

Promising Practices

Breathe Free North: A policy approach to limiting youth access to tobacco products

Through their Health Equity in Prevention (HEiP) initiative, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (the Center) awarded contracts to 13 organizations working to implement policy, systems, and environmental changes to support health and advance health equity. The Promising Practices series highlights successful strategies used by these organizations and important lessons learned that can be used by other organizations to inform their work.

NorthPoint Health and Wellness and Breathe Free North

NorthPoint Health and Wellness (NorthPoint) has a long history of working to reduce tobacco use and exposure to secondhand tobacco smoke in North Minneapolis. They take a grassroots approach, working directly with community residents to pass tobacco control policies. Funded by the Center and Clearway Minnesota, Breathe Free North (BFN) is NorthPoint's youth education project which aims to engage youth to organize for change in their communities. The program works with youth to reduce access to tobacco, focusing on reducing the number of stores that sell tobacco products targeting youth, including flavored tobacco and low-cost tobacco products such as cigarettes or cigarillos sold as singles. In 2015, BFN focused its efforts on advocating for an ordinance that would restrict the sale of flavored tobacco products in the city of Minneapolis. This summary describes the issue and the work BFN did to ensure passage of the ordinance. It also highlights the lessons learned in their work that may be helpful to other organizations trying to reduce youth access to tobacco products.



Youth and flavored tobacco

Overall tobacco use among high school students in Minnesota has dropped from 39 percent in 2000 to just over 19 percent in 2014 (Minnesota Department of Health, 2014). However, while cigarette use has dropped among youth tobacco users, more are using other tobacco products like cigars, cigarillos, and smokeless tobacco, many of which come in a variety of flavors. In addition, many youth under age 18 are still able to purchase tobacco in stores (17% of current smokeless tobacco users were able to purchase products directly in a store) (Minnesota Department of Health, 2014).

Nationwide, about 18 percent of all high school students reported using a flavored tobacco product in the past 30 days, and 70 percent of middle and high school students who have used tobacco in the past month have used a flavored tobacco product (Centers for Disease Control and Prevention, n.d.). Studies of youth perceptions of flavored tobacco products, such as bidis (handrolled flavored cigarettes) and waterpipes, have shown that young smokers believe that flavored products will taste better and be safer than conventional cigarettes (Centers for Disease Control and Prevention, 1999; Primack, B.A. et al., 2008).

Tobacco manufacturers have designed and marketed these flavored tobacco products specifically to appeal to younger tobacco consumers. Although it is illegal to market tobacco products to youth, industry documents made public during litigation indicate that candy and fruit flavors are used in tobacco specifically to appeal to young smokers (Dachille, 2009).

Narrowing the focus

BFN has worked to reduce youth access to tobacco in North Minneapolis since 2007. This has allowed them to track local tobacco data over time, observe how policies have affected the availability of tobacco in their neighborhoods, and respond quickly to emerging trends and issues.

In 2013, a state tobacco tax increase was added to packs of cigarettes. Although tax increases are positively related with decreased smoking rates (Mattson, Chaloupka, & Boyle, 2015), BFN observed an unintended consequence in the local convenience stores and gas stations: the increased availability of other non-cigarette tobacco products. A BFN assessment of products offered in North Minneapolis stores in 2012, before the tobacco tax increase, indicated that there were very few flavored tobacco products available in stores (an average of 4 products per store). However, a follow-up assessment showed the same stores offered over 20 types of flavored tobacco products after the tobacco tax was implemented.

BFN also conducted a survey of local youth to better understand their access to tobacco. The results showed that flavored tobacco products are popular among North Minneapolis youth and easy to access. These local assessment results helped BFN focus their efforts on reducing youth access to flavored tobacco and to engage other stakeholders in their work.

Minneapolis is not the first community to pass ordinances that restrict flavored tobacco products. A Minneapolis suburb, Brooklyn Center, introduced new pricing on flavored projects. Communities in other parts of the nation have restricted sales by establishing ordinances that do not allow tobacco sales within a specific distance to schools and other locations where youth gather. Although these approaches worked well in other communities, BFN saw another opportunity to pass a more effective policy and decided to work towards a city ordinance that would restrict the sale of flavored tobacco products to tobacco stores only. This would restrict sales of these products from 300 to 15 stores citywide in 2016. Because North Minneapolis does not have any tobacco shops, the ordinance would effectively eliminate access to flavored tobacco products locally.

A number of strategic decisions ultimately led to the ordinance being passed. BFN found that flavored tobacco products were unfamiliar to city council members and their staff, and to community residents overall. BFN found that they needed to focus much of their initial efforts on educating these key stakeholders about these products and how they target youth. BFN also made a strategic decision to exclude menthol-flavored products from the flavored tobacco ordinance because, while still harming the health of community residents, these products are not advertised to youth in the same way as other flavored products. BFN needed to repeatedly remind both advocates and opponents about the limited scope of the ordinance as it was being proposed and debated.

In August 2015, the ordinance restricting sales of flavored tobacco products to tobacco stores only was passed in Minneapolis. It is scheduled to be implemented January 1, 2016 and BFN is planning future work to monitor its implementation.

Lessons learned

NorthPoint and BFN were able to identify key lessons learned that might be helpful for other organizations working in the area of tobacco control:

- When grantmakers offer flexible funding, organizations can respond quickly to emerging community needs. When BFN identified flavored tobacco products as an emerging community issue, some of BFN's existing partners were not able to work on this topic because of grant restrictions. Because BFN's funding from the Center was flexible, they could work on a variety of tobacco-related topics, identify emerging concerns, and choose the most pressing issue for their community.
- When organizations are involved in communities as long-term partners, they can more easily identify and act to address new concerns. Because BFN had been working in North Minneapolis and collecting data for five years, they were able to keep track of emerging trends and changes in the community with regard to tobacco use and marketing. This was how they learned about the changes in flavored tobacco availability and it allowed them to make changes to their work plan to address those needs.
- Relationships help council members see the value in proposed policy changes. BFN youth have regular contact with city council members. For example, they host a welcome breakfast each year and when new council members are elected. Youth know their own council members and have spent time with each person discussing flavored tobacco and how it affects young people. These relationships were key to passing the ordinance. Because this was framed as a youth issue, council members were able to see who would be affected by this ordinance.
- When efforts are at a grassroots level, policy changes meet the actual needs of the community. BFN's approach was very grassroots, rather than top-down. They specifically choose an issue that

had become a problem in their own community and developed a new ordinance that would be more effective than models of tobacco control used by other cities. BFN also pushed to make sure community meetings were part of the policy development process. Overall, the approach was tailored to the needs of the community and community feedback was gathered throughout the process.

Data is used consistently to educate people about issues and answer emerging questions. One major challenge BFN encountered was the lack of awareness by community members and city officials about flavored tobacco and its effects on youth. In order to convince community stakeholders and officials that this was a legitimate problem, BFN had to gather data such as the store assessments, surveys of local youth, and information about changes being made in other cities. This helped them convince council members that flavored tobacco was actually an issue for the community. Throughout the process, BFN responded to a number of data requests that emerged as council members voiced particular concerns or questions. For example, BFN youth participants went into liquor stores to demonstrate that children are being allowed into these spaces illegally, thus creating opportunities for them to buy tobacco.

- A narrowly focused ordinance makes it easier to clarify the issues and ignore distractions. Because BFN decided to focus on flavored tobacco to the exclusion of other tobacco-related issues (for example menthol), they increased their chances of the ordinance passing by not tackling too many issues at one time. They successfully kept attention focused on flavored tobacco even when some opponents of the ordinance tried to bring in other arguments concerning sales of menthol and other products.
- Policy changes are slow-moving and require ongoing attention. BFN was prepared for a lengthy process, one that involved multiple rounds of data collection, extensive community engagement, and meetings with council members. Because every council member was involved in the policy, the concerns and perspectives of each had to be considered. Passing the ordinance required constant relationship-building, data collection, community engagement, and strict focus on how the issue of flavored tobacco affects youth specifically.

References

- Centers for Disease Control and Prevention. (1999). *Bidi use among urban youth*. Morbidity and Mortality Weekly Report, 48, 796-799.
- Centers for Disease Control and Prevention. (n.d.). *CDC newsroom releases*. Retrieved from: <u>http://www.cdc.gov/media/releases/2015/p0930-flavored-tobacco.html</u>
- Dachille, K. (2009). *Pick your poison: Responses to the marketing and sale of flavored tobacco products*. Tobacco Control Legal Consortium. Retrieved from: <u>http://www.publichealthlawcenter.org/topics/tobacco-control/sales-restrictions/flavored-products/resources</u>
- Mattson, L.R., Chaloupka, F.J., & Boyle, R. (2015). *Get the facts: Minnesota's 2013 tobacco tax increase is improving health.* Retrieved from: <u>http://www.centerforpreventionmn.com/our-approach/how-we-work/influencing-policy/tobacco-tax</u>
- Minnesota Department of Health. (2014). *Teens and Tobacco in Minnesota, 2014 Update Executive Summary* from: http://www.health.state.mn.us/divs/chs/tobacco/youth.html
- Primack, B.A., Sidani, J., Agarwal, A.A., Shadel, W.G., Donny, E.C., & Eissenberg, T.E. (2008).
 Prevalence of and associations with waterpipe tobacco smoking among U.S. university students.
 Annals of Behavioral Medicine, 36(1), 81-6.



451 Lexington Parkway North Saint Paul, Minnesota 55104 651-280-2700 www.wilderresearch.org



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For more information

NorthPoint Health and Wellness: LaTrisha Vetaw | 612-767-9163 | Ivetaw@northpointinc.org Wilder Research: Lida Gilbertson | 651-280-2007 | Iida.gilbertson@wilder.org

Prepared by Wilder Research on behalf of the Center for Prevention at Blue Cross and Blue Shield of Minnesota.