Point of Sale Initiative

Meeting with Decisionmakers Checklist

Strategizing Before the Meeting

The importance of preparing before your meeting cannot be stressed enough. This preparation will increase your chances of having a productive meeting.

- Based on your community assessment, recruit individuals or representatives of groups that have influence with the decisionmaker.
- Make sure that everyone involved in the meeting knows his or her role and responsibilities. Determine which person will be responsible for delivering which key message and create talking points. Make sure everyone receives their talking points before the meeting and knows them well.

Be sure everyone understands that they should stick to their talking points.
- When conducting meetings with decisionmakers the role of the TCP contractor is education. Private citizens or lobbyists may include making a specific “ask” to support the adoption of a policy, contractors cannot.
- Make sure any volunteers included in the meeting dress the part and know their role.
- Know the issues. Review your POS Communication Guide. Prepare relevant data from the decisionmaker’s district or constituency, if possible.

During the Meeting

- Be as brief and to the point as possible. Convey the key messages using personal anecdotes or stories that illustrate the problem of tobacco product marketing and tobacco retailer density.
- Listen to the decisionmaker’s questions and comments so that you may respond to them immediately or through a follow up call or letter.
- Be gracious and constructive in your responses. Do not challenge the decisionmaker’s motives or beliefs, but rather offer alternatives or reframe a negative comment into a positive one. A goal of this meeting is to keep the channels of communication open.
- Your time to meet in person is limited—leave written resources to further educate the decisionmaker about the issues and possible solutions.
- Be mindful of lobying rules.
- Include a fact sheet about the Center for Public Health and Tobacco Policy for questions about model ordinances or related legal issues.

After the Meeting

- Follow up with the decisionmaker with any information promised or answers to questions. Thank them for their time. Keep the lines of communication open for further discussions.
JUST THE FACTS: TOBACCO PRODUCT DISPLAYS

Tobacco Products Displays Promote Youth Tobacco Use

- “[Y]oung people’s exposure to tobacco displays at the POS [Point-of-Sale] is significantly associated with being susceptible to smoking, experimenting with smoking and current smoking.”
- Displays of tobacco products – separate and apart from other tobacco advertising – increase the likelihood that youth will start smoking.

Tobacco Companies Focus on Tobacco Product Displays

- “[Tobacco companies] compete with one another to obtain what they consider prime placement of their products in retail stores in order to achieve high consumer visibility.”
- Tobacco companies spend millions of dollars a year to ensure that their products are prominently displayed in retail stores, and they engineer these displays for maximum visual impact.

What Would a Display Restriction Do?

- Such laws simply require tobacco products to be kept out of sight in stores that are open to minors. Tobacco products could be kept under counters, in closed cabinets, or in other areas where customers cannot see them.
- Display restriction ordinances need not address tobacco advertising. Tobacco companies could still communicate with lawful adult tobacco users, and retailers could inform customers that cigarettes are for sale.

Tobacco Display Restrictions Have Been Successfully Adopted Elsewhere

- Other countries, including Canada, Ireland, and most of Australia, have prohibited the display of tobacco products in stores.
- These countries have seen a decline in youth tobacco use, and local businesses have not experienced any significant impact.
5 Philip Morris USA, supra note 3, at 660 (discussing Philip Morris study conducted to “learn where it should place its cigarette products in retail stores to ensure that its products drew the maximum amount of consumer attention”).
6 See, e.g., Casey Quinn et al., Economic Evaluation of the Removal of Tobacco Promotional Displays in Ireland, 20 TOBACCO CONTROL 137, 141 (2011) (concluding that in Ireland, “the removal of point of sale promotional displays did not have an immediate impact on cigarette pack sales when underlying trends and seasonality in the data are taken into effect, nor was there an impact in on retail closures”). See our separate fact sheet entitled Point of Sale Regulation: International Successes for information about the decline in smoking.
EFFECT OF POINT-OF-SALE DISPLAYS ON YOUTH

“Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens...The smoking patterns of teenagers are particularly important to Philip Morris.”
- Philip Morris, Special Report, 1981*

• Point-of-sale (POS) displays may attenuate the resolve of any youth against future smoking.¹ Studies have found a direct, positive relationship between tobacco advertising and likelihood of youth smoking, regardless of youth impressionability.²

• Youth who shop at convenience stores filled with tobacco advertisements are “twice as likely to start smoking.”³

• POS displays adversely affect youth smoking cessation efforts, prompting “impulse purchases” and reinforcing the urge to continue smoking.⁴,⁵ Nearly 37.7% of smokers attempting to quit agree that the presence of tobacco displays elicits an urge to smoke.⁶

• Tobacco advertising is more influential on adolescent smoking behavior than peer pressure.⁷ Power walls usually allude to correlations between tobacco consumption and beauty, popularity, and belonging. This may explain why youth tend to recall exposure to tobacco displays more often than adults.⁸,⁹

• Power walls have a strong visual and mental impact on youth. They appeal to adolescents’ curiosity, inspiring initiation and continued experimentation with tobacco products.¹⁰ Furthermore, power walls distort youth perceptions about the accessibility, popularity, and acceptability of cigarettes.¹¹

• Tobacco companies pay retailers “promotional allowances” in exchange for which retailers are required to display their products on “power walls,” large, eye-catching displays of tobacco products and advertisements usually located directly behind the cash register.¹²

2 Reiner Hanewinkel et al., *Cigarette Advertising and Adolescent Smoking*, 38 AM. J. PREVENTATIVE MED. 359, 366 (2010). The association between tobacco advertising and youth smoking is specific to tobacco advertising content and not simply a marker of an adolescent who is generally receptive to marketing.
8 Id. (“While only 25 percent of all adults recalled seeing a tobacco ad in the two weeks prior to the survey, 43 percent of kids aged 12 to 17 reported seeing tobacco ads.”).
9 Center for Public Health and Tobacco Policy, *Tobacco Marketing Fact Sheet 1* (2011), available at http://www.tobaccopolicycenter.org/documents/CPHTP_POS_Marketing_Fact_Sheet_201005.pdf. This does not insinuate that tobacco marketing is any more persuasive than marketing for other goods, but it may be attributed to the fact that the Federal Trade Commission reports significantly higher marketing expenditures for tobacco companies than those of junk food, soda, and alcohol companies combined.
10 Center for Tobacco-Free Kids, *supra* note 8, at 3. (“The evidence base indicates a causal relationship between tobacco advertising and increased levels of tobacco initiation and continued consumption among adolescents.”).
POINT OF SALE DISPLAY REGULATION

International Successes

In 2005, the World Health Organization (WHO) sponsored international negotiations that led to the Framework Convention on Tobacco Control (FCTC), a treaty requiring signatories (including the US, although Senate has not yet ratified it) to initiate a multifaceted approach to tobacco control, including restricting the display of tobacco products at the point-of-sale. A number of countries have implemented such restrictions, which in turn has been challenged by tobacco companies. *To date, the tobacco industry has not been successful in getting a display restriction law overturned.*

Initial data indicates smoking rates have decreased after implementation of display regulations:

<table>
<thead>
<tr>
<th>YOUTH</th>
<th>Before</th>
<th>After</th>
<th>GENERAL POPULATION</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iceland (15 year olds)</td>
<td>18.6%</td>
<td>11.1%</td>
<td>Iceland (all ages)</td>
<td>28.1%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Canada (ages 15-19)</td>
<td>29.0%</td>
<td>19.0%</td>
<td>Canada (ages 12+)</td>
<td>25.9%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Thailand (ages 15-19)</td>
<td>9.16%</td>
<td>4.46%</td>
<td>Thailand (ages 15+)</td>
<td>32.0%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

Tobacco product display restrictions have not resulted in economic loss for tobacco retailers:

Simple, inexpensive modifications are necessary for compliance. As an example, the average cost of compliance in Ireland was just $433(USD), though the tobacco industry paid for many stores to convert. 78% modified their existing units to comply with the display restriction, while only 22% installed a new storage unit.

Current smokers will continue to purchase cigarettes from the retailers that they currently patronize. As a result of youths’ decreased exposure to tobacco product marketing, sales of tobacco products are expected to drop gradually over time, allowing retailers to replace tobacco products with other profitable products.

Payments made by tobacco companies to retailers have continued beyond the introduction of display restrictions. In Canadian provinces, payments made to retailers complying with product display restrictions increased by 46% between 2001 and 2007.

“*Countries which have implemented it [the display ban] have among the fastest accelerating downward trends in tobacco smoking in the world.*”

- Professor Simon Chapman, University of Sydney

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4 Id.


6 Id.


8 Id.


10 Id.

11 Thailand’s Tobacco Use Surveillance: Smoking Prevalence, 1991-2006, Tobacco Control Research and Knowledge Management, 4,

12 Id.

13 Tobacco Control Research and Knowledge Management, supra note 11, at 2.

14 Id.


16 Tobacco Product Display Bans, CTR. FOR PUBLIC HEALTH AND TOBACCO POLICY, 9, 2010.

17 George Thompson et al., Evidence and Arguments on Tobacco Retail Displays: Marketing an Addictive Drug to Children?, 121:1276 J. New Zealand Med. Ass’n 87, 90 (2008). Discussing the fact that retailer incentive payments have continued subsequent to the implementation of display bans (although the amount of payments has decreased), Thompson et al., write: "These figures imply that tobacco companies are now paying retailers to handle and sell their products, rather than to display them. From a marketing point of view, this explanation is logical, since tobacco companies will want retailers to maintain the same range of brands and brand variants as they did prior to the display ban." Id.

Tobacco Product Display Restrictions: Legal Issues to Consider

A carefully crafted display restriction would likely withstand a First Amendment challenge.

Commercial speech is the communication of information for economic reasons, including promotions and advertising intended to increase demand for consumer products.1 Such speech may be protected by the First Amendment provision that “Congress shall make no law...abridging the freedom of speech...” but its protection is not absolute.2

Any law alleged to unlawfully restrict commercial speech in violation of the First Amendment will be evaluated under a four-pronged test developed in the Central Hudson case (the “Central Hudson test”):

• In order for the speech to be eligible for protection by the First Amendment, the speech “must concern lawful activity and not be misleading.”3
• The government must assert a substantial interest in what it seeks to achieve.4
• The regulation must directly advance the government’s interest.5
• The restriction must not be more extensive than is necessary to serve the government’s interest.6

The model display restriction legislation has been crafted by the Center to withstand analysis under the Central Hudson test. Nevertheless, communities wishing to impose a display restriction law must be ready to come to court prepared to explain how the law directly advances the government’s interest and why a “more limited restriction on commercial speech” could not advance the government’s interest.7

A display restriction would not be preempted by the Federal Cigarette Labeling and Advertising Act (FCLAA).

Before the enactment of the Family Smoking Prevention and Tobacco Control Act (FSPTCA), the FCLAA preempted state regulation of the advertising or promotion of cigarettes.8 This preemption provision was modified by the FSPTCA to allow states to regulate where, when, and how cigarette companies may advertise and promote their products.9 Thus, where a state or local government restricts the place and manner of tobacco advertisements, and does not regulate the content of those advertisements, it is unlikely that a court will find that federal law preempts a tobacco product display restriction.

(For a more detailed analysis of these issues, please contact the Center or visit our website.)

The Center for Public Health and Tobacco Policy provides educational materials and research support for policy initiatives. This work does not constitute and cannot be relied upon as legal advice.
2 U.S. CONST. amend. I. See Virginia State Bd. of Pharmacy v. Virginia Citizens Consumer Council, Inc., 425 U.S. 748, 770 (1976) ("In concluding that commercial speech, like other varieties, is protected, we of course do not hold that it can never be regulated in any way. Some forms of commercial speech regulation are surely permissible.").

3 Central Hudson, 447 U.S. at 566. See Lorillard Tobacco Co. v. Reilly, 533 U.S. 525, 579 (2001) (Thomas, J., concurring). See, e.g., David G. Yosifon, Resisting Deep Capture: The Commercial Speech Doctrine and Junk-Food Advertising to Children, 39 LOY. L.A. L. REV. 507, 558 (2006). See also Jon D. Hanson & Douglas A. Kysar, Taking Behavioralism Seriously: Some Evidence of Market Manipulation, 112 HARV. L. REV. 1420, 1467-1551 (1999) (Past cases have assumed that tobacco product promotion is not inherently misleading nor does it promote illegal activity. However, state and local governments should not automatically concede this point. Evidence from the tobacco industry’s own documents detail the use of advertising and promotion to mislead the public about the risks of their products and entice youth to begin smoking. Thus, tobacco product displays could be classified as misleading.).

4 Central Hudson, 447 U.S. at 566 (The government must show that the tobacco product display restriction will have a “material” impact on the harm the government seeks to address (e.g., prevalence of underage tobacco use.) This part of the test may be met by presenting evidence from impartial sources, such as peer-reviewed journals and judicial findings.).

5 Id. at 564, 566 (The government must show that the tobacco product display restriction will have a “material” impact on the harm the government seeks to address (e.g., prevalence of underage tobacco use.) This part of the test may be met by presenting evidence from impartial sources, such as peer-reviewed journals and judicial findings.).

6 See id. at 566 (Thus, the government must balance its interest in protecting its citizens and the public health with the tobacco companies’ need to truthfully communicate about their products to adults. A law permitting adult-only stores to display the tobacco products and one which does not include a blanket ban on tobacco advertisements provides the government with a strong argument that the restriction is narrowly tailored.).

7 Id. at 564.

8 Federal Cigarette Labeling and Advertising Act, Pub. L. No. 91-222, §5 (b), 84 Stat. 87 (1970) (“No requirement or prohibition based on smoking and health shall be imposed under State law with respect to the advertising or promotion of any cigarettes the packages of which are labeled in conformity with this Act.”).

9 15 U.S.C. §1334(c) (2010) (“[A] State or locality may enact statutes and promulgate regulations based on smoking and health ... imposing specific bans or restrictions on the time, place, and manner, but not content, of the advertising or promotion of any cigarettes.”).
PHARMACIES SEND MIXED MESSAGES:
GIVING THE GREEN, YELLOW, AND RED LIGHTS TO SMOKING

Pharmacists, consumers, and smokers agree that pharmacies should promote healthy living, and discourage the use of products that impede healthy lifestyles. Pharmacies that sell tobacco products endanger the public’s health by:

- Sending contradictory messages to consumers, offering tobacco alongside medicines and products meant to address illnesses caused, or exacerbated, by tobacco use. For example, many rely on pharmacies to provide medications for asthma, emphysema, cardiovascular disease, and cancer.¹

- Implicitly underestimating the harmfulness of tobacco. It is no secret that tobacco is both addictive and lethal, yet the availability of tobacco products in pharmacies legitimizes its use, and falsely suggests that pharmacists support tobacco consumption.²

- Perpetuating misconceptions about the popularity, acceptability, and accessibility of tobacco. Social acceptability of tobacco is an important determinant of tobacco use and cessation.³

- Increasing the retail density of tobacco, consequently increasing tobacco consumption.⁴ The more places that tobacco is sold, the greater the number of individuals tempted to initiate or continue use of tobacco products. Furthermore, as tobacco is widely available in multiple stores, users are not inconvenienced in purchasing the product, and thus not discouraged from continued consumption.

- Impeding tobacco cessation attempts by displaying cessation products alongside cigarettes or cigarette advertising.⁵ This prompts “impulse purchases” and reinforces smokers’ urges to continue the habit.⁶

Prohibition of tobacco sales by pharmacies is one approach within a comprehensive public health effort to reduce tobacco consumption by changing cultural and social norms about tobacco use.⁷ Pharmacies cannot completely assume the role of “public health facilities”⁸ while encouraging those behaviors that are harmful to the public’s health. Prohibiting the sale of tobacco by pharmacies assists in reducing the availability, visibility, and social acceptability of tobacco.⁹ Disassociating tobacco products with pharmacies denormalizes tobacco consumption, debunks assumptions that tobacco is healthy, and “contribute[s] to the long-term goal of reducing and ultimately eliminating tobacco use and addiction.”¹⁰
1 Jerome E. Kotecki et al., Pharmacists’ Concerns and Suggestions Related to the Sale of Tobacco and Alcohol in Pharmacies, 23 J. COMMUNITY HEALTH 359, 364(1998); Mitchell H. Katz, Banning Tobacco Sales in Pharmacies, 300 J. AM. MED. ASS’N. 1451, 1451 (2008). (Patients visit pharmacies to purchase medications to treat their diseases and many of these diseases are worsened by tobacco).


(Allowing tobacco sales in pharmacies implicitly sends the message that it is not so dangerous to smoke).

3 Id. (Removing tobacco products is another step in our longstanding efforts to denormalize tobacco products. Social unacceptability has been repeatedly shown to be an important influence on both initiations and quitting).


5 Eliminating the Sale of Tobacco Products in Pharmacies, AMERICAN HEART ASS’N, (June 4, 2009); Jack E. Finchman, An Unfortunate and Avoidable Component of American Pharmacy: Tobacco, 72 Am. J. Pharmaceutical Educ. 1, 1-3 (2008). (“More than 8 out of 10 of the pharmacies continuing to sell cigarettes also displayed cigarette advertising. Over-the-counter nicotine replacement (NRT) products were sold by 78% of pharmacies. Following a bizarre placement scheme, 55% of pharmacies selling cigarettes displayed these NRT products immediately adjacent to the cigarettes.”).

6 Nigel Gray, Powerwalls Prey on the Susceptible, 103 ADDICTION 329, 330 (2007) (commenting on M. Wakefield, et al., The effect of retail cigarette pack displays on impulse purchase, 103 ADDICTION 322 (2008)). Nearly 37.7% of smokers attempting to quit agree that the presence of tobacco displays elicits an urge to smoke.


8 Id. at 15.

9 Id. at 5.

10 Id. at 3, 8.
JUST THE FACTS: TOBACCO RETAIL LICENSING

Tobacco Retail Licensing Helps Reduce Tobacco Use
- Tobacco retail licensing is a powerful tobacco control tool that can be used in a variety of different ways. Licensing systems require retailers to obtain a license before selling tobacco products. These laws can be structured so that a license can be suspended or revoked if the licensee violates state and/or local law.
- By requiring a license for the sale of tobacco products, a community can then set limits on the location, number, and type of tobacco retailers.

Tobacco Retail Licensing Prevents Illegal Tobacco Sales
- Stores have been shown to be more vigilant about verifying ages while selling cigarettes when illegal sales could result in a license suspension or revocation.¹
- Although sales to youth are already prohibited by state law, a licensing system allows for local enforcement and more meaningful penalties.
- Other tobacco control measures could be incorporated into a licensing system, such as a ban on selling flavored tobacco products that appeal to youth.²

Communities Could Use Tobacco Licensing Requirements to Restrict the Location, Number and Type of Tobacco Retailers

Location: Addressing Tobacco Sales Near Schools
- In New York State, 51% of tobacco retailers are located within 1,000 feet of an elementary or secondary school.³
- When there are more tobacco retailers near schools, students are more likely to smoke.⁴
- Licensing could be used to prohibit the issuance of licensing to new tobacco retailers near schools. Existing businesses would not be impacted.

Number: Limiting the Number of Tobacco Retail Outlets
- There are currently approximately 23,000 tobacco retail stores in New York State – one for every 194 kids.
- Research involving alcohol retail density suggests that reducing the number of tobacco retail outlets will help to reduce tobacco use.⁵ Tobacco should not be treated as just another normal consumer product that is readily available in every corner store.
- A reduction in the number of tobacco retailers could be implemented gradually, so that existing businesses are not affected.

Type: Pharmacies and Tobacco Sales
- Pharmacies market themselves as a part of the health care system, and it is incongruent for those same entities to profit from selling tobacco, which is responsible for more than 25,000 deaths in New York each year.
- Prohibiting the sale of tobacco by pharmacies assists in reducing the availability, visibility, and social acceptability of tobacco.
- Cities such as Boston and San Francisco have already prohibited pharmacies from selling tobacco products.

Licensing Systems Can Pay for Themselves
- Licensing fees can be used to fund the implementation and enforcement of a tobacco retail licensing system.

New York City and Dutchess County already have local retail licensing requirements in place – as do many other communities around the country. These communities could consider using their existing licensing systems to pursue additional tobacco control measures.
1 Ian McLaughlin, Tobacco Control Legal Consortium, *License to Kill?: Tobacco Retailer Licensing as an Effective Enforcement Tool* (2010), available at http://publichealthlawcenter.org/sites/default/files/resources/tclc-syn-retailer-2010.pdf (“In one study of twenty-six communities with strong licensing laws, the sales rate to minors decreased dramatically in all but one of the communities, and the decrease was often quite substantial; in eleven communities, the youth sales rate dropped by over 30 percent.”).

2 See, e.g., Santa Clara County (CA), Ordinance No. NS-300.832 (2010) (prohibiting licensed tobacco retailers from selling flavored tobacco products, with the exception of menthol flavoring).


LEGAL ISSUES: TOBACCO RETAIL LICENSING

Issuing licenses to retailers wishing to sell tobacco products is an effective way to regulate tobacco sales and thereby reduce youth access to tobacco products.\(^1\) Tobacco retail licenses (with varying degrees of restrictions) have become common and have been tested – and upheld – by the courts.\(^2\) The discussion below outlines some of the legal issues relating to tobacco retail licensing that courts have considered.

- **Denial of a license does not constitute a Fifth Amendment taking.**
  - Licenses are privileges not property.\(^3\) New York courts have clearly stated that licenses are not property.\(^4\) Therefore, denial of a license (including lack of renewal) does not trigger a takings issue.

- **Licensing fees are not taxes and are therefore legal.**
  - Licensing fees are permissible, so long as the cost of the license corresponds to the cost of enforcement.\(^5\) Licensing fees may be assessed to cover the associated costs of administering and enforcing the license; fees may not be assessed simply to raise general revenue, as the latter is an (impermissible) tax.\(^6\)

- **Denying licenses to retailers does not trigger an Equal Protection claim, so long as the ordinance is not discriminatory.**
  - Similarly-situated retailers should be treated alike and follow the same regulations.\(^7\) Legal issues could arise if exceptions are made without a valid public policy justification. Importantly, licensing restrictions that treat all similarly-situated businesses the same (e.g., all pharmacies) have been upheld.\(^8\)

- **Prohibiting retailers from selling tobacco products does not violate tobacco companies’ First Amendment freedom of speech guarantee.**
  - Prohibiting tobacco sales is distinguishable from prohibiting speech about tobacco and is therefore permissible.\(^9\) Accordingly, denying a retailer a license to sell tobacco does not impermissibly restrict free speech.

- **It is legal to identify zones in which tobacco retail licenses are restricted (school zones).**
  - A tobacco retail license scheme may include restricting the issuance of a license in defined zones, such as areas frequented by youth (schools, recreation centers, etc.). This may be accomplished through either licensing restrictions or zoning ordinances.\(^10\)

(For a more detailed analysis of these issues, please contact the Center or visit our website.)

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**THE CENTER FOR PUBLIC HEALTH AND TOBACCO POLICY PROVIDES EDUCATIONAL MATERIALS AND RESEARCH SUPPORT FOR POLICY INITIATIVES. THIS WORK DOES NOT CONSTITUTE AND CANNOT BE RELIED UPON AS LEGAL ADVICE.**


4 *See Lodes*, 82 N.E. at 192; *see also* Clubhouse, 521 N.Y.S.2d at 191 (—A license to sell alcoholic beverages is not a property right, but simply permission granted in the State's discretion after weighing the dangers posed to the community if the license is issued[.] (internal citations omitted)).

5 *See Suffolk County Builders Ass’n v. County of Suffolk, 389 N.E.2d 133, 134-37 (N.Y. 1979).


Providing Legal Expertise to Support Tobacco Control Policy in New York State

The Center for Public Health & Tobacco Policy (Center) is a resource for the New York tobacco control community that is funded by the New York State Department of Health. The Center is located at New England Law | Boston and is a project of the Center for Law and Social Responsibility.

The Center works with the New York State Tobacco Control Program and its contractors to develop and support policy initiatives that will reduce tobacco-related morbidity and mortality in New York. Offered services include research, policy development, technical assistance, and educational programming.

What we do—

Research & Information Services
• provide the latest news on tobacco law and policy through our legal and policy reports, fact sheets, quarterly newsletters, and website

Policy Development & Technical Assistance
• respond to specific law and policy questions from the New York State Tobacco Control Program and its contractors, including those arising from their educational outreach to public health officials and policymakers
• assist local governments and state legislators in their development of initiatives to reduce tobacco use
• develop model ordinances for local communities and model policies for businesses and school districts

Education and Outreach
• hold an annual conference for government employees, attorneys, and advocates regarding critical initiatives and legal developments in tobacco policy
• conduct smaller workshops, webinars, and presentations focused on particular policy areas
• impact the development of tobacco law through amicus curiae (“friend of the court”) briefs in important litigation

Find Us Online
www.tobaccopolicycenter.org
The Center’s website provides information about recent tobacco news and case law, New York tobacco-related laws, and more. Current project pages include: tobacco-free outdoor areas; tobacco product taxation; smoke-free multiunit housing; and retail environment policies. The website also provides convenient access to reports, model policies, fact sheets, and newsletters released by the Center.

http://twitter.com/CPHTP
Follow us on Twitter for informal updates on the Center and current events.

Requests for Assistance
The Center is funded to support the New York State Tobacco Control Program and its contractors. The Center also assists local governments and other entities as part of contractor-submitted requests. If we can help with a tobacco-related legal or policy issue, please contact us.

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