

# Oregon Tobacco Facts & Laws

January 2011

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**Health**  
Authority



# Oregon Tobacco Facts & Laws

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# **Oregon Tobacco Facts**



# Introduction

## Introduction

This section of Oregon Tobacco Facts & Laws is a reference for the most recent Oregon data on tobacco.

In November 1996, Oregon voters passed Ballot Measure 44, which increased the tax on a pack of cigarettes by \$0.30 to \$0.68. The ballot measure dedicated 10 percent of the new revenue to the Department of Human Services “...for funding of prevention and education programs designed to reduce cigarette and tobacco use.” Thus, the Tobacco Prevention and Education Program (TPEP) was created.

During the 2007 Oregon Legislative Session, these funds, which had been cut by over 50 percent during the 2003 Legislative Session, were restored to TPEP. In addition, in 2007, the Oregon Legislature passed Senate Bill 571 to expand the Oregon Indoor Clean Air Act to prohibit smoking in almost all indoor spaces beginning January 2009. For more information about the recently expanded law, please refer to page 76.

Below is a summary of changes that have occurred in Oregon since 1996, the last full year before the Ballot Measure 44 tax increase and implementation of the Tobacco Prevention and Education Program.

### **Changes in Oregon tobacco consumption 1996 to 2009:**

- Per-capita cigarette consumption decreased 48 percent.

### **Changes in Oregon tobacco use from 1996 to 2009:**

The percentage of adults who smoke decreased by 26 percent, from 23.7 percent in 1996 to 17.5 percent in 2009.

Smoking has declined 54 percent among Oregon’s 8<sup>th</sup> graders, from 21.6 percent to 9.9 percent, and 46 percent among Oregon’s 11<sup>th</sup> graders, from 27.6 percent to 14.9 percent.

### **Changes in Oregon tobacco use during pregnancy from 1996 to 2007:**

Since 1996, the percentage of infants born to mothers who smoked while pregnant has decreased 34 percent, from 17.8 percent to 11.7 percent.

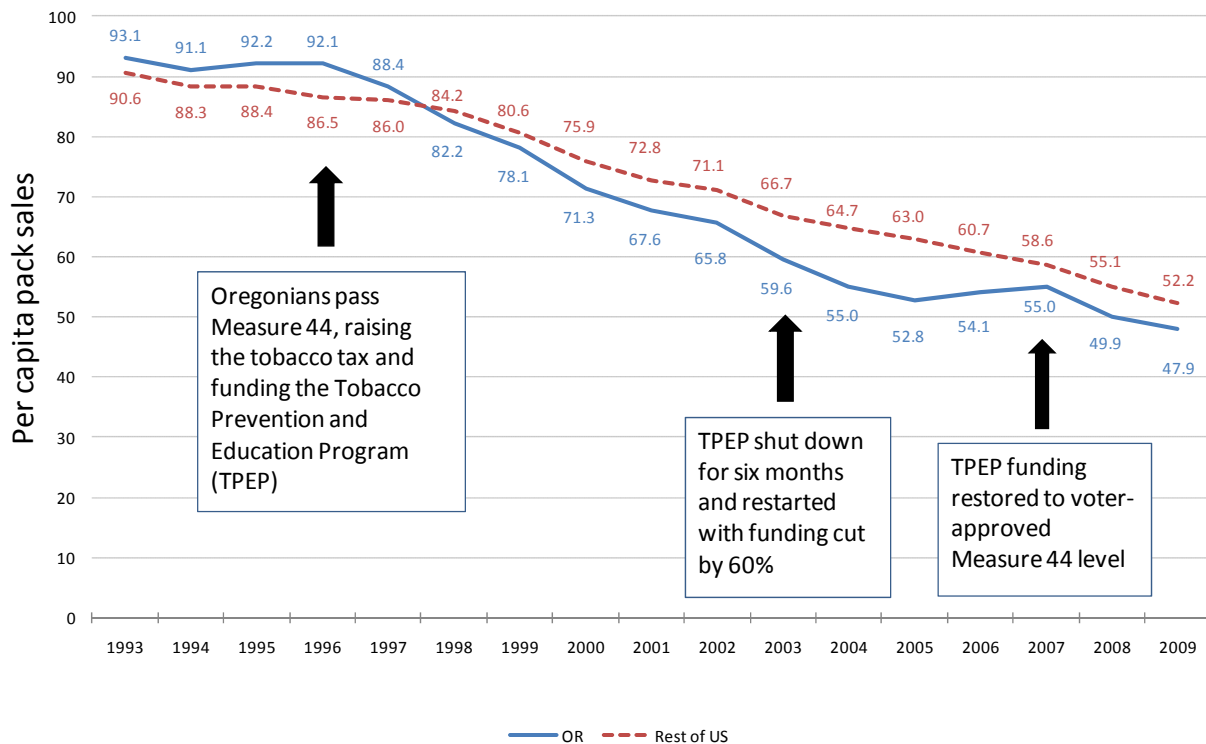
Due to this decrease in the percentage of mothers who smoked during pregnancy, 23,200 fewer infants were exposed to the effects of prenatal smoking.

# Cigarette Consumption

## Cigarette Consumption

Oregon has had a 48 percent decrease in per-capita cigarette consumption from fiscal year 1996 to 2009. Today 3.4 billion fewer cigarettes are sold per fiscal year in Oregon than would be if consumption had not declined. During the same period, the nation's cigarette consumption decreased 40 percent.

Chart 1: Per-capita cigarette pack sales (Oregon vs. U.S.), 1993 through 2009



Sources:  
 Research Triangle Institute (1993-1998); Orzechowski and Walker (1999-2009)  
 Population – U.S. Census Bureau

# Tobacco-Related Deaths and Economic Costs

## Tobacco-Related Deaths and Economic Costs

According to Oregon physician reports through death certificates, tobacco contributed to 6,965 deaths in 2007 (22.2 percent of all deaths).

In addition, tobacco cost Oregonians nearly \$2.4 billion in 2009, broken down as follows.

Direct medical expenditures	\$1,254,900,000
<u>Indirect costs of lost productivity due to premature death</u>	<u>\$1,142,400,000</u>
Total annual economic costs in Oregon due to tobacco	\$2,397,300,000

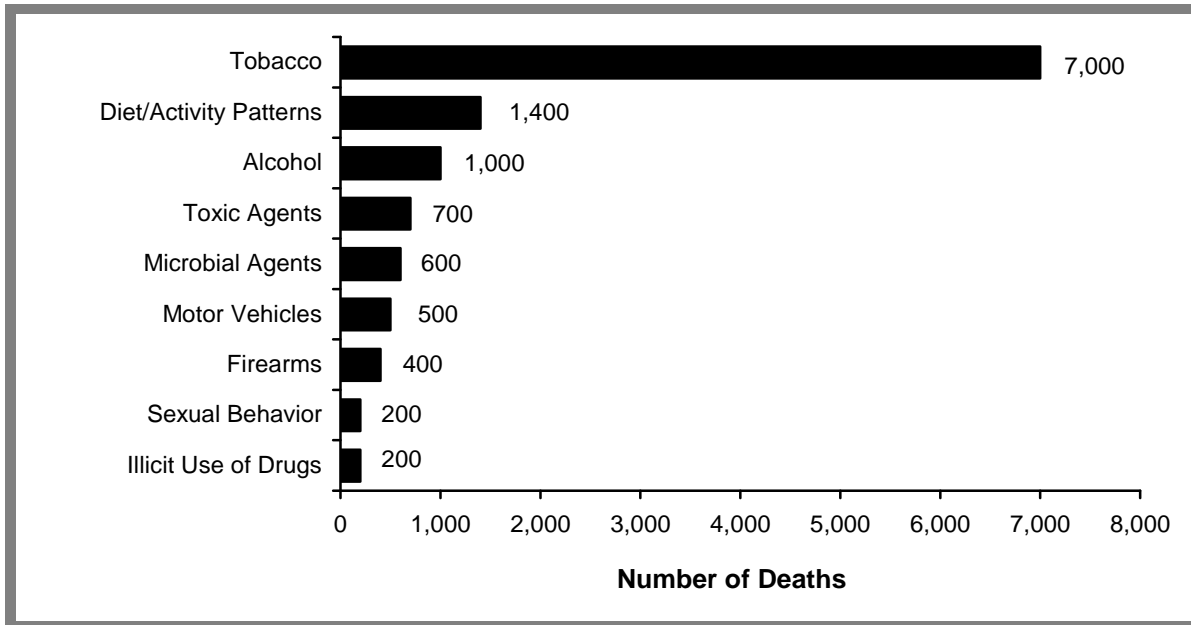
The total cost to Oregonians of a pack of cigarettes is \$13.27.

Sources:  
Deaths – Oregon Death Certificate Statistical File  
Costs – Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC), Centers for Disease Control and Prevention

# Tobacco-Related Deaths and Economic Costs

Approximately 30,000 Oregonians die each year. Over 22 percent of these deaths are linked to tobacco.

**Chart 2: Actual causes of death among Oregonians, 2003**



Tobacco-related deaths are almost always due to one of three causes: cardiovascular diseases, cancers, and respiratory disease.

**Table 1: Underlying cause of tobacco-related deaths, 2007**

Cause of Death	Total	Percent
Cancers	1,922	28%
Cardiovascular diseases	1,850	27%
Respiratory diseases	1,553	22%
Other	1,640	24%
<b>Total tobacco deaths</b>	<b>6,965</b>	<b>100%</b>

Sources:  
 Oregon Death Certificate Statistical File  
*Volume 2 2007 Annual Report, 2007.* Oregon Center for Health Statistics.  
<http://www.dhs.state.or.us/dhs/ph/chs/data/arpt/07v2/chapter6/table620.pdf>

# Tobacco-Related Deaths and Economic Costs

**Table 2: Tobacco-related death rates for Oregon residents, 2004-2007**

	Death Rate	Different from State		95% Confidence Interval
		Higher	Lower	
Baker	192.3			166.0 - 223.2
Benton	121.2		-s	108.9 - 134.6
Clackamas	156.8		-s	150.2 - 163.6
Clatsop	170.7			152.1 - 191.3
Columbia	193.1			173.6 - 214.3
Coos	238.9	+s		223.5 - 255.4
Crook	234.6	+s		206.6 - 265.8
Curry	151.5		-s	133.0 - 174.1
Deschutes	145.7		-s	136.3 - 155.6
Douglas	225.0	+s		212.9 - 237.7
Grant	202.1			161.9 - 253.9
Harney	200.6			158.6 - 253.3
Hood River	123.6		-s	101.1 - 149.8
Jackson	169.0			161.0 - 177.5
Jefferson	173.4			146.6 - 204.0
Josephine	217.5	+s		204.6 - 231.3
Klamath	234.4	+s		217.6 - 252.2
Lake	246.2	+s		201.9 - 300.9
Lane	184.8			177.9 - 191.9
Lincoln	238.8	+s		220.3 - 258.8
Linn	202.6	+s		190.3 - 215.5
Malheur	179.4			157.7 - 203.5
Marion	189.0	+s		181.3 - 197.1
Morrow	178.4			140.4 - 224.1
Multnomah	184.2			178.9 - 189.7
Polk	164.2			150.0 - 179.6
Tillamook	209.2	+s		187.0 - 234.3
Umatilla	178.3			163.5 - 194.2
Union	156.1			134.1 - 181.4
Wallowa	150.8			117.2 - 197.2
Washington	131.6		-s	125.8 - 137.6
Yamhill	204.2	+s		189.4 - 220.0
Gilliam/Wheeler	143.3			100.3 - 217.2
Wasco/Sherman	230.8	+s		206.0 - 258.3
State	178.4			176.3 - 180.6

Rates are presented per 100,000 population.

Source:

Oregon Death Certificate Statistical File

(Data presented on this page are age-adjusted.)

# Tobacco-Related Deaths and Economic Costs

**Table 3: Tobacco-related economic costs by county, 2009**

	Direct costs due to medical expenditures (Millions)	Indirect costs due to lost productivity (Millions)	Total Economic Costs (Millions)
Baker	\$8.9	\$8.1	\$17.0
Benton	\$16.6	\$15.1	\$31.6
Clackamas	\$99.5	\$90.6	\$190.0
Clatsop	\$14.3	\$13.0	\$27.3
Columbia	\$16.8	\$15.3	\$32.1
Coos	\$41.4	\$37.7	\$79.0
Crook	\$11.8	\$10.7	\$22.5
Curry	\$11.8	\$10.7	\$22.6
Deschutes	\$41.9	\$38.1	\$80.0
Douglas	\$60.5	\$55.1	\$115.6
Grant	\$4.0	\$3.7	\$7.7
Harney	\$3.6	\$3.3	\$6.9
Hood River	\$4.9	\$4.5	\$9.4
Jackson	\$76.6	\$69.8	\$146.4
Jefferson	\$7.0	\$6.3	\$13.3
Josephine	\$49.5	\$45.0	\$94.5
Klamath	\$33.4	\$30.4	\$63.8
Lake	\$4.9	\$4.5	\$9.4
Lane	\$126.9	\$115.5	\$242.4
Lincoln	\$29.3	\$26.7	\$55.9
Linn	\$46.9	\$42.7	\$89.7
Malheur	\$11.5	\$10.5	\$21.9
Marion	\$102.5	\$93.4	\$195.9
Morrow	\$3.6	\$3.2	\$6.8
Multnomah	\$211.9	\$192.9	\$404.8
Polk	\$23.2	\$21.2	\$44.4
Tillamook	\$15.1	\$13.7	\$28.8
Umatilla	\$24.6	\$22.4	\$47.0
Union	\$8.5	\$7.7	\$16.2
Wallowa	\$3.2	\$2.9	\$6.0
Washington	\$91.3	\$83.1	\$174.4
Yamhill	\$32.8	\$29.9	\$62.7
Wasco/Sherman	\$14.6	\$13.3	\$27.9
Gilliam/Wheeler	\$1.6	\$1.5	\$3.1
<b>State</b>	<b>\$1,254.9</b>	<b>\$1,142.4</b>	<b>\$2,397.3</b>

Source:  
Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC), Centers for Disease Control and Prevention

# Tobacco Related Cancers

## Tobacco-Related Cancers

The incidence and death rates of certain cancers can be used as indicators of the negative health effects of tobacco on the people of the state of Oregon. Rates are presented as rates per 100,000 population and use six years of data to ensure sufficient sample size and increase the power of the statistic. They are also age-adjusted. Counties are presented with two six-year time periods for change-over-time comparisons for each cancer table.

Cancers included in this report are those for which the U.S. Surgeon General has found convincing evidence of a direct causal relationship between tobacco use and the cancer. These tobacco-related cancers include lung and bronchial cancer, laryngeal cancer, oral cavity and pharyngeal cancer, esophageal cancer, stomach cancer, pancreatic cancer, kidney and renal pelvis, urinary bladder cancer, cervical cancer, and acute myelogenous leukemia. [See “Surveillance for Cancers Associated with Tobacco Use – United States, 1999-2004”, Stewart et al, in September 5, 2008 MMWR (57(SS08); 1-33).]

Incidence of all tobacco-related cancers in the most recent time period, 2002-2007, was significantly higher than statewide in Columbia, Coos, Curry, Josephine, Linn, Multnomah, and Wasco/Sherman counties. Mortality from all tobacco-related cancers in the same time period, 2002-2007, was significantly higher than statewide in Columbia, Coos, Curry, Douglas, Josephine, Lane, Lincoln, Linn, and Multnomah counties.

The most frequently diagnosed tobacco-related cancers are those of the lung and bronchus. Incidence of lung and bronchus cancer in the time period of 2002-2007 was significantly higher than statewide in Columbia, Coos, Curry, Douglas, Josephine, Lincoln, Linn, and Multnomah counties. Mortality due to lung and bronchus cancer in the time period of 2002-2007 was significantly higher than statewide in Columbia, Coos, Josephine, Lincoln, Linn, and Multnomah counties.

Source:  
Oregon State Cancer Registry (OSCaR)

# Tobacco Related Cancers

**Table 4: Tobacco-linked cancer incidence by county, 1996-2001 and 2002-2007**

	1996-2001			2002-2007			Difference: 1996-2001 to 2002-2007
	Incidence Rate	Different from State? Higher      Lower	95% Confidence Interval	Incidence Rate	Different from State? Higher      Lower	95% Confidence Interval	
Baker	121.8	-s	104.0 - 142.1	132.3		114.0 - 153.2	
Benton	124.8	-s	113.9 - 136.5	115.0	-s	105.1 - 125.5	
Clackamas	149.7		144.2 - 155.4	144.2		139.1 - 149.3	
Clatsop	154.5		139.6 - 170.7	146.7		132.7 - 161.9	
Columbia	181.1	+s	164.8 - 198.5	164.7	+s	149.9 - 180.6	
Coos	204.1	+s	191.9 - 216.8	179.7	+s	168.6 - 191.4	↓
Crook	150.9		130.4 - 173.8	164.3		144.8 - 186.0	
Curry	161.0		144.5 - 179.4	166.3	+s	149.7 - 184.6	
Deschutes	135.7	-s	127.2 - 144.6	143.2		135.5 - 151.3	
Douglas	168.4	+s	159.4 - 177.8	153.9		145.7 - 162.4	
Grant	140.2		111.9 - 174.2	120.8		95.0 - 152.5	
Harney	147.1		116.1 - 184.2	133.8		104.7 - 169.4	
Hood River	113.6	-s	95.3 - 134.5	127.0		108.2 - 148.1	
Jackson	154.7		147.9 - 161.7	154.5		148.1 - 161.0	
Jefferson	120.4	-s	100.3 - 143.3	127.7		108.5 - 149.3	
Josephine	154.4		144.8 - 164.4	159.2	+s	150.0 - 169.0	
Klamath	168.3	+s	156.2 - 181.1	149.6		138.7 - 161.2	
Lake	136.4		107.8 - 171.0	165.9		134.5 - 203.3	
Lane	140.7	-s	135.6 - 146.0	148.5		143.4 - 153.7	
Lincoln	171.5	+s	158.4 - 185.4	157.2		145.0 - 170.2	
Linn	143.6		134.8 - 152.9	166.5	+s	157.4 - 176.1	↑
Malheur	120.0	-s	105.0 - 136.4	137.6		121.8 - 154.9	
Marion	150.9		145.0 - 157.0	146.6		141.0 - 152.4	
Morrow	170.3		138.0 - 207.8	168.7		137.6 - 204.5	
Multnomah	164.9	+s	160.7 - 169.2	155.2	+s	151.2 - 159.3	↓
Polk	132.0	-s	121.0 - 143.8	131.6	-s	121.3 - 142.5	
Tillamook	159.4		142.4 - 178.1	147.8		131.8 - 165.3	
Umatilla	138.6		127.3 - 150.5	132.5	-s	121.9 - 143.8	
Union	128.2	-s	111.4 - 146.9	119.9	-s	104.0 - 137.8	
Wallowa	125.5		97.8 - 159.4	127.4		100.3 - 161.1	
Washington	133.2	-s	128.1 - 138.4	124.2	-s	119.7 - 128.9	
Yamhill	147.0		136.2 - 158.4	152.1		141.8 - 163.0	
Gilliam/Wheeler	121.6		86.4 - 169.6	170.9		126.9 - 228.7	
Wasco/Sherman	150.0		133.1 - 168.5	169.2	+s	151.5 - 188.6	
<b>State</b>	<b>150.8</b>		<b>149.2 - 152.5</b>	<b>146.8</b>		<b>145.3 - 148.4</b>	<b>↓</b>

Source: Oregon State Cancer Registry (OSCaR)

Cancers considered tobacco-linked are lung and bronchial cancer, laryngeal cancer, oral cavity and pharyngeal cancer, esophageal cancer, stomach cancer, pancreatic cancer, kidney and renal pelvis, urinary bladder cancer, cervical cancer, and acute myelogenous leukemia.

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population. Confidence intervals (Tiware mod) are 95% for rates.

# Tobacco Related Cancers

Table 5: Tobacco-linked cancer incidence (lung/bronchus only) by county, 1996-2001 and 2002-2007

	1996-2001			2002-2007			Difference: 1996-2001 to 2002-2007
	Incidence Rate	Different from State? Higher Lower	95% Confidence Interval	Incidence Rate	Different from State? Higher Lower	95% Confidence Interval	
Baker	57.1		45.5 - 71.3	66.2		53.5 - 81.5	
Benton	59.2	-s	51.7 - 67.4	50.5	-s	44.0 - 57.6	
Clackamas	69.8		66.0 - 73.7	65.1		61.7 - 68.6	
Clatsop	75.4		65.2 - 86.9	67.8		58.4 - 78.4	
Columbia	91.1	+s	79.7 - 103.7	82.4	+s	71.9 - 93.9	
Coos	99.1	+s	90.8 - 108.0	87.0	+s	79.4 - 95.2	
Crook	74.0		60.0 - 90.4	79.2		66.0 - 94.4	
Curry	73.5		63.0 - 86.0	82.6	+s	71.4 - 95.6	
Deschutes	60.0	-s	54.4 - 66.0	59.3	-s	54.4 - 64.6	
Douglas	87.7	+s	81.3 - 94.5	75.9	+s	70.3 - 82.0	
Grant	64.4		45.7 - 88.9	64.2		45.7 - 89.0	
Harney	61.6		42.3 - 87.3	57.5		39.3 - 82.3	
Hood River	55.9		43.2 - 71.1	62.6		49.4 - 78.1	
Jackson	73.3		68.7 - 78.2	68.8		64.6 - 73.2	
Jefferson	58.0		44.5 - 74.4	59.7		46.9 - 74.9	
Josephine	77.3		70.7 - 84.5	80.3	+s	73.9 - 87.2	
Klamath	84.6	+s	76.2 - 93.8	69.7		62.5 - 77.7	
Lake	62.1		43.7 - 86.6	61.5		43.8 - 85.1	
Lane	69.4		65.8 - 73.1	70.5		67.0 - 74.1	
Lincoln	83.4	+s	74.5 - 93.2	78.0	+s	69.6 - 87.3	
Linn	70.3		64.1 - 76.9	76.0	+s	69.9 - 82.5	
Malheur	55.4	-s	45.4 - 66.8	58.3		48.2 - 69.9	
Marion	72.6		68.5 - 76.8	67.8		63.9 - 71.7	
Morrow	84.9		62.6 - 112.4	87.6		65.8 - 114.1	
Multnomah	77.4	+s	74.5 - 80.4	74.3	+s	71.5 - 77.2	
Polk	59.7	-s	52.4 - 67.8	58.9	-s	52.1 - 66.5	
Tillamook	77.2		65.6 - 90.5	70.8		60.1 - 83.2	
Umatilla	68.3		60.4 - 76.8	61.0		53.8 - 68.9	
Union	59.8		48.6 - 72.9	49.7	-s	39.7 - 61.5	
Wallowa	61.8		43.9 - 85.8	45.7		29.3 - 69.3	
Washington	60.4	-s	57.0 - 64.0	53.5	-s	50.4 - 56.6	↓
Yamhill	67.8		60.6 - 75.7	66.5		59.7 - 73.9	
Gilliam/Wheeler	37.2	-s	19.7 - 68.5	74.4		48.1 - 114.8	
Wasco/Sherman	72.7		61.2 - 86.0	80.0		68.1 - 93.6	
State	71.9		70.8 - 73.1	67.9		66.8 - 69.0	↓

Source: Oregon State Cancer Registry (OSCaR)

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population. Confidence intervals (Tiwari mod) are 95% for rates.

# Tobacco Related Cancers

**Table 6: Tobacco-linked cancer mortality by county, 1996-2001 and 2002-2007**

	1996-2001			2002-2007			Difference: 1996-2001 to 2002-2007
	Incidence Rate	Different from State? Higher      Lower	95% Confidence Interval	Incidence Rate	Different from State? Higher      Lower	95% Confidence Interval	
Baker	83.7		69.4 - 100.4	83.6		69.4 - 100.3	
Benton	75.3	-s	66.9 - 84.5	75.6	-s	67.7 - 84.2	
Clackamas	92.2		87.9 - 96.7	83.4	-s	79.6 - 87.4	↓
Clatsop	100.5		88.6 - 113.6	93.1		82.1 - 105.3	
Columbia	115.6	+s	102.6 - 129.7	111.8	+s	99.5 - 125.2	
Coos	123.9	+s	114.7 - 133.8	113.8	+s	105.3 - 123.0	
Crook	90.9		75.2 - 109.1	77.9		64.7 - 93.1	
Curry	98.4		85.8 - 112.7	108.6	+s	95.6 - 123.3	
Deschutes	84.5	-s	77.7 - 91.7	80.2	-s	74.4 - 86.3	
Douglas	103.5	+s	96.5 - 110.8	97.3	+s	90.8 - 104.0	
Grant	86.3		64.5 - 113.8	89.3		67.5 - 117.3	
Harney	102.0		76.6 - 133.8	88.1		64.6 - 118.1	
Hood River	71.0	-s	56.7 - 87.9	74.4		60.2 - 91.0	
Jackson	91.7		86.6 - 97.1	88.9		84.2 - 93.9	
Jefferson	80.1		63.8 - 99.3	82.7		67.3 - 100.7	
Josephine	96.6		89.2 - 104.5	104.0	+s	96.7 - 111.8	
Klamath	103.9		94.5 - 114.0	86.8		78.6 - 95.5	
Lake	101.9		77.5 - 132.3	98.4		75.7 - 126.9	
Lane	95.5		91.2 - 99.8	95.2	+s	91.2 - 99.4	
Lincoln	100.8		90.9 - 111.6	100.9	+s	91.3 - 111.3	
Linn	91.7		84.7 - 99.1	101.0	+s	94.0 - 108.4	
Malheur	74.9	-s	63.3 - 88.0	74.4	-s	63.0 - 87.2	
Marion	94.7		90.1 - 99.6	89.5		85.1 - 94.0	
Morrow	98.1		73.4 - 128.2	103.2		79.0 - 132.4	
Multnomah	100.6	+s	97.3 - 103.9	95.5	+s	92.4 - 98.8	
Polk	72.7	-s	64.7 - 81.5	69.2	-s	61.9 - 77.2	
Tillamook	96.9		83.9 - 111.6	88.2		76.1 - 101.9	
Umatilla	92.5		83.3 - 102.3	85.5		77.0 - 94.7	
Union	80.1		67.0 - 95.0	71.4	-s	59.4 - 85.3	
Wallowa	97.8		74.8 - 126.9	64.0		44.4 - 90.6	
Washington	82.0	-s	78.0 - 86.2	74.3	-s	70.7 - 78.0	↓
Yamhill	88.3		80.0 - 97.2	91.0		83.1 - 99.5	
Gilliam/Wheeler	60.6		36.6 - 98.1	79.2		51.6 - 120.9	
Wasco/Sherman	85.7		73.1 - 99.9	100.6		87.4 - 115.4	
<b>State</b>	<b>93.6</b>		<b>92.3 - 95.0</b>	<b>89.2</b>		<b>88.0 - 90.4</b>	<b>↓</b>

Source: Oregon State Cancer Registry (OSCaR)

Cancers considered tobacco-linked are lung and bronchial cancer, laryngeal cancer, oral cavity and pharyngeal cancer, esophageal cancer, stomach cancer, pancreatic cancer, kidney and renal pelvis, urinary bladder cancer, cervical cancer, and acute myelogenous leukemia.

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population. Confidence intervals (Tiwari mod) are 95% for rates.

# Tobacco Related Cancers

Table 7: Tobacco-linked cancer mortality (lung/bronchus only) by county, 1996-2001 and 2002-2007

	1996-2001			2002-2007			Difference: 1996-2001 to 2002-2007
	Incidence Rate	Different from State? Higher Lower	95% Confidence Interval	Incidence Rate	Different from State? Higher Lower	95% Confidence Interval	
Baker	51.6		40.5 - 65.1	53.6		42.5 - 67.3	
Benton	46.8	-s	40.2 - 54.1	43.6	-s	37.6 - 50.2	
Clackamas	56.0		52.6 - 59.5	49.4	-s	46.4 - 52.5	↓
Clatsop	63.2		53.9 - 73.8	53.8		45.5 - 63.2	
Columbia	76.2	+s	65.8 - 87.8	71.3	+s	61.6 - 82.1	
Coos	79.0	+s	71.7 - 87.0	73.2	+s	66.4 - 80.7	
Crook	56.5		44.4 - 71.2	50.4		39.9 - 63.0	
Curry	60.1		50.6 - 71.5	63.5		53.6 - 75.2	
Deschutes	50.0	-s	44.8 - 55.6	47.5	-s	43.0 - 52.2	
Douglas	68.7	+s	63.1 - 74.8	59.4		54.4 - 64.7	
Grant	45.6		30.2 - 66.7	48.3		32.7 - 70.3	
Harney	52.9		35.1 - 77.2	49.7		32.7 - 73.4	
Hood River	43.0	-s	32.0 - 56.6	48.7		37.4 - 62.5	
Jackson	56.8		52.8 - 61.1	53.6		49.9 - 57.5	
Jefferson	46.1		33.9 - 61.3	50.2		38.4 - 64.5	
Josephine	61.2		55.4 - 67.6	68.5	+s	62.6 - 74.8	
Klamath	62.6		55.4 - 70.6	53.8		47.5 - 60.8	
Lake	62.5		44.0 - 87.2	49.3		33.7 - 71.0	
Lane	58.9		55.6 - 62.4	57.7		54.6 - 61.0	
Lincoln	63.5		55.8 - 72.2	65.7	+s	58.1 - 74.3	
Linn	57.6		52.1 - 63.5	60.5	+s	55.1 - 66.3	
Malheur	48.0		38.9 - 58.8	39.1	-s	31.0 - 48.8	
Marion	58.6		55.0 - 62.5	56.4		52.9 - 60.0	
Morrow	55.8		38.1 - 79.0	69.8		50.2 - 94.3	
Multnomah	61.8	+s	59.2 - 64.5	57.5	+s	55.1 - 60.1	
Polk	42.7	-s	36.6 - 49.6	42.8	-s	37.1 - 49.2	
Tillamook	61.5		51.3 - 73.4	52.7		43.5 - 63.6	
Umatilla	61.3		53.9 - 69.4	52.4		45.8 - 59.7	
Union	52.5		42.0 - 64.8	40.3	-s	31.4 - 51.1	
Wallowa	58.0		40.6 - 81.6	28.8	-s	15.8 - 49.5	
Washington	49.4	-s	46.3 - 52.7	41.8	-s	39.1 - 44.6	↓
Yamhill	56.3		49.7 - 63.5	56.5		50.3 - 63.3	
Gilliam/Wheeler	28.0	-s	13.4 - 56.9	59.4		36.2 - 96.9	
Wasco/Sherman	55.0		45.1 - 66.6	63.4		53.0 - 75.5	
State	58.0		56.9 - 59.0	54.0		53.1 - 55.0	↓

Source: Oregon State Cancer Registry (OSCaR)

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population. Confidence intervals (Tiwari mod) are 95% for rates.

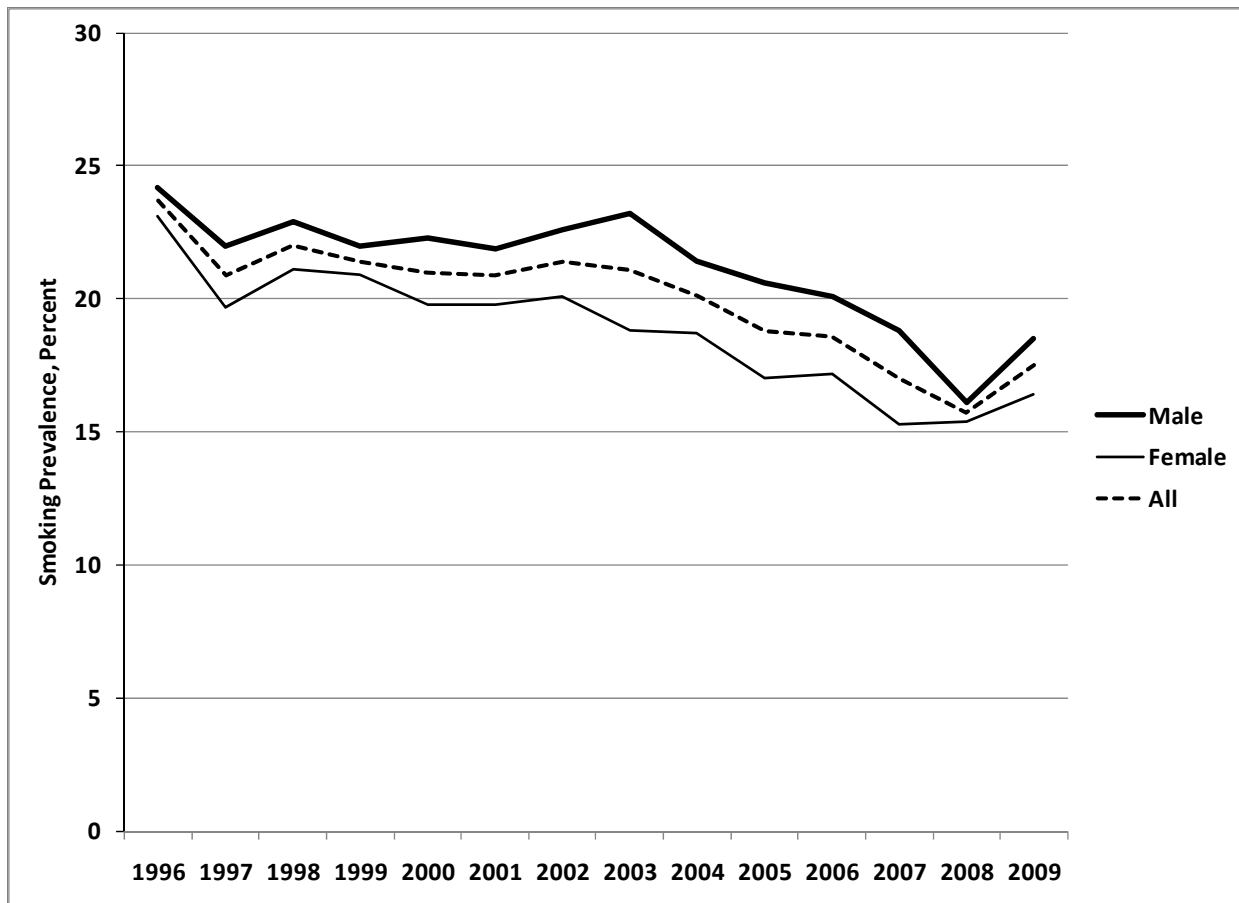
# Adult Cigarette Smoking

## Adult Cigarette Smoking

Slightly over half a million (514,000) Oregon adults currently smoke cigarettes. Adult smoking has decreased 26 percent since 1996. Had this decrease not occurred, today Oregon would have 182,000 additional adult smokers.

The source data for the chart below are on the following page.

Chart 3: Adult cigarette smoking by sex, 1996 through 2009



Source:  
Oregon Behavioral Risk Factor Surveillance System  
(Data presented on this page are age-adjusted.)

## Adult Cigarette Smoking

**Table 8: Adult cigarette smoking by sex, 1996 through 2009**

	All Adults (%)	Men (%)	Women (%)
1996	23.7 (22.0 - 25.4)	24.2 (21.7 - 26.9)	23.1 (20.9 - 25.4)
1997	20.9 (19.2 - 22.6)	22.0 (19.5 - 24.7)	19.7 (17.7 - 22.0)
1998	22.0 (20.8 - 23.3)	22.9 (21.0 - 25.0)	21.1 (19.5 - 22.7)
1999	21.4 (20.3 - 22.5)	22.0 (20.4 - 23.8)	20.9 (19.4 - 22.3)
2000	21.0 (20.0 - 22.1)	22.3 (20.7 - 24.0)	19.8 (18.5 - 21.2)
2001	20.9 (19.8 - 22.0)	21.9 (20.3 - 23.6)	19.8 (18.4 - 21.2)
2002	21.4 (20.3 - 22.6)	22.6 (20.9 - 24.5)	20.1 (18.7 - 21.5)
2003	21.1 (20.0 - 22.2)	23.2 (21.5 - 25.1)	18.8 (17.5 - 20.2)
2004	20.1 (19.0 - 21.1)	21.4 (19.8 - 23.1)	18.7 (17.5 - 20.0)
2005	18.8 (18.0 - 19.6)	20.6 (19.3 - 21.9)	17.0 (16.0 - 17.9)
2006	18.6 (17.6 - 19.7)	20.1 (18.5 - 21.9)	17.2 (15.9 - 18.4)
2007	17.0 (16.0 - 18.1)	18.8 (17.1 - 20.5)	15.3 (14.0 - 16.6)
2008	15.7 (14.7 - 16.8)	16.1 (14.5 - 17.8)	15.4 (14.1 - 16.8)
2009	17.5 (16.0 - 19.0)	18.5 (16.2 - 20.9)	16.4 (14.7 - 18.4)

Source:  
Oregon Behavioral Risk Factor Surveillance System  
(Data presented on this page are age-adjusted.)

# Adult Cigarette Smoking

**Table 9: Adult smoking by county, 2006-2009**

County	Current Smoker (%)	Different From State		95% Confidence Interval
		Higher	Lower	
Baker	20.0			(14.6 - 26.8)
Benton	10.8		-s	(8.1 - 14.3)
Clackamas	15.4			(13.7 - 17.3)
Clatsop	21.5			(16.6 - 27.3)
Columbia	17.1			(13.4 - 21.6)
Coos	28.1	+s		(22.9 - 34.0)
Crook	23.3			(15.7 - 33.0)
Curry	18.4			(12.0 - 27.2)
Deschutes	14.1			(11.6 - 17.0)
Douglas	27.1	+s		(23.5 - 31.0)
Grant	24.4			(14.8 - 37.4)
Harney	14.3			(8.6 - 22.9)
Hood River	8.6		-s	(5.0 - 14.3)
Jackson	21.9	+s		(19.1 - 25.0)
Jefferson	15.9			(10.4 - 23.5)
Josephine	25.0	+s		(20.7 - 29.9)
Klamath	22.0	+s		(17.7 - 26.9)
Lake	19.9			(12.2 - 30.7)
Lane	18.4			(16.8 - 20.2)
Lincoln	26.9	+s		(21.8 - 32.6)
Linn	21.0	+s		(17.6 - 24.7)
Malheur	16.8			(11.6 - 23.7)
Marion	15.5			(13.6 - 17.6)
Morrow	18.2			(11.0 - 28.7)
Multnomah	15.3			(14.1 - 16.6)
Polk	14.3			(10.9 - 18.6)
Tillamook	21.6			(14.6 - 30.7)
Umatilla	24.2	+s		(20.2 - 28.6)
Union	13.8			(9.5 - 19.7)
Wallowa	17.9			(9.7 - 30.5)
Washington	12.9		-s	(11.6 - 14.4)
Yamhill	18.5			(14.8 - 22.8)
Gilliam/Wheeler	29.6†			(13.5 - 53.1)
Wasco/Sherman	22.1			(15.2 - 31.0)
<b>Statewide</b>	<b>17.1</b>			<b>(16.5 - 17.6)</b>

† This number may be statistically unreliable; interpret with caution.

Source: Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted.)

# Adult Cigarette Smoking

**Table 10: Adult smoking by age and sex, 2008 & 2009**

Age Group	2008 Prevalence (%)			2009 Prevalence (%)		
	Male	Female	Total	Male	Female	Total
18-24 years old	15.4	24.5	19.8	21.4	24.2	22.7
25-34 years old	23.3	17.4	20.4	28.2	19.3	23.9
35-44 years old	15.5	16.9	16.2	19.1	15.4	17.3
45-54 years old	18.0	14.9	16.4	17.8	18.0	17.9
55-64 years old	14.0	13.5	13.8	15.0	14.3	14.6
65 years or older	7.5	6.4	6.9	6.7	7.9	7.4
All Adults (95% Confidence Interval)	16.1 (14.5-17.8)	15.4 (14.1-16.8)	15.7 (14.7-16.8)	18.5 (16.2-20.9)	16.4 (14.7-18.4)	17.5 (16.0-19.0)

Age-specific data presented above are not age-adjusted.

**Table 11: Adult smoking by level of education, 2008 & 2009**

Highest Level of Education	2008 Prevalence (%) (95% Confidence Interval)	2009 Prevalence (%) (95% Confidence Interval)
Did not graduate from high school	26.3 (22.1 – 30.9)	38.2 (31.0 – 46.1)
High school graduate or GED	23.1 (20.7 – 25.6)	24.3 (21.5 – 27.4)
College 1-3 years	17.5 (15.6 – 19.5)	18.4 (15.7 – 21.5)
College graduate	6.3 (5.1 – 7.7)	7.2 (5.7 – 9.0)

**Table 12: Adult smoking by household income, 2008 & 2009**

Income	2008 Prevalence (%) (95% Confidence Interval)	2009 Prevalence (%) (95% Confidence Interval)
Less than \$15,000	33.0 (27.8 – 38.6)	32.9 (27.4 – 38.9)
\$15,000-24,999	26.0 (22.8 – 29.5)	28.6 (24.3 – 33.3)
\$25,000-49,999	17.9 (15.8 – 20.1)	19.9 (16.8 – 23.4)
\$50,000 or more	9.2 (7.9 – 10.7)	9.6 (7.8 – 11.7)

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted unless otherwise noted.)

## Adult Cigarette Smoking

**Table 13: Adult smoking by health insurance status, 2006 & 2007**

Health Insurance Status	2006 Prevalence (%) (95% Confidence Interval)	2007 Prevalence (%) (95% Confidence Interval)
Have any type of health insurance	14.4% (13.3 – 15.5)	13.2% (12.1 – 14.4)
Medicaid/Oregon Health Plan	N/A	37% (35.7 – 38.3) #
Does not have health insurance	32.5% (29.5 – 35.7)	31.9% (28.8 – 35.3)

# This estimate is from the Consumer Assessment of Health Plans and Systems (CAHPS) Survey.

**Table 14: Adult smoking by race and ethnicity, 2004-2005 & 2007**

Race/Ethnicity	All Oregon Adults, 2004-2005 (95% Confidence Interval)	Medicaid/Oregon Health Plan Adults, 2007 # (95% Confidence Interval)
African American	29.9% (22.9 – 37.9)	41% (34.9 – 47.1)
American Indian and Alaska Native	38.3% (32.2 – 44.8)	44% (39.5 – 48.7)
Asian/Pacific Islander	9.8% (6.9 – 13.6)	14% (11.0 – 18.2)
Hispanic/Latino	14.0% (11.4 – 17.2)	15% (11.6 – 18.2)
White	20.2% (19.5 – 21.0)	41% (39.2 – 42.1)

Note: The racial categories of African American, American Indian and Alaska Native, Asian/Pacific Islander and White do not include respondents of Hispanic ethnicity.

# These estimates are from the Consumer Assessment of Health Plans and Systems (CAHPS) Survey.

**Table 15: Adult smoking by sexual orientation, 2008 & 2009**

Sexual Orientation	2008 Prevalence (%) (95% Confidence Interval)	2009 Prevalence (%) (95% Confidence Interval)
Gay or lesbian	17.3 (9.4 – 29.7)	13.3 (7.6 – 22.3)
Bisexual	33.7 (24.4 – 44.4)	35.9 (21.9 – 52.7)
Not gay, lesbian, or bisexual	15.4 (14.7 – 16.8)	17.6 (16.1 – 19.2)

Source:

Oregon Behavioral Risk Factor Surveillance System (landline telephones only), unless otherwise specified (BRFSS data presented on this page are age-adjusted.)

# Adult Quit Patterns

## Adult Quit Patterns

Quitting smoking is a complicated, nonlinear process for many people. A person often plans to quit, and then may quit for some period of time, before relapsing and starting the process again. Most people make repeated quit attempts before achieving lasting success.<sup>1</sup>

In Oregon, among adult current smokers:<sup>2</sup>

- 69 percent would like to quit smoking.
- 47 percent have stopped smoking for one day or longer in the past year in an attempt to quit (see county level data on page 18).
- 41 percent have quit smoking for one year or longer in the past.
- 23 percent are planning to quit within the next 30 days.
- 57 percent were advised to quit smoking at their last visit to their health care provider.

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1 U.S. Department of Health and Human Services. Clinical Practice Guideline: Treating Tobacco Use and Dependence, 2008 update.

2 Oregon Behavioral Risk Factor Surveillance System 2009 (landline telephones only)  
(Data presented on this page are age-adjusted.)

## Adult Quit Patterns

**Table 16: Adult smokers who stopped at least one day, attempting to quit, by county, 2006-2009**

	Prevalence (%)	Different from State		95% Confidence Interval
		Higher	Lower	
Baker	36.2			(20.1 - 56.1)
Benton	40.4			(26.2 - 56.4)
Clackamas	44.7			(38.4 - 51.1)
Clatsop	45.4			(31.9 - 59.7)
Columbia	36.8			(24.0 - 51.7)
Coos	50.2			(39.1 - 61.4)
Crook	36.0			(19.6 - 56.5)
Curry	59.3			(45.6 - 71.7)
Deschutes	61.1	+s		(52.0 - 69.5)
Douglas	51.2			(43.4 - 58.9)
Grant	25.8†			(12.9 - 45.1)
Harney	*			
Hood River	*			
Jackson	47.3			(39.7 - 55.0)
Jefferson	53.6			(36.2 - 70.2)
Josephine	58.7			(49.7 - 67.1)
Klamath	58.8			(49.9 - 67.1)
Lake	*			
Lane	47.0			(41.6 - 52.6)
Lincoln	52.8			(40.8 - 64.5)
Linn	52.9			(42.9 - 62.8)
Malheur	46.5			(28.1 - 66.0)
Marion	40.5			(33.1 - 48.3)
Morrow	*			
Multnomah	48.9			(44.0 - 53.9)
Polk	59.0			(44.3 - 72.2)
Tillamook	40.7			(24.1 - 59.8)
Umatilla	43.4			(32.9 - 54.6)
Union	51.5			(31.3 - 71.2)
Wallowa	*			
Washington	47.0			(40.7 - 53.3)
Yamhill	58.3			(47.5 - 68.5)
Gilliam/Wheeler	*			
Wasco/Sherman	43.5			(24.1 - 65.1)
State	48.3			(46.4 - 50.2)

† This number may be statistically unreliable; interpret with caution.

\* This number is suppressed because it is statistically unreliable.

Source: Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted.)

# Adult Quit Patterns

## Oregon Tobacco Quit Line

Oregon residents interested in stopping tobacco use can call the Oregon Tobacco Quit Line (1-800-QUIT-NOW), a free telephone service available to all Oregonians who want to stop using tobacco. Telephone quit line counseling is a highly effective intervention with many populations.<sup>3</sup> In fiscal year 2010, over 5,000 tobacco users called the Oregon Tobacco Quit Line and enrolled in services.<sup>3</sup>

Women (55%) are more likely to utilize the Quit Line than men (45%).<sup>3</sup>

Individuals between the ages of 41 and 50 are more likely to call the Quit Line (24%) than other age groups.<sup>3</sup>

Most callers hear about the Quit Line from health professionals (26%), family or friends (20%), or printed materials including brochures, newsletters and flyers (10%).<sup>3</sup>

The Quit Line is used and is effective across all racial and ethnic groups. The rates of use among all groups are similar, except for Asian/Pacific Islander smokers who are less likely to access the Quit Line.<sup>4</sup> A recent report assessing Quit Line utilization among Asian Oregonians recommends increasing awareness of the service among the Asian community and providing culturally and linguistically appropriate services to increase Quit Line utilization.<sup>5</sup>

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3 Free & Clear, Inc. *Oregon Tobacco Quit Line Annual Report*. July 1, 2007 – June 30, 2008.

4 *Operators Are Standing By: Helping All Your Patients Quit Smoking, 2006*. Oregon Department of Human Services CD Summary 2006; vol. 55; no. 24. <http://www.oregon.gov/DHS/ph/cdsummary/2006/ohd5524.pdf>

5 *Demographic Differences in Tobacco Use & Utilization of Cessation Resources Among Asian Oregonians*. Portland, Oregon: Asian Family Center, Immigrant and Refugee Community Organization. January 2009.

# Adult Smokeless Tobacco Use

## Adult Smokeless Tobacco Use

In 2009, approximately 112,000 Oregon adults used smokeless tobacco.

**Table 17: Adult use of smokeless tobacco by age and sex, 2008 & 2009**

Age Group	2008 Prevalence (95% Confidence Interval)			2009 Prevalence (95% Confidence Interval)		
	Male	Female	Total	Male	Female	Total
18-24 years old	*	*	3.2†	8.5†	*	4.7†
25-34 years old	8.6	*	4.6	10.5	*	5.7
35-44 years old	12.7	*	6.6	10.7	*	5.6
45-54 years old	5.3	*	2.7	5.3	*	2.7
55-64 years old	3.2	*	1.6	4.4	*	2.4
65 years or older	1.6	*	0.7	2.4	*	1.2
All Adults (95% Confidence Interval)	6.4 (5.4 – 7.6)	*	3.4 (2.9 – 4.1)	7.2 (5.8 – 9.0)	0.4† (0.2 – 0.7)	3.8 (3.1 – 4.7)

† This number may be statistically unreliable; interpret with caution.

\* This number is suppressed because it is statistically unreliable.

Age-specific data presented above are not age-adjusted.

**Table 18: Adult male use of smokeless tobacco, 1996 through 2009**

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Prevalence (%)	9.3	7.0	7.0	7.1	6.4	6.0	5.3	5.9	6.8	6.1	6.5	7.6	6.4	7.2
95% Confidence Interval	7.7 - 11.2	5.7 - 8.6	5.9 - 8.2	6.1 - 8.1	5.4 - 7.5	4.8 - 7.4	4.4 - 6.2	5.0 - 7.0	5.8 - 8.0	5.4 - 7.0	5.5 - 7.6	6.5 - 8.9	5.4 - 7.6	5.8 - 9.0

Source:

Oregon Behavioral Risk Factor Surveillance System (landline telephones only)

(Data presented on this page are age-adjusted unless otherwise noted.)

## Adult Smokeless Tobacco Use

**Table 19: Adult male use of smokeless tobacco by county, 2006-2009**

County	Male Chewing Prevalence	Different From State		95% Confidence Interval
		Higher	Lower	
Baker	18.4†			(8.5 - 35.3)
Benton	4.0†			(2.2 - 7.3)
Clackamas	7.1			(5.2 - 9.7)
Clatsop	12.8†			(6.9 - 22.4)
Columbia	7.2†			(3.8 - 13.1)
Coos	15.4	+s		(8.6 - 26.1)
Crook	12.5†			(5.1 - 27.5)
Curry	*			
Deschutes	11.8	+s		(8.4 - 16.3)
Douglas	14.7	+s		(9.8 - 21.3)
Grant	30.4	+s		(18.0 - 46.4)
Harney	28.9†			(10.7 - 58.0)
Hood River	*			
Jackson	5.3			(3.0 - 9.4)
Jefferson	10.9†			(4.6 - 23.4)
Josephine	6.9†			(3.5 - 13.1)
Klamath	9.5			(5.6 - 15.7)
Lake	*			
Lane	6.0			(4.5 - 8.0)
Lincoln	5.8†			(2.5 - 12.7)
Linn	9.1			(5.6 - 14.4)
Malheur	23.5	+s		(13.0 - 38.8)
Marion	4.8			(3.3 - 7.1)
Morrow	19.6†			(6.9 - 44.4)
Multnomah	2.3		-s	(1.7 - 3.3)
Polk	7.7†			(3.5 - 16.1)
Tillamook	12.7†			(6.0 - 24.9)
Umatilla	13.3	+s		(8.7 - 19.8)
Union	20.9	+s		(12.7 - 32.6)
Wallowa	19.0†			(8.5 - 37.2)
Washington	2.7		-s	(1.9 - 4.0)
Yamhill	6.8†			(3.5 - 12.8)
Gilliam/Wheeler	28.0	+s		(15.8 - 44.6)
Wasco/Sherman	5.8†			(2.6 - 12.6)
Statewide	6.3			(5.7 - 6.9)

† This number may be statistically unreliable; interpret with caution.

\* This number is suppressed because it is statistically unreliable.

## Adult Smokeless Tobacco Use

Table 20: Adult male use of smokeless tobacco by race, 2004-2005

Race/Ethnicity	2004-2005 Prevalence (95% Confidence Interval)
African American	4.8% (1.3 – 15.9)
American Indian	8.3% (4.4 – 15.1)
Asian/Pacific Islander	3.8% (1.4 – 10.0)
Hispanic/Latino	2.6% (1.4 – 4.8)
White	6.9% (6.2 – 7.7)

Notes: The racial categories of White, African American, Asian/Pacific Islander and American Indian do not include respondents of Hispanic ethnicity.

Data presented in the above table are age adjusted.

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)

# Adult Cigar Smoking

## Adult Cigar Smoking

In 2007, over 123,000 Oregon adults smoked cigars.

**Table 21: Adult cigar smoking by sex, 2008**

Age Group	2008 Prevalence		
	Male	Female	Total
18-34 years old	7.7%†	*	5.2%
35-54 years old	8.0%	1.5%	4.7%
55 years or older	4.5%	0.4%†	2.3%
All Adults (95% Conf. Interval)	6.9% (5.3 – 8.9)	1.5 %† (0.8 – 2.7)	4.2% (3.2 – 5.3)

† This number may be statistically unreliable; interpret with caution.

\* This number is suppressed because it is statistically unreliable.

The overall estimates only are age-adjusted.

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)

# Secondhand Smoke Exposure

## Secondhand Smoke Exposure

### Workplaces

Effective January 1, 2009, almost all indoor workplaces in Oregon are smokefree. For more information, please refer to page 76.

### Homes

- 91 percent of Oregon adults say that no one is allowed to smoke anywhere inside their home. For trends over time, see the graph on the following page.
- 92 percent say that no one smoked inside their home in the previous 30 days.
- 69 percent of smokers say that no one is allowed to smoke anywhere inside their home.
- 77 percent of smokers with children under the age of 18 living inside the household say that no one is allowed to smoke anywhere in their home.
- 95 percent of children under the age of 18 lived in homes in which nobody smoked inside the house in the previous 30 days.
- 98 percent of mothers of newborns say that no one is allowed to smoke anywhere in their home.
- 98 percent of mothers of two-year-olds say that no one is allowed to smoke anywhere in their home.
- 91 percent of eighth grade students say that no one is allowed to smoke anywhere in their home. For figures by county, see page 28.
- No-smoking rules in the home, by county, are presented on page 26.
- The July 2010 issue of Pediatrics contained this conclusion: "Among children, the home is the primary source for secondary smoke exposure... Efforts to help parents either stop smoking, or stop smoking around their kids, would be really helpful."<sup>6</sup>

Source:

Oregon Behavioral Risk Factor Surveillance System (landline telephones only)

Pregnancy Risk Assessment Monitoring System (PRAMS)

Pregnancy Risk Assessment Monitoring System Two-Year-Old Survey (PRAMS-2)

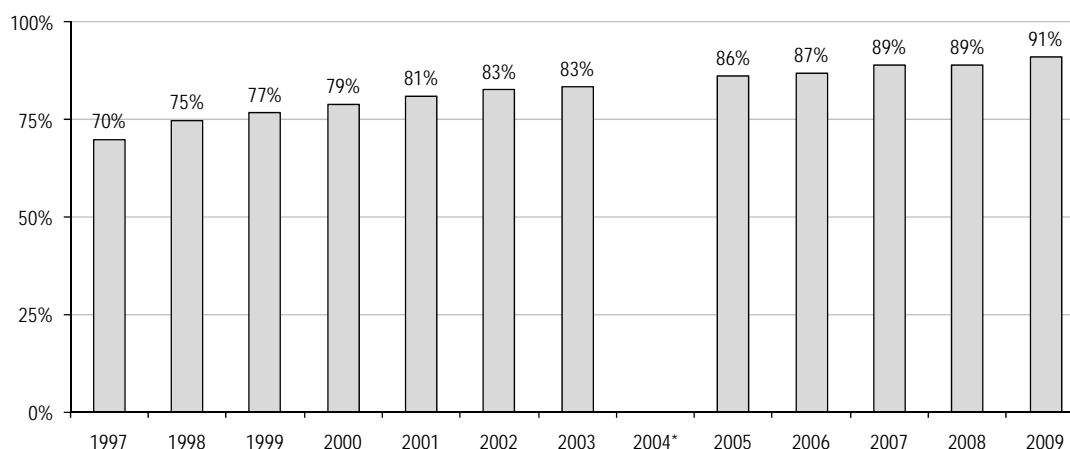
(Data presented on this page are age-adjusted.)

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6 Dove M, Dockery D, Connolly G. Smoke-free air laws and secondhand smoke exposure among nonsmoking youth. *Pediatrics* 2010; 126:80-87

# Secondhand Smoke Exposure

Chart 4: No-smoking rules in the home, 1997 through 2009



\* The question was asked differently in 2004 and is not comparable to the rest of the data points on the graph.

## Cars

- 83 percent of Oregon adults say that smoking is never allowed in any of their cars.
- 41 percent of smokers say that smoking is never allowed in any of their cars.
- 46 percent of smokers with children under the age of 18 living in the household say that smoking is never allowed in any of their cars.
- No-smoking rules in cars, by county, are presented on page 27.

## Opinions About Secondhand Smoke

- 94 percent of Oregon adults say that secondhand smoke is harmful to one's health.
- 90 percent of Oregon adults say that people should be protected from secondhand smoke.

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted.)

## Secondhand Smoke Exposure

**Table 22: No-smoking rules in the home by county, 2006-2009**

	Homes with Smokefree Rules (%)	Different from State?		95% Confidence Interval
		Higher	Lower	
Baker	78.3			(49.9 - 92.9)
Benton	93.4			(89.0 - 96.2)
Clackamas	93.3			(90.4 - 95.4)
Clatsop	90.1			(81.9 - 94.8)
Columbia	89.8			(82.3 - 94.4)
Coos	79.4		-s	(70.9 - 86.0)
Crook	90.6			(78.2 - 96.3)
Curry	87.0			(74.6 - 93.8)
Deschutes	93.0			(88.9 - 95.7)
Douglas	83.2			(73.3 - 89.9)
Grant	90.1			(74.5 - 96.6)
Harney	91.4			(77.2 - 97.1)
Hood River	84.9			(58.7 - 95.7)
Jackson	87.6			(82.4 - 91.5)
Jefferson	89.4			(78.4 - 95.2)
Josephine	92.5			(87.7 - 95.5)
Klamath	76.6		-s	(64.0 - 85.8)
Lake	91.1			(78.3 - 96.7)
Lane	90.6			(87.6 - 93.0)
Lincoln	88.6			(81.3 - 93.3)
Linn	87.5			(79.2 - 92.8)
Malheur	96.2			(90.0 - 98.6)
Marion	90.8			(86.1 - 94.0)
Morrow	*			
Multnomah	89.4			(87.1 - 91.3)
Polk	91.5			(83.8 - 95.7)
Tillamook	75.2		-s	(55.0 - 88.2)
Umatilla	78.6		-s	(68.6 - 86.1)
Union	86.7			(73.1 - 94.0)
Wallowa	77.4			(50.6 - 92.0)
Washington	92.7			(90.3 - 94.5)
Yamhill	94.9	+s		(90.8 - 97.2)
Gilliam/Wheeler	*			
Wasco/Sherman	87.2			(77.6 - 93.1)
Statewide	89.8			(88.9 - 90.7)

\* This number is suppressed because it is statistically unreliable.

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted.)

## Secondhand Smoke Exposure

**Table 23: No-smoking rules in cars by county, 2006-2009**

	Smokefree Rules for Cars (%)	Different from State?		95% Confidence Interval
		Higher	Lower	
Baker	90.4			(79.5 - 95.8)
Benton	88.3			(82.4 - 92.5)
Clackamas	84.1			(79.1 - 88.0)
Clatsop	83.8			(73.7 - 90.5)
Columbia	78.9			(68.3 - 86.7)
Coos	73.3			(61.9 - 82.3)
Crook	87.6			(75.6 - 94.2)
Curry	81.1			(65.2 - 90.7)
Deschutes	86.9			(80.5 - 91.4)
Douglas	73.6		-s	(64.0 - 81.3)
Grant	78.4			(57.4 - 90.7)
Harney	85.6			(64.0 - 95.2)
Hood River	86.1			(58.1 - 96.5)
Jackson	79.5			(72.7 - 85.0)
Jefferson	82.0			(61.7 - 92.7)
Josephine	84.2			(76.4 - 89.8)
Klamath	71.9			(56.2 - 83.6)
Lake	76.8			(51.6 - 91.1)
Lane	81.3			(76.7 - 85.2)
Lincoln	72.5			(58.8 - 83.0)
Linn	81.2			(72.6 - 87.5)
Malheur	89.7			(78.8 - 95.4)
Marion	82.5			(76.2 - 87.5)
Morrow	*			
Multnomah	84.4			(81.5 - 86.9)
Polk	86.1			(77.3 - 91.8)
Tillamook	60.2		-s	(40.7 - 77.0)
Umatilla	71.2		-s	(61.2 - 79.5)
Union	80.1			(66.1 - 89.3)
Wallowa	70.3			(42.3 - 88.4)
Washington	86.7			(83.4 - 89.5)
Yamhill	81.9			(69.3 - 90.1)
Gilliam/Wheeler	*			
Wasco/Sherman	76.9			(59.1 - 88.4)
Statewide	82.7			(81.4 - 84.0)

\*This number is suppressed because it is statistically unreliable.

Source:  
Oregon Behavioral Risk Factor Surveillance System (landline telephones only)  
(Data presented on this page are age-adjusted.)

## Secondhand Smoke Exposure

**Table 24: Eighth grade students reporting no smoking inside their home, 2007-2008**

	No Indoor Smoking (%)	Different from State?		95% Confidence Interval
		Higher	Lower	
Baker	83.1		-s	77.9 - 87.2
Benton	95.0	+s		93.1 - 96.4
Clackamas	92.9	+s		91.9 - 93.7
Clatsop	87.0			82.7 - 90.4
Columbia	82.4		-s	77.7 - 86.2
Coos	86.5		-s	83.4 - 89.1
Crook	87.3			83.7 - 90.1
Curry	88.2			83.9 - 91.5
Deschutes	92.2			90.7 - 93.5
Douglas	84.7		-s	82.5 - 86.6
Grant	82.4		-s	74.5 - 88.1
Harney	84.9			77.6 - 90.2
Hood River	94.3	+s		91.8 - 96.1
Jackson	91.3			89.2 - 93.0
Jefferson	91.2			88.0 - 93.6
Josephine	#			
Klamath	84.6		-s	79.7 - 88.6
Lake	82.0			68.9 - 90.4
Lane	90.4			89.4 - 91.4
Lincoln	82.9		-s	78.7 - 86.4
Linn	87.0		-s	85.1 - 88.6
Malheur	89.0			86.0 - 91.5
Marion	91.7			90.0 - 93.1
Morrow	92.1			87.8 - 95.0
Multnomah	90.7			89.8 - 91.5
Polk	90.5			86.7 - 93.3
Tillamook	88.6			84.3 - 91.9
Umatilla	90.3			88.4 - 92.0
Union	86.0		-s	81.5 - 89.6
Wallowa	#			
Washington	94.3	+s		92.9 - 95.4
Yamhill	92.3			90.4 - 93.8
Gilliam/Wheeler	92.2			81.0 - 97.1
Wasco/Sherman	89.5			85.7 - 92.4
<b>Statewide</b>	<b>90.6</b>			<b>90.1 - 91.1</b>

# County did not participate in Oregon Healthy Teens Survey

Source:  
Oregon Healthy Teens Survey

# Youth Cigarette Smoking

## Youth Cigarette Smoking

Since 1996, cigarette smoking has declined 54 percent among Oregon’s 8<sup>th</sup> graders, and 46 percent among Oregon’s 11<sup>th</sup> graders. Without these reductions, Oregon would have roughly 38,000 additional young smokers today. Still, an estimated 38,000 Oregon youth smoked in 2009. County-specific smoking prevalence can be found on page 32.

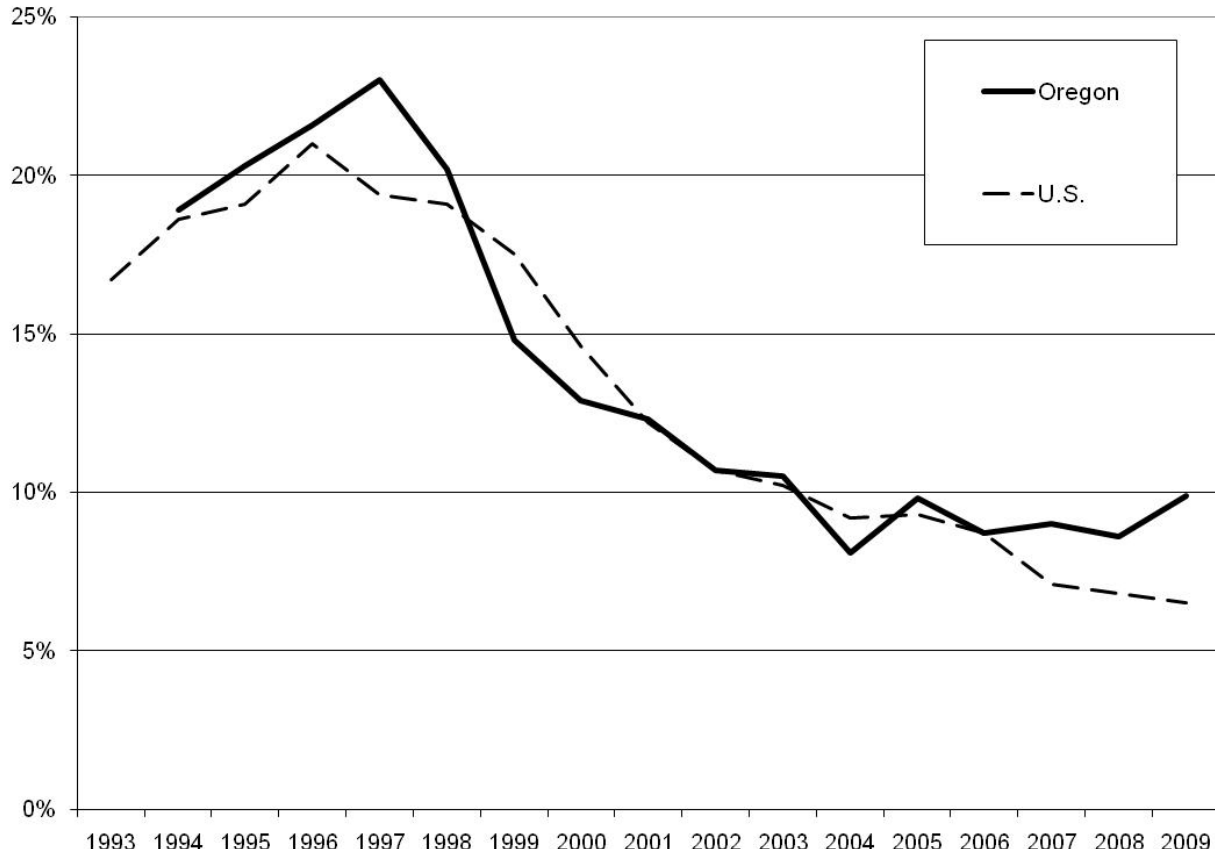
**Table 25: Youth cigarette smoking by grade and sex, 2008 & 2009**

Grade	2008 Prevalence (95% Confidence Interval)			2009 Prevalence (95% Confidence Interval)		
	Male	Female	Total	Male	Female	Total
8 <sup>th</sup> Grade	7.4% (6.5 – 8.4)	9.8% (8.8 – 10.8)	8.6% (8.0 – 9.3)	8.3% (6.8 – 10.0)	11.4% (9.6 – 13.5)	9.9% (8.7 – 11.2)
11 <sup>th</sup> Grade	16.2% (14.6 – 17.9)	15.8% (14.3 – 17.3)	16.0% (14.9 – 17.1)	15.4% (13.5 – 17.4)	14.5% (12.8 – 16.4)	14.9% (13.6 – 16.3)

Source:  
Oregon Healthy Teens Survey

# Youth Cigarette Smoking

Chart 5: Eighth grade cigarette smoking (Oregon vs. U.S.), 1996 through 2009



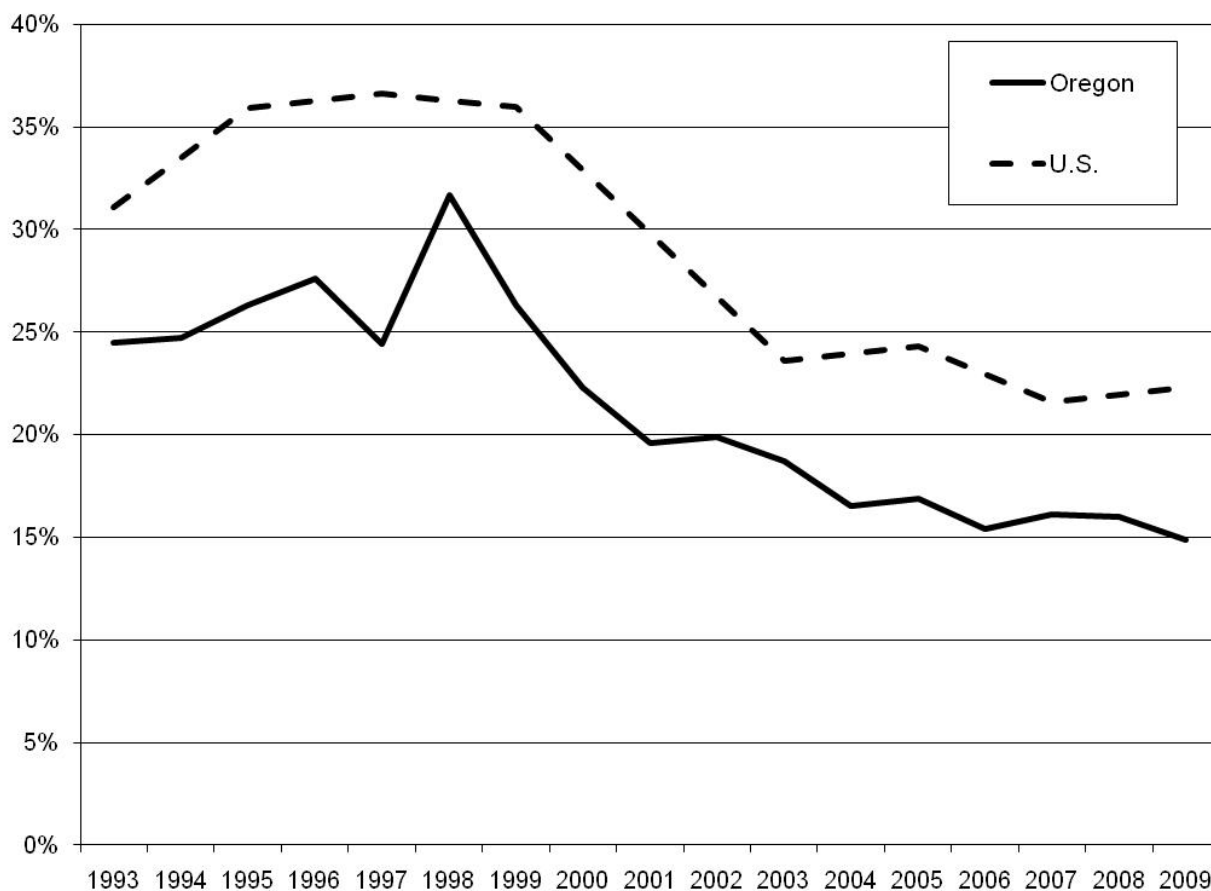
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
U.S. (%)	21.0	19.4	19.1	17.5	14.6	12.2	10.7	10.2	9.2	9.3	8.7	7.1	6.8	6.5
Oregon (%)	21.6	23.0	20.2	14.8	12.9	12.3	10.7	10.5	8.1	9.8	8.7	9.0	8.6	9.9
95% Confidence Interval	N/A	N/A	N/A	N/A	N/A	11.1-13.6	9.7-11.9	9.5-11.7	7.5-8.8	9.1-10.6	7.6-10.0	8.3-9.8	8.0-9.3	8.7-11.2

Sources:

Oregon – Oregon Healthy Teens Survey, Oregon Public School Drug Use Survey, Oregon Youth Risk Behavior Survey  
 U.S. – Monitoring the Future Study (<http://www.monitoringthefuture.org>)

# Youth Cigarette Smoking

Chart 6: Eleventh grade cigarette smoking (Oregon vs. U.S.), 1996 through 2009



Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
U.S. (%)	N/A	36.6	N/A	36.0	N/A	29.8	N/A	23.6	N/A	24.3	N/A	21.6	N/A	22.3
Oregon (%)	27.6	24.4	31.7	26.3	22.3	19.6	19.9	18.7	16.5	16.9	15.4	16.1	16.0	14.9
95% Confidence Interval	N/A	N/A	N/A	N/A	N/A	17.9-21.4	18.3-21.7	17.0-20.4	15.4-17.6	15.9-17.9	13.9-17.1	14.9-17.4	14.9-17.1	13.6-16.3

Sources:

Oregon – Oregon Healthy Teens Survey, Oregon Public School Drug Use Survey, Oregon Youth Risk Behavior Survey  
 U.S. – Youth Risk Behavior Survey

# Youth Cigarette Smoking

**Table 26: Youth cigarette smoking by county and grade, 2007-2008**

	8th Graders				11th Graders			
	Prevalence (%)	Different from State Higher	Lower	95% Confidence Interval	Prevalence (%)	Different from State Higher	Lower	95% Confidence Interval
Baker	7.3			(4.7 - 11.1)	23.4	+s		(18.3 - 29.5)
Benton	5.2		-s	(4.0 - 6.7)	12.8		-s	(10.8 - 15.2)
Clackamas	7.9			(7.0 - 8.9)	17.6			(16.1 - 19.2)
Clatsop	9.8			(6.9 - 13.7)	24.2	+s		(19.7 - 29.2)
Columbia	10.8			(7.9 - 14.6)	20.0			(15.8 - 24.9)
Coos	10.0			(7.8 - 12.8)	24.4	+s		(20.5 - 28.9)
Crook	16.8	+s		(13.6 - 20.7)	24.9	+s		(18.9 - 32.0)
Curry	8.4			(5.7 - 12.2)	17.5			(13.5 - 22.3)
Deschutes	11.5	+s		(9.8 - 13.3)	19.1			(15.8 - 23.0)
Douglas	12.5	+s		(10.8 - 14.5)	20.1	+s		(17.4 - 23.1)
Grant	4.7†			(2.1 - 10.2)	20.6			(14.3 - 28.8)
Harney	11.7			(7.2 - 18.5)	19.5			(12.5 - 29.2)
Hood River	4.6		-s	(3.0 - 6.9)	14.5			(11.4 - 18.3)
Jackson	10.7			(8.8 - 12.9)	17.8			(15.0 - 20.9)
Jefferson	10.2			(7.6 - 13.5)	16.5			(12.8 - 21.0)
Josephine	#				#			
Klamath	11.4			(8.1 - 15.7)	20.7	+s		(17.4 - 24.4)
Lake	12.0†			(5.5 - 24.2)	9.3†			(3.5 - 22.3)
Lane	8.4			(7.6 - 9.4)	15.0			(13.4 - 16.6)
Lincoln	8.7			(6.3 - 12.0)	21.6	+s		(17.8 - 25.8)
Linn	9.1			(7.8 - 10.7)	23.0	+s		(20.5 - 25.6)
Malheur	10.2			(7.9 - 13.2)	16.5			(13.3 - 20.4)
Marion	9.0			(7.6 - 10.7)	13.3		-s	(11.3 - 15.5)
Morrow	9.6			(6.4 - 14.2)	18.2			(13.8 - 23.7)
Multnomah	7.5		-s	(6.7 - 8.2)	17.5			(16.2 - 19.0)
Polk	8.8			(6.2 - 12.4)	9.2		-s	(5.3 - 15.6)
Tillamook	6.6			(4.2 - 10.2)	17.0			(12.4 - 22.8)
Umatilla	8.3			(6.8 - 10.1)	15.3			(13.0 - 18.0)
Union	8.7			(5.9 - 12.6)	15.3			(11.3 - 20.3)
Wallowa	#				#			
Washington	6.8		-s	(5.6 - 8.2)	12.7		-s	(10.9 - 14.8)
Yamhill	8.6			(7.0 - 10.5)	16.8			(14.4 - 19.4)
Gilliam/Wheeler	11.9†			(4.7 - 26.8)	12.7†			(5.4 - 26.8)
Wasco/Sherman	13.2	+s		(10.0 - 17.2)	11.8			(8.7 - 15.9)
<b>State</b>	<b>8.8</b>			<b>(8.3 - 9.3)</b>	<b>16.5</b>			<b>(15.9 - 17.1)</b>

# County did not participate in Oregon Healthy Teens Survey

† This number may be statistically unreliable; interpret with caution.

Source:  
Oregon Healthy Teens Survey

# Youth Smokeless Tobacco Use

## Youth Smokeless Tobacco Use

Since 1996, smokeless tobacco use has declined 41 percent among Oregon's 8th graders and 42 percent among Oregon's 11th graders. Absent these decreases, today Oregon would have about 14,000 additional youth who used chewing tobacco in 2006. As with adults, smokeless tobacco use is more common among young males than young females.

**Table 27: Youth smokeless tobacco use by grade and sex, 2008 & 2009**

Grade	2008 Prevalence (95% Confidence Interval)			2009 Prevalence (95% Confidence Interval)		
	Male	Female	Total	Male	Female	Total
8 <sup>th</sup> Grade	5.1% (4.4 – 6.0)	1.9% (1.4 – 2.4)	3.4% (3.0 – 3.9)	5.8% (4.5 – 7.4)	2.5% (1.6 – 3.8)	4.1% (3.3 – 5.1)
11 <sup>th</sup> Grade	13.6% (12.2 – 15.2)	2.6% (2.0 – 3.2)	7.8% (7.1 – 8.6)	12.0% (10.4 – 13.8)	3.1% (2.3 – 4.1)	7.4% (6.5 – 8.4)

**Table 28: Male youth smokeless tobacco use by grade, 1999 through 2009**

Grade	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
8 <sup>th</sup> (%)	6	N/A	3.9	3.3	4.0	3.9	4.6	4.6	5.6	5.1	5.8
95% Conf. Interval	N/A	N/A	2.9 – 5.3	2.5 – 4.6	3.0 – 5.3	3.3 – 4.7	3.9 – 5.4	3.4 – 6.2	4.7 – 6.6	4.4 – 6.0	4.5 – 7.4
11 <sup>th</sup> (%)	16	16	8.7	11.4	10.4	10.6	13.1	10.2	13.9	13.6	12.0
95% Conf. Interval	N/A	N/A	7.1 – 10.6	9.4 – 13.8	8.7 – 12.4	9.4 – 12.0	11.9 – 14.3	8.4 – 12.3	12.2 – 15.7	12.2 – 15.2	10.4 – 13.8

Source:  
Oregon Healthy Teens Survey

# Youth Smokeless Tobacco Use

**Table 29: Male youth smokeless tobacco use by grade and county, 2007-2008**

	8th Graders			11th Graders		
	Prevalence (%)	Different from State Higher Lower	95% Confidence Interval	Prevalence (%)	Different from State Higher Lower	95% Confidence Interval
Baker	10.6	+s	(6.5 - 16.8)	36.5	+s	(28.0 - 45.8)
Benton	2.4		(1.4 - 4.2)	7.3	-s	(5.2 - 10.2)
Clackamas	3.9		(3.0 - 5.0)	13.8		(11.8 - 16.0)
Clatsop	*			18.1		(12.8 - 24.9)
Columbia	8.9		(5.3 - 14.5)	14.0		(9.2 - 20.7)
Coos	4.8		(2.8 - 8.1)	17.2		(12.6 - 23.1)
Crook	18.7	+s	(13.9 - 24.7)	24.9	+s	(16.1 - 36.5)
Curry	3.9†		(1.7 - 8.7)	13.0		(8.3 - 19.7)
Deschutes	4.7		(3.3 - 6.7)	15.9		(11.6 - 21.3)
Douglas	9.0	+s	(7.0 - 11.6)	12.8		(9.9 - 16.4)
Grant	9.0†		(4.4 - 17.5)	29.0	+s	(18.7 - 42.0)
Harney	*			10.0†		(3.8 - 23.8)
Hood River	2.7†		(1.2 - 6.0)	8.0		(4.9 - 12.9)
Jackson	10.0	+s	(7.5 - 13.3)	11.4		(8.3 - 15.4)
Jefferson	9.2	+s	(6.0 - 13.9)	20.3		(14.6 - 27.5)
Josephine	#			#		
Klamath	12.3	+s	(7.6 - 19.2)	19.6	+s	(15.4 - 24.7)
Lake	*			29.2†		(14.6 - 49.8)
Lane	4.1		(3.2 - 5.2)	13.5		(11.4 - 15.8)
Lincoln	5.4†		(2.9 - 9.8)	14.6		(10.3 - 20.2)
Linn	5.6		(4.1 - 7.7)	20.5	+s	(17.1 - 24.4)
Malheur	4.2†		(2.3 - 7.5)	12.4		(8.5 - 17.8)
Marion	5.6		(4.0 - 7.8)	13.8		(11.1 - 17.1)
Morrow	11.1	+s	(6.6 - 17.9)	11.0		(6.4 - 18.1)
Multnomah	2.7		(2.1 - 3.5)	9.5	-s	(8.0 - 11.1)
Polk	2.9†		(1.1 - 7.4)	*		
Tillamook	5.3†		(2.5 - 10.6)	14.9		(9.5 - 22.8)
Umatilla	7.8		(5.8 - 10.4)	15.6		(12.1 - 19.8)
Union	14.7	+s	(9.9 - 21.3)	29.1	+s	(21.8 - 37.7)
Wallowa	#			#		
Washington	4.4		(3.1 - 6.3)	14.5		(11.8 - 17.8)
Yamhill	5.9		(4.1 - 8.5)	12.4		(9.6 - 16.0)
Gilliam/Wheeler	24.8†		(10.4 - 48.4)	36.5†		(17.5 - 60.8)
Wasco/Sherman	10.0	+s	(6.4 - 15.4)	22.7	+s	(16.4 - 30.4)
<b>State</b>	<b>5.3</b>		<b>(4.7 - 5.9)</b>	<b>13.7</b>		<b>(12.6 - 14.9)</b>

# County did not participate in Oregon Healthy Teens Survey

† This number may be statistically unreliable; interpret with caution.

\* This number is suppressed because it is statistically unreliable.

Source: Oregon Healthy Teens Survey

# Youth Hookah Use

## Youth Hookah Use

Hookah smoking by youth has increased rapidly during the short time that it has been monitored. From 2008 to 2009, the statewide level of hookah smoking increased significantly for both 8<sup>th</sup> grade and 11<sup>th</sup> grade students. In addition, among females, hookah smoking increased significantly statewide for both grade levels.

**Table 30: Youth hookah use by grade and sex, 2008 & 2009**

Grade	2008 Prevalence (95% Confidence Interval)			2009 Prevalence (95% Confidence Interval)		
	Male	Female	Total	Male	Female	Total
8 <sup>th</sup> Grade	2.4% (1.9 – 3.0)	1.9% (1.5 – 2.4)	2.2% (1.8 – 2.5)	3.8% (2.7 – 5.5)	4.0% (2.9 – 5.3)	3.9% (3.1 – 4.9)
11 <sup>th</sup> Grade	8.6% (7.4 – 10.1)	7.2% (6.1 – 8.4)	7.9% (7.0 – 8.8)	9.6% (8.1 – 11.3)	11.9% (10.3 – 13.7)	10.8% (9.7 – 12.0)

Source:  
Oregon Healthy Teens Survey

# Youth Cigar Smoking

## Youth Cigar Smoking

In 2009, nearly eleven percent of 11<sup>th</sup> graders reported smoking cigars, cigarillos, or little cigars. In comparison, just over seven percent of 11<sup>th</sup> graders reported using smokeless tobacco.

**Table 31: Youth smoking of cigars, cigarillos, or little cigars by grade and sex, 2008 & 2009**

Grade	2008 Prevalence (%) (95% Confidence Interval)			2009 Prevalence (%) (95% Confidence Interval)		
	Male	Female	Total	Male	Female	Total
8 <sup>th</sup> Grade	4.5% (3.8 – 5.3)	3.1% (2.5 – 3.8)	3.8% (3.3 – 4.3)	6.3% (5.0 – 7.9)	3.8% (2.8 – 5.1)	5.0% (4.1 – 6.0)
11 <sup>th</sup> Grade	16.9% (15.2 – 18.7)	6.0% (5.1 – 7.1)	11.2% (10.2 – 12.2)	15.6% (13.7 – 17.6)	5.9% (4.8 – 7.2)	10.6% (9.5 – 11.8)

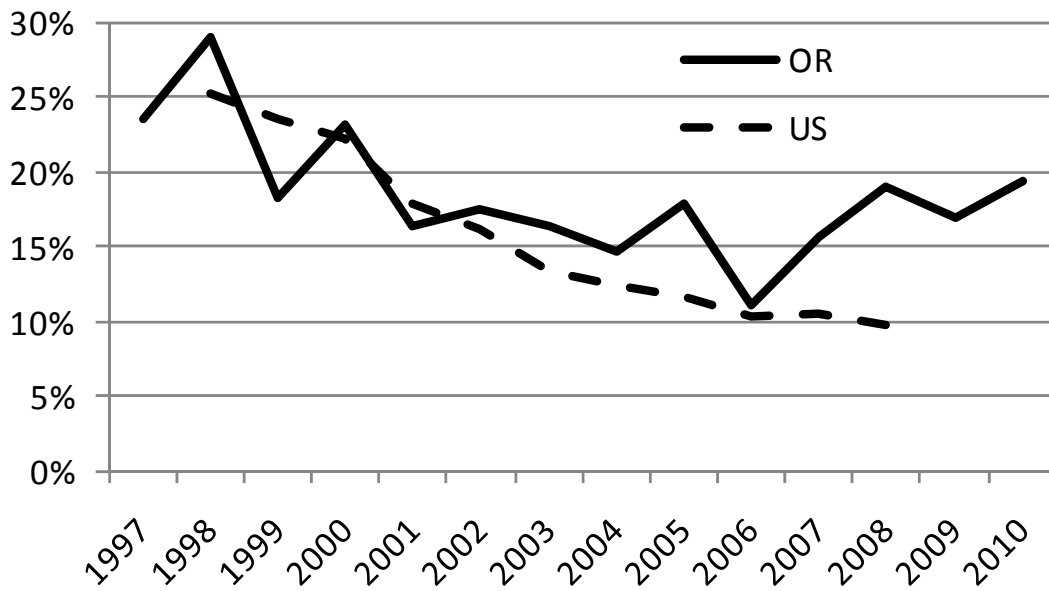
Source:  
Oregon Healthy Teens Survey

# Youth Access to Tobacco

## Youth Access to Tobacco

Since 1997, the percentage of retailers who sold cigarettes to minors has fallen 26 percent. Enforcement of Oregon’s minimum tobacco purchase age still requires more effort. In 2009, nearly one in five attempts by a minor to purchase cigarettes was successful.

Chart 7: Retailers who sold to minors (Oregon vs. US), 1997 through 2010



Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Oregon	24%	29%	18%	23%	16%	18%	16%	15%	18%	11%	16%	19%	17%	19%
US		25%	24%	22%	18%	16%	13%	12%	12%	10%	10%	10%		

Source:  
Oregon Sales to Minors Inspection Results (Synar), Oregon Department of Human Services  
(Confidence intervals are not available for this dataset.)

## Youth Access to Tobacco

**Table 32: Retailers that sold to minors by region, 2010**

Region	Prevalence	Total Inspections	Number of Sales to Minors
Multnomah County	24%	144	35
Clackamas & Washington Counties	16%	108	17
Willamette Valley & Central/North Coast	13%	189	25
Southern Oregon	25%	99	25
Eastern/Central Oregon	21%	104	22
<b>Statewide</b>	<b>19%</b>	<b>644</b>	<b>124</b>

Regions

Will. Valley & C./N. Coast: Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill

Southern Oregon: Coos, Curry, Douglas, Jackson, Josephine, Klamath

Eastern/Central Oregon: Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler

**Table 33: Retailers that sold to minors by type of store, 2010**

Type of Store	Prevalence	Total Inspections	Number of Sales to Minors
Department Stores	7%	46	3
Drug Stores	21%	24	5
Grocery Stores	14%	78	11
Markets	18%	165	29
Mini Marts	22%	126	28
Mini Marts with Gas Station	23%	195	45
Tobacco Shops	50%	2	1
Other <sup>#</sup>	25%	8	2

<sup>#</sup> "Other" includes marinas, bait and tackle shops, coffee shops, resort stores, farm supply stores, campground stores, RV parks, warehouse stores, restaurants, newsstands, golf pro shops, gift shops and gas stations without mini marts.

Source:

Oregon Sales to Minors Inspection Results (Synar), Oregon Department of Human Services  
(Confidence intervals are not available for this dataset.)

## Youth Access to Tobacco

**Table 34: Sources of tobacco for youth by grade, 2009**

Source	8th Grade	11th Grade
Youth did <u>not</u> obtain tobacco during the past 30 days	87%	78%
Store or gas station	1%	6%
Friends 18 years of age or older	5%	13%
Friends under 18 years of age	6%	7%
Took from home without permission	2%	1%
Family member	2%	3%
Internet	0.2%	0.1%
Some other source	3%	3%

Students were allowed to select all that apply.

- 97 percent of Oregon adults say that it is important for communities to keep stores from selling tobacco to minors.
- 65 percent of Oregon adults say the cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.

Sources:

Youth – Oregon Healthy Teens Survey

Adults – Oregon Behavioral Risk Factor Surveillance System (landline telephones only)

(Adult data presented on this page are age-adjusted.)

# Tobacco Use During Pregnancy

## Tobacco Use During Pregnancy

In 2007, 5,719 infants in Oregon were born to mothers who used tobacco during pregnancy. Each of these pregnancies costs an average of \$371 more than a birth to a non-smoking woman.<sup>#</sup> Thus, health care for births to women who smoked during pregnancy in 2007 cost Oregonians an additional \$2.1 million.

**Table 35: Prenatal tobacco use by mother's age, 2006 & 2007**

Mother's Age	2006 Prevalence	2007 Prevalence
Less than 18 years old	15%	15%
18-19 years old	21%	21%
20-24 years old	19%	18%
25-29 years old	12%	11%
30 years and older	7%	6%
Overall	12%	12%

**Table 36: Prenatal tobacco use by mother's education, 2006 & 2007**

Mother's Highest Level of Education Completed	2006 Prevalence	2007 Prevalence
Did not graduate from high school	19%	19%
High school graduate or GED	18%	18%
Some college	10%	9%
College graduate	2%	2%

<sup>#</sup> Cost estimates are based on MCH SAMMEC. These are neonatal medical care costs caused by maternal smoking. These costs include all inpatient services, such as physician, ancillary, pharmaceutical, and accommodations. Please note that the overall decline in maternal smoking prevalence from 1997 to 2003 has led to a decline in costs attributable to smoking during pregnancy.

Sources:

Births – Oregon Birth Certificate Statistical File

Costs – Maternal & Child Health Smoking-Attributable Morbidity, Mortality and Economic Costs (MCH SAMMEC), Center for Disease Control and Prevention

# Tobacco Use During Pregnancy

**Table 37: Prenatal tobacco use by mother's race/ethnicity, 2006 & 2007**

Mother's Race/Ethnicity	2006 Prevalence	2007 Prevalence
African American	17%	16%
American Indian	25%	22%
Asian/Pacific Islander	4%	3%
Hispanic/Latina	3%	3%
White	15%	15%

Note: The racial categories of African American, American Indian, Asian/Pacific Islander and White do not include respondents of Hispanic ethnicity.

**Table 38: Prenatal tobacco use by method of payment for health care, 2006 & 2007**

Type of Insurance	2006 Prevalence	2007 Prevalence
Medicaid/Oregon Health Plan	22%	21%
Private insurance	5%	5%
Self-pay/Uninsured	13%	12%

Source:  
Oregon Birth Certificate Statistical File

# Tobacco Use During Pregnancy

**Table 39: Prenatal tobacco use by county, 2003-2007**

County of Residence	Current Smoker (%)	Different from State		95% Confidence Interval
		Higher	Lower	
Baker	25.0	+s		(22.1 – 28.2)
Benton	7.2		-s	(6.4 – 8.1)
Clackamas	10.4		-s	(10.0 – 10.8)
Clatsop	20.2	+s		(18.5 – 22.0)
Columbia	19.8	+s		(18.3 – 21.4)
Coos	23.4	+s		(22.0 – 25.0)
Crook	20.4	+s		(18.2 – 22.8)
Curry	25.0	+s		(21.5 – 28.8)
Deschutes	12.1			(11.4 – 12.7)
Douglas	24.6	+s		(23.4 – 25.7)
Grant	12.9			(9.3 – 17.1)
Harney	18.5	+s		(14.6 – 22.9)
Hood River	5.6		-s	(4.4 – 6.8)
Jackson	14.9	+s		(14.2 – 15.6)
Jefferson	11.0			(9.5 – 12.6)
Josephine	23.0	+s		(21.7 – 24.3)
Klamath	20.2	+s		(18.9 – 21.4)
Lake	22.1	+s		(17.8 – 26.9)
Lane	14.3	+s		(13.8 – 14.8)
Lincoln	21.9	+s		(20.2 – 23.7)
Linn	19.9	+s		(19.0 – 20.9)
Malheur	9.0		-s	(7.8 – 10.2)
Marion	11.1		-s	(10.7 – 11.5)
Morrow	13.8			(11.5 – 16.4)
Multnomah	10.8		-s	(10.6 – 11.1)
Polk	12.7			(11.7 – 13.8)
Tillamook	19.2	+s		(17.1 – 21.4)
Umatilla	14.6	+s		(13.7 – 15.6)
Union	17.6	+s		(15.8 – 19.6)
Wallowa	18.7	+s		(14.4 – 23.5)
Washington	5.0		-s	(4.8 – 5.2)
Yamhill	12.3			(11.4 – 13.1)
Gilliam/Wheeler	14.8			(9.0 – 22.3)
Wasco/Sherman	17.5	+s		(15.6 – 19.6)
<b>Oregon</b>	<b>12.2</b>			<b>(12.1 – 12.3)</b>

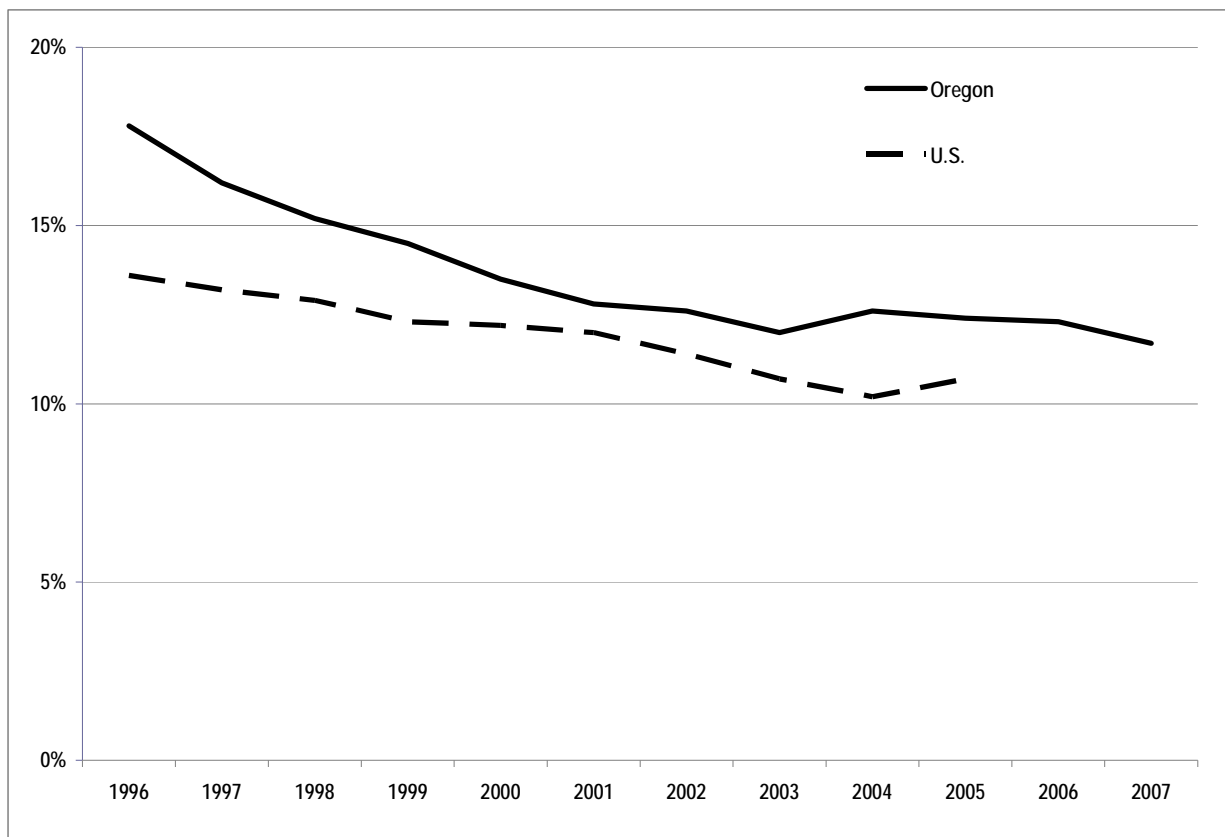
Source:  
Oregon Birth Certificate Statistical File

## Tobacco Use During Pregnancy

Since 1996, the percentage of infants born to mothers in Oregon who used tobacco while pregnant has decreased 34 percent. Due to this decrease in the percentage of mothers who smoked during pregnancy, 23,200 fewer infants were exposed to the effects of prenatal smoking.

Nevertheless, the Oregon smoking rate for new mothers is still higher than the national average. Nationwide, the percentage of children born to a mother who smoked during pregnancy decreased 21 percent from 1996 to 2005.

**Chart 8: Prenatal tobacco use (Oregon vs. U.S.), 1996 through 2007**



Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Nation	13.6%	13.2%	12.9%	12.3%	12.2%	12.0%	11.4%	10.7%	10.2%	10.7%	10.0%*	N/A
Oregon	17.8%	16.2%	15.2%	14.5%	13.5%	12.8%	12.6%	12.0%	12.6%	12.4%	12.3%	11.7%

Sources:

Oregon – Oregon Birth Certificate Statistical File

United States – National Center for Health Statistics

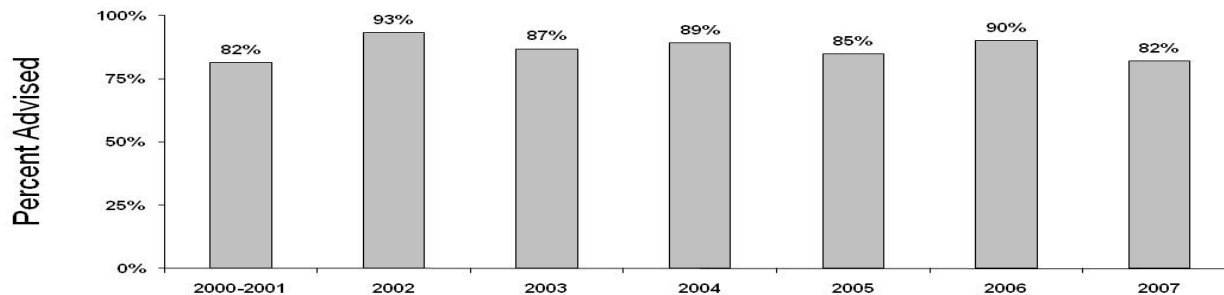
\* For 2006 births, the National Center for Health Statistics (NCHS) did not publish data comparable to Oregon's. This estimate was obtained from NCHS via special request. Because it is not comparable, it is not included in the chart.

# Tobacco Use During Pregnancy

The harmful effects of tobacco use and exposure during pregnancy, to both mother and infant, have been well documented in the literature.<sup>#</sup> Despite this, not all Oregon doctors or other healthcare workers advise pregnant women to quit smoking or educate pregnant women on the harmful effects of secondhand smoke exposure.

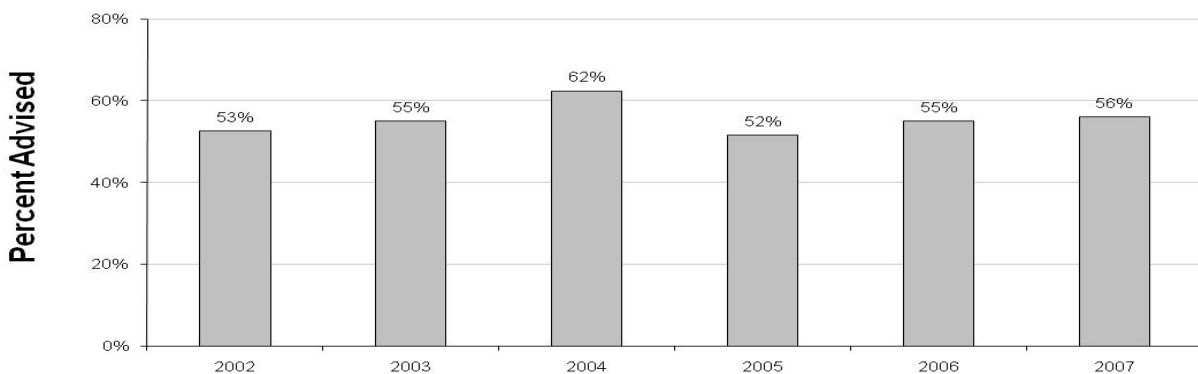
In 2007, 82 percent of pregnant women who smoked reported being advised to quit by their doctor or other healthcare worker.

Chart 9: Smoking pregnant women: health care workers' advice to quit, 2002 through 2007



Secondhand smoke exposure to the baby, both in the womb and as a young child, has been associated with negative health effects: birth and delivery problems, low birth weight, abnormal blood pressure, colic, SIDS, respiratory disorders, and various health problems in adulthood.<sup>#</sup> In 2007, 56 percent of pregnant women who gave birth to a live infant reported having been advised about the harm of secondhand smoke by their doctor or other health care worker. Women who smoked while pregnant were more likely to be advised about the harm of secondhand smoke (87 percent) compared with non-smokers (53 percent).

Chart 10: Smoking pregnant women: health care workers' advice about secondhand smoke, 2002 through 2007



Sources: Oregon Pregnancy Risk Assessment Monitoring System

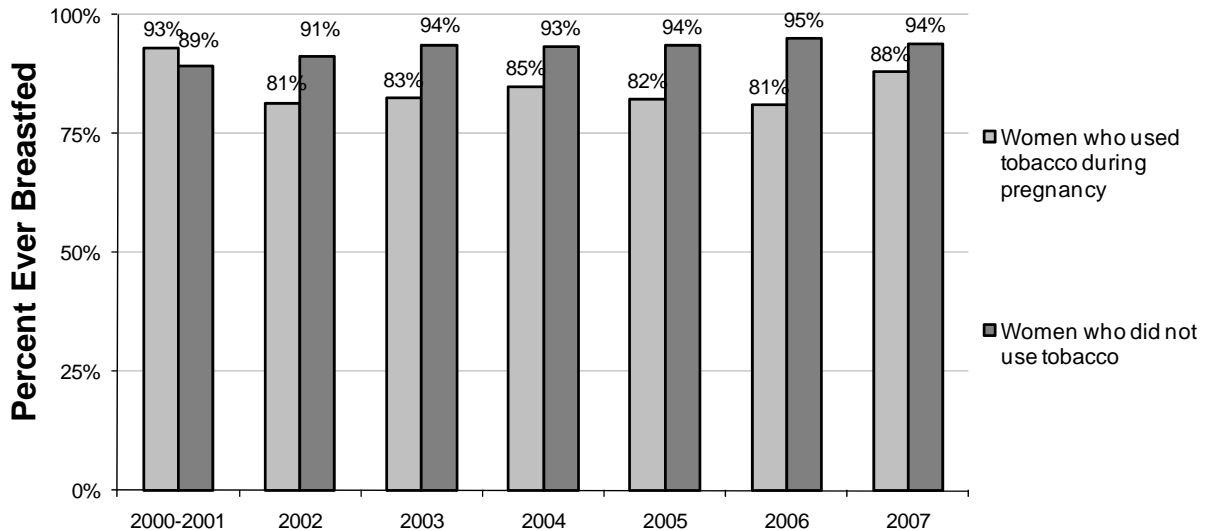
<sup>#</sup> 2006 Surgeon General's Report: The health consequences of involuntary exposure to tobacco smoke

Campaign for Tobacco Free Kids, <http://tobaccofreekids.org/research/factsheets/pdf/0007.pdf>

## Tobacco Use During Pregnancy

Babies born to Oregon women who smoked while pregnant are over *twice* as likely to be born with low birth weight compared with babies born to women who did not smoke during their pregnancy.

Chart 11: Women who report ever breastfeeding their infant, 2000 through 2007



Women who smoke during pregnancy are less likely to ever breastfeed their babies. Breastfeeding is healthy for both mother and child. Breast milk delivers antibodies preventing infection to the infant and reduces a mother's risk of developing ovarian and breast cancer. Smoking should not prevent a mother from breastfeeding, as breast milk is the most complete nutritional support for infants available. If quitting is not an option, limiting the number of cigarettes smoked per day and smoking after breastfeeding reduces nicotine exposure to the infant while still providing support to the infant's immune system.<sup>#</sup>

Sources:

Oregon Pregnancy Risk Assessment Monitoring System

<sup>#</sup> U.S. Department of Health and Human Services. *HHS Blueprint for Action on Breastfeeding*, U.S. Department of Health and Human Services, Office on Women's Health, 2000.

# Performance Indicators

## Performance Indicators

### Oregon Department of Human Services (DHS) Annual Key Performance Measures (KPM)

The annual KPMs are high-level, outcome-oriented indicators used to report progress to the state legislature and interested citizens. These measures communicate in quantitative terms how well the Department of Human Services is achieving its core mission of assisting people to become independent, healthy and safe. For tobacco use, there are two specific measures. The most recently published KPM figures are reported below.

Key Performance Measures	Most Recent Data Year			
	Year	Target	Actual Performance	Target achieved?
<b>1) Tobacco use among:</b>				
Adults	2009	17.4%	17.5%	No
Youth (8 <sup>th</sup> grade students)	2009	9.0%	9.9%	No
Pregnant women	2007	10.8%	11.7%	No
<b>2) Number of cigarette packs sold per capita</b>	2009	48.0	47.9	Yes

# Performance Indicators

## **Healthy People 2010**

Healthy People 2010 is a national health promotion and disease prevention initiative. It is a set of health objectives for the Nation focusing on a variety of areas including tobacco use, physical activity, overweight and obesity, substance abuse and access to health care. A subset of tobacco use objectives are presented below. For more information about Healthy People 2010, please visit [www.healthypeople.gov](http://www.healthypeople.gov).

OBJECTIVES	Baseline (Oregon)	Current Status (Oregon)	Healthy People 2010 Target	Target Achieved?
<b>TOBACCO USE</b>				
<b>TOBACCO USE IN POPULATION GROUPS</b>				
<b>Reduce tobacco use by adults</b>				
<u>Measure description:</u> Adults 18 years and older who have smoked at least 100 cigarettes and currently smoke everyday or some days. Smokeless tobacco was measured instead of spit tobacco only.				
Cigarette smoking	21.0% (2000)	17.5% (2009)	<12%	No
Spit tobacco	3.2% (2000)	3.7% (2009)	<0.4%	No
<b>Reduce tobacco use by adolescents</b>				
<u>Measure description:</u> 11 <sup>th</sup> graders who smoked at least one day during the past 30 days. Smokeless tobacco use (by males <u>and</u> females) was measured instead of spit tobacco only.				
Cigarettes (past month)	19.6% (2001)	14.9% (2009)	<16%	Yes
Spit tobacco (past month)	5.2% (2001)	7.4% (2008)	<1%	No
<b>CESSATION AND TREATMENT</b>				
<b>Increase smoking cessation attempts by adult smokers</b>				
<u>Measure description:</u> Adult smokers who stopped smoking for 1 day or longer during the past 12 months because they were trying to quit smoking.				
	50% (2000)	48% (2009)	>75%	No
<b>Increase smoking cessation attempts by adolescent smokers</b>				
<u>Measure description:</u> 11 <sup>th</sup> grade current smokers who tried to quit smoking during the past 12 months.				
	No data available	50% (2009)	>84%	No

## Performance Indicators

OBJECTIVES	Baseline (Oregon)	Current Status (Oregon)	Healthy People 2010 Target	Target Achieved?
<b>EXPOSURE TO SECONDHAND SMOKE</b>				
Increase smokefree and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events		Oregon school districts have been required to establish procedures to implement a comprehensive tobacco-free schools policy since January 1, 2006.	100%	Yes
Establish laws on smokefree indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites		Oregon has had a comprehensive statewide smokefree workplace law since January 1, 2009.	All 50 states and the District of Columbia	Yes
<b>SOCIAL AND ENVIRONMENTAL CHANGES</b>				
Increase the number of states and the District of Columbia that suspend or revoke state retail licenses for violations of laws prohibiting the sale of tobacco to minors		Tobacco retailers are <u>not</u> required to be licensed in Oregon.	All	No
<b>Increase adolescents' disapproval of smoking</b>				
<u>Measure description:</u> 8 <sup>th</sup> graders who think it is wrong for someone their age to smoke cigarettes.				
8th grade	No data available	90% (2009)	>95%	No
<b>Increase in combined federal and average state tax</b>				
Cigarettes	(2000) \$1.07 (\$0.68 state + \$0.39 federal)	(Effective April 1, 2009) \$2.19 (\$1.18 state + \$1.01 federal)	>\$2	Yes

### MATERNAL, INFANT, AND CHILD HEALTH

#### **PRENATAL SUBSTANCE EXPOSURE**

<b>Increase in reported abstinence in past month from substances by pregnant women</b>				
<u>Measure description:</u> Pregnant women aged 15 to 44 years who reported 'no tobacco use' during pregnancy				
Cigarette smoking	86% (2000)	88% (2007)	>99%	No

# Appendix I: Data Sources

## Appendix I: Data Sources

### Surveys

#### **Behavioral Risk Factor Surveillance System**

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing random-digit dialed telephone survey of adults concerning health-related behaviors. The BRFSS was developed by the Centers for Disease Control and Prevention (CDC) and is conducted in all states in the U.S. Each year, between 5,000 and 15,000 adult Oregonians are interviewed. The BRFSS includes questions on health behavior risk factors such as seat belt use, diet, weight control, tobacco and alcohol use, physical activity, preventive health screenings, and use of preventive and other health care services. The data are weighted to represent all adults aged 18 years and older. A core set of questions is asked annually and other topics are surveyed on a rotating basis.

Data presented by race/ethnicity are from a combined 2004 and 2005 file, which includes additional surveys among African Americans, American Indians, and Asian/Pacific Islanders. The additional surveys were done to ensure that there would be a minimum of 250 surveys for each racial/ethnic group. Data for each racial/ethnic group were weighted to represent the group's population by age and sex. Percentages presented have been age-adjusted, so they will not be affected by differences in the age distribution between the various groups.

Age-adjusted data are standardized to the year 2000 U.S. population by specific age groups. This allows for direct comparison between years of data and allows for the assessment of significant change while controlling for the effects of age on certain health conditions in the population.

#### **Oregon Healthy Teens Survey**

Since 2000, the Youth Risk Behavior Survey and the Oregon Public School Drug Use Survey have been combined into a single annual survey, Oregon Healthy Teens (OHT). Surveys are administered annually to nearly one-half of Oregon's 8<sup>th</sup> and 11<sup>th</sup> graders. OHT collected information from over 28,000 Oregon adolescents in 2008. Participating students came from 300 schools in 33 counties. Each year a random sampling process is used to select districts within counties and schools within districts for participation. Data are weighted to more accurately represent the Oregon school-aged population.

# Appendix I: Data Sources

## **Youth Risk Behavior Survey**

The Youth Risk Behavior Survey (YRBS) was developed by the CDC and was administered in a sample of Oregon schools every other year from 1991 to 2000. The sample size varied between 1,600 and 32,000, and the final data were weighted to more accurately represent the Oregon high school population. The questionnaire assessed behavioral risks among Oregon high school students (grades 9 through 12) in the areas of vehicle safety, weapon carrying and violence, tobacco use, alcohol use, other drug use, sexual activity and pregnancy, HIV knowledge and attitudes, eating behaviors, nutrition, physical activity, and access to health care including use of school-based health centers. A sample of middle school students (grades 6 through 8) was added in 1997.

## **Oregon Public School Drug Use Survey**

This anonymous survey was administered every other year from 1986-2000 by the Addictions and Mental Health Division (AMHD) of the Oregon Department of Human Services through the Oregon public school system. It was patterned after ongoing national surveys of the National Institute on Drug Abuse and included eighth and eleventh graders since 1986; a sixth grade sample was added in 1994. Schools were randomly sampled using a cluster sample design and in 2000 included over 15,000 students. The questionnaire assessed community characteristics, tobacco use, drug use, alcohol use, drug/alcohol use in student's peer and family network, refusal skills, susceptibility to future use, and attitudes toward school and family

## **Vital Statistics Data (Full Count Dataset)**

### **Birth Certificate Statistical File**

Data from the Birth Certificate Statistical File are coded from birth certificates collected by the State Registrar and represent all births occurring in Oregon and all births occurring out-of-state to Oregon residents. This database includes parental demographic information, conditions of the newborn, congenital anomalies, medical factors of pregnancy, method of delivery, complications of labor and delivery, smoking, drinking, or illicit drug use during pregnancy, antenatal and intrapartum procedures, and payor source. The birth data analyzed for this report consist of births to Oregon residents and exclude missing and unknown values.

### **Death Certificate Statistical File**

The Death Certificate Statistical File includes all deaths occurring in Oregon and deaths occurring out-of-state to Oregon residents. Data are obtained from death certificates that are collected by the State Registrar. The data are used to examine trends in mortality and causes of death. Variables in this database include cause of death, date and place of death, decedent demographic information, whether the death

## Appendix I: Data Sources

was related to tobacco use, and county, place, and date of injury (if applicable). The mortality data analyzed for this report consist of deaths of Oregon residents.

### Other

#### **Oregon Department of Revenue Cigarette Tax Receipts**

Data on the number of cigarettes smoked by Oregonians are estimated based on tobacco tax revenue collected by the Oregon Department of Revenue. The Department of Revenue's Monthly Receipt Statements include data on tax collections derived from sales of cigarettes. The number of packs of cigarettes sold is calculated by dividing the cigarette tax receipts by the tax rate per pack. The number of packs per capita is calculated by dividing the total number of cigarette packs sold by the population estimate for Oregon.

#### **Oregon State Cancer Registry (OSCaR)**

The Oregon State Cancer Registry (OSCaR) was established by the 1995 Oregon Legislature to conduct statewide cancer surveillance and to guide cancer control program planning. The registry began collecting information on all reportable cancers diagnosed in Oregon as of January 1, 1996. Oregon physicians and other health care providers are required to report patients newly diagnosed with cancer or benign tumors of the brain and central nervous system. Data from OSCaR help cancer prevention programs, clinicians, policymakers, and the public understand the impact of cancer among Oregonians.

#### **Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC)**

SAMMEC is a computer software program developed by the CDC to calculate several measures of the impact of cigarette smoking for the entire U.S. and for each state. Using state-specific data on smoking prevalence, overall mortality rates, and population data, SAMMEC generates the number of deaths and death rates due to smoking, years of life lost due to premature death from cigarette smoking, and lost productivity (earnings) due to illness and premature death from smoking-related diseases.

The smoking-attributable expenditures (SAEs) were adjusted using the Not Seasonally Adjusted U.S. city average Medical Care Consumer Price Index (All Urban Consumers) published by the U.S. Department of Labor Bureau of Labor Statistics, calculating the applicable inflation rate from the end of 2004 to the end of 2009.

Productivity losses were updated by inputting new data points. First, four-year averages (2004-2007) were included for tobacco-related disease categories. Second, four-year adult smoking prevalence estimates were included for male and females for

## Appendix I: Data Sources

two age categories: 35-64 and 65+. With these new numbers included, the SAMMEC program produced new productivity losses based upon the most recent Present Value of Future Earnings (PVFE) available in the program – 2004.

Neonatal healthcare costs associated with a mother smoking during pregnancy are reported in the Maternal and Child Health (MCH) SAMMEC. Neonatal healthcare costs are assigned using private health insurance claims to assess the probability of admission to a neonatal care unit among infants whose mothers smoked during pregnancy. The most recent state-specific MCH SAMMEC estimate uses 2004 dollar amounts. The smoking-attributable expenditures (SAEs) were adjusted using the Not Seasonally Adjusted U.S. city average Medical Care Consumer Price Index (All Urban Consumers) published by the U.S. Department of Labor Bureau of Labor Statistics, calculating the applicable inflation rate from the end of 2004 to the end of 2009.

### **Tobacco Sales to Minors Inspection Reports (Synar)**

In July 1992, Congress enacted the Alcohol, Drug Abuse and Mental Health Administration Act, which includes an amendment aimed at decreasing access to tobacco products among youth under 18. Named for its sponsor, Congressman Mike Synar, the regulation requires states to enact and enforce laws prohibiting any manufacturer, retailer, or distributor from selling or distributing tobacco products to individuals under 18. In addition, the regulation requires that each state annually conduct random, unannounced inspections of a sample of tobacco vendors to assess their compliance with state law.

Oregon has conducted these inspections annually since 1994. The sample size has ranged from 352 in 1995 to 722 in 2008. Retired state police accompanied by a teen “buyer” conduct the inspections. Purchase attempts are recorded in a database which includes the following variables: county, region, inspection data, type of business, type of access of tobacco product, type of purchase attempted, whether age and/or ID was requested, results, whether illegal vending machine present, whether signs are posted for minimum age requirements, and whether single cigarettes are available.

### **Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) and the two-year-old survey (PRAMS-2)**

Oregon PRAMS is a project of the Office of Family Health with support from the national Centers for Disease Control and Prevention (CDC). PRAMS is an ongoing, population-based risk factor surveillance system designed to identify and monitor select maternal experiences prior to, during, and immediately after pregnancy. Surveys are mailed to a sample of Oregon women who gave birth to a live infant, shortly after the birth. The sample data are analyzed such that findings can be applied to all Oregon women who have recently had a baby.

## Appendix I: Data Sources

In September 2005, Oregon implemented a PRAMS follow-up survey for two-year olds (PRAMS-2). PRAMS-2 makes possible longitudinal analysis, giving greater insight into the relationships between health outcomes for young children and their mothers' earlier experiences. The survey includes questions in a variety of topic areas including tobacco use, health insurance status, chronic diseases, oral health, breastfeeding, domestic violence, family planning, child nutrition and immunization.

### **Oregon Health Plan (OHP) Adult Medicaid Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Survey**

The Oregon Department of Human Services (DHS) Division of Medical Assistance Programs (DMAP) administers satisfaction surveys to Medicaid/Oregon Health Plan (OHP) members. The standardized survey instrument used is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, developed by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, RAND Corporation and Harvard University. The survey collects data on consumer experiences related to health care services and informs quality improvement initiatives. Conducted in alternating years since 2000, CAHPS is a multi-method survey. The first phase consists of a mailed survey (up to five mailings) to be completed and mailed back by the member. The second phase of the survey is a Computer Assisted Telephone Interview (CATI) survey of members who have not mailed in their survey or have mailed in an incomplete survey (up to nine telephone contacts). Surveys are available in both English and Spanish.

## **Appendix II: Statistics**

### **Types of data sources**

A survey dataset contains information gathered from asking questions of randomly selected respondents. For complex surveys such as the Behavioral Risk Factors Surveillance System (BRFSS), these respondents are weighted so that estimates can be made to infer the behavior of an entire population (such as all Oregonians). Estimates calculated from survey data are subject to sampling variability.

A full count dataset theoretically contains every instance of a qualified event (for example death, birth, or cancer registry). Because every event is available, these data are not subject to sampling variability. However, these data are subject to random variability (measurement errors, processing errors, missing data, and other forms of errors). Thus, even these counts are regarded as estimates.

### **Confidence intervals**

When looking at an estimate, it is helpful to know its level of precision. A confidence interval (CI) is one way of measuring the precision, or the margin of error, for an estimate. In this publication, we chose to use 95 percent confidence intervals, which is a standard measure of precision used by scientists. In general, when a large number of people are counted, the resulting estimate is relatively precise (has a narrower confidence interval). On the other hand, estimates based on few people have larger confidence intervals and increased variability.

When comparing two estimates, confidence intervals can tell us whether a “statistically significant” difference exists. We could compare estimates of the same variable over time: did smoking change significantly between year X and year Y? Or, we could compare a subpopulation (a county, a racial/ethnic group, a sex) against the whole population. In general, if there is no overlap between two confidence intervals, then we can say that a significant difference exists.

### **Confidentiality**

Confidentiality is the protection of personal medical information or information related to protected classes of people. To protect confidentiality, estimates for full count datasets are not reported when the size of a group or subgroup is less than ten.

## **Reliability**

Reliability is a method of assessing the stability of an estimate. Like confidentiality, reliability is affected by the size of the group or subgroup. In addition, reliability is affected by the variability of the responses. Finally, reliability is affected by the size of the variability as compared to the estimate. (An estimate of 98.0% with a 95% confidence interval of 1.5% will be more reliable than an estimate of 2.0% with a 95% confidence interval of 1.5%).

A measure of reliability is computed for most of the statistics in this publication. When reliability is poor, the estimate is suppressed and a footnote is included which states, “This number is suppressed because it is statistically unreliable.” When reliability is questionable, the estimate is followed by † (dagger), and a footnote is included which states, “This number may be statistically unreliable; interpret with caution.”

## **Age-Adjustment**

Age-adjusting makes it possible to better compare communities (e.g. counties) by taking into account different age distributions. For example, older people are less likely to smoke due to tobacco-related deaths and quitting, compared with younger individuals. Suppose that County A has a low unadjusted (crude) smoking rate and it also has a large senior population. Suppose that in County B, the smoking rate is higher and the population is much younger. The age-adjusted smoking rates will be closer than the crude rates. After age-adjusting, confidence intervals can be used to assess whether the counties are significantly different.

When making direct comparisons between different communities with varying age structures, it is important to use age-adjusted data. However, unadjusted (crude) data should be used to assess the true burden of diseases, deaths, injuries or other health outcomes.



# **Oregon Tobacco Laws and Policies**



# Introduction

## Introduction

This section of Oregon Tobacco Facts & Laws outlines Oregon laws, federal laws, and state and federal court orders related to tobacco control in Oregon. Federal laws and court orders are included when they are more stringent than state law.

### **Format and Content:**

In **subsections I through VI**, the laws and court orders have been divided into six groups based on their content:

- I. Access to Tobacco and Youth Possession of Tobacco
- II. Cessation
- III. Smokefree Environments Laws
- IV. Tobacco Taxes
- V. Tobacco and Cigarette-Related Regulation
- VI. Miscellaneous

Laws and orders in these subsections include a brief summary and, where practical, full legal citations. In addition, we have provided cursory information about enforcement. For many of the Oregon laws in these subsections, there is no specific enforcement authority identified in law, which typically means the enforcement of that law becomes a matter for local law enforcement. Individuals or organizations who want to pursue enforcement of these laws should work directly with local authorities.

**Subsections VII and VIII** are (respectively) a brief description of state law, federal law, and sentinel federal level court orders and a comparative compilation of those laws and cases.

### ***Definitions:***

**ORS:** Oregon Revised Statutes; contains statutes and the Oregon Rules of Civil Procedure.

**OAR:** Oregon Administrative Rules; ORS 183.310(9) defines “rule” as “any agency directive, standard, regulation or statement of general applicability that implements, interprets or prescribes law or policy, or describes the procedure or practice requirements of any agency.” The Oregon Administrative Rules are published by the Oregon Secretary of State.

## Introduction

This table outlines the dollar amounts of penalties for infractions against different levels/types of Oregon Law.

<b>VIOLATION TYPE/CLASS</b>	<b>PENALTY</b>
Class A Misdemeanor	Max. fine: \$6,250 Max. prison term: 1 year
Class B Misdemeanor	Max. fine: \$2,500 Max. prison term: 6 months
Class C Misdemeanor	Max. fine: \$1,250 Max. prison term: 30 days
Unclassified Misdemeanor	As provided in the statute defining the crime
Class A Violation	\$720
Class B Violation	\$360
Class C Violation	\$180
Class D Violation	\$90
Unclassified or Specific-Fine Violations	As described in ORS 153.015

***Citation***

ORS 153.018, 161.615, 161.635

# I. Access to Tobacco and Youth Possession of Tobacco

## I. Access to Tobacco and Youth Possession of Tobacco

### Location of Vending Machines

#### State

Oregon law prohibits vending machines that supply tobacco products from being located in any place except an Oregon Liquor Control Commission-licensed establishment that is posted as off limits to minors with a Number I Minor Posting, which states “No Minors Permitted Anywhere on This Premises.” Such establishments include certain bars, taverns, and cocktail lounges. Selling tobacco from vending machines in any other location is a Class B violation. Local jurisdictions are preempted from passing stronger laws.

#### *Enforcement*

Local law enforcement authorities

#### *Citation*

ORS 167.402 Locating tobacco vending machines.

(1) As used in this section, “vending machine” means a mechanical, electronic or similar device that, upon the insertion of tokens, money or another form of payment, dispenses tobacco products.

(2) A person may not sell or dispense tobacco products, as defined in ORS 431.840, from a vending machine, except in an establishment where the premises are posted as permanently and entirely off-limits to minors under rules adopted by the Oregon Liquor Control Commission.

(3) Violation of subsection (2) of this section is a Class B violation. Each day of violation constitutes a separate offense. [1991 c.970 §2; 1999 c.1051 §162; 2009 c.600 §1]

[www.leg.state.or.us/ors/167.html](http://www.leg.state.or.us/ors/167.html)

### Restriction on Free Distribution of Tobacco Products

#### Federal

The federal Family Smoking Prevention and Tobacco Control Act (2009) prohibits all tobacco sampling except the distribution of free samples of smokeless tobacco in qualified adult-only facilities.

# I. Access to Tobacco and Youth Possession of Tobacco

## ***Enforcement***

U.S. Food and Drug Administration

Consumers can call FDA at 1-877-CTP-1373, option 4, to report a violation.

Complaints are forwarded to FDA's Office of Compliance, which will follow up with complainants by phone in one to three business days.

## **State**

Oregon law prohibits the distribution of free tobacco products to people under 18 years old. Free samples of *smokeless tobacco* may not be given to anyone under the age of 21 or distributed in any area in which people under the age of 21 are allowed; a violation of this law is a Class A misdemeanor.

## ***Enforcement***

Local law enforcement authorities

## ***Citation***

ORS 431.840 (1) (a) Free distribution to minors prohibited; restriction on sales; notice.

(1) It shall be unlawful to do any of the following:

(a) To distribute free tobacco products to persons under 18 years of age as part of a marketing strategy to encourage the use of tobacco products.

[1989 c.764 §1; 2001 c.187 §1]

ORS 431.845 Civil penalty for violation of ORS 431.840.

(1) The civil penalty for violation of any provision of ORS 431.840 shall not be less than \$100 nor exceed \$500.

(2) The amounts collected under subsection (1) of this section shall be deposited to the credit of the General Fund. [1989 c.764 §2; 1991 c.970 §6]

[www.leg.state.or.us/ors/431.html](http://www.leg.state.or.us/ors/431.html)

ORS 180.486 Prohibited conduct; penalty.

(1) A person may not:

(d) Distribute, in this state, free samples of smokeless tobacco products:

(A) To persons under 21 years of age; or

## I. Access to Tobacco and Youth Possession of Tobacco

(B) In any area, unless access by persons under 21 years of age to that area is prohibited.

(2) A person who sells, offers for sale, distributes, acquires, holds, owns, possesses, transports, imports or causes to be imported smokeless tobacco products that the person knows or should know are intended for sale or distribution in violation of subsection (1) of this section commits a Class A misdemeanor. [2009 c.717 §13]

ORS 180.468 Definitions.

As used in ORS 180.465 to 180.494:

(6) “Smokeless tobacco products” has the meaning given that term in ORS 323.810.

[www.leg.state.or.us/ors/180.html](http://www.leg.state.or.us/ors/180.html)

ORS 323.810 Definitions for ORS 323.810 to 323.816.

As used in ORS 323.810 to 323.816:

(7) “Smokeless tobacco products” means moist snuff, as defined in ORS 323.500, or chewing tobacco, as defined in section 5702 of the Internal Revenue Code.

ORS 323.500 Definitions for ORS 323.500 to 323.645.

As used in ORS 323.500 to 323.645, unless the context otherwise requires:

(9) “Moist snuff” means:

(a) Any finely cut, ground or powdered tobacco that is not intended to be smoked or placed in a nasal cavity; or

(b) Any other product containing tobacco that is intended or expected to be consumed without being combusted.

<http://www.leg.state.or.us/ors/323.html>

26 U.S.C. § 5702. Definitions

(m) Definitions relating to smokeless tobacco

(3) Chewing tobacco

The term “chewing tobacco” means any leaf tobacco that is not intended to be smoked.

[www.law.cornell.edu/uscode/html/uscode26/usc\\_sec\\_26\\_00005702----000-.html](http://www.law.cornell.edu/uscode/html/uscode26/usc_sec_26_00005702----000-.html)

# I. Access to Tobacco and Youth Possession of Tobacco

## **Purchase or Possession of Tobacco by Minors**

### **State**

Oregon law prohibits a person under the age of 18 from buying or obtaining tobacco products. It is also illegal for a minor to possess tobacco products, except inside a private residence with the consent of the minor's parent or guardian. Any person who violates this law may be required to participate in a tobacco education program, a tobacco use cessation program, or community service that is associated with tobacco-related diseases. Minors acting under the supervision of an adult may engage in "controlled buys" – attempts to purchase tobacco for the purpose of testing retailers' compliance with Oregon's laws concerning retail sales of tobacco.

### ***Enforcement***

Local law enforcement authorities

### ***Citation***

ORS 167.400 Tobacco possession by minors prohibited.

(1) It is unlawful for any person under 18 years of age to possess tobacco products, as defined in ORS 431.840.

(2) Any person who violates subsection (1) of this section commits a Class D violation. [1991 c.970 §1; 1999 c.1051 §161]

ORS 167.401 Tobacco purchase by minors prohibited; exceptions.

(1) Except as provided in subsection (4) of this section, no person under 18 years of age shall purchase, attempt to purchase or acquire tobacco products as defined in ORS 431.840. Except when such minor is in a private residence accompanied by the parent or guardian of the minor and with the consent of such parent or guardian, no person under 18 years of age shall have personal possession of tobacco products.

(2) Any person who violates subsection (1) of this section commits a violation.

(3)

(a) In lieu of any other penalty established by law, a person who is convicted for the first time of a violation of subsection (1) of this section may be ordered to participate in a tobacco education program or a tobacco use cessation program or to perform community service related to diseases associated with consumption of tobacco products. A person may be ordered to participate in such a program only once.

(b) In addition to and not in lieu of any other penalty established by law, a

## I. Access to Tobacco and Youth Possession of Tobacco

person who is convicted of a second violation of subsection (1) of this section through misrepresentation of age may be required to participate in a tobacco education or a tobacco use cessation program or to perform community service related to diseases associated with the consumption of tobacco products, and the court shall order that the person's driving privileges and right to apply for driving privileges be suspended for a period not to exceed one year. If a court has issued an order denying driving privileges under this subsection, the court, upon petition of the person, may withdraw the order at any time the court deems appropriate. The court notification to the Department of Transportation under this subsection may include a recommendation that the person be granted a hardship permit under ORS 807.240 if the person is otherwise eligible for the permit.

(4) A minor acting under the supervision of an adult may purchase, attempt to purchase or acquire tobacco products for the purpose of testing compliance with a federal law, state statute, local law or retailer management policy limiting or regulating the delivery of tobacco products to minors. [1999 c.1077 §8]

[www.leg.state.or.us/ors/167.html](http://www.leg.state.or.us/ors/167.html)

### **Retailer Notice about Sales to Minors**

Oregon law requires retailers to post a notice informing the public that selling tobacco products to individuals under 18 is prohibited. Failure to do so will result in a fine ranging from \$100 to \$500.

#### ***Enforcement***

Local law enforcement authorities

#### ***Citation***

ORS 431.840 (1) (b) Free distribution to minors prohibited; restriction on sales; notice.

(1) It shall be unlawful to do any of the following:

(b) To fail as a retailer to post a notice substantially similar to that set forth in subsection (3) of this section in a location clearly visible to the seller and the purchaser that sale of tobacco products to persons under 18 years of age is prohibited.

# I. Access to Tobacco and Youth Possession of Tobacco

(3) The notice shall be substantially as follows:

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## NOTICE

The sale of tobacco in any form to persons under 18 years of age is prohibited by law. Any person who knowingly sells, or causes to be sold, tobacco to a person under 18 years of age commits the crime of endangering the welfare of a minor, pursuant to ORS 163.575.

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[1989 c.764 §1; 2001 c.187 §1]

ORS 431.845 Civil penalty for violation of ORS 431.840.

(1) The civil penalty for violation of any provision of ORS 431.840 shall not be less than \$100 nor exceed \$500.

(2) The amounts collected under subsection (1) of this section shall be deposited to the credit of the General Fund. [1989 c.764 §2; 1991 c.970 §6]

[www.leg.state.or.us/ors/431.html](http://www.leg.state.or.us/ors/431.html)

## **Sale of Tobacco to Minors**

### **State**

Oregon law prohibits selling or distributing tobacco or devices used to burn tobacco to individuals under the age of 18. The minimum fine for each violation is \$100.

### ***Enforcement***

Local law enforcement authorities

### ***Citation***

ORS 163.575 Endangering the welfare of a minor.

(1) A person commits the crime of endangering the welfare of a minor if the person knowingly:

(d) Distributes, sells, or causes to be sold, tobacco in any form to a person under 18 years of age; or

(e) Sells to a person under 18 years of age any device in which tobacco, marijuana, cocaine or any controlled substance, as defined in ORS 475.005, is

# I. Access to Tobacco and Youth Possession of Tobacco

burned and the principal design and use of which is directly or indirectly to deliver tobacco smoke, marijuana smoke, cocaine smoke or smoke from any controlled substance into the human body including but not limited to:

(A) Pipes, water pipes, hookahs, wooden pipes, carburetor pipes, electric pipes, air driven pipes, corncob pipes, meerschaum pipes and ceramic pipes, with or without screens, permanent screens, hashish heads or punctured metal bowls;

(B) Carburetion tubes and devices, including carburetion masks;

(C) Bongs;

(D) Chillums;

(E) Ice pipes or chillers;

(F) Cigarette rolling papers and rolling machines; and

(G) Cocaine free basing kits.

(2) Endangering the welfare of a minor by violation of subsection (1)(a), (b), (c) or (e) of this section, involving other than a device for smoking tobacco, is a Class A misdemeanor.

(3) Endangering the welfare of a minor by violation of subsection (1)(d) of this section or by violation of subsection (1)(e) of this section, involving a device for smoking tobacco, is a Class A violation and the court shall impose a fine of not less than \$100. [1971 c.743 §177; 1973 c.827 §20; 1979 c.744 §8; 1981 c.838 §1; 1983 c.740 §31; 1991 c.970 §5; 1995 c.79 §52; 1999 c.1051 §153]

[www.leg.state.or.us/ors/163.html](http://www.leg.state.or.us/ors/163.html)

## Locating Tobacco Products in Retail Stores

### State

Under Oregon law, retail store owners may not place tobacco products in a location where customers can access the product without the assistance of an employee, unless the store is off limits to individuals under 18 years of age. It is a Class B violation to break this law.

### *Enforcement*

Local law enforcement authorities

### *Citation*

ORS 167.407 Locating tobacco products where customers can access without store employee prohibited.

# I. Access to Tobacco and Youth Possession of Tobacco

(1) A person having authority over the location of cigarettes and other tobacco products in a retail store may not locate cigarettes or other tobacco products in a location in the store where the cigarettes or other tobacco products are accessible by store customers without assistance by a store employee.

(2) Violation of subsection (1) of this section is a Class B violation. Each day of violation constitutes a separate offense.

(3) Subsections (1) and (2) of this section do not apply if the location at which the cigarettes or tobacco products are sold is a store or other establishment at which persons under 18 years of age are prohibited. [2003 c.804 §84]

[www.leg.state.or.us/ors/167.html](http://www.leg.state.or.us/ors/167.html)

## Tobacco Seller Licensing

### State

In Oregon, tobacco distributors must obtain licenses in order to distribute tobacco products. Typically, *distributors* sell tobacco to *retailers*, who then sell to the public. Retailers, such as individual stores, are not required to have licenses to sell tobacco products.

### *Enforcement*

Oregon Department of Revenue

### *Citation*

OAR 150-323.105. When Distributor's License Required

(1) A distributor's license is required for each place of business at which a person engages in the distribution of cigarettes as defined in ORS 323.015(2). A distributor's license is required for any person distributing cigarettes in Oregon, including:

- (a) every cigarette manufacturer selling cigarettes in this state to persons other than licensed distributors;
- (b) Every person who imports cigarettes into this state for sale;
- (c) Every person who obtains untaxed cigarettes from a cigarette manufacturer for resale; and
- (d) Common carriers engaged in interstate or foreign passenger service, who sell cigarettes on their facilities in Oregon, and persons authorized to sell cigarettes on the facilities of such common carriers. For the purpose of this rule "facilities of a common carrier" are limited to the mobile equipment of the carrier used for the transportation of passengers.

# I. Access to Tobacco and Youth Possession of Tobacco

[ARCWEB.SOS.STATE.OR.US/RULES/OARS\\_100/OAR\\_150/150\\_323.HTML](http://ARCWEB.SOS.STATE.OR.US/RULES/OARS_100/OAR_150/150_323.HTML)

## **Sales of Tobacco through Mail Order or Internet Sales**

### **Federal**

Pursuant to the PACT Act of 2009, federal law prohibits the sale of untaxed tobacco products through the Internet or by mail order and makes tobacco products nonmailable matter (subject to minor exceptions). Internet- and mail-order sellers may not deliver their merchandise through the U.S. Postal Service, but may continue to use private common carriers and other delivery services. They must also verify the age of customers both at the time of purchase and at the point of delivery.

### ***Enforcement***

The U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives for the most part, with the U.S. Postal Service in charge of the nonmailable matter section of PACT.

### **State**

Oregon law forbids the delivery sale of tobacco products to underage individuals. Delivery sellers must obtain signed written certifications that their customers meet the minimum age, as well as a copy of each customer's valid, government-issued identification showing age or date of birth, prior to shipping any tobacco products. Sellers may only accept payment issued in the name of the prospective purchaser (*i.e.*, a debit/credit card or personal check issued in that individual's name) for each sale, and must use a shipping method that requires a signature and photo identification from the customer or another non-minor individual residing at the same address. All delivery sellers must obtain a distributor's license prior to making delivery sales.

### ***Enforcement***

Oregon Department of Justice

### ***Citation***

ORS 323.703 Delivery sales to persons under legal minimum purchase age prohibited. A person may not make a delivery sale of tobacco to a person who is under the legal minimum purchase age. [2003 c.804 §74]

ORS 323.706 Requirements for persons accepting delivery sale purchase orders. A person accepting a purchase order for a delivery sale, prior to the first mailing,

# I. Access to Tobacco and Youth Possession of Tobacco

shipment or other delivery of tobacco to a consumer, shall comply with:

- (1) The age verification requirements set forth in ORS 323.709;
- (2) The distributor license requirements set forth in ORS 323.712;
- (3) The disclosure requirements set forth in ORS 323.715;
- (4) The mailing or shipping requirements set forth in ORS 323.718;
- (5) The reporting requirements set forth in ORS 323.721; and
- (6) All other laws of this state applicable to sales of tobacco that occur entirely within Oregon, including but not limited to ORS 323.005 to 323.482, 323.500 to 323.645, 323.806 and 323.816. [2003 c.804 §75; 2009 c.717 §23]

[www.leg.state.or.us/ors/323.html](http://www.leg.state.or.us/ors/323.html)

## Out-of-State and Internet Sales of Tobacco

### State

Out-of-state and internet sellers of tobacco products to Oregon consumers are subject to the same regulation as sellers located in Oregon. Internet sellers are also subject to federal and state laws governing delivery sales.

See **ORS 180.440** at <http://www.leg.state.or.us/ors/180.html> for prohibited conduct.

## Prohibition on Sale of Unpackaged Cigarettes

### State

In Oregon, it is illegal to sell cigarettes that are not in a sealed package. A violation of this law will result in a civil penalty of \$100 to \$500.

### *Enforcement*

Local law enforcement authorities

### *Citation*

ORS 431.840 Free distribution to minors prohibited; restriction on sales; notice.

- (1) It shall be unlawful to do any of the following:
  - (c) To sell cigarettes in any form other than a sealed package.

ORS 431.845 Civil penalty for violation of ORS 431.840.

(1) The civil penalty for violation of any provision of ORS 431.840 shall not be less than \$100 nor exceed \$500.

(2) The amounts collected under subsection (1) of this section shall be deposited to the credit of the General Fund. [1989 c.764 §2; 1991 c.970 §6]

## II. Cessation

### II. Cessation

#### Cessation Service Coverage for Native Americans

##### State

The Oregon Division of Medical Assistance Programs (DMAP) reimburses American Indian/Alaska Native (AI/AN) providers at their Indian Health Service (IHS) or cost-based rate for tobacco-cessation services. Providers may not report Tobacco Cessation, a specific DMAP prevention program, as a separate encounter if medical, dental, mental health or addiction services were also provided during the appointment.

##### *Enforcement*

Department of Human Services, Division of Medical Assistance Programs

##### *Citation*

OAR 410-146-0140 Tobacco Cessation

(1) The Division of Medical Assistance Programs (DMAP) will reimburse AI/AN providers for tobacco cessation services at the AI/AN provider's IHS or cost-based rate.

(2) AI/AN providers will bill services with procedure codes G9016 for tobacco cessation counseling and S9075 for tobacco cessation treatment, with diagnosis code 305.1 (Tobacco Use Disorder). Refer to Table 146-0085-1.

(3) Refer to OAR 410-130-0190, Tobacco Cessation for specific requirements and treatment limitations.

(4) Providers may not report Tobacco Cessation, a specific DMAP prevention program, as a separate encounter when a medical, dental, mental health or addiction service encounter occurs on the same date of service.

[arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_410/410\\_146.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_146.html)

#### Insurance Coverage for Cessation Programs

##### State

Oregon law requires that “health benefit plans” purchased after January 1, 2010, provide at least \$500 in payment, coverage or reimbursement for tobacco-use-cessation programs. This applies only to plan enrollees who are 15 years of age or older. As defined in the law, “health benefit plans” do not include Medicaid, Medicare, disability income, short-term health insurance, insurance for students, or other non-traditional health insurance plans. Nevertheless, some of these programs,

## II. Cessation

such as Medicaid, do provide cessation coverage.

### *Enforcement*

Oregon Insurance Board

### *Citation*

ORS 743A.170 Tobacco use cessation programs.

(1) A health benefit plan as defined in ORS 743.730 must provide payment, coverage or reimbursement of at least \$500 for a tobacco use cessation program for a person enrolled in the plan who is 15 years of age or older.

(2) As used in this section, “tobacco use cessation program” means a program recommended by a physician that follows the United States Public Health Service guidelines for tobacco use cessation. “Tobacco use cessation program” includes education and medical treatment components designed to assist a person in ceasing the use of tobacco products. [2009 c.503 §2]

[www.leg.state.or.us/ors/743a.html](http://www.leg.state.or.us/ors/743a.html)

ORS 743.730 Definitions for ORS 743.730 to 743.773. For purposes of ORS 743.730 to 743.773:

(19)

(a) “Health benefit plan” means any hospital expense, medical expense or hospital or medical expense policy or certificate, health care service contractor or health maintenance organization subscriber contract, any plan provided by a multiple employer welfare arrangement or by another benefit arrangement defined in the federal Employee Retirement Income Security Act of 1974, as amended.

(b) “Health benefit plan” does not include coverage for accident only, specific disease or condition only, credit, disability income, coverage of Medicare services pursuant to contracts with the federal government, Medicare supplement insurance policies, coverage of CHAMPUS services pursuant to contracts with the federal government, benefits delivered through a flexible spending arrangement established pursuant to section 125 of the Internal Revenue Code of 1986, as amended, when the benefits are provided in addition to a group health benefit plan, long term care insurance, hospital indemnity only, short term health insurance policies (the duration of which does not exceed six months including renewals), student accident and health insurance policies, dental only, vision only, a policy of stop-loss coverage that meets the requirements of ORS 742.065, coverage issued as a supplement to liability insurance, insurance arising out of a workers’ compensation or similar law, automobile medical payment insurance or

## II. Cessation

insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(c) Nothing in this subsection shall be construed to regulate any employee welfare benefit plan that is exempt from state regulation because of the federal Employee Retirement Income Security Act of 1974, as amended. [1991 c.916 §3; 1993 c.18 §157; 1993 c.615 §25; 1993 c.649 §8; 1993 c.744 §31; 1995 c.603 §§1,36; 1997 c.716 §§1,2; 1999 c.547 §8; 1999 c.987 §6; 2001 c.943 §6; 2003 c.364 §112; 2005 c.744 §38; 2007 c.389 §1; 2009 c.595 §1135]

[www.leg.state.or.us/ors/743.html](http://www.leg.state.or.us/ors/743.html)

### **Oregon Health Plan and Cessation Coverage**

#### **State**

The Oregon Health Plan covers basic, intensive, and telephonic tobacco-cessation treatment. Basic treatment includes a brief conversation (six minutes) to discuss the patient's concerns and provide support to help the patient stop smoking. Intensive tobacco cessation treatment includes up to ten treatment sessions every three-month period, access to tobacco cessation products (such as nicotine patches and oral medications), and group counseling. Telephone calls by a trained counselor may be conducted in place of in-person encounters. The Tobacco Use Disorder code is the principal diagnosis code when a patient participates in a tobacco cessation program.

#### ***Enforcement***

Oregon Department of Human Services

#### ***Citation***

OAR 410-130-0190 Tobacco Cessation

(1) Tobacco treatment interventions may include one or more of these services: basic, intensive, and telephone calls.

(2) Basic tobacco cessation treatment includes the following services:

(a) Ask -- systematically identify all tobacco users -- usually done at each visit;

(b) Advise -- strongly urge all tobacco users to quit using;

(c) Assess -- the tobacco user's willingness to attempt to quit using tobacco within 30 days;

(d) Assist -- with brief behavioral counseling, treatment materials and the recommendation/prescription of tobacco cessation therapy products (e.g., nicotine patches, oral medications intended for tobacco cessation treatment and gum);

## II. Cessation

(e) Arrange -- follow-up support and/or referral to more intensive treatments, if needed.

(3) When providing basic treatment, include a brief discussion to address client concerns and provide the support, encouragement, and counseling needed to assist with tobacco cessation efforts. These brief interventions, less than 6 minutes, generally are provided during a visit for other conditions, and additional billing is not appropriate.

(4) Intensive tobacco cessation treatment is on the Health Services Commission's Prioritized List of Health Services and is covered if a documented quit date has been established. This treatment is limited to ten sessions every three months. Treatment is reserved for those clients who are not able to quit using tobacco with the basic intervention measures.

(5) Intensive tobacco cessation treatment includes the following services:

(a) Multiple treatment encounters (up to ten in a 3 month period);

(b) Behavioral and tobacco cessation therapy products (e.g., nicotine patches, oral medications intended for tobacco cessation treatment and gum);

(c) Individual or group counseling, six minutes or greater.

(6) Telephone calls: DMAP may reimburse a telephone call intended as a replacement for face-to-face contact with clients who are in intensive treatment as it is considered a reasonable adjunct to, or replacement for, scheduled counseling sessions:

(a) The call must last six to ten minutes and provides support and follow-up counseling;

(b) The call must be conducted by the provider or other trained staff under the direction or supervision of the provider;

(c) Enter proper documentation of the service in the client's chart.

(7) Diagnosis Code ICD-9-CM 305.1 (Tobacco Use Disorder):

(a) Use as the principal diagnosis code when the client is enrolled in a tobacco cessation program or if the primary purpose of the visit is for tobacco cessation services;

(b) Use as a secondary diagnosis code when the primary purpose of this visit is not for tobacco cessation or when the tobacco use is confirmed during the visit.

(8) Billing Information: Managed care plans may have tobacco cessation services and programs. This rule does not limit or prescribe services a Prepaid Health Plan provides to clients receiving the Basic Health Care Package.

[arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_410/410\\_130.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_130.html)

## II. Cessation

### State Funding for Cessation Programs

#### State

Oregon law states that a portion of Oregon's Master Settlement Agreement funds may be used to pay for tobacco cessation programs, but MSA funds have never been allocated for this purpose.

#### *Citation*

#### **ORS 431.831 Smoking cessation program reimbursement; rules.**

(1) The Department of Human Services shall develop a program to reimburse smoking cessation program providers for services provided to residents of this state who are not insured for smoking cessation costs.

(2) The department shall adopt rules for the program established under subsection (1) of this section that include but are not limited to criteria for provider and participant eligibility and other program specifications. The rules shall establish a maximum reimbursement limit for each participant.

(3) Costs for smoking cessation programs funded under subsection (1) of this section are eligible for reimbursement from funds received by the State of Oregon from tobacco products manufacturers under the Master Settlement Agreement of 1998. [1999 c.1025 §1; 2009 c.595 §591]

[www.leg.state.or.us/ors/431.html](http://www.leg.state.or.us/ors/431.html)

## III. Smokefree Environments Laws

### III. Smokefree Environments Laws

#### **Oregon's Smokefree Workplace Law**

The Oregon Indoor Clean Air Act (ICAA) prohibits smoking in most public places and places of employment. Additionally, smoking is not permitted within ten feet of any entrance, exit, window, or air-intake vent. Exceptions to these restrictions include smoking in certified smoke shops, certified cigar bars, and up to 25 percent of motel/hotel rooms; and smoking of non-commercial tobacco for American Indian ceremonial purposes. All public places and workplaces affected by the law must post appropriate signage.

The Department of Human Services (DHS) is responsible for enforcement. The ICAA is a complaint-driven law; DHS may respond to complaints, inspect public places, and issue citations and penalties for violating the law. Multiple offenses may result in circuit court involvement. All penalty payments are credited to the Tobacco Use Reduction Account (TURA).

#### ***Enforcement***

Oregon Department of Human Services and county health departments (delegated)

#### ***Citation***

OREGON INDOOR CLEAN AIR ACT

ORS 433.835 Definitions for ORS 433.835 to 433.875.

As used in ORS 433.835 to 433.875:

- (1) "Cigar bar" means a business that:
  - (a) Has on-site sales of cigars as defined in ORS 323.500;
  - (b) Has a humidor on the premises;
  - (c) Allows the smoking of cigars on the premises but prohibits the smoking of all other tobacco products in any form including, but not limited to, loose tobacco, pipe tobacco, cigarettes as defined in ORS 323.010 and cigarillos as defined by the Department of Human Services by rule;
  - (d) Has been issued and operates under a full on-premises sales license issued under ORS 471.175;
  - (e) Prohibits persons under 21 years of age from entering the premises and posts notice of the prohibition;
  - (f) Does not offer video lottery games as authorized under ORS 461.217;
  - (g) Has a maximum seating capacity of 40 persons;
  - (h) Has a ventilation system that is certified by the assistant to the State Fire Marshal described in ORS 476.060 for the jurisdiction in which the cigar bar is

### III. Smokefree Environments Laws

located as adequate to remove the cigar smoke in the cigar bar and vents the smoke from the cigar bar in a manner that prevents the smoke from entering any other establishment; and

(i) Requires all employees to read and sign a document that explains the dangers of exposure to secondhand smoke.

(2) “Enclosed area” means all space between a floor and a ceiling that is enclosed on three or more sides by permanent or temporary walls or windows, exclusive of doors or passageways, that extend from the floor to the ceiling.

(3) “Place of employment” means every enclosed area under the control of a public or private employer that employees frequent during the course of employment, including but not limited to work areas, employee lounges, vehicles that are operated in the course of an employer’s business that are not operated exclusively by one employee, rest rooms, conference rooms, classrooms, cafeterias, hallways, meeting rooms, elevators and stairways. “Place of employment” does not include a private residence unless it is used as a child care facility as defined in ORS 657A.250 or a facility providing adult day care as defined in ORS 410.490.

(4) “Public place” means any enclosed area open to the public.

(5) “Smoke shop” means a business that:

(a) Is primarily engaged in the sale of tobacco products and smoking instruments, with at least 75 percent of the gross revenues of the business resulting from such sales;

(b) Prohibits persons under 18 years of age from entering the premises;

(c) Does not offer video lottery games as authorized under ORS 461.217, social gaming or betting on the premises;

(d) Does not sell or offer on-premises consumption of alcoholic beverages; and

(e) Is a stand-alone business with no other businesses or residential property attached to the premises.

(6) “Smoking instrument” means any cigar, cigarette, pipe or other smoking equipment. [1981 c.384 §2; 2001 c.990 §1; 2007 c.602 §1; 2009 c.595 §684]

ORS 433.840 Policy.

The people of Oregon find that because exposure to secondhand smoke is known to cause cancer and other chronic diseases such as heart disease, asthma and bronchitis, it is necessary to reduce exposure to tobacco smoke by prohibiting smoking in all public places and places of employment. [1981 c.384 §1; 2007 c.602 §2]

ORS 433.845 Smoking prohibited except in designated areas.

(1) A person may not smoke or carry any lighted smoking instrument in a public place or place of employment except in areas designated as smoking areas pursuant to ORS 433.850.

### III. Smokefree Environments Laws

(2) A person may not smoke or carry any lighted smoking instrument within 10 feet of the following parts of public places or places of employment:

- (a) Entrances;
- (b) Exits;
- (c) Windows that open; and
- (d) Ventilation intakes that serve an enclosed area.

(3) A person may not smoke or carry any lighted smoking instrument in a room during the time that jurors are required to use the room. [1981 c.384 §3; 1985 c.752 §1; 2007 c.602 §3]

ORS 433.850 Smoke free place of employment required; exceptions; posting signs.

(1) An employer shall provide a place of employment that is free of tobacco smoke for all employees.

(2) Notwithstanding subsection (1) of this section:

(a) The owner or person in charge of a hotel or motel may designate up to 25 percent of the sleeping rooms of the hotel or motel as rooms in which smoking is permitted.

(b) Smoking of noncommercial tobacco products for ceremonial purposes is permitted in spaces designated for traditional ceremonies in accordance with the American Indian Religious Freedom Act, 42 U.S.C. 1996.

(c) Smoking is permitted in a smoke shop.

(d) Smoking is permitted in a cigar bar that generated on-site retail sales of cigars of at least \$5,000 for the calendar year ending December 31, 2006.

(3) An employer, except in those places described in subsection (2) of this section, shall post signs that provide notice of the provisions of ORS 433.835 to 433.875. [1981 c.384 §§4,5; 2001 c.104 §161; 2001 c.990 §2; 2007 c.602 §4]

ORS 433.855 Duties of Oregon Health Authority; rules; limitations; compliance checks.

(1) The Department of Human Services, in accordance with the provisions of ORS chapter 183:

(a) Shall adopt rules necessary to implement the provisions of ORS 433.835 to 433.875 and 433.990 (5);

(b) Shall be responsible for compliance with such rules; and

(c) May impose a civil penalty not to exceed the amount specified in ORS 433.990 (5) for each violation of a rule of the department applicable to ORS 433.845 or 433.850, to be collected in the manner provided in ORS 441.705 to 441.745. All penalties recovered shall be paid into the State Treasury and credited to the Tobacco Use Reduction Account established under ORS 431.832.

(2) In carrying out its duties under this section, the Department of Human

## III. Smokefree Environments Laws

Services is not authorized to require any changes in ventilation or barriers in any public place or place of employment. However, nothing in this subsection is intended to limit the authority of the department to impose any requirements under any other provision of law.

(3) In public places which the Department of Human Services regularly inspects, the Department of Human Services shall check for compliance with the provisions of ORS 433.835 to 433.875 and 433.990 (5). In other public places and places of employment, the Department of Human Services shall respond in writing or orally by telephone to complaints, notifying the proprietor or person in charge of responsibilities of the proprietor or person in charge under ORS 433.835 to 433.875 and 433.990 (5). If repeated complaints are received, the Department of Human Services may take appropriate action to ensure compliance.

[1981 c.384 §6; 1991 c.734 §21; 2001 c.104 §162; 2001 c.990 §6; 2003 c.309 §6; 2007 c.445 §36; 2007 c.602 §5; 2009 c.595 §686]

ORS 433.990 (Penalties)

(5) Violation of ORS 433.850 is a Class A violation punishable by a fine of not more than \$500 per day. Fines imposed against a single employer under this subsection may not exceed \$2,000 in any 30-day period.

[1973 c.779 §46; 1979 c.492 §6; 1979 c.828 §13; subsection (5) enacted as 1981 c.384 §10; 1987 c.320 §232; 1987 c.600 §16; 1999 c.1051 §182; 2001 c.104 §166; 2001 c.636 §5; 2001 c.990 §7; 2007 c.445 §30; 2007 c.602 §7; 2009 c.595 §688]

[www.leg.state.or.us/ors/433.html](http://www.leg.state.or.us/ors/433.html)

### **Tobacco-Free Schools**

#### **State**

State law forbids the use of tobacco products anywhere on school property or at school-sponsored events, including during non-school hours. This restriction includes all vehicles and facilities that are used by a school.

#### ***Enforcement***

Oregon Department of Education and school districts

#### ***Citation***

OAR 581-021-0110 Tobacco-Free Schools

(1) For the purpose of this rule "tobacco" is defined to include any lighted or unlighted cigarette, cigar, pipe, bidi, clove cigarette, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, and snuff, in any form.

### III. Smokefree Environments Laws

(2) No student, staff member, or school visitor is permitted to smoke, inhale, dip, or chew or sell tobacco at any time, including non-school hours

(a) In any building, facility, or vehicle owned, leased, rented, or chartered by the school district, school, or public charter school; or

(b) On school grounds, athletic grounds, or parking lots.

(3) No student is permitted to possess a tobacco product:

(a) In any building, facility, or vehicle owned, leased, rented, or chartered by the school district, school, or public charter school; or

(b) On school grounds, athletic grounds, or parking lots.

(4) By January 1, 2006, school districts must establish policies and procedures to implement and enforce this rule for students, staff and visitors.

(5) For purposes of this rule, the term "school district" includes the Oregon School for the Deaf (OSD) and the Oregon School for the Blind (OSB). The Oregon School for the Deaf and the Oregon School for the Blind must establish, in cooperation with the Oregon Department of Education, policies and procedures to implement and enforce this rule for students, staff and visitors by June 30, 2006.

[arcweb.sos.state.or.us/rules/OARS\\_500/OAR\\_581/581\\_021.html](http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_021.html)

#### **Tobacco Use in Alcohol- and Other Drug-Program Facilities**

Tobacco use is not permitted in alcohol or other drug-treatment program facilities in Oregon. Additionally, outpatient programs may not allow tobacco use on program grounds.

#### ***Enforcement***

Oregon Department of Human Services, Addictions and Mental Health Division

#### ***Citation***

OAR 309-032-1540 Program Specific Service Standards

In addition to individualized service and support planning and coordination, providers of each of the following program-specific service areas must ensure the following requirements listed for that service are met.

(15) Building Requirements for Alcohol and Other Drug Programs:

(f) Tobacco Use: Outpatient programs must not allow tobacco use in program facilities and on program grounds. Residential programs must not allow tobacco use in program facilities.

[arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_309/309\\_032.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html)

## III. Smokefree Environments Laws

### **Landlord-Tenant Disclosure of Smoking Policy**

State law requires that rental agreements entered on or after January 1, 2010 include a disclosure of the smoking policy for the premises on which the rental unit is located. This requirement does not apply to rental agreements in which the owner of a manufactured home or floating home is renting space in a park or moorage because such situations straddle the line between ownership and rental.

#### ***Enforcement***

Private legal action

#### ***Citation***

ORS 90.220

(5) Except as provided in this subsection, the rental agreement must include a disclosure of the smoking policy for the premises that complies with ORS 479.305. A disclosure of smoking policy is not required in a rental agreement subject to ORS 90.505 to 90.840 for space in a facility as defined in ORS 90.100.

[Formerly 90.240; 2009 c.127 §3; 2009 c.431 §10]

[www.leg.state.or.us/ors/090.html](http://www.leg.state.or.us/ors/090.html)

ORS 479.305 Smoking policy disclosure.

(1) Except as provided in subsection (2) of this section, the rental agreement for a dwelling unit regulated under ORS chapter 90 must include a disclosure of the smoking policy for the premises on which the dwelling unit is located. The disclosure must state whether smoking is prohibited on the premises, allowed on the entire premises or allowed in limited areas on the premises. If the smoking policy allows smoking in limited areas on the premises, the disclosure must identify the areas on the premises where smoking is allowed.

(2) This section does not apply to a rental agreement subject to ORS 90.505 to 90.840 for space in a facility as defined in ORS 90.100. [2009 c.127 §2]

Note: Section 5, chapter 127, Oregon Laws 2009, provides:

Sec. 5. Section 2 of this 2009 Act [479.305] and the amendments to ORS 90.220 by section 3 of this 2009 Act apply to rental agreements that a tenant enters into on or after the effective date of this 2009 Act [January 1, 2010]. [2009 c.127 §5]

[www.leg.state.or.us/ors/479.html](http://www.leg.state.or.us/ors/479.html)

## III. Smokefree Environments Laws

### **Tobacco Free In-home Child Day Care**

#### **State**

Many daycare environments are workplaces and therefore fall under the Oregon Indoor Clean Air Act as environments that are required to be smokefree. Additionally, Registered in-home child day care provider homes and cars are required to be tobacco free during the time that clients or children are present.

#### ***Enforcement***

Oregon Child Care Division

#### ***Citation***

OAR 414-205-0100 Health

(1) The home must be a healthy environment for children. (a) No person shall smoke or use smokeless tobacco in the family child care home during the hours the child care business is conducted. No person shall smoke or use smokeless tobacco in motor vehicles while child care children are passengers.

[http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_414/414\\_205.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_414/414_205.html)

### **Tobacco Free Correctional Facilities**

#### **State**

Inmates in State of Oregon correctional facilities are not allowed to possess or use tobacco products.

#### ***Enforcement***

Oregon Department of Corrections

#### ***Citation***

OAR 291-105-0015 (e) 1.11 Contraband II: An inmate commits Contraband II if he/she possesses contraband other than that listed in Contraband I (OAR 291-105-0015(d)(A)–(G) and Contraband III (291-105-0015(f) and it creates a threat to the safety, security or orderly operation of the facility, including but not limited to:

(A) 1.11.01 Tobacco or smoking paraphernalia, unauthorized medication, items of barter (such as jewelry or canteen items not purchased by the inmate), checks, money under \$10, or unauthorized sexually explicit material;

## IV. Tobacco Taxes, Payments, and Distribution

### IV. Tobacco Taxes, Payments, and Distribution

#### Oregon-Specific Tobacco Taxes

Oregon's per pack cigarette tax is \$1.18.

Other tobacco products (OTPs), except for cigars and moist snuff, are taxed at 65 percent of the wholesale price. Under Oregon tax law, moist snuff includes any finely cut, ground or powdered tobacco that is not intended to be smoked or placed in a nasal cavity, as well as any other tobacco-containing product that is intended or expected to be consumed without being combusted.

Cigars are taxed at 65 percent of the wholesale price, up to a maximum of 50 cents per cigar. The tax on moist snuff is \$1.78 per ounce based on net weight, as determined by the manufacturer, with a minimum tax of \$2.14 per retail container. Beginning on July 1, 2019, the Department of Revenue will raise the tax on moist snuff every two years.

#### *Citation*

Oregon Tobacco Tax Code: ORS 323.030, 323.031, 323.500, 323.505

#### DISTRIBUTION OF STATE TAX REVENUE

##### Distribution of Cigarette Taxes

Recipient Fund	Amount Per Pack	Dollar Amount for 2009-2011 Biennium*
General Fund	22 cents	\$80.7 Million
Oregon Health Plan	87 cents	\$314.3 Million
Tobacco Use Reduction Account (TURA)	3 cents	\$12.5 Million
Cities	2 cents	\$8.4 Million
Counties	2 cents	\$8.4 Million
Public Transit	2 cents	\$8.4 Million
<b>Total</b>	<b>\$1.18</b>	<b>\$407.5 Million</b>

\*Based on May (revised) 2010 revenue forecast.

#### *Citation*

ORS 323.455, 323.457

## IV. Tobacco Taxes, Payments, and Distribution

### Distribution of Other Tobacco Products Taxes

Recipient Fund	Percent of Allocation	Dollar Amount for 2009-2011 Biennium*
General Fund	53.84 percent	\$37.0 Million
Oregon Health Plan	41.54 percent	\$28.5 Million
Tobacco Use Reduction Account (TURA)	4.62 percent	\$3.2 Million
Total	100 percent	\$68.7 Million

\*Based on May (revised) 2010 revenue forecast.

#### *Citation*

ORS 323

[www.leg.state.or.us/ors/323.html](http://www.leg.state.or.us/ors/323.html)

### Ballot Measure 44 Statute (Use of TURA Funds)

Oregon law mandates that money from the TURA be used to fund tobacco prevention and education programs. The Department of Human Services awards grants to programs that educate the public about the risks associated with tobacco use, records the grant allocations, and presents the report to the Governor every two years.

#### *Enforcement*

State Treasurer

#### *Citation*

ORS 431.832 Tobacco Use Reduction Account established.

- (1) There is established in the General Fund the Tobacco Use Reduction Account.
- (2) Amounts credited to the Tobacco Use Reduction Account are continuously appropriated to the Department of Human Services for the funding of prevention and education programs designed to reduce cigarette and tobacco use. [1997 c.2 §13; 2009 c.595 §592]

ORS 431.834 Department to adopt rules; contents.

The Department of Human Services shall develop and adopt rules for awarding grants to programs for educating the public on the risk of tobacco use, including but not limited to:

- (1) Educating children on the health hazards and consequences of tobacco use;

## IV. Tobacco Taxes, Payments, and Distribution

and

(2) Promoting enrollment in smoking cessation programs and programs that prevent smoking-related diseases including cancer and other diseases of the heart, lungs and mouth. [1997 c.2 §14; 2009 c.595 §593]

ORS 431.836 Department to prepare report.

During each biennium, the Department of Human Services shall prepare a report regarding the awarding of grants from the Tobacco Use Reduction Account and the formation of public-private partnerships in connection with the receipt of funds from the account. The department shall present the report to the Governor and to those committees of the Legislative Assembly to which matters of public health are assigned. [1997 c.2 §15; 2009 c.595 §594]

[www.leg.state.or.us/ors/431.html](http://www.leg.state.or.us/ors/431.html)

### **Tobacco Sold On Tribal Land**

#### **State**

As sovereign nations, Oregon's federally recognized tribes are not required to sell taxed tobacco. However, eight of the nine federally recognized tribes in Oregon have entered into compacts with the state, whereby they have agreed to sell only Oregon-taxed cigarettes. In return, the State of Oregon provides each of these tribes with a population-based allocation from tobacco-tax revenue. Cow Creek is the only federally recognized tribe in Oregon that has not entered into a cigarette tax compact with the state. No Oregon tribes manufacture or sell their own tobacco.

### **Master Settlement Agreement (MSA) Financial Provisions**

Pursuant to the Master Settlement Agreement, settling states will receive more than \$206 billion from the tobacco industry over 25 years. All money paid to the state under the MSA is deposited into the Tobacco Settlement Funds Account, which is an account in the General Fund.

Oregon receives approximately \$181,000,000 per biennium in MSA funds. Until 2013, most of these funds will be used to pay back general appropriation bonds purchased by the state in 2003. Some funds are also dedicated to OHSU bonds and to the Tobacco Enforcement Fund. For the 2009-2011 biennium, Oregon allocated \$139 million to the Oregon Appropriation Bond Fund, \$32 million to the OHSU Bond Fund, and \$30 million to DHS for the Oregon Health Plan. The Department of Administrative Services will distribute these funds from the Tobacco Settlement Funds Account.

## IV. Tobacco Taxes, Payments, and Distribution

### **Tobacco Enforcement Fund**

#### **State**

The Tobacco Enforcement Fund was established for the purpose of funding the Oregon Department of Justice's enforcement of the MSA. The Tobacco Enforcement Fund consists of money that is transferred from the Tobacco Settlement Funds Account, as well as recovered expenses from MSA enforcement proceedings. Money from the Tobacco Settlement Funds Account is allotted to the Tobacco Enforcement Fund every biennium pursuant to ORS 293.537.

#### ***Enforcement***

Oregon Department of Administrative Services

#### ***Citation***

ORS 293.537 Tobacco Settlement Funds Account; sources; uses; investment.

(1) The Tobacco Settlement Funds Account is established as an account in the General Fund. Except as provided in section 2, chapter 11, Oregon Laws 2003, the account shall consist of all moneys paid to this state under the Master Settlement Agreement of 1998.

(2) Before July 1 of each odd-numbered year, the Department of Justice shall submit for approval to the Oregon Department of Administrative Services the estimated costs that will be incurred by the Department of Justice in the subsequent biennium in enforcing the provisions of ORS 180.400 to 180.455, 323.106 and 323.806. On July 1 of each odd-numbered year, a sum equal to the amount approved by the Oregon Department of Administrative Services shall be transferred from the Tobacco Settlement Funds Account to the Tobacco Enforcement Fund established under ORS 180.205. If the Department of Justice determines during a biennium that it needs funds for purposes described in this subsection in addition to the amount approved by the Oregon Department of Administrative Services, the Department of Justice may request transfer of additional moneys from the Tobacco Settlement Funds Account and the additional amount approved by the Oregon Department of Administrative Services shall be transferred to the Tobacco Enforcement Fund.

[2001 c.977 §§1,2,3; 2002 s.s.5 c.2 §17; 2003 c.11 §8; 2003 c.801 §24; 2007 c.853 §1]

[www.leg.state.or.us/ors/293.html](http://www.leg.state.or.us/ors/293.html)

ORS 180.205 Tobacco Enforcement Fund.

(1) The Tobacco Enforcement Fund is established separate and distinct from the General Fund. The Tobacco Enforcement Fund shall consist of:

## IV. Tobacco Taxes, Payments, and Distribution

(a) Moneys deposited into the fund under ORS 180.450; and

(b) Moneys transferred to the fund under ORS 293.537.

(2) Moneys in the Tobacco Enforcement Fund are continuously appropriated to the Department of Justice for the purpose of enforcing the provisions of ORS 180.400 to 180.455, 323.106 and 323.806. Moneys in the fund are not subject to allotment under ORS 291.234 to 291.260.

ORS 180.450 Judicial review; civil remedies; rules.

(3) In any action brought by the state to enforce ORS 180.410, 180.415, 180.420, 180.430, 180.435, 180.440 or 323.806, or any rule adopted under this section or ORS 180.445, the state may recover the costs of investigation, expert witness fees, costs of the action and reasonable attorney fees. Moneys recovered under this subsection shall be deposited into the Tobacco Enforcement Fund established under ORS 180.205.

(4) If a court determines that a person has violated any provision of ORS 180.410, 180.415, 180.420, 180.430, 180.435 or 180.440, or any rule adopted under this section or ORS 180.445, the court shall order any profits, gain, gross receipts or other benefit from the violation to be disgorged and paid to the Tobacco Enforcement Fund established under ORS 180.205.

[2003 c.801 §10]

[www.leg.state.or.us/ors/180.html](http://www.leg.state.or.us/ors/180.html)

## V. Tobacco and Cigarette-Related Product Regulation

### V. Tobacco and Cigarette-Related Product Regulation

For the most part, tobacco products are regulated at the federal level, including broad sweeping federal authority over cigarettes given to the Federal Drug Administration by Congress in 2009. However, Oregon does have some additional product related laws that are stronger than federal law.

#### **Reduced-Ignition-Propensity Cigarettes**

State

Only reduced-ignition-propensity, fire-standard compliant cigarettes may be sold in Oregon. The State Fire Marshal determines which cigarettes meet this standard. Additionally, the Fire Marshal is authorized to seize and destroy cigarettes that do not meet the standard and may inspect the inventory of cigarette manufacturers, wholesale or retail dealers and transporters as necessary to ensure compliance. Violations are punishable by civil penalties, which will be credited to the Cigarette Fire Safety Fund.

#### ***Enforcement***

State Fire Marshal or representative

#### ***Citation***

ORS 476.760 Prohibition against distributing or offering certain cigarettes; improper packaging markings; seizure and forfeiture; interagency agreements; inspections; rules.

(1) A person may not distribute or offer to sell a cigarette within this state unless the cigarette is of a variety the State Fire Marshal has determined to have reduced ignition propensity.

(3) The State Fire Marshal, an authorized representative of the State Fire Marshal or any law enforcement agency may immediately seize and subject to forfeiture any cigarettes distributed or offered for sale in violation of subsection (1) of this section and any packaging, and cigarettes contained in that packaging, that violates subsection (2) of this section. The State Fire Marshal shall destroy cigarettes and packaging seized and forfeited under this subsection. However, prior to destroying cigarettes or packaging seized under this subsection, the State Fire Marshal shall allow the true holder of the trademark rights in the cigarette variety to inspect the cigarettes and packaging.

(5)(a) The State Fire Marshal or an authorized representative, upon oral or written demand, may inspect the inventory of cigarette manufacturers, wholesale or retail dealers and transporters as the State Fire Marshal or an authorized representative

## V. Tobacco and Cigarette-Related Product Regulation

deems necessary to ensure compliance with this section. The State Fire Marshal may adopt rules to require reports, in a form prescribed by the State Fire Marshal, by cigarette manufacturers, wholesale or retail dealers and transporters for the purpose of ensuring compliance with this section.

ORS 476.770 Determination of cigarette variety ignition propensity; reduced ignition propensity standard; listing; cigarette design; rules.

(1) For each variety of cigarette sold or proposed for sale in this state, the State Fire Marshal shall determine whether that variety of cigarette has reduced ignition propensity.

(2) Any cigarette variety certified by a manufacturer under ORS 476.780 shall be determined to have reduced ignition propensity.

ORS 476.780 Cigarette variety certification by manufacturer; retesting; record retention; unfavorable determination by State Fire Marshal.

(1) A manufacturer shall submit a written certification attesting that each variety of cigarette listed in the certification has been subjected to ignition propensity testing described in ORS 476.770 and meets the fire safety performance standard described in ORS 476.770 (6).

[www.leg.state.or.us/ors/476.html](http://www.leg.state.or.us/ors/476.html)

### **Prohibition on the Sale or Distribution of Novelty Lighters** **State**

Oregon law prohibits selling, offering for sale or distributing novelty lighters. It is also illegal to manufacture, import, or possess novelty lighters in inventory for the purpose of sale or distribution. Exceptions apply to lighters manufactured before January 1, 1980, and those that are permanently altered to prevent flame or other causes of combustion. Violations are subject to a civil penalty of up to \$500 per day for retail sellers or distributors, \$1,000 per day for wholesalers, and \$10,000 per day for manufacturers or importers. The State Fire Marshal determines which lighters are novelty lighters and is authorized to inspect facilities, inventory, and records related to the manufacture, import, wholesale, storage, sale, or distribution of lighters.

#### ***Enforcement***

State Fire Marshal or representative

## V. Tobacco and Cigarette-Related Product Regulation

### *Citation*

ORS 476.831 Definitions for ORS 476.831 to 476.856.

As used in ORS 476.831 to 476.856:

(6) “Novelty lighter”:

(a) Means a lighter that has misleading design, audio effects or visual effects, or that has other features of a type that would reasonably be expected to make the lighter appealing or attractive to a child less than 10 years of age.

(b) Does not mean:

(A) A lighter manufactured before January 1, 1980; or

(B) A lighter that has been rendered permanently incapable of producing a flame or otherwise causing combustion.

ORS 476.836 Identification of novelty lighters; rules; disposition of contraband lighters.

(2) The State Fire Marshal shall establish and maintain a list of lighters, and of classes and types of lighters, that the State Fire Marshal has determined to be novelty lighters. The State Fire Marshal shall make the list available to the public in electronic form or in other forms selected by the State Fire Marshal.

ORS 476.841 Prohibition against sale or distribution of novelty lighters; civil penalties.

(1) A person may not sell, offer for sale or distribute a novelty lighter in this state. A person may not manufacture a novelty lighter in this state, or import a novelty lighter into this state, for the purpose of selling or distributing the novelty lighter within this state. A person may not possess a novelty lighter in inventory for the purpose of selling or distributing the novelty lighter within this state.

(2) The State Fire Marshal may impose a civil penalty against a person who violates subsection (1) of this section. The civil penalty may not exceed:

(a) \$10,000 if the person is a manufacturer or importer of lighters.

(b) \$1,000 if the person is a wholesaler of lighters or distributes lighters by means other than distribution directly to consumers.

(c) \$500 if the person is:

(A) A retail seller of lighters; or

(B) A person distributing lighters, if the person is other than a manufacturer, importer or wholesaler.

(3) If a person continues to violate this section after the State Fire Marshal gives the person written notice of the violation, each day that the violation continues is a separate offense subject to a civil penalty.

[www.leg.state.or.us/ors/476.html](http://www.leg.state.or.us/ors/476.html)

## V. Tobacco and Cigarette-Related Product Regulation

### **Electronic Cigarettes (E-Cigarettes)**

#### **State**

E-cigarettes are devices designed to mimic the look and experience of smoking a cigarette. Each e-cigarette contains a battery-operated heating element and a cartridge filled with a nicotine-containing liquid that may be flavored. The heating element vaporizes the liquid, which users inhale and exhale like smoke. E-cigarettes are not FDA approved. FDA is currently in litigation with two e-cigarette companies over FDA's seizure of shipments of e-cigarettes and refill cartridges that the companies were importing into the U.S.

In 2009, the Oregon DOJ reached legal settlements with three retailers and an agreement with e-cigarette company Sottera, Inc., the national distributor of NJOY brand e-cigarettes, which prohibit them from selling or distributing e-cigarettes in the state until the products meet federal and state regulatory standards. On August 9, 2010, the DOJ settled a case that it filed in Marion County Court against Florida-based e-cigarette company Smoking Everywhere for making false health claims and targeting children. The settlement agreement includes an express admission by the company that it violated Oregon's Unlawful Trade Practices Act, requires the company to pay more than \$95,000 to the DOJ, and permanently bars the company from doing business in the state. Additionally, the agreement requires Smoking Everywhere's president to pay \$25,000 and refrain from transacting any business in Oregon related to e-cigarettes, tobacco products, nicotine delivery devices, drugs, or drug delivery devices of any kind.

## VI. Miscellaneous

### VI. Miscellaneous

#### Prohibition of Employer Restrictions on Off-Duty Tobacco Use

##### State

Oregon law prohibits employers from requiring that employees refrain from using legal tobacco products during nonworking hours on non-employer property, except when the restriction relates to a genuine occupational requirement or a collective bargaining agreement prohibits off-duty tobacco use.

##### *Enforcement*

Private legal action

##### *Citation*

ORS 659A.315 Restricting use of tobacco in nonworking hours prohibited; exceptions.

(1) It is an unlawful employment practice for any employer to require, as a condition of employment, that any employee or prospective employee refrain from using lawful tobacco products during nonworking hours, except when the restriction relates to a bona fide occupational requirement.

(2) Subsection (1) of this section does not apply if an applicable collective bargaining agreement prohibits off-duty use of tobacco products.

[www.leg.state.or.us/ors/659a.html](http://www.leg.state.or.us/ors/659a.html)

#### Supersedeas

##### State

A supersedeas is a bond that suspends a judgment creditor's power to levy execution, usually pending appeal. Oregon law limits the supersedeas bond amount in tobacco litigations to \$150 million, and provides that the supersedeas will suspend a financial judgment pending appeal.

##### *Citation*

ORS 19.312 Supersedeas undertaking in certain actions against tobacco product manufacturer.

(1) The provisions of this section apply only to civil actions against a tobacco product manufacturer as defined in ORS 323.800, or against an affiliate or successor of a tobacco product manufacturer, in which:

## VI. Miscellaneous

(a) The tobacco product manufacturer is subject to the requirements of ORS 323.806; and

(b) The state is not a plaintiff.

(2) In any civil action described in subsection (1) of this section, the supersedeas undertaking required of the tobacco product manufacturer, or of an affiliate or successor of the tobacco product manufacturer, as a condition of a stay of judgment throughout all appeals or discretionary appellate review, shall be established in the manner provided by the laws and court rules of this state applicable to supersedeas undertakings, but the amount of the supersedeas undertaking may not exceed \$150 million.

(3) If at any time after the posting of the supersedeas undertaking pursuant to the provisions of this section the court determines that a tobacco product manufacturer, affiliate or successor, outside of the ordinary course of its business, is purposely dissipating or diverting assets for the purpose of avoiding payment on final judgment in the action, the court may condition continuance of the stay on an order requiring that the tobacco product manufacturer, affiliate or successor post a supersedeas undertaking in an amount up to the full amount of the judgment.

(4) The provisions of this section apply to any supersedeas undertaking required for a judgment entered by a court of this state and to any security required as a condition of staying enforcement of a foreign judgment under the provisions of ORS 24.135 (2).

[www.leg.state.or.us/ors/019.html](http://www.leg.state.or.us/ors/019.html)

### **Littering Law**

Oregon law prohibits littering. Cigarette butts are considered litter and may not be deposited or discarded on public property or the private property of another. Individuals who throw, or permit others to throw, cigarette butts from their vehicles commit the offense of littering. Violations of the littering law are Class C misdemeanors.

#### ***Enforcement***

Local law enforcement authorities

#### ***Citation***

ORS 164.805 Offensive littering.

(1) A person commits the crime of offensive littering if the person creates an objectionable stench or degrades the beauty or appearance of property or detracts from the natural cleanliness or safety of property by intentionally:

(a) Discarding or depositing any rubbish, trash, garbage, debris or other refuse

## VI. Miscellaneous

upon the land of another without permission of the owner, or upon any public way or in or upon any public transportation facility;

...or

(c) Permitting any rubbish, trash, garbage, debris or other refuse to be thrown from a vehicle that the person is operating. This subsection does not apply to a person operating a vehicle transporting passengers for hire subject to regulation by the Interstate Commerce Commission or the Department of Transportation or a person operating a school bus described under ORS 801.460.

(3) Offensive littering is a Class C misdemeanor. [1971 c.743 §283; 1975 c.344 §2; 1983 c.338 §897; 1985 c.420 §20; 2007 c.71 §52]

[www.leg.state.or.us/ors/164.html](http://www.leg.state.or.us/ors/164.html)

## VII. Overviews of Laws and Cases

### VII. Overviews of Laws and Cases

#### **Master Settlement Agreement (MSA) and Smokeless Tobacco Master Settlement Agreement (STMSA)**

The Master Settlement Agreement (MSA) was reached in 1998 to settle litigation brought by the Attorneys General of 46 states and 6 U.S. jurisdictions against the tobacco industry. The four largest U.S. tobacco manufacturers originally signed the agreement; two smaller manufacturers joined later. The MSA is a binding agreement that settles the states' claims against the participating manufacturers for recovery of tobacco-related health care costs. It also exempts the manufacturers from private tort liability for harms due to tobacco use. In exchange, the MSA restricts the participating manufacturers' marketing practices and requires them to make annual payments to the states, which the states will use to cover their smoking-related health care costs and to compensate private parties who are injured by tobacco use.

The Smokeless Tobacco Master Settlement Agreement (STMSA) was concluded at the same time as the MSA. The STMSA is an agreement between the settling states/jurisdictions and the U.S. Tobacco Company (USTC), the nation's largest manufacturer of smokeless tobacco. It sets forth marketing and advertising restrictions identical to those in the MSA, and also bans the distribution of free samples to sports teams. USTC was required to make payments for 10 years to the American Legacy Foundation and a one-time payment to the National Association of Attorneys General. Unlike the MSA, however, the STMSA does not require participating manufacturers to make annual payments to the states. Currently, USTC is the only smokeless tobacco signatory to the STMSA.

To prevent nonparticipating manufacturers (those who are not parties to the MSA or STMSA) from gaining a significant market advantage, Oregon law requires that nonparticipating manufacturers either comply with provisions of the relevant Agreement or make annual escrow payments to the state. The escrow payments will be used to pay for any health-related costs incurred by the state or its citizens due to tobacco use for which the manufacturer is responsible; payments that are not used within 25 years will be refunded. Due to recent litigation, *nonparticipating smokeless tobacco manufacturers* who choose to comply with the conditions of the STMSA instead of making escrow payments are no longer required to abide by the restrictions on lobbying and legal challenges set forth in Sections III(m) and V. Other provisions of the Oregon law (ORS 323.816) are still being disputed in state court (*Conwood Co., LLC v. Kroger*).

## VII. Overviews of Laws and Cases

### *Citation*

ORS 323.800-816

[www.leg.state.or.us/ors/323.html](http://www.leg.state.or.us/ors/323.html)

### **Family Smoking Prevention and Tobacco Control Act**

The Family Smoking Prevention and Tobacco Control Act was signed into law on June 22, 2009. The Act gives the FDA comprehensive authority to regulate the manufacture, marketing, and sale of tobacco and imposes a user fee on tobacco companies to help fund FDA's new responsibilities. The Act also reduces the scope of federal preemption of state regulation in the area of cigarette advertising, requires tobacco companies to disclose the full contents of their products and results of any health studies, strengthens the required package-label warnings, and prescribes certain marketing and advertising restrictions.

In August 2009, several tobacco companies collectively brought suit in the U.S. District Court for the Western District of Kentucky to challenge the constitutionality of various provisions of the Act (*Commonwealth Brands, Inc. v. United States*, 678 F. Supp. 2d 512 (W.D. Ky. 2010)). The companies alleged that the new law violates their free speech and due process rights, and that it takes their property without providing compensation. The court struck down as unconstitutional 1) the ban on color graphics in labels and advertising and 2) the ban on claims implying that a tobacco product is safer due to FDA regulation. All other challenged provisions were upheld and neither party has appealed the decision.

### **Prevent All Cigarette Trafficking Act of 2009 (PACT Act)**

The PACT Act was signed into law on March 31, 2010. It requires Internet and mail-order merchants of tobacco products to pay all applicable federal, state, local or tribal tobacco taxes; comply with the state and local laws that govern the jurisdictions in which their customers are located; and verify the age of purchasers at the times of purchase and delivery. The Act provides states, localities, and tribes with some authority to enforce its provisions.

## VII. Overviews of Laws and Cases

### **United States v. Philip Morris USA, Inc.**

[449 F. Supp. 2d 1 (D.D.C. 2006), 566 F.3d 1095 (D.C. Cir. 2009)]

In 1999, the U.S. Department of Justice filed a case against the major American cigarette manufacturers (“tobacco industry”) in the U.S. District Court for the District of Columbia. DOJ alleged that the industry violated the Racketeer Influenced and Corrupt Organizations (RICO) Act by conspiring to defraud the public. DOJ charged that the industry had knowingly produced dangerous and addictive products, and had misled the public about the associated risks.

In 2006, the District Court found the industry guilty of RICO violations and ordered, among other things, that the industry cease all racketeering activity, make corrective disclosures, and refrain from making false, misleading, or deceptive representations about cigarettes. However, the court denied the government’s request for disgorgement of the industry’s profits, finding that this was not an appropriate remedy under RICO. Both parties appealed the ruling to the D.C. Circuit Court of Appeals, which affirmed the finding of liability and denial of disgorgement, but partially vacated the judgment and remanded the case to the District Court in 2009. A petition to have the case heard by the U.S. Supreme Court was denied without comment. The case is currently on remand to the District Court, but the prior judgment is final with respect to the issues of liability and disgorgement.

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Sales</b>					
<b>Minimum age for sale or purchase of tobacco products</b>	N/A	It is illegal to sell cigarettes or smokeless tobacco to a person under the age of 18. (CFR § 1140.14(a)).	Determined by the applicable law at the place of delivery	N/A	It is illegal for retailers to sell cigarettes or smokeless tobacco to a person under the age of 18, and also for an underage person to purchase tobacco products. (ORS 163.575, 167.401)
<b>Verification of purchaser's age</b>	N/A	Cigarette and smokeless tobacco retailers must check photo ID to verify that a purchaser is 18 years of age.	Delivery seller must verify the age of a purchaser prior to accepting a delivery sale order, and require the purchaser or another adult meeting the minimum age to sign for delivery and provide proof of age with a valid government-issued photo ID.	N/A	Delivery seller must verify the age of a purchaser via written certification and photo ID, and use a delivery method that requires a signature from the consumer or an adult living at the same residence.
<b>Vending machines and self- service displays</b>	N/A	Cigarettes and smokeless tobacco may not be sold through vending machines or self-service displays except in facilities that are off limits to minors (<18). In all other venues, retailers may only sell in a direct, face-to-face exchange.	N/A	N/A	Cigarettes and smokeless tobacco may not be sold through vending machines or self-service displays except in facilities that are off limits to minors (<21). In all other venues, retailers may only sell in a direct, face-to-face exchange.

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Cigarette package size; minimum sale quantity</b>	N/A	No sales of cigarette packages that contain fewer than 20 cigarettes. It is prohibited to break apart a package of cigarettes or smokeless tobacco in order to sell or distribute in a quantity smaller than the smallest package size.	N/A	N/A	Cigarettes may only be sold in a sealed package.
<b>Cigarette flavoring</b>	N/A	No flavors other than menthol may be used in cigarettes, including in the “component parts” (filter, paper, etc.).	N/A	N/A	N/A
<b>Other restrictions</b>	N/A	N/A	Cigarettes, roll-your-own tobacco, and STPs are nonmailable matter except: within AK or HI, for business purposes between tobacco businesses, by individuals for noncommercial purposes, or for consumer testing by manufacturers or the federal government.	N/A	Retailers must post a notice informing the public that selling tobacco products to individuals under 18 is prohibited.

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Advertising, Marketing, &amp; Labeling</b>					
<b>Marketing Tactics</b>					
<b>Targeting youth</b>	Manufacturers are enjoined from targeting youth with advertisement, promotion, marketing, or taking any action in order to initiate, maintain or increase the incidence of tobacco use by youth in any settling state.	FDA regulations are tailored to restrict advertising and promotional practices that are most likely to be seen or heard by youth and to entice them into tobacco use.	N/A, but one of the purposes of PACT is to prevent and reduce youth access to cigarettes and smokeless tobacco through illegal Internet or contraband sales.	No remedies specifically relating to youth marketing were prescribed.	Illegal to give free samples to youth to encourage tobacco-product use.
<b>Use of graphics in tobacco advertising</b>	Cartoon characters may not be used in the advertisement, promotion, packaging, or labeling of tobacco products, or in the names of stadiums or arenas	Only black text on a white background may be used in print and video advertising and labeling of cigarettes and smokeless tobacco. Audio advertising is limited to words only.**	N/A	N/A	N/A
<b>Media promotion</b>	No payments are permitted to promote tobacco products in movies, TV shows, theater or live performances, videos, or video games.	N/A	N/A	N/A	N/A

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Transit and outdoor advertising</b>	Transit advertising and most outdoor advertising are prohibited, including: billboards, signs and placards in arenas, stadiums, shopping malls, and video game arcades.	N/A	N/A	N/A	N/A
<b>Combination products</b>	N/A	Cigarettes and smokeless tobacco products may not be marketed in combination with any other product regulated by the FDA.	N/A	N/A	N/A
<b>Third-party advertisement of tobacco products</b>	Tobacco companies may not authorize third parties to use or advertise tobacco brand names.	N/A	N/A	N/A	N/A
<b>Gifts with purchase</b>	No gifts or other items may be offered <i>to youths</i> in exchange for purchasing a tobacco product. Gifts may not be distributed through the mail without proof of age.	No gifts or other items may be provided in exchange for purchasing cigarettes or a smokeless tobacco product.	N/A	N/A	N/A
<b>Tobacco brand-name merchandise</b>	No distribution or sale of non-tobacco merchandise with tobacco brand-name logos except at the site of permitted brand-name sponsorships.	Non-tobacco items may not bear the brand name, logo, symbol, motto, or recognizable color or pattern of colors identifiable with any cigarette or smokeless tobacco brand.	N/A	N/A	N/A

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Sampling</b>	No free samples of tobacco products may be distributed except in "adult-only facilities."	No free samples of tobacco products may be distributed, except smokeless tobacco in a "qualified adult-only facility." Sampling is prohibited to any sports team or entertainment group, or at any sporting or entertainment event.	N/A	N/A	Free tobacco products ("sampling") may not be distributed to people under 18 as part of a marketing strategy that encourages tobacco use. Additionally, free samples of smokeless tobacco may not be given to anyone under the age of 21 or distributed in any area in which people under the age of 21 are allowed.
<b>New brand names</b>	Future cigarette or smokeless tobacco brands may not be named after recognized non-tobacco brand or trade names, nationally recognized sports teams, entertainment groups, or celebrities.	N/A	N/A	N/A	N/A
<b>Racketeering</b>	N/A	N/A	N/A	Cigarette manufacturers*** were found guilty of racketeering by federal courts; they must refrain from any acts of racketeering relating to the manufacturing, promotion, health consequences, or sale of cigarettes.	N/A

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>False representations</b>	Manufacturers may not misrepresent the health consequences of using tobacco products.	A tobacco product is considered "misbranded" if its labeling is false or misleading in any way.	N/A	Cigarette manufacturers*** may not make any material false, misleading, or deceptive representation concerning cigarettes.	N/A
<b>Sponsorship</b>					
<b>Types of events</b>	No brand-name sponsorship of concerts°, team sports, events with a significant youth audience, or events where the paid participants or contestants are underage.	No cigarette or smokeless tobacco brand-name sponsorship of a team or any athletic, musical, artistic, other social, or cultural events. Corporate sponsorship is permitted only if it does not include the brand name of a domestic tobacco product.	N/A	N/A	N/A
<b>Frequency</b>	One brand-name sponsorship per year.	No limit for <i>corporate</i> sponsorships. (See provision for "Types of Events").	N/A	N/A	N/A
<b>Health Claims &amp; Warnings</b>					
<b>Terms such as "light," "low tar" or "mild"</b>	N/A	May not be used on cigarette or smokeless tobacco packages, labeling, or advertising.	N/A	Defendant companies must cease using any express or implied health message or health descriptor, such as light or low tar, for any cigarette brand	N/A

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Statements regarding FDA endorsement or approval</b>	N/A	Cigarette and smokeless tobacco product packaging or advertising may not include any express or implied statement that would mislead consumers into believing that the product is (1) approved by the FDA, (2) endorsed by the FDA, (3) deemed safe by the FDA, or (4) less harmful due to FDA regulation.**	N/A	N/A	N/A
<b>Health warnings in labeling and advertising</b>	N/A	<i>Cigarette</i> packages and advertising must bear 1 of 9 specified health warnings, covering 50% of the front and rear panels of the package and at least 20% of the area in an advertisement. Color graphic image warnings are required by 9/22/2012. <i>Smokeless tobacco</i> packages and advertising must bear 1 of 4 specified health warnings, covering 30% each of the two principal display panels of the package and at least 20% of the area in an advertisement.	N/A	N/A	N/A

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### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Disclosures by manufacturers</b>	N/A	HHS Secretary will determine whether tobacco product manufacturers are required to include tar and nicotine yields on package labels or in cigarette advertisements, and may also require disclosure of other cigarette or tobacco product constituents.	N/A	Cigarette manufacturers*** must make corrective disclosures about addiction, adverse health effects, manipulation of cigarette design and composition to maximize addictiveness, and light and low tar cigarettes.	N/A
<b>State &amp; Local Authority</b>					
<b>Advertising restrictions</b>	N/A	State and local governments may (within the bounds of the First Amendment) impose specific bans on the time, place, and manner of cigarette advertising and promotion, but may not regulate the content of advertising and promotions. State/local governments may also limit other tobacco product advertising and promotion.	N/A	N/A	N/A

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VIII. Laws Comparison Chart					
Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>More stringent regulations</b>	N/A	State and local governments may enact more stringent regulations on the sale, distribution, possession, use, availability, advertising, promotion, or taxation of tobacco products.	N/A	N/A	N/A
<b>Reporting</b>	States may require periodic progress reports from tobacco companies while outdoor and transit advertising is being eliminated.	State and local governments may require reporting of information to the state or create fire safety regulations, but may not enact their own restrictions on tobacco product standards, premarket review, adulteration, misbranding, labeling, registration, good manufacturing standards, or modified-risk tobacco products.	State tobacco tax reporting requirements apply to sale and advertisement of STPs, entities that ship or transfer cigarettes or STPs, and the shipment of cigarettes or smokeless tobacco into a local or tribal jurisdiction that taxes the sale or use of these products.	N/A	The State Fire Marshal may adopt rules to require reports by cigarette manufacturers, wholesale or retail dealers and transporters for the purpose of ensuring compliance with reduced ignition propensity standards.

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Applicability of state, local, and tribal laws</b>	The settling states did not waive or release any claims of criminal liability under federal, state, or local law; nor did they waive or release any claims on behalf of Indian tribes.	No state or subdivision thereof may enact or enforce any requirement that differs from this Act if it pertains to tobacco product standards, premarket review, adulteration, misbranding, labeling, registration, good manufacturing standards, or modified risk tobacco products. However, states and subdivisions may set fire safety standards for tobacco products and regulate the sale, distribution, possession, information reporting to the State, exposure to, access to, the advertising and promotion of, or use of, tobacco products by individuals of any age.	Delivery sellers must comply with all state, local, and tribal laws pertaining to the sale of cigarettes and STPs as if the sales occurred entirely within the jurisdiction of delivery. PACT does not inhibit the coordination of law enforcement by states or other jurisdictions with respect to interstate sales or seizures of tobacco products.	N/A	Localities are preempted from passing stronger laws regarding location of vending machines.

## VIII. Laws Comparison Chart

### VIII. Laws Comparison Chart

Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
<b>Effect on state-tribal arrangements</b>	N/A	Does not affect any action pending in Federal, State, or tribal court; any agreement, consent decree, or contract of any kind; limit or otherwise affect any State, tribal, or local taxation of tobacco products; or expand, contract, or otherwise modify or amend the existing limitations on State government authority over tribal restricted fee or trust lands.	PACT does not affect agreements or limitations relating to the taxation of cigarettes or STPs sold in Indian country.	N/A	N/A
<b>Enforcement</b>					
<b>State enforcement</b>	State Attorneys General enforce the provisions.	No authority unless delegated by FDA.	Attorneys general of states, localities, and tribes may bring enforcement actions in U.S. district court.	N/A	Comprehensive
<b>Federal Enforcement</b>	National Association of Attorneys General (not federal government)	HHS - FDA	ATF may enter the business premises of delivery sellers to inspect records and inventory.	Courts	None

IMPORTANT NOTE: Federal law does not displace or supersede state laws unless a federal law specifically preempts states from making laws on the same subject matter. Otherwise, the federal and state legal regimes exist separately and simultaneously, and are typically enforced by different entities.

N/A = Not Addressed

<sup>∞</sup> The MSA and STMSA are only binding on signatories to the agreements ("participating manufacturers").

# VIII. Laws Comparison Chart

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Legal Provision	MSA (1998) <sup>∞</sup> & STMSA (1998) <sup>∞</sup>	Family Smoking Prevention and Tobacco Control Act (2009)	Prevent All Cigarette Trafficking Act of 2009 (PACT Act)	<i>United States v. Philip Morris USA, Inc.</i> (RICO case)	Oregon State Law
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\* This is not a comprehensive list of federal or Oregonian tobacco laws. It is intended to be used as a tool for understanding the overlap of certain federal and state legal provisions concerning tobacco.

\*\* The ban on color and graphics in tobacco labels and advertising and the ban on claims implying that a tobacco product is safer because of FDA regulation and approval were struck down in *Commonwealth Brands v. U.S.A.* (West. Dist. Ky. Jan. 5, 2010). The district court found that these provisions violate the First Amendment by overly restricting tobacco companies' speech. This case has not yet been appealed, but the district court's ruling is only binding in Kentucky.

\*\*\* Eight cigarette manufacturers were parties to the RICO case: Philip Morris USA, R.J. Reynolds Tobacco Company, Brown & Williamson Tobacco Company, Lorillard Tobacco Company, The Liggett Group, Inc., American Tobacco Company, Philip Morris Companies (Altria), and British American Tobacco Company.

°Exception: Brown & Williamson Co. may sponsor *either* the GPC country music festival *or* the Kool jazz festival (subject to limit of one per year).