

**RESOLUTION NO. \_\_\_\_****A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PLACERVILLE  
ADOPTING FINDINGS IN SUPPORT OF THE “TOBACCO RETAILERS” ORDINANCE**

**WHEREAS**, in support of the “Tobacco Retailers” Ordinance that the City Council of the City of Placerville is contemporaneously reviewing with this Resolution, the City Council makes the following findings documenting the well-established negative health impacts of tobacco use, particularly relating to the City’s youth and the recent expansion of tobacco retailers in the City.

**NOW, THEREFORE, BE IT RESOLVED** by the City of Council of the City of Placerville that the City Council hereby finds and determines as follows:

- A. The County has seen a proliferation of tobacco retailer businesses with 52 new licenses issued since 2020 for a total of 143 tobacco retailers established in El Dorado County as of December 11, 2023.
- B. The City is concerned about this recent proliferation (a 36% increase) of tobacco retailer businesses and the harmful effects of tobacco on City residents and especially youth.
- C. The Surgeon General reports 480,000 people die in the United States from smoking-related diseases and exposure to secondhand smoke every year, making tobacco use the nation’s leading cause of preventable death.<sup>1</sup>
- D. The World Health Organization (WHO) estimates that tobacco kills 8 million people and causes over 1.4 trillion dollars in economic damage each year;<sup>2</sup>
- E. 5.6 million of today’s Americans who are younger than 18 years of age are projected to die prematurely from a smoking-related illness;<sup>3</sup>
- F. Tobacco use is the number one cause of preventable death in California and continues to be an urgent public health issue, as evidenced by the following:
  1. 40,000 California adults die from their own smoking annually.<sup>4</sup>
  2. More than 25% of all adult cancer deaths in California are attributable to smoking.<sup>5</sup>
  3. Smoking costs California \$15.44 billion in annual health care expenses, \$3.85 billion in Medicaid costs caused by smoking, and \$28.1 billion in smoking-caused productivity losses.<sup>6</sup>
  4. Tobacco use can cause disease in nearly all of the organs of the body and is responsible for 87% of lung cancer deaths, 32% of coronary heart disease deaths, and 79% of all cases of chronic obstructive pulmonary disease in the United States.<sup>7</sup>
- G. Tobacco use among priority populations in California contributes to health disparities and creates significant barriers to health, as evidenced by the following:
  1. African American (20.4%), Asian or Pacific Islander (11.4%), and Hispanic (15.2%) males all report a higher smoking prevalence than the statewide average among all adults (11.0%).<sup>8</sup>
  2. American Indian/Alaska Native Californians have the highest smoking prevalence (19.1%) among all reported adult demographic populations.<sup>9</sup>

- H. In California, over 67% of current and former adult smokers started by the age of 18 and almost 100% start by age 26,<sup>10</sup>
- I. The 2023 National Youth Tobacco Survey (NYTS) was recently released and identified a concerning trend that has emerged among middle school students with a significant rise in the use of any tobacco product reaching 6.6% in 2023, up from 4.5% in 2022, an increase of over 46%.<sup>11</sup>
- J. In 2023, 10% of middle and high school students (2.80 million) reported current (i.e., past 30-day) use of any tobacco product.<sup>12</sup>
- K. Given the number of middle and high school students that use tobacco products, sustained efforts to prevent initiation of tobacco product use among young persons and strategies to help young tobacco users quit are critical to reducing youth tobacco product use.<sup>13</sup>
- L. The tobacco industry encourages youth and young adult tobacco initiation through predatory targeting, as evidenced by the following:
  - 1. Tobacco companies target young adults ages 18 to 24 to increase their frequency of tobacco use and encourage their transition to habitual users.<sup>14</sup>
  - 2. Tobacco industry documents state that if “a man has never smoked by the age of 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one”.<sup>15</sup>
  - 3. The tobacco industry spends an estimated \$452.6 million annually to market tobacco products to California residents.<sup>16</sup>
- M. Retailers continue to sell tobacco to underage consumers, as evidenced by a 2018 survey where 16.3% of El Dorado County tobacco retailers unlawfully sold tobacco products to underage individuals.<sup>17</sup>
- N. Tobacco retailers failing to comply with tobacco control laws, particularly laws prohibiting the sale of tobacco products to underage individuals, represent an imminent threat to the long-term public health and safety of our residents, as evidenced by the following:
  - 1. Cigarette smoking during childhood and adolescence causes significant health problems among young people, including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung growth and function.<sup>18</sup>
  - 2. Most importantly, this is when an addiction to smoking takes hold, often lasting into and sometimes throughout adulthood. Among adults who have ever smoked daily, 87% had tried their first cigarette by the time they were 18 years of age, and 95% had by age 21.<sup>19</sup>
- O. According to The Centers for Disease Control and Prevention’s (CDC) *2014 Best Practices for Comprehensive Tobacco Control Programs*, state and community interventions for preventing tobacco use among youth includes: “*stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education and reinforcement.*”
- P. Systematic scientific reviews indicate that merchant compliance with youth tobacco sales laws reduces the rate of tobacco use among adolescents. Studies found increased retailer compliance and reduced tobacco sales to youth following implementation and active enforcement of youth tobacco sales laws paired with penalties for violations.<sup>20, 21</sup>

- Q. Policies to reduce tobacco retailer density have been shown to be effective and can reduce or eliminate inequities in the location and distribution of tobacco retailers.<sup>22</sup>
- R. Strict enforcement of policies prohibiting retail sales of cigarettes to youth, sales of cigarettes via vending machines, and other means through which youth gain access to tobacco in commercial settings can limit their opportunities to obtain these products.<sup>23</sup>
- S. Strong policy enforcement and monitoring of retailer compliance with tobacco control policies (e.g., requiring identification checks) is necessary to achieve reductions in youth tobacco sales.<sup>24</sup>
- T. The Institute of Medicine recognizes that retailers are not likely to comply with youth tobacco access laws unless such laws are actively enforced through retailer compliance checks paired with meaningful penalties on business owners for violations.<sup>25</sup>
- U. A review of 41 California communities with strong tobacco retailer licensing ordinances found that youth sales rates declined in 40 of these communities after the ordinances were enacted, with an average 69% decrease in the youth sales rate.<sup>26</sup>
- V. At least 230 municipalities require a local tobacco retailer license to sell tobacco products.<sup>27</sup>
- W. The federal Family Smoking Prevention and Tobacco Control Act (“Tobacco Control Act”), enacted in 2009, prohibited candy- and fruit-flavored cigarettes, largely because these flavored products are marketed to youth and young adults, and younger smokers were more likely than older smokers to have tried these products.<sup>28</sup>
- X. In 2018, more than 86% of tobacco retailers in California sold flavored non-cigarette tobacco products, over 91% of tobacco retailers sold menthol cigarettes,<sup>29</sup> and, as of 2016, 8 out of 10 tobacco retailers near schools sold flavored non-cigarette tobacco products.<sup>30</sup>
- Y. Flavored tobacco products are used by the majority of youth and young adult tobacco users (86.4% and 57.7%, respectively) in California.<sup>31</sup>
- Z. Mentholated and flavored products have been shown to be “starter” products for youth who begin using tobacco and that these products help establish tobacco habits that can lead to long-term addiction.<sup>32</sup>
- AA. Between 2004 and 2014, use of non-menthol cigarettes decreased among all populations, but overall use of menthol cigarettes increased among young adults (ages 18 to 25) and adults (ages 26+).<sup>33</sup>
- BB. Flavored tobacco has significant public health implications for youth and people of color as a result of targeted industry marketing strategies and product manipulation.<sup>34</sup>
- CC. Scientific reviews by the FDA and the Tobacco Products Scientific Advisory Committee (“TPSAC”) found marketing of menthol cigarettes likely increases the prevalence of smoking among the entire population, but especially among youth, African Americans, and possibly Hispanic and Latino individuals; and that menthol cigarettes are associated with increased initiation and progression to regular cigarette smoking, increased dependence on cigarettes, and reduced success in smoking cessation, especially among African American menthol smokers.<sup>35</sup>
- DD. Research indicates that the FDA ban in 2009 on all flavored cigarette products (except menthol) led to a 6% decrease in youth tobacco use and a 17% decrease in the likelihood of a youth becoming a cigarette smoker.<sup>36</sup>

- EE. Studies indicate that laws prohibiting the sale of flavored tobacco products lead to decreases in youth tobacco use, as evidenced by the following:
1. An evaluation of New York City's law, which prohibits the sale of all flavored tobacco, excluding menthol, indicated that as a result of the law, youth had 37% lower odds of ever trying flavored tobacco products and 28% lower odds of ever using any type of tobacco.<sup>37</sup>
  2. An evaluation of a law in Providence, Rhode Island, which prohibits the sale of all flavored tobacco, excluding menthol, indicated that as a result of the law, current use of any tobacco product among high school youth declined from 22% to 12% and e-cigarette use declined from 13.3% to 6.6%, even as statewide e-cigarette use among high school increased to more than 20%.<sup>38</sup>
- FF. State law prohibits retailers from selling flavored tobacco products with limited exceptions (Cal. Health and Safety Code Sec. 104559.5).
- GG. The health effects of non-cigarette tobacco products such as cigars, cigarillos, smokeless tobacco, and shisha are substantial as demonstrated by research that shows that non-cigarette tobacco products have addictive levels of nicotine, harmful toxins, and dangerous carcinogens.<sup>39</sup>
- HH. Unlike cigarette use that has steadily declined among youth, the prevalence of the use of non-cigarette tobacco products has increased among California youth.<sup>40</sup>
- II. Although federal and state law ban the sale of individual cigarettes, neither federal nor California state laws restrict the sale of individual little cigars and cigars.
- JJ. Many retailers sell little cigars and cigars individually, making them more affordable and appealing to youth. Additionally, 78.3% of California tobacco retailers sell a popular brand of youth-friendly cigars for less than \$1.00.<sup>41</sup> And between 2012 and 2016, annual sales of cigarillos increased by 78% overall and by 155% for "concept-flavored" (e.g., Jazz) cigarillos.<sup>42</sup>
- KK. A 10% increase in cigar prices has been associated with decreased cigar sales and may significantly reduce cigar use among youth.<sup>43</sup>
- LL. Youth are particularly responsive to changes in tobacco prices, and evidence suggests that tobacco companies deliberately target youth with price reductions.<sup>44</sup>
- MM. The availability of inexpensive tobacco products leads to increased tobacco use as evidenced by more than 100 academic studies that conclusively show that when tobacco products are made more expensive, fewer people use tobacco, fewer initiate tobacco use, and more people quit tobacco use.<sup>45</sup>
- NN. Research has also consistently shown that increases in cigarettes prices will result in less smoking across various sociodemographic populations.<sup>46</sup>
- OO. A systematic review by the U.S. Community Preventive Services Task Force found that a 20% price increase would reduce demand for cigarettes by approximately 10.4%, the prevalence of adult tobacco use by 3.6%, and initiation of tobacco use by young people by 8.6%.<sup>47</sup>
- PP. Unequal price increases across different types of tobacco products lead to substitution from one product to another.<sup>48</sup>

- QQ. Evidence also suggests that cigarettes are cheaper in neighborhoods with lower household incomes,<sup>49</sup> Newport menthol cigarettes cost less in areas with higher proportions of African Americans,<sup>50</sup> and underserved communities are targeted with price discounts and coupons.<sup>51</sup>
- RR. Tobacco companies spend considerably to decrease the price of their products in order to counter state and local tobacco control efforts, appeal to price-sensitive consumers, and increase demand for tobacco products. For example, tobacco companies spent the majority of their cigarette marketing budgets on price discounts, accounting for nearly \$6.2 billion of \$8.6 billion advertising and promotional expenditures in 2018.<sup>52</sup>
- SS. The tobacco industry's price discounting strategies, such as coupons and multiple-package discounts, are popular among consumers, with more than half of adults using some price minimization strategy.<sup>53</sup> Coupon receipt and redemption appears more prevalent among white, younger, female, sexual minority, and more nicotine dependent smokers.<sup>54</sup> In California, individuals who used price minimization strategies saved an average \$1.04 per pack (or 18.6% off the total) in 2010.<sup>55</sup>
- TT. Price-discounted sales account for a substantial proportion of overall tobacco product sales.<sup>56</sup>
- UU. Neither federal nor California state laws set a minimum price for tobacco products.
- VV. Minimum price markups and related laws in other states have been shown to be effective at increasing the price of cigarettes but may remain vulnerable to price manipulation by the tobacco industry without attention to coupons and discounts.<sup>57</sup>
- WW. Studies have estimated that if price discounts were prohibited across the United States, the number of people who smoke would decrease by more than 13%;<sup>58</sup> the impact of a \$10 federal minimum floor price for cigarettes could reduce the number of packs sold in the United States by 5.7 billion per year and prompt more than 10 million smokers to quit;<sup>59</sup> and that a state-level minimum floor price law designed to raise the average price of cigarette packs by just under \$2.00 could significantly decrease the prevalence of cigarette use and consumption and reduce income-based smoking disparities in California.<sup>60</sup>
- XX. Pharmacies are perceived by many as amongst the most trusted of health care professionals.<sup>61</sup> By selling tobacco products, pharmacies reinforce positive social perceptions of smoking, convey tacit approval of tobacco use, and send a message that it is not so dangerous to smoke.<sup>62</sup> Children and young people are particularly influenced by cues suggesting that smoking is acceptable.<sup>63</sup>
- YY. The American Pharmacists Association, the California Pharmacists Association, and the California Medical Association have called for state and local laws prohibiting tobacco sales in drugstores and pharmacies because they believe that doing so supports the public health and social welfare of the communities in which they practice.<sup>64</sup>
- ZZ. Pharmacies sell cigarettes cheaper than other stores<sup>65</sup> and advertise tobacco product discounts more than other stores in California.<sup>66</sup>
- AAA. Tobacco-free pharmacy sales policies decrease the availability of tobacco products by reducing tobacco retailer density by up to three times compared with communities that do not have such policies,<sup>67</sup> and immediately after the nationwide CVS policy change

- to not sell tobacco products, cigarette purchases declined and smokers who had previously purchased their cigarettes exclusively at CVS were up to twice as likely to stop buying cigarettes entirely.<sup>68</sup>
- BBB. Nearly ninety (90) percent of California’s tobacco-free independent pharmacies have reported either no change or an increase in business since they stopped selling tobacco products.<sup>69</sup>
- CCC. Research indicates that the density and proximity of tobacco retailers increase smoking behaviors, including number of cigarettes smoked per day, particularly in neighborhoods experiencing poverty.<sup>70</sup>
- DDD. The density of tobacco retailers near adolescents’ homes has been associated with increased youth smoking rates<sup>71</sup> and initiation of noncigarette tobacco product use.<sup>72</sup>
- EEE. Adults who smoke are likely to have a harder time quitting when residential proximity to tobacco retailers is closer<sup>73</sup> and density is higher.<sup>74</sup>
- FFF. Tobacco retailers are more prevalent in underserved communities, especially in neighborhoods with a higher proportion of African American or Hispanic residents.<sup>75</sup>
- GGG. Tobacco retailer density is higher in urban compared to rural areas, except for low-income communities, which have higher tobacco retailer densities regardless of geography, and Hispanic communities, which are associated with variable retailer densities across geography.<sup>76</sup>
- HHH. Cigarette butts are the most common toxic waste found in cleanups and the number one item found on California highways.<sup>77</sup>
- III. The toxic chemicals in cigarette butts are a threat to our aquatic ecosystems, the substances that leach out of cigarette butts are highly toxic to freshwater microorganisms, and in 2010 over one million cigarettes were removed from California beaches and inland waterways as part of the International Coastal Cleanup.<sup>78</sup>
- JJJ. E-cigarette waste is potentially a more serious environmental threat than cigarette butts since e-cigarettes introduce plastic, nicotine salts, heavy metals, lead mercury, and flammable lithium-ion batteries into waterways, soil and to wildlife.<sup>79</sup>
- KKK. U.S. teens and adults are buying roughly 12 million disposable vapes per month. With little federal guidance, local officials are finding their own ways to dispose of e-cigarettes collected from schools, colleges, vape shops and other sites.<sup>80</sup>
- LLL. Disposable e-cigarettes currently account for about 53% of the multi-billion U.S. vaping market, according to U.S. government figures, more than doubling since 2020.<sup>81</sup>
- MMM. The number of different electronic cigarette devices sold in the U.S. has nearly tripled to over 9,000 since 2020, driven almost entirely by a wave of unauthorized disposable vapes.<sup>82</sup>
- NNN. As of May 31, 2024, FDA has authorized only 34 tobacco- and menthol-flavored e-cigarette products and devices.<sup>83</sup>
- OOO. The industry’s new vapes that have caused a youth vaping epidemic have all the same environmental problems as cigarette butts – plastic pollution and toxic chemicals leaking into the environment<sup>8485</sup> Plus, because they’re electronic devices, they leave behind electronic waste, which is notoriously difficult and costly to dispose of.<sup>86 87</sup>

- PPP. Because of the double-bind of e-cigarette waste being both electronic waste due to the components and hazardous waste due to the nicotine liquid residue, currently there is no legal way to recycle them in the U.S.<sup>88</sup>
- QQQ. A local licensing system for tobacco retailers is necessary to ensure retailers comply with tobacco control laws, and business standards of the Board of Supervisors, to protect the health, safety, and welfare of our residents.
- RRR. State law explicitly permits cities and counties to enact local tobacco retail licensing ordinances and allows for the suspension or revocation of a local license for a violation of any state tobacco control law (Cal. Bus. And Prof. Code Sec. 22971.3).

The foregoing Resolution was introduced at a regular meeting of the City Council of the City of Placerville held on October 22, 2024, by Councilmember \_\_\_\_\_ who moved its adoption. The motion was seconded by Councilmember \_\_\_\_\_.

The motion was passed by the following vote:

**AYES:**

**NOES:**

**ABSENT:**

**ABSTAIN:**

\_\_\_\_\_  
Mayor Jackie Neau

**ATTEST:**

\_\_\_\_\_  
Regina O'Connell, CPMC, City Clerk

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<sup>1</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. Available at: [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf).

<sup>2</sup> World Health Organization. WHO Report on the Global Tobacco Epidemic, 2019: Offer Help to Quit Tobacco Use. 2019. Available at: <https://apps.who.int/iris/handle/10665/326043>.

<sup>3</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. Available at: [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf).

<sup>4</sup> Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. Available at: <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>.

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<sup>6</sup> Campaign for Tobacco-Free Kids. The Toll of Tobacco in California.

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<sup>7</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. Available at: [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf).

<sup>8</sup> California Tobacco Control Program. California Tobacco Facts and Figures 2019. Sacramento, CA: California Department of Public Health. 2019. Available at: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsandFigures2019.pdf>.

<sup>9</sup> California Tobacco Control Program, California Department of Public Health. California Tobacco Facts and Figures 2019. Available at: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsandFigures2019.pdf>. Accessed August 12, 2024.

<sup>10</sup> California Tobacco Control Program. California Tobacco Facts and Figures 2016. Sacramento, CA: California Department of Public Health. 2016.

<sup>11</sup> Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Tobacco Product Use Among U.S. Middle and High School Students – National Youth Tobacco Survey, 2023. Available at: <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.

<sup>12</sup> Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Tobacco Product Use Among U.S. Middle and High School Students – National Youth Tobacco Survey, 2023. Available at: <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.

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<sup>16</sup> Campaign for Tobacco-Free Kids. The Toll of Tobacco in California. <https://www.tobaccofreekids.org/problem/toll-us/california>. Accessed August 12, 2024.

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<sup>18</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994.

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<sup>22</sup> Ribisl KM, Luke DA, Bohannon DL, Sorg AA, Moreland-Russell S. Reducing Disparities in Tobacco Retailer Density by Banning Tobacco Product Sales Near Schools. *Nicotine Tob Res*. 2017;19(2):239-244. doi: 10.1093/ntr/ntw185.

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<sup>26</sup> The American Lung Association in California Center for Tobacco Policy and Organizing. Tobacco Retailer Licensing is Effective. 2018.

<sup>27</sup> California Department of Public Health, 2024. Policy Evaluation Tracking System (PETS). Matrix of Policies Regulating Tobacco Retail Sales in California. July 2024. Available at: [https://pets.tcspartners.org/files/Matrix%20of%20Policies%20with%20Tobacco%20Retailer%20Regulations\\_July%202024.pdf](https://pets.tcspartners.org/files/Matrix%20of%20Policies%20with%20Tobacco%20Retailer%20Regulations_July%202024.pdf).

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<sup>29</sup> Schleicher NC, Johnson T, Vishwakarma M, et al. California Tobacco Retail Surveillance Study 2018. Available at: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/Rese>

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