



No Ifs, Ands or Butts: *Proven Anti-Smoking Strategies for States*

While cigarette smoking among adults in the United States continues to decline, public health experts warn state legislators that it is too early to declare victory. Some states have used proven prevention strategies to dramatically cut the number of smokers and the burdens of smoking-related chronic diseases. However, stalling rates of youth smoking reduction and the fact that tobacco use remains the leading preventable cause of death show the fight is not over.

Smoking Remains a Major Health Threat

"With high profile events such as the state settlements with the tobacco industry and the many other anti-smoking successes we've achieved so far some people may conclude that the tobacco problem is solved, but actually our work is far from done," says Dr. Corinne Husten, acting director of the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC).

To show how much work remains to be done, Husten outlines the human and financial toll that tobacco use continues to exact:

- More than 45 million Americans still smoke.¹
- Every year approximately 440,000 Americans die of a smoking-related illness—making smoking the leading preventable cause of death.²
- Declines in youth smoking rates have slowed between 2002 and 2004.³
- Smoking costs the U.S. economy more than \$167 billion a year, including more than \$75 billion in medical expenditures and \$92 billion in lost productivity.⁴
- The effects of secondhand smoke exposure cost the economy an estimated \$10 billion a year.⁵
- African-Americans have a higher rate of exposure to secondhand smoke than whites and Hispanics.⁶



healthy states brief: smoking and health

This issue brief is based on a September 8, 2005 Healthy States Web conference entitled "No Ifs, Ands or Butts: Proven Anti-Smoking Strategies for States." To access an archive of this Web conference and other Web conferences in this Healthy States series, visit www.healthystates.csg.org, keyword: *web conferences*.

Why States Must Maintain Anti-Smoking Efforts

According to Husten, states should continue to fight smoking not just because it remains a major public health burden, but also because states have developed measurably effective anti-smoking strategies. "We have strong evidence that [state] comprehensive tobacco control programs are effective and can dramatically improve health outcomes," she says.

For example, Husten says a study recently found that California's program resulted in an estimated 33,000 fewer deaths from heart disease during a 10-year period⁷ and in just 8 years saved an estimated \$8 billion in health care and lost productivity costs attributable to smoking.⁸

After Arizona implemented a comprehensive tobacco control program in 1995, the number of smokers dropped from 23

percent in 1996 to 18 percent in 1999.⁹ In four states that dedicated significant funding to tobacco control efforts, cigarette sales fell an average of 43 percent between 1990 and 2000 compared with an average of 20 percent for all other states. The four states were Arizona, California, Massachusetts and Oregon.¹⁰

"Research shows us that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking," Husten says. "Cigarette sales dropped more than twice as fast in states with comprehensive programs compared to the rest of the country."¹¹ Another study shows that the more states spend on comprehensive tobacco control programs, the lower the youth smoking rates are and the longer states invest in programs, the greater and faster the impact."¹²

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—Dr. Corinne Husten, CDC

Comprehensive Tobacco Control

What does a state comprehensive tobacco control program look like? According to Husten, a CDC-recommended model program includes this combination of policies and interventions:¹³

- Using excise taxes to increase the price of tobacco products;
- Sustained media campaigns to discourage smoking;
- Mobilizing key community and neighborhood organizations and resources to combat smoking;
- Telephone support quit-lines to connect smokers with resources and counseling to help them quit smoking;
- Insurance coverage or reduced costs for smoking cessation counseling and drugs;
- Routine screening and treatment of tobacco use by health care providers; and
- Smoking bans in public places and work environments

A Closer Look: New York's Efforts

New York, which has seen its per capita cigarette consumption decline faster than the national average,¹⁴ is an example of a state that has successfully implemented

many elements of a comprehensive tobacco control program.

According to Dr. Ursula Bauer, director of the state's tobacco control program, New York's comprehensive anti-smoking efforts are built around five major strategies that incorporate most of CDC's recommended policies and interventions. Bauer has identified five key strategies:

- Funding scores of community-based organizations to help them fight tobacco use at local level and fight tobacco promotion in neighborhood stores, billboards, schools and businesses;
- Keeping the price of tobacco products high with a \$1.50 excise tax per cigarette pack and a 37 percent tax on other tobacco products, and restricting the places where tobacco products can be sold;
- Minimizing nonsmokers' exposure to second-hand smoke through smoking bans in indoor public spaces and workplaces;
- Running an aggressive, emotionally powerful media campaign to motivate smokers to quit and prevent others from ever starting; and
- Helping to make it easier for smokers

to quit through staffing telephone quit-lines, offering counseling and follow-up services, cutting costs for nicotine replacement products and encouraging health care providers to screen for tobacco use.

Bauer notes that the first four strategies not only reduce the amount of smoking among adults, but also are effective in preventing children from starting to smoke.

Additionally, Bauer says that the law that created New York's comprehensive tobacco program contained a rigorous evaluation requirement. “Thanks to the evaluation component, we're accumulating evidence about the effectiveness of our own tobacco control efforts even as researchers across the country and around the world continue to add toward the overwhelming evidence that investment in tobacco control saves lives and money.”

Community, Legislative Support are Key

Bauer says that having the right policies in place is only part of the story of the state's success, however. “We know that the public here supports tobacco control,” Bauer says. “Nearly 80 percent of New Yorkers favor our clean indoor air law, including almost half of smokers”—and that community-level support, she says, is crucial.

Deep and widespread legislative support is another essential element to a successful tobacco control program. “Reducing the death and disease caused by smoking is



What Works In Tobacco Control?

Key Publications About Effective Policies

The CDC publishes two useful resources for state legislators seeking to advance evidence-based anti-smoking policy in their states.

Best Practices for Comprehensive Tobacco Control Programs is a guidebook to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use. The book identifies and describes the key elements for effective state tobacco control programs, including programs designed for communities, schools and the entire state.

The book addresses cessation programs, counter-marketing, enforcement, surveillance and evaluation, and chronic disease programs to reduce the burden of tobacco-related

diseases. Program funding models for all 50 states are included. To download a free copy of the guidebook, visit www.cdc.gov/tobacco/bestprac.htm

CDC's *Guide to Community Preventive Services* (commonly known as the “Community Guide”), provides policymakers with recommendations about population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by local communities and health care systems.

The recommendations come from an independent task force of national experts, which makes its recommendations based on systematic reviews. More information about the *Community Guide*, the tobacco recommendations and the links to other resources, is available at www.thecommunityguide.org.



Key Elements of Effective Comprehensive Tobacco Control Programs

- Using excise taxes to increase cost of tobacco products
- Anti-smoking media campaigns
- Mobilizing neighborhood organizations to combat smoking
- Phone quit-lines to connect smokers with resources and counseling
- Insurance coverage for smoking cessation counseling and drugs
- Routine screening and treatment of tobacco use by health care providers
- Smoking bans in public places and work environments

Source: CDC's *Guide to Community Preventive Services*

certainly not a Democratic or Republican issue—it's a core public health issue and [in New York] our coalition is built on that understanding, and that's why we have support for tobacco control across party lines here," says long-time New York Assemblymember Pete Grannis, an author of the state's clean indoor air and cigarette fire safety acts.

Funding and Other Challenges

Even though the comprehensive tobacco control programs of New York and other states such as California, Massachusetts and Arizona have resulted in proven declines in smoking rates, state level anti-smoking ef-

forts still face daunting challenges.

One of the most severe challenges is the stability of funding for tobacco prevention and control. During the last fiscal year, states got \$19 billion from tobacco excise taxes and tobacco settlement payments, but spent less than 3 percent of those funds on anti-smoking efforts.¹⁵ Between the difficult fiscal years of 2002 and 2005, state commitment of settlement funds to prevention and control efforts fell by 28 percent.¹⁶

As state spending on tobacco control programs declined, advertising by the tobacco industry increased. Between 1997 and

2003, the industry increased its promotional spending from nearly \$6 billion to over \$15 billion a year.¹⁷

The cuts in state anti-smoking efforts have dramatic impacts on program effectiveness. In Massachusetts, after cuts of 92 percent in an anti-youth smoking program, the state saw large increases in illegal cigarette sales to minors.¹⁸

"Resources are critical for sustainable tobacco control programs," CDC's Husten notes. "Because without these resources, even the most well-designed state program can't be effective."

Want to Fight Smoking In Your State?

Advice From A Veteran Legislature



Assemblymember Pete Grannis is a veteran anti-smoking champion and legislator since 1974, representing part of Manhattan in New York's State

Assembly. Grannis serves on the Assembly's Health Committee and was a co-author of the state's clean indoor air and cigarette fire safety acts.

He offered this advice to legislators who might want to take action to reduce smoking in their states:

- **Start with data for particular groups.** Identify how smoking impacts different constituent or interest groups, and share that data with the group. For example, finding out how secondhand smoke affects people suf-

fering from asthma can be a powerful motivation for that group to help out with anti-smoking efforts.

- **Build effective coalitions.** For the efforts in New York, "we relied heavily on the cancer, heart and lung associations, on local government, public health officials and even the New York State restaurant association," says Grannis, describing the coalition behind a successful effort in 2003 to expand the state's clean indoor act to include restaurants and bars. "They [the restaurant association] were interested in having a level playing field so that all the establishments would have the same laws apply to them rather than singling out certain establishments that had different rules."

- **Generate favorable editorial and news coverage.** According to Grannis, getting strong support from newspaper editorials and favorable news coverage helped to build a large, effective coalition in New York.
- **Relevant, timely information is key.** "While our opponents warned of the catastrophic impacts [of a smoking ban for restaurants and bars], we went ahead with our efforts," says Grannis. They pushed forward because they were armed with solid information about financial and fiscal impacts from previous efforts in California and Boston.

Notes

¹CDC. Cigarette smoking among adults—United States, 2001. *MMWR* 2003; 52(40):953–956.

²CDC. Annual smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 1997–2001. *MMWR* 2005;54:625–8.

³CDC. Tobacco use, access, and exposure to tobacco in media among middle and high school students—United States, 2004. *MMWR* 2005;54:297–301.

⁴CDC. Annual smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 1997–2001. *MMWR* 2005;54:625–8.

⁵Economic Effects of Environmental Tobacco Smoke By Donald F. Behan, Michael P. Eriksen and Yijia Lin, March 31, 2005 Society of Actuaries.

⁶Wortley PM, Caraballo RS, Pederson LL, Pechacek TF. Exposure to secondhand smoke in the workplace: serum cotinine by occupation. *J Occup Environ Med* 2002;44:503–9.

⁷Fichtenberg CM, Glantz SA. Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease. *New England Journal of Medicine* 2000; 343(24): 1772–1777.

⁸Tobacco Control Section, California Department of Health Services, California Tobacco Control Update, August 2000. <http://www.dhs.ca.gov/tobacco>.

⁹CDC. Tobacco Use Among Adults—Arizona, 1996 and 1999. *MMWR* 2001;50(20):402–406.

¹⁰Farrelly MC, Pechacek TP, Chaloupka FJ. The

impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003; 22(5): 848–859.

¹¹Ibid.

¹²Taurus JA, Chaloupka FJ, Farrelly MC, et al. State tobacco control spending and youth smoking. *Am J Public Health* 2005;95:338–44.

¹³CDC. State-specific prevalence of current cigarette smoking among adults—United States, 2003. *MMWR* 2004; 53(44):1035–1037.

¹⁴RTI International. First Annual Independent Evaluation of New York's Tobacco Control Program: Final Report: November 2004, 6–11.

¹⁵Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society, American Lung Association. A Broken Promise to Our Children: The 1998 State Tobacco Settlement Five Years Later: November 2003.

¹⁶Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society, American Lung Association. A Broken Promise to Our Children: The 1998 State Tobacco Settlement Five Years Later: November 2003. Accessed at www.tobaccofreekids.org/reports/settlements/2004/full-report.pdf.

¹⁷Federal Trade Commission Report to Congress for 2003, Pursuant to the Federal Cigarette Labeling and Advertising Act. Issued: 2005.

¹⁸Reuell, P. State blames stores for tobacco sales to kids. *Metro West Daily News* (Framingham, MA), March 17, 2004. Available at <http://www.tobaccofreemass.org/compliance.php>.

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Resources

- CDC's Tobacco Information and Prevention Source (TIPS) www.cdc.gov/tobacco
- CDC's Sustaining State Funding for Tobacco Control Web site www.cdc.gov/tobacco/sustainingstates/index.htm
- State Tobacco Activities and Tracking Evaluation System (STATE System) <http://apps.nccd.cdc.gov/statesystem>
- Surgeon General's Reports on Smoking www.cdc.gov/tobacco/sgr/index.htm
- CSG's Healthy States Smoking and Health Web page www.healthystates.csg.org/Public+Health+Issues/Smoking+and+Health
- American Cancer Society's Tobacco and Cancer Web page www.cancer.org/docroot/PED/ped_10.asp?sitearea=PED&level=1
- American Heart Association www.americanheart.org
- American Legacy Foundation www.americanlegacy.org
- American Lung Association www.lungusa.org

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