

**TOWARD A
TOBACCO-FREE
CALIFORNIA:**

***Strategies for the 21st Century
2000 - 2003***

Tobacco Education and Research
Oversight Committee
January 2000

Foreword

On the tenth anniversary of the passage of Proposition 99 (the Tobacco Tax and Health Protection Act of 1988), the Tobacco Education and Research Oversight Committee (TEROC) presents this fifth Master Plan pursuant to its legislative mandate (California Health and Safety Code Section 104350-104480). As directed by the Legislature, this Master Plan highlights the accomplishments and lessons learned by California's Tobacco Control Program during its ten-year history, and sets forth policy and budgetary recommendations for the future.

TEROC's recommendations are intended to enhance the California Tobacco Control Program's effectiveness in meeting the Legislature's mandate to reduce tobacco use in California. To date, we are more than half-way toward our goal of a tobacco-free state—per capita cigarette use has declined by 52%. To continue the significant movement toward a tobacco-free California, TEROC strongly recommends that tobacco settlement resources be used to increase funding for the program.

We would like to thank the many individuals and their staffs for their commitment to tobacco control and for their contributions to this plan.

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- Gerald Kilbert, Ed.D. and Rae Kine, California Department of Education, Healthy Kids Program Office;
- Jon Lloyd and Bill Ruppert, California Department of Health Services, Tobacco Control Section, and others in the Tobacco Control Section, in particular Dileep G. Bal, M.D., Doug Robins, April Roeseler, Carol Russell, Robin Shimizu, and Colleen Stevens;
- The local programs in schools and communities throughout California, without whom the Tobacco Control Program would not exist.

Finally, our appreciation is extended to Lisa K. Hunter, Ph.D., Health & Education Communication Consultants, Berkeley, who served as consultant to the Committee and drafted this plan.

— *Jennie R. Cook, Chair*
January 2000

Tobacco Education and Research Oversight Committee, 1999

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ii

“Baby In Playpen”

Television Ad, 1995

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Table of Contents

Foreword	i
Executive Summary	1
Chapter 1	
Proposition 99 and Tobacco Control in California	7
Establishment of the Program	7
Program Components	7
Chapter 2	
Ten Years of Progress	11
Progress toward the Goal: Prevalence and Consumption	11
Changes in the Social Environment	15
Program Accomplishments	16
Chapter 3	
Progress Toward TERC's 1997-2000 Recommendations	21
Chapter 4	
Lessons Learned in Tobacco Control	33
Overall Lessons from the Program	33
Lessons in Health Education	33
Lessons in Tobacco-Related Disease Research	35
Chapter 5	
Strategies for the 21st Century: TERC's Recommendations for 2000-2003	37
References	47

iv

“Gala”

Television Ad, 1998

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Executive Summary

On the tenth anniversary of the passage of Proposition 99 (the Tobacco Tax and Health Protection Act of 1988), the Tobacco Education and Research Oversight Committee (TEROC) presents this fifth Master Plan pursuant to its legislative mandate. As directed by the Legislature, this Master Plan highlights the accomplishments and lessons learned by California's Tobacco Control Program during its ten-year history, and sets forth policy and budgetary recommendations for the future.

Background

The California Tobacco Control Program was launched in the Spring of 1990, and became the largest tobacco control program in the world. California's strategy is to create a social milieu and legal climate in which tobacco use is regarded as unacceptable. The program is implemented through statewide public health and education networks and supported by a research component. California's program is now an internationally recognized model of statewide tobacco control.

Progress Toward a Tobacco-Free California

When the Legislature passed AB 75 in 1989, it set the goal of reducing tobacco use in California by 75% by the end of 1999. Over ten years, California has made impressive progress toward its ambitious goal.

Per capita cigarette use has declined by more than a half, and smoking among Californians has decreased at a rate faster than that of the rest of the nation. In fiscal

year 1998-99 alone, annual per capita consumption decreased by 11.5%.

Adult smoking prevalence in California has dropped by more than 25% (from 26.7% in 1988 to 18.4% in 1998), at a rate faster than the nation (prevalence in the United States went from 30.2% in 1988 to 24.7% in 1997). Smoking prevalence in 1998 translates to about 4.4 million smokers in California.

Between 1990 and 1993, the prevalence of cigarette smoking among youth aged 12-17 changed little. Since 1995, the youth smoking prevalence in the state has declined by 12%. In general, youth prevalence has remained much lower than in the rest of the country—for example, among 10th grade youth who smoked in the past 30 days, smoking prevalence increased by 6.7 percentage points in California from 1991 to 1996, as compared with 10.2 percentage points in other states.

The reduction in tobacco consumption has led to immediate health benefits for Californians. For example, smoking cessation produces almost immediate reductions in heart attacks and strokes and low birth-weight infants. Lung and bronchus cancer rates in California declined 14.4% between 1988 and 1996, compared with a decrease in selected other states of only 4%. Women in California experienced a decrease in lung cancer incidence of 6.7%, compared with an increase in other states of 9.3%.

Changes in the Social Environment

Since the publication of the last

Master Plan in 1997, the context for tobacco control in California has undergone major changes. Among these is the national tobacco settlement, in which the major tobacco companies agreed to pay hundreds of millions of dollars annually to California and other states to settle lawsuits accusing the tobacco industry of fraudulently deceiving the public and causing serious harm. In 1998, they signed the Master Settlement Agreement with 46 state



"Industry Lies." Billboard, 1999 Statewide Media Campaign.

attorneys general. Among its provisions, the settlement requires the industry to stop using billboard ads as of April 22, 1999, and prohibits advertising and promotion strategies that target youth.

Since the settlement, the industry has mounted a massive public relations campaign to clean its corporate image. The message is that tobacco use is a fun, hip, and fully legal activity for people 18 years of age or older. While running ads supposedly demonstrating their good-citizen concern about smoking by minors, the tobacco companies have sharply intensified their ad campaigns targeting women and



*“Oral obsession had its place when you were young. At your age, it’s ridiculous. STOP SMOKING!”
Health Through Art: Signs of Recovery, Alameda County Health Department, Oakland, California.*

ethnic populations. Knowing that youth “model up” to young adults, the industry has also mounted lavish advertising and promotional campaigns that reach young adults in bars, night clubs, and other venues of the young single night life.

Another important change in California is the Proposition 10 (California Children and Families Act) tobacco tax increase of 50 cents per pack of cigarettes passed by voters in the November 1998 election. Although Proposition 10 funds early childhood programs, the voter-imposed tax is evidence of the strong anti-tobacco mood in California. However, an industry-backed campaign in support of an initiative to strike down Proposition 10 is already underway, with the outcome to be decided in the March 2000 election.

Program Accomplishments

In addition to the significant progress made toward reducing cigarette consumption, the California

Tobacco Control Program has many other notable achievements. Among these are:

- The California Clean Indoor Air Act (AB 13) was successfully implemented. The Act includes the smoke-free bar-restaurant provision that went into effect on January 1, 1998.
- 74 policies and other local laws restricting tobacco advertising have been passed by California cities and counties.
- According to the independent evaluation of the program, there are statistically significant relationships between program activities and smoking behavior. For example, in counties where more adults were exposed to tobacco control messages through at least two different components (media, community, and/or school), adult smoking prevalence declined between 1996 and 1998. In these counties, the percentage of adults who asked someone else not to smoke also increased.
- The vast majority of Californians (83% nonsmokers, 52% smokers) were not exposed to secondhand smoke at home or at work.
- Sixty-six percent of all Californians in 1998 prohibit smoking in their homes. The proportion of smokers who prohibit smoking in their homes increased from 22.1% in 1994 to 38.3% in 1998, a 73.3% increase. Non-smokers who prohibit smoking in their household also increased, from 63.2% in 1994 to 73.4% in 1998, a 16% increase.
- Approximately 89% of children under 6 years of age, and 87% of all children and adolescents were protected from secondhand smoke in the home in 1996.

- Almost 9 out of 10 Californians (87.7%) in 1998 preferred to eat in smoke-free restaurants.
- Illegal sales of cigarettes to minors dropped sharply from 30% in 1996 to 13% in 1998.
- Approximately 26% of the teens who received cessation counseling from the California Smokers' Helpline achieved a 90-day quit success.
- Ninety-seven percent of all school districts have a tobacco-free policy prohibiting the use of tobacco by all students, school staff, parents, and visitors in district owned or leased buildings, on district grounds, and in district vehicles.
- Forty-six percent of all school districts have administered the California Healthy Kids Survey

to students in grades 5, 7, 9, and 11 to assess alcohol, tobacco, and other drug use.

- The Tobacco Education Ethnic Networks launched campaigns against secondhand smoke (such as the African American Tobacco Education Network's campaign, "Not in Mama's Kitchen") and promoting a tobacco-free lifestyle (such as the Hispanic/Latino Tobacco Education Network's World No Tobacco Day).
- Research funded by the Tobacco-Related Disease Research Program (TRDRP) has led to significant contributions to the knowledge of the consequences of tobacco use. For example, research has discovered how nicotine affects the brain; how smoke components cross the

placenta to adversely affect pregnancy outcome; and how best to intervene with smokeless tobacco users such as high school and college athletes. Research on secondhand smoke is cited in nearly every chapter of the CalEPA report on environmental tobacco smoke.

- Research is more closely linked to practice through the establishment of the Community-Academic Research Awards (CARA) and the School-Academic Research Awards (SARA).

Lessons Learned in Tobacco Control

Many lessons have been learned in ten years about what works and does not work in tobacco control. Overall lessons from California show that a tobacco control program works

"Truth Versus Advertising." Print Ad, 1998 Statewide Media Campaign.



best when it engages the public from the beginning, aggressively exposes tobacco industry deception and influence, actively advocates for smoke-free indoor policies, educates about the public health importance of increasing the cost of tobacco, and involves the entire public.

An effective community-based program must be large enough to compete effectively with the tobacco industry, even though it does not match the industry dollar for dollar. It employs an anti-tobacco media campaign that has a broad, general market focus that directly confronts the tobacco industry and its surrogates. It emphasizes the negative aspects of tobacco use for everyone—adults and youth alike; promotes smoke-free environments, and strengthens the nonsmoking norm and rights of nonsmokers. An effective program coordinates its media campaign closely with community-based activities, and responds quickly to changing industry strategies with new media messages. It emphasizes reducing youth demand for tobacco in addition to reducing youth access, and it uses youth organizations and schools for youth-specific programs that utilize research-based strategies.

Effective school-based tobacco control programs seek broad community involvement and are integrated with other community-based tobacco control programs. They concentrate activities in middle/junior and senior high schools, rather than elementary schools, and adopt strategies that research shows to be effective. They utilize a competitive grants model in addition to funding allocations based on entitlement formulas. Finally,

school-based program staff should participate in training and the infrastructure network developed for community-based activities.

An effective tobacco research program should support a comprehensive and balanced research portfolio; be prepared to carry out an extensive outreach effort to increase proposals in social, behavioral and policy areas; fund the best in relevant biomedical research; and work closely with the agencies administering the health education components of the tobacco control program.

Strategies for the 21st Century: TEROC's Recommendations for 2000-2003

TEROC recommends that the California Tobacco Control Program build on its numerous significant strengths, and adopt the aggressive tone and rapid response that have characterized its most notable successes. Most important, TEROC strongly recommends that approximately 20% of the resources from the tobacco settlement payments to the state be allocated on an annual basis to increase the program's ability to counter the tobacco industry's continued aggressive marketing of tobacco in California, and to help those who use tobacco products break the chains of their addiction. (The full text of these recommendations appears in Chapter 5.)

Recommendation 1:

Increase funding for the California Tobacco Control Program so that it can build on past successes and take advantage of new opportunities to reduce tobacco consumption rapidly.

Recommendation 2:

Expand the Tobacco Control Program and strengthen its fundamental structure, focus, and key messages. The program should (a) continue to anticipate, vigorously expose, and counter tobacco industry tactics; (b) continue to press for smoke-free workplaces, public places, events, schools, and homes; (c) increase population-based smoking cessation activities through the media campaign, the California Smokers' Helpline, and coordination at the local community level; and (d) implement strategies (including youth anti-tobacco advocacy to promote smoke-free environments) to reduce youth demand for tobacco, rather than focusing primarily on youth access.

Recommendation 3:

Continue to strengthen and increase accountability of school-based tobacco use prevention education programs, consistent with principles of effectiveness.

Recommendation 4:

Increase collaboration and communication among and between school-based and public health-based tobacco control programs.

Recommendation 5:

The University of California's Tobacco-Related Disease Research Program should continue to encourage and fund research that makes specific contributions to tobacco control.

Recommendation 6:

The Administration should implement policies and procedures to assure rapid development and approval of

the media campaign to permit the campaign to respond quickly to the changing environment.

Recommendation 7:

Medically-mediated nicotine-dependent treatment should be a benefit of the health care delivery system.

Recommendation 8:

The Department of Alcoholic Beverage Control should incorpo-

rate compliance with the California Smoke-free Workplace Act in decisions regarding bar license approvals, suspensions, and renewals.

Recommendation 9:

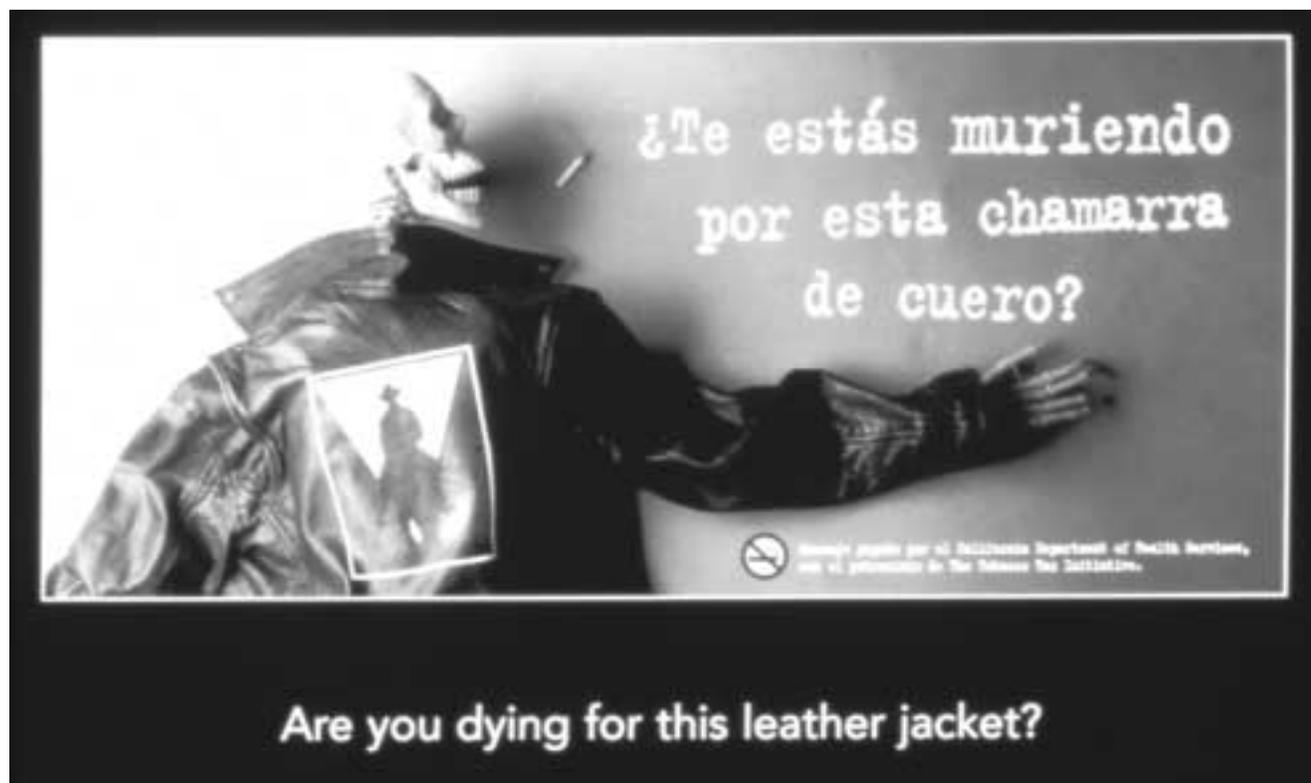
The California Children and Families State Commission should encourage local commissions to include objectives for tobacco control in their strategic plans.

Recommendation 10:

Continue to coordinate Proposition 99-financed programs with State, Federal, and other tobacco control initiatives.

Recommendation 11:

Settle the outstanding litigation left over from the previous Administration to increase funding for tobacco control efforts.



"Leather Jacket." Print Ad and Billboard, 1997 Statewide Media Campaign.

6

“Better”

Television Ad, 1997

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Proposition 99 and Tobacco Control in California

When the people of California passed Proposition 99, the Tobacco Tax and Health Protection Act of 1988, they created a comprehensive program to address the devastating and costly toll of tobacco use on the health of Californians. The history of the program is the story of ceaseless struggle against an industry that has deceived the public about the health effects and addictiveness of its products, and persists in aggressively marketing those products to addict new generations of young Californians.

This Master Plan expresses the Tobacco Education and Research Oversight Committee's assessment of the program's progress and provides recommendations on how it can be improved. This is the fifth Master Plan in the history of the Tobacco Control Program, and is written as the program reaches its tenth anniversary. The plan provides a brief overview of the program, reports on progress towards the legislative goal of reducing tobacco consumption in the state by 75% within a decade,¹ and describes other major accomplishments since the inception of the program.² The plan also presents an analysis of the valuable lessons that have been learned along the way, and sets forth recommendations to guide the program over the next three years.

Establishment of the Program

In November 1988, California voters approved the historic ballot initiative called Proposition 99 that increased the tax on each pack of cigarettes sold in California by 25 cents, effective January 1, 1989. The proposition established the Cigarette and Tobacco Products Surtax Fund, and specified that the funds would be spent for: **Health Education** (20% for community and school-based tobacco education and prevention programs); **Research** (5% for research on tobacco-related diseases); **Hospital Services** (35% for treatment of medically indigent hospital patients); **Physician Services** (10% for treatment of medically indigent patients by physicians); **Public Resources** (5% for the protection of wildlife habitat and programs to enhance park and recreation resources); and **Unallocated** (25% to be distributed by the Legislature to any of the other accounts).

Program Components

The Tobacco Control Program was launched in the Spring of 1990 with funds from the **Health Education Account**. It became the largest tobacco control program in the world. Oversight of the programs funded by the Health

Education and Research accounts is carried out by the Tobacco Education and Research Oversight Committee (TEROC), whose members are appointed by the Governor, the Legislature, and the Superintendent of Public Instruction.

The Tobacco Control Section (TCS) of the California Department of Health Services (DHS) administers the public health aspects of the program. This network includes 61 local health departments, four ethnic networks, 11 regional community linkage projects, approximately 90 community-based organizations, a



World No Tobacco Day. American Lung Association Superior Branch, North Valley Region.

statewide media campaign, and other statewide support systems.

The Healthy Kids Program Office (HKPO) of the California Department of Education (CDE)

¹ Health and Safety Code Sections 104350-104480.

² Previous Master Plans provide complete descriptions of the history and structural components of the Tobacco Control Program. They are available from the Tobacco Control Section, Department of Health Services, Sacramento, CA, (916) 327-5425.

administers the school-based component of the program, which involves 58 county offices of education and nearly 1,000 school districts.

The University of California administers the Tobacco-Related Disease Research Program (TRDRP) with funds from the Research Account. TRDRP funds research that leads to improved approaches to the prevention, diagnosis, and treatment of tobacco-related illness and to increasing the effectiveness of the California Tobacco Control Program.

The current budget for Fiscal Year 1999-2000 for the Department of Health Services, the California Department of Education, and the

Tobacco-Related Disease Research Program is listed on page 38 of this report. Figures 1, 2, and 3 show the comparative allocations for program components for these three institutions.

Figure 1
Tobacco Control Section Funding Components, Department of Health Services, 1999–2000 (millions)

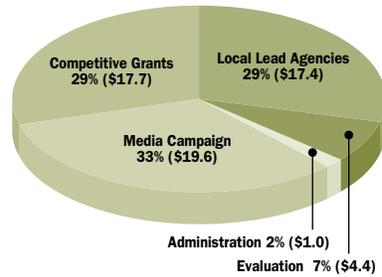
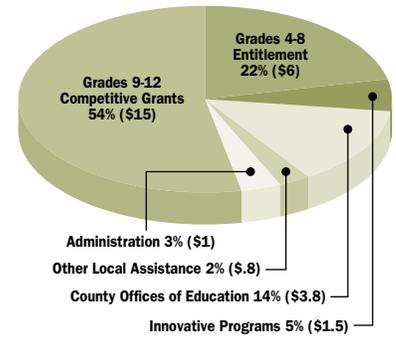


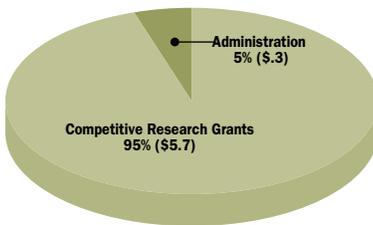
Figure 2
Tobacco Use Prevention Education Funding Components, California Department of Education, 1999–2000 (millions)



“Coffin.” Billboard, 1999 Statewide Media Campaign.

Figure 3

Tobacco-Related Disease Research Program Funding Components, University of California, 1999-2000 (millions)



The activities of these three institutions together create a statewide coordinated, comprehensive program that has changed social norms toward a smoke-free California.

California's strategy is to create a social milieu and legal climate in which tobacco use is regarded as unacceptable—to denormalize smoking and other tobacco use. This approach engages everyone—smokers and nonsmokers alike.

The community-based component of the Tobacco Control Program has four broad priority areas:

- *Eliminate exposure to secondhand smoke*
- *Counter pro-tobacco influences*
- *Reduce the marketing and illegal sale of tobacco to youth*
- *Provide cessation services*

The program's media campaign promotes three core messages that are reinforced by local program activities:

- *The tobacco industry lies*
- *Secondhand smoke kills*
- *Nicotine is addictive*

The school-based component of the program seeks to reduce the use of tobacco by youth by providing students with information and skills to help them resist the tobacco industry.

The goals of the research component of the program are to enhance understanding of tobacco use and tobacco-related diseases, and to develop more effective interventions for their prevention and treatment.

10

“Jungle”

Television Ad, 1998

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Ten Years of Progress

The California Tobacco Control Program is an internationally recognized model of statewide tobacco control. In the ten years of its existence, the program has made substantial progress towards a tobacco-free California. This chapter describes changes in smoking prevalence and cigarette consumption, changes in the social environment regarding tobacco, and some of the major program accomplishments that are leading to a tobacco-free California.

Progress Toward the Goal: Prevalence and Consumption

When the Legislature passed AB 75 in 1989, it set the goal of reducing tobacco consumption in California by 75% by the end of 1999. By comparison, the Health Objectives for the Nation seek to reduce adult smoking prevalence to a level of 15% by 2000. California has made impressive progress toward its ambitious goal. Per capita cigarette use has declined by more than a half since the program was launched in 1989, and smoking among Californians has decreased at a rate faster than that of the rest of the nation.

Since the passage of Prop 99:

- The per capita consumption of cigarettes has declined 52%.

This is twice as great as the decline during the same period in the rest of the nation. In fiscal year 1998-99 alone, annual per capita consumption dropped by 11.5%.

- Adult smoking prevalence in California has dropped by more than 25% (from 26.7% in 1988 to 18.4% in 1998), at a rate faster than the nation (prevalence in the United States went from 30.2% in 1988 to 24.7% in 1997). Smoking prevalence in 1998 translates to about 4.4 million smokers in California.
- Between 1990 and 1993, the prevalence of cigarette smoking among youth 12-17 years of age changed little. Since 1995, the youth smoking prevalence in California has declined by 12%. In general, youth prevalence in California has remained much lower than the rest of the country (for example, among 10th grade youth, the prevalence of those who smoked in the past 30 days increased by 6.7 percentage points in California from 1991 to 1996, as compared with 10.2 percentage points in other states).

The reduction in tobacco consumption has led to immediate health benefits for the California

population. For example, smoking cessation produces almost immediate reductions in heart attacks and strokes (Lightwood and Glantz, 1997) and low birth weight infants (Lightwood, Phibbs, and Glantz, 1999). The California Tobacco Control Program has prevented 98,100 hospitalizations for heart attacks and strokes (Lightwood and Glantz, 1997). The Department of Health Services estimates that the declines in smoking prevalence over the past ten years will save \$3.2 billion in direct medical costs.

Lung and bronchus cancer rates in California declined 14.4% between 1988 and 1996, compared with a decrease in SEER regions of only 4%.³ While women in California experienced a decrease in lung cancer incidence of 6.7%, women in other SEER regions experienced an increase of 9.3%.

Adult Smoking Trends⁴

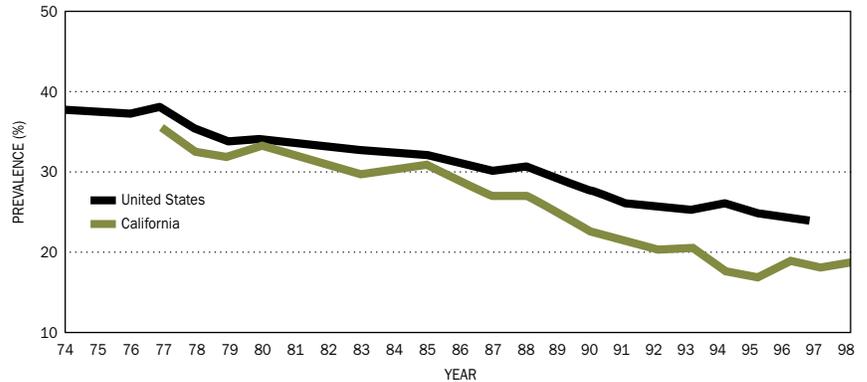
In 1988, 26.7% of California adults smoked, compared with 18.4% in 1998. This is considerably lower than the latest (1997) national figure of 24.7%. Figure 4 compares adult smoking prevalence for California and the United States between 1974 and 1998.

³ Surveillance, Epidemiology, End Results (SEER) registries in Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta were compared with the California Cancer Registry for this analysis.

⁴ Data for adult smoking behavior come from the California Adult Tobacco Survey (CATS), conducted annually since 1994 by the Cancer Surveillance Section of the DHS; and the California Tobacco Survey (CTS), conducted in 1990, 1992, 1993, 1996, and 1998 by the University of California, San Diego. These surveys are conducted with random samples of households through computer assisted telephone household interviews. CATS has a sample of 4,000 adults per year; CTS has 78,000 adults in each survey.

Figure 4

Adult Smoking Prevalence for California and the United States, 1974–1998

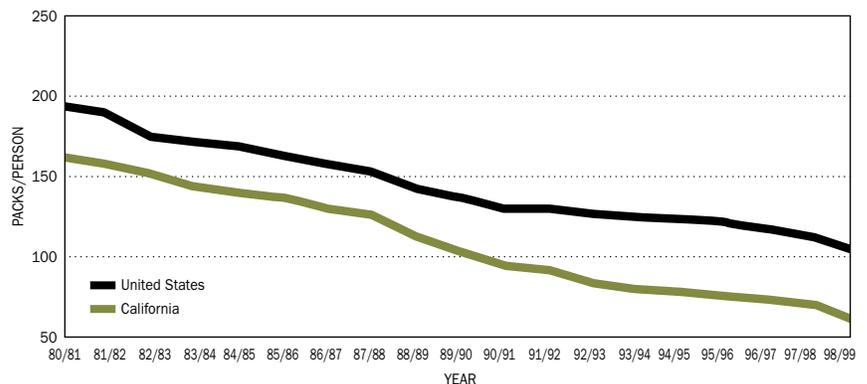


Source: 1990-1993 CTS is weighted to 1990 California population, 1994-1998 BRFSS/CATS is weighted to the 1990 California population. U.S. and California data from 1997 to 1988 from NHIS. Note definition change in 1995 to include more occasional smokers.

Since the passage of Proposition 99 in 1988, California’s annual adult per capita cigarette consumption declined 52% from 126.6 packs per year to 61.3 packs per year. For the twelve months ending June 30, 1999 there was an 11.5% decline in the adult per capita consumption rate compared to the twelve months ending June 30, 1998. Per capita consumption in the United States went from 154.8 packs per year in 1988 to 106.8 packs per year in 1999. Figure 5 displays the rate of cigarette consumption between 1980 and 1999 in California and the United States.

Figure 5

Adult Per Capita Consumption of Packs of Cigarettes, California and the United States, Fiscal Years 1980–1998



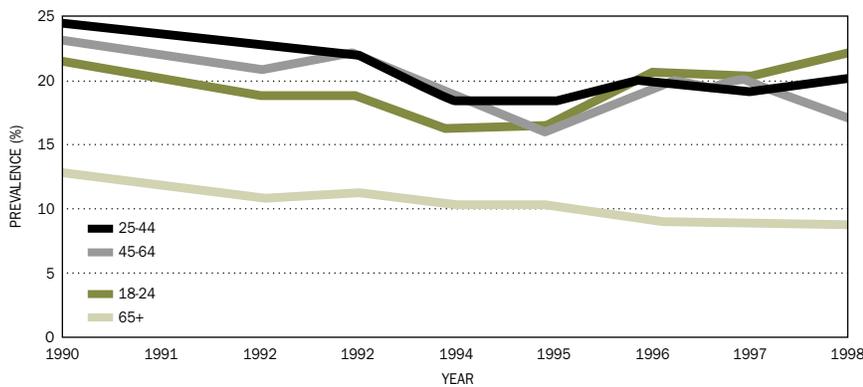
Source: CA — California State Board of Equalization (packs sold), California Department of Finance (population). U.S. — U.S. Department of Agriculture. Note that CA data is by fiscal year (July 1 – June 30) and U.S. data is by calendar year.

Age

Since 1990, the prevalence of smoking has declined in each age group except for those between the ages of 18-24. Rates for ages 25-64 appear to have changed little since 1994, but these trends are affected by a change in the definition of “smoker” in 1996 to include more occasional smokers, which

increases the prevalence of smoking by approximately 1%. Rates for the 18-24 age group rose above the rates for the 25-44 and 45-64 age groups after 1995, and are increasing. The actual increase is less than it appears in Figure 6 because of the change in definition. Figure 6 shows adult smoking prevalence by age group between 1990 and 1998.

Figure 6
California Smoking Prevalence by Age Group, 1990–1998

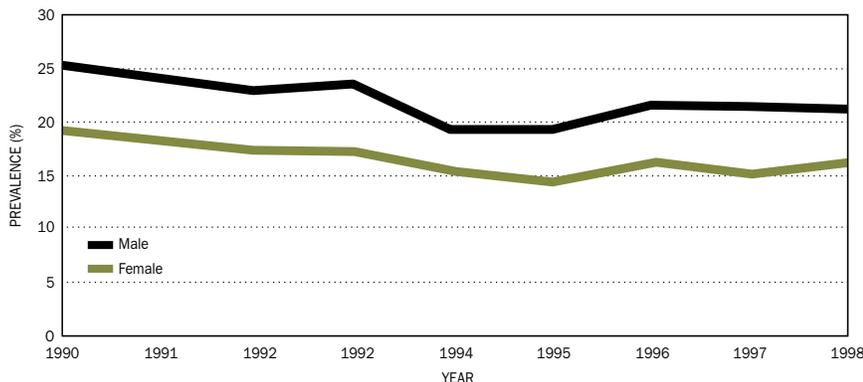


Source: 1990-1993 CTS is weighted to 1990 California population. 1994-1998 BRFSS/CATS is weighted to the 1990 California population. Note definition change in 1995 to include more occasional smokers.

Gender

The prevalence of smoking among adult males and females has declined substantially since 1990, but the prevalence of smoking for both genders has remained fairly stable since 1994. Males have had consistently higher smoking prevalence rates than females with approximately the same difference in prevalence in 1990 as in 1998.

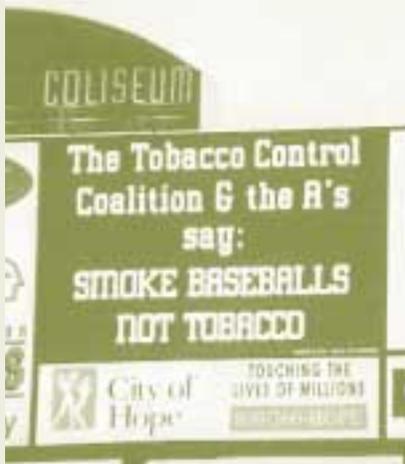
Figure 7
California Adult Smoking Prevalence by Gender, 1990–1998



Source: 1990-1993 CTS is weighted to 1990 California population. 1994-1998 BRFSS/CATS is weighted to the 1990 California population. Note definition change in 1995 to include more occasional smokers.



Tehama County Health Agency, STATIS (Stand Tall Against Teen Issues), RB Round-up Parade.



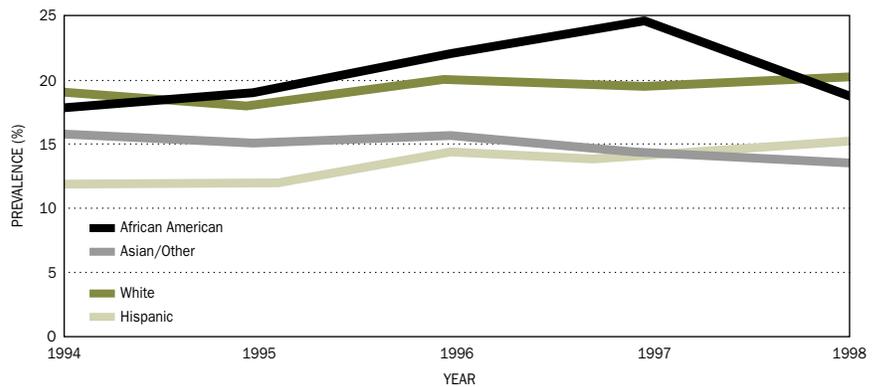
“Oakland A’s Strike Out Smoking.” American Lung Association and Alameda County Tobacco Control, 1999.

Race/Ethnicity

Between 1990 and 1998, the prevalence of smoking declined among the major racial and ethnic groups. However, between 1994 and 1998, rates for all the groups except Hispanic did not change significantly. The rates for Hispanic Californians rose from 12% in 1994 to 15% in 1998. The prevalence for Non-Hispanic whites changed little from 1994 to 1998, hovering around 20%, the highest rates among the four race/ethnicity groups presented. For African Americans, the prevalence rate was highest in 1997 at 25% and declined to 19% in 1998. Asian/others have the lowest smoking rates at 13% in 1998.

Figure 8

California Age-Adjusted Smoking Prevalence by Race/Ethnicity, 1994–1998



Source: 1994-1998 BRFS/CATS is weighted to the 1990 California population. Note definition change in 1995 to include more occasional smokers.

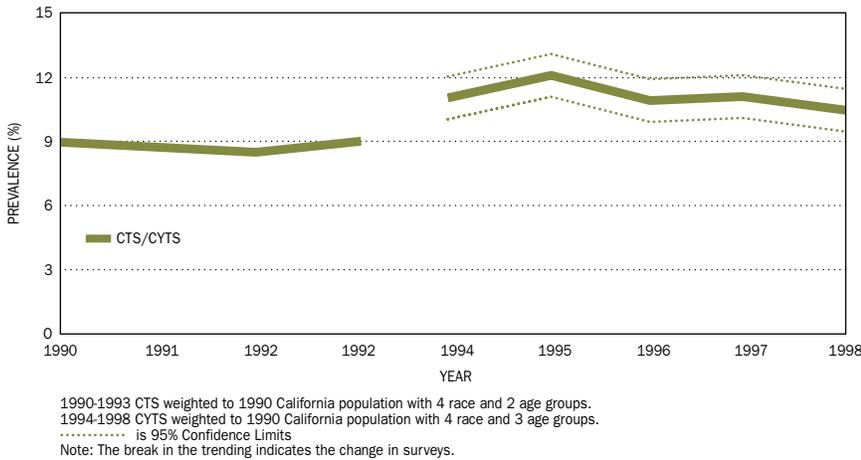
Youth Smoking Trends⁵

Youth continue to become addicted to tobacco. Between 1990 and 1993, smoking among youth aged 12-17 remained relatively steady at around 9% at a time when teen smoking was increasing nationally. Between 1993 and 1995 adolescent smoking prevalence increased from 9% to 12.1%. Since 1995, 12-17 year old smoking prevalence declined by 12%.⁶

⁵ Data on youth smoking prevalence come from the California Youth Tobacco Survey (CYTS), conducted annually with 2,000 youth (aged 12-17) by the Cancer Surveillance Section of the DHS; and from the California Tobacco Survey (CTS) conducted annually with 6,000 youth by the University of California, San Diego.

⁶ The increase from 1993 to 1994 corresponds with a change from CTS to CYTS data. Part of the increase may be an artifact of slight differences between the two surveys in data collection methods and protocols. In addition, caution must be exercised when comparing California youth smoking data with youth smoking data for other states, the nation as a whole, or other countries because survey methods may be different (for example, telephone versus classroom-administered surveys).

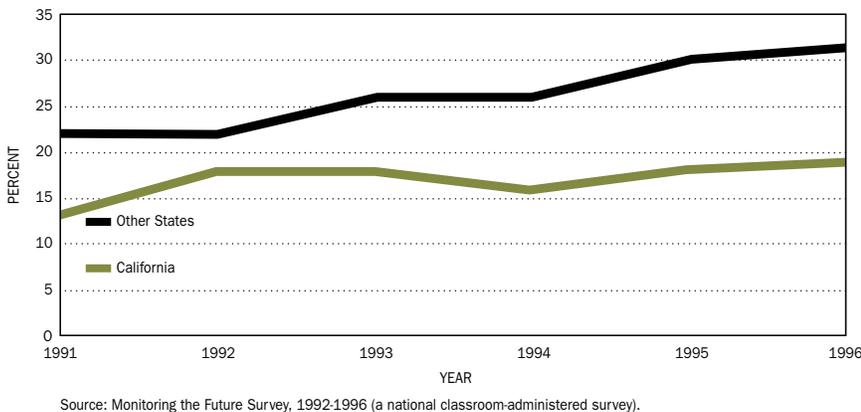
Figure 9
30-Day Smoking Prevalence for California 12–17 Year Olds, Telephone Survey, 1990–1998



No differences exist in youth smoking prevalence between males and females. Whites have had the highest youth smoking prevalence, followed by Hispanics, Asians/others and African Americans. Differences by age group also exist. Since 1994, smoking prevalence in the 14-15 and 16-17 age groups has declined but in the 12-13 age group it has increased.

Data that allow comparison of smoking rates among California tenth graders with smoking rates among tenth graders outside California from 1991 to 1996 indicate that the rates of smoking among the California youth are substantially lower.

Figure 10
Percent of Tenth Grade Youth Who Smoked During the Past 30 Days, 1991–1996



Changes in the Social Environment

Since the publication of the last Master Plan in 1997, the context for tobacco control in California has undergone some major changes. Among these changes is the national tobacco settlement. The major tobacco companies agreed to pay hundreds of millions of dollars annually to California and other states to settle lawsuits accusing the tobacco industry of fraudulently deceiving the public and causing serious harm by promoting the use of unsafe products. In November 1998, they signed the Master Settlement Agreement (MSA) with 46 state attorneys general.

In addition to the payments, the MSA mandates changes in the behavior of the industry, including specific prohibitions against advertising and promotion strategies that target youth. The most visible is the elimination of tobacco ads on billboards, effective April 22, 1999. The MSA also requires the tobacco industry to fund an independent foundation (subsequently named the American Legacy Foundation) for five years to carry out a large national anti-tobacco media campaign directed at youth. The annual settlement payments to California start out at nearly \$1 billion and decline in future years in proportion to declines in tobacco sales. Half of the annual payments to California will go to local governments and half to the state. The payments may be used as the recipients choose.

The settlement provisions will have an impact on the policy environment, the media campaign, and local program planning in California. While the settlement dollars are large, they in fact represent only about 30 cents on the dollar repayment for the costs imposed by the tobacco industry on

taxpayers for tobacco-related medical services (Zhang et al., 1999). It is still imperative that every effort be made to reduce tobacco use as quickly as possible.

Since the settlement, the industry has mounted a massive public relations campaign to clean its corporate image. The message is that tobacco use is a fun, hip, and fully legal activity for people 18 years of age or older. While running ads supposedly demonstrating their good-citizen concern about smoking by minors, the tobacco companies have sharply intensified their ad campaigns targeting women and ethnic populations. Knowing that youth also “model up” to young adults, the industry has also mounted lavish advertising and promotional campaigns that reach young adults in bars, night clubs, and other venues of the young single night life.

Another important change in California is the tobacco tax increase passed by voters in the November 1998 election. Effective on January 1, 1999, Proposition 10, the California Children and Families Act, increased the California tobacco surtax by 50 cents per pack of cigarettes and an equivalent amount on other tobacco products. Although Proposition 10 funds early childhood programs, the voter-imposed tax is evidence of the strong anti-tobacco mood in California, and the increased cost of tobacco itself is already making inroads into consumption.

The tobacco industry is sponsoring an initiative (Proposition 28) on the March 2000 ballot to repeal the Proposition 10 tobacco tax increase. Should their efforts succeed, tobacco consumption will increase to the benefit of the tobacco industry and the detriment of the health of the people of California.

Program Accomplishments

In addition to these major changes in the greater tobacco landscape, the Tobacco Control Program has reduced illegal sales of tobacco to youth, assisted communities in passing anti-tobacco ordinances, increased the number of work sites and homes that are smoke-free, and successfully countered pro-tobacco influences in communities in every region of the state. In addition, the independent evaluation of the program shows that there are statistically significant relationships between these outcomes and program activities.⁷

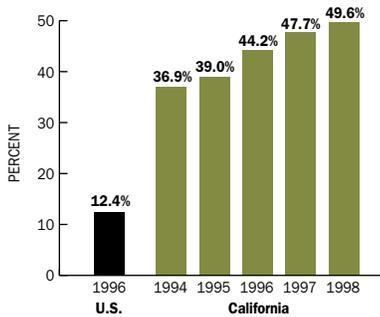
Among the program’s notable achievements are these:

- The California Clean Indoor Air Act (AB 13) was successfully implemented. The Act includes the smoke-free bar and bar-restaurant provision that went into effect on January 1, 1998.
- 74 policies and other local laws restricting tobacco advertising have been passed by California cities and counties (Technical Assistance Legal Center, 1999).
- Most Californians were exposed to tobacco control messages

through at least two different components (media, community, and/or school). Only 2% of adults, 5% of 8th graders and 4% of 10th graders report no exposure to any programs (preliminary results, Wave 2 Data, Independent Evaluation).

- In counties with high multi-component exposure, adult smoking prevalence declined between 1996 and 1998. In these counties there were increases in the percentage of adults who asked someone else not to smoke. By comparison, in counties with low to moderate multi-component exposure, adult smoking prevalence remained constant or increased (preliminary results, Wave 2 Data, Independent Evaluation).
- The proportion of smokers who prohibit smoking in their homes increased from 22.1% in 1994 to 38.3% in 1998, a 73.3% increase. The proportion of non-smokers who prohibit smoking in their household also increased, from 63.2% in 1994 to 73.4% in 1998, a 16% increase. Sixty-six percent of all Californians in 1998 prohibit smoking in their homes (Department of Health Services, 1999).
- Approximately 89% of children under 6 years old, and 87% of all children and adolescents were protected from secondhand smoke in the home in 1996.

⁷ Extensive detailed evaluation about the Tobacco Control Program may be found in two recent reports that are available from the Tobacco Control Section, Department of Health Services. They are *Tobacco Control in California: Who’s Winning the War? (An Evaluation of the Tobacco Control Program, 1989-1996)* (University of California, San Diego); and *The Final Report of the Independent Evaluation of the California Tobacco Control Prevention and Education Program: Wave 1 Data, 1996-1997* (The Gallup Organization). Results from the Wave 2 Data from the Independent Evaluation Consortium are forthcoming.

Figure 11**Percent of Smokers Who Live with Children and Also Prohibit Smoking in Their Home, 1994-1998**

Source: U.S. combined BRFS data; CA-CATS. Prepared by: California Department of Health Services, Tobacco Control Section, December 1999.

- The proportion of smokers with children living with them who prohibit smoking in their home rose from 36.9% in 1994 to 49.6% in 1998 (Department of Health Services, 1998; California Adult Tobacco Survey, 1998). As shown in Figure 11, the comparable rate for the nation as a whole in 1996

was 12.5% (Centers for Disease Control, 1997).

- The percent of smokers who prefer to eat in restaurants that are smoke-free substantially increased from 44.3% in 1994 to 63.7% in 1998. For non-smokers, the percent that prefer to eat in smoke-free restaurants has been stable at around 93%. Almost 9 out of 10 Californians (87.7%) in 1998 prefer to eat in smoke-free restaurants (Department of Health Services, 1999).
- Opinion leaders in education, law enforcement, government, business, and the media have a high level of awareness of and participation in tobacco control activities, and have high exposure to and recall of the statewide media campaign. They support the smoke free bar law. They also support policies to conduct youth-buy stings, reduce smoking on TV and in films, and ban tobacco promotional items at school (preliminary results, Wave 2 Data, Independent Evaluation).
- More than 9 out of 10 adults (91%) saw or heard at least one general media campaign ad in 1998; 95% of eighth graders and of tenth graders were exposed to at least one ad (preliminary results, Wave 2 Data, Independent Evaluation).
- Adults and youth with greater exposure to the media were more likely to have anti-tobacco attitudes and beliefs, and adults were more likely to prefer smoke-free bars (preliminary results, Wave 2 Data, Independent Evaluation).
- Adults with greater media campaign exposure were more likely to ask someone not to smoke; youth with greater exposure had lower rates of tobacco use (cigarettes, cigars, and smokeless tobacco) in the past 30 days (preliminary results, Wave 2 Data, Independent Evaluation).

Chico Heat baseball players, "Spit-Free Ambassadors."



CALIFORNIA'S ETHNIC NETWORKS

To assure that the Tobacco Control Program is meeting the needs of the state's diverse ethnic population, the program's competitive grant program specifically targets ethnic populations in funding community-based tobacco control projects. To facilitate these programs effectively, four ethnic networks are funded as convener organizations for African Americans, Hispanic/Latino populations, Asian/Pacific Islanders, and American Indians. These organizations work to build a strong statewide coalition among their respective populations that will help develop the leadership capacity of their communities, stimulate coordinated tobacco control activities, and promote the development of effective community-based tobacco control projects. Each network is funded to support mini-grants.

The ethnic networks have shown they are very effective in promoting program objectives in their respective communities. They have also acted as a powerful force in joint efforts, as in the following initiatives:

- On May 31, 1999, the joint ethnic networks gathered together to celebrate World No Tobacco Day, with a focus on the entertainment industry. Two individuals from the Screen Actor's Guild spoke to over 100 multi-ethnic youth about ways to contact the entertainment industry to discuss tobacco use and portrayal in the industry.
- November 9, 1999, the joint ethnic networks held a press conference in Los Angeles to address issues such as Philip Morris's \$40 million Virginia Slims ad campaign, Marlboro Milds, ETS, and the current activities of this corporation to cleanse its public image. Over 30 community-based organizations and over 16 media outlets were brought together for an awareness campaign.
- In August, 1998, a Multiethnic Youth Summit was held for over 100 Hispanic/Latino, African American, American Indian, and Asian/Pacific Islander youth. This advocacy training conference was planned, organized, and delivered by youth.

The California Joint Ethnic Tobacco Education Network's Statement is:

United in Truth (Are You Listening?)

We, the Joint Ethnic Networks of the State of California, representing African Americans, African nationals, American Indians, Asians, Pacific Islanders and Hispanic/Latinos, come today united in truth, and speak with one voice to expose the deliberate manipulation by the tobacco industry of our women, our children, our families and our communities. While tobacco companies try to blind our people by misrepresenting themselves as good corporate citizens, they continue to push their deadly products targeting ethnic communities. Are you listening? The tobacco industry's bottom line is profit, not the health and well-being of people of color. No dollars or public relations campaign can buy credibility, erase the pain, heal the wounds or bring back lives lost to the tobacco industry. We stand in support of FDA regulation, in support of the research on secondhand smoke and in support of exposing the continued blatant, deceptive marketing to communities of color. The rich traditions of our elders, our languages, and our heritage are ours to pass on, not the tobacco industry's to distort. Are you listening? We have spoken!

- Research funded by the Tobacco-Related Disease Research Program has led to significant contributions to the knowledge of the consequences of tobacco use. Sample research topics include:
 - How nicotine affects the brain, the receptors involved, the mode of action of nicotine on the receptors, the consequences of brain changes in response to nicotine exposure, and the addictive nature of nicotine.
 - Improving the risk, diagnosis, and treatment of diseases attributable to smoking, such as emphysema, heart disease, and cancer. Research on novel cancer treatments include using the body's immune system to fight tumor growth, genetically altering cancer

cells, and creating a new class of anticancer agents (Illudins) which are more toxic than conventional chemotherapy.

- The relationships of smoking by pregnant women and adverse health effects on pregnancy outcome, how smoke components cross the placenta, and when during the pregnancy exposure to smoke is the most detrimental.
- Who uses smokeless tobacco products and how best to intervene with users such as high school and college athletes. Research has led to interventions that have been adopted by the national Association of College and High School Athletes.
- Research on secondhand smoke, beginning with engi-

neering studies that demonstrated how smoke behaves and is distributed through buildings via ventilation systems, to studies that showed the detrimental health effects of secondhand smoke exposure. The work of TRDRP researchers is cited in nearly every chapter of the CalEPA report on environmental tobacco smoke, and also formed the scientific basis for California's Clean Indoor Air Act (AB 13).

- Research has identified risk factors that promote smoking behavior and developed tailored interventions that are linguistically and culturally appropriate, contributing to understanding differences in smoking patterns and prevalence among California's diverse racial and ethnic populations.
- Policy research showed that (1) smoking bans in restaurants did not reduce revenues; (2) a 10% increase in cigarette prices would lead to an average drop in consumption of 4%, research that was used to estimate the impact of the MSA in California; (3) in 1993, the direct cost of smoking in California was \$264 per capita and \$1,981 per smoker for a total of \$8.7 billion on tobacco-related health care, of which 43% is born by public sources.



“Kick Butts.” American Lung Association Billboard.

20

“Nicotine Soundbites”

Television Ad, 1994

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Progress Toward TEROC's 1997-2000 Recommendations

In its last Master Plan, *Renewing the Commitment*, TEROC made ten recommendations for the years 1997-2000. This chapter assesses the progress made regarding these recommendations.

Progress Toward Recommendation 1: Vigorously expose tobacco industry tactics.

Much progress has been made statewide and at the local level toward this recommendation. Exposing tobacco industry tactics remains a priority of the Tobacco Control Program, and further gains are expected.

Media Campaign

- As recommended by TEROC, several ads produced during the first years of the Tobacco Control Program that confront tobacco industry tactics have been re-approved for use. Among these effective and hard-hitting television ads are “Insurance,” “Nicotine Sound Bites,” “Industry Spokesperson,” and “A Few More Good Years.” The billboard, “Lies,” was also re-approved.
- New general-market ads were aired in 1998 and 1999 that expose the tactics used by the tobacco industry:
 - *They're Getting Smarter* (television): an ad that demonstrates how the industry continually changes its tactics to attract new young smokers.
 - *Voice* (television, outdoor): a series of ads that present real people who have suffered real losses because of tobacco use. Two ads include brothers who lost their dad to cancer.
 - *I Miss My Lung, Bob* (print/outdoor): a satire of the Marlboro ads with a cowboy describing another consequence of smoking.
- Several ads exposing the tobacco industry were also produced for various ethnic communities; for example:
 - *Puppet Show* (television, Asian American): the manipulative tactics of the industry are exposed as children watching a puppet show find themselves manipulated by strings held by the hands of a tobacco industry executive.
 - *Leather Jacket* (print/outdoor, Hispanic): the consequences of tobacco use are underscored with the skeletal remains of a young smoker, still wearing the leather jacket purchased with tobacco coupons. The text reads, “Are you dying for this leather jacket?”

Project SMART (Sponsorship Mission: Avoid Reliance on Tobacco) Money

Project SMART Money is a statewide campaign to eliminate or prevent tobacco sponsorship, philanthropy, and signage from public sport, civic and cultural events and

The American Nonsmokers' Rights Foundation's Community Advocacy Mobilization Project (CAMP) helps agencies eliminate and/or expose tobacco industry interference in California. When pro-tobacco influences in the community are identified, the project develops and implements appropriate strategic responses. Materials that assist communities include fact sheets on recent industry activities in California, and two video documentaries (“Fighting Back: Communities Beating Big Tobacco” and “The Hidden War: Big Tobacco Fights Back.”)

The Tobacco Industry Monitoring Project is a Proposition 99 effort of the Annenberg School for Communication at the University of Southern California (with Social Marketing Associates and Hodgson Communications). The project reviews past and present tobacco industry marketing, business, and public influence practices, and discloses its findings to the public. Selected project activities include on-site and Internet investigations of documents from the Minnesota tobacco trial and other tobacco industry documents released from other lawsuits; investigation of the use of the Internet by the industry to market its products and promote a “smoking culture;” review of significant new tobacco industry advertising campaigns that attempt to manipulate specific target audiences; and investigation of other topics such as tobacco industry retail distribution practices, slotting and point of purchase practices, and philanthropic and community donations.

organizations. Approximately 13% of the events in California received tobacco sponsorship in 1996—primarily sports, auto, or boating events (Independent Evaluation 1998). Tobacco companies also use sponsorships and charitable donations to improve their image in the community. Project SMART Money goals are to counter and diminish the prestige of the tobacco industry in the community’s eyes, and decrease and eventually eliminate tobacco industry sponsorship of public events. A community assessment was conducted to identify tobacco industry sponsored events, and strategies to wean these community events from dependency on tobacco dollars have been created by each community.

School-based Programs

The Independent Evaluation of the Tobacco Control Program found that the percentage of 8th graders who reported negative attitudes

toward the tobacco industry increased from 1996 (83%) to 1998 (90%).

Progress Toward Recommendation 2: Press for smoke-free workplaces and homes.

Substantial progress has been made in the establishment of smoke-free workplaces and homes:

- In January 1998, the final phase of the California Clean Indoor Air Act (AB 13) went into effect when smoking in bars and bar-restaurant combinations became illegal. Implementation of this law is supported through media campaign ads, local publicity, bartender and bar employee education, and enforcement efforts.
- In 1998, the vast majority of California adults (83% nonsmokers, 52% smokers) were not exposed to secondhand smoke at home or at work.

The Tobacco-Free Challenge Project.



- Sixty-six percent of all Californians in 1998 prohibited smoking in their homes. Smokers who prohibit smoking in their household increased 73.3% from 1994 to 1998. Non-smokers who prohibit smoking in their household have also increased 16% from 1994 to 1998 (Department of Health Services, 1999).
- Counties that put the most effort into their secondhand smoke programs showed the most change between 1996 and 1998 in reducing exposure at home and work.
- In 1998, close to 88% of Californians prefer to eat in smoke-free restaurants. The percent of smokers that prefer to eat in restaurants that are smoke-free substantially increased from 44.3% in 1994 to 63.7% in 1998. For non-smokers, the percent that prefer to eat in smoke-free restaurants has been stable at around 93% (Department of Health Services, 1999).
- According to recent surveys, Hispanics and those with less education are at highest risk for exposure to secondhand smoke at work. Males, African Americans, and those with a high school education are at highest risk for exposure to secondhand smoke at home.
- There is increased community pressure for smoke-free toddler playgrounds, outdoor group events, shared living facilities (apartments, condominiums), lobbies, and bus stops.

*Three projects funded by the California Department of Education educate students about tobacco industry tactics. **The Triple T Project (Teens Tackle Tobacco)**, developed by the Napa County Office of Education and the Napa Valley Unified School District, engages students in projects that require personal statements in the form of bumper stickers, bus placards, posters, mobile murals, promise letters, and/or storybooks with tobacco-free messages. Modeled after strategies utilized by the tobacco companies and media to “hook” young people on tobacco, the project employs the same techniques, with students working to get tobacco-free “advertisements” out to their friends, family, and community.*

***San Mateo County Office of Education’s Anti-Tobacco Media Blitz** is a social marketing campaign for high schools which uses many different media formats to create anti-tobacco messages to students. The program’s goal is to design and implement a student-produced anti-tobacco media campaign that counters the pro-tobacco messages in many different formats—graphics, live performances, video and audio playbacks, music, and peer-led discussion.*

***The Rim of the World Unified School District’s Project A•B•C•D (Analyze, Beware, Create, Disseminate)** provides hands-on training for students in grades 7–8 to build strategies in reducing the acceptance and use of tobacco. Students learn to analyze and beware of the dangers inherent in tobacco use and understand the role the media plays in influencing tobacco-related behavior. They use multi-media techniques to create counter-tobacco-use public service announcements, and they disseminate anti-tobacco messages to their school community by participating in computer animation, video production, web page development, and marketing workshops.*

The Tobacco Education Media Campaign created a variety of ethnic television, radio, billboard and print ads that address secondhand smoke. Among the ads produced between 1997 and 1999 are:

Long Ride (African American television ad): Secondhand smoke and its link to the onset of asthma is revealed in a father-son relationship.

Too Little (African American television ad): Secondhand smoke and its link to bronchitis is revealed in a mother-daughter relationship.

Showed Me the Way (African American print/outdoor ad): The positive influence of a non-smoking parent is displayed as an adult son proclaims, “My father never had to tell me not to smoke. He showed me the way.”

Gravesite (Hispanic television ad): A man kneeling beside the grave of a recently lost loved one expresses dismay that his cigarette smoking caused that death.

Auction (Hispanic radio ad): At an auction, bidders are offering the diseases of loved ones in exchange for being able to smoke.

Crowded Room (Asian American radio ad): The dangers of secondhand smoke are revealed in a spot designed to educate smokers about not lighting up in public places.

You’re Not the Only One Being Harmed (Asian American print/outdoor ad): A foreground image of a father-figure smoking is contrasted by a family in the background, who is suffering from the smoke.

The Fresno County Economic Opportunities Commission Rural Tobacco Prevention Program targets Spanish-speaking pregnant women, their infants, and the family for an innovative program to reduce exposure to secondhand smoke. Individual mothers-to-be and their partners sponsor a “baby shower” in their home and provide a meal for their guests. At the shower, harmful effects of secondhand smoke on the mother and her unborn baby, as well as other children and family members are discussed. Techniques on how a mother could deal with someone smoking in her home are also demonstrated, and each participant receives a baby shower cake and incentives for their participation; the baby receives a t-shirt stating “I’m smoke free.”

Progress Toward Recommendation 3: Accelerate cessation of smoking in persons between the ages of 20 and 39.

Smoking prevalence rates stabilized for 25-44 year olds (20.2% in 1996 to 20.4 % in 1998), but prevalence in 18-24 year olds rose from 20.6 % in 1996 to 22.0% in 1998. Although rates for young adults aged 20 to 39 were not reduced, both the community-based and research components of the program are devoting considerable resources to cessation efforts.

- Eight studies on youth cessation are funded by the Tobacco-Related Disease Research Program (TRDRP). Specific target audiences are Spanish-speakers, athletes, substance-abusing adolescents, Lake County (rural) adolescents, and teens in general. Among the media being tested are websites and a three-dimensional “chat room.”
- Radio and print ads promote smoking cessation and the California Smokers’ Helpline. For example, *Jungle* and *A Way Out of the Smoking Jungle* are ads directed at Asian Americans that offer a cessation solution to those who feel “lost in a jungle” of smoking. This campaign sparked the greatest volume of calls to the Asian Helpline.
- A media campaign funded by Proposition 10 will include many ads on tobacco control, in particular to promote smoking cessation to pregnant women. The ads will refer viewers to the California Smokers’ Helpline.
- The California Smokers’ Helpline has offered smoking cessation

counseling services statewide since 1992. A Teenline has been in operation since June 1996. About 100 teen smokers called the Helpline each month. Approximately 27% of the teens who received Helpline counseling achieved a 90-day quit success.

- Medi-Cal has started to pay for Nicotine Replacement Therapy in conjunction with counseling, with the California Smokers' Helpline acting as the primary source of the required counseling.

Progress Toward Recommendation 4: Strengthen school-based tobacco use prevention education programs consistent with emerging research.

There has been some progress toward this recommendation:

- The prevalence of youth smoking is lower in California than in other states. The average difference between California and other states between 1991 and 1996 was 6.5 percentage points for 8th graders and 9.1 percentage points for 10th graders (Monitoring the Future Survey, 1991-1996). Overall youth smoking prevalence in California (age 12-17) has declined 12% since 1995.
- The California Student Survey (Attorney General's Office) showed a 2% decrease in 30-day smoking prevalence rates for students in grades 7 and 11 between 1995 and 1997, while national rates for youth in grade 8 increased during the same period.
- 97% of school districts have a tobacco-free policy prohibiting

"Smoke-Free Nightspots Are Good for Health and Good for Business," says BREATH—The California Smoke-Free Bar Program. This project of the American Lung Association of Contra Costa-Solano is funded to conduct educational programs and work with the hospitality industry as well as government and private entities across the state to support smoke-free bars, gaming clubs, and nightspots. The project has created BREATH Membership Coalitions of bar and bar/restaurant employees in three regions of the state, and founded Musicians for Smoke-Free Air. City attorneys, county counsels and district attorneys, bar owners and employees, and Proposition 99 grantees have attended BREATH trainings throughout the state. The project also responds to individual requests for assistance.

"STARS For the 21st Century"—Seeking Tobacco Alternatives with Realistic Solutions is a project of the American Lung Association of Sacramento designed to decrease tobacco use in entertainment productions. Among the project's activities are a "young ambassadors" campaign to reach studio and network executives and creative talent advocates for increasing the number of movies and television programs with zero tobacco use, and an After Oscars Smoke-free Gala will offer a smoke-free environment to actors, writers, and directors.

Since 1991, staff of the Ventura County Public Health Tobacco Education Program and the Ventura County Superintendent of Schools Office have created and conducted facilitator trainings for a peer-conducted cessation program called "Tobacco? No, Thanks!" (TNT). During the past two years of its implementation, TNT has produced an overall quit rate of roughly 35% and nearly 50% of the entire participant group reported reduced consumption. The partnership between public health and the schools, and the use of peers in implementing the program, have contributed to the success of this cessation program.

“No Ifs, Ands, or Butts,” developed by the Culver City Unified School District, is a holistic approach to tobacco prevention and reduction through on-site cessation, after-cessation support groups, intensive education, peer counseling, specialized programs for pregnant/parenting teens, risk reduction through intervention, and strong support systems.

Smokeless School Days (Learning How to Kick Butts), developed by the Los Gatos-Saratoga and Campbell Union High School Districts, has proven to be a successful alternative to punitive disciplinary measures directed at students caught using tobacco on campus. The program goals are to bring students closer to deciding to quit and to provide students with the tools to do so. It has been included in the American Cancer Society’s “Resource Guide to Youth Tobacco Cessation.”

The Medicine Wheel Project, developed by the Resources for Indian Student Education, works to prevent the use of commercial tobacco products while emphasizing “who” Indian people are, the traditions of sacred plants, how Indian students empower themselves through leadership and role modeling within their community. The program goal is to empower youth to make educated, healthy choices which honor a traditionally-based lifestyle.

“The Basement Bums” Adventures in Life Skills, developed by the San Francisco Unified School District, is an engaging CD-ROM educational series presenting real-life scenarios to middle school students while teaching important life skills such as communication. The program goal is to provide innovative technology and extension activities to enhance health education programs aimed at reducing tobacco use among youth.

Project LIFE (Look Into Future Effects), developed by the Poway Unified School District, is a full semester class offered for credit at continuation high schools. The course work focuses on Biology, English, and elective credits for community service. Other highlights include weekly interaction with seniors at a residential care facility, hospital tours, guest speakers, and adventure learning. The program goal is to reduce and/or eliminate tobacco use among teens.

the use of tobacco by all students, school staff, parents, and visitors in district-owned or leased buildings, on district grounds, and in district vehicles. District and county office superintendents must sign an assurance that their tobacco-free policy is being enforced. Enforcement problems are identified through the coordinated compliance review or individual complaints. The percentage of school districts certified as tobacco-free by CDE increased from 95% to 97% in 1999.

- By December 1999, 46% of school districts have administered the California Healthy Kids Survey. The self-report instrument is for grades 5, 7, 9, and 11, and gives an assessment of alcohol, tobacco and other drug use. The extended tobacco module is required for districts that received TUPE competitive grant funds.
- A CDC guideline for instructional content of tobacco use prevention education specifies teaching “negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.” Eighty-eight percent of 5th, 8th, and 10th grade teachers provided instruction about negative physiologic consequences of tobacco use; 64% social influences; 57% social consequences; 50% peer norms; 51% refusal skills.
- CDE is publishing *Getting Results: California Action Guide to Tobacco Use Prevention Education* and providing accompanying training to county offices of education and districts to help them select

research-based strategies and materials for tobacco use prevention education. The Healthy Kids Resource Center provides research summaries of effective programs, and the Healthy Kids Program Dissemination Center gives information about where effective programs can be seen in action.

- In TUPE-funded projects, school districts are required to:
 - base programs on assessment of the tobacco-related behavior of students
 - establish measurable goals and objectives
 - design and implement programs based on research or evaluation that provides evidence that the programs prevent or reduce tobacco use among youth
 - evaluate programs periodically to assess progress, and strengthen the goals and the program accordingly
- The Tobacco-Related Disease Research Program (TRDRP) created a new research award mechanism designed for schools and academic institutions to work together. The School-Academic Research Award (SARA) is co-funded by TRDRP and the California Department of Education. Grants from SARA will increase research-based prevention and cessation approaches.
- Funding for high school grants has been released on time at the beginning of each fiscal year during the last two years.

***The Missing Link (Personal/Social Skills Lessons)** is a set of nine middle school and nine high school personal/social skills lessons that were developed by the **Los Angeles County Office of Education**. The lessons are intended to augment prevention curricula, and are research-based and user friendly. The program goal is to empower students with the skills needed to prevent, delay, and/or reduce involvement with tobacco as well as alcohol, other drugs, and violence. A controlled evaluation of the lessons demonstrated significant impact on students' marijuana use, combined alcohol and tobacco use, and attitudes toward tobacco use.*

***Project SCAT (Schools and Community Against Tobacco)**, developed by the **Nevada Joint Union High School District**, involves students and adults in a collaborative effort to influence attitudes about tobacco use. Program components are designed to reach a wide representation of school and community residents through several venues: interactive sessions presented by parent educators and youth educators to elementary and middle school students; the *Lifesaver Lab*, a health science experience for upper elementary students; public service announcements and dramas involving middle and high school students aired on local radio stations; and a mock trial related to a tobacco issue that is produced for the community by high school students, local attorneys and a judge.*



"Like Father, Like Daughter." Billboard, 1995 Statewide Media Campaign.

Project CHALK, developed by the Public Health Institute and funded by the Tobacco-Related Disease Research Program, focuses on the community surrounding stores that sell tobacco to minors. Community residents distributed flyers and posters that encouraged the community to speak up and object when they observe a sale of tobacco to a child.

*One way to implement effective control of tobacco sales to minors is to educate elected officials and other key opinion leaders who make and enforce policies. The **Educating Key Opinion Leaders** project of the **American Lung Association of California** works to increase support for community norm change strategies among these leaders through enforcement of existing tobacco control policies (such as smoke-free workplaces, illegal sales to minors, and advertising and sponsorship restrictions); and through development of strategies such as prohibiting self-service displays and addressing tobacco licensing issues.*

Progress Toward Recommendation 5: Implement more effective control of tobacco sales to minors.

Substantial progress has been achieved toward this recommendation:

- Illegal sales to minors dropped sharply from 30% in 1996 to 13% in 1998.
- The Attorney General's Office has pursued enforcement action against five of the larger wholesalers/distributors who did not fulfill the legal requirement to report the names of all retailers to whom they supply tobacco products.
- Although the rate of illegal sales as measured in annual purchase-attempt surveys has gone down, preliminary data from the Independent Evaluation (1999) show that 89% of tenth grade youth reported in 1998 it is still easy to obtain tobacco products from commercial as well as social sources (e.g., friends, family, or strangers). Most commonly, teens obtain their cigarettes from non-commercial sources, especially from friends.
- In this recommendation, TEROC noted that DHS's ability to conduct random compliance checks is limited because the Expanded Exchange Agreement allowing the State Board of Equalization to share tobacco tax receipt information with DHS had not been approved. The agreement to share information recommended by TEROC as a means to increase the effectiveness of the implementation of the STAKE Act has still not been reached.

Progress Toward Recommendation 6: Generate and adopt additional smoking prevention and cessation strategies that are relevant to the many racial and ethnic populations in California.

Substantial progress has been made toward this recommendation:

- The Tobacco Education media campaign has produced a variety of ethnic television, radio, outdoor and print ads since the campaign began in 1990 to address specific tobacco issues with various ethnic communities. Ads are produced by advertising agencies that target a specific ethnic group. Examples of many of these ads are given in previous sections of this report.
- In May 1999, the African American Tobacco Education Network began a campaign called "Not in Mama's Kitchen" to address the serious issue of environmental tobacco smoke. Over 1,400 pledges to celebrate a smoke free Mother's Day were received in response to 10,000 cards that were mailed.
- As part of the Asian and Pacific Islander Tobacco Education Network's (APITEN) campaign to encourage organizational and festival adoption of tobacco control policies, the Hmong New Year Celebration in Fresno adopted a tobacco-free policy.
- The American Indian Tobacco Education Network (AITEN) is conducting a campaign to increase smoke-free policies on tribal lands, and to establish smoke-free areas and events at pow-wows and other tribal gatherings.

- The Hispanic/Latino Tobacco Education Network (H/LaTEN) Youth Council worked with various Spanish language radio station disc jockeys in Southern California to promote a tobacco-free lifestyle and cessation messages on World No Tobacco Day. Live radio interviews were conducted among youth advocates. In April 1999, the H/LaTEN recognized the Hispanic/Latino Tobacco Free Advocates of the Century—62 heroes/heroines in the categories of youth leaders, parents, community leaders, media representatives, business representatives, and sports figures who are living examples of tobacco-free role models and advocates.

- Research projects funded by the Tobacco-Related Disease Research Program investigate racial and ethnic differences in the use, prevention, and cessation of tobacco. For example, one study tests the hypothesis that racial discrimination accounts for differences between Caucasians and African Americans in smoking prevalence, age of initiation of smoking, degree of nicotine addiction, difficulty quitting smoking, and stage of readiness to quit smoking. The researchers hypothesize that African Americans who experience frequent discrimination differ from Caucasians on all five variables. Data from this research can be used to design new, culturally-tailored smoking prevention and cessation programs for African Americans.

Other studies investigate topics such as smoking and depression in Chinese Americans; Hmong cultural practices and patterns of

tobacco use; ethnic differences in cigarette smoking dynamics among youth; tobacco control in Latino communities; predictors of smoking in Latino and African American youth; preventing smoking in California Pacific Rim youth; and smoking cessation in the Vietnamese community.

Progress Toward Recommendation 7: Link Proposition 99-financed research and evaluation efforts closely with Tobacco Control Program activities.

Major progress can be reported in linking research and evaluation to action.

- Results of the Independent Evaluation of the Tobacco Control Program are used by the Department of Health Services and the California Department of Education to modify their tobacco control activities. For example, the Educating Key Opinion Leaders Project (described previously) was developed in response to Wave 1 findings of the Independent Evaluation that a high percentage of opinion leaders in the state favored individual rather than population-based strategies for reducing tobacco use.
- The Tobacco-Related Disease Research Program (TRDRP) established Community-Academic Research Awards (CARA) to stimulate and support collaborations between community-based organizations and academic investigators to perform scientifically rigorous research. Research supported by this program investigates tobacco control issues that are

A tobacco control project in Long Beach, Khmers Against Tobacco sponsored by the Cambodian Association of America, is helping Cambodian temples adopt a smoke-free policy for the outside areas immediately adjacent to the temple, and to offer smoking education and prevention classes on the premises. Presentations to Buddhist monks and their lay counterparts, ajars, about the Cambodian culture, Buddhism, and tobacco control are the first steps toward meeting the project's objectives.

identified as important by specific communities in the state, are likely to produce results that are meaningful to specific communities, and use methods that are relevant, culturally sensitive, and appropriate in terms defined and accepted by the interested communities.

- Through CARA and other award mechanisms, TRDRP has funded behavioral research that has direct application to program interventions. Twenty-nine percent of the 1999 research awards were for this type of research (out of 66 new projects, 7 were for social/behavioral/youth research, 5 were CARA awards, and 7 were related to public policy).
- TRDRP and the California Department of Education have created the School-Academic Research Award (SARA) that is designed for schools and academic investigators to work together.
- TRDRP also established dissertation research awards to support the dissertation research of doctoral candidates who wish to pursue tobacco-related research. In this category, research on the application of social/behavioral sciences and public policy areas is encouraged.

Progress Toward Recommendation 8: Increase the surtax on tobacco products by at least \$1.00 per pack.

The purchase prices of tobacco products increased substantially as

a result of a tobacco surtax increase and a manufacturers' price increase caused by the Master Settlement Agreement.

- Voters passed Proposition 10 in November 1998 to increase the tax on cigarettes by 50 cents per pack, and an equivalent amount on cigars, pipe tobacco and smokeless tobacco. This tax went into effect on January 1, 1999.
- The Proposition 10 tax increase triggered an additional Proposition 99 increase in the tax on non-cigarette tobacco products equivalent to 50 cents per pack, effective July 1, 1999. Thus, for non-cigarette tobacco taxes (which account for about 10% of tobacco sales), an increase of \$1.00 has been achieved.
- The Master Settlement Agreement caused the tobacco companies to increase the wholesale price of a pack of cigarettes by 45 cents, effective December 1999. The companies have raised the price further since then.

Progress Toward Recommendation 9: The California Attorney General should oppose any settlement of tobacco litigation that benefits the tobacco industry.

Attorney General Dan Lungren chose to sign the Master Settlement Agreement in November, 1998 despite opposition by TERO and the greater national public health community. Attorney General Bill Lockyer, who took office on January

1, 1999, expressed concerns about the settlement and briefly explored the advisability of backing out of it. He has since established a Tobacco Litigation Unit in the Department of Justice which he plans to maintain over the coming years to ensure tobacco industry compliance with the Master Settlement Agreement provisions, including the restrictions on the marketing of tobacco products to youth.

Progress Toward Recommendation 10: Coordinate Proposition 99-financed programs with other State and Federal tobacco control initiatives.

California's Tobacco Control Program has a history of coordinating its efforts with other initiatives such as the Robert Wood Johnson's Smokeless States Program, the Next Generation Alliance, and tobacco control initiatives sponsored by the Centers for Disease Control and Prevention (CDC), the U.S. Department of Education, the Center for Substance Abuse Prevention, and the National Cancer Institute. The program has recently created relationships with several new efforts:

- Master Settlement Agreement: CDC is leading an effort to encourage settling states to devote a portion of their tobacco settlement payments each year to tobacco control and other public health initiatives. The Department of Health Services, Tobacco Control Section (DHS,TCS) is assisting states in designing effective tobacco control programs.

- The California Department of Education's TUPE program relies heavily on CDC's guidelines for school-based tobacco use prevention education programs. CDE staff are in close communication with CDC's Office on School Health and attend relevant national meetings and conferences.
- DHS,TCS has a new grant from CDC to provide technical assistance to other states working to set up their own tobacco control program. TCS staff attend and participate in CDC sponsored workshops, conference, and teleconferences.
- DHS,TCS is working with the CDC to make California's tobacco surveillance data more comparable to those of the federal government and other states.
- DHS,TCS is working closely with the American Legacy Foundation that was set up under a provision of the Master Settlement Agreement to administer a national tobacco research and tobacco use prevention program targeting youth.
- DHS (through its Food and Drug Branch) has a contract with the federal government to carry out enforcement of parts of the U.S. Food and Drug Administration's regulation of cigarettes as drug delivery devices. Currently, this involves enforcement of the federal requirement that tobacco retailers check the identification of anyone attempting to purchase tobacco products who appears to be 26 years of age or less.
- The Tobacco-Related Disease Research Program (TRDRP) interacts with and coordinates communication with the National Cancer Institute, National Institute of Drugs and Alcohol, and the Network of Tobacco Use Research Funders (NOTURF) to increase the utility of tobacco-related research dollars.

32

“Industry Spokesman”

Television Ad, 1990/1999

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Lessons Learned in Tobacco Control

Many lessons have been learned in ten years about what works and does not work in tobacco control. The most important lesson of the California experience is that it is possible to rapidly reduce tobacco consumption despite the aggressive, lavishly funded marketing and promotion of tobacco products that continues in the state even today.

Overall Lessons from the Program

The increased cost of tobacco products from the Proposition 99 tax, and most recently from the additional Proposition 10 tax, has clearly contributed to the declines in consumption seen in California during this period. Analysis of a longitudinal sample of data from the California Tobacco Survey gives further insight into what elements of the program have been successful (Pierce et al., 1994). The predictors of progress towards cessation are having a smoke-free workplace, believing that secondhand smoke is dangerous (not just annoying), living in a smoke free home, and having available cessation support such as that offered by the California Smokers' Helpline.

Local tobacco control programs and the statewide media campaign have clearly played a major role in this progress by helping shape the discussion over tobacco issues with strong anti-industry messages, by emphasizing the adverse health effects of secondhand smoke and the addictiveness of tobacco, and by advocating for policies that protect Californians from secondhand

smoke and restrict tobacco product marketing and sales.

Overall lessons from California show that a tobacco control program works best when it:

- **Engages the public from the beginning**, as with the political campaign for the Proposition 99 tax;
- **Increases the cost of tobacco**, such as the tax increases from Proposition 99 and Proposition 10;
- **Involves the entire public**, particularly the nonsmoking majority, to reinforce the idea of a smoke free society.

Lessons in Health Education

California's Tobacco Control Program conducts health education through community-based and school-based programs. There are a number of lessons that are specific to each arena.

Community-Based Prevention

An effective community-based tobacco control program:

- **Is large enough to compete effectively with the tobacco industry, even though it does not match the industry dollar for dollar.** In the early years of the California program (1989-93), expenditures were approximately \$3.35 per capita, compared to \$17.50 by the tobacco industry. In the later years (1993-96), California only spent \$2.08 per capita compared

to \$20.59 by the tobacco industry (Pierce et al., 1998b).



Advertisement, California Smokers Helpline

- **Employs an anti-tobacco media campaign with a broad, general market focus that directly confronts the tobacco industry and its surrogates.** The California media campaign and local programs stress nonsmoking norms and educate the public and policy makers about the dangers of passive smoking. Comparisons of California's results to other states indicate that a general market campaign emphasizing the tobacco industry's deceptive practices and the critical importance of smoke-free indoor environments is more effective than a youth-centered campaign that concentrates on preventing kids from buying cigarettes (Department of Health Services, 1998). This conclusion stands in stark contrast to the prevailing

national rhetoric, which suggests that all public health can hope to do is prevent kids from starting to smoke and waiting a generation for the problem of tobacco use to resolve. There is no reason to wait this long. Teens are best spoken to as adults and addressed as an element of a larger campaign.

- **Emphasizes the negative aspects of tobacco use for everyone—adults and youth.** In the media campaign, youth are most influenced by messages directed at the general population, rather than by ads speaking directly to them. The tobacco industry uses the “You’re too young to smoke” message to make youth see smoking as a way to “enter the adult world.” The program should counter this approach by emphasizing the negative aspects of tobacco use for everyone—adults and youth—and by offering youth entry to a smoke free adult world.
- **Coordinates the media campaign closely with community-based activities that support statewide messages locally.** While the media campaign is the most visible component of the California Tobacco Control Program, the community-based programs are equally important. The media campaign helps educate the public and create an environment supportive of tobacco control, but the local community programs make the permanent social change that is moving tobacco use out of California.

- **Promotes smoke-free environments, and strengthens the nonsmoking norm and rights of nonsmokers.**

Promoting smoke-free environments is a powerful intervention to reduce tobacco consumption and increase smoking cessation. Public appreciation of the dangers of secondhand smoke can lead to the voluntary adoption of a smoke-free home policy even in homes occupied by smokers. In California, the resulting explosion in local clean indoor air ordinances, followed by the state smoke-free workplace law, protected nonsmokers from secondhand smoke and created an environment that made it easier for people to stop smoking.

- **Responds quickly to changing industry strategies with new media messages.** The period of greatest decline in tobacco use was associated with the ability of the program to develop and place ads quickly, and to adjust counter-messages and respond rapidly to changing strategies of the tobacco industry. When the process became bogged down with many levels of approvals, months to years passed between new ads. The media lost its flexibility to counter the tobacco industry and support the needs of the local programs. When the approval process for the media campaign and other program activities is streamlined (in terms of numbers of people who are involved and length of time for approval), the program is able to respond to the tobacco industry quickly and effectively. A streamlined approval process also allows good integration of

the media campaign and other statewide activities with the community-based programs that are key to program success.

- **Emphasizes reducing youth demand for tobacco in addition to reducing youth access to tobacco.** The success in reducing the frequency with which stores sell to minors has not resulted in reductions in either the ease with which adolescents can obtain cigarettes or in adolescent smoking prevalence. Promising approaches for reducing adolescents’ demand for tobacco include involving youth in policy advocacy and linking school- and community-based programs. Clearly, the program must also continue to address the factors in the social environment that are creating and reinforcing youth demand for tobacco products, including product price, sales practices, advertising and promotional activities, and the modeling of tobacco-use behavior on television and in movies.
- **Uses youth organizations and schools for youth-specific programs that utilize research-based strategies.** These are particularly appropriate venues for youth-specific programs that utilize effective research-based education strategies for engaging youth in anti-tobacco advocacy and leadership activities.

School-Based Prevention

Effective school-based tobacco control programs—which in California are called Tobacco Use Prevention Education programs:

- **Seek broad community involvement and are integrated with other community-based tobacco control programs.** Messages in the school programs should stress the same themes that work in the community and media components of the program so that school and community activities reinforce each other. These themes include the social denormalization of tobacco use and the serious health risks of exposure to secondhand smoke.
- **Concentrate activities in middle/junior high and high schools, rather than elementary schools.** Very young children are generally anti-tobacco and there is little room for a program effect. While theoretically desirable to start anti-tobacco education early, there is no evidence that this effect carries over into adolescence, when tobacco becomes an issue. Scarce resources are better spent on older children.
- **Utilize a competitive grants model in addition to funding allocations based on entitlement formulas.** Funding allocations based on enrollment (or other entitlement formulas) do not necessarily lead to effective tobacco control programs unless effective accountability procedures are utilized. TEROC also believes that the increased accountability of the competitive grants model improves program effectiveness in grades 6 through 8.
- **Participate in training and the infrastructure network developed for community-based activities.** Personnel from school-based tobacco control programs should be knowledgeable about and included in public health training and the infrastructure network that support community-based activities. Alternatively, staff from local community-based programs should be knowledgeable about and attend county and/or school district tobacco use prevention education training.
- **Adopt strategies that research shows to be effective.** There is research evidence that information-only instructional approaches to tobacco use prevention are ineffective. Programs that utilize social influence approaches and couple information with the development of personal and social skills show remarkable results in deterring tobacco use by youth.
- **Support a comprehensive and balanced research portfolio** which divides the available resources equally between social/behavioral and policy research on the one hand and biomedical and nicotine dependence research on the other.
- **Be prepared to carry out an extensive outreach effort** to increase the quantity and quality of proposals in the social, behavioral, and policy areas, especially with respect to studying tobacco use. Such outreach expands and supports the research infrastructure in social/behavioral and policy sciences and encourages investigators in these fields to submit proposals.
- **Fund the best in relevant biomedical research** that helps elucidate the mechanisms of tobacco's detrimental health effects, and improves early diagnosis and effective treatments for tobacco-related diseases.
- **Work closely with the agencies administering the health education components of the tobacco control program** to ensure that information is disseminated and to stay apprised of emerging research issues that should be addressed. Research that investigates newly emerging areas, such as cessation programs for youth, tobacco control in health care settings, cultural determinants of tobacco use, and targeted interventions in diverse communities should be encouraged.

Lessons in Tobacco-Related Disease Research

Many lessons about tobacco research have been learned by the University of California's Tobacco-Related Disease Research program. A tobacco research program should:

36

"I Miss My Lung, Bob"

Billboard, 1998

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

Strategies for the 21st Century: TEROC's Recommendations for 2000-2003

TEROC recommends that the California Tobacco Control Program build on its numerous significant strengths, and adopt the aggressive tone and rapid response that have characterized its most notable successes. Most important, TEROC strongly recommends that approximately 20% of the resources from the tobacco settlement payments to the state be allocated on an annual basis to increase the program's ability to counter the tobacco industry's continued aggressive marketing of tobacco in California, and to help those who use tobacco products break the chains of their addiction.

Recommendation 1: Increase funding for the California Tobacco Control Program so that it can build on past successes and take advantage of new opportunities to reduce tobacco consumption rapidly.

TEROC recommends that the annual funding for the California Tobacco Control Program from Proposition 99 be augmented by \$105 million from the tobacco settlement payments to the State of California. There are several critical reasons for this request. In general, this increase in funding will expand the overall capability of California's tobacco control efforts to further reduce tobacco use and exposure to

secondhand smoke, and thereby to further reduce the incidence of lung cancer, heart disease, emphysema, and other tobacco-related deadly diseases. In doing so, it will increase the substantial benefits already gained in reducing suffering, loss of life, and economic costs caused by tobacco. Increased funding will strengthen tobacco control efforts by:

- increasing the capacity to assist smokers of all ages in quitting;
- increasing the reach and frequency of the media campaign which is needed to effectively counter the massive marketing and public relations activities of the tobacco industry, and to prompt increased quit attempts by smokers;
- increasing activities directed toward enactment of local tobacco control policies, especially policies establishing smoke-free public areas and policies restricting point of sale advertising;
- increasing the capacity of the Department of Health Services to coordinate with local projects and schools;
- increasing program presence in middle and high schools where adolescents are most vulnerable to emulating what they perceive as adult behaviors and to finding ways to rebel;

- funding enforcement of tobacco control laws that cannot be funded with Proposition 99 money;
- increasing program capacity to reach high-risk diverse populations of California.

The Master Settlement Agreement, while providing approximately



Health Through Art: Signs of Recovery, Alameda County Health Department, Oakland, CA.

\$1 billion a year for state and local California governments, only reimburses taxpayers about 30 cents on the dollar for the cost to taxpayers for treating tobacco-related illnesses. Failure to reduce tobacco use will condemn California taxpayers to more than a \$2 billion annual subsidy of the tobacco industry through Medi-Cal and other government payments. Every dollar spent on the California Tobacco Control Program saves \$3 in medical costs and another \$5 in smoking-attributable indirect costs (Department of Health Services, 1999).

Most important, the California Tobacco Control Program has saved lives and improved the health of Californians, and will continue to do so.

The U.S. Centers for Disease Control and Prevention has published “best practice” recommendations for program components and funding levels for effective state tobacco

control programs (Centers for Disease Control, 1999). TEROC considered these recommendations in writing this Master Plan. In general, TEROC’s recommended budgetary amounts are slightly above the minimum levels recommended by the CDC.

The total budget for tobacco control and tobacco research pro-

grams recommended by TEROC (using the 1999-2000 budget amount of \$126,800,000 as the pre-augmentation base) is \$231,793,000, which is slightly above CDC’s minimum recommendation of \$211,403,000. This is well below the CDC’s maximum recommended budget level of \$545,492,000 for a state with California’s population.

**Recommended Budget for the California Tobacco Control Program, Based on CDC’s Best Practices
(in thousands)**

Budget	99-00 Current Budget	00-01 Additional Funds (GF)	00-01 New Proposed Budget Total	CDC Best Practices Recommendation Low	CDC Best Practices Recommendation High	Comments
UC Research	36,726	7,500	44,226	N/a	N/a	20% increase to cover inflation since Prop 99 passed (allowing for drop in tobacco consumption)
California Department Of Education (CDE) Local Assistance	27,044	6,000	33,044	25,663	38,494	20% increase to cover inflation since Prop 99 passed (allowing for drop in tobacco consumption) plus for adding grades 6-8 to high school competitive grant program.
TCS staff support CDE staff support	3,224 967 4,191	2,000 500 2,500	5,224 1,467 6,691	7,179	19,235	Staff for CDE and TCS to administer increase in program funding and for CDE to administer competitive grants.
TCS Local Programs— includes LLAs, competitive grants, enforcement, statewide, and cessation.	35,116	62,000	97,116	117,899	346,204	To cover LLA enforcement of existing local ordinances and AB 13, increase for Helpline cessation services, TCS technical assistance,/- statewide services, etc.
TCS media	17,816	22,000	39,816	32,269	96,805	TCS statewide media to increase reach into rural and ethnic communities, and to increase youth advocacy for reducing demand.
TCS evaluation	3,905	5,000	8,900	14,357	38,470	Independent evaluation of schools, local programs, media. Increase evaluation efforts to obtain county and ethnic specific data.
Food and Drug STAKE Act compliance	2,000	0	2,000	14,036	26,284	
Total UC	36,726	7,500	44,226	N/a	N/a	
Total TCS/CDE	90,072	97,500	187,567	211,403	565,492	
Total Overall	126,798	105,000	231,793	211,403	565,492	

Recommendation 2: Expand the Tobacco Control Program and strengthen its fundamen- tal structure, focus, and key messages.

The California Tobacco Control Program follows a research-based comprehensive approach that utilizes multiple channels of intervention—the media; community-based organizations; schools; universities; public health departments at the state, regional and local levels; and numerous other state departments, agencies, organizations and commissions. The program operates at statewide, regional, and local levels to reach the general population of California. The increased budget TEROC is recommending will greatly increase the program's ability to expand and strengthen its successful structure, focus, and messages, and to effectively coordinate its numerous aspects.

The program is based on the belief that the primary prevention of smoking initiation is best accomplished by incorporating youth as part of a larger movement to a smoke-free society for everyone. TEROC recommends that the program's activities and messages continue to be crafted to reach a broad general audience of all ages and to account for linguistic and cultural factors.

Within this broad focus, specific program components should also address groups whose current smoking prevalence is disproportionately high. For example, in 1998 smoking prevalence in young adults (ages 18-24) was 22%, higher than for any other adult age group and higher than in 1997. New media ads and other programmatic efforts should be designed for this group of young adults. The effect of these

interventions will “spill down” to younger ages (i.e., 12-17), since teens view young adults as role models. Moreover, the tobacco industry presents smoking as a way for teens to “grow up,” and TEROC believes that this type of youth-focused campaign will therefore be more effective than a teen-focused campaign which could be inadvertently reinforcing the industry's message.

All statewide and local activities should continue to communicate and reinforce the media campaign's key messages:

- The tobacco industry lies.
- Nicotine is addictive.
- Secondhand smoke kills.

TEROC also recommends that the program continue to implement strategies to counter tobacco industry tactics, promote smoke-free environments, and support tobacco use cessation. In addition, TEROC recommends that the program shift the emphasis of its focus on reducing youth access to reducing youth demand for tobacco. The recommendations on program focus are described below.

a. Continue to anticipate, vigorously expose, and counter tobacco industry tactics.

The Master Settlement Agreement signed by the California attorney general and the tobacco industry on November 23, 1998 mandates changes in the behavior of the tobacco industry in the state, and specifically prohibits the tobacco industry from using advertising and promotion strategies that target youth. TEROC recommends that tobacco control advocates closely monitor industry activities in order to expose lack of adherence to the provisions of the Agreement, and to

ensure that new techniques to promote tobacco to youth are not employed.

In addition, the industry continues to promote tobacco in ways not prohibited by the settlement. For example, tobacco industry campaigns of “accommodation” of smokers continue, and bars are increasingly used as venues for advertising and promotions such as distribution of free cigarettes. TEROC recommends that these and other new industry tactics be exposed and countered through the statewide media campaign, enforcement of smoke-free bars, and other appropriate local efforts.

b. Continue to press for smoke-free workplaces, public places, events, schools, and homes.

Secondhand smoke is the third leading cause of preventable death in the nation (Parnley and Glantz, 1991). TEROC recommends that California continue its campaign for smoke-free workplaces and homes by increasing public education about the effects of secondhand smoke, and enforcing policies related to secondhand smoke. There are several actions to be taken.

Parents should be educated in culturally and linguistically appropriate ways about the effects of secondhand smoke on their children and other family members, and encouraged to make their homes and cars smoke free. This will not only protect nonsmoking adults, children, and youth from secondhand smoke, but also help smokers to stop.

Efforts to fully implement and enforce state and local smoke-free workplace laws should be continued and extended. This should include attention to voluntary policies among Indian nations for environments that

are free of commercial tobacco. The Attorney General's Office should continue to encourage local district attorneys to prosecute violations of the California Smoke-free Workplace Act (Labor Code 6404.5).

Local efforts should also be directed at increasing the number of smoke-free zones and venues at outdoor locations, for example, amusement parks, fair grounds, concerts, sporting events, etc. Efforts should be made to increase the number of smoke-free apartments, townhouses, and condos that provide smoke-free units, prevent seepage between housing with shared walls, and do not share ventilation systems.

Finally, specific efforts should be directed at teens in both DHS and CDE programs to reduce their acceptance of secondhand smoke. These should include involving youth in advocacy activities around secondhand smoke, and assisting their efforts to alert other youth of the adverse health effects of exposure and their right to smoke-free air. Tobacco-free policies in school buildings, grounds, and vehicles should be vigorously enforced.

c. Increase population-based smoking cessation activities through the media campaign, the California Smokers' Helpline, and coordination at the local community level.

Smoking cessation is the desired outcome of all initiatives and activities of California's Tobacco Control Program that create new social norms around the use of tobacco. The California Tobacco Survey (Pierce et al., 1998a) indicates that a large number of smokers are poised to quit. Past experience has demonstrated that the media

campaign, coupled with the California Smokers' Helpline and supported at the community level, is a cost-effective process for helping large numbers of people stop smoking. TEROC recommends several steps.

First, the media campaign should place additional emphasis on messages that promote cessation and the California Smokers' Helpline. However, when cessation ads are aired, the Helpline is inundated with calls. Current funding limitations for the Helpline prevent promoting it as heavily as would be optimal to maximize the number of people who stop smoking every year. In addition, a new Proposition 10 media campaign plans to refer viewers to the Helpline, which will greatly increase the number of calls. The Helpline capacity needs to be expanded to serve the full demand that can be generated by the media campaign.

As a necessary step in the cessation process, local projects (local lead agencies, ethnic networks, and competitive grantees) provide direct services to special populations and coordinate with other local cessation activities (e.g., hospital-based cessation services, school-based pre-cessation and cessation programs like Smokeless Saturdays). Funding for local technical assistance should be increased to meet the anticipated increased need generated by the media campaign and the Helpline.

d. Implement strategies (including youth anti-tobacco advocacy to promote smoke-free environments) to reduce youth demand for tobacco, rather than focusing primarily on youth access.

Efforts to reduce youth access to tobacco succeeded in lowering the rate of illegal sales in California to 13% in 1998. Large randomized trials (Rigotti et al., 1997) that successfully reduced buy rates by teens, however, failed to demonstrate a decrease in youth smoking. One reason seems to be that a relatively large proportion of teens who smoke do not purchase the cigarettes they smoke. Fifty-eight percent of teens who had ever smoked say they get their cigarettes from others such as friends and family members (Pierce et al., 1998a). In addition, the strong emphasis on reducing youth access is leading to counterproductive strategies such as criminalizing children, and has shifted the focus to children rather than the tobacco industry.

The most effective use of resources to decrease smoking is to reduce demand. TEROC therefore recommends that strategies to reduce youth demand for tobacco be increased, and that these strategies include active engagement of youth in anti-tobacco use advocacy activities.

Program efforts to reduce youth access to tobacco should focus on maintaining compliance with federal and state law. TEROC recommends that the Administration sign an Expanded Exchange Agreement allowing the State Board of Equalization to share tobacco tax receipt information with the Department of Health Services (DHS). This agreement would allow DHS to enumerate fully the universe of tobacco retailers in order to avoid non-response bias in retailer compliance estimates, and will increase the effectiveness of the STAKE Act implementation.

**Recommendation 3:
Continue to strengthen
and increase account-
ability of school-based
tobacco use prevention
education programs, con-
sistent with principles of
effectiveness.**

The California Department of Education (CDE) administers Proposition 99 funds for Tobacco Use Prevention Education (TUPE). Currently, as mandated by law, grades 4 through 8 receive TUPE funding as an entitlement (based on enrollment) while grades 9-12 receive funds through a competitive grant process.

Tobacco becomes a serious issue when young people reach adolescence, and the Centers for Disease Control and Prevention (CDC) recommends that tobacco prevention

education be emphasized in the middle/junior high years. In addition, Proposition 99 funds are decreasing. In order to maximize the impact and increase the accountability of the TUPE program, TEROC recommends that legislation be enacted to focus its entitlement component on grades 6-8 for a "basic" program, and to increase its competitive grants program to include grades 6-12. Two-thirds of TUPE funds should be used for middle and high school competitive grants, and one-third to entitlement grants for grades 6-8. With such a system, baseline programs in grades 6-8 could be supplemented with competitive grant funds in the crucial middle-school years. *Implementing this recommendation will require changes to the implementing legislation for Proposition 99.*

TEROC further recommends

that CDE make every effort to involve schools in the competitive process, and that districts be allowed to use a portion of their grades 6-8 entitlement funds to support grant-writing for competitive funds, if this activity does not erode tobacco prevention activities. In order to administer this program effectively, CDE staffing at the state level needs to be increased to both administer and provide technical assistance to the competitive grantees.

To improve the effectiveness of TUPE, TEROC recommends that CDE continue to support schools to strengthen their programs consistent with the U.S. Department of Education's national Principles of Effectiveness, which require schools to:

- Base programs on a thorough assessment of objective data about the drug, alcohol, tobacco, and violence problems in the schools and communities served.
- With the assistance of a local or regional advisory council, establish a set of measurable goals and objectives, and design programs to meet those goals and objectives.
- Design and implement programs for youth based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use (including tobacco), violence, or disruptive behavior among youth.
- Evaluate programs periodically to assess progress toward achieving goals and objectives, and use the evaluation results to refine, improve, and strengthen the program, and to refine goals and objectives as appropriate.



The Cambodian Association of America's Kmers Against Tobacco Project conducted tobacco education with monks, ajars, and worshipers at Wat Vipasnaram, Long Beach, CA.

Recommendation 4: Increase the collaboration and communication among and between school-based and public health-based tobacco control programs.

Among the strengths of the California Tobacco Control Program are the activities at the community level. Public health activities are planned and implemented by local lead agencies, regional linkage projects, ethnic networks, and other community organizations funded by the Department of Health Services (DHS), while school-based programs receive funding to districts and counties from the California Department of Education (CDE).

While a great deal has been accomplished by the statewide program, TEROC believes that it would be substantially strengthened by increased rapid communication and collaboration between and among all program entities: DHS, CDE, local lead agencies (LLAs), county offices of education, and other local tobacco control programs (including school-based programs). An increased budget can greatly improve the program's ability to expand collaboration and communication.

Among the ways to increase communication and collaboration are:

- **Involve youth in anti-tobacco advocacy projects.** Research shows that projects that involve youth in advocating for anti-tobacco policies are highly promising in reducing youth prevalence (Edwards et al., 1992). Florida's tobacco control program, for example, has used this approach effectively. Youth advocacy projects are ideal arenas for collaboration between schools and public health organizations. Collaboration can range

from recruiting students in school for after-school community advocacy projects, to a project that is fully planned and implemented by teachers, students, and community-based program staff.

- **Conduct cross-program meetings and trainings.** TUPE Coordinators from county offices of education should participate in statewide and regional tobacco control meetings and summits, which in the past have been largely limited to people associated with the DHS component of the California Tobacco Control Program. Representatives from the local lead agencies should also participate in statewide and regional tobacco use prevention education workshops sponsored by the CDE.
- **Facilitate communication within each funding network.** DHS should increase ways to facilitate communication between the state and local programs, and among its contractors and grantees. DHS should continue to ensure that they are aware of other DHS-funded tobacco activities in their locale.

CDE should also increase ways to facilitate communication between the state and TUPE-funded programs, among TUPE-funded programs, and between county offices of education and local school district TUPE coordinators.

Recommendation 5: The University of California's Tobacco- Related Disease Research Program should continue to encourage and fund research that makes

specific contributions to tobacco control.

Collaboration should be continued and expanded between TCS, CDE, and TRDRP to conduct research such as the Community-Academic Research Awards (CARA) and the School-Academic Research Awards (SARA). TRDRP research should continue to be linked to Tobacco Control Program activities.

There is a need for more research in the area of social, behavioral, and policy change. More of this research should address questions about the mechanisms of control and influence used by the tobacco industry to maintain tobacco-friendly policies, to influence public opinion, to promote tobacco use by young adults, and to make tobacco retailers advertise, promote, and display their products. The research should provide timely information that local programs can use in their efforts to reduce the use of tobacco products.

Recommendation 6: The Administration should implement policies and procedures to assure rapid development and approval of the media campaign to permit the campaign to respond quickly to the changing environment.

In the early years of the program, approval of the media campaign was the responsibility of the Department of Health Services (DHS) and subject to the same DHS approval procedures and TEROC oversight as other aspects of the program. This approval process allowed the campaign to be highly responsive to the changing world of tobacco and to create ads that were both timely and aggressive. It also allowed input from local lead

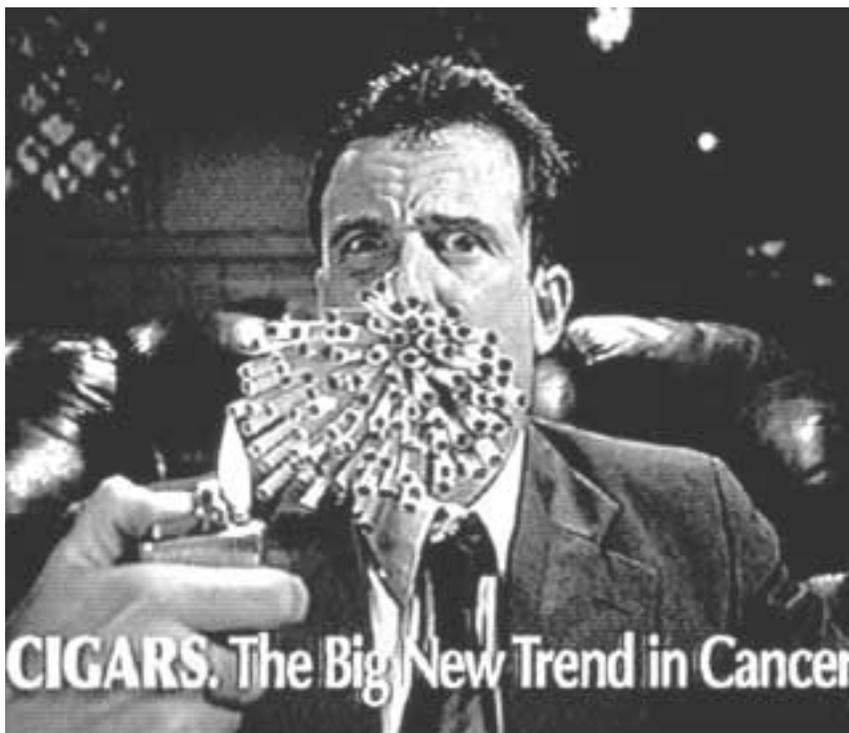
agencies and community-based tobacco control projects regarding the potential effectiveness of ads with their constituents.

TEROC appreciates the policy decision of the current Administration to allow the presentation of all proposed media campaign projects to TEROC, as this review is essential to the exercise of TEROC's oversight function. Nevertheless, the media approval process remains slow and cumbersome. As a result, it is difficult to coordinate the media campaign with other aspects of the program and respond to changes in the tobacco industry's strategy.

TEROC recommends that the Administration implement policies and procedures to assure rapid development and approval of the media campaign, and that TEROC and local tobacco control programs continue to be involved in the development of the campaign. Based on past experience, TEROC hopes that the total approval process would take no longer than 30 days. While the specific policies to achieve this rapid turnaround are open, TEROC notes that the policy of delegating this responsibility to DHS would be the simplest and one of proven effectiveness.

**Recommendation 7:
Medically-mediated
nicotine-dependence
treatment should be a
benefit of the health
care delivery system.**

In addition to the efforts of the Tobacco Control Program to promote population-based smoking cessation, State policies should encourage the inclusion of medically-mediated nicotine-dependence treatment (NDT) as part of the health care delivery process. Medi-Cal managed care plan providers are currently required to provide nicotine-dependence



“How Many?” Television Ad, 1997 Statewide Media Campaign.

treatment or referral services. TEROC recommends that the State adopt policies to enhance nicotine-dependence treatment activities for Medi-Cal beneficiaries and health insurance programs for state employees. The State should also encourage private insurers to provide coverage for nicotine-dependence treatment services as part of their standard benefit plan.

**Recommendation 8:
The Department of
Alcoholic Beverage
Control should incorpo-
rate compliance with the
California Smoke-free
Workplace Act in deci-
sions regarding bar
license approvals, suspen-
sions, and renewals.**

Enforcement of smoke-free bar provisions of the California Smoke-free Workplace Act should be a priority. Secondhand tobacco smoke is a serious health risk for the

850,000 people who work in the hospitality industry in California. Moreover, bars are important venues for current tobacco promotion, and the tobacco industry has worked to reduce compliance with this law. State and local media campaigns should create an environment that supports and motivates local enforcement efforts.

Discussions with local health departments and other local enforcement officials suggest that involvement of the Department of Alcoholic Beverage Control (ABC) in smoke-free bar compliance efforts would be beneficial.

TEROC therefore recommends that the ABC include compliance with the California Smoke-free Workplace Act as a criterion for approval, renewal, or suspension of on-site liquor licenses. *Implementing this recommendation will probably require action by the Governor to instruct the ABC to do this.*

**Recommendation 9:
The California Children and Families State Commission should encourage local commissions to include objectives for tobacco control in their strategic plans.**

The California Children and Families State Commission is charged with implementing Proposition 10, the Children and Families Act that is funded by a 50 cent tax on cigarettes and a commensurate tax on other tobacco products. This is an early childhood development program, but since it is funded by a tobacco tax, it is appropriate to include tobacco control elements in its guidelines and programming.

The State Commission's guidelines for implementation of the California Children and Families Act by the county commissions include the following objectives related to tobacco use:

- Reduce cigarette smoking among pregnant women.
- Increase smoking cessation during pregnancy.
- Increase smoking cessation by new mothers.
- Increase providers advising smoking cessation for pregnant women and new mothers.
- Increase the proportion of pediatricians and family physicians that inquire about second hand smoke exposure in the home.

TEROC believes that objectives

to increase smoking cessation and education of the consequences of secondhand smoke to young children are particularly vital for families as part of this initiative, and recommends that the State Commission strongly encourage local commissions to include tobacco-related objectives in their implementation guidelines.

**Recommendation 10:
Continue to coordinate Proposition 99-financed programs with State, Federal, and other tobacco control initiatives.**

The Proposition 99 tobacco control programs are most effective when they link into the energy, research, and activities of organizations and initiatives with similar goals. The programs have established relationships with the voluntary health organizations, the Centers for Disease Control and Prevention, the U.S. Department of Education, the Center for Substance Abuse Prevention, the National Institutes of Health, the Robert Wood Johnson Foundation's Smokeless States Program, including California's Next Generation Alliance, and the Campaign for Tobacco Free Kids. TEROC recommends that the program continue to actively coordinate with these initiatives, and to forge ties with entities such as the new Proposition 10 California Children and Families Commissions (State and local), the California Attorney General, the National Association of Attorneys General in reference to the Master Settlement Agreement,

the American Legacy Foundation, and others.

**Recommendation 11:
Settle the outstanding litigation left over from the previous Administration to increase funding for tobacco control efforts.**

There is \$32.531 million in restricted reserve funds from the Americans for Nonsmokers' Rights (ANR II) lawsuit. Corollary to increasing funding allocations for the program, TEROC recommends that the Governor release the ANR II restricted reserve funds, and settle the Just Say No to Tobacco Dough (SAYNO) suit.

The plaintiffs in the ANR II lawsuit (Americans for Nonsmokers' Rights, the American Lung Association, American Cancer Society, and American Heart Association) have all stated in writing that they will drop their suit if the funds are appropriated as specified in Proposition 99. Thus, there would be no continuing litigation in this case.

The SAYNO lawsuit, which the State won at trial, is under appeal. This case seeks reimbursement of the Health Education Account for funds alleged to have been illegally spent on medical services. The ANR II Restricted Reserve is in the Health Education Account, and cannot be used to reimburse the Health Education Account. Thus, regardless of the outcome of the SAYNO litigation, these funds will not be involved.



"Zeppo Kicks the Habit." California Smokers' Helpline.

46

“How Many”

Television Ad, 1997

Statewide Media Campaign

(Original graphic removed from Low Graphics Version)

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Front Cover: "Like Father, Like Daughter." Billboard, 1995 Statewide Media Campaign.