and format police policy manual and provide ongoing training. (IP)
- Help develop a plan for a new police or public safety building. (IP)
- Initiate taillight/headlight program with maximum number of GV. (✓)

2019 Goals Mayor Harris

- Improve City Council civility at ALL times (not questioning members' motives, taking issue privately, enforcing it).
- Improve voter turnout in 2019 and transition to even-year elections for 2021 (next election would be either 2024 or 2026).
- Better protect neighborhood character; fix housing code to address 40-foot lots (re-plat dual properties, alter setbacks to create building disincentive, or alternative) to be consistent with lot subdivision reform several years ago.
- Create new revenue/better debt reduction strategies (positive performance is dwindling for debt reduction).
- Develop environmental improvement/revenue generator for city water/recycling improvements by assessing 5 cent "bag tax" on consumers who don't use personal shopping bag for retail purchases (eg, Byerly's, gas stations, etc).
- Improve neighborhood communications (eg, 2019 CenterPoint gas line, 40-foot housing plat issue in four neighborhoods).

2019 Goals Council Member Clausen

- Prioritize projects, issues, and ideas in relationship to needs and wants and the financial cost to the city and community.
- Continue working toward the debt reduction plan.
- Finalize the garbage issue.
- Stay on course with long-term plans on infrastructure, GreenStep Cities, the Bike & Pedestrian Plan, Equity Plan, and Golden Valley Flood Mitigation
- Continue to listen and work with residents on issues, concerns, and questions.

2019 Goals

Council Member Fonnest

- Research establishment of business tax district to support vision of renewed downtown Golden Valley.
- Increase the minimum legal age for the purchase of tobacco products including e-cigarettes to 21 years (T21).
- Endorse and support the Golden Valley Historical Society's (GVHS) proposed development of Historic Contexts Study.
- Devise effective volunteer program to leverage community support to supplement (not supplant) city employee services.

2019 Goals

Council Member Rosenquist

- Community engagement—continue to innovate in active community engagement, seeking input in modern, technologically-savvy, and efficient ways to bring in the viewpoints of our diversifying mix of homeowners and renters, workers and employers, small and large businesses, nonprofits, and service providers.
- Community identity and branding strategy—develop a clear, concise, and consistent brand to be carried into public improvements and infrastructure, public art and partnership projects, signage, and messaging.
- Community connectivity—thoughtful yet aggressive implementation of infrastructure that makes non-vehicle mobility easier, safer, and more accessible.
- Discuss the City’s role in creating and maintaining affordable housing.
- Evaluate and discuss RFP/contract process.

2019 Goals Council Member Schmidgall

- Announce potential development sites to the development community.
- Develop flexible strategy to accommodate a variety of development packages.
- Continue to work with the alliance of 10 communities to provide consistent protections and provisions of affordable housing.
- Run Council meetings in a brisk business-like manner.
- Discontinue the variety show elements of Council meetings.
- Implement proposed improvements in Fire Services.
- Continue to provide up-to-date technology: Sewer Chewer and wireless water meters are examples.
- Complete Pavement Management Program.
- Continue award-winning budgeting and accounting practices.
- Implement budgeting activities to support strategic initiatives described above.
- Make all financial information easily accessible to residents.

VALUES

VALUES

Communication

Respect

Collaboration

Innovation

Inclusion

Courage

Integrity

Accountability

VISION

MISSION

CORE SERVICES

DEPARTMENT ACTION STEPS

ORGANIZATIONAL PRIORITIES

Strategic Development & Redevelopment

Effective Governance

Infrastructure Maintenance & Enhancement

Financial Wellness

Community Affairs

ONGOING ACTION STEPS

Downtown Study
Identify Properties to Return to Tax Rolls

Bike and Pedestrian Plan
Fire Study
Infrastructure Renewal Plan
Metro Blue Line LRT
Pavement Management Plan
DeCola Ponds B & C

Debt Reduction Plan

Affordable Housing Plan
Equity Plan
GreenStep Cities
Waste Hauling Decision

2019 ACTION STEPS

Better protect neighborhood character; fix housing code to address 40-foot lots.

Develop a clear, concise, and consistent identity and branding strategy.

Stay on course with long-term infrastructure plans (Bike and Pedestrian Plan and Flood Mitigation).

Prioritize projects, issues, and ideas in relationship to needs and wants and the financial cost to the city and community.

Increase the minimum legal age for the purchase of tobacco products, including e-cigarettes, to 21 years (T21).

2019 Legislative Priorities

1. Support Funding For Bike And Pedestrian Safety Improvements To State Highway 55

- The omnibus transportation bill that was enacted (First Special Session Chapter 3), did not include earmarks for local projects.
- Also, the 2019 legislative session did not yield a bonding bill.
- If there is a bonding bill in 2020, which is likely, there will be opportunities to advocate for inclusion of funding for Trunk Highway 55 improvements.
- Additionally, the League will advocate for inclusion of funding for programs such as the Local Road Improvement Program which assist local units of government with paying for projects.

2. Support Comprehensive Transportation Funding

- The omnibus transportation funding bill enacted in 2019 (First Special Session Chapter 3) continues funding mechanisms and levels from the previous biennium.
- Although Governor Tim Walz and House Democrats tried to advance a package that would have phased in a \$.20 gas tax increase to make new transportation investments as well as provisions to increase transit funding statewide, the bill was rejected by the Senate.
- Advocates for comprehensive transportation funding increases are hoping for a 2020 bonding bill that would make meaningful transportation investments.
- The next opportunity to advocate for a substantially larger transportation budget will come in 2021.

3. Continue To Adequately Fund The DNR Flood Reduction Program For Local Projects

- This goal is aligned closely with the League's policy.
- Since there was no bonding bill enacted in 2019, this program was not funded.
- The next opportunity to advocate for this program will be in 2020, when the legislature is expected to assemble and pass a robust bonding bill.

4. Support Funding For Local Government Aid

- The omnibus tax bill (First Special Session Chapter 6) includes a \$26 million increase in the local government aid (LGA) appropriation effective for the 2020 distribution, bringing the total appropriation to \$560.4 million.
- It provides an additional \$4 million increase in LGA for the 2021 distribution, bringing the total appropriation to \$564.4 million, the level last distributed to cities in 2002.
- The bill also includes a provision that will prevent any city from losing LGA in 2020.

5. Support Funding For Metropolitan Council Inflow/Infiltration Grants—Public And Private Improvements

- Since there was no bonding bill enacted in 2019, this program was not funded.
- The next opportunity to advocate for this program will be in 2020, when the legislature is expected to assemble and pass a robust bonding bill.

6. Increase Infrastructure Funding By Modifying Fiscal Disparities Formula

- The fiscal disparities formula was not modified in 2019.

7. Support Funding For Affordable And Workforce Housing

- The omnibus agriculture department, rural development, and housing finance bill (First Special Session Chapter 1) includes \$5 million in additional one-time funding for FY 2020 over the base funding level of \$12.9256 million for challenge grants or loans for construction, acquisition, rehabilitation, demolition, or removal of existing structures, construction financing, permanent financing, interest rate reduction, refinancing, and gap financing of affordable housing to support economic development.
- Also, several provisions provide pots of money to assist in the building of market-rate residential rental properties aimed at increasing workforce housing options.

8. Support Tax Incentives For Community Reinvestment

- The 2019 legislature did not pass legislation pertaining to tax deferrals.
- The omnibus jobs, economic development, energy, and commerce finance bill (First Special Session Chapter 7) provides \$11.970 million in FY 2020 and FY 2021 for the Minnesota Investment Fund (MIF) and provides base funding for the program in the amount of \$12.37 million for 2022 and beyond.
- The chapter also amends Minn. Stat. § 116J.8731 to create an exception allowing a city, county, or town to spend uncommitted money received from the repayment of MIF funds for any lawful purpose.



MEMORANDUM

Administrative Services Department

763-593-8013 / 763-593-3969 (fax)

Executive Summary

Golden Valley Council/Manager Meeting

August 13, 2019

Agenda Item

4. 2020-2021 Proposed General Fund Budget

Prepared By

Sue Virnig, Finance Director

Summary

At the August 13 Council/Manager meeting, the Council will be reviewing the 2020-2021 General Fund Budget. Staff will be making a presentation with the major changes in the budget. The final proposed levy will be presented at the Council Manager meeting on September 10 and approved at the Council Meeting on September 17.

Attachments

- 2020-2021 Proposed General Fund Biennial Budget (previously distributed and <http://www.goldenvalleymn.gov/budget/index.php>)
- 2020-2021 Proposed General Fund Budget (16 Pages)

2020-2021 General Fund Proposed Budget

Council Manager Meeting

August 13, 2019

2019 Schedule

- ▶ May - July
 - ▶ Staff Meetings preparing proposed budget
- ▶ Week of August 5-9
 - ▶ Review 2020-2021 General Fund Budget with each council member and mayor
- ▶ August 13-Council/Manager Meeting
 - ▶ Review 2020-2021 General Fund Budget
- ▶ September 10-Council/Manager Meeting
 - ▶ Review all other funds budgets (Enterprise, Special Revenue, Internal Service Funds)
 - ▶ Review 2020-2029 Capital Improvement Program
 - ▶ Review 2020 Proposed Levy and Tax Impact
- ▶ September 17-Council Meeting
 - ▶ Proposed Property Tax Hearing (Amount Approved will go on notice for Nov)
- ▶ December 3-Council Meeting
 - ▶ Property Tax Hearing-Adoption

2019-How are we doing this year?

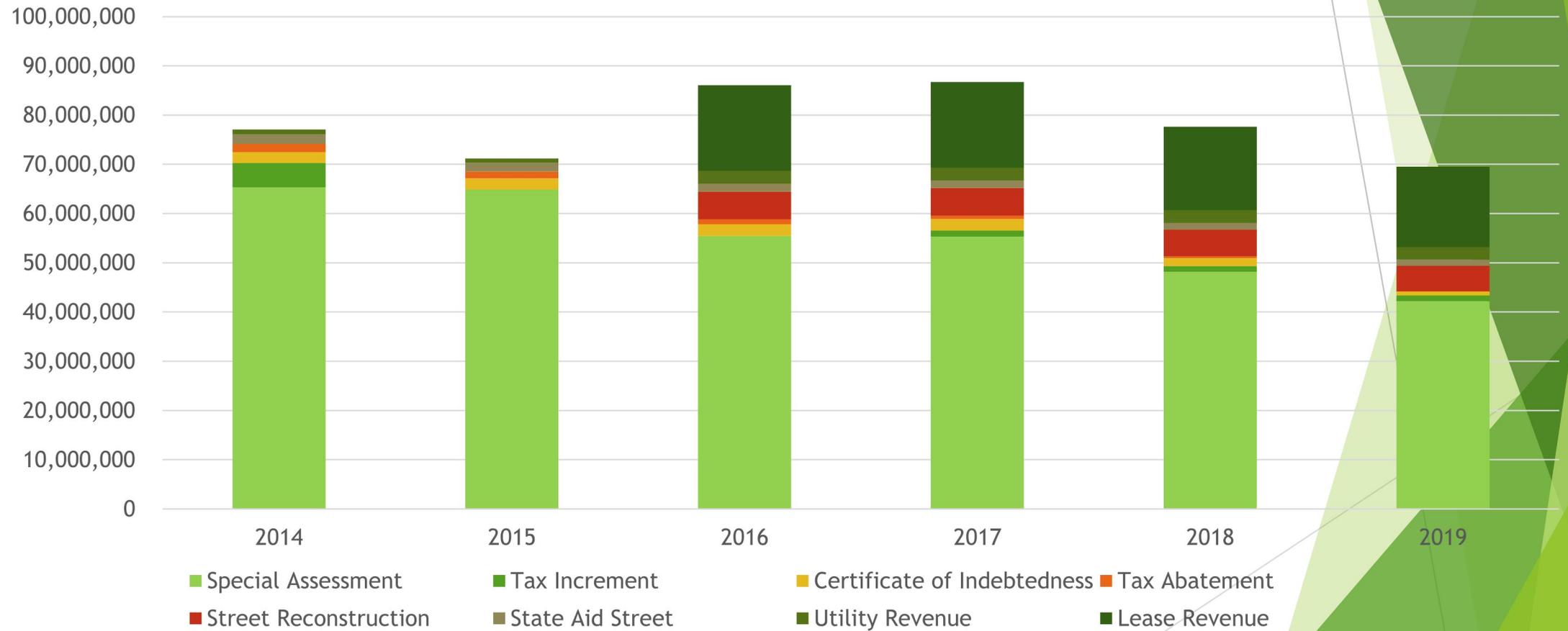
- ▶ Building Permits and others that coincide with them such as heating, electrical, mechanical
 - ▶ Commercial improvements are down
 - ▶ Apartments are finished
- ▶ Fines and Forfeitures -down \$85,000
 - ▶ Not fully staffed due to retirements and employee resignations
 - ▶ Moved from Ridgedale Court to Brookdale Court
- ▶ Property Tax Revenue
 - ▶ Petitions have adjusted current revenue

Estimate at end of year 2019

- ▶ Positive Performance \$367,720 - will stay in fund balance
- ▶ Barring no storms, abnormal beginning winter, etc.

- ▶ August 21
 - ▶ Adjust position in Inspections (included in Estimated Budget for 2019)
 - ▶ Add one additional staff member to the Motor Vehicle Licensing Department

Total Bonded Debt



2020 General Fund Revenues

- ▶ Court Fines down \$85,000
- ▶ No Local Government Aid (LGA)

General Fund Expenditures

▶ 2020 Proposed Expenditures

▶ Council \$16,800

- ▶ Blue Line Lobbyist Share \$1,800
- ▶ Three Elections \$15,000

▶ City Manager \$208,630

- ▶ New Position-Community Affairs Coordinator (w/benefits) \$86,130
- ▶ Pathways to Public Service (moved from Police budget) \$0
- ▶ Branding \$100,000
- ▶ City Survey \$15,000
- ▶ Civic Engagement Tools \$3,500
- ▶ Employee Training \$4,000

▶ Transfers \$360,000

		<u>2020</u>	<u>Goal</u>
▶ Buildings	\$135,000	\$500,000	\$500,000
▶ Parks	\$25,000	\$350,000	\$400,000
▶ Capital Imp Fund	\$100,000	\$600,000	\$1,000,000
▶ Equipment	\$50,000	\$1,032,580	\$1,100,000
▶ Environmental Control	\$50,000		\$50,000

General Fund Expenditures, cont

- ▶ Administrative Services \$15,000
 - ▶ Intern
- ▶ Planning Budget \$10,000
 - ▶ Downtown Study \$35,000 \$0 increase (was in 2019)
 - ▶ Business Retention Program \$10,000
- ▶ Police \$119,610
 - ▶ Police Officer \$89,610 w/benefits
 - ▶ Handguns \$30,000

General Fund Expenditures, cont

- ▶ Fire Operations \$103,955
 - ▶ Paid On Call Firefighters \$67,760
 - ▶ Emergency Management Plan \$25,000
 - ▶ Ice/Water Coats/Gloves replacement \$5,085
 - ▶ WiFi (Stations 2 & 3) \$3,200
 - ▶ County Upgrade to Paging Calls \$3,000
- ▶ Engineering/Streets \$36,050
 - ▶ Street & Traffic Lights moved to Streets
 - ▶ Lighting Repairs \$20,000
 - ▶ Street Materials \$16,100
- ▶ Public Works Maintenance \$16,600
 - ▶ Increase hourly rate to \$15
- ▶ Contingencies \$100,000
 - ▶ In 2019, we added \$23,000 for compensation study

General Fund Expenditures, cont

- ▶ Overall Items
 - ▶ Salaries are budgeted for the current step and not the final 5th step
 - ▶ Proposed 3% salary increase
 - ▶ Increase in contribution for health insurance (\$160 of the \$320)
 - ▶ Fuel Increases 6-10%

TOTAL PROPOSED LEVY

	Levy Payable 2019	Proposed Levy Payable 2020	
General Fund	18,625,845	19,844,140	6.54%
Fire Relief Levy	0	0	
Tax Abatement Levy	0	0	
Bonded Debt:			
Street Improvement Bonds	3,881,654	4,205,594	
Brookview Community Center	1,216,300	1,218,300	
Equipment Certificates			
Debt Sub-Total	5,097,954	5,423,894	6.39%
TOTAL Levy	23,723,799	25,268,034	6.51%

Total Tax Capacity in City

(Taxable Market Value X Tax Rate)

Tax Capacity	2019	2020	% increase (decrease)
Commercial	14,365,910	14,917,090	3.84%
Industrial	6,324,396	6,621,197	4.69%
Apartments	3,805,632	4,981,763	30.91%
Residential	24,946,555	26,501,218	6.23%
Personal Property	525,094	525,094	0%
TOTAL	49,967,587	53,546,362	7.162%

Tax Capacity, continued

Tax Capacity	2019	2020	% increase (decrease)
Total Gross Tax Capacity	49,967,587	53,546,362	
Estimated Fiscal Disparities Contribution	(7,107,691)	(7,678,701)	
Estimated Fiscal Disparities Distribution	2,036,113	2,036,113	Avail 8-17
Estimated Tax Increment Tax Capacity	(834,500)	(1,119,826)	Avail 9-1
Total Net Tax Capacity for Local Tax Rate	44,061,509	46,783,948	6.18%

Tax Capacity, continued

Median Home	2019	2020	% increase (decrease)
Property Value	\$312,000	\$327,000	4.81%
Tax Rate	53.780%	54.021%	
City Portion of Taxes		\$95.64	\$95.64 or \$7.97 per month

Numbers Still Needed for Tax Impact

- ▶ Fiscal Disparities Distribution August 17
- ▶ Estimated Tax Increment Tax Capacity September 1
- ▶ Personal Property Values August 17

✓ Rule of Thumb

For each \$100,000, a median home would be effected \$7.14

City Council

REGULAR MEETING AGENDA

Aug 20, 2019 – 6:30 pm
Council Chambers
Golden Valley City Hall
7800 Golden Valley Road

1. Call to Order

- A. Pledge of Allegiance
- B. Roll Call

Pages

2. Additions and Corrections to Agenda

3. Consent Agenda

Approval of Consent Agenda - All items listed under this heading are considered to be routine by the City Council and will be enacted by one motion. There will be no discussion of these items unless a Council Member so requests in which event the item will be removed from the general order of business and considered in its normal sequence on the agenda.

- A. Approval of Minutes:
 - 1. Council/Manager Meeting – July 9, 2019
 - 2. City Council Meeting – August 7, 2019
- B. Approval of City Check Register
- C. Licenses:
 - 1. Approve New & Used Vehicle Sales Licenses
- D. Minutes of Boards and Commissions:
- E. Bids and Quotes:
 - 1. Approve Contract for Repair of Pennsylvania Avenue
- F. Approve Amendment to the 2019 Revenue Budgets 19-
- G. Approve Amendment to the 2019 Enterprise Fund 19-
- H. Adoption of 2040 Comprehensive Plan (Tentative)
- I. Receive and File Annual Grant Report

4. Public Hearing

5. Old Business

6. New Business

All Ordinances listed under this heading are eligible for public input.

- A. Amendment to the Golden Valley Foundation Lease and MOU
- B. Amendment to the Talo PUD Agreement
- C. Review of Council Calendar
- D. Mayor and Council Communications

7. Adjournment



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.



City Council

REGULAR MEETING AGENDA

Sept 3, 2019 – 6:30 pm
Council Chambers
Golden Valley City Hall
7800 Golden Valley Road

1. Call to Order

- A. Pledge of Allegiance
- B. Roll Call

Pages

2. Additions and Corrections to Agenda

3. Consent Agenda

Approval of Consent Agenda - All items listed under this heading are considered to be routine by the City Council and will be enacted by one motion. There will be no discussion of these items unless a Council Member so requests in which event the item will be removed from the general order of business and considered in its normal sequence on the agenda.

- A. Approval of Minutes:
 - 1. City Council Meeting – August 20, 2019
- B. Approval of City Check Register
- C. Licenses:
- D. Minutes of Boards and Commissions:
- E. Bids and Quotes:
- F. Award 2019 Bike Lane Improvement Project
 - 1. Resolution to Restrict Parking on Golden Valley Road 19-
 - 2. Resolution to Restrict Parking on Laurel Avenue 19-
- G.

4. Public Hearing

- A. Public Hearing - Zoning Code Text Amendment – Mixed Use Zoning District
- B. Public Hearing - Vacation 424 Turnpike Road

5. Old Business

6. New Business

All Ordinances listed under this heading are eligible for public input.

- A. First Consideration – Tobacco Ordinance Amendment
- B. Approve Pollinator Resolution & MOU with Garden Club
- C. Review of Council Calendar
- D. Mayor and Council Communications

7. Adjournment



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Housing & Redevelopment Authority

Sept 10, 2019 – 6:30 pm
Council Conference Room
Golden Valley City Hall
7800 Golden Valley Road

WORK SESSION AGENDA

Pages

1. 4d Housing Discussion
2. Section 8 Discrimination Ordinance Discussion
3. Adjournment

DRAFT



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City Council/Manager

**Sept 10, 2019 – Immediately
following HRA Work Session**

Council Conference Room
Golden Valley City Hall

REGULAR MEETING AGENDA

Pages

1. 2020-2021 Other Funds; 2021-2029 CIP; General Fund Budget and Levy
2. Glenwood Ave Bike Lane Plan and Parking Restrictions
3. Council Review of Future Draft Agendas: City Council September 17, City Council Wednesday, October 2 and Council/Manager Thursday, October 10, 2019

Council/Manager meetings have an informal, discussion-style format and are designed for the Council to obtain background information, consider policy alternatives, and provide general directions to staff. No formal actions are taken at these meetings. The public is invited to attend Council/Manager meetings and listen to the discussion; public participation is allowed by invitation of the City Council.



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