AN ENVIRONMENTAL SCAN OF DUPAGE COUNTY TOBACCO RETAILERS

Report Commissioned by the DuPage County Health Department

Prepared by the DuPage Federation on Human Services Reform, August 2026

Table of Contents

Introduction

Tobacco poses significant and multiple health risks in our communities. Tobacco use harms nearly every organ in the body causing cancer, strokes heart disease, lung disease, reduced fertility and premature death.[i] Nicotine, a chemical compound present in tobacco, is also harmful and highly addictive, challenging efforts to quit use. Further, initiation of use, prevalence of smokers and challenges with cessation of tobacco products have been consistently associated with increased tobacco retailer density in communities.[ii] The wide range of products sold, and promotional and marketing strategies tobacco retailers employ increases risk to communities by directing efforts to and young and vulnerable audiences.

Public health environmental scans provide a systematic way of collecting data about community surroundings to document their features, assess risks and plan interventions. In light of these concerns the DuPage County Health Department Community (DCHD) requested a County-level environmental scan of tobacco retailers. The aim of this environmental scan is to better understand the landscape of tobacco retailers in DuPage County with regard to retailer distribution and density, products sold, discounting and price promotion efforts, marketing and advertising strategies and compliance with age of sale notifications. It will further provide a data driven approach to inform the DuPage County Health Department's prevention, intervention and advocacy efforts.

Research Questions

The following research questions guided this work.

1. What is the distribution and density of tobacco retailers across DuPage County?
2. What tobacco and related products do tobacco retailers sell (e.g. THC derivatives, kratom)? How do they market these products (e.g. window signage, outdoor banners, youth tailored)?
3. What recommendations can be made to focus DCHD's tobacco prevention and advocacy resources most effectively?

Methods

Tobacco Retailer Data Acquisition and Preparation

Tobacco retailers are required to register with the Illinois Department of Revenue for an Illinois *tobacco retailer license* or if they are also selling cigarettes a *cigarette and tobacco retailer license*. E-cigarettes/vapes are considered tobacco products in Illinois and require

licensure as a "Tobacco Retailer." For the purposes of our reporting, we will collectively refer to these retailers as tobacco retailers.

As an initial step to assess tobacco retailer distribution and density in DuPage County, we requested a listing of all tobacco retailers across DuPage County ZIP codes via the Freedom of Information Act. The original list of 757 retailers was reviewed for accuracy and completeness. Retailers who were listed in duplicate or were located outside county boundaries (e.g. ZIP codes that cross County borders) were removed from the dataset to enhance accuracy. A final dataset of 696 retailers across 34 municipalities was utilized for ongoing analyses and retailers were summed at the municipal level (See Appendix A for a full list of retailers by municipality). From the full list of 696 retailers, we selected a sample that was representative of DuPage County and sufficiently robust to draw county level conclusions.

Retailer Sampling Frame

To determine our sampling frame, we first estimated how many tobacco retailers we needed to visit to ensure that our sample was representative of DuPage County as a whole. Using a 95% confidence level is considered a widely accepted and rigorous practice that our sample accurately reflects the overall population. This is to say that if we sampled our overall population of retailer 100 times with a new sample each time, 95 out of those 100 times, our sample would accurately represent the overall population. While 248 retailers would be required to achieve a 95% confidence level, 193 would be necessary to achieve a slightly lower 94% confidence level. For the sake of cost and time, while retaining rigor we rounded to 200 retailers in our sample to achieve a confidence level between 94-95%. We identified 20 municipalities based on our retailer density and population adverse outcome criteria described below and randomly selected 10 retailers within each municipality to reach 200 retailers and avoid sample bias.

Retailer Sample Selection

The sample for our environmental scan was determined by municipalities that met multiple criteria for tobacco retailer density as well as greatest indication of resident risk for negative health outcomes (highest percentage of adult resident smokers and adults who have purchased medications to quit smoking). Comprehensive data on youth who endorse use of tobacco products was not available at the municipal level and therefore could not inform our sample selection.

We used a three-step process to select our sample. First, we included municipalities that ranked among **the top 10 for all three cigarette/tobacco retailer density measures**:

greatest density per municipality, population and square mile. They warranted our high attention for further study and intervention.

Second, we included in our sample municipalities that ranked among the **top 10 for two of three cigarette/tobacco retailer density measures**: greatest density per municipality, population and square mile and also warranted our attention for study and intervention.

Third, we included in our sample municipalities that met a **single density criterion** and those that provided variability to the geographic distribution of our sample to ensure **geographic representation** across DuPage County and nine townships within the county. For municipalities that spanned across more than one county (e.g. Aurora, Hanover Park), only retailers in the DuPage County portion included in our sample.

Environmental Scan Data Collection Rubric Development

Researchers developed a structured rubric to gather detailed data in a standardized format across tobacco retailers. This rubric was based on a review of existing research literature and environmental scan rubrics already utilized in the field for tobacco, cannabis and alcohol. Our environmental scan included the following domains (See Appendix C for Rubric Questions):

- **Retailer Information:** retailer name, type, address
- **Proximity to Sensitive Locations:** proximity to public schools, childcare sites and public libraries
- **Number, Location and Type of Interior Advertisements**, e.g. posters, cutout figures, neon signs
- **Number, Location and Type of Exterior Advertisements**, e.g. neon signs, banners, window wraps, posters
- **Youth Marketing Appeal in Advertising,** e.g. use of cartoon characters, mimicking candy products, flavored products (fruity, candy), use of celebrities or young people in advertising
- **Co-location of Products** with toys, candy, snacks
- **Culturally Tailored Marketing,** e.g. use of foreign languages, cultural symbols
- **Price Promotions and Discounts that make products more accessible or encourage continued use** e.g. low-cost single use products, multipack discounts
- **Products Sold:** range of thirteen tobacco, THC derivative, kratom/synthetic kratom products and paraphernalia (e.g. hookahs, rolling papers), flavor options available
- **Age of Sale Signage:** presence, location and prominence of signage (e.g. at checkout, exit/entrance door, clearly visible, difficult to find or small)

While our environmental scan did not extend to social media and digital outlets, we recognize these contexts as important aspects of access and risk for use of tobacco and related products.

Research Staff Training: All three participating staff were trained in the purpose and background of our project and how to utilize the rubric. Research staff uploaded the rubric to a Google form and staff tested it prior to use in the field. Staff accessed the rubric via cell phone when visiting retailers to discretely complete rubric domains and to photograph products sold and retailer features. A rubric entry was completed for each retailer visit, and photos were taken of retailer features and products. During early implementation, minor enhancements were made to the rubric to improve accuracy and changes made were documented. For example, staff quickly became aware of the prevalence of THC beverages, and this product was given its own category in the rubric to distinguish from edible and smokable formats.

Environmental Scan Rubric Data Preparation and Analyses

Periodically throughout data collection, rubric entries were checked for completeness and accuracy and updated as needed. At the conclusion of data collection, researchers reviewed the retailer visit dataset for accuracy and completeness and prepared it for analyses, including checking for any duplicate data, resolving any missing or outlying data and transforming variables for more efficient analyses.

Next, retailer visit data was descriptively analyzed to summarize and describe features of tobacco retailers with regard to products sold, marketing and advertising strategies, and age of sale notification. Analyses included frequencies (counts), range (e.g. least to most) for variables of interest, with stratification to provide more nuanced findings (e.g. products sold by retailer type). Findings from retailer visit analyses are presented below with contextualizing research and policy literature.

Environmental Scan Findings-Phase 1: Distribution and Density of Tobacco Retailers in DuPage County

Greater tobacco retailer density presents health risks to communities. It has been associated with increased tobacco use, including increased use among vulnerable populations such as young people and pregnant women, as well as decreased cessation of tobacco products. Conversely, reduction in tobacco retailer density has been associated with decreased tobacco use, suggesting this as a potentially effective intervention strategy.[iii] [iv]

To identify areas of greatest concern for tobacco-related negative health outcomes, municipalities were ranked by multiple density measurements: 1) overall number of cigarette/tobacco retailers, 2) number of retailers per municipal population and 3) number of retailers per municipal square mile. We further ranked municipalities by the greatest percentage of residents who smoke and who have purchased medication to quit smoking. Retailer data was presented in tabular format by municipality and geo-mapped to facilitate further interpretation of findings. Please see Appendix A for a listing of retailers per all DuPage municipalities.

Overall Number of Tobacco Retailers: The number of tobacco retailers per municipality ranged from 1 to 57. The following municipalities contained the greatest number of retailers overall, regardless of municipality size or population.

Table 1: Overall Municipal Retailer Density

Municipality	No. Tobacco Retailers
1. Naperville	57
2. Lombard	46
3. Addison	45
4. Downers Grove	44
5. Carol Stream	39
6. Bensenville	32
7. Villa Park	31
8. Westmont	30
9. Wheaton	30
10. Elmhurst	29

Tobacco Retailers Per Square Mile: Municipalities ranged from having 1 retailer per 0.17 square miles to 1 retailer per 2.04 square miles. Municipalities with the most retailers per square mile included the municipalities presented to right.

Table 2: Municipal Retailer Density per Square Mile

Municipality	No. Tobacco Retailers per Sq Mi
1. Westmont	0.17
2. Villa Park	0.21
3. Glendale Heights	0.23
4. Addison	0.26
5. Carol Stream	0.27
6. Wood Dale	0.29
7. Bensenville	0.29
8. Lombard	0.30
9. Lisle	0.35
10. Bloomingdale	0.38

Tobacco Retailers per Resident Population: The number of tobacco retailers per municipal resident population ranged from 1 retailer per 649 people to 1 per 9,948 people. Municipalities that had the greatest number of retailers per resident population included the following municipalities

Table 3: Municipal Retailer Density per Resident Population

Municipality	No. Tobacco Retailers per Resident Pop.
1. Bensenville	649
2. Oak Brook	749
3. Wood Dale	796
4. Westmont	805
5. Addison	862
6. Itasca	911
7. Villa Park	941
8. Wheaton	996
9. Warrenville	1036
10. Lisle	1089

Highest Percentage of Adult Resident Smokers and Adults Who Bought Medication to Quit Smoking: The percentage of resident smokers within DuPage municipalities ranged from 6.6% to 16% while the range of adult municipal residents who purchased medication to quit smoking ranged from 0.9%-1.5%. Municipalities with the highest percentage of adult resident smokers and adult residents who bought medication to quit smoking are noted below:

Table 4: Percent Adults who Smoke per Municipality

Municipality	Percent of Adults Who Smoke
1. Bensenville	16
2. Addison	15.1
3. Glendale Heights	14.4
4. Medinah	14.2
5. West Chicago	13.7
6. Hanover Park	13.4
7. Villa Park	13.4
8. Westmont	13.4
9. Woodridge	13.1
10. Carol Stream	13

Table 5: Percent Adults who Bought Medication to Quit Smoking per Municipality

Municipality	Percent of Adults Who Bought Medication to Quit Smoking
1. Medinah	1.5
2. Bensenville	1.4
3. Addison	1.3
4. Glendale Heights	1.3
5. Villa Park	1.3
6. Westmont	1.3
7. Wood Dale	1.3
8. Warrenville	1.3
9. Bloomingdale	1.3
10. Lombard	1.3

Sampling Frame and Selection

Our sample was selected from municipalities that met the highest number of density and risk criteria and provided balanced geographic representation across DuPage County (see Methods section for a detailed process description). Several municipalities ranked among the top ten municipalities for multiple density and/or negative health outcome criteria.

- Municipalities in the top 10 for all three retailer density criteria: Addison, Bensenville, Villa Park, Westmont
- Municipalities in the top 10 for two of three retailer density criteria: Carol Stream, Lisle, Lombard, Wheaton, Wood Dale
- Municipalities in the top 10 for one of three retailer density criteria:
    - Highest number of retailers overall: Naperville, Downers Grove, Elmhurst
    - Highest number of retailers per population: Warrenville
    - Highest number of retailers per square mile: Glendale Heights
    - Highest percentage of smokers per municipality: Hanover Park, West Chicago, Woodridge
- Municipalities that provided geographic balance to our sample: Glen Ellyn, Aurora, Bartlett

Municipalities in our sample are summarized in Table 6 below based upon the number and type of criteria they met:

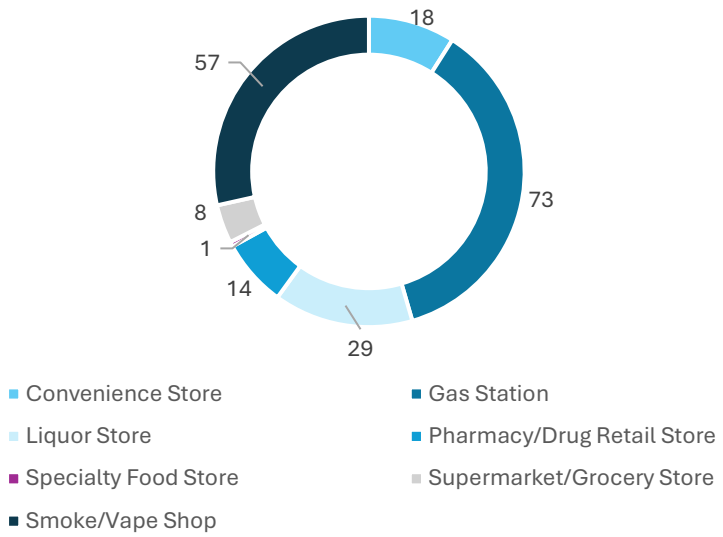
Table 6: Tobacco Retailer Density and Risk Features per Selected Municipality

		Density Features			*Risk Features*		
Township	**Municipality**	**Overall # of Tobacco Retailers**	**Tobacco Retailers per Sq Mi**	**Tobacco Retailers per Population**	**% Adults who Smoke**	**% Adults who Bought Quit Meds**	**Geo Balance**
Addison	Addison	✓	✓	✓	✓	✓	
	Bensenville	✓	✓	✓	✓	✓	
	Wood Dale		✓	✓		✓	
Bloomingdale	Carol Stream	✓	✓				
	Glendale Heights		✓		✓	✓	
Downers Grove	Westmont	✓	✓	✓	✓	✓	
	Downers Grove	✓					
Lisle	Lisle		✓	✓			
	Woodridge				✓		

Township	Municipality	Overall # of Tobacco Retailers	Tobacco Retailers per Sq Mi	Tobacco Retailers per Population	% Adults who Smoke	% Adults who Bought Quit Meds	Geo Balance
Milton	Wheaton	✓		✓			
	Glen Ellyn						✓
Naperville	Naperville	✓					
	Aurora						✓
Wayne	Bartlett						✓
	Hanover Park				✓		
Winfield	West Chicago				✓		
	Warrenville		✓		✓	✓	
York	Lombard	✓	✓		✓	✓	
	Villa Park	✓	✓	✓	✓	✓	
	Elmhurst	✓					

Tobacco Retailer Composition: Retailers visited for this environmental scan were comprised of gas stations, pharmacies/drug stores, grocery stores, standalone tobacco retailers (e.g. smoke and vape shops), liquor stores, specialty food stores and convenience stores (e.g. 7-11). A breakdown of retailers is provided in Chart 1. All retailers were visited between April-June 2026.

Chart 1: Tobacco Retailer Types



Environmental Scan Findings-Phase 2:
Products Sold, Advertising and Marketing Strategies Utilized, Compliance with Age of Sale Regulations among Tobacco Retailers in DuPage County

After the initial phase of our work, determining retailer distribution and density per municipality, the second phase of our work was to determine range of products sold, advertising and marketing methods used and compliance with age of sale regulations among sampled retailers.

Tobacco Products Sold

Tobacco harms nearly every organ in the body causing cancer, strokes, heart disease, lung disease reduced fertility and premature death. All forms of tobacco are harmful and there is no safe level of use or exposure. Nicotine, a chemical compound present in tobacco, is highly addictive and harmful to the body. It is especially concerning among youth and teens for the negative impact nicotine has on developing brains.[v]

Across all product types scanned, tobacco products were the most widely available product across all retailer types see Chart 2 and Table 7 for the distribution of product types sold among retailers. Availability for tobacco products ranged from 88% of total retailers overall for cigarettes to 16% of total retailers overall for heated tobacco products. Cigarettes were the most prevalent, being sold at 100% of gas stations, convenience stores and pharmacies and nearly as prevalent at liquor stores and grocery stores (see Table 7). Cigars/cigarillos, e-cigarettes/vapes and nicotine pouches also were consistently available at convenience stores, gas stations and liquor stores. Tobacco products were prominently displayed behind checkout counters for "grab and go" purchase with the assistance of store staff. Grocery stores and pharmacies also

placed tobacco products behind the counter where staff assistance would be required to purchase products. Pharmacies consistently placed smoking cessation products near tobacco products. Anecdotally, some smoke shop employees indicated they do not carry cigarettes at all because gas stations and convenience stores can offer cigarettes at a lower price and it doesn't financially benefit smoke shops to sell these products.

Chart 2: Percent of Retailers Selling Tobacco, THC and Kratom Products

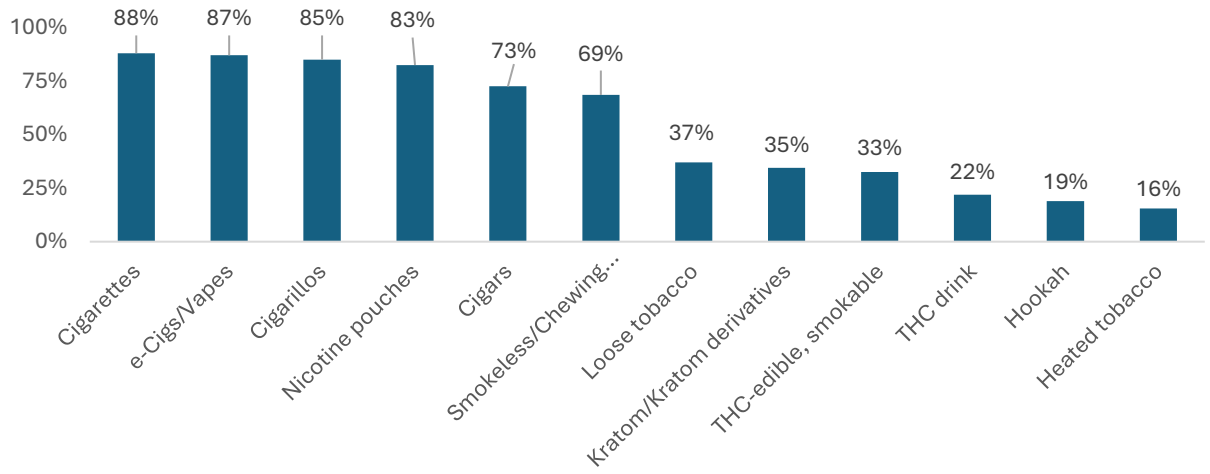


Table 7: Distribution and Frequency of Product Sales by Retailer Type

Product	Percent of Stores Selling: Convenience Store	Gas Station	Liquor Store	Pharmacy Drug Retail Store	Specialty Food Store	Supermarket Grocery	Smoke Shops
Cigarettes	100%	100%	93%	100%	0%	88%	65%
Cigars	78%	75%	79%	79%	0%	50%	67%
Cigarillos	94%	90%	90%	93%	0%	63%	75%
Smokeless/chewing tobacco	78%	79%	38%	79%	0%	50%	68%
Nicotine pouches	94%	96%	59%	93%	0%	50%	77%
e-Cigs/Vapes	94%	90%	79%	79%	100%	25%	95%
Heated tobacco	0%	3%	0%	0%	0%	0%	51%
Hookah	0%	0%	7%	0%	0%	13%	61%
Loose tobacco	39%	15%	14%	14%	0%	25%	84%
Kratom/synthetic Kratom	11%	21%	3%	0%	0%	0%	89%
THC-edible, smokable	17%	12%	14%	0%	0%	13%	84%
THC drink	17%	14%	52%	0%	0%	13%	26%
Other	0%	3%	3%	0%	0%	0%	11%
No.product types sold by retailer	**10**	**12**	**12**	**7**	**1**	**10**	**13**

75%-100% sampled retailers sold product	50%-74% sampled retailers sold product	25%-49% sampled retailers sold product	1% - 24% sampled retailers sold product	0% sampled retailers sold product

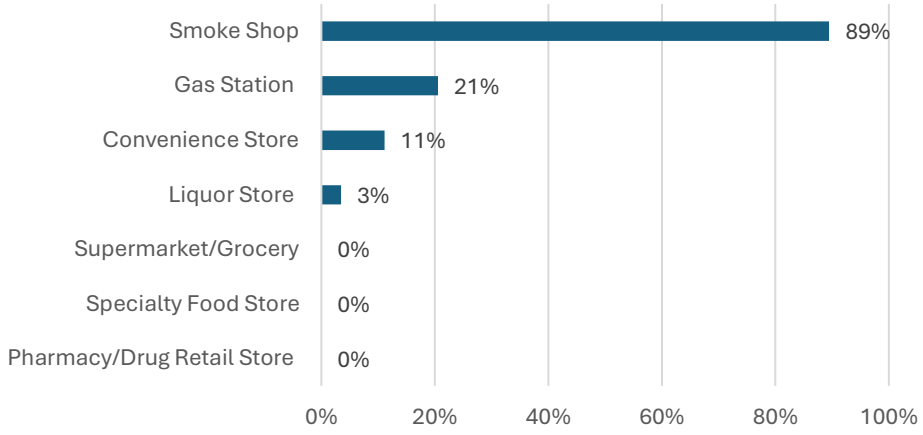
Kratom and Synthetic Kratom Products

Kratom is a tropical plant whose leaves when consumed can produce stimulant and sedative effects and at sufficiently high doses can produce opioid-like and psychotic symptoms. Kratom can also lead to psychological and physiological dependence.[vi] Synthetic products, such as 7-hydromitragynine and mitragynine pseudoindoxyl, derived from kratom's primary alkaloid, mitragynine, pose greater risk as they concentrate kratom's psychoactive properties, creating effects such as euphoria, respiratory depression, and sedation, as well as increased likelihood of opioid-like withdrawal and dependence.

Historically these products have not been tested for effectiveness, purity or accuracy and completeness of their labels, nor have claims about risks, benefits and uses been regulated by the FDA.[vii] As of July 1, 2026, The US Drug Enforcement Agency filed an intent to temporarily classify 7-hydromitragynine, mitragynine pseudoindoxyl, MGM-15 and MGM-16 as Schedule 1 substances meaning that they are defined as having no acceptable medical uses and high potential for abuse and dependence.[viii] A 30-day comment period and decision-making process follows this filing. Once classified as a Schedule 1 substance, the manufacture, possession, sale and distribution of these synthetic kratom products will be subject to criminal, civil and administrative provisions associated with Schedule 1 substances in the Controlled Substance Act.[ix] Ongoing regulation of these products beyond the current temporary classification actions is unclear. It will be critical to follow progress on these regulations as they would potentially ban the sale of and access to synthetic kratom products and impact. Notably, this change in policy would not affect botanical kratom products that have not been synthesized to higher levels of potency are not included in proposed rescheduling efforts and would remain on the market in their current format.

At the time of this environmental scan, over one third of retailers (35%) carried kratom/synthetic kratom products such as 7-hydromitragynine, pseudoindoxyl. Smoke shops

Chart 3: Percent of Retailers by Type Selling Kratom Products



Kratom seltzer marketed as alcohol and cannabis free, potentially misconstruing a sense of safety from psychoactive reaction

were by far the most likely to sell kratom and synthetic kratom products (89%). They were also the most likely to sell a wide range of kratom products including kratom in pill, powder and beverage format, different colors of kratom advertising different types of highs or effects (e.g. relaxing vs. energizing), and synthetic kratom products at increased potencies (e.g. 7-hydromitragynine, mitragynine pseudoindoxyl). Just over 1 in 5 sampled gas stations (21%) and 1 in 10 convenience stores (11%) sold kratom/synthetic kratom products. This potentially broadens access to a wider customer base, including those under the age of sale for these products. Liquor stores (3%) sold these products but with less frequency. Some products containing kratom, such as Feel Free energy drinks sold at convenience store and gas station checkout counters, included small labels indicating these products are for individuals 21 and older, however their displays did not indicate that they contain kratom. It is unclear how often gas station and convenience store staff are aware they are selling products containing kratom. Kratom and synthetic kratom products were not seen for sale at any sampled grocery/food stores or pharmacies.

Troubling Takeaways:

- **Youth Directed Marketing of Kratom/Kratom Derivatives:** Many smoke shops sold high potency 7-hydroxymitragynine tablets with marketing that mimicked candies and flavors popular with youth (e.g. sour patch)
- **Misleading Marketing Claims:** 7-OH lower dose tablets were marketed as dietary supplements, inferring health benefits. As an unapproved drug, kratom and synthetic kratom products have not been regulated for the accuracy and completeness of marketing claims or dosing.[x]
- **Misleading Dosing/Serving Size:** Synthetic kratom products like

Above: 7-hydroxymitragynine tablets that mimics candy packaging
Below: 7-hydroxymitragynine tablets marketed as a dietary supplement

7-hydroxymitragynine were sold with serving sizes that are misleading and would be very difficult to follow (e.g. a tablet scored for four servings, noting that an eighth of a tablet is one serving)

- **Low-Cost Entry and Single Serving:** Single serve 7-OH tablets (wrapped similar to individual candies), increased access to youth and low-income populations by offering more potent options at lower prices.
- High potency 7-hydroxymitragynine tablets sold cheaply at some retailers including gas stations/convenience stores (e.g. $25.99 for four high-potency tablets)

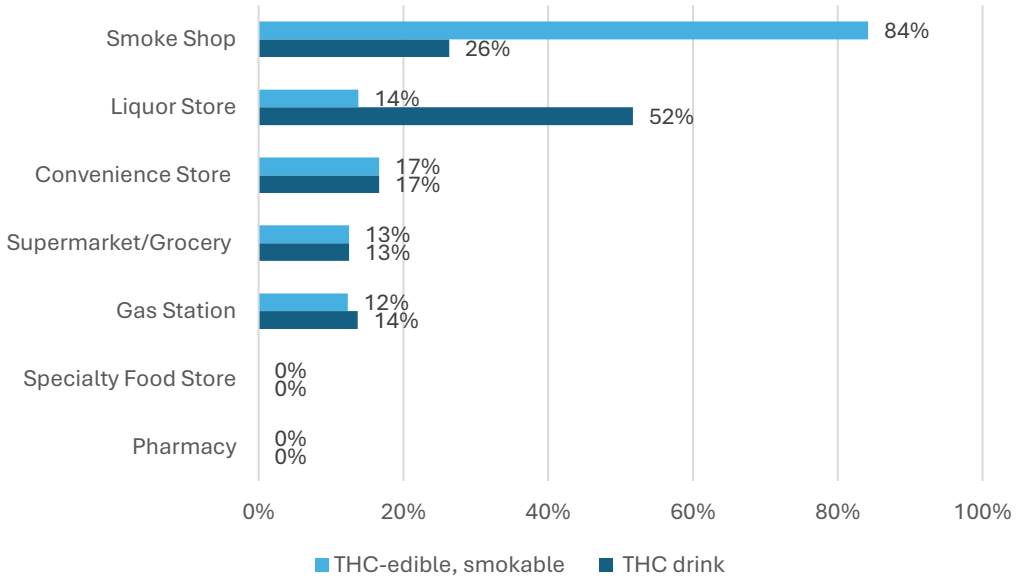
Variety of kratom and synthetic kratom products being sold including single serve, tablets, powder

Tetrahydrocannabinol (THC) Products

THC is the primary psychoactive component in cannabis, resulting in physical and psychological responses including sedation, increased heart rate, impaired judgment, confusion and forgetfulness. While delta 8-THC is less potent than delta-9-THC, it can be chemically converted in ways that can increase potency in products such as edibles and gummies. Both delta-9 and delta-8 THC products were present among retailers. Regulations on the concentration of delta-8-THC products will go into effect in November 2026 as part of changes to the US Farm Bill, however they were not in place at the time of this environmental scan, meaning claims about these products, their potency and purity were not restricted.[xi]

Findings from our environmental scan revealed that one in three retailers overall (33%) sold edible or smokeable versions of THC products and just over 1 in 5 retailers overall (22%) sold THC beverages.

Chart 4: Percent of Retailers by Type Selling THC Products



All of these products were sold in varying potencies. Among sampled tobacco retailers, edible and smokable THC products were most frequently sold at smoke shops while liquor stores were most likely to sell THC beverages.

Troubling Takeaways:

- **Youth Directed Marketing of THC Products:** Many THC products were sold with strong youth appeal including THC products sold as gummies and candies in popular fruity and sweet flavors, products that closely mimic existing popular candy or cookies like Smarties and Sour Patch Kids, and packaging and advertising that utilizes cartoon characters, like the Simpsons.
- **Low-Cost Entry and Single Serving:** Single serve THC gummies were sold more cheaply than multiple serving products and were wrapped similarly to individual candies.

- **Misleading Marketing Claims about THC Beverages:** THC beverages were often marketed by their producers as non-alcoholic; while this may be technically true, these beverages contain psychoactive substances. Given the relative newness of THC beverages, consumers may also be unclear on the range of THC potencies available in beverages and how it may impact their bodies, performance and thinking (e.g. impact of 5 mg of THC vs. 60 mg of THC per serving on driving and judgment). While on occasion liquor stores provided educational information about THC beverages, most retailers did not.

Multi-Products Retailers

This environmental scan assessed for sale of thirteen different tobacco, kratom/synthetic kratom and THC based products among retailers, including an "Other" category to capture products we may not have anticipated.

- Smoke shops sold the widest range of products (13 of 13 products) including a variety of tobacco, kratom/synthetic kratom and THC products. Not only did smoke shops sell the widest range of products, but these products could be found with high consistency, meaning most retailers sold most products.
- Close to 100% of convenience stores, gas stations and liquor stores sold cigarettes and regularly sold a wide range of other tobacco products such as chewing tobacco,

nicotine pouches, and e-cigarettes/vapes. They sold kratom/synthetic kratom or THC products with less frequency than tobacco products (10-12 of 13 products).

- Pharmacies and grocery stores also consistently sold a range of tobacco products, but almost never sold kratom/synthetic kratom or THC products (7-10 of 13 products).

Additional Products

Our environmental scan included an "other" category for products sold that might not have been captured in other named categories. Additional products noted include nitrous oxide (Galaxy gas) and psilocybin mushroom based edible products. Nitrous oxide is of concern because it limits oxygen to the brain that could potentially lead to fainting and brain damage.[xii] Psilocybin mushrooms can alter thoughts and mood, impair judgment and elevate heart rate and blood pressure, cause nausea and dizziness among other symptoms.[xiii] Eleven percent of smoke shops were noted as selling other types of products as well as 3% of gas stations and convenience stores. We suspect that an even larger percentage of smoke shops are selling psylocibin mushroom products, but since this product was not specifically noted as part of this environmental scan, documentation of this product was less standardized and potentially under-reported.

Galaxy gas brand nitrious oxide sold at a DuPage County smoke shop

Psilocybin mushroom chocolate bars sold at a DuPage County smoke shop

Several retailers also sold associated products like pipes, hookahs, rolling trays and papers, and deceptive containers to store products (e.g. faux Coca Cola bottles or Pringles containers). When "other" products were noted among gas stations and convenience stores it was most often for related materials such as hookahs and pipes.

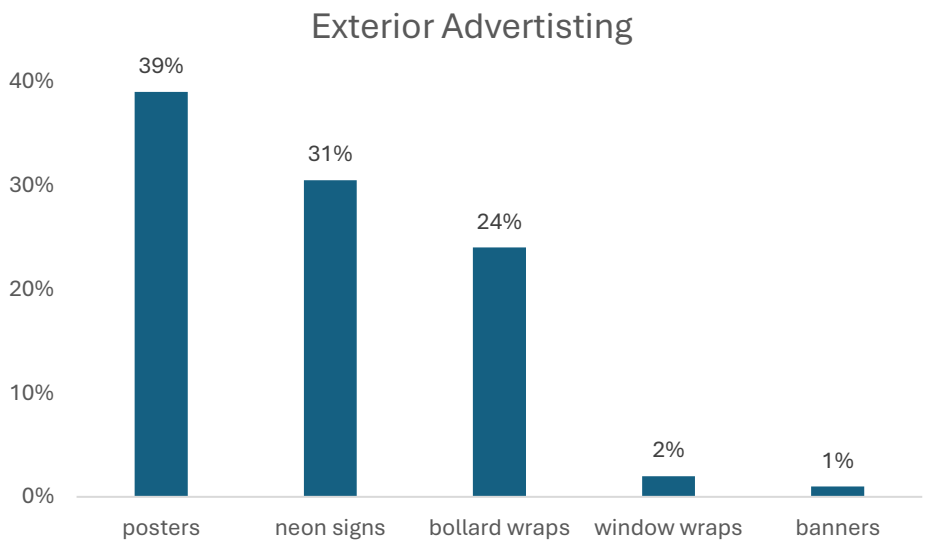
How Tobacco and Related Products Are Marketed to Youth and Vulnerable Audiences

For the purposes of this environmental scan we focused on marketing and advertising efforts interior to stores and immediately exterior to these locations. Please note that while monitoring strategies such as online, social media and influencer advertising/marketing and sponsorship of entertainment and sporting events were outside the scope of this environmental scan, we recognize these as highly influential strategies for cultivating new users and continuing to reach ongoing users of tobacco and related products.

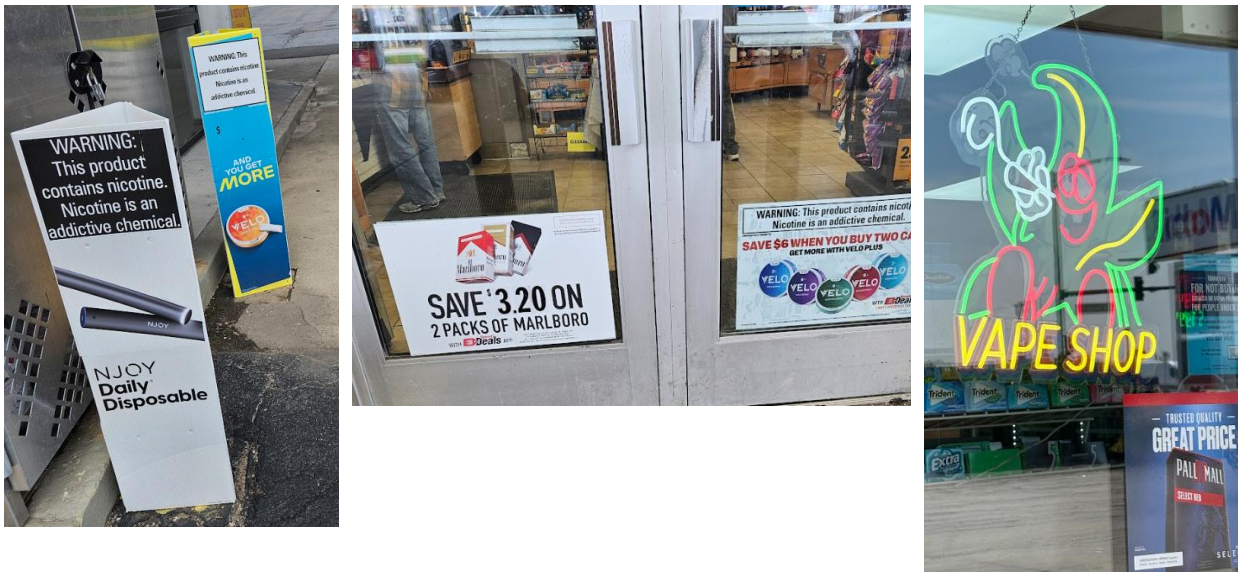
Exterior Advertisements

Advertising for tobacco and related products builds exposure and normalizes their usage. It can also cue cravings and repetitive use. Nearly half of retailers (45%) displayed some type of external advertising for tobacco and related products. Placement of posters on windows and the lower portion of entrance/exit doors (39% of retailers) was the most common method of advertising among retailers and

Chart 5: Exterior Advertisements by Type



the number of exterior posters displayed ranged from 1 to 14. Next most common was the use of neon signs (31% of retailers) followed by bollard/parking post wraps (24% of retailers). Signs on pumping stations and one advertisement on a gas pump video advertising screen were also noted exterior to gas stations. Several retailers had a small number of exterior neon signs for vape products, THC or kratom. The strong majority of tobacco retailers did not use overt exterior advertising methods such as banners or window wraps.



Images of typical exterior product advertisting

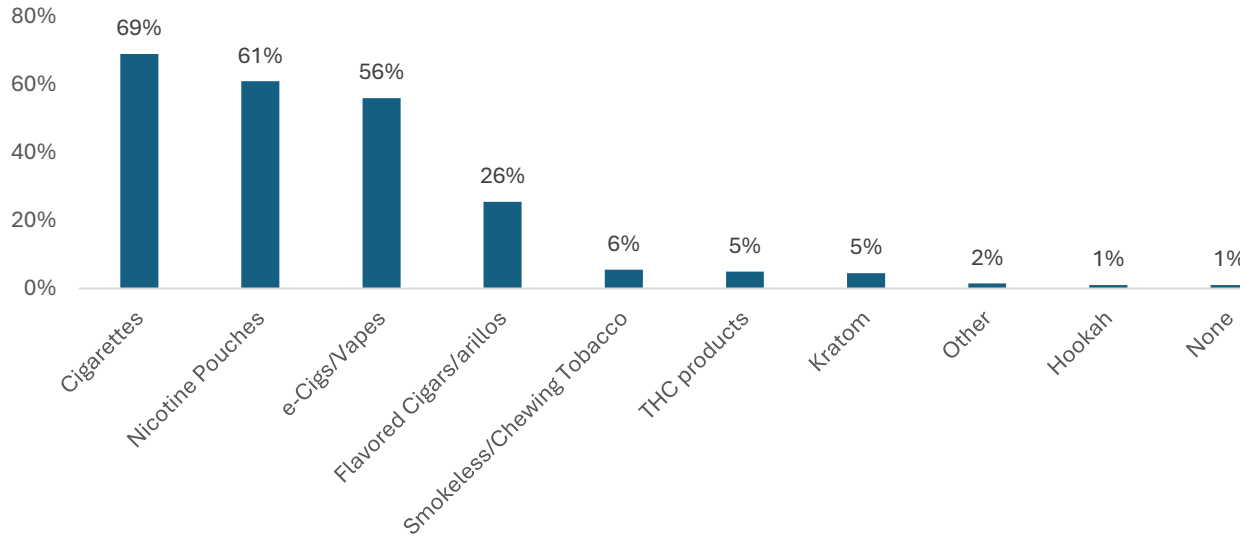
A small minority of smoke shops aggressively advertised outside with lights, painted windows and significant signage.

Images of smoke/vape shops with significant exterior advertisements.

Interior Advertisements

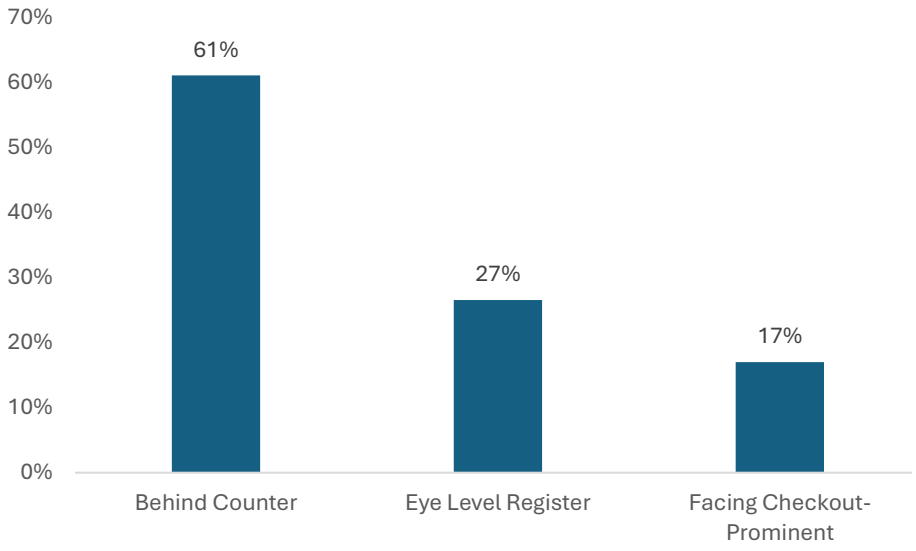
The majority of tobacco retailers (79%) utilized interior advertising of tobacco and related products ranging from 1 to 36 interior advertisements. Interior advertising was more present for tobacco products than THC and kratom products. Retailers used a full range of print images interior to retail sites such as window, door and display posters, hanging signs, floor mats, counter overhanging advertisements, inflatables and cardboard cutouts.

Chart 6: Percent of Retailers with Interior Advertising for Tobacco and Related Products

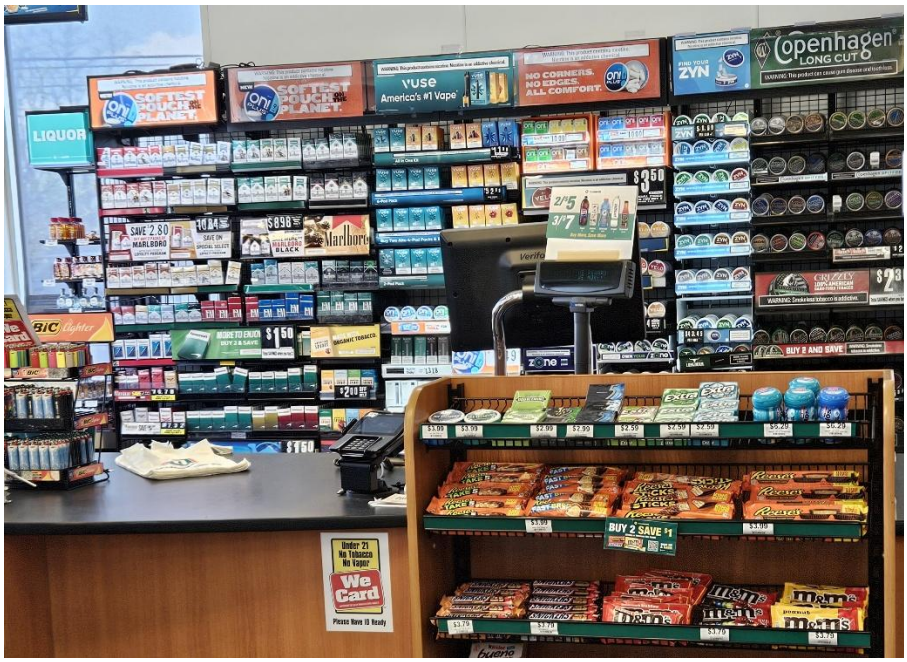


Behind the counter advertisements were the most frequently used strategy with just over 60% (n = 122) of retailers placing advertising behind their counters. Retailers typically used multiple behind the counter advertisements with the number

Chart 7: Interior Advertisements by Type



displayed varying by retailer. This is noteworthy since advertising placement in highly visible and frequented areas can cue cravings for existing users and build curiosity among potential user. Seventy-five percent of retailers displayed 1 to 10 behind-the-counter advertisements and the remaining 25% of retailers displayed from 11 to 33 behind-the-counter ads. Gas stations, convenience stores and pharmacies frequently displayed multiple manufacturer-produced advertisements behind their checkout counters for cigarettes, nicotine pouches, e-cigarettes/vapes and chewing tobacco. Nicotine pouches as a relatively newer product were heavily advertised, second only to cigarettes. Very few retailers did not advertise at all.

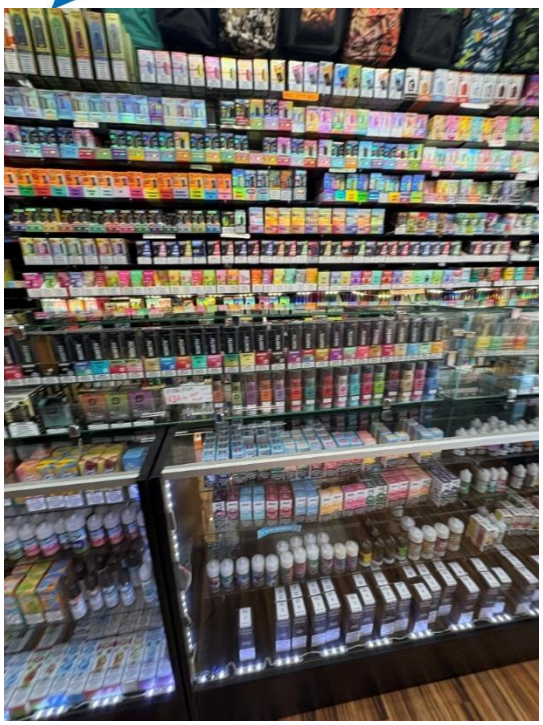


Behind the counter display with multiple small to midsize tobacco product posters

Checkout counter poster for cigarettes

To a lesser degree retailers utilized eye level advertising at the register or facing the checkout. Other types of interior advertising included posters on interior doors and advertisements suspended from the ceiling.

Smoke/vape shops were the most likely to be identified as retailers that didn't post any interior advertisements. Those that did not advertise through interior signage, instead marketed through robust product placement, such as floor-to-ceiling cabinets and shelves full of many product types and options within each product type (e.g. multiple flavors, units/servings, brands, potencies, etc.)



Smoke/vape shop without advertisting, yet robust product presentation.

Flavors, Product Packaging and Design

Tobacco retailers have used multiple strategies in their design and packaging to appeal to youth audiences and encourage initial and ongoing use of their products. Use of fruit, candy, mint and drink flavors has been utilized to increase palatability of tobacco products and ease initial and ongoing use.[xiv]

Flavor promotion advertising

Colorful packaging, use of cartoon characters in packaging and candy-like products and packaging that closely mimic standard candy products deliberately appeal to youth and were noted multiple times. These flavoring and packaging design strategies were replicated for THC and kratom products. Some product design and packaging specifically appealed to young women with slim, sleek design, stereotypical feminine colors like pink and pastels and design to mimic purses. Further, product design has increasingly focused on undermining smoke free policies with the development of more discreet, covert products such as e-cigarettes and nicotine pouches.[xv] [xvi]

Young female targeted advertising

Our environmental scan findings demonstrated that flavored tobacco products were highly prevalent and offered with great frequency among retailers with fruit flavors being most commonly present (97% of retailers) followed by with menthol/mint and candy/dessert flavors (91% of retailers) and drink flavors (74% of retailers).

Forty percent of retailers utilized colorful packaging to promote products and nearly one third promoted flavors in their advertising (32%). Just over one in ten retailers made use of cartoon characters to promote products and 1 in 10 (10%) mimicked candy and cookie products.

Use of youth media and cartoon characters in advertising (left: Super Mario characters, right: Sesame Street character)

Cultural Imagery and Language, Celebrity Appearances

In addition to youth focused advertising, retailers also incorporated cultural symbols and non-English language in their design, packaging and advertising to target specific audiences. Most commonly noted were the use of Native American/American Indian imagery with tobacco products, American patriotic imagery invoking the

250th anniversary of the USA, specifically around the 4th of July holiday, use of Spanish language with Senorita brand THC drinks and Arabic language with tobacco for hookahs.

Some tobacco advertising invoking Native American/American Indian imagery also messaged products as natural and organic, with claims like “farm to pack,” “additive free,” and “organic tobacco,” implying healthful qualities. Occasional use of Rastafari imagery with cigars/cigarillos and THC products, Asian characters and Anime imagery were also noted with THC products. Celebrities were featured in advertising on occasion, such as Snoop Dogg promoting hookah tobacco.

Product Placement and Co-Sale with Youth Directed Products

In addition to advertising and marketing, **product placement** in retail locations has been demonstrated to influence initiation and continued use of tobacco and related products. Placement of products in most frequented locations such as checkout counters and highly visible shelves increases product exposure and promotes curiosity and earlier experimentation; it also fosters continued use by cueing cravings and promoting impulse purchases[xvii] [xviii] Placement near items that appeal to youth such as candy, snacks, and toys introduces and repeatedly exposes young people to tobacco and related products.

Vape products on promotional pricing near candy display and advertising

Nearly 6 out of 10 retailers in our sample (59%) placed tobacco and related products near candy, snacks, toys and other youth appealing merchandise such as shoes, fuzzy slippers and backpacks. Tobacco and related products are both located and advertised near candy and snacks with regularity. Documented examples include vape products near single serve candy items and cartoon-based advertising as well as THC and kratom products placed near a K-pop demon hunters display.

Kratom and THC products sold behind K-pop demon hunters display

Proximity to Sensitive Locations: Schools and Childcare Centers

Tobacco legislation limits sale of tobacco products within 1,000 feet of sensitive locations such as schools and childcare centers because this close proximity can increase exposure to and access to products and advertising, increasing the likelihood of permissive norms, experimentation and initiation. For the purposes of this environmental scan, we calculated the distance between sampled retailers in each municipality and that municipality's public

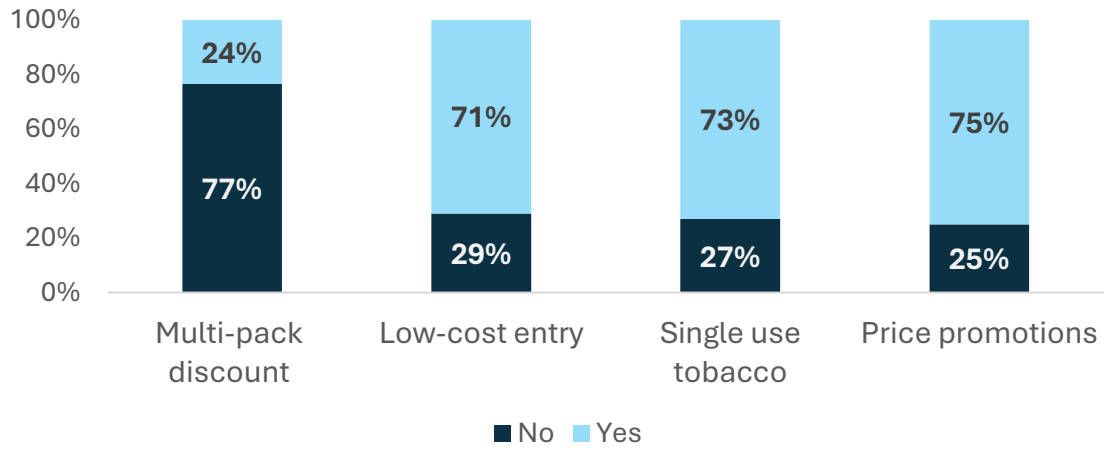
elementary, middle and high schools, early childhood centers and libraries. Any retailers that were less than 1,000 feet from these sensitive locations would be considered in non-compliance with proximity regulations. While including all private schools and childcare centers would have been beyond the scope of this environmental scan, if they were identified during the course of retailer visits this was documented.

The distance between the 200 sampled retailers and 268 public schools, early childhood education centers and libraries yielded a total of 2,680 distance calculations completed between retailers and sensitive locations. From these calculations, 3 schools/libraries were within 1,000 feet of tobacco retailers. Private childcare centers and schools identified during the course of visiting retailers added an additional 10 school and childcare sites. This yielded a total of 13 retailers (6.5% of sample) in non-compliance with proximity regulations. Findings suggest that by and large retailers are complying with proximity regulation, but outliers to this compliance remain.

Discounts and Price Promotions

Single use, low cost and disposable tobacco products have been associated with increased youth initiation and experimentation. Adolescents and young adult use patterns have been shown to be especially influenced by product cost with greater use when low-cost options are available.[xix] Lower income audiences are also more vulnerable to increased use with availability of single-use and low-cost entry products. Additionally, disposable e cigarette/vape products do not require charging or refilling and can be used discreetly, removing technical as well as cost barriers to use. Notably, some disposable products contain higher concentrations of nicotine than refillable products, raising concerns that more highly addictive products are being marketed to youth and other price sensitive audiences.[xx]

Chart 8: Percent of Retailers that Offer Discounts and Price Promotions



The strong majority of retailers (75%) used price promotions to appeal to buyers. Environmental scan findings show that single use and low-cost entry products were commonly present among tobacco retailers with 73% of retailers carrying single-use tobacco products and 71% selling low-cost entry products, especially for cigarillos and cigars. However, single use options were noted across a range of products including cigars/cigarillos, THC gummies, kratom tablets and THC drinks.

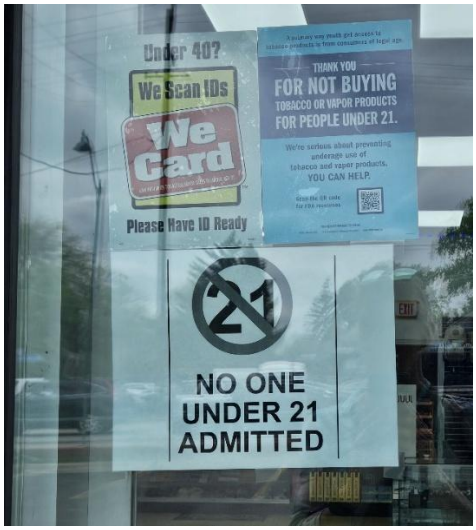
Images to the right and below show single serve options available for cigarillos for 99 cents, hi potency kratom for $10.99 and THC beverages at various prices.

Multipack discounts were present but less frequently seen (24% of retailers). Examples of discounts and price promotions included reduced unit price when purchasing two products, discounts with multipack purchases, e.g., save money when purchasing 5 cans of nicotine pouches, increasing discounts for buying a greater number of THC drinks, and 2 cigarillos for 99 cents. Marketing sometimes appeared to reflect manufacturer-based discounts while other times it appeared to originate from individual retailers (handwritten or printed signs).

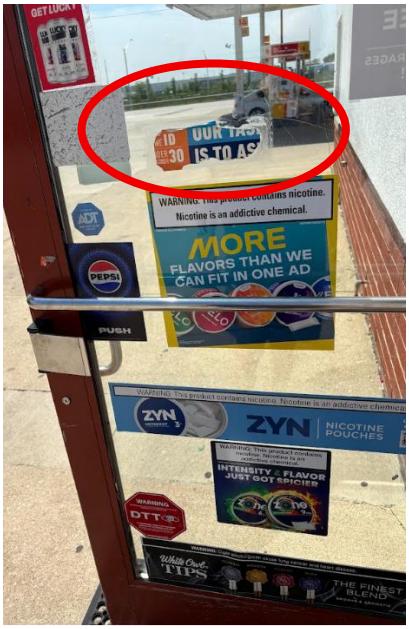
Images to the right and below show manufacturer and retailer originated discounts and price promotions for multiple tobacco products and THC beverages

Age of Sale

Federal law prohibits the sale of tobacco products to anyone under the age of 21 and further requires verification of age prior to purchase.[xxi] Age of sale signs posted at retail locations are intended to discourage underage use of tobacco and related products by serving as a warning to patrons and store staff that underage sale of tobacco and related products is illegal. Research sampling U.S. metropolitan areas estimates that 74%-91% of retailers display age of sale signs and that these signs may influence adolescents and young adults' intentions to purchase tobacco products.[xxii, xxiii] Encouragingly, the strong majority of retailers in our sample (82%) displayed age of sale signs in their stores in clearly visible or even multiple locations. A smaller portion of retailers displayed age of sale signs that were small, damaged or partially hidden from view. Entrance and exit doors were the most frequent posting location with nearly 80% of retailers using this location. Slightly less than half of retailers posted age of sale notifications at the checkout area (42%). Most smoke/vape shops prominently displayed age of sale signs and postings in multiple locations.

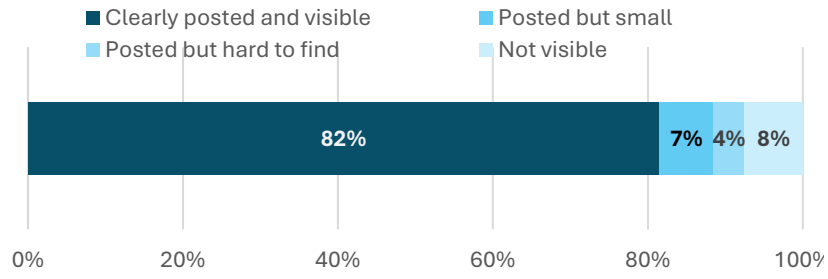


Clearly and prominently posted age of sale sign



Scratched off age of sale sign

Chart 9: Percent of Retailers Displaying Age of Sale Signage



Additional Findings: Drive Through Retailers

While not originally conceptualized as part of our environmental scan, a small number of drive through retailers (n = 4) were noted. Products sold at drive through locations included the full range of products monitored as part of this environmental scan including tobacco, THC and kratom/synthetic kratom products. No current peer-reviewed research was available specific to the influence of drive through retailers on tobacco use outcomes, however, the body of research on tobacco retailers indicates that as retailer density and proximity increase, so too does tobacco use and negative health outcomes. Drive through tobacco retailers present unique risks in that patrons are able to purchase not only tobacco but psychoactive products, including those that have been synthesized to increase potency, such as THC and kratom products, while operating a vehicle. This potentially amplifies the risk for harm associated with use of these products. Drive through sales also challenges store staff's ability to accurately verify purchasers' age.

Signage for drive through tobacco retailers.

Recommendations for Prevention & Advocacy

The distribution and density of tobacco retailers across DuPage County, as well as the range of product offerings, advertising and marketing strategies present a complex and continually changing public health concern. Notably, the wide prevalence of a range of tobacco products, sale of synthesized high potency psychoactive products like THC and kratom with very little regulation, and finally advertising and marketing strategies directed at vulnerable audiences, such as youth and low-income residents are all alarming findings.

Response strategies to tobacco and related products must be rooted in evidence and best practices, multifaceted and nimble to successfully address these health concerns. An effective public health response to reduce use of tobacco, THC and kratom products will require coordinated strategies working together to maximize positive health outcomes, including regulatory components, robust awareness building and education including skills-based, harm reduction and avoidance, adjustment of social norms and availability of desirable substance free social and recreational opportunities. At the time when this environmental scan was being conducted both local and federal changes to the sale of kratom and THC products were being proposed and enacted.[xxiv xxv] These regulations will continue to evolve, and a public health response should be crafted in light of these ongoing

developments. Based on the findings of this environmental scan and review of research and practice literature we make the following recommendations:

Promotion, Marketing and Advertising

1. **Restrict Youth Focused Advertising and Marketing for Tobacco and Related Products.** Multiple products were packaged, promoted and displayed in ways that specifically appeal to youth well below the age of legal use. This included use of cartoon imagery, candy and fruity flavors, and packaging and design that closely mimics standard candy and cookie products. Further, many retail locations placed products near items that would appeal to youth such as near toys, candy and backpacks. The use of tobacco, THC and kratom products carry health risks at any age, however their risks for developing brains and bodies are especially concerning.
2. **Limit Tobacco and Related Product Placement in Highly Frequented, Highly Visible Retail Locations.** While tobacco product manufacturers would prefer their products placed in highly visible and trafficked retail spaces, these spaces also cue cravings among users, reinforcing use and challenging cessation attempts. Similarly, advertisements in these spaces normalize use contributing to a culture of greater permissiveness and acceptance.

Product Design Restrictions

1. **Restrict Availability and Advertising of Flavored Tobacco Products.** While restrictions are in place prohibiting the sale of tobacco products to people under 21, neither DuPage County nor the State of Illinois have comprehensive bans on the sale or marketing of flavored tobacco products.[xxvi] [xxvii] This is troubling given that flavored products are designed to mask taste of tobacco products and be better tolerated. They are also associated with increased appeal to youth, experimentation and initiation of use.
2. **Restrict Access to Single Use and Low-Cost Tobacco and Related Products.** Increased tobacco taxes have proven to be a highly effective policy intervention at reducing population tobacco use. Offering low-cost, single use products creates a loophole that bypasses this effective policy. Furthermore, low cost- single use tobacco products have been shown to be disproportionately utilized by more vulnerable youth and low income audiences, ultimately exacerbating health disparities and long term health concerns.[xxviii] It should be noted that low-cost and single use versions were available for multiple products beyond tobacco including THC beverages, THC gummies and synthetic kratom and similar restrictions would be recommended for these products to reduce experimentation and initiation of vulnerable audiences.

Awareness Building and Education and Supportive Services

1. **Continue high quality, evidence-based prevention education and awareness building for tobacco products; enhance prevention education and awareness building for THC and kratom products**. Skills-based, multiple session prevention education that focuses on refusal skills, addressing peer pressure, and critically evaluating social media and influencer claims about tobacco and related products (media literacy) have been more effective than more passive learning approaches such as lecture and information-only.[xxix] No current literature was available for kratom specific education and interventions, suggesting a gap in our education and awareness building that needs to be addressed. Engaging and educating youth audiences, parents, caregivers and the general population on these health risks will be important although will require different venues and strategies for different audiences (e.g. school-based curriculum, social media campaigns, event-based education).
2. **In addition to building awareness and providing education, provide comprehensive treatment and recovery services for individuals already using tobacco and related products**. While best treatment options will vary based on the product being used, the following best practices have been noted across multiple substances: cognitive behavioral therapy, withdrawal management, medication management for treatment and recovery, care coordination, individual and group peer support and supportive services. Continue efforts to incorporate best practices into treatment, recovery services and at scale to meet community need.

Age of Sale Monitoring and Enforcement

3. **Monitor and Enforce Age of Sale.** Ensure that tobacco and related products are not being sold directly to people under the age of 21 through a series of measures including unannounced compliance checks, graduated enforcement and penalties for retailer violations with greater penalties for more frequent or severe violations, retailer education and training in age of sale, and license revocation for retailers who violate age of sale laws.

Environment/System

4. **Carefully consider implementation of tobacco retailer density policies.** Multiple types of density reduction policies have been enacted with mixed outcomes and community support, including a reduction in overall density within a designated geographic area or per population density, reduction by retailer type (e.g. pharmacy or grocery store) or restricting retailers near sensitive locations like schools and libraries or clusters of retailers within close distance to each other. Some attempts

to restrict density by retailer type have resulted in inequitable reductions in smoking prevalence, so care should be taken in implementation planning to prevent future inequities. Conversely, limited evaluations have shown school buffer policies to increase health outcome equity and reduce overall retailer density.[xxx] Monitor any future enactment of density policies for potential impact on overall and equitable reduction in use prevalence and adjust strategy as needed.

5. **Coordinate surveillance and case study data sharing for tobacco and related products.** Gaps exist in current behavioral risk factor and substance use surveillance data that limit capacity to fully understand the nature of substance use in DuPage County and to respond appropriately. Addressing these gaps would improve public health and clinical responses. Gaps include but are not limited to data on use of nicotine pouches, kratom and synthetic kratom products among adults and youth, overdose and poison control response data related to kratom/synthetic kratom, and emerging best practices and response with new substances. Consider what data is most important to share, with what frequency, among which stakeholders and how response planning will take place once data is coordinated. Understandably products in use evolve over time making this work a moving target. Sharing emerging data and trends among healthcare providers and program planners will ultimately strengthen the health system response.
6. **Monitor both Federal and local response to current and emerging substances; build out a health response in light of ongoing changes.** At the time of this environmental scan the DEA has been considering a scheduling change that would ban the sale of synthetic kratom while also considering a scheduling change to medical marijuana products that would ease access. Additionally, local municipalities are considering and enacting restrictions on such products.[xxxi] The city of Wheaton banned delta-8 THC, delta-9 THC, kratom, tianeptine and recreational nitrous oxide effective May 1, 2026. The city of Naperville is currently considering a kratom ban as well. It is likely that policies will continue to change and once enacted, these policies will have both intended and unintended consequences. For example, while the DEA reclassification of synthetic kratom would end legal sale of these products, it would not address existing dependence among some DuPage County residents on these products and health response required to address their withdrawal, treatment and recovery needs. Nor would it account for products that might be introduced in the absence of newly banned products. Diligent monitoring of enactment, implementation response and health consequences will be necessary to address these concerns.

Limitations

While every effort was made to minimize the limitations of the current environmental scan, all studies include limitations to their design and generalizability. First, caution must be taken in generalizing findings from this environmental scan to other counties or regions in Illinois, the state as a whole, or beyond. While this study was representative of DuPage County, we cannot ensure representativeness to other counties, regions or the state of Illinois, where factors such as retailer and population density, municipal codes vary, impacting tobacco retailer distribution and density as well as products advertised, marketed and sold.

Additionally, our study was limited specifically to advertising and marketing strategies used within retail stores and directly outside these locations. We recognize the use of multiple advertising and marketing strategies that were not assessed in this scan, including the strong presence of online, social media and influencer-based advertising and marketing, as well as promotion of products at entertainment and sporting events. We further recognize these as highly influential strategies for cultivating new users and continuing to reach ongoing users of tobacco and related products and encourage attention to their study. These strategies were simply outside the scope of this environmental scan.

Finally, there is potential for under representation of the frequency with which products were sold among retailers, especially smoke/vape shops that sold a very large volume and range of products at varying potencies. In some instances, retailer staff were not open or welcoming to observer presence and scan activities needed to be completed more quickly. It is possible in these instances we may have under counted some available products. Some products that were present at tobacco retail locations were not specifically given product categories in our original scan rubric, for example psilocybin mushroom products. We documented these products anecdotally and in our “other” category of products, but it is possible that they are sold in greater frequency than we documented as we learned of their consistent presence in smoke and vape shops over the data collection process.

Acknowledgements

This project was made possible by funds received from the Illinois Department of Public Health.

Appendix A: Number of Tobacco Retailers per DuPage Municipality

Municipality	Total Tobacco Retailers
1. Addison	45
2. Aurora*	26
3. Bartlett*	15
4. Batavia	0
5. Bensenville*	32
6. Bloomingdale	19
7. Bolingbrook	0
8. Burr Ridge*	4
9. Carol Stream	39
10. Clarendon Hills	1
11. Darien	16
12. Downers Grove	44
13. Elgin	0
14. Elk Grove Village*	3
15. Elmhurst	29
16. Glen Ellyn	21
17. Glendale Heights	24
18. Hanover Park	11
19. Hinsdale	6
20. Itasca	12
21. Lemont	0
22. Lisle	25
23. Lombard	46
24. Medinah	1
25. Naperville	57
26. Oak Brook	4
27. Oakbrook Terrace	10
28. Roselle	16
29. Saint Charles*	1
30. Schaumburg	0
31. Villa Park	31
32. Warrenville	13
33. Wayne	0
34. West Chicago	24
35. Westmont	30
36. Wheaton	30
37. Willowbrook	15
38. Winfield	9
39. Wood Dale	18
40. Woodridge	19
Total	696

*Indicates municipality both in DuPage and other counties

Appendix B: Tobacco Retailer Rubric

General Information

Date of Retailer Visit: _____ Staff Completing Retailer Visit: _____

Businesses

1. Business Name: _____

2. Business Address: _____

3. Business Type
    a. Tobacco Retail Store/Smoke/Vape Shop (ex: Pure Cloud Smoke Shop)
    b. Liquor Store (ex: Armanetti, Oakhurst Liquors)
    c. Gas Station Convenience Store (ex: Thorton's, Citgo, Speedway)
    d. Pharmacy/Drug Retail Store (ex: Walgreens, CVS)
    e. Supermarket/Other Grocery Store (ex: Jewel, Meijer)
    f. Convenience Store (not associated with gas station, ex:. 7-11)
    g. Specialty Food Store (ex: Standard Market, Mariano's)
    h. Other (specify): _____

4. Is this business within 1000 ft of a school or daycare? (Y/N)

5. Is this business within 1000 ft of a library? (Y/N)

Numbers, locations, and types of advertisements

Interior to Retailer

1. Type and number of interior tobacco ads: (provide number for each type)
    a. Behind counter only, low prominence _____
    b. Eye-level placement at register _____
    c. Prominent displays facing checkout lines _____
    d. Other type: _____

2. Are there any ads inside the store that have youth marketing appeal (including packaging)? Check all that apply:
    a. Flavored products (e.g. fruit/candy/drink)
    b. Cartoon characters

c. Colorful/youthful packaging or imagery
d. Mimics candy/cookie products
e. Other_ _____
f. None

Exterior to Retailer

3. Type and number of exterior tobacco ads: (provide number for each type)
    a. Flags: _____
    b. Banners: _____
    c. Window wraps: _____
    d. Neon signs: _____
    e. Other type: _____

4. Are there any ads outside the store that have youth marketing appeal? Check all that apply:
    a. Flavored products (e.g. fruit/candy/drink)
    b. Cartoon characters
    c. Colorful/youthful packaging or imagery
    d. Mimics candy/cookie products
    e. Other: _____
    f. None

Interior and/or Exterior to Retailer

5. Are there any tobacco ads that have celebrities in them? (Y/N)

6. Are there any tobacco ads that have young people in them? (Y/N)

7. Is there any flavor promotion messaging in advertisements? (Y/N)

8. Does the store contain any tobacco ads with specific cultural/heritage targeting? (Y/N)
    a. Please describe targeting (e.g. Cinco de Mayo ads): _____

9. What non-English languages are featured in the store's advertisements?
    a. Spanish
    b. Other: _____

Types of displays and promotions

10. Are there multi-pack discount promotions for tobacco products? (Y/N)

11. Are there discount promotions for:
    a. low-cost entry tobacco products? (Y/N)
    b. single use tobacco products? (Y/N)

12. Are there special price promotions (e.g. coupons, buy one get one free, price discounts, etc.) (Y/N)

13. Are there ads for: (check all that apply)
    c. cigarettes
    d. Flavored cigars (regular, little, or cigarillo)
    e. e-cigarettes/vaping products
    f. Nicotine pouches
    g. Other: _____

14. Is there any tobacco product advertising or product placement near candy/snacks/toys? (Y/N)
    h. What types of products are advertised/placed here?: _____

15. Is there any age of sale sign displayed?
    i. Clearly posted and visible
    j. Posted but small
    k. Posted but hard to find
    l. Not visible

16. Where was age of sale sign displayed?
    m. At checkout area
    n. On entrance/exit door
    o. Near product
    p. Other: _____

Types of Products Sold

17. Select all that apply:
    a. Cigarettes
    b. Cigars
    c. Cigarillos
    d. Smokeless tobacco (dipping/chewing tobacco)
    e. Nicotine pouches (e.g. Zyn)

f. E-cigarettes/vapes
g. Heated tobacco products
h. Loose tobacco (e.g. roll your own cigarette, for pipes)
i. Hookah
j. Kratom/Kratom derivatives (e.g. 7-OH)
k. THC/Marijuana derivatives
l. THC/Marijuana derivative beverages
m. Other

18. What types of flavors are available?
    n. Tobacco/unflavored only
    o. Limited to menthol/mint only
    p. Fruit/ flavors
    q. Candy/dessert flavors
    r. Drink flavors

Photo Documentation

19. Take Images of:
    a. Products Sold (e.g. range and type of products, flavors, youth-focused packaging)
    b. Youth Focused Advertising (ex: placement near candy or toys, fruit or candy flavors)
    c. Discount Promotions that Appeal to Youth, Facilitate Youth Entry into Market (e.g., low-cost entry tobacco products, single use tobacco products, price discounts like percent off or BOGO)
    d. Age of Sale Display (demonstration of prominence or lack thereof)
    e. Non-English languages

References

[i] World Health Organization (2026). Fact Sheet: Tobacco and nicotine.

[iiiii] Lee, J. G. L., Kong, A. Y., Sewell, K. B., Golden, S. D., Combs, T. B., Ribisl, K. M., & Henriksen, L. (2022). Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: a meta-analysis. *Tobacco control*, *31*(e2), e189–e200.

[iii] ibid

[iv] Martin-Gall, V., Neil, A., Macintyre, K., Rehman, S., Nguyen, T. P., Harding, B., & Gall, S. (2024). Tobacco retail availability and smoking-A systematic review and meta-analysis. *Drug and alcohol review*, *43*(7), 1718–1732. https://doi.org/10.1111/dar.13936

[v] ibid

[vi] Department of Justice/Drug Enforcement Administration. (2020). Drug Fact Sheet: What is Kratom?

[vii] US Food and Drug Administration (2024). 7-Hydroxymitragynine (7-OH): An Assessment of the Scientific Data and Toxicological Concerns Around and Emerging Opioid Threat.

[viii] Drug Enforcement Agency (2026). DEA to Temporarily Schedule 7-OH and Related Substances to Protect Public Safety.

[ix] US Drug Enforcement Agency. Drug Scheduling.

[x] US Food and Drug Administration (2024). Unapproved Drugs.

[xi] National Capital Poinson Center: Poison Control. (2026). What is Delta-8-THC?

[xii] US Food and Drug Administration (2025). FDA Advises Consumers Not to Inhale Nitrious Oxide Products.

[xiii] University of California San Francisco, California Poison Control System. Magic Mushroom (Psilocybin) Safety.

[xiv] World Health Organization (2025). Information Sheet: The role of flavours in increasing the appeal of tobacco, nicotine and related products.

[xv] World Health Organization (2025). Information Sheet: Understanding the design features of tobacco, nicotine and related products and their possible effects.

[xvi] Phan, L., Zarei, K., Chen-Sankey, J., Hacker, K., Ajith, A., Jewett, B., & Choi, K. (2024). Exposure to nicotine pouch marketing and nicotine pouch experimentation among U.S. adults who use commercial tobacco. *Preventive medicine reports*, *46*, 102868. https://doi.org/10.1016/j.pmedr.2024.102868

[xvii] McClure-Thomas, C., Yimer, T., Strong, C., Sun, T., Hall, W. D., Chan, G. C. K., Connor, J. P., & Leung, J. (2026). A systematic review and meta-analysis of self-reported exposure to cannabis advertising and its association with cannabis use and intentions. *Addiction (Abingdon, England)*, *121*(6), 1343–1361. https://doi.org/10.1111/add.70310

[xviii] Reimold, A. E., Lee, J. G. L., & Ribisl, K. M. (2023). Tobacco company agreements with tobacco retailers for price discounts and prime placement of products and advertising: a scoping review. *Tobacco control*, *32*(5), 635–644. https://doi.org/10.1136/tobaccocontrol-2021-057026

[xix] Pesko, M.F., Huang, J., Johnston, L.D., & Chaloupka, F.J. (2018). E-cigarette price sensitivity among middle- and high-school students: evidence from monitoring the future. *Addiction*. 5(113): 896-906.

[xx] Kopa-Stojak, P. N., & Pawliczak, R. (2025). The role of sweet/fruit-flavored disposable electronic cigarettes on early nicotine initiation - a systematic review. *BMC public health*, *25*(1), 643. https://doi.org/10.1186/s12889-025-21897-z

[xxi] US Food and Drug Administration (2025). Tobacco 21.

[xxii] Berg, C. J., Romm, K. F., Barker, D. C., Schleicher, N., Johnson, T. O., Wang, Y., Sussman, S., & Henriksen, L. (2023). Changes in the Point-of-Sale Among Vape Shops in Six U.S. Metropolitan Areas Over Time, 2018-2021. *Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco*, *25*(7), 1369–1377. https://doi.org/10.1093/ntr/ntad046

[xxiii] Reynolds, R. M., & Gaiha, S. M. (2025). Effectiveness of signage in preventing adolescents and young adults from accessing e-cigarettes in retail stores: a discrete-choice experiment. *Tobacco control*, tc-2025-059467. Advance online publication. https://doi.org/10.1136/tc-2025-059467

[xxiv] City of Wheaton. (2026). Ordinance No, O-2026-19: AN Ordinance Amending the Code of Ordinances of the City of Wheaton Chapter 42 "Offenses and Miscellaneous Provisions", Article II "Cannabis, Controlled Substances, Paraphernalia" by Adding Provisions Relating to Tetrahydrocannabinol (THC) Products and Other Psychoactive Substances.
[xxv] Drug Enforcement Agency (2026). DEA to Temporarily Schedule 7-OH and Related Substances to Protect Public Safety.
[xxvi] Illinois General Assembly (2026). Senate Bill 3148 Flavored Tobacco Ban
[xxvii] DuPage County, Illinois Code of Ordinances, Chapter 20 Law Enforcement, Article XIII Tobacco Products.
[xxviii] Akter, S., Rahman, M.M., Rouyard, T. *et al.* A systematic review and network meta-analysis of population-level interventions to tackle smoking behaviour. *Nat Hum Behav* **8**, 2367–2391 (2024). https://doi.org/10.1038/s41562-024-02002-7
[xxix] Alsahli, F. A., Alruwais, N. M., Alsultan, L. S., Abojalid, B. S., Nughays, R. O., Humedi, A. M., Alosaimi, A., Alrubaian, M. T., Almuteri, D. Z., & Alkhunizan, M. A. (2025). Interventions for Prevention of Tobacco Smoking in School-Aged Children and Adolescents: A Systematic Review and Meta-Analysis. *Cureus*, *17*(1), e77008. https://doi.org/10.7759/cureus.77008
[xxxxxx] Glasser, A. M., & Roberts, M. E. (2021). Retailer density reduction approaches to tobacco control: A review. *Health & place*, *67*, 102342. https://doi.org/10.1016/j.healthplace.2020.102342
[xxxi] US Drug Enforcement Agency (2026). Marijuana Rescheduling Regulatory Actions.