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Impact of FDA regulations restricting outdoor cigarette advertising near schools examined

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When the FDA proposed new rules restricting outdoor tobacco advertising near schools and playgrounds in 2009, the tobacco industry argued that such rules would lead to a near complete ban on tobacco advertising in urban areas. An article in the March 2011 issue of the *American Journal of Preventive Medicine* shows that the effect of these rules would be less severe than the industry contends.

"It is critical to point out one subtle, but important difference between the analysis that the tobacco industry conducted and the analysis presented here," commented lead investigator Douglas A. Luke, PhD, Professor, Center for Tobacco Policy Research, Washington University, St. Louis. "Their analyses focused on the percentage of land area off-limits to tobacco advertising. In this study the number and proportion of retailers affected were calculated, not the land percentage. The number of retailers affected, not the land area is the more appropriate metric to use when making policy decisions. First, the 'real-world' regulatory impact is felt by people and businesses, not by land. Second, tobacco retailers are clustered in commercial zones and showing that a high percentage of all land is unavailable for advertising under outdoor advertising bans overstates the impact of the policy. A key question is not what percentage of land is off-limits under an advertising ban, but rather, what is the additional or incremental impact of an advertising ban given existing zoning regulations."

Using geographical information system (GIS) spatial analysis for the states of Missouri and New York, along with more detailed analyses of the urban areas of St. Louis and New York City, investigators located all tobacco retailers falling with 350-, 500-, and 1000-foot buffer zones around all schools and playgrounds. They determined that 22% of retailers in Missouri and 51% in New York fall within 1,000-foot buffers around schools. In urban settings, more retailers are affected, 29% in St. Louis and 79% in New York City. Sensitivity analyses demonstrate that smaller buffers decrease the proportion of affected retailers. 350-foot buffers affect only 6.7% of retailers in St. Louis and 29% in New York City.

Therefore, in Missouri and New York, outdoor tobacco advertising would still be permitted in many locations even if such advertising was prohibited in a 1,000-foot buffer zone around schools and playgrounds. Much smaller buffer zones of 350 feet may result in almost no reduction of outdoor advertising in many parts of the country. The FDA is still deciding the distance from schools where they will ban outdoor tobacco advertising. Given the lack of impact of a 350-foot ban, the authors urge the FDA to reject that as an option and implement a distance that is more effective at reducing outdoor advertising where children will routinely be exposed to it. If the 1,000-foot buffer zone were implemented, the authors estimate that up to 1.5 million pieces of outdoor tobacco advertising would be removed across the country.

Buffer zones where no outdoor advertisements are allowed have been proposed by the FDA and public comment has been solicited. The tobacco industry contends that a 1000-foot buffer zone in urban areas would be equivalent to a total ban and therefore unconstitutional on First Amendment grounds.

The study concludes that "Tobacco advertising reaches children and adolescents in a variety of ways. Given the effectiveness of tobacco

advertising, efforts to restrict the exposure of young people to tobacco advertising is an important health policy goal. The current health policy analyses suggest that weakening of outdoor advertising policies may result in phantom policies that do little to reduce youth exposure to tobacco product advertising."

More information: The article is "Family Smoking Prevention and Tobacco Control Act: Banning Outdoor Tobacco Advertising Near Schools and Playgrounds" by Douglas A. Luke, PhD; Kurt M. Ribisl, PhD; Carson Smith, BA; and Amy A. Sorg, MPH. It appears in the American Journal of Preventive Medicine, Volume 40, Issue 3 (March 2011) published by Elsevier. doi: 10.1016/j.amepre.2010.11.018

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