>> Oregon Tobacco Facts





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Section 1: Executive summary

Oregon's Tobacco Prevention and Education Program (TPEP) uses a sustained, comprehensive approach to support tobacco prevention and cessation in every Oregon community. TPEP works to:

- Reduce exposure to secondhand smoke
- Prevent youth from starting to use tobacco
- Identify and eliminate tobacco-related disparities
- Help tobacco users quit and stay quit

Cigarette sales in Oregon have declined by more than 50 percent since TPEP began in 1997 (Figure 4.1). However, tobacco use remains the number-one cause of preventable death and disease in Oregon. It kills more than 7,000 people each year (Table 2.1). Tobacco use costs Oregonians \$2.5 billion a year in medical expenses, lost productivity and early death. (1)

- Cigarette smoking has decreased from 1996 to 2015 (Figure 4.2). However, use of non-cigarette products is on the rise. (2)
- Data show that more than half of youth and young adults who use tobacco are using flavored tobacco or vaping products (Figure 6.2).
- Tobacco companies spend billions of dollars on tobacco marketing in the United States every year. In 2014, the Federal Trade Commission reported that the tobacco industry spent nearly \$9.1 billion marketing cigarettes and smokeless tobacco. This is more than \$25 million per day or approximately \$1 million an hour. (3,4)
- The tobacco industry has shifted its marketing from billboards and TV commercials to convenience stores, pharmacies and grocery stores. Ninety-one percent of the tobacco industry's total marketing expenditures for cigarettes and smokeless tobacco products is in the retail environment. In fact, the tobacco industry spends more than \$100 million every year to advertise and promote its products in Oregon's stores (Figure 10.1).

The charts and graphs in the following sections describe tobacco use, tobacco-related diseases and economic costs in Oregon.

Section 1 works cited

- Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8. Available at https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/4yyu-3s69. Accessed 2017 March 8.
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- Federal Trade Commission. Federal Trade Commission cigarette report for 2014. Issued 2016. Available at https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc-cigarette-report-2014.pdf. Accessed 2016 Dec 5.
- 4. Federal Trade Commission. Federal Trade Commission smokeless tobacco report for 2014. Issued 2016. Available at <a href="https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_2014.pdf. Accessed 2016 Dec 5.

Section 2: Health and economic burden of tobacco

Tobacco use affects all Oregonians. Tobacco use is the number-one cause of preventable death and disease in Oregon. Each year, tobacco use kills more than 7,000 Oregonians (Table 2.2) and costs \$2.5 billion in medical expenses, lost productivity and early death. (1)

For more tobacco-related data, go to

https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to

 $\frac{http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.}{Pages/TechnicalNotes.aspx.}$

Table 2.1 Leading causes of preventable death, Oregon, 2009

Cause of preventable death	Estimated number of deaths
Tobacco use	7,000
Non-tobacco use total	5,500
Obesity, poor diet and physical inactivity	1,500
Alcohol use	1,400
Toxic agents	700
Microbial agents	600
Motor vehicles*	400
Firearms	400
Illicit drug use	300
Sexual behavior	200

^{*}Includes alcohol-related crashes

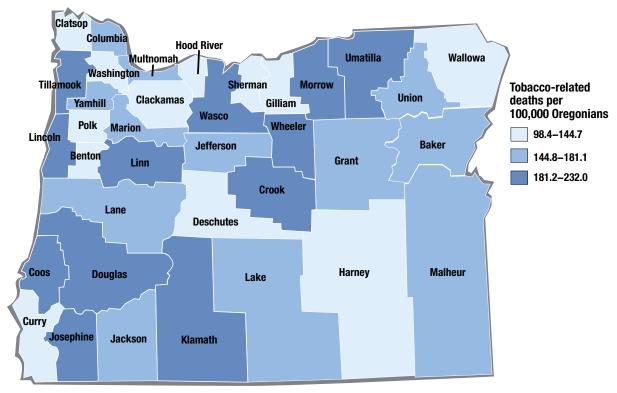
Source: Oregon Health Authority Public Health Division. What is killing Oregonians? The public health perspective CD Summary 61, no. 15 (July 17, 2012) Available at http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/CDSummaryNewsletter/Documents/2012/ohd6115.pdf. Accessed 2016 Oct 21.

Table 2.2 Underlying causes of tobacco-related deaths, Oregon, 2010–2015

	201	0	201	1	201	2
Cause of death	Number of deaths	Percent (%)	Number of deaths	Percent (%)	Number of deaths	Percent (%)
Cancers	1,971	28	1,963	27	1,967	28
Cardiovascular diseases	1,698	24	1,862	25	1,707	24
Respiratory diseases	1,602	23	1,662	23	1,511	21
Other	2,783	25	1,850	25	1,901	27
Total tobacco-related deaths	7,054	100	7,337	100	7,086	100
	201	3	2014		2015	
Cause of death	Number of deaths	Percent (%)	Number of deaths	Percent (%)	Number of deaths	Percent (%)
Cancers	1,892	25	1,876	26	1,895	25
Cardiovascular diseases	1,891	25	1,828	25	1,933	25
Respiratory diseases	1,599	22	1,553	21	1,674	22
Other	2,054	25	2,013	28	2,168	28
Total tobacco-related deaths	7,436	100	7,270	100	7,670	100

Source: Oregon Vital Statistics Annual Reports, Volume 2: Chapter 6. Mortality. Table 6-20. Available at: http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Pages/index.aspx. Accessed 2017 March 8.

Figure 2.1 Tobacco-related deaths per 100,000 population, by county, Oregon, 2011–2014 combined



Source: Oregon Center for Health Statistics, Death data. Unpublished data. **Note:** Estimates are per 100,000 population and age-adjusted to the 2000 standard population.

Table 2.3 Tobacco-related death rates per 100,000 population, by county, Oregon, 2011–2014 combined

2011 2011 00111011100				
	Rate			
Oregon	154.9			
Baker	170.5			
Benton	105.8			
Clackamas	128.0			
Clatsop	143.8			
Columbia	163.5			
Coos	224.5			
Crook	191.2			
Curry	144.7			
Deschutes	133.7			
Douglas	192.0			
Gilliam	134.7			
Grant	153.8			
Harney	129.6			
Hood River	122.2			
Jackson	151.6			
Jefferson	165.6			
Josephine	201.1			
Klamath	228.3			

	Rate
Lake	174.7
Lane	166.7
Lincoln	214.4
Linn	185.5
Malheur	181.1
Marion	165.2
Morrow	185.0
Multnomah	157.9
Polk	135.6
Sherman	98.4
Tillamook	198.0
Umatilla	184.7
Union	162.0
Wallowa	140.3
Wasco	185.5
Washington	103.3
Wheeler	232.0
Yamhill	149.2

Source: Oregon Center for Health Statistics, Death data. Unpublished data. **Note:** Rates are per 100,000 population and age-adjusted to the 2000 standard population.

Table 2.4 Estimated costs of tobacco-related medical treatment and lost productivity (in millions of dollars), by county, Oregon, 2013

	Total costs	Cost of lost productivity	Medical costs
Oregon	2,558.8	1,138.5	1,420.3
Baker	16.9	7.5	9.4
Benton	34.1	15.2	18.9
Clackamas	213.8	95.1	118.7
Clatsop	26.9	12.0	14.9
Columbia	34.7	15.5	19.3
Coos	75.4	33.6	41.9
Crook	24.5	10.9	13.6
Curry	29.4	13.1	16.3
Deschutes	90.6	40.3	50.3
Douglas	123.9	55.1	68.8
Grant	6.6	3.0	3.7
Harney	4.1	1.8	2.3
Hood River	10.5	4.7	5.8
Jackson	158.6	70.6	88.1
Jefferson	16.5	7.3	9.2
Josephine	102.5	45.6	56.9
Klamath	70.5	31.4	39.1
Lake	6.7	3.0	3.7
Lane	258.5	115.0	143.5
Lincoln	61.0	27.1	33.8
Linn	100.1	44.5	55.6
Malheur	25.5	11.3	14.2
Marion	202.4	90.1	112.4
Morrow	9.6	4.3	5.3
Multnomah	421.4	187.5	233.9
North Central	27.3	12.1	15.1
Polk	48.6	21.6	27.0
Tillamook	27.7	12.3	15.3
Umatilla	53.1	23.6	29.5
Union	20.7	9.2	11.5
Wallowa	6.8	3.0	3.8
Washington	187.2	83.3	103.9
Wheeler	2.2	1.0	1.2
Yamhill	60.2	26.8	33.4

Source: Oregon Center for Health Statistics, Death data. Unpublished data.

Note: Rates are per 100,000 population and age-adjusted to the 2000 standard population.

Section 2 works cited

 Department of Health and Human Services (US). Smoking-attributable mortality, morbidity, and economic costs (SAMMEC). Methodology available at https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/w47j-r23n. Accessed 2017 March 8.

Section 3: Tobacco-related diseases

Tobacco use is a major risk factor for developing chronic diseases such as cancer, cardiovascular disease, diabetes and asthma. (1) Two-thirds of Oregonians who smoke have one or more chronic diseases (Table 3.1).

Using tobacco also worsens outcomes for people living with chronic diseases. Quitting tobacco use and reducing exposure to secondhand smoke decreases the risk of developing certain chronic diseases, and improves health outcomes of those already living with chronic diseases. Nearly one in four Oregonians with a chronic disease still smoke cigarettes (Table 3.2).

For more tobacco related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to http://public.health.oregon.gov/DiseasesConditions/ ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Table 3.1 Percent of adult cigarette smokers who have chronic diseases, Oregon, 2015

	Percent of smokers (%)
One or more chronic diseases*	66.7%
Depression	38.0%
Arthritis	33.6%
Asthma	14.6%
Chronic obstructive pulmonary disease (COPD)	14.0%
Diabetes	10.7%
Cancer	8.9%
Cardiovascular disease+	8.6%

^{*}One or more chronic diseases include arthritis, asthma, diabetes, cancer, cardiovascular disease, depression or chronic obstructive pulmonary disorder.

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Table 3.2 Percent of adults with chronic diseases who smoke cigarettes, Oregon, 2015

	Percent who smoke (%)
One or more chronic diseases*	23.2%
Depression	41.3%
Arthritis	26.7%
Asthma	22.5%
Chronic obstructive pulmonary disease (COPD)	23.5%
Diabetes	28.3%
Cancer	21.0%
Cardiovascular disease+	27.0%

^{*} One or more chronic diseases include arthritis, asthma, diabetes, cancer, cardiovascular disease, depression or chronic obstructive pulmonary disorder.

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

⁺Cardiovascular disease includes coronary heart disease, angina, heart attack or stroke Estimates represent the prevalence of each chronic disease among adults who smoke.

⁺Cardiovascular disease includes coronary heart disease, angina, heart attack or stroke Estimates represent the prevalence of smoking among adults with each chronic disease.

Table 3.3 Lung and bronchus cancer diagnoses and death rates per 100,000 population, by county, Oregon, 2004–2008 combined and 2009–2013 combined

	2004–2008		2009–2013		
	Rate of new diagnoses	Death rate	Rate of new diagnoses	Death rate	
Oregon	67.4	52.1	59.4	45.5	
Baker	71.0	56.5	64.9	50.2	
Benton	52.1	40.3	48.9	39.1	
Clackamas	63.8	48.1	55.6	43.2	
Clatsop	77.2	62.2	72.7	51.8	
Columbia	86.4	68.4	63.2	52.6	
Coos	85.8	68.2	73.7	63.8	
Crook	73.9	48.4	53.9	42.0	
Curry	83.1	56.1	62.3	50.0	
Deschutes	58.6	49.0	53.1	37.6	
Douglas	76.6	57.1	67.5	59.7	
Grant	54.7	43.5	41.9	29.8	
Harney	48.8	43.5	43.9	43.3	
Hood River	56.4	41.6	47.6	40.9	
Jackson	64.5	48.5	62.5	45.5	
Jefferson	56.9	47.0	51.1	43.4	
Josephine	79.8	63.1	72.2	55.9	
Klamath	74.0	56.7	60.8	47.9	
Lake	57.6	44.8	46.9	33.3	
Lane	68.7	56.2	54.1	45.1	
Lincoln	76.8	61.4	74.5	58.6	
Linn	79.4	61.0	71.3	52.9	
Malheur	56.3	33.3	54.1	41.5	
Marion	66.0	54.7	66.1	45.4	
Morrow	78.8	63.8	61.8	51.9	
Multnomah	72.7	55.0	62.3	47.1	
North Central*	80.6	62.0	70.4	49.9	
Polk	58.9	42.8	52.2	38.8	
Tillamook	77.5	50.1	64.0	43.9	
Umatilla	57.9	47.9	57.9	45.0	
Union	52.1	40.2	44.7	41.7	
Wallowa	48.9	38.7	46.4	32.2	
Washington	53.9	41.3	47.9	35.1	
Wheeler					
Yamhill	66.7	52.9	65.0	44.0	

⁻⁻This number is suppressed for statistical reliability and confidentiality purposes.

Source: Diagnosis data from Oregon State Cancer Registry, death data from Oregon Center for Health Statistics. **Note:** Rates are per 100,000 population and age-adjusted to the 2000 standard population..

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Table 3.4 Tobacco-related cancer* diagnoses and death rates per 100,000 population, by county, Oregon, 2004–2008 combined and 2009–2013

	Tobacco-related cancers			
	2004–20	08	2009-	-2013
	Rate of new diagnoses	Death rate	Rate of new cases	Death rate
Oregon	197.3	106.7	184.0	97.6
Baker	173.9	111.7	171.7	97.1
Benton	166.6	88.8	160.0	85.9
Clackamas	192.2	99.6	177.5	90.3
Clatsop	214.6	122.8	215.9	102.7
Columbia	223.8	132.9	188.0	103.5
Coos	222.2	132.8	200.6	126.3
Crook	228.3	89.8	177.5	85.4
Curry	225.9	121.3	180.6	110.9
Deschutes	191.4	98.1	177.2	86.2
Douglas	204.0	114.8	184.3	116.1
Grant	159.1	98.6	141.8	82.0
Harney	153.0	103.2	145.8	86.8
Hood River	165.6	78.3	150.8	95.5
Jackson	198.8	104.1	188.7	96.2
Jefferson	170.5	94.8	175.4	95.4
Josephine	213.6	119.6	215.6	116.0
Klamath	209.8	115.9	196.0	102.3
Lake	199.5	105.1	150.4	76.8
Lane	193.1	111.4	170.2	99.1
Lincoln	208.2	115.9	207.1	120.8
Linn	221.0	116.3	204.1	108.8
Malheur	177.5	92.0	179.3	96.3
Marion	197.7	110.2	199.3	97.3
Morrow	203.2	118.8	188.0	121.1
Multnomah	207.8	114.0	192.2	102.2
North Central*	218.0	110.1	206.9	111.7
Tillamook	202.0	101.7	190.3	101.8
Umatilla	183.6	103.1	188.5	104.7
Union	182.9	93.2	178.5	96.7
Wallowa	189.1	98.7	182.9	86.3
Washington	172.5	90.6	163.0	80.0
Wheeler				
Yamhill	207.2	107.0	190.4	95.8

⁻⁻This number is suppressed for statistical reliability and confidentiality purposes.

Source: Diagnosis data from Oregon State Cancer Registry, death data from Oregon Center for Health Statistics. **Note:** Rates are per 100,000 population and age-adjusted to the 2000 standard population..

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Section 3 works cited

1. U.S. Department of Health and Human Service Public Health Service Office of the Surgeon General. The health consequences of smoking—50 years of progress: A report of the surgeon general, 2014. Available at https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf. Accessed 2016 Oct 21.

Section 4: Adult cigarette smoking

Tobacco prevention and education programs across Oregon began in 1997 and have helped shift public attitudes about smoking. Since 1996, the percent of Oregon adults who smoke cigarettes has declined by 26 percent (Table 4.2). The decline in adult smoking corresponds with a 57 percent decrease in per capita cigarette sales since 1996 (Table 4.1). This shows that Oregonians are smoking less or quitting entirely.

Although there has been progress, smoking affects some communities more than others.

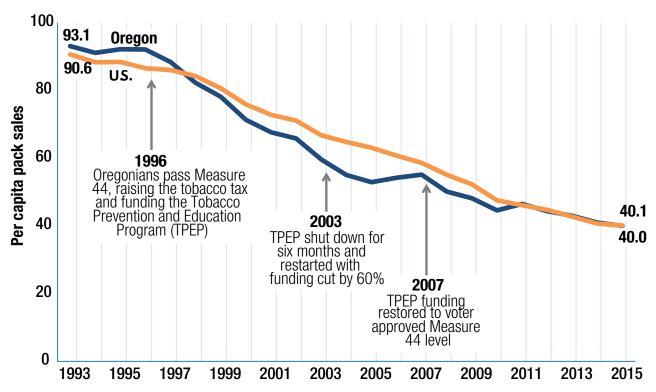
- More than one in three Oregonians with a household income of less than \$15,000 a year smoke. In comparison, fewer than one in 10 Oregonians with a household income of more than \$50,000 a year smoke (Table 4.6).
- Race and ethnicity are also important factors. Thirty-five percent of American Indians in Oregon smoke compared to 21 percent of non-Hispanic Whites (Figure 4.4).

These disparities must be addressed in order to reduce tobacco use and tobaccorelated diseases.

For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.





Note: Calculated as the total packs of cigarettes sold in Oregon and the rest of the United States, divided by the respective populations.

Sources: Pack sales data from, Orzechowski W and Walker RC. The tax burden on tobacco. Historical compilation Volume 50, 2015. Fairfax and Richmond, Virginia; Oregon and US population data from, National Center for Health Statistics - National Vital Statistics Section. Available at http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Accessed 2017 March 8.

Table 4.1 Per capita cigarette pack sales, Oregon and the United States, 1993–2015

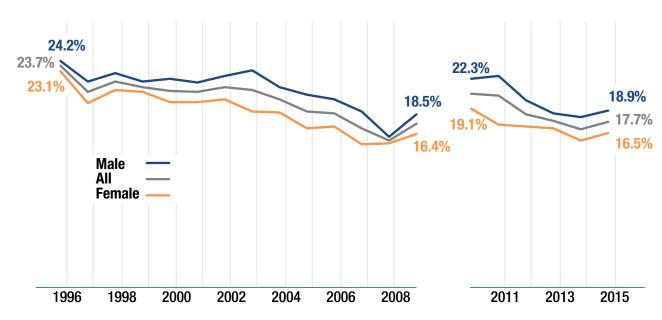
	Oregon	U.S.
1993	93.1	90.6
1994	91.1	88.3
1995	92.2	88.4
1996	92.1	86.5
1997	88.4	86.0
1998	82.2	84.2
1999	78.1	80.6
2000	71.3	75.9
2001	67.6	72.8
2002	65.8	71.1
2003	59.6	66.7
2004	55.1	64.8

	Oregon	U.S.
2005	52.9	63.1
2006	54.2	60.7
2007	55.1	58.6
2008	50.1	55.1
2009	48.2	52.3
2010	44.6	47.5
2011	46.5	46.1
2012	44.4	44.7
2013	43.0	42.7
2014	41.0	40.7
2015	40.0	40.1

Note: Calculated as the total packs of cigarettes sold in Oregon and the rest of the United States, divided by the respective populations.

Sources: Pack sales data from, Orzechowski W and Walker RC. The tax burden on tobacco. Historical compilation Volume 50, 2015. Fairfax and Richmond, Virginia; Oregon and US population data from, National Center for Health Statistics - National Vital Statistics Section. Available at http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Accessed 2017 March 8.

Figure 4.2 Adult cigarette smoking, by sex and total, Oregon, 1996–2015



Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data.

Note: Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Table 4.2 Adult cigarette smoking, by sex and total, Oregon, 1996–2015

	Percent %		
Year	Total	Male	Female
1996	23.7%	24.2%	23.1%
1997	20.9%	22.0%	19.7%
1998	22.0%	22.9%	21.1%
1999	21.4%	22.0%	20.9%
2000	21.0%	22.3%	19.8%
2001	20.9%	21.9%	19.8%
2002	21.4%	22.6%	20.1%
2003	21.1%	23.2%	18.8%
2004	20.1%	21.4%	18.7%
2005	18.8%	20.6%	17.0%

	Percent %		
Year	Total	Male	Female
2006	18.6%	20.1%	17.2%
2007	17.0%	18.8%	15.3%
2008	15.7%	16.1%	15.4%
2009	17.5%	18.5%	16.4%
2010	20.7%	22.3%	19.1%
2011	20.5%	22.6%	17.4%
2012	18.5%	20.0%	17.2%
2013	17.8%	18.6%	17.0%
2014	16.9%	18.2%	15.7%
2015	17.7%	18.9%	16.5%

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Table 4.3 Adult cigarette smoking, by age and sex, Oregon, 2011-2015

Age group	Male Female		Total	
2011				
18-24	26.2%	19.9%	23.1%	
25-34	34.7%	23.6%	29.3%	
35-44	21.4%	20.0%	20.7%	
45-54	20.7%	21.5%	21.1%	
55-64	21.2%	13.4%	17.2%	
65-74	12.9%	11.2%	12.0%	
75+	5.0%	6.8%	6.1%	
	2012			
18-24	19.2%	18.0%	18.6%	
25-34	26.0%	22.2%	24.2%	
35-44	21.3%	18.6%	20.0%	
45-54	24.3%	18.8%	21.5%	
55-64	15.4%	15.1%	15.3%	
65-74	11.4%	11.3%	11.4%	
75+	5.0%	4.7%	4.9%	
	20	13		
18-24	18.7%	17.9%	18.3%	
25-34	22.4%	17.8%	20.2%	
35-44	20.2%	19.2%	19.7%	

Age group	Male	Female	Total
45-54	22.5%	21.1%	21.8%
55-64	17.4%	15.1%	16.2%
65-74	9.0%	12.1%	10.6%
75+	3.8%	4.8%	4.4%
	20	14	
18-24	15.5%	16.6%	16.0%
25-34	22.9%	19.4%	21.2%
35-44	19.3%	16.7%	18.0%
45-54	21.9%	18.5%	20.2%
55-64	19.1%	13.2%	16.0%
65-74	9.8%	10.1%	9.9%
75+	4.4%	4.8%	4.6%
	20	15	
18-24	17.1%	18.7%	17.9%
25-34	22.6%	21.6%	22.1%
35-44	21.9%	14.1%	18.0%
45-54	19.9%	18.3%	19.1%
55-64	20.5%	16.7%	18.5%
65-74	12.8%	11.5%	12.1%
75+	3.2%	6.6%	5.2%

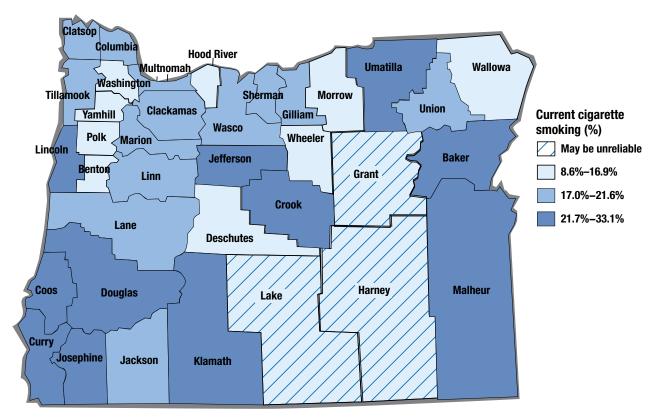
Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data.

Table 4.4 Use of menthol and non-menthol cigarettes among cigarette smokers, by sex, Oregon, 2015

Gender	Menthol	Non-menthol	Both
Male	11.6%	85.0%	3.3%
Female	17.8%	80.5%	1.8%
Total	14.7%	82.7%	2.5%

Source: Oregon Behavioral Risk Factor Surveillance System, 2015. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Figure 4.3 Adult cigarette smoking, by county, Oregon, 2012-2015 combined



Source: Oregon Behavioral Risk Factor Surveillance System County Combined dataset, 2012 –2015. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Table 4.5 Adult cigarette smoking, by county, Oregon, 2010–2013 combined

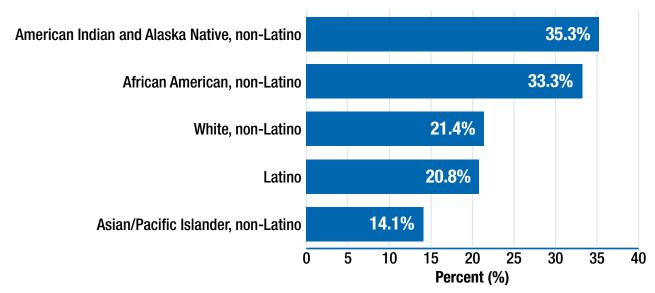
County	Percent (%)
Oregon	17.9%
Baker	23.5%
Benton	10.6%
Clackamas	16.5%
Clatsop	21.0%
Columbia	19.8%
Coos	29.9%
Crook	26.3%
Curry	25.6%
Deschutes	17.3%
Douglas	24.2%
Grant	15.4% ^
Harney	10.9% ^
Hood River	8.8% ^
Jackson	19.6% ^
Jefferson	12.7%
Josephine	24.7%
Klamath	23.2%

County	Percent (%)
Lake	19.0% ^
Lane	19.0%
Lincoln	31.5%
Linn	20.3%
Malheur	22.0%
Marion	16.5%
Morrow	15.7% ^
Multnomah	18.1%
North Central*	20.0%
Polk	14.3%
Tillamook	30.9%
Umatilla	18.4%
Union	13.7%
Wallowa	
Washington	12.0%
Wheeler	12.2% ^
Yamhill	17.7%

⁻⁻This number is suppressed because it is statistically unreliable.

Source: Oregon Behavioral Risk Factor Surveillance System, County Combined dataset 2012–2015. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Figure 4.4 Adult cigarette smoking, by race and ethnicity, Oregon, 2010-2011 combined



Source: Oregon Behavioral Risk Factor Surveillance System Race Oversample, 2010–2011. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

[^] This number may be statistically unreliable and should be interpreted with caution.

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Table 4.6 Adult cigarette smoking, by demographic groups, Oregon, 2010–2015

Annual household income	2010	2011	2012	2013	2014	2015
Less than \$15,000	41.7%	35.9%	31.4%	38.8%	32.6%	36.0%
\$15,000-\$24,999	29.7%	32.8%	26.4%	19.4%	18.9%	20.0%
\$25,000-\$49,999	21.0%	20.7%	19.7%	19.4%	18.9%	20.0%
\$50,000 or more	11.1%	10.1%	11.0%	9.2%	7.9%	9.0%
Education	2010	2011	2012	2013	2014	2015
Less than high school graduate	42.7%	37.6%	30.7%	30.3%	30.2%	33.2%
High school graduate or GED	26.0%	25.7%	24.4%	25.2%	23.4%	24.2%
Some college	18.0%	19.9%	17.9%	17.3%	16.2%	16.5%
College graduate	7.0%	7.7%	7.6%	6.1%	6.7%	7.0%
Insurance	2010	2011	2012	2013	2014	2015
Currently on the Oregon Health Plan	41.7%	37.8%	36.0%	37.6%	30.5%	33.6%
No health insurance	36.2%	33.9%	29.0%	30.3%	25.8%	28.3%
Have health insurance*	13.2%	14.9%	13.1%	12.3%	12.0%	12.9%
Served in the U.S. military	2010	2011	2012	2013	2014	2015
Current or former member of the armed forces	21.8%	27.9%	21.6%	25.8%	22.5%	19.7%
Never a member of the armed forces	19.9%	19.9%	18.2%	17.3%	16.3%	17.6%
Sexual orientation	2010	2011	2012	2013	2014	2015
Gay or lesbian	35.5%	27.5%	22.4%	32.1%	20.4%	24.3%
Bisexual	39.9%	49.5%	37.9%	23.3%	23.3%	26.9%
Heterosexual	20.4%	19.9%	18.1%	17.3%	16.8%	17.4%
Socio-economic status (SES) [†]	2010	2011	2012	2013	2014	2015
Low SES	39.3%	35.9%	29.7%	31.0%	29.3%	31.0%
Higher SES	15.4%	15.9%	15.1%	13.7%	12.8%	14.1%
Urban or rural residency ^{††}	2010	2011	2012	2013	2014	2015
Rural	23.2%	24.6%	21.6%	22.3%	22.5%	24.2%
Urban	20.1%	18.7%	17.5%	16.5%	15.8%	16.5%

^{*} Excludes Oregon Health Plan members

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Notes:** Estimates are age-adjusted to the 2000 standard population.

[†] Low socio-economic status includes having less than a high school education or being at 100% or less of the federal poverty level.

^{††}Urban or rural residency was designated using ZIP code level rural-urban commuting area (RUCA) codes. For more information on RUCA codes see http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx.

Table 4.7 Adult tobacco use among Oregon Health Plan members, by race and ethnicity, Oregon, 2016

Race/ethnicity	Percent of OHP members (%)
American Indian/Alaska Native	41.4%
African American/Black	32.6%
White	30.6%
Hispanic/Latino	13.3%
Asian American	4.8%
Hawaiian/Pacific Islander	35.7%
Total	29.1%

Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, 2016. In: Oregon health system transformation: CCO metrics 2016 final report. Oregon Health Authority, 2017. Available at http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf. Accessed 2017 Aug 18.

Section 5: Youth tobacco use

Most addiction to tobacco starts in adolescence; in fact, nine of 10 adults who smoke report that they started smoking before turning 18. (1) Studies show that the younger someone is when they start smoking, the harder it is to quit. (2,3)

- Youth cigarette smoking decreased from 1996 to 2015. Smoking among 11th-graders declined by 68 percent and among eighth-graders by more than 80 percent (Table 5.1).
- Despite these decreases in youth smoking, many young people still smoke. Many of them will continue to smoke into adulthood.
- The rise in use of other tobacco products, such as little cigars, electronic cigarettes and hookah, is also a concern. Use of electronic cigarettes among 11th-graders increased by more than 750 percent from 2011 (2 percent) to 2015 (17 percent) (Figure 5.4).
- Flavored tobacco products are more popular among youth and young adults compared to older adults (Figure 6.2). Flavors appear to be a key component for youth to start using tobacco. (4)

For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

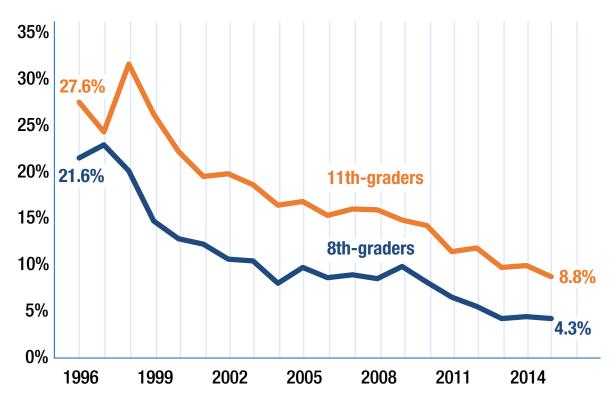
For more information about e-cigarettes, go to http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/E-cigFactSheet.pdf.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to

http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Figure 5.1 Youth cigarette smoking, Oregon, 1996–2015



Sources: Student Drug Use Survey (1996, 1998, 2000); Youth Risk Behavior Survey (1997, 1999); Oregon Healthy Teens (2001–2009, 2011, 2013, 2015); Student Wellness Survey (2010, 2012, 2014). Unpublished data.

Table 5.1 Youth cigarette smoking, Oregon, 1996–2015

Year	8th grade	11th grade
1996	21.6%	27.6%
1997	23.0%	24.4%
1998	20.2%	31.7%
1999	14.8%	26.3%
2000	12.9%	22.3%
2001	12.3%	19.6%
2002	10.7%	19.9%
2003	10.5%	18.7%
2004	8.1%	16.5%
2005	9.8%	16.9%

Year	8th grade	11th grade
2006	8.7%	15.4%
2007	9.0%	16.1%
2008	8.6%	16.0%
2009	9.9%	14.9%
2010	8.2%	14.3%
2011	6.6%	11.5%
2012	5.6%	11.9%
2013	4.3%	9.8%
2014	4.5%	10.0%
2015	4.3%	8.8%

Sources: Student Drug Use Survey (1996, 1998, 2000); Youth Risk Behavior Survey (1997, 1999); Oregon Healthy Teens (2001–2009, 2011, 2013, 2015); Student Wellness Survey (2010, 2012, 2014). Unpublished data.

Table 5.2 Youth cigarette smoking, by sex, Oregon, 2010–2015

	2010		2011		2012		2013		2015	
	8th grade	11th grade								
Male	7.5%	14.9%	5.8%	11.0%	5.0%	11.9%	3.8%	11.0%	1.8%	9.0%
Female	8.8%	13.6%	7.5%	12.0%	6.1%	11.9%	4.9%	8.6%	2.5%	8.6%
Total	8.2%	14.3%	6.6%	11.5%	5.6%	11.9%	4.3%	9.8%	4.3%	8.8%

Sources: Student Wellness Survey (2010 and 2012); Oregon Healthy Teens (2013 and 2015). Unpublished data.

Table 5.3 Youth cigarette smoking, by county, Oregon, 2015

	8th grade		11th grade		
Oregon	4.3%		8.8%		
Baker	7.8%				
Benton	0.8%	٨	7.2%		
Clackamas	4.5%		10.0%		
Clatsop	8.2%		15.0%	٨	
Columbia	6.3%		11.2%		
Coos	3.3%	٨	10.3%		
Crook	3.1%		9.2%		
Curry	11.5%		20.4		
Deschutes	3.5%				
Douglas	8.5%		12.6%		
Grant	5.4%		31.4%		
Harney					
Hood River	2.9%	٨	9.2%		
Jackson	4.9%		11.9%		
Jefferson	5.8%		8.8%		
Josephine	No data available				
Klamath	6.7%	٨	11.2%		

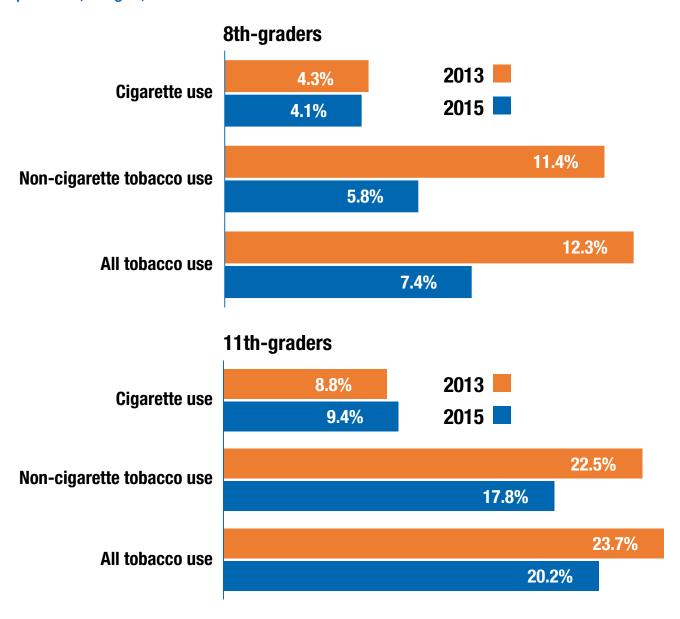
	8th grade		11th grade			
Lake	8.7%		20.0%			
Lane	5.6%		10.1%			
Lincoln	7.5%		7.3%			
Linn	7.9%		11.2%			
Malheur	3.0%		4.7%			
Marion	3.9%		9.4%			
Morrow	2.4%	^				
Multnomah	2.9%		7.0%			
North Central*	24.8%		10.2%			
Polk	3.4%		8.9%			
Tilamook	8.1%		10.0%			
Umatilla			8.0%			
Union	3.3%	٨	8.3%	٨		
Wallowa	No data available					
Washington	3.2%		7.2%			
Wheeler	No data available					
Yamhill	2.7%	^	8.5			

⁻⁻This number is suppressed because it is statistically unreliable.

[^]This number may be statistically unreliable and should be interpreted with caution.

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Figure 5.2 Youth use of cigarettes, non-cigarette tobacco products and all tobacco products, Oregon, 2013 and 2015



Note: Non-cigarette use includes electronic cigarettes, pipes, small cigars, large cigars, hookah, snuff/snus and dissolvable tobacco.

Table 5.4 Youth tobacco product use, by type, Oregon, 2015

	8th-graders	11th-graders
Any tobacco product	12.3%	23.7%
Electronic cigarettes	9.3%	17.1%
Cigarettes	4.3%	8.8%
Hookah	4.0%	7.5%
Smokeless tobacco (males)	3.2%	9.1%
Little cigars	2.5%	7.8%
Menthol cigarettes	2.3%	4.5%
Pipe tobacco	1.6%	2.2%
Large cigars	1.4%	3.3%
Dissolvable tobacco	1.0%	1.0%

Figure 5.3. Electronic cigarette and regular cigarette use among 8th-graders, Oregon, 2011, 2013, 2015

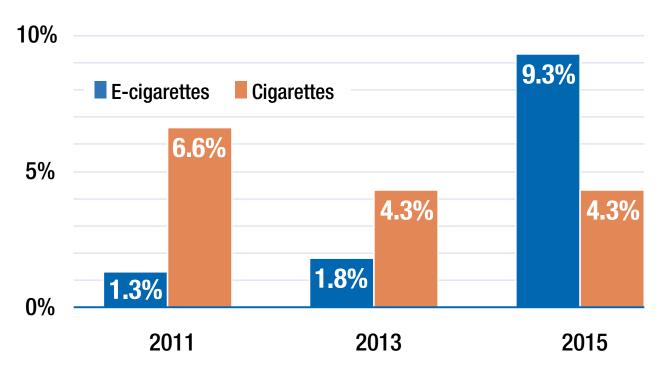


Figure 5.4 Electronic cigarette and regular cigarette use among 11th-graders, Oregon, 2011, 2013, 2015

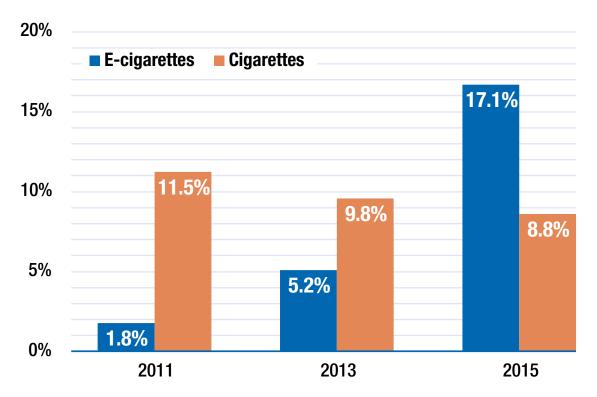


Figure 5.5 First product used among youth who have ever used tobacco, Oregon, 2015

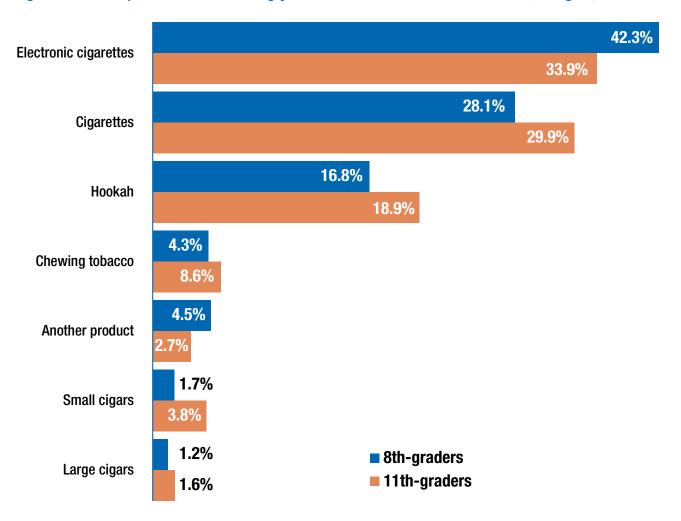


Table 5.5 Sources of tobacco for youth, Oregon, 2015

	8th grade (%)	Estimated number of students	11th grade (%)	Estimated number of students
Social sources (from friend, family or home)	73.6%	3,300	77.3%	6,900
Friends under 18 years of age	46.4%	2,100	31.2%	2,800
Friends 18 years old or older	25.4%	1,100	48.8%	4,400
A family member	17.2%	800	12.7%	1,100
Took from home without permission	12.7%	600	5.0%	400
A store or gas station	8.1%	400	16.6%	1,500
The internet	4.7%	200	4.6%	400
Some other source	20.8%	900	13.0%	1,200

Section 5 works cited

- U.S. Department of Health and Human Services. Preventing tobacco use among youth and young adults: A report of the Surgeon General, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
- 2. See also, Health and Human Services (HHS). Preventing tobacco use among youth and young adults: A report of the surgeon general, 2012. Available at http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf. Accessed 2016 Oct 21. See also, Hegmann KT, et al. The effect of age at smoking initiation on lung cancer risk. Epidemiology 4(5):444-48, September 1993; Lando HA, et al. Age of initiation, smoking patterns, and risk in a population of working adults. Preventive Medicine 29(6 Pt 1):590–98, December 1999.
- 3. U.S. Department of Health and Human Services, Preventing tobacco use among young people: A report of the surgeon general, 1994.
- Myers ML. New study finds over 40 percent of youth smokers use flavored little cigars or cigarettes, shows need for FDA to regulate all tobacco products. Campaign for Tobacco-Free Kids. Oct. 22, 2013.

Section 6: Non-cigarette and flavored tobacco use among youth and adults

Cigarette use in the United States has declined as laws have limited flavors, labeling and marketing. Cigarettes can no longer contain flavors other than menthol. However, non-cigarette tobacco products such as little cigars, electronic cigarettes and hookah are less regulated. Non-cigarette tobacco products are cheap, available in flavors and come in packaging that appeals to young people. Non-cigarette tobacco products are heavily promoted in convenience stores and other locations accessible to youth.

Popular among youth

Products with flavors such as electronic cigarettes, little cigars and hookah are more popular among youth and young adults compared to older adults. More than half of Oregon youth who use tobacco use flavored tobacco compared to 27 percent of adult tobacco users (Figure 6.2). Flavors appear to be a key component for youth to start using tobacco. (1)

Widely available

Nearly 93% of stores in Oregon that sell tobacco sell flavored tobacco products. (2) More than half of Oregon eighth-graders (58%) and 11th-graders (57%) shop in a convenience store at least once a week (Table 10.3).

Cheap

Flavored non-cigarette tobacco products are cheap. Retailers can also sell these products in single units, which reduces the price. Nearly 80 percent of tobacco stores advertised single, flavored little cigars for under \$1. (2) Low prices make these products more affordable for young people.

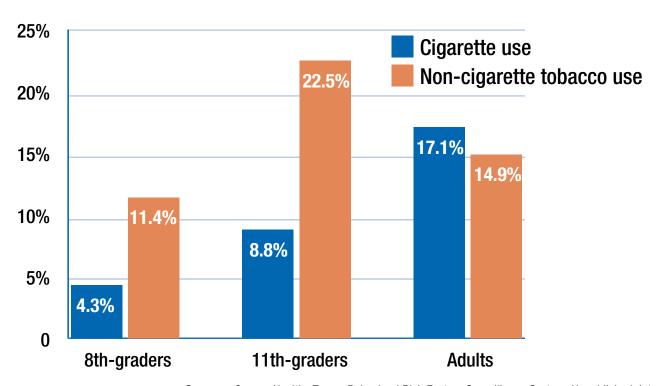
For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For more information about e-cigarettes, go to http://public.health.oregon.gov/
http://public.health.oregon.gov/
PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/E-cigFactSheet.pdf.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to http://public.health.oregon.gov/DiseasesConditions/ ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Figure 6.1 Cigarette and non-cigarette tobacco product use among Oregon youth and adults, 2015



Sources: Oregon Healthy Teens; Behavioral Risk Factors Surveillance System. Unpublished data. **Notes:** Adult data are age-adjusted to the 2000 standard population. Non-cigarette use includes electronic cigarettes, pipes, small cigars, large cigars, hookah, snuff/snus and dissolvable tobacco.

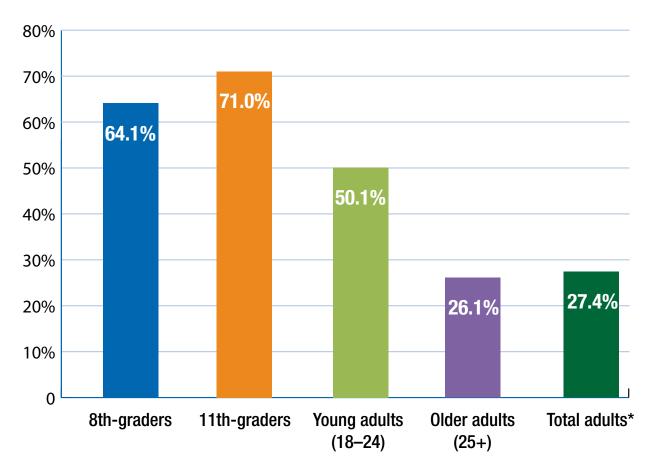
Table 6.1 Current tobacco product use, by type and selected age groups, Oregon, 2015

	8th- graders	11th- graders	Young adults (18–24)		Older adults (25+)	Total adults*
Cigarettes	4.3%	8.8%	17.9%		17.0%	17.7%
Electronic cigarettes	9.3%	17.1%	12.3%		5.5%	6.5%
Cigars (any size)	2.7%	8.5%	9.8%		2.3%	3.3%
Large cigars	1.4%	3.3%	59%	٨	1.5%	2.1%
Small cigars	2.5%	7.8%	6.9%		1.4%	2.2%
Hookah	4.0%	7.5%	12.6%		1.5%	2.9%
Smokeless tobacco (males)	3.2%	9.1%	10.4%		7.0%	7.7%

^{*}Estimates for all adults are age-adjusted to the 2000 standard population.

Sources: Oregon Healthy Teens; Behavioral Risk Factor Surveillance System. Unpublished data.

Figure 6.2 Flavored tobacco or vaping product use, among current tobacco users, by selected age groups, Oregon, 2015



^{*}Estimates for all adults are age-adjusted to the 2000 standard population.

Sources: Oregon Healthy Teens; Behavioral Risk Factor Surveillance System. Unpublished data.

[^]This number may be statistically unreliable and should be interpreted with caution.

Table 6.2 Smokeless tobacco use among males, for youth (2015) and adults (2012–2015 combined), by county in Oregon

	8th- graders		11th- graders		Adults	
Oregon	3.2%		9.1%		7.6%	
Baker	13.0%		13.7%		22.8%	
Benton	1.4%	٨	7.4%		5.3%	
Clackamas	2.1%		8.6%		5.6%	
Clatsop	7.9%		19.2%		12.0%	
Columbia	6.6%		11.3%		11.5%	
Coos	2.8%	٨	16.2%		16.5%	
Crook	12.3%		23.6%		26.6%	٨
Curry	7.7%		21.1%			
Deschutes	7.9%	٨	10.3%	٨	8.2%	
Douglas	6.1%		22.9%		10.0%	
Grant					26.9%	٨
Harney	No d	data	available		22.1%	٨
Hood River	4.3%	٨	5.8%			
Jackson	3.5%		13.9%		8.2%	
Jefferson	2.4%		22.3%			
Josephine	No data available			8.5%		
Klamath			8.1%	٨	13.0%	

	8th- graders		11th- graders		Adults	
Lake	9.4%		7.7%		14.2%	^
Lane	3.8%		14.5%		8.1%	٨
Lincoln			8.3%		6.1%	٨
Linn	6.3%		13.2%		10.8%	
Malheur			16.4%		14.1%	٨
Marion	2.7%	٨	6.1%	٨	7.3%	
Morrow	3.9%	٨			10.1%	٨
Multnomah	1.7%		5.3%		3.8%	
North Central*					10.1%	٨
Polk	2.2%		8.7%		8.0%	
Tilamook	5.6%		10.5%		22.4%	٨
Umatilla			6.3%	٨	11.6%	٨
Union			13.1%	٨	18.6%	
Wallowa	No data availa		available		16.7%	٨
Washington	1.2%		5.2%		4.2%	
Wheeler	No data available					
Yamhill					10.6%	

⁻⁻This number is suppressed because it is statistically unreliable.

Sources: Oregon Healthy Teens; Behavioral Risk Factor Surveillance System County Combined dataset 2012-2015.

Unpublished data.

Note: Estimates for adults are age-adjusted to the 2000 standard population.

Section 6 works cited

- Myers ML. New study finds over 40 percent of youth smokers use flavored little cigars or cigarettes, shows need for FDA to regulate all tobacco products. Campaign for Tobacco-Free Kids. Oct. 22 2013.
- 2. Oregon Health Authority. Public Health Division. Oregon Health Promotion and Chronic Disease Prevention section. Tobacco Retail Environment Assessment. 2016. Unpublished data

[^]This number may be statistically unreliable and should be interpreted with caution.

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

Section 7: Smoking during pregnancy

Babies born to women who smoke are at risk of chronic and irreversible health problems, including pre-term delivery, low birth weight, developmental delay, respiratory diseases such as bronchitis and asthma, decreased ability to breastfeed, and sudden infant death syndrome (SIDS).

Smoking during pregnancy has decreased by nearly 50 percent since 1993 (Table 7.1). However, some populations of women are more likely to smoke during pregnancy, including those with less education, members of the Oregon Health Plan, and American Indians or Alaska Natives (Table 7.2). Counties with a high percentage of women who smoke during pregnancy (Figure 7.2) also have a high percentage of smoking among the general population (Figure 4.3).

For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

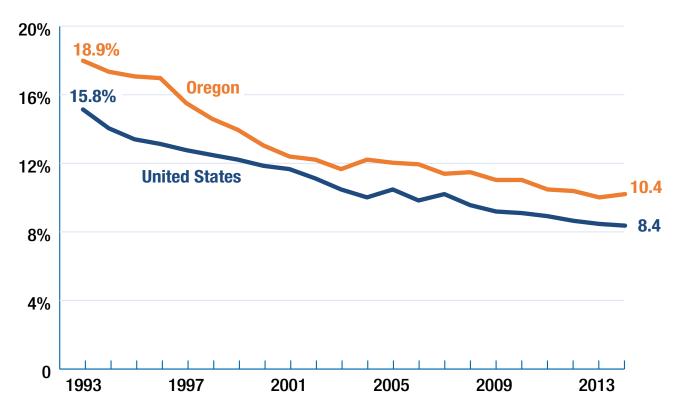
Table 7.1 Cigarette smoking during pregnancy, Oregon and the United States, 1993-2014

Year	U.S.	Oregon
1993	15.8%	18.9%
1994	14.6%	18.2%
1995	13.9%	17.9%
1996	13.6%	17.8%
1997	13.2%	16.2%
1998	12.9%	15.2%
1999	12.6%	14.5%
2000	12.2%	13.5%
2001	12.0%	12.8%
2002	11.4%	12.6%
2003	10.7%	12.0%

Year	U.S.	Oregon
2004	10.2%	12.6%
2005	10.7%	12.4%
2006	10.0%	12.3%
2007	10.4%	11.7%
2008	9.7%	11.8%
2009	9.3%	11.3%
2010	9.2%	11.3%
2011	9.0%	10.7%
2012	8.7%	10.6%
2013	8.5%	10.2%
2014	8.4%	10.4%

Sources: Oregon Center for Health Statistics, Birth data. National Center for Health Statistics, Birth data. Unpublished data.





Sources: Oregon Center for Health Statistics, Birth data. National Center for Health Statistics, Birth data. Unpublished data.

Table 7.2 Cigarette smoking during pregnancy, by maternal characteristics, Oregon, 2010–2014

	2010	2011	2012	2013	2014
Mother's age	·				
Less than 18 years old	12.3%	13.2%	13.9%	12.7%	12.9%
18-19 years old	20.8%	19.5%	19.2%	17.6%	18.1%
20-24 years old	18.5%	17.7%	18.6%	17.6%	17.3%
25–29 years old	11.4%	10.6%	10.2%	10.3%	11.0%
30 years and older	5.9%	6.0%	5.7%	5.9%	6.5%
Mother's education					
Less than high school diploma	17.2%	17.1%	18.0%	19.3%	19.6%
High school diploma or GED	19.1%	17.5%	18.0%	16.8%	16.8%
Some college	12.1%	12.5%	11.7%	11.2%	11.9%
College degree	2.2%	1.9%	2.0%	1.9%	2.0%
Insurance type					
Medicaid/Oregon Health Plan	19.5%	18.6%	18.7%	18.4%	18.5%
Self-pay/uninsured	7.4%	7.3%	6.8%	7.4%	1.6%
Private insurance	4.4%	3.7%	3.6%	3.5%	17.4%
Other	11.4%	10.9%	11.7%	11.7%	1.2%
Mothers race and ethnicity					
African American (non-Hispanic)	13.7%	12.2%	11.5%	10.7%	11.7%
American Indian or Alaska Native (non-Hispanic)	23.1%	20.0%	22.3%	24.1%	21.7%
Asian or Pacific Islander (non-Hispanic)	2.9%	2.7%	1.7%	2.1%	2.0%
Hispanic or Latina	3.8%	3.0%	3.5%	3.3%	3.7%
White (non-Hispanic)	13.9%	13.2%	12.9%	12.3%	12.5%

Source: Oregon Center for Health Statistics, Birth data. Unpublished data.

Clatsop Columbia Hood River Umatilla Wallowa Multnomah Washington Tillamook Sherman Morrow Union **Clackamas** Yamhill Gilliam **Smoked cigarettes** Wasco while pregnant (%) Polk **∠**Marion Lincoln May be unreliable Wheeler Jefferson **Baker** Benton 4.5%-11.2% Grant Linn 11.3%-17.4% Crook 17.5%-25.0% Lane **Deschutes** Coos Harney Malheur **Douglas** Lake Curry **Josephine** Jackson **Klamath**

Figure 7.2 Cigarette smoking during pregnancy, by county, Oregon, 2011-2013 combined

Source: Oregon Center for Health Statistics, Birth data. Unpublished data.

Table 7.3 Cigarette smoking during pregnancy, by county, Oregon, 1990–2013

	1990–92	1993–95	1996–98	1999-01	2002-04	2005-07	2008–10	2011–13
Oregon	21.4%	18.3%	16.4%	13.4%	12.4%	12.1%	11.5%	10.5%
Baker	30.7%	23.9%	26.6%	25.8%	23.4%	27.6%	29.5%	22.0%
Benton	12.5%	11.2%	23.8%	8.4%	7.4%	7.4%	8.3%	7.8%
Clackamas	18.3%	15.9%	30.0%	12.7%	11.5%	10.0%	9.9%	7.4%
Clatsop	29.2%	25.4%	26.2%	20.7%	20.5%	20.0%	18.8%	16.5%
Columbia	23.3%	23.7%	23.8%	19.3%	19.1%	20.2%	18.8%	16.5%
Coos	30.2%	29.1%	30.0%	24.2%	24.0%	23.5%	23.3%	23.8%
Crook	24.2%	22.4%	22.9%	20.6%	19.4%	20.6%	20.2%	16.5%
Curry	33.1%	28.1%	29.5%	24.8%	25.0%	22.9%	19.9%	20.9%
Deschutes	22.2%	18.7%	17.2%	13.8%	13.3%	11.6%	10.1%	9.9%
Douglas	27.0%	25.2%	24.5%	24.1%	24.7%	24.5%	25.6%	24.5%
Gilliam	13.0%	18.2%	25.9%	13.2%	18.9%	14.3%	6.1% ^	17.9%
Grant	22.1%	19.6%	25.7%	11.0%	14.6%	14.1%	15.5%	19.1%
Harney	12.7%	18.5%	21.8%	19.4%	18.7%	19.3%	14.6%	18.3%
Hood River	18.1%	10.6%	9.7%	7.9%	6.0%	5.7%	6.8%	5.5%
Jackson	19.8%	14.0%	17.4%	16.0%	15.1%	14.8%	14.6%	14.1%
Jefferson	27.3%	20.3%	16.5%	14.5%	10.8%	22.9%	11.9%	10.7%
Josephine	28.7%	26.4%	24.0%	25.2%	23.4%	22.9%	22.9%	23.7%
Klamath	26.7%	24.9%	24.5%	21.7%	20.4%	19.2%	19.4%	20.0%
Lake	23.3%	23.2%	22.9%	20.1%	19.2%	24.3%	20.4%	19.9%
Lane	21.8%	18.3%	17.0%	13.7%	13.0%	14.8%	13.8%	14.3%
Lincoln	35.6%	31.9%	29.5%	24.0%	22.2%	21.4%	23.3%	19.4%
Linn	26.3%	23.2%	23.0%	21.8%	21.6%	18.8%	18.6%	17.1%
Malheur	14.6%	13.1%	9.1%	7.6%	9.5%	8.1%	9.0%	9.1%
Marion	20.0%	17.8%	14.7%	12.6%	11.3%	11.3%	11.5%	10.1%
Morrow	18.8%	15.4%	12.6%	13.4%	12.5%	13.6%	10.6%	9.2%
Multnomah	24.2%	20.5%	16.7%	13.2%	11.5%	10.4%	8.3%	6.8%
Polk	17.8%	15.9%	15.7%	13.8%	11.6%	13.2%	12.2%	12.7%
Sherman	21.7%	29.2%	14.0%	24.4%	9.6% ^	21.7%	18.6%	18.4%
Tillamook	31.3%	27.2%	21.4%	20.8%	19.1%	18.4%	18.0%	15.0%
Umatilla	22.2%	18.0%	17.0%	12.3%	14.1%	14.7%	12.3%	13.9%
Union	20.4%	15.3%	16.7%	16.1%	16.2%	18.8%	19.8%	16.1%
Wallowa	22.1%	12.8%	15.2%	19.0%	18.0%	5.2%	12.1%	11.9%
Wasco	23.4%	18.4%	21.8%	18.0%	16.6%	10.0% ^	17.0%	13.9%
Washington	14.9%	12.0%	9.3%	6.8%	4.9%	5.3%	5.1%	4.2%
Wheeler	21.6%	14.9%	17.1%	18.2%	20.8% ^	10.0% ^	12.5% ^	20.7%
Yamhill	21.6%	17.8%	16.2%	14.6%	13.2%	12.2%	12.9%	10.7%

[^]This number may be statistically unreliable and should be interpreted with caution.

Source: Oregon birth data. Vital Statistics Annual Report, Natality. Available at:

https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/index.aspx. Accessed 2017 March 8.

Section 8: Tobacco cessation

Nicotine is addictive. Among adults who smoke cigarettes, most say they want to quit, and more than half report trying to quit during the past year (Table 8.1).

Oregon provides support to help smokers quit. The Quit Line is a phone and online counseling service that helps Oregonians quit using tobacco and nicotine products. On average, the Oregon Quit Line receives 6,000 phone calls and 1,800 web contacts a year (Figure 8.1). Those who want to quit using tobacco can call 1-800-QUIT-NOW for help.

For more Quit Line information, go to https://public.health.oregon.gov/
PreventionWellness/TobaccoPrevention/GetHelpQuitting/Pages/oregonquitline.aspx.

For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to http://public.health.oregon.gov/DiseasesConditions/ ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Table 8.1 Quit behaviors among adult cigarette smokers, by county, Oregon, 2010–2013 combined

	Wants to quit cigarette smoking	Attempted to quit cigarette smoking during previous year
Oregon	76.3%	56.5%
Baker		73.9%
Benton	61.2%	59.0%
Clackamas	80.6%	64.3%
Clatsop	76.1%	56.7%
Columbia	81.9%	49.3%
Coos	75.7%	55.5%
Crook		50.3%
Curry	69.3%	58.8%
Deschutes	70.2%	50.9%
Douglas	79.4%	55.6%
Grant		
Harney		
Hood River		
Jackson	70.7%	50.0%
Jefferson		
Josephine	68.0%	52.4%
Klamath	77.2%	63.2%
Lake		
Lane	78.5%	59.2%
Lincoln	89.2%	58.5%
Linn	73.4%	49.3%
Malheur		68.4%
Marion	84.1%	53.9%
Morrow		
Multnomah	74.5%	55.1%
North Central*		65.2%
Polk	84.7%	55.4%
Tillamook		51.7%
Umatilla	58.8%	59.6%
Union		62.5%
Wallowa		
Washington	77.4%	55.8%
Wheeler		
Yamhill	75.3%	56.5%

⁻⁻This number is suppressed because it is statistically unreliable.

Source: Oregon Behavioral Risk Factors Surveillance System County Combined dataset, 2010–2013. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

^{*} North Central Public Health District includes Gilliam, Sherman and Wasco counties.

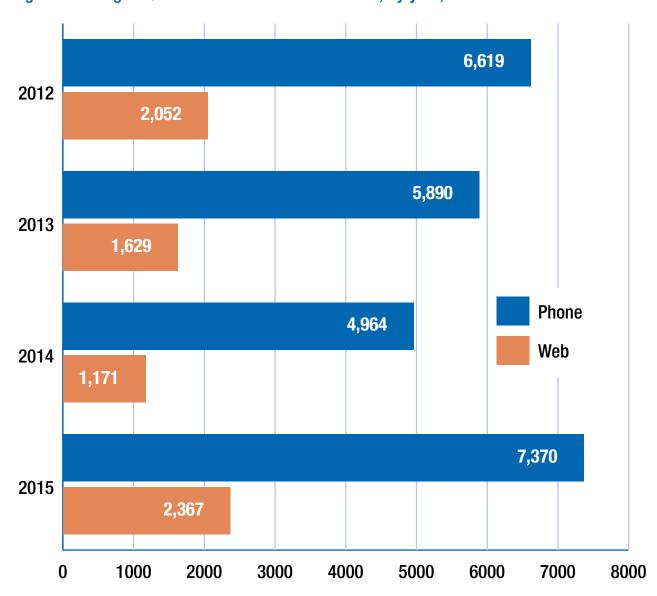


Figure 8.1 Oregon Quit Line calls and web contacts, by year, 2012–2015

Source: Oregon Quit Line. Unpublished data.

Section 8 works cited

1. Behavioral Risk Factor Surveillance System (2015). Tobacco use and related topics among adults Available at https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualBRFSS tobacco.pdf. Accessed 2016 Nov 21.

Section 9: Secondhand smoke

Secondhand smoke causes more than 7,300 lung cancer deaths among U.S. nonsmokers each year. (1) Secondhand smoke causes health problems in infants and children, including asthma attacks, respiratory infections, ear infections and sudden infant death syndrome (SIDS). (2)

In addition to the health risks from exposure to secondhand smoke, smoking in the home or public places can normalize smoking behavior for youth. Ninety-two percent of Oregon adults report not allowing anyone to smoke inside the home (Table 9.1). However, more than one-quarter of eighth-grade and 11th-grade students live with someone who smokes (Table 9.3). Nearly one in six Oregonians are exposed to secondhand smoke indoors. (3) Despite the Indoor Clear Air Act covering workplaces, more than one in 10 Oregonians are exposed to secondhand smoke at work (Table 9.2).

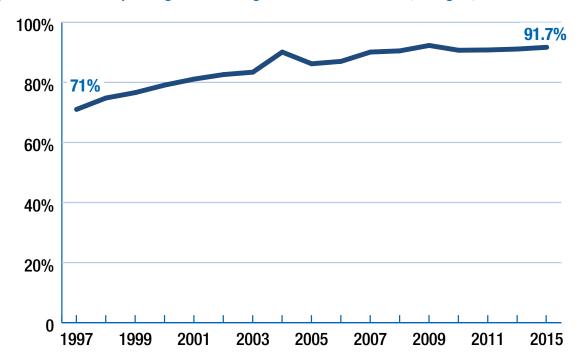
For more information on Oregon's Indoor Clean Air Act, go to https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Pages/thelaw.aspx.

For more tobacco-related data, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx.

For stories and information about what Oregonians are doing about tobacco in their communities, see **SMOKEFREE Oregon** at http://smokefreeoregon.com/oregonians/.

For more explanation of age-adjusted estimates, statistical reliability and other technical issues, go to http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Figure 9.1 Adults reporting no smoking allowed in the home, Oregon, 1997–2015



Source: Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Table 9.1. Adults reporting no smoking allowed in the home, Oregon, 1997–2015

Year	Percent (%)
1997	71.0%
1998	74.8%
1999	76.6%
2000	79.1%
2001	81.1%
2002	82.6%
2003	83.4%
2004	90.1%
2005	86.2%
2006	87.0%

90.1%
90.5%
92.3%
90.7%
90.8%
NA
91.1%
NA
91.7%

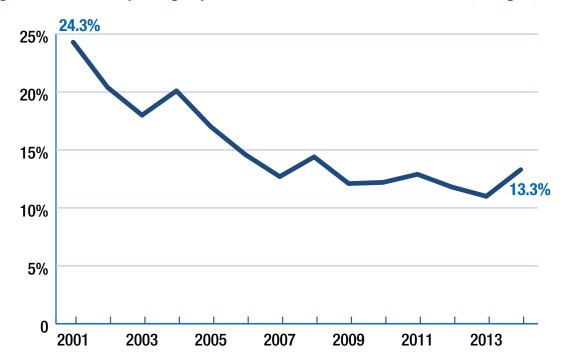
NA = Not available

Source: Behavioral Risk Factor Surveillance System. Unpublished data.

Note: Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Figure 9.2 Adults reporting exposure to secondhand smoke at work, Oregon, 2001–2015



Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Table 9.2 Adults reporting exposure to secondhand smoke at work, Oregon, 2001–2015

Year	Percent exposed at work (%)
2001	24.3%
2002	20.4%
2003	18.0%
2004	20.1%
2005	17.0%
2006	14.6%
2007	12.7%

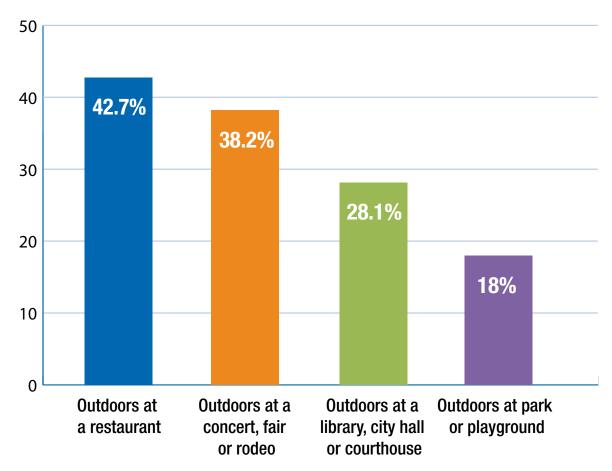
Year	Percent exposed at work (%)
2008	14.4%
2009	12.1%
2010	12.2%
2011	12.9%
2012	11.8%
2013	11.0%
2015	13.3%

NA = Not available

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population. Data collection and weighting methods changed in 2010.

Estimates beginning in 2010 should not be compared to those from earlier years.

Figure 9.3 Adults reporting exposure to secondhand smoke in selected outdoor locations*, Oregon, 2015



^{*}Among those reporting that they visited that location in the past 30 days.

Source: Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Table 9.3 Youth exposure to secondhand smoke, Oregon, 2015

	Percent (%)	
	8th-grade	11th-grade
Lives with someone who smokes cigarettes	28.4%	26.4%
Lives with someone who smokes cigarettes inside the home	3.6%	3.8%

Source: Oregon Healthy Teens. Unpublished data.

Section 9 works cited

- U.S. Department of Health and Human Services. The health consequences of smoking 50 years of progress: A report of the surgeon general. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at: http://www.surgeongeneral.gov/library/reports/50-years-of-progress/. Accessed 2016 Oct 21.
- 2. U.S. Department of Health and Human Services. Let's make the next generation tobacco-free: Your guide to the 50th anniversary surgeon general's report on smoking and health. [PDF–795 KB] Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at https://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf. Accessed 2016 Oct 21.
- 3. Behavioral Risk Factor Surveillance System. Tobacco use and related topics among adults, Oregon, 2015. Available at https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualBRFSS tobacco.pdf. Accessed 2016 Oct 21.

Section 10: Retail tobacco marketing

The tobacco industry spends more than \$1 million per hour promoting its products in the United States. (1) In 2014, the tobacco industry spent more than \$110 million on marketing in Oregon (Figure 10.1).

Since 2002, cigarette companies have spent billions on price discounts so that retailers can sell their cigarettes cheaper. In 2015, the average cost of a pack of cigarettes in Oregon was approximately \$5.91. (2) However, the price of a pack is often less than that to the buyer, because the tobacco industry provides discounts to offset the price. In order to offer these discounts to consumers, retailers must follow tobacco company requirements on product placement and advertising in their stores. This increases exposure to promotional advertising and product displays. (3)

Among stores that sell tobacco in Oregon:

- Approximately three of five advertise tobacco products outside their stores (Table 10.4).
- Most advertise sales, discounts or other price promotions on tobacco products (Table 10.4).

Tobacco products are often marketed to appeal to kids. They often have candy-like packaging, come in sweet flavors and are advertised or placed in areas where youth are likely to see them. Three of four youth reported seeing tobacco product ads at a store within the last month, and more than half visited a convenience store in the past week (Table 10.2).

Among stores that sell tobacco in Oregon:

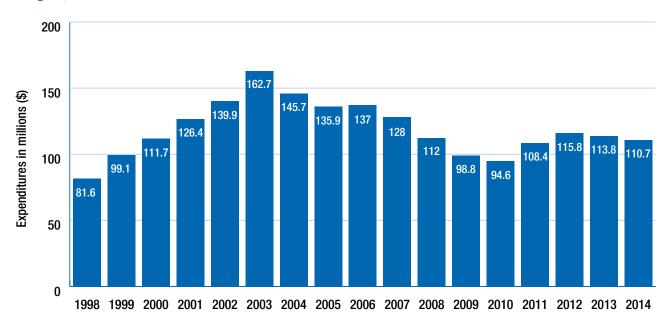
- More than one-quarter display toys, candy or gum within 12 inches of tobacco products (Table 10.4).
- Nearly one-quarter place advertisements for tobacco products within three feet of the floor (Table 10.4).
- Nearly nine in 10 stores that sell little cigars and cigarillos sell them as singles, which makes them cheap and accessible to young people. (4)

For more information on retail marketing, go to http://smokefreeoregon.com/wp-content/uploads/2014/07/StatewideRetailRollup.pdf.

For more information about the 2016 Tobacco Retail Environment Assessment done by the Oregon Health Promotion and Chronic Disease Prevention section, go to https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/Datasources.aspx.

For more explanation of age-adjusted estimates, statistical reliability and other technical related issues, go to http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/TechnicalNotes.aspx.

Figure 10.1 Annual tobacco industry marketing expenditures (in millions of dollars), Oregon, 1998–2014



Source: Bach L. State-specific estimates of tobacco company marketing expenditures 1998 to 2014. Campaign for Tobacco-Free Kids, November 28, 2016.

Table 10.1 Cigarette purchasing locations among adults who smoke, Oregon, 2014

Location	Percent (%)
Convenience stores/gas stations	60.6%	
Tobacco discount stores	19.8%	
Liquor or drug stores (pharmacies)	4.1%	٨
Supermarkets	4.0%	
Other discount stores, such as Wal-Mart or Bi-Mart	2.9%	
Indian reservations		
Other	8.5%	^

[^] This number may be statistically unreliable and should be interpreted with caution.

Source: Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Estimates are age-adjusted to the 2000 standard population.

Table 10.2 Exposure to tobacco advertising among youth and adults, Oregon, 2015

	Percent (%)		
	8th-graders	11th-graders	Adults
Among everyone			
Seen tobacco advertising on a storefront or inside a store in the past month	71%	77.9%	56.8%
Visited a convenience store one or more times in the past week	58.4%	57.4%	NA
Among current tobacco users			
Received a tobacco coupon or other discount via mail, internet or other source in the past month	22.4%	14.7%	22.1%
Bought tobacco product using coupons, rebates, buy-one-get-one free or other special promotion in the past month	NA	11.6%	22.7%

NA: Not available

Source: Oregon Healthy Teens; Behavioral Risk Factor Surveillance System. Unpublished data. **Note:** Adult estimates are age-adjusted to the 2000 standard population.

Table 10.3 Availability of selected tobacco products in Oregon stores that sell any tobacco, 2016

Tobacco product	Percent of stores where available (%)
Cigarettes	97.6%
Smokeless tobacco	88.4%
Cigarillos or little cigars	88.2%
Electronic cigarettes	76.1%
Large cigars	20.4%

Source: Oregon Health Authority. Tobacco Retail Environment Assessment. 2016. Unpublished data.

⁻⁻ This number is suppressed because it is statistically unreliable.

Table 10.4 Tobacco marketing strategies in Oregon stores that sell tobacco, 2016

Marketing strategy	Percent of stores using (%)
Sells flavored tobacco*	99.9%
Displays toys, candy, or gum within 12 inches of any tobacco product	27.9%
Places advertisements for tobacco products within three feet of the floor	22.7%
Offers price promotions, sales, or discounts on tobacco products	84.7%
Advertises tobacco products outside of store	57.6%

^{*}Includes menthol

Source: Oregon Health Authority. Tobacco Retail Environment Assessment. 2016. Unpublished data.

Table 10.5 Percent of stores that sell flavored versions of selected tobacco products, among stores selling that product, 2016

Among stores that sell:	Percent that sell flavored version (%)	
Cigarettes	99.9% *	
Smokeless tobacco	94.1%	
Cigarillos or little cigars	94.6%	
Electronic cigarettes	92.0%	
Large cigars	16.5%	

^{*}Flavor refers to menthol cigarettes.

Source: Oregon Health Authority. Tobacco Retail Environment Assessment. 2016. Unpublished data.

Table 10.6 Lowest price of cigarettes and e-cigarettes available at stores that sell tobacco, Oregon, 2016

Product	Lowest price (statewide average)
Pack of regular cigarettes (any brand)	\$4.79
Pack of Newport menthol cigarettes	\$6.53
A single disposable Blu electronic cigarette	\$10.04

Source: Oregon Health Authority. Public Health Division. Oregon Health Promotion and Chronic Disease Prevention section. Tobacco Retail Environment Assessment. 2016. Unpublished data.

Sells sugar-sweetened beverages

Sells alcoholic beverages

Accepts SNAP

Accepts WIC

15.4%

Has a pharmacy counter

0 20 40 60 80 100

Figure 10.2 Characteristics of stores that sell tobacco, Oregon, 2016

Source: Oregon Health Authority. Public Health Division. Oregon Health Promotion and Chronic Disease Prevention section. Tobacco Retail Environment Assessment. 2016. Unpublished data.

Section 10 works cited

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