



Confronting a Relentless Adversary A Plan for Success



Toward a Tobacco-Free California 2006-2008

Master Plan of the Tobacco Education and Research Oversight Committee for California
March 2006

CONFRONTING A
RELENTLESS ADVERSARY:
A PLAN FOR SUCCESS

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Available on the Internet at <http://www.dhs.ca.gov/tobacco/html/teroc.htm>

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FOREWORD

For over seventeen years, the California Tobacco Control Program has done battle with the tobacco industry, a formidable and relentless adversary. In the process, California has achieved many important public health victories: adult per capita consumption has declined by over 60 percent (lowest in the nation); as of 2004, the adult smoking prevalence rate had reached an historic low of 15.4%; the majority of California's smokers are occasional or light smokers; and the vast majority of California's workers are now protected from second-hand smoke in their places of employment.

Because of this progress, the revenues generated by the state's tobacco tax have, appropriately, fallen as cigarette consumption has decreased, thereby reducing the amount of funding available for tobacco control under the Tobacco Tax and Health Protection Act (Proposition 99). At the same time, inflation has substantially reduced the purchasing power of tobacco control dollars. Meanwhile, the tobacco industry has dramatically increased its advertising and promotional spending in California. The convergence of these factors has rendered the California Tobacco Control Program less competitive with the tobacco industry than it once was.

This lack of competitiveness is important because the declines in smoking and secondhand smoke exposure

have not been shared equally across all of California's diverse communities. Low income Californians, communities of color, the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, enlisted military personnel, and other populations continue to have disproportionately high rates of tobacco use and therefore suffer disproportionately from tobacco-related morbidity and mortality.

Achieving further significant reductions in smoking prevalence and secondhand smoke exposure across all population groups and geographic regions of the state is a public health imperative that requires a strong tobacco control program—and a strong tobacco control program requires adequate funding.

Twice in the last seventeen years, Californians have voted to increase the tobacco tax to promote public health. In 1988, Proposition 99's tax increase of 25 cents per pack of cigarettes allowed California to create the nation's first comprehensive tobacco control program, and in 1998, California voters again agreed to raise the tobacco tax to fund early childhood development programs. With that 50 cents per pack tax, the state's per pack tax became the current 87 cents. In the intervening years, many other states have enacted substantial tax increases, and, as a result, California now

ranks 23rd among states by cigarette tax rate. Therefore, we reiterate what we stated in the 2003-2005 Master Plan: TEROC strongly supports a significant increase in the tobacco tax of at least \$1.50 per pack of cigarettes coupled with an allocation of at least 20 cents per pack, indexed to inflation, to the tobacco control program.

A sizable tobacco tax increase in concert with a reinvigorated tobacco control program will improve the health status of Californians, save lives, and help offset the economic costs of smoking to the state by significantly decreasing smoking prevalence and cigarette consumption, as well as further protect nonsmokers from secondhand smoke and advance research on the prevention, detection, and treatment of tobacco-

related diseases. With a strengthened tobacco control program in place and a reversal of the recent trend of decreased funding, an adult smoking prevalence rate of ten percent is well within reach in the next three years.

The tobacco industry will not stand still. Without the countervailing efforts from the state's tobacco control program, the gains made against tobacco use will be lost. Now is the time for an increased investment in the California Tobacco Control Program and a renewed commitment to the vision of a tobacco-free California.

Kirk Kleinschmidt, Chair
March 2006

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About TEROC

The Tobacco Education and Research Oversight Committee (TEROC) is a legislatively-mandated oversight committee (California Health and Safety Code Sections 104365-104370) that monitors the use of Proposition 99 tobacco tax revenues for tobacco control and prevention education and for tobacco-related research, and makes programmatic and budgetary recommendations pertaining to the California Tobacco Control Program to the California legislature. The Committee advises the California Department of Health Services, the University of California, and the California Department of Education regarding the administration of Proposition 99-funded programs.

TEROC publishes a Master Plan for tobacco control, tobacco use prevention education, and tobacco-related disease research in California every three years.

All TEROC meetings are open to the public. More information about TEROC, including meeting announcements, meeting minutes, press releases, and the most recent Master Plan, can be accessed online at <http://www.dhs.ca.gov/tobacco/html/teroc.htm>

ACKNOWLEDGMENTS

TEROC would like to thank the many individuals and groups who are committed to tobacco control in California and who contributed to this Master Plan. Special thanks go to the following:

- The local programs in communities and schools throughout California, without which the California Tobacco Control Program would not exist;
- Members of the academic community whose research findings are contributing to a greater understanding of many aspects of tobacco use, including health, behavior, economics, and public policy;
- Members of the tobacco control community throughout California who provided input into the development of the objectives and supporting strategies for 2006-2008;
- Kathony Jerauld, April Roeseler, Greg Oliva, David Cowling, Gretta Foss-Holland, and other staff of the California Department of Health Services' Tobacco Control Section;
- Meredith Rolfe, John Lagomarsino and other staff of the California Department of Education's Safe and Healthy Kids Program Office who work on the Tobacco Use Prevention Education (TUPE) program;
- Charles DiSogra, Francisco Buchting and others from the University of California's Tobacco-Related Disease Research Program; and
- Rhonda Robins, who served as a consultant to TEROC and wrote this Master Plan.

The California Tobacco Control Program at a Glance

The California Tobacco Control Program is carried out by three major agencies that work together to support a tobacco-free California:

The Tobacco Control Section of the California Department of Health Services (CDHS/TCS) administers the public health aspects of the program, including the Proposition 99-funded tobacco control activities of 61 local health departments, seven priority population partnerships, over 60 community-based organizations, a statewide media campaign, and the evaluation of the effectiveness of the public health and school-based components.

The Safe and Healthy Kids Program Office of the California Department of Education (CDE/SHKPO) is responsible for administering the Tobacco Use Prevention Education (TUPE) program in nearly 1,000 school districts, with the support of 58 county offices of education.

The Tobacco-Related Disease Research Program (TRDRP), administered by the University of California, funds research that enhances understanding of tobacco use, prevention, and cessation, the social, economic, and policy-related aspects of tobacco use, and tobacco-related diseases.



1. Based on combined California Adult Survey/Behavioral Risk Factor Surveillance System data, the 2004 California adult smoking prevalence rate was 15.4 percent.
2. Based on the California Student Tobacco Survey, a nationally comparable school-based survey, the 2004 California high school smoking prevalence rate was 13.2 percent.



Medford

Klamath Falls

Lakeview
Goose Lake

Crescent City

Eureka

Redding

Alturas
Mount Shasta
4317

Shasta Lake
Lassen Peak
3187

Susanville

Winnemucca
Humboldt

Elko

Fort Bragg

Ukiah

Marysville

Chico

Oroville

Reno

Virginia City

Carson City

GREAT
NEVADA
BASIN

Santa Rosa

SACRAMENTO

Walker Lake

Hawthorne

Berkeley

Stockton

Mono Lake

Tonopah

SAN FRANCISCO

OAKLAND

Modesto

San Jose

Merced

Bishop

Santa Cruz

SALINAS

Fresno

Mount Whitney
4418

Monterey Bay

Monterey

COAST RANGE

Visalia

Las Vegas

Paso Robles

Tulare

Henderson

San Luis Obispo

Bakersfield

Santa Maria

Mojave

Barstow

Lompoc

Santa Barbara

Ventura

Lancaster

Needles

LOS ANGELES

Pasadena

San Bernardino

CHANNEL

Long Beach

Anaheim

Palm Springs

ISLANDS

Santa Ana

Oceanside

Escondido

SAN DIEGO

EL Cajon

El Centro

TOWARD A TOBACCO-FREE CALIFORNIA 2006 - 2008



EXECUTIVE SUMMARY

Since the passage of the Tobacco Tax and Health Protection Act (Proposition 99) in 1988, California has made tremendous gains against tobacco use—prevalence has decreased, per capita tobacco consumption has declined, illegal sales of tobacco to youth have decreased, the vast majority of workers are protected from secondhand smoke in their places of employment, public attitudes have shifted, and tobacco-related disease and death have decreased. In short, the California Tobacco Control Program is working.

Tobacco control work in California is not finished, however. As children move into their teen years, high school children move into young adulthood, and newcomers join the state's population, the tobacco industry is actively targeting each potential new smoker through ever larger and more aggressive advertising and promotional strategies. In fact, the amount of money being spent in California by tobacco compa-

nies for promotional activities alone is twenty times the entire budget of the California Tobacco Control Program (FTC 2005).

The tobacco industry has proven itself to be a formidable opponent, and yet, the Tobacco Education and Research Oversight Committee (TEROC) firmly believes that, with appropriate funding for the California Tobacco Control Program, California can achieve the intermediate goals set forth in this Master Plan: an adult smoking prevalence rate of ten percent among adults and a smoking prevalence rate among high school-age youth of eight percent by the end of 2008. In order to reach these goals, funding for the California Tobacco Control Program must be returned to the level intended by the voters who passed Proposition 99. Now is the time to increase the tobacco excise tax by at least \$1.50 per pack of cigarettes in order to maintain the significant health gains made by the

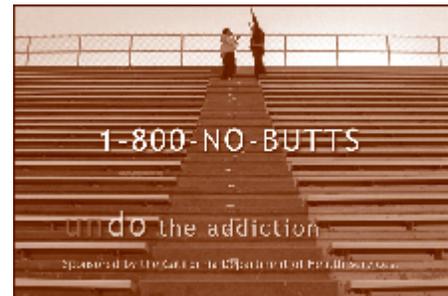
California Tobacco Control Program. It is critical that the program have the fiscal strength to be competitive against the tobacco industry's relentless and effective marketing strategies.

In this Master Plan, TERO, pursuant to its legislative mandate (California Health and Safety Code Sec-

tions 104365-104370), reviews the California Tobacco Control Program's progress during the previous three years, renews the call for an increase in the tobacco tax, and sets forth five objectives that constitute a plan for success against the tobacco industry—tobacco control's relentless adversary.

Progress toward a Tobacco-Free California in 2003-2005

- The 2003-2005 Master Plan proposed a goal for an adult smoking prevalence rate of 13 percent by the end of 2005. As of 2004 (the most recent data available), California's adult smoking prevalence rate reached an historic low of 15.4 percent, which represents a 32.5 percent decrease since 1988.
- Per capita consumption of cigarettes declined by over 60 percent from 1988 to 2004. Californians now smoke approximately half as many cigarettes as smokers in the rest of the United States.
- The smoking rate among 18 to 24-year-olds declined to 18.3 percent in 2004, down from 22.2 percent in 2003.
- California saw a significant drop in the smoking prevalence rate among high school age youth: The smoking prevalence rate for that group was 16.0 percent in 2002 and 13.2 percent in 2004 (compared to a 2004 national rate of 22.3 percent).
- Illegal statewide sales of tobacco to minors dropped to 10.2 percent in California in 2005, the lowest level since the state first began monitoring these sales in 1995.
- Reductions in smoking prevalence and cigarette consumption, along with increased protections from secondhand smoke exposure, continue to translate into health benefits for Californians. Accelerated reductions have been documented in California for both heart disease deaths and lung cancer incidence rates (Fichtenberg and Glantz 2000; Barnoya and Glantz 2004).

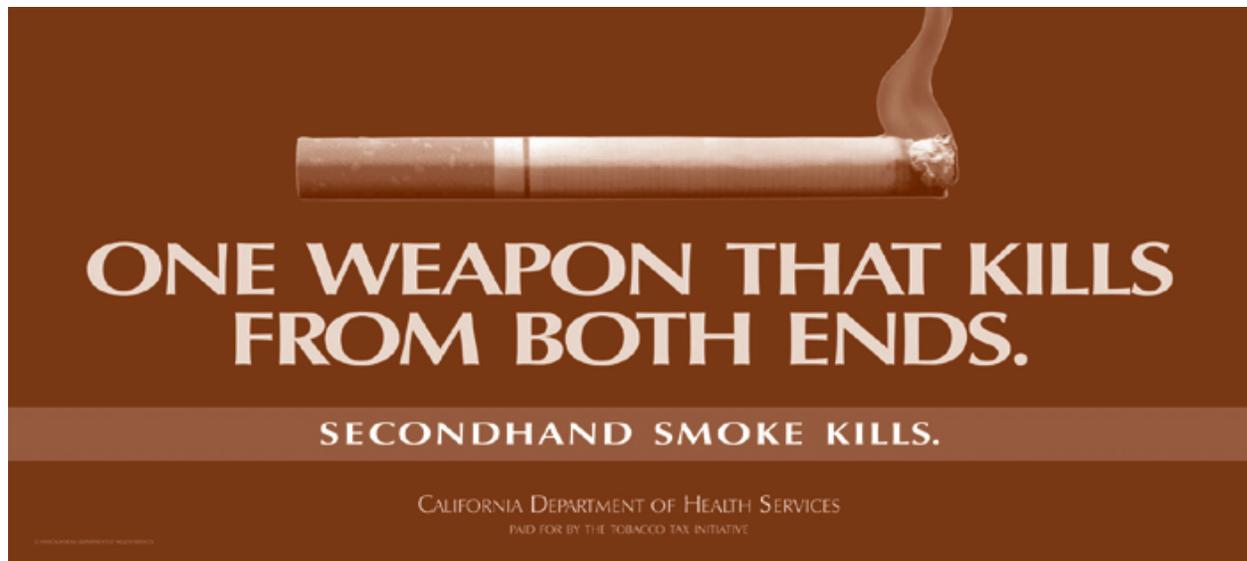


*Training
2005 Statewide Media Campaign*

Tobacco Control Challenges Remaining at the End of 2005

While considerable progress was made in the fight against tobacco during the years 2003-2005, several challenges continue to face California, including the following:

- Overall, funding for the California Tobacco Control Program declined from \$110 million in Fiscal Year 2003-04 to \$95.1 million in Fiscal Year 2005-06, thereby diminishing the reach and capacity of the program.
- The state continued to see disproportionately high rates of tobacco use in several of California's immigrant communities, the Lesbian, Gay, Bisexual and Transgender community, the African American community, the American Indian and Alaska Native community, active-duty military, and individuals of low socioeconomic status. The California Tobacco Control Program has identified these as priority populations.
- Notwithstanding significant efforts among the three agencies of the California Tobacco Control



- Program, systemic issues continued to contribute to health-related disparities in general and tobacco-related disparities in particular, such as the need for greater cultural tailoring of programs and further inclusion of priority populations in strategic planning and decision-making processes.
- Most residents of multi-unit housing in California continued to lack protections from secondhand smoke exposure in their homes.
 - Access to linguistically and culturally appropriate

cessation services for all who needed them continued to be a challenge for many Californians.

- No meaningful federal regulation of the tobacco industry was enacted.
- The movie industry did not make any significant efforts to reduce levels of smoking in films and the presentation of smoking in films continued to shift down into films designed to be marketed to youth (particularly films rated PG-13).

Objectives and Supporting Strategies for 2006-2008

Objective 1: Strengthen the California Tobacco Control Program

California's dramatic strides in reducing tobacco use and protecting nonsmokers from exposure to secondhand smoke are the result of seventeen years of hard work by the California Tobacco Control Program to denormalize tobacco use. Changing the social and cultural attitudes surrounding tobacco use and the tobacco industry through public health education, hard-hitting media campaigns, and the support of state and local policy activities to expand protections against secondhand smoke exposure, restrict tobacco accessibility, and illuminate tobacco industry practices have all contributed to California leading the nation in the fight against the tobacco industry.

However, the gains achieved by the California Tobacco Control Program are in jeopardy. The steady decline in real funding for tobacco control in California has

eroded the California Tobacco Control Program's ability to support innovative local and statewide programs, fund tobacco-related disease research, and implement school-based programs that address the many and varied tobacco control needs in all of California's diverse communities. In short, during the same time that the tobacco industry increased its promotional spending in this state, the resources and the purchasing power of available funds to the California Tobacco Control Program have decreased. In order to meet this Master Plan's goals of an adult smoking prevalence rate of ten percent and a smoking prevalence rate among high school age youth of eight percent, the decline in real tobacco control funding must be reversed. The steady decline in funding has placed the program at a critical juncture.

Based on the median of the U.S. Centers for Disease Control and Prevention’s recommended funding level and an assumed inflation rate of three percent, TEROC

recommends that the California Tobacco Control Program be funded at least at the following levels for the next three years:

Budget Proposal for the Tobacco Control Program, Fiscal Years 2006-2008

Program Component	Actual FY 05-06 budget (in millions)	Recommended 05-06 budget (in millions)	Recommended 06-07 budget (in millions)	Recommended 07-08 budget (in millions)	Recommended 08-09 budget (in millions)
CDHS/TCS	\$57.8*	\$154.9	\$159.6	\$164.4	\$169.3
TRDRP	\$14.2	\$72.9	\$75.1	\$77.4	\$79.7
CDE/SHKPO	\$23.1	\$76.0	\$78.2	\$80.6	\$83.0
Total	\$95.1	\$303.8	\$312.9	\$322.4	\$332.0

* \$1.2 million is appropriated from the Prop 99 Unallocated Account to support CDHS/TCS state administration.

Objective 2: Eliminate disparities and achieve parity in all aspects of tobacco control

TEROC believes that every aspect of the California Tobacco Control Program must be characterized by the integral participation of the many diverse communities that comprise the state’s population. TEROC supports the California Tobacco Control Program’s continuing

efforts to ensure adequate funding and appropriate representation and participation in all areas of decision-making, research (and its application), strategic planning, and program development.

Objective 3: Decrease exposure to secondhand smoke

California’s nonsmokers continue to be exposed involuntarily to secondhand smoke and burdened by the resulting health consequences. Particular attention is warranted in communities of color (African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics/Latinos), the Lesbian, Gay, Bisexual and Transgender community, school-age youth, young adults, and the low socioeconomic community—all communities in which cultural and social norms

pose challenges to smoke-free policies and disproportionately high rates of exposure to secondhand smoke occur at work and at home.

“Recognizing the need for increased revenue, TEROC is repeating the call made in the 2003-2005 Master Plan for a tobacco tax increase of at least \$1.50 per pack of cigarettes, with an allocation of at least 20 cents per pack to the California Tobacco Control Program.”

In order to reduce the disease and death caused by secondhand smoke, TEROC supports the California Tobacco Control Program’s continued strong emphasis on protecting all of California’s residents against indoor and outdoor secondhand smoke wherever they live, work, study, and play.

Objective 4: Increase the availability of cessation services

To make significant progress toward a tobacco-free California, the state must achieve an increase in the successful quit rate of current smokers. To that end, TEROC supports the inclusion of cessation services as

a core benefit of all health insurance plans in California. More work also must occur to increase access to culturally and linguistically appropriate cessation services for California’s communities of color and other priority populations.

Objective 5: Limit and regulate the products, activities, and influence of the tobacco industry

In order to effectively regulate and limit the products, activities, and influence of the tobacco industry, local, state, and federal controls must work together to protect people's lives and health from the ill effects of tobacco use. Therefore, TEROC supports strong non-

preemptive federal, state, and local regulation of the tobacco industry at every level of its operation, as well as voluntary restrictions by elected officials, private organizations, and the business community aimed at reducing tobacco industry influence.



Marionette
2004 Statewide Media Campaign



THE GAY
COMMUNITY
FACES
DISCRIMINATION,
BUT NOT FROM
CANCER,
HEART DISEASE
OR
EMPHYSEMA.

THE
COMMUNITY
FACES
DISCRIMINATION,
BUT NOT FROM
CANCER,
HEART DISEASE,
OR EMPHYSEMA.

GAY
COMMUNITY
FACES
DISCRIMINATION
BUT NOT FROM
CANCER,
HEART DISEASE
OR
EMPHYSEMA.

Smoking is the number-one killer in the gay & lesbian community – not surprising, since we smoke 70% more than the rest of California. We've won so many battles over the years – now, let's beat tobacco.

CONFRONTING A RELENTLESS ADVERSARY



A PLAN FOR SUCCESS

Since the passage of the Tobacco Tax and Health Protection Act (Proposition 99) in 1988, California has made enormous gains against tobacco use—prevalence has decreased, consumption has declined, illegal sales of tobacco to youth have decreased, workers are protected from secondhand smoke in their places of employment, public attitudes have shifted, and tobacco-related disease and death have decreased.

In fact, in 2004, the adult smoking prevalence rate in California reached an historic low of 15.4 percent (CTS 2004), which is a true public health victory. However, based on current population estimates, that means nearly four million Californians are current smokers—smokers that reflect the diversity of California. In fact, it is the state’s diversity that presents the California Tobacco Control Program with some of its greatest challenges and its greatest opportunities, because low income Californians, California’s communities of color (African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics/Latinos), the state’s Lesbian, Gay, Bisexual and Transgender (LGBT) community, active duty military personnel, and other populations (collectively,

“priority populations”) continue to experience disproportionately high rates of tobacco use or exposure to secondhand smoke (California Active Duty Tobacco Use Study 2004, California LGBT Tobacco Use Study 2004, CTS 2002). It is also important not to overlook the fact that approximately one quarter of California’s four million smokers are white males and 800,000 of California’s smokers are Hispanic/Latino males (CTS 2002). These figures are significant in terms of the burden of disease and health care costs.

Californians must not become complacent; the fight against tobacco use is not over. On the contrary, the tobacco industry targets every potential new smoker every day in every community in this state. In order to achieve the smoking prevalence goals presented in this Master Plan—ten percent among adults and eight percent among high school age youth by the end of 2008—the California Tobacco Control Program must be provided with sufficient resources to counter these tobacco industry efforts. The trend in declining tobacco control funding must be reversed with the help of a significant increase in the tobacco tax.

In this Master Plan, presented pursuant to its legislative mandate (California Health and Safety Code Sections 104365-104370), the Tobacco Education and Research Oversight Committee (TEROC) reviews the progress made toward the vision of a tobacco-free California in the previous three years, renews the call for a tobacco

tax increase of at least \$1.50 per pack of cigarettes, sets forth policy and budgetary recommendations, and presents five objectives that constitute a plan for success against the tobacco industry—tobacco control's relentless adversary.

OBJECTIVES AND SUPPORTING STRATEGIES FOR 2006-2008

Objective 1: Strengthen the California Tobacco Control Program

Reverse the Decline in Tobacco Control Funding

- Adjust funding for the California Tobacco Control Program to keep pace with inflation.
- Preferentially fund program infrastructure to ensure stability, continuity, and momentum.
- Impose a mitigation fee of \$1.00 per pack of cigarettes in order to alleviate the harmful effects of tobacco use on the environment, such as contamination of waterways, highways, coastlines, sidewalks, and other areas by cigarette remnants (butts) and tobacco-related litter, and tobacco-related wildfires.
- Prohibit the diversion of any funds from the Proposition 99 Health Education and Research Accounts to other state programs or services, including the California Cancer Registry.
- Prohibit the use of Health Education and Research Account funds for purposes of federal match.
- Offset declines in Proposition 99 funding for the California Tobacco Control Program with other funds.

Improve the Structure and Function of the California Tobacco Control Program

- Increase collaboration, cooperation, and communication among all agencies and programs working on tobacco control in California, including local and tribal governments.
- Implement the Tobacco Use Prevention Education Task Force recommendations.

Raise the Tobacco Tax

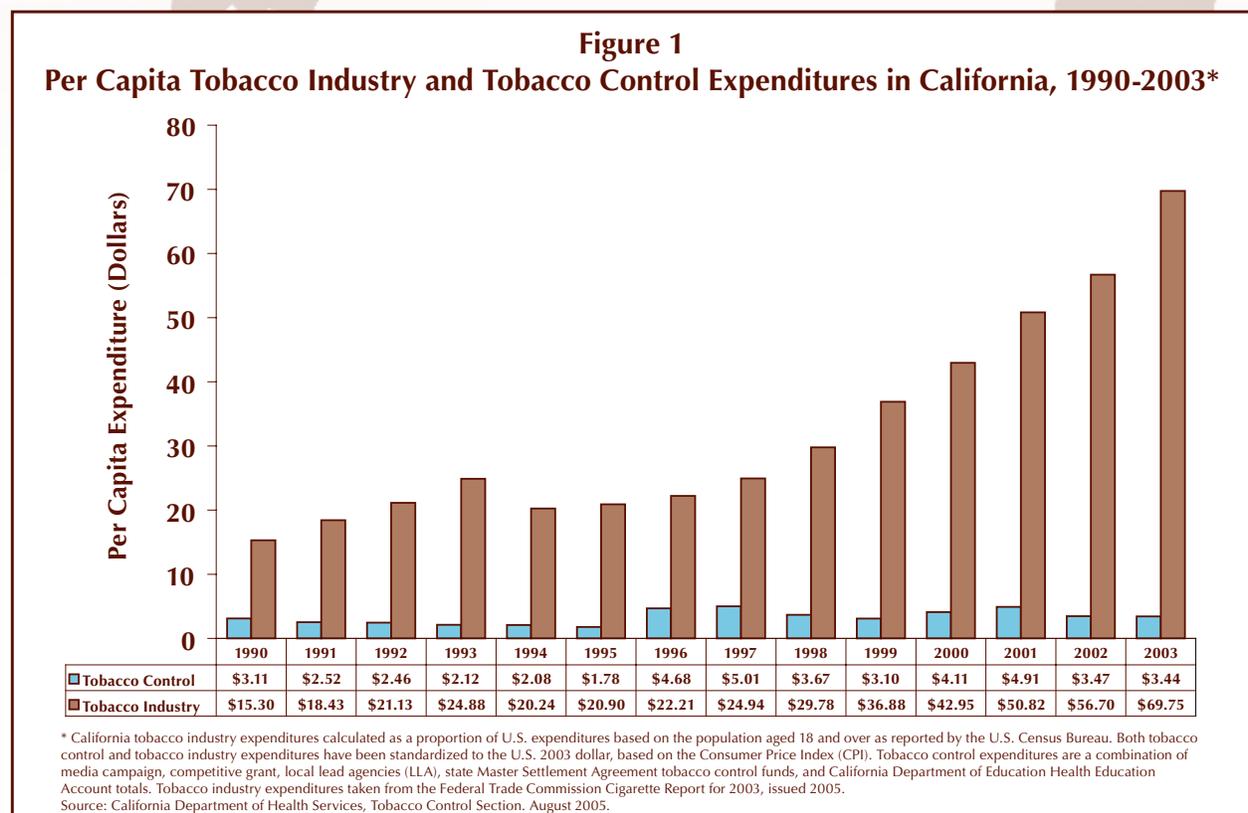
- Enact and implement a new tobacco tax that includes the following provisions:
 - An increase in the tobacco tax of at least \$1.50 per pack of cigarettes, with equivalent tax increases on other tobacco products.
 - An earmark of at least 20 cents per pack for tobacco control.
 - Automatic adjustments of the tax to keep pace with inflation.
 - Provisions to offset declines in funding resulting from decreased cigarette consumption due to the tax increase.
- To ensure that any new increase in the tobacco tax achieves the purposes for which it is intended—strengthening California's tobacco control program and reducing tobacco use—TEROC supports research and dissemination of the resulting data about the cost effectiveness of the California Tobacco Control Program and the effect of higher tobacco prices on patterns of tobacco use.
- Conduct research on ways to increase the price of tobacco products purchased through military commissaries.

Although much progress has been made against tobacco use in California, tobacco use continues to inflict disease and death among tobacco users and nonsmokers. While there are many causes for continued high rates of smoking among California's diverse communities, the blame for nicotine addiction and tobacco-related disease and death lies squarely with the tobacco industry. In an unceasing campaign to entice new smokers, capture market share, and retain current customers, tobacco companies continue to engage in the relentless promotion of their products by pouring billions of dollars each year into sophisticated, deceptive marketing activities and working to influence and manipulate the legal, regulatory, and retail environments in which tobacco products are manufactured, marketed, and sold. In fact, as shown in Figure 1 below, the amount of money being spent in California by tobacco companies for promotional activities alone is enormous—as of 2003, twenty times the entire budget of the California Tobacco Control Program (FTC 2005).

At the same time that the tobacco industry has dramatically increased its advertising and promotion in California, the California Tobacco Control Program

has experienced a steady decline in funding. The revenues generated by the state's tobacco tax have, appropriately, fallen as cigarette consumption has decreased, thereby reducing the amount of funding available for tobacco control under Proposition 99. At the same time, inflation has substantially reduced the purchasing power of tobacco control dollars and eroded the California Tobacco Control Program's ability to support innovative local and statewide programs, fund research, and implement school-based programs. For example, about half the state's counties have been funded at a base funding level of \$150,000 per year for the past seventeen years, while basic operating costs such as utilities, rent, transportation, and employees' benefits have risen.

Therefore, TEROC urges the restoration of tobacco control funding to the level intended by California voters when they passed Proposition 99. To that end, several strategies are recommended, including an increase in the tobacco tax of at least \$1.50 per pack of cigarettes, with at least 20 cents of that increase earmarked for tobacco control, as well as the implementation of a \$1.00 per pack mitigation fee.



Reverse the Decline in Tobacco Control Funding

In order to achieve the intermediate goals set forth in this Master Plan—a smoking prevalence rate of 10 percent among adults and a smoking prevalence rate among high school-age youth of 8 percent by the end of 2008, and to ensure that all of California’s diverse communities move together toward the vision of a tobacco-free California, funding for the Tobacco Control Program must be returned to the level intended by the voters who passed Proposition 99 in 1988.

Clearly, those voters wanted a strong, comprehensive, appropriately funded tobacco control program; that original tax increase of 25 cents per pack of cigarettes laid the groundwork for

REPORT CARD 2006	
What the American Lung Association said about tobacco control in California last year:	
Smoke-free policies	A
Youth access	A
Tobacco control spending	F
Tobacco taxes	D

tremendous public health successes. The California Tobacco Control Program has been so successful, in fact, that some may ask whether there is still a compelling need for a strong tobacco control program in California. The answer is an emphatic “Yes.” As children move into their teen years, high school children move into young adulthood, and newcomers join the state’s population from other states and countries with higher smoking rates, the tobacco industry targets these vulnerable groups. The California Tobacco Control Program must have sufficient resources to be able to counter the activities of the tobacco industry and articulate the anti-tobacco message in new ways to new audiences.

Budget Recommendations for 2006-2008

In order to restore tobacco control funding to the level intended by California voters, TEROC recommends funding the California Tobacco Control Program for the next three years at levels at least commensurate with funding levels prescribed by the U.S. Centers for Disease Control and Prevention’s (CDC) “Best Practices” for comprehensive state tobacco control programs. For Fiscal Year 2005-2006, the CDC’s recommended range for California is from \$165,098,000 to \$442,403,000. The middle of that range gives a

figure of \$303,750,500. This figure contrasts sharply with the actual budget for the California Tobacco Control Program in 2005 of \$95.1 million—a shortfall of \$209 million.

Based on the median of the CDC’s recommended funding level and an assumed inflation rate of three percent, TEROC recommends that the California Tobacco Control Program be funded at least at the following levels for the next three years:

Table 1: Budget Proposal for the Tobacco Control Program, Fiscal Years 2006-2008

Program Component	Actual FY 05-06 budget (in millions)	Recommended 05-06 budget (in millions)	Recommended 06-07 budget (in millions)	Recommended 07-08 budget (in millions)	Recommended 08-09 budget (in millions)
CDHS/TCS	\$57.8*	\$154.9	\$159.6	\$164.4	\$169.3
TRDRP	\$14.2	\$72.9	\$75.1	\$77.4	\$79.7
CDE/SHKPO	\$23.1	\$76.0	\$78.3	\$80.6	\$83.0
Total	\$95.1	\$303.8	\$313.0	\$322.4	\$332.0

* \$1.2 million was appropriated from the Prop 99 Unallocated Account to support CDHS/TCS state administration.

Raise the Tobacco Tax

California last raised its tobacco tax in 1999; with that increase of 50 cents per pack of cigarettes, the state’s per-pack tax became the current 87 cents, which places California 23rd in the ranking of states by cigarette tax. In order to adequately fund the California Tobacco Control

Program, the tobacco tax must be increased. Therefore, TEROC is repeating the call it made in the 2003-2005 Master Plan for a tobacco tax increase of at least \$1.50 per pack of cigarettes, with an allocation of at least 20 cents per pack to the California Tobacco Control Program.

Restore and Protect Research Funding

One area of particular concern to TEROC is research funding. As tobacco tax revenues have dropped due to a decrease in tobacco consumption, resources of the Tobacco-Related Disease Research Program (TRDRP) have also decreased. TRDRP's funding has also declined in recent years due to the increased allocation from the Research Account to the California Cancer Registry. In 2005, 27 percent of the funds that should have gone to TRDRP were diverted to admin-

ister the Cancer Registry. This shortfall forced TRDRP to deny funding on the order of \$5 million to several highly meritorious research projects. While maintenance of the Cancer Registry is an important tool to track cancer clusters and conduct research, it should not be operated at the expense of tobacco-related disease research. The diversion of research funds to the California Cancer Registry must end.

Implement a Mitigation Fee

In 1997, the California Supreme Court ruled that the State has the right to impose a charge to mitigate the social or economic burdens that a business causes. Cigarette remnants (butts) are regularly identified as the most prevalent component of the state's litter stream, are toxic to wildlife, play a major role in the degradation of the state's waterways, and pose

hazards to the public health. To mitigate the billions of dollars that cigarette addiction and its resultant litter cost California each year, TEROC calls upon the Legislature to create a special fund through a fee of \$1.00 per pack of cigarettes. Proceeds from this fund should be used to pay for services to help smokers quit and for cleaning up cigarette litter.

Implement the Tobacco Use Prevention Education (TUPE) Task Force Recommendations

In the fall of 2003, in response to declining revenues and a changing tobacco control environment, the California Department of Education's Safe and Healthy Kids Program Office (CDE/SHKPO) established a 27-member Tobacco Use Prevention Education (TUPE) Recommendations Task Force of state and national experts in tobacco use prevention research, program evaluation, county and school district administration, and classroom program implementation. The Task Force was asked to recommend ways that the TUPE program might be changed to

“In order for the tobacco tax increase to lead to lasting public health benefits, any tobacco tax increase must be accompanied by a corresponding investment in the tobacco control program. Therefore, TEROC opposes any tax increase that does not specifically earmark adequate funds for tobacco use prevention and tobacco-related research efforts.”

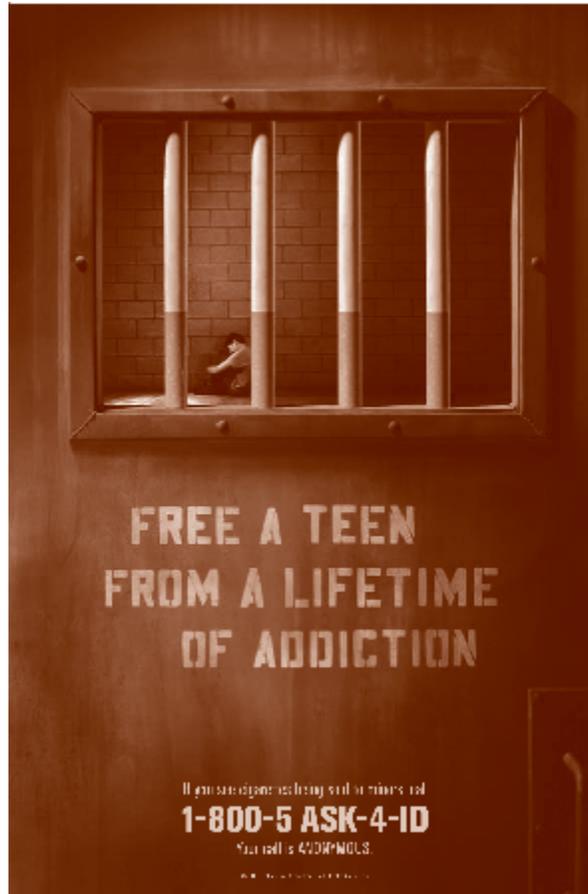
continue to deliver an effective, evidence-based, state-wide, school-centered tobacco use prevention education program that could operate with less money and that takes advantage of the fact it is one component of the world's premier comprehensive tobacco control program. In January 2004 the TUPE Task Force presented the CDE with eleven recommendations.

TEROC urges the California Department of Education and the legislature to take all necessary action to implement the TUPE Task Force recommendations, which are as follows:

1. Limit TUPE funding to providing prevention programs in grades six through ten and providing cessation readiness and cessation services to students in grades seven through twelve.
2. Use a competitive Request for Applications as the sole funding allocation process for all local educational agency (LEA) TUPE programs.
3. Require all districts receiving TUPE funds to conduct a program that includes specified science-based effective elements of prevention.
4. Develop and apply a system of accountability for all districts receiving TUPE funds.
5. Monitor program success based on measurable objectives using both process and outcome evaluations that include California Healthy Kids Survey data.
6. Advocate with publishers of science-based tobacco use prevention programs to set reasonable prices.
7. Require each County Office of Education TUPE

Coordinator to provide proactive support and assistance to the TUPE-funded districts in his or her county.

8. Encourage collaboration between county and district-level TUPE programs, Local Lead Agencies, and Proposition 99-funded community based organizations.
9. Encourage the superintendent and all district and site administrators to advocate for and actively support tobacco use prevention education and cessation as a district priority.
10. Consolidate the California Healthy Kids Survey and the CDHS/TCS school survey so all stakeholders share one survey instrument and conduct the combined survey no more than once every other year at any given school site.
11. Give high priority to funding research on school-centered tobacco use prevention and cessation issues.



Partner with Tribal and Local Governments

TEROC supports the enhancement of sound working partnerships between the California Tobacco Control Program and American Indian tribal governments to engage in processes respectful of tribal sovereignty that seek to bring about the implementation of measures that promote public health, such as raising the price of tobacco products sold in venues where the state's tobacco excise tax does not apply and protect-

ing workers and patrons from secondhand smoke in Indian casinos and other businesses on tribal lands.

TEROC also supports continued outreach and education to local government officials to discuss ways to protect residents from secondhand smoke exposure, tobacco promotions, and tobacco sales to minors.

Objective 2: Eliminate disparities and achieve parity in all aspects of tobacco control

- Develop and institutionalize cultural competency and parity standards in program planning for Proposition 99-funded organizations and the three agencies of the California Tobacco Control Program (CDHS/TCS, TRDRP, and CDE/SHKPO TUPE programs).
- Support organizational processes or mechanisms within each of the three agencies of the California Tobacco Control Program (CDHS/TCS, TRDRP, and CDE/SHKPO TUPE programs) dedicated to addressing issues of parity.
- Support research about the implications for parity of Proposition 99-funded intervention strategies and policies.
- Support the translation of Proposition 99-funded research to application for priority populations.
- Continue to engage in comprehensive tobacco control for priority populations at the state and local levels, including culturally and linguistically appropriate components of the tobacco education media campaign.
- Support statewide capacity-building and infrastructure for priority populations.
- Support supplemental TUPE programs and curriculum within the schools that focus on cultural diversity, that are culturally and linguistically appropriate for each school community, and that involve students' families and neighborhoods in tobacco use prevention among youth.

Despite California's overall drop in smoking prevalence rates over the last seventeen years, several demographic groups, in whole or in part, continue to have disproportionately high rates of tobacco use and exposure to secondhand smoke. In order to achieve further significant reductions in California's overall smoking prevalence rate, smoking must be reduced in the population groups in which smoking prevalence is the highest.

In 2004, the overall adult smoking prevalence rate in California dropped to 15.4 percent (Combined Behavioral Risk Factor Surveillance System and the California Adult Tobacco Survey 2004). The following list gives just a few examples of selected populations with disproportionately high rates of smoking in California:

- African Americans: 20.8 percent (CTS 2002)

- American Indians: 27.0 percent (CTS 2002)
- California Korean men: 27.9 percent (California Korean Tobacco Use Study 2004)
- Hispanic/Latino men: 19.0 percent (CTS 2002)
- Junior Enlisted Active Duty Military: 29.5 percent (California Active Duty Tobacco Use Study 2004)
- Lesbian, Gay, Bisexual, and Transgender (LGBT): 30.4 percent (California LGBT Tobacco Use Study 2004)
- Californians of Low Socioeconomic Status: 22.1 percent (CTS 2002)



The Tobacco Marketing Ban Act of 2009 (SB 600) is a landmark bill that will significantly reduce the tobacco industry's ability to engage in aggressive marketing and advertising practices. The bill will also prohibit the tobacco industry from using deceptive tactics to promote its products and will require the industry to disclose the true costs of its products to consumers.

undo the death toll
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When thinking about smoking prevalence rates among various population groups, it is important to note that many of these populations are not mutually exclusive. The LGBT population encompasses people of all races and ethnic groups, and includes people of low socioeconomic status. Similarly, low income Californians include

people from all of California's communities defined by race, ethnicity, language, culture, and sexual orientation.

For many of California's diverse communities, aggregated data can mask significant diversity; additional disaggregated data that would reveal the heterogeneity within these communities is needed. For example, the California Tobacco Survey in 2002 showed an overall smoking prevalence rate for Asian Americans and Pacific Islanders in California of 12.0 percent; yet, more recent data collected by CDHS/TCS revealed a smoking prevalence rate among California Korean men of 27.9 percent (California Korean Tobacco Use Study 2004).

The disparate impact of tobacco use among California's diverse communities is reflected in disproportionate rates of lung cancer, cardiovascular disease, and other tobacco-related illnesses. African American men, for example, have the highest heart disease death rate and highest reported incidence rates of lung cancer of all races and ethnicities in the U.S.

Smoking prevalence rates and tobacco-related disease statistics do not tell the whole story.

Tobacco-related disparities extend to other issues, such as exposure to secondhand smoke, tobacco industry targeting, and communities' capacities to address tobacco-related challenges. For example, higher tobacco use in priority populations is related to disproportionate targeting by the tobacco industry. The tobacco industry advertises heavily in some ethnic magazines and LGBT publications, sponsors ethnic and LGBT cultural and community events, and

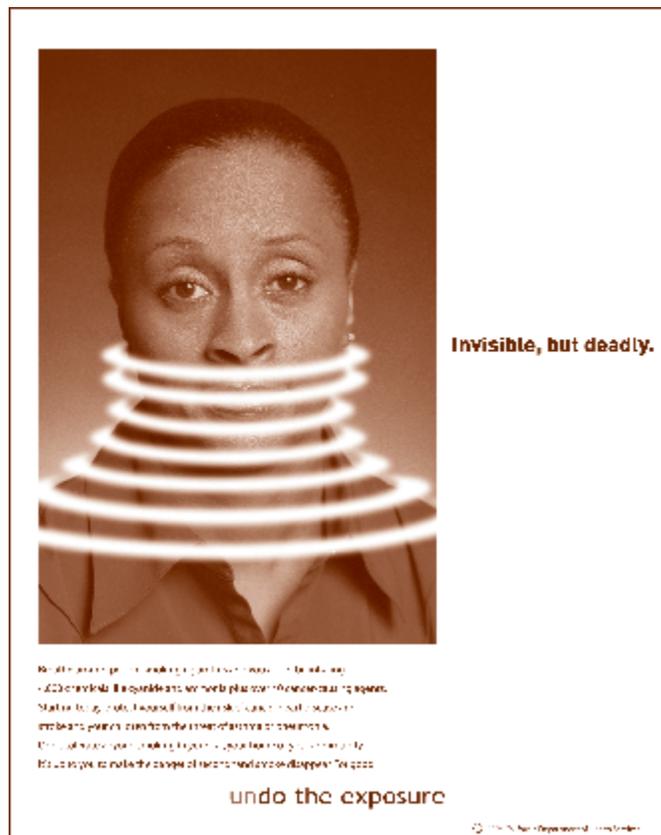
makes contributions to higher education institutions, candidates and elected officials, civic and community organizations, and scholarship programs that serve communities of color (U.S. Surgeon General 1998; Cruz and Islam 2005).

Tobacco-related interventions must take into account the heterogeneity in each community as well as the cultural and socioeconomic contexts in which tobacco control work occurs. Thus, for example, the tobacco control community needs to acknowledge and support efforts to remedy disparities that exist in the health care system. The lack of health insurance coverage, in

particular, is a driving force behind disparities in access to culturally appropriate health care and health education, including tobacco use cessation services.

California has been and will continue to be at the forefront in addressing tobacco-related disparities. Indeed, it is imperative that all programs and agencies that receive Proposition 99 funds be responsive to issues of inclusion of priority populations and work with priority populations to empower these communities to mobilize their own constituencies (Task Force on Advancing Parity and

Leadership for Priority Populations 2002). Institutionalizing systemic change that leads to parity among all of California's diverse communities is a bedrock principle of the California Tobacco Control Program, and TEROC is committed to ensuring adequate funding as well as appropriate representation and participation in all areas of decision-making, research, strategic planning, program development, and evaluation.



Objective 3: Decrease exposure to secondhand smoke

- Support tribal and community efforts to protect the health of workers employed in Indian gaming from exposure to secondhand smoke.
- Support consistent local compliance and enforcement of state and local smoke-free workplace and bar laws, tobacco-free policies in schools, and secondhand smoke restrictions in shared spaces and outdoor areas.
- Support educational efforts that inform the public about health effects of secondhand smoke exposure and the tobacco industry's efforts to deny these effects:
 - Continue to educate the public, including youth and priority populations, about issues surrounding secondhand smoke.
 - Educate policy makers, key community decision makers, and the business community on ventilation issues, specifically the fact that no indoor ventilation technology is capable of controlling the health effects of secondhand smoke.
- Support legislation, regulation, and voluntary policies that protect residents from drifting smoke in apartments, condominiums, and other shared residences.
- Support restrictions at the state and local levels that further protect workers' health by eliminating exceptions and expanding protections found in Labor Code 6404.5 (California's smoke-free workplace law).
- Encourage local jurisdictions to further restrict smoking near private building doorways and operating windows.
- Support restrictions on outdoor smoking in shared spaces such as building entryways, college campuses, health facilities, beaches, fairgrounds, amusement parks, concerts, and sporting events.
- Promote voluntary home and car smoke-free policies.
- Support research on indoor and outdoor secondhand smoke exposure, including attitudes, beliefs, enforcement, and health effects.
- Support the California Air Resources Board's identification of secondhand smoke as a toxic air contaminant.

California's nonsmokers continue to be exposed involuntarily to secondhand smoke and burdened by the resulting health consequences. Young children living in homes with indoor smokers and experiencing in-vehicle exposure may suffer serious health consequences, including sudden infant death syndrome, exacerbation of asthma, allergic sensitization, increased respiratory tract infections, increased middle ear infections, low birth weight, and impaired lung function (California EPA 1997, 2005).

Secondhand smoke exposure robs adult nonsmokers of good health, as well. Secondhand smoke has been established as a cause of cancer, including breast cancer in younger, primarily premenopausal women, and coronary heart disease in nonsmokers, with an estimated 3,600 nonsmokers dying annually from heart disease and an estimated 400 nonsmokers dying annually from lung cancer in California (California EPA 1997, 2005).

Particular attention is warranted in low socioeconomic communities, communities of color (African Americans,

American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics/Latinos), active duty enlisted military personnel, the LGBT community, youth, and young adults. These populations experience some of the highest rates of exposure to secondhand smoke at work and at home, yet cultural and social norms often pose challenges to achieving and maintaining smoke-free environments.

Among the workers not yet protected from secondhand smoke are the more than 40,000 workers employed at California's Indian casinos. These facilities are not subject to the state's smoke-free workplace law due to the sovereign status of American Indian tribes. Recognizing Indian sovereignty, the tobacco control community is supportive of tribes' efforts to denormalize tobacco use in businesses located on tribal lands, educate their members about the issues surrounding secondhand smoke, and to implement and enforce smoking restrictions that will protect casino employees to the same extent as other California workers. Casino



patrons are in agreement—in a 2004 statewide Field Poll conducted for the American Lung Association of California, 90 percent of casino patrons interviewed said they were either more likely or would exhibit no difference in visiting Indian casinos if the casinos were smoke-free.

Californians who live in multi-family housing are also seeking stronger protections against secondhand smoke exposure. Surveys in Los Angeles and statewide indicate that 82 percent of apartment residents would prefer to live in either a totally smoke-free apartment building or a nonsmoking section of an apartment

building (Center for Tobacco Policy and Organizing 2004). TEROC believes that no Californian should be exposed to secondhand smoke involuntarily in his or her home, and supports the efforts of the many state and local agencies that are working to promote smoke-free multi-unit housing.

In order to reduce the disease and death caused by secondhand smoke, TEROC supports the California Tobacco Control Program's continuing strong emphasis on protecting all of California's residents against indoor and outdoor secondhand smoke exposure wherever they live, work, study, and play.

Objective 4: Increase the availability of cessation services

- Support research on increasing the effectiveness of cessation strategies for priority populations, including high school age youth, young adults, and low-income individuals.
- Support the addition of cessation coverage as a core benefit under all health insurance plans. Such cessation coverage should include culturally proficient medical counseling and medically mediated treatment (nicotine replacement therapy and other pharmaceutical aids) when appropriate.
- Support the increased availability of FDA-approved pharmacotherapy to uninsured smokers.
- Support policies that encourage health care providers to routinely assess the smoking status of their patients and implement Public Health Service guidelines for smoking cessation (i.e., "the five A's:" Ask, Assess, Advise, Assist, and Arrange).
- Support programs that provide incentives and reduce barriers for health care professionals to engage in cessation counseling and referrals.
- Support policies and programs that encourage employers to provide cessation counseling in the workplace.
- Support policies and programs that seek to ensure that existing cessation services and materials are accessible to tobacco users in diverse communities and are provided in a variety of languages.
- Support the integration of cessation services in the state, including school-based and community-based interactive cessation services, with the California Smokers' Helpline.
- Encourage a greater visibility for issues related to cessation and secondhand smoke exposure in First Five media campaigns.

Helping smokers quit is an important component of California's comprehensive tobacco control program. The program seeks to support tobacco use cessation in two ways: by creating circumstances that increase smokers' motivation to quit, and by assisting those who try to quit.

Smoke-free workplace laws, the tobacco education media campaign, the California Smokers' Helpline, and other aspects of the program contribute to a supportive environment free of pro-tobacco cues and create awareness that resources exist to help smokers quit. Both workplace and household smoking restrictions have been associated with higher rates of cessation attempts and lower rates of relapse among smokers who attempt to quit (Farkas et al. 1999).

Most California smokers want to quit (CTS 2002), and while some smokers are able to quit on their own, many

need assistance. Studies have shown that a comprehensive set of services and circumstances, including individual and group counseling, pharmacotherapy, physician referral, and telephone quitlines, dramatically improves the chances of a successful quit attempt (CDC 2000).

Unfortunately, not all tobacco users have access to culturally and linguistically appropriate cessation assistance. To increase access to cessation services, TEROC urges all health insurance plans in California to include cessation services as a core benefit and to ensure that clinicians and patients have adequate and appropriate cessation resources.

In addition, TEROC supports further research into increasing the accessibility and improving the efficacy of cessation services, including discerning the most effective strategies for high school-age youth, blue-collar and service sector workers, the low SES community, the LGBT community, and communities of color.

Objective 5: Limit and regulate the products, activities, and influence of the tobacco industry

- Oppose any preemptive statewide tobacco control legislation (i.e., legislation that prohibits local governmental entities from adopting stronger regulatory measures).
- Maintain a focus on regulating the tobacco industry, and resist efforts to deflect the focus onto those who are targeted by the tobacco industry (such as raising the legal age of purchase for tobacco products to 21).
- Support initiatives to prohibit the sale of tobacco products by pharmacies and drug stores.
- Support the elimination of tobacco promotions and sales on college campuses.
- Support research into the effects on tobacco use as well as the legal and economic dimensions of special promotions that reduce price, such as multi-pack discounts, coupons, and buy-down programs.
- Support strategies to control point-of-purchase tobacco promotions.
- Prohibit free sampling of tobacco products at any event, venue, or location.
- Support strategies to control direct marketing, including "bar night" tobacco promotions and tobacco industry sponsorship of and advertising at rodeos, automotive events, concerts, community fairs and festivals, and other venues.
- Support the efforts of the Attorney General of the State of California to hold the tobacco industry accountable by continuing to actively enforce provisions of the Master Settlement Agreement.
- Participate in efforts to engage the public and the motion picture industry in reducing pro-tobacco influences in movies.
- Encourage policies by community, public, and private organizations to refuse tobacco industry sponsorship and donations, such as advertising in community publications, artistic and cultural programs, community events, school events and scholarships, and encourage alternative sources of funding for those events.
- Prohibit schools that receive TUPE funding from accepting donations, funding, or sponsorships from the tobacco industry, including the display, use, or distribution of tobacco industry curriculum or materials.

- Encourage the system-wide adoption of policies prohibiting the acceptance of tobacco industry funding for research at all publicly-funded institutions of higher learning in California, including the University of California.
- Encourage members of the California legislature and other public officials to refuse donations from the tobacco industry, its representatives, or its subsidiaries.
- Ask California members of Congress to support strong federal regulation of the tobacco industry.
- Prohibit projects funded by the California Tobacco Control Program from promoting the use of so-called reduced risk tobacco products

as either a substitutes or complements to proven strategies.

- Encourage research that examines the impact of so-called reduced risk tobacco products.
- Support U.S. ratification of the World Health Organization’s Framework Convention on Tobacco Control.

In order to effectively regulate and limit the products, activities, and influence of the tobacco industry, local, state and federal controls must work together to protect people’s lives and health from the ill effects of tobacco use. Therefore, TEROC supports strong federal, state, and local regulation of the tobacco industry at every level of its operation.

Enforce Local Retailer Licensing

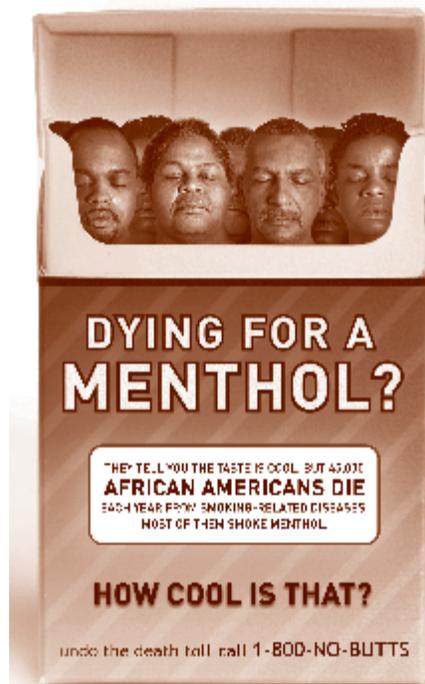
More control over the retail environment is needed, including better enforcement of existing laws and regulations. One of the best ways to prevent tobacco sales to minors and otherwise regulate the retail environment in which tobacco products are sold is through

local tobacco retailer licensing. In order to protect the public health of their residents, local governments are encouraged to enact and enforce local tobacco retailer licensing laws and to suspend or revoke local licenses for violation of any state tobacco control law.

Limit Access: Making Pharmacies and College Campuses Tobacco-free

Over the last decade, progress has been made in the trend to make pharmacies tobacco-free. At the urging of tobacco control advocates, the health care community and the general public, about 80 percent of California’s independent pharmacies no longer sell tobacco products. Chain drug stores are another matter, however. When their pharmacies offer health-promoting products and advice just down the aisle from displays of tobacco products, chain drug stores send a misleading and hypocritical message that tobacco does not harm health and that it is socially acceptable. TEROC joins the American Pharmacists Association, the California Pharmacists Association, the California Medical Association, and hundreds of other health care organizations in urging the passage of state and local prohibitions of tobacco sales in drug stores and pharmacies.

Colleges and universities have an important role to play in promoting the health of students and faculty. Because of the high smoking prevalence among young adults, college students constitute a population of great concern to the tobacco control community, and have been recognized as a “battle-ground group” for several years now. Allowing smoking on college campuses makes colleges complicit in students’ harmful behavior, and promoting tobacco sales on campus undermines the important task of colleges to help students develop positive life skills. Allowing tobacco sales on campuses funded by the State of California also puts the state itself in the hypocritical position of seeming to encourage the use of tobacco products. Therefore, TEROC urges California’s public colleges and universities to become tobacco-free.

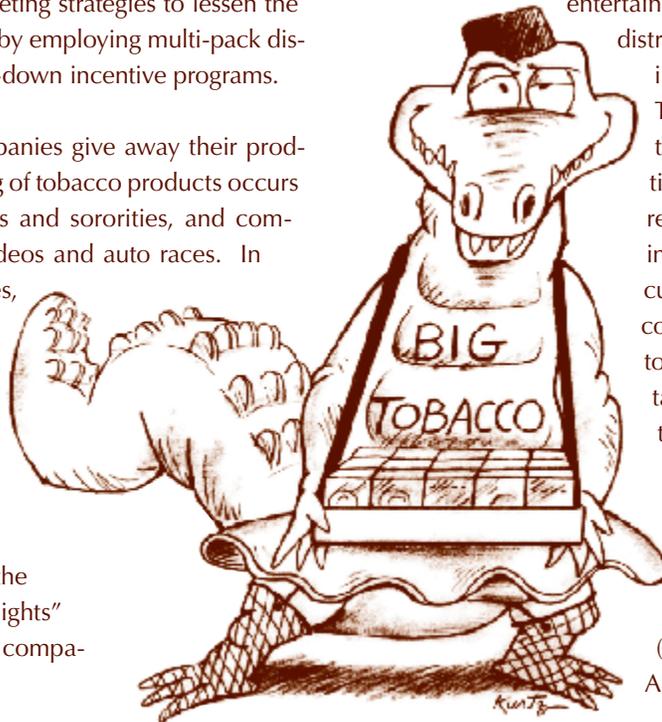


Limit Tobacco Industry Promotional Activities: Point-of-Sale Advertising and Price-Reductions, Sampling, and Bar Nights

Regulation of point of sale tobacco promotions is important because, in the event of a tobacco tax increase, tobacco companies can be expected to use the entire range of price-based marketing strategies to lessen the impact of the tax increase by employing multi-pack discounts, coupons, and buy-down incentive programs.

Sometimes, tobacco companies give away their products for free. Free sampling of tobacco products occurs at bars, college fraternities and sororities, and community events such as rodeos and auto races. In return for the free samples, tobacco companies often collect personal data from potential customers, then use the information to send them promotional materials.

Particularly alarming are the tens of thousands of “bar nights” sponsored by tobacco compa-



nies in California each year. In these promotions, the tobacco companies build brand awareness by displaying copious amounts of advertising, providing entertainment for bar patrons, and distributing large numbers of incentive items, such as hats, T-shirts, and lighters. During the course of the promotion, tobacco company representatives collect personal information from potential customers for entry into company databases. The tobacco companies often tailor bar nights to target particular demographic markets, such as communities of color, the LGBT community, college groups, or people of certain socioeconomic backgrounds (Cruz, Schuster and Andreeva-Cook 2005).

Support Efforts of the Attorney General of the State of California to Actively Enforce the Master Settlement Agreement

TEROC applauds the efforts of the Attorney General of the State of California in actively enforcing the Master Settlement Agreement (MSA) and California state laws that restrict cigarette sampling and other tobacco-related promotional activities. The Attorney General has achieved the following settlements and agreements in the last 3 years:

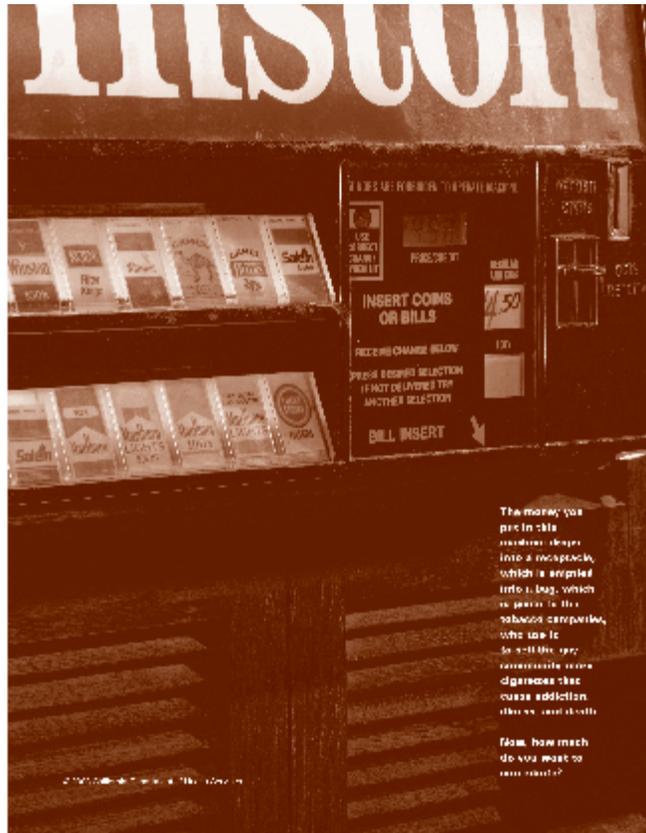
- Defended the state tobacco education media campaign from a First Amendment compelled-speech challenge mounted by R.J. Reynolds and Lorillard Tobacco Companies (Reynolds v. Shewry, 423 F.3d 906 [9th Cir. 2005]).
- Won a unanimous decision from the California Supreme Court upholding the state’s ban on distribution of free cigarettes on public property as not preempted by the Federal Cigarette Labeling and Advertising Law.
- Agreed to Assurances of Voluntary Compliance (AVCs) with ConocoPhillips (Conoco, Phillips 66

and 76 gas stations), ARCO gas stations and convenience stores, Safeway, Inc. (Safeway, Vons, Pavilions, and Pak N’ Save stores), Wal-Mart stores, and 7-Eleven. AVCs require the companies to:

- Prohibit self-service displays of cigarettes and the use of vending machines to sell tobacco products.
- Prohibit the sale of smoking paraphernalia to minors.
- Check the identification of any person purchasing tobacco products when the person appears to be under age 35.
- Hire an independent entity to conduct annual, random compliance checks of fifty percent of the outlets.
- Transition to cash registers programmed to prompt ID checks on tobacco sales.
- Train employees on state laws and company policies regarding tobacco sales to minors.

- Resolved an MSA youth-targeting case against R.J. Reynolds for \$17.25 million in fines and attorney fees and expanded an injunction prohibiting over-exposure of minors to advertising in national magazines.
- Reached a settlement against R.J. Reynolds and its marketing agent for distributing free cigarettes in violation of the MSA and California law. A court order required payment of \$60,000 to fund projects to support youth and young adult tobacco control advocacy in California.
- Required dozens of tobacco companies to comply with the financial obligations imposed by the state's nonparticipating manufacturer reserve

fund law. These companies must establish escrow accounts before they can sell tobacco products in California.



- Obtained court orders requiring several MSA participating manufacturers to make their annual settlement payments.
- Sponsored and implemented legislation requiring all manufacturers of cigarettes and roll-your-own tobacco to certify annually that they are either an MSA participating manufacturer or a nonparticipating manufacturer in full compliance with state law. Manufacturers that duly certify are listed, along with their brands, on a directory posted on the Attorney General's public Web site.

Restrict Adolescent Exposure to Smoking in Movies

Since the MSA was signed in 1998, the tobacco industry has aggressively expanded its presence in all kinds of venues and media, including movies. In fact, by 2002 the amount of smoking in the movies had reached levels comparable to that of the 1950s, with youth-rated (G, PG, and PG-13) movies delivering more impressions of smoking than R-rated movies. The depiction of smoking in movies is of great concern because research in recent years has provided strong and consistent evidence that smoking in movies promotes adolescent smoking (Charlesworth and Glantz 2005).

Therefore, TEROC encourages the entertainment industry to take the following steps to address smoking in films:

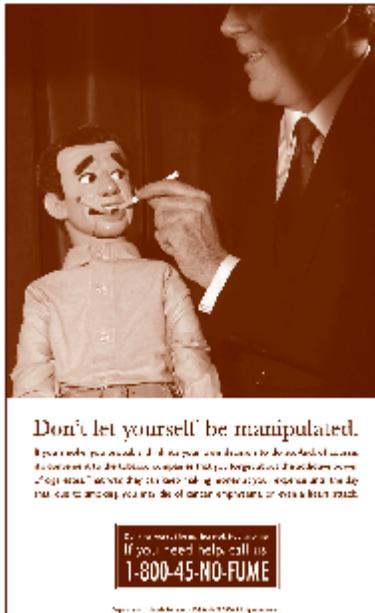
- Reflect current social norms and smoking prevalence.
- Post a certificate in the credits declaring that no one in the production received anything of value for using or displaying tobacco.
- Require a strong anti-smoking ad to run before any film (or DVD) with any tobacco presence.
- Show no tobacco brand identification in any movie scene.
- Rate "R" any film that shows or implies tobacco use.

TEROC applauds all who are working to reduce pro-tobacco influences in movies and supports the increased engagement of the California Tobacco Control Program in this endeavor.

Refuse Tobacco Industry Sponsorship and Community Involvement

Tobacco companies continually seek new ways to influence not only children but the society in which those children are growing up. Tobacco industry sponsorship and support of community events, scholarships, specialty media, and charitable causes buys credibility, fosters goodwill, encourages brand loyalty, and compromises community leaders' abilities to speak the truth about tobacco issues.

The tobacco industry engages in these kinds of promotional activities because they work. For example, studies have concluded that higher



tobacco use in priority populations is related to disproportionate targeting by the tobacco industry. Tobacco companies conduct multi-faceted advertising campaigns that include bar nights, magazine advertising, direct mail, and Internet promotions aimed specifically at African Americans and other communities of color; support ethnic and LGBT community organizations and events; sponsor scholarships for members of priority populations; contribute to political campaigns in racially and ethnically diverse communities; and foster relationships with priority populations by sponsoring civic, community, and artistic organizations (Cruz and Islam 2005).

Keep Tobacco Industry Influence Out of Schools

California's public schools must unequivocally reject any attempt by the tobacco industry to dictate or influence their Tobacco Use Prevention Education (TUPE) programs. TEROC strongly supports the California Department of Education's requirement that all school districts accepting TUPE funds must refuse educational materials, curriculum, or support of any kind from tobacco companies, either directly or indirectly.

An industry that exists solely to sell a product that harms and eventually kills its users can not be trusted when it claims to have the well-being of California's children

at heart. Plainly, tobacco companies provide funding and materials to schools to improve their public image, enhance corporate goodwill, establish loyalty in the community, reduce the demand for more effective legal and regulatory anti-smoking measures, dissuade the public from the urgency of quitting smoking, and market their brand names to an impressionable audience. Tobacco companies' business models depend on children to replace adult customers who die or quit—the proof is in the long history of tobacco companies marketing their products to children. The tobacco industry must be kept out of California's public schools.

Prohibit Projects Funded by the California Tobacco Control Program from Promoting "Reduced Risk" Tobacco Products

A significant debate exists today in tobacco control over the promotion of a "harm reduction" strategy to reduce the disease and death caused by combustible cigarettes. Some in tobacco control postulate that if a less harmful product could be made available to smokers, then smokers unwilling or unable to quit could achieve reduced risk of disease. The tobacco industry has already marketed some products with a claim of reduced risk (e.g., Omni, Quest, and Marlboro Ultrasmooth). TEROC believes that the comprehensive nature of the California Tobacco Control

Program has been successful in persuading smokers to quit. Providing or promoting reduced risk products to smokers undermines the ultimate goal set by the Legislature when it established the California Tobacco Control Program—to reduce smoking by 75 percent. TEROC recommends that the programs funded by the California Tobacco Control Program not promote the use of reduced risk tobacco products and further recommends ongoing research to examine these new products' reduced risk health claims.

Ratify the World Health Organization's Framework Convention on Tobacco Control

The California Tobacco Control Program is very much a part of the global tobacco control movement, and as such, has monitored with great concern the increasingly aggressive activities by American tobacco companies in the developing countries of the world. The tobacco industry's international scope directly affects tobacco control efforts here in California, and the role that the U.S. chooses to play in the worldwide tobacco control movement conveys a strong message about the acceptability of tobacco use in American society.

In recent years, the U.S. government has chosen not to join with the rest of the international community in working to limit the spread of tobacco use worldwide. In May 2003 the member countries of the World Health Organization adopted a tobacco control treaty, the

Framework Convention on Tobacco Control, which provides ratifying countries with a tobacco control roadmap. The U.S. voiced objections to several provisions of the treaty and the President declined to send the treaty to the U.S. Senate for ratification. Without the full support of the U.S., which is home to some of the world's most powerful tobacco companies, the potential effectiveness of the treaty is compromised. Ratification of the Framework Convention on Tobacco Control is an important step toward meeting the ethical and economic responsibility of the U.S. to curtail the disease and death distributed around the world by American tobacco companies. Therefore, TEROC urges U.S. ratification of the Framework Convention on Tobacco Control.



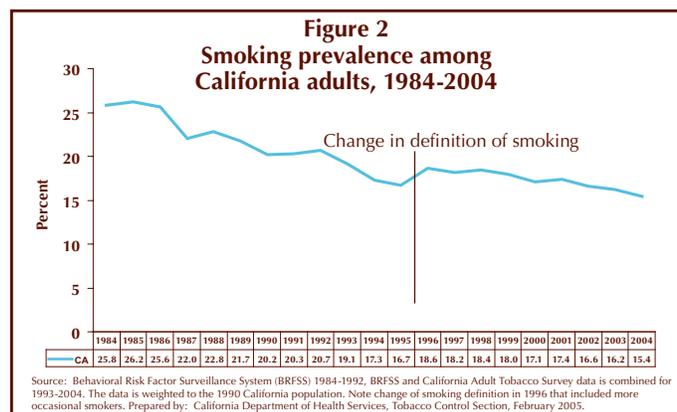
PROGRESS TOWARD A TOBACCO-FREE CALIFORNIA



2003-2005

Prevalence

The 2003-2005 Master Plan stated a goal of reducing smoking prevalence in California to 13 percent among adults; at the end of 2004, the smoking prevalence rate among adults was 15.4 percent. The 2003-2005 Master Plan also stated a goal of reducing smoking prevalence to 4 percent among youth ages 12 to 17. Due to a change in survey methods, that goal has been adjusted for purposes of comparison to a prevalence rate of 10 percent for 9th through 12th graders. At the end of 2004, the prevalence rate among 9th through 12th graders reached 13.2 percent.



General adult population:

In 2004, the last year for which data are available, the adult smoking prevalence rate reached 15.4 percent, which is an historic low since the smoking definition

was changed in 1996. This drop in prevalence, shown in Figure 2, represents a 32.5 percent decrease since 1988, when California voters passed Proposition 99.

Race/Ethnicity and Sexual Orientation:

Although smoking prevalence rates have declined since 1990 among all of California's racial and ethnic groups, there are significant smoking prevalence differences among and within those groups, as shown in Figure 3. Of grave concern are the high smoking prevalence rates among many of California's priority populations, including the Lesbian, Gay, Bisexual, and Transgender community, the American Indian and Alaska Native community, African Americans, and several ethnic populations within the larger Asian American and Pacific Islander community and the Hispanic/Latino community.

Socioeconomic status:

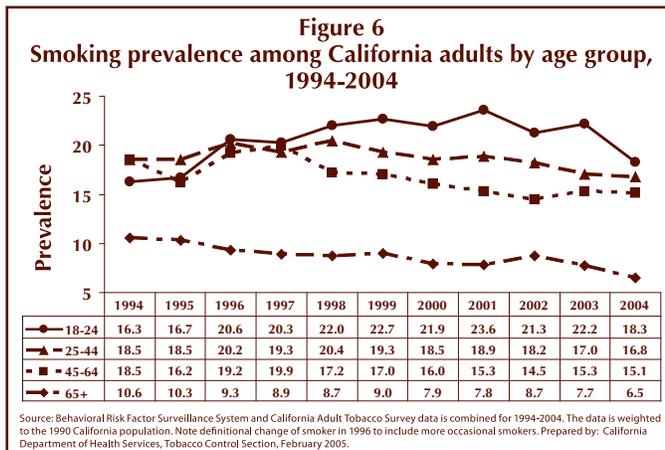
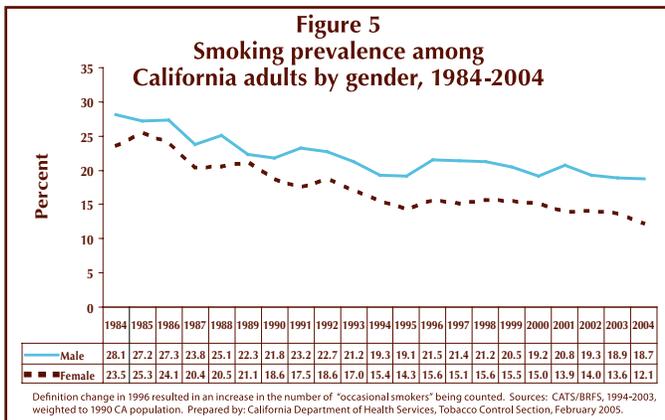
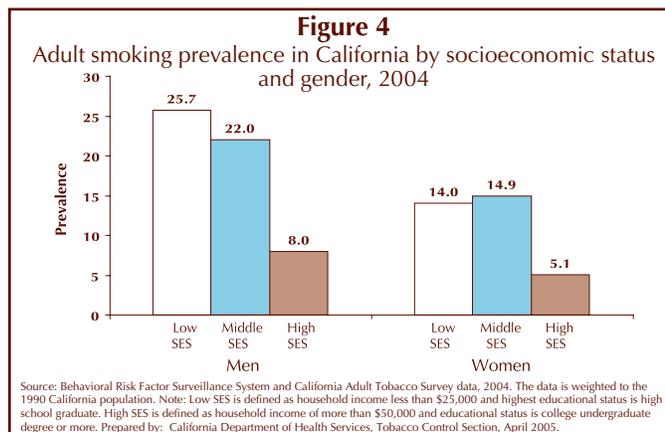
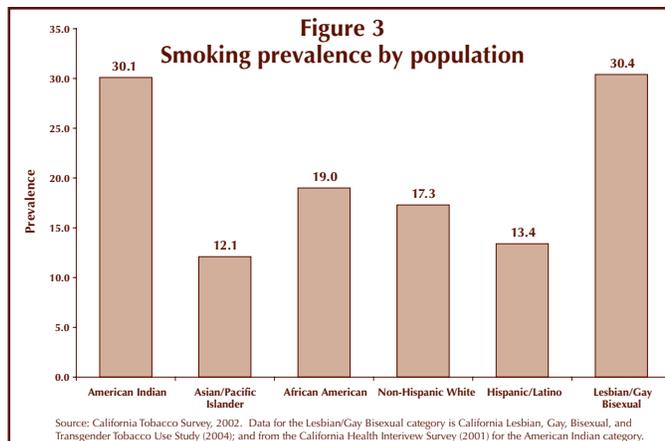
Socioeconomic status is the greatest predictor of smoking behavior. As shown in Figure 4, the prevalence of smoking in 2004 among men of low SES is 25.7 percent compared to 8.0 percent among men of high SES. A similar difference is seen between the 14.0 percent prevalence of smoking among women of low SES compared to 5.1 percent for women of high SES.

Gender:

Men have had consistently higher smoking prevalence rates than women, but both rates have declined since 1988 (Figure 5). Smoking among California women has dropped 41 percent, from 20.5 percent in 1988 to 12.1 percent in 2004. Among California men, smoking has dropped 25 percent, from 25.1 percent in 1988 to 18.7 percent in 2004.

Age:

There are age differences in smoking prevalence, as can be seen in Figure 6. Although smoking has declined among all age groups, 18-24 year olds continue to have the highest smoking rate of any age group in California. The smoking rate among this age group was 18.3 percent in 2004, down from 22.2 percent in 2003.



Youth:

California youth are also smoking at historic lows, as shown in Figure 7. According to the 2004 California Student Tobacco Survey, 13.2 percent of the state's high school students were regular smokers in 2004, which is 41 percent lower than the national average of 22.3 percent.

Consumption

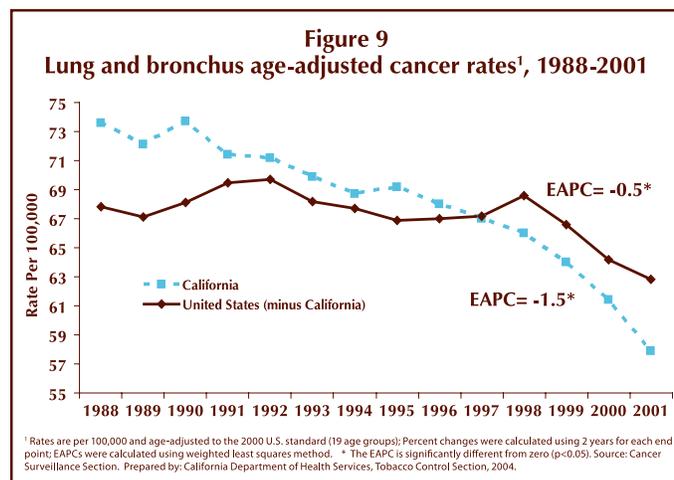
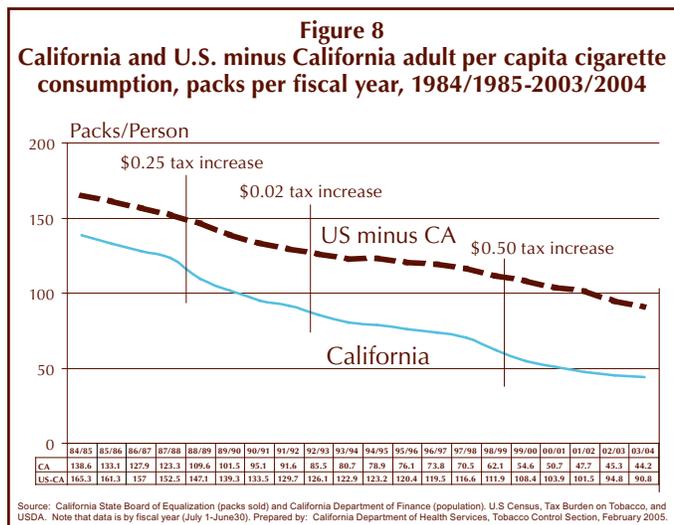
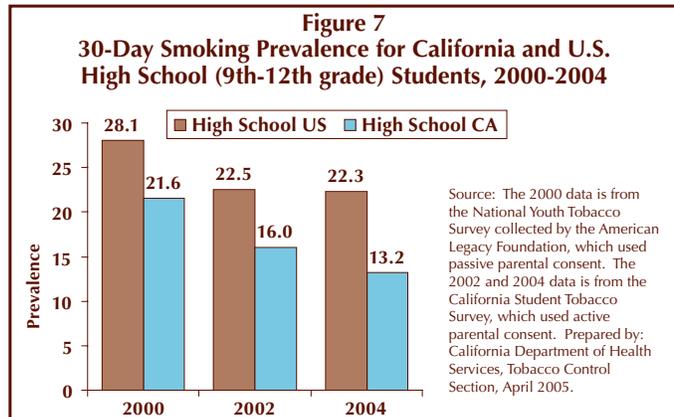
Per capita consumption has declined in California and more people report being "light" smokers (meaning that they smoke less than fifteen cigarettes per day). In fact, the number of packs of cigarettes sold per adult per fiscal year decreased by more than 60 percent from 1988 to 2004.

The increases in the proportion of California smokers who are light or occasional smokers are reflected in the declining trend in per capita cigarette consumption, as shown in Figure 8. When California's comprehensive tobacco control program began, Californians smoked 19 percent fewer cigarettes than their U.S. counterparts. Now, Californians consume approximately half the number of cigarettes as smokers in the rest of the U.S.

Tobacco-related disease and death

Reducing the number of smokers, decreasing cigarette consumption, and protecting nonsmokers from secondhand smoke exposure have translated into health benefits for Californians. Studies show that the program has resulted in a direct decrease on heart disease mortality (Fichtenberg, et al 2000) and lung cancer incidence (Barnoya et al 2004), as shown in Figure 9.

Despite this progress, it is important to note that lung cancer incidence and mortality rates display striking racial/ethnic differences. For example, reported incidence rates of lung cancer among men are highest among African Americans. Acknowledgment of such disparities and a commitment to bringing about parity among California's diverse communities is an important component of the California Tobacco Control Program.





PROGRESS TOWARD THE OBJECTIVES OF



THE 2003-2005 MASTER PLAN

In addition to its stated goals to reduce smoking prevalence in California, TEROC's 2003-2005 Master Plan presented six objectives:

Objective 1: Strengthen the fundamental structure of the California Tobacco Control Program.

Objective 2: Increase the price of tobacco products.

Objective 3: Work toward eliminating disparities and achieving parity in all aspects of tobacco control.

Objective 4: Decrease exposure to secondhand smoke.

Objective 5: Increase availability of cessation services.

Objective 6: Initiate efforts to regulate the tobacco industry and its influence.

Below are highlights of trends, successes, and challenges of the California Tobacco Control Program

within the context of each of the objectives of the 2003-2005 Master Plan.

2003-2005 Objective 1: Strengthen the fundamental structure of the California Tobacco Control Program

Two trends stand out for California Tobacco Control Program funding over the previous three years:

- Overall, tobacco control funding declined.
- Proposition 99 Research Account funds contin-

ued to be diverted at an accelerating rate from the University of California's Tobacco-Related Disease Research Program (TRDRP) to the California Cancer Registry.

Table 2 shows California Tobacco Control Program funding for the previous three years. The overall downward trend is due largely to a decrease in tobacco tax revenue, which is, in reality, a sign of the program's effectiveness. However, when looking at the budget

figures, it is important to remember that Proposition 99 did not index the tobacco tax to inflation; since 1988, inflation has reduced the purchasing power of each dollar that is raised by the tobacco tax, resulting in real program cut-backs.

Table 2: California Tobacco Control Program Actual Funding for FY 2003-2005

	FY 2003-04	FY 2004-05	FY 2005-06
CDHS/TCS	\$ 62.8* million	\$ 55.9** million	\$ 57.8*** million
TRDRP	\$ 21.6 million	\$ 14.3 million	\$ 14.2 million
CDE/SHKPO	\$ 26.6 million	\$ 23.3 million	\$ 23.1 million
Total	\$ 110.0 million	\$ 93.4 million	\$ 95.1 million

* \$1.9 million was appropriated from the Prop 99 Unallocated Account to support CDHS/TCS state administration. \$2 million was appropriated from the Department of Alcohol and Drug Programs to support Stop Tobacco Access to Kids Enforcement (STAKE) Act activities.

** \$1.6 million was appropriated from the Prop 99 Unallocated Account to support CDHS/TCS state administration.

*** \$1.2 million was appropriated from the Prop 99 Unallocated Account to support CDHS/TCS state administration.

Despite the overall decrease in funds, the California Tobacco Control Program can point to several improvements in the structure and functioning of the program, including the following:

- Multi-year spending authority for the Proposition 99 Health Education Account was codified, making these funds available for expenditure and encumbrance for three fiscal years beyond the date of appropriation.
- The Tobacco Use Prevention Education (TUPE) Recommendations Task Force recommended a set of changes that will strengthen the California Department of Education's TUPE program, allowing it to make better use of available funds.
- The previous three years saw increased collaboration between the California Department of Education (CDE), the California Department of Health Services/Tobacco Control Section (CDHS/TCS), TRDRP, statewide projects, and other agencies. Examples of collaboration during the previous three years included the following:
 - School-Academic Research Awards (SARAs) and Community-Academic Research Awards (CARAs).
 - Collaboration among statewide projects on issues such as smoke-free housing, tobacco

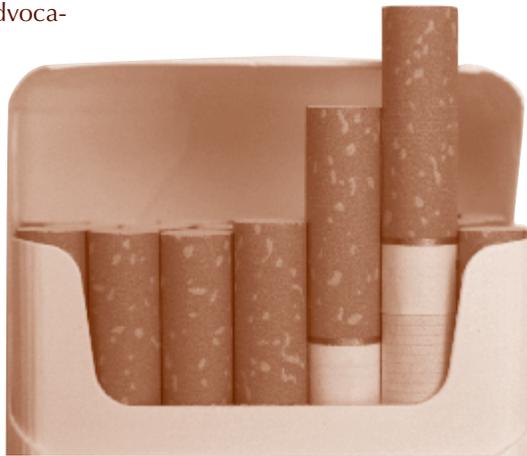
retailer licensing, smoke-free casinos, and the proliferation of hookah bars.

- Collaboration between CDE and CDHS/TCS to ease the burden on schools that participate in both the California Healthy Kids Survey and the California Student Tobacco Survey in the same school year.
- TRDRP established primary and complementary research priorities in order to fulfill its responsibility for funding a broad range of topics in tobacco-related disease and tobacco control with limited and declining funds. Over the previous three years, TRDRP funded several research projects related to strengthening the California Tobacco Control Program, including studies about:
 - The effectiveness of public policies and programs for tobacco control, especially among California's diverse populations,
 - The role of anti- and pro-tobacco forces and activities in shaping and affecting California's tobacco control policies, including new strategies employed by the tobacco industry to maintain its political and commercial influence in California, and
 - Various approaches to enhance the effectiveness of tobacco control efforts in California.

2003-2005 Objective 2: Increase the price of tobacco products.

Although there was no increase in the tobacco tax nor was a mitigation fee imposed on tobacco products during the years 2003-2005, advocacy work related to these issues occurred and legislation was proposed. For example:

- In 2005, Senate Bill 942 (Chesbro) and Assembly Bill 1612 (Pavley) proposed adding a 10-cent-per-pack mitigation fee on cigarettes to pay for litter clean-up and tobacco use prevention activities. Neither bill passed.
- In 2003, the Coalition for a Healthy California campaigned for a \$1.50 tobacco tax increase by the legislature, including a 20-cent earmark for tobacco control programs. Despite the considerable statewide and local advocacy activity



generated by the campaign, the 2003 legislative session ended without enactment of a tobacco tax increase.

- In 2003, Senator Ortiz proposed Senate Bill 676, which would have assessed a fee against tobacco manufacturers that did not participate in the Master Settlement Agreement to pay for tobacco-related medical costs borne by state and local governments. The bill did not pass.
- In 2003, Assemblyman Leno proposed Assembly Bill 1040, which would have provided authority for local governments to institute their own taxes on tobacco products, with a portion of the revenues going to tobacco control programs. The bill did not pass.

2003-2005 Objective 3: Work toward eliminating disparities and achieving parity in all aspects of tobacco control

The years 2003-2005 saw CDHS/TCS establish seven California Partnerships for Priority Populations projects, which consist of the following agencies:

- **African American Tobacco Education Partnership** provides training and technical assistance to CDHS/TCS-funded projects on special needs related to working with the African American and African Immigrant community, including providing culturally appropriate technical assistance as members of workgroups, providing guidance on media development, training spokespersons, assisting in the development of Communities of Excellence in Tobacco Control (a community planning framework used by CDHS/TCS-funded grantees), and making presentations at tobacco control meetings and conferences. One particular area of focus is an advocacy campaign to counter the presence and influence of the tobacco industry in the African American community.
- **American Indian Tobacco Education Partnership (AITEP)** provides technical assistance and training to all CDHS/TCS-funded projects pertaining to culturally appropriate program implementation in the American Indian and Alaska Native community. One area of focus is an advocacy campaign aimed at encouraging tobacco retail outlets to adopt a policy eliminating all in-store tobacco advertising and displays of tobacco products that exploit American Indian imagery. AITEP also works with tribal governments to develop smoke-free policies in Indian casinos.
- **Asian and Pacific Islander Tobacco Education Partnership** provides statewide training and technical assistance to CDHS/TCS-funded projects regarding special needs of the Asian and Pacific Islander community. One area of focus is an advocacy campaign to support the adoption of policies that designate community events and/or grounds as smoke-free.

- **Building Unions Ignite Less Tobacco (BUILT)** provides technical assistance and education services to labor groups and all CDHS/TCS-funded grantees. Among their efforts are educating labor leaders and union officials on the tobacco industry's efforts to target unionized groups with products and sponsorships, as well as promoting cessation and tobacco-free lifestyles to union members and their families.
- **Hispanic/Latino Tobacco Education Partnership** provides technical assistance to all CDHS/TCS-funded grantees in order to increase their skills and capacity to work with the Hispanic/Latino population, including collaborating with the California Smokers' Helpline, providing guidance on media development, training spokespersons, assisting in the development and implementation of the Communities of Excellence in Tobacco Control community planning framework, and presenting at CDHS/TCS conferences and meetings.
- **Lesbian, Gay, Bisexual, and Transgender (LGBT) Tobacco Education Partnership** provides technical assistance to all CDHS/TCS-funded agencies in order to increase LGBT-specific skills and capacity. The LGBT Tobacco Education Partnership concentrates on community organizing and education, and works with the California Smokers' Helpline to provide LGBT-specific materials to self-identified callers.
- **Resources and Education Supporting People Everywhere Controlling Tobacco (RESPECT)** offers low socioeconomic status (Low SES)-specific technical assistance and training services on a statewide level to increase skills and capacity for all CDHS/TCS-funded projects. RESPECT works with managers of private and public assistance organizations, First Five (Proposition 10) commissioners and staff, and tribal gaming facilities. RESPECT also coordinates with the California Smokers' Helpline to identify and update its current practices for tracking and providing cessation services to Low SES callers. One specific area of focus is increasing the availability of smoke-free multi-unit housing.

Efforts during the previous three years to decrease tobacco-related disparities and achieve parity included the following:

- The California priority population partnerships par-

ticipated in strategic planning activities that helped guide CDHS/TCS program priorities and direction.

- TRDRP funded twenty-seven studies that focused specifically on California's diverse population (e.g., ethnic groups, socioeconomic status, and sexual orientation, and funded Community-Academic Research Awards (CARAs) related to priority populations).
- TRDRP made supplemental awards to funded principal investigators to mentor young scientists from underserved and underrepresented communities.
- CDHS/TCS's media campaign produced ads in several languages and for several priority population-specific markets. Several ads focused on the tobacco industry's marketing of cigarettes in ethnic neighborhoods and others focused on the global marketing tactics of the tobacco industry.
- CDHS/TCS issued a procurement specifically focused on building the capacity of organizations that work with priority populations to deliver tobacco control programs to these communities. Twenty-one community grantees were funded to address tobacco-related health disparities among priority populations in California. Several additional grantees received funding for tobacco control interventions targeting priority populations.
- CDHS/TCS commissioned surveys of five priority populations in California about which little tobacco-related data had been previously collected: active duty military personnel, Asian Indians, Korean Americans, Chinese Americans, and the LGBT community. In addition, a national summit was convened to disseminate the findings.
- The California Smokers' Helpline produced three new cessation booklets with specific relevance to Asian smokers and their families in Chinese, Korean, and Vietnamese.
- CDHS/TCS created a specific internal organizational unit to focus on priority population issues.

Progress has been made in the last three years, yet much work remains to be done:

- More outreach is needed to community groups to encourage them to embrace tobacco use as an important issue on their agendas.
- Transnational issues, especially as they relate to California's many immigrant communities, need more attention.

- Systemic issues of disparity need addressing, such as cultural competency of programs and further involvement of priority populations in strategic planning and decision-making processes.
- Tobacco control issues must be addressed within the larger social, economic, and cultural context of each community.

2003-2005 Objective 4: Decrease exposure to secondhand smoke

Virtually all indoor workplaces in the state have been smoke-free since 1999, including restaurants, bars, and clubs. However, racial and ethnic disparities are evident in terms of secondhand smoke exposure at work, with Hispanics/Latinos reporting more exposure to secondhand smoke in their places of employment than any other racial or ethnic group (Gilpin, et al. 2004, citing CTS 2002).

Over time, fewer California youth are being exposed to secondhand smoke at home. In 1994, 63 percent of Californians with children under the age of 18 did not allow smoking in the household. By 2003, 79.8 percent did not allow smoking in their household, a 27 percent increase (California Adult Tobacco Survey 1993-2004).

Two statewide actions that further expanded protections against secondhand smoke were the passage of Assembly Bill 846 (Vargas) in 2003 and the passage of Assembly Bill 384 (Leslie) in 2004. With the passage of Assembly Bill 846, which amended several provisions of the California Government Code, smoking is now prohibited within 20 feet of a main entrance, exit, and operable window of all public buildings (buildings owned and occupied, or leased and occupied by the state, county, or city) in California, as well as buildings

on the campuses of the University of California, California State University, and California community colleges. With the passage of Assembly Bill 384, which

amended several sections of the Penal Code and the Welfare and Institutions Code, the possession, sale, and use of all tobacco products is prohibited for inmates, employees, and visitors at all of California's prisons and California Youth Authority facilities.

Local jurisdictions are increasingly enacting ordinances to protect the public from secondhand smoke, including outdoor tobacco smoke, at beaches and parks, in shared spaces of multi-unit housing, in front of entryways to private buildings open to the public, and at public events such as fairs and festivals. Several cities and coun-

ties took action to prohibit smoking at beaches, parks, and other publicly-owned recreation areas, including the following:

- The San Francisco Board of Supervisors voted to prohibit smoking outdoors in all recreational areas managed by the city except for golf courses.
- The County of Los Angeles banned smoking at all county beaches.
- Cities banning smoking at public beaches included Carmel, Carpinteria, Hermosa Beach, Huntington



Beach, Los Angeles, Manhattan Beach, Newport Beach, San Clemente, Santa Cruz, Santa Monica, and Solana Beach.

In the area of smoke-free housing, several local public housing authorities and municipalities adopted non-smoking policies that set aside at least some sections of affordable (publicly-funded) housing complexes for nonsmokers, including Los Angeles, San Francisco, Santa Barbara, San Luis Obispo, Madera, Belmont, Sebastapol, and Thousand Oaks.

Additionally, in 2005 the city of San Luis Obispo passed an ordinance that (1) prohibits foster parents from allowing children in their care to smoke and from purchasing tobacco products for the children; (2) requires motor vehicles to be smoke-free for twelve hours before children in a foster parent's care are present in the motor vehicle; and (3) prohibits smoking within 20 feet of children in foster care.

Several public events and sports facilities expanded protections against secondhand smoke, including the following:

- The City of Woodland banned smoking at all outdoor public events.
- The Yolo County Fair became 100 percent smoke-free with no designated smoking areas.
- Petco Park, the San Diego Padres Major League Baseball park, adopted the strongest ballpark policy in the country: initially restricting smoking to five designated smoking areas outside the seating area, and making the entire park smoke-free in 2006.
- The California State Fair became smoke-free when the California Exposition and State Fair Board voted to make the Cal Expo fairgrounds in Sacramento smoke-free (with designated smoking areas).

In 2004 the City of Laguna Woods passed a comprehensive local ordinance that prohibits smoking in parks and recreation areas; service areas; outdoor dining areas of restaurants; unenclosed swimming pools in multifamily residences; unenclosed hallways and stairways accessible and usable by more than one residence in a multi-unit residential development; ticket, boarding and waiting areas for public transportation services; entrances and exits to enclosed public areas; and sites of public events sponsored by the City, including sports events, entertainment, ceremonies, speaking performances, pageants, and fairs.

California's colleges are increasingly becoming smoke-free environments. The California Youth Advocacy Network's award-winning Campuses Organized and United for Good Health (COUGH) campaign continued its work to strengthen anti-smoking policies on all 23 campuses of the California State University (CSU) system and to educate college communities about the risks of tobacco use and secondhand smoke. In addition to successfully bringing about secondhand smoke policies on CSU campuses, the COUGH campaign has expanded to the University of California and community college systems.

All county offices of education in the state have re-certified that their school districts that accept TUPE funds maintain tobacco-free policies and enforcement procedures as outlined in the Health and Safety Code. This recertification process included a thorough review of district policies, administrative regulations, and wording on signs that prohibit tobacco use on district property.

In the previous three years, TRDRP has funded research in many areas related to secondhand smoke, including the following topics:

- Exposure to secondhand smoke and outdoor tobacco smoke in nonlaboratory settings (e.g., residences such as apartments or houses, outdoor dining areas, and buildings' entrances and ventilation areas).
- The relationship of exposure to secondhand smoke/outdoor tobacco smoke and tobacco-related disease, childhood and adult asthma, and reproductive health effects.
- Program interventions, public policy, and economic studies related to expanding protections against secondhand smoke and outdoor tobacco smoke.
- Different secondhand smoke exposure prevention models that might be used with children and adolescents in California schools.
- Home smoking bans across different ethnicities and other priority populations in California and analyzing the best public health models for increasing success in this area.

Important work is occurring to address issues of secondhand smoke exposure that are of particular concern to California's priority populations. For example, through an advocacy campaign called Regale Salud (Give the

Gift of Health), the Hispanic/Latino Tobacco Education Partnership is working to promote voluntary policy adoption that reduces secondhand smoke exposure in apartments, multi-unit housing, and small worksites.

Workers in the building trades also increasingly desire that their workplaces be smoke-free. Building Unions Ignite Less Tobacco (BUILT) is providing technical assistance to labor and management on compliance with the Labor Code on construction worksites and implementation of tobacco-free policies on sites not covered by California’s smoke-free workplace law.

The American Indian Tobacco Education Partnership, which has drafted a guidebook to help communities approach the issue of smoke-free casinos, is working with other interested parties, including the California Clean Air Program, RESPECT, Local Lead Agencies, and community-based organizations in collaborative efforts to seek ways to protect casino employees and patrons from secondhand smoke exposure. Community meetings are occurring in order to educate and involve people at the local level. Additionally, the California Dialogue on Cancer is developing technical assistance tools to promote smoke-free casinos.

2003-2005 Objective 5: Increase availability of cessation services

An increasing percentage of California smokers indicate a desire to quit or have made an attempt to quit smoking. As shown in Figure 10, the percentage of current smokers who reported that they were thinking about quitting either in the next 30 days or the next six months significantly increased from 1994 to 2003.

The California Smokers’ (Helpline), a toll-free telephone service, has played a significant role in helping California’s smokers to quit. The Helpline has provided assistance to well over 350,000 people since its inception in 1992 (over 112,000 callers in 2003-2005), and a substantial number of those callers were members of California’s priority populations. For example, 5.3 percent of a random sample of callers during the years 2003-2005 identified themselves as LGBT. Table 3 below shows the self-identified race or ethnicity of callers to the Helpline during 2003-2005.

The Helpline’s ability to provide services in six languages (English, Cantonese, Korean, Mandarin, Spanish, and Vietnamese) is helping to bring cessation services to California’s priority populations. In 2003-2005, 7.5 percent of the calls were conducted in Spanish, and 5.3 percent of the calls were conducted in one of the Asian languages. In addition, the Helpline provides services for the hearing impaired.

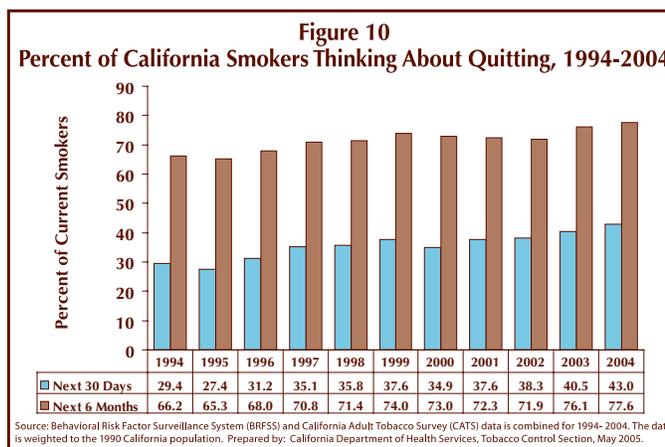


Table 3: Self-identified race/ethnicity of California Smokers’ Helpline callers, 2003-2005

Race/Ethnicity	% of Total
White/Caucasian	54.7 %
Hispanic/Latino	16.7 %
Black/African American	13.7 %
Asian/Pacific Islander	8.4 %
American Indian	2.6 %
Did not identify	2.1 %
Other	1.8 %

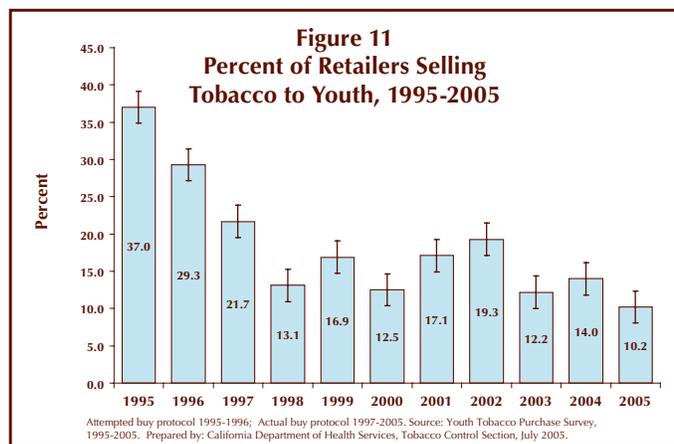
- The LGBT Tobacco Education Partnership is actively working with the Helpline to provide accessible and culturally relevant services to LGBT callers.
- RESPECT provides relevant and respectful tobacco cessation materials to assist Proposition 99-funded projects working with Low SES populations and Low SES service providers, and works with the Helpline to promote its use among Low

SES Californians and improve current practices for tracking and providing cessation services to Low SES callers.

Efforts have been made in the California state legislature to increase access to cessation services. For example, in 2005 Senate Bill 576 (Ortiz) would have required health insurance plans to provide a cessation benefit as part of their coverage. The benefit included counseling and pharmacotherapy. The bill did not pass.

2003-2005 Objective 6: Initiate efforts to regulate the tobacco industry and its influence

The combined efforts of youth advocacy groups, health educators, local tobacco control coalitions, local officials, enforcement officers, retail store owners and managers, and concerned citizens are making it more difficult for California's youth to obtain tobacco. Results of California's 2005 Youth Tobacco Purchase Survey show illegal statewide sales of tobacco to minors at 10.2 percent, which is the lowest level since the state first began monitoring these sales in 1995. That figure is a decrease from 14 percent in 2004 and 37 percent in 1995 when the survey was first conducted (Figure 11).



The most significant event in terms of tobacco retail licensing during the years 2003-2005 was passage of the California Cigarette and Tobacco Products Licensing Act of 2003 (Assembly Bill 71, Horton). This law established a statewide licensing program for tobacco retailers, wholesalers, distributors, manufacturers, and importers. The main focus of this law is to combat tobacco tax evasion, smuggling, and counterfeiting. The law impacts the effort to prohibit tobacco sales to minors as well, in that, when the state's illegal sales rate to minors exceeds 13 percent, a retailer convicted of selling tobacco to minors is also deemed to have violated the retailer's state tobacco license.

Several local jurisdictions also implemented or strengthened their local tobacco retailer licensing in the previous three years. According to The Center for Tobacco Policy and Organizing, the following fourteen California communities now have tobacco retailer licenses with strong enforcement provisions and with fees set high enough to fund their programs effectively:

- Arroyo Grande
- Berkeley
- Contra Costa County
- El Cajon
- Elk Grove
- Grover Beach
- Los Angeles (city)
- Pasadena
- Rancho Cordova
- Riverside County
- Sacramento (city)
- Sacramento County
- San Francisco
- San Luis Obispo (city)

Progress is also being made in the area of tobacco industry sponsorships: Project SMART \$ (Sponsorship Mission: Avoid Reliance on Tobacco Money) and the Tobacco Industry Monitoring Evaluation (TIME) project reported that well over 500 community groups, agencies, and organizations in California adopted policies refusing tobacco industry sponsorship or donations.

In the previous three years, several California Partnerships for Priority Populations engaged in efforts to combat tobacco industry advertising and sponsorship in their communities:

- Through Project Nia, the African American Tobacco Education Partnership works with African American civic, collegiate, business, faith, social, cultural, and service organizations to adopt policies that prohibit tobacco industry sponsorship.
- The Hispanic/Latino Tobacco Education Partnership conducts an educational campaign to inform the public about tobacco industry sponsorship issues in the Hispanic/Latino community.
- The LGBT Tobacco Education Partnership advocates for policies opposing tobacco industry donations and sponsorship within the LGBT community.
- The American Indian Tobacco Education Partnership conducts an advocacy campaign to reduce the public display of commercial tobacco products that misuse American Indian images.

TRDRP funded twelve studies over the previous three years exploring several issues related to the tobacco industry and its influence, including the following topics:

- new methods for searching tobacco industry documents
- the tobacco industry's youth smoking prevention ads
- analysis of tobacco industry documents on scientific research
- the role of media in smoking initiation and cessation
- tobacco industry responses to industry-focused campaigns

With regard to tobacco product promotion and the retail environment, much work remains to be done. For example, there were 34,882 bar nights announced in California just in 2004 (Cruz and Islam 2005). Tobacco companies remain a powerful presence in the retail environment. For example, tobacco industry-sponsored "bar nights" at bars and night clubs frequented by young adults were often aimed at particular demographic groups, such as racial and ethnic communities, the LGBT community, college groups, or other target markets. In addition, these important issues saw little progress in the previous three years:

- There has been no enactment of meaningful federal regulation of tobacco.
- No significant progress has been made to limit the depiction of tobacco use or deglamorize smoking in movies.
- The tobacco industry continues to exert tremendous power and influence in the political arena and in policy-making institutions and processes at the federal, state, and local levels.
- The University of California Academic Senate overruled several units of the University of California that had enacted policies to decline tobacco industry funding for research.

Significant Tobacco Control Legislation Enacted in 2003-2005

Name of Assembly Bill (AB) or Senate Bill (SB) and Author	Description	Effective Date
AB 178 -- Koretz California Cigarette Fire Safety and Firefighter Protection Act	Prohibits sale, manufacture, or distribution of cigarettes in the state that do not meet the fire safe standards of the American Society of Testing and Materials protocol for measuring the ignition strength of cigarettes.	Jan. 1, 2007
AB 3092 -- Horton STAKE Act Signage Fine Increase	Increases the fines for failure to post a Stop Tobacco Access to Kids Enforcement (STAKE) Act sign.	Jan. 1, 2005
SB 1173 -- Ortiz Ban on Self-Service Sales of Cigars, Pipes, Smokeless, etc.	Broadens the previously existing state ban on self-service displays of cigarettes to ban self-service displays of all other tobacco products and tobacco paraphernalia. The law contains an exception for the self-service display and sale of noncigarette tobacco in tobacco-only stores.	Jan. 1, 2005
AB 384 -- Leslie Ban on Tobacco Products in State Prisons	Prohibits the possession and use of tobacco products by inmates and wards under the jurisdiction of the Department of Corrections and the California Youth Authority.	July 1, 2005
AB 71 -- Horton California Cigarette and Tobacco Products Licensing Act of 2003	Establishes a statewide licensing program for tobacco retailers, wholesalers, distributors, manufacturers, and importers to be administered by the Board of Equalization. The main focus of AB 71 is to combat tobacco tax evasion, smuggling, and counterfeiting which results in lost tax revenue to the state. Also includes a "trigger" that makes convictions under state laws prohibiting selling tobacco to minors a violation of the state tobacco license only when the state's illegal sales to minors rate exceeds 13 percent. The law contains strong anti-preemption language allowing local jurisdictions to pass tougher licensing requirements related to youth sales.	Jan. 1, 2004
AB 846 -- Vargas Smoke-Free Entryways of Public Buildings	Prohibits smoking within 20 feet of main entrances, exits and operable windows of all city, county, and state buildings in California, as well as buildings on the campuses of UC, CSU, and California Community Colleges. Includes anti-preemption language allowing local jurisdictions and the state college and university system the opportunity to increase the distance beyond 20 feet.	Jan. 1, 2004
SB 1016 -- Bowen Internet Tobacco Sales	Requires that all cigarette sales either be vendor-assisted, face-to-face sales, or comply with the provisions of the federal Jenkins Act (requiring shippers of cigarettes across state lines to file invoices with the states).	Jan. 1, 2004
2003-04 California State Budget	Codified multi-year spending authority for the Proposition 99 Health Education Account.	Jan. 1, 2004

CONCLUSION

In the years since the passage of Proposition 99, California has made truly remarkable progress: adult per capita consumption has declined by over 60 percent, the adult smoking prevalence rate has reached an historic low, and the vast majority of California's workers are now protected from secondhand smoke in their places of employment. Today, living tobacco-free is the social norm in California.

These dramatic changes are owed largely to that first step, when California voters made their intention loud and clear: they wanted a strong and effective comprehensive tobacco control program, and they wanted to fund it through a tobacco tax.

Now, as 2006 begins, twenty-two other states in the nation have higher tobacco taxes than California. The time has come for the state that started the tobacco control revolution with its own tax increase back in 1988 to reinvigorate its efforts by raising the tobacco excise tax by at least \$1.50 and allocating at least 20 cents of that increase to the California Tobacco Control Program.

With a renewed commitment to the California Tobacco Control Program, TEROC is confident that the goals set forth in this Master Plan—a smoking prevalence rate of ten percent among adults and eight percent among high school youth, can be achieved by the end of 2008. It is time to regain our momentum in the fight against tobacco, face our relentless adversary with strength and resolve, and realize our vision of a smoke-free California.

REFERENCES

- Barnoya, J., and S. A. Glantz. 2004. Association of the California tobacco control program with declines in lung cancer incidence. *Cancer Causes and Control* 15:689-695.
- California Department of Finance. 2005. Governor's Budget May Revision 2005-06. Sacramento, CA.
- California Department of Health Services, in collaboration with the California Conference of Local Health Officers. 2005. County Health Status Profiles 2005. Sacramento, CA.
- California Department of Health Services, Tobacco Control Section (CDHS/TCS). 2004. Update 2004. Sacramento, CA.
- California Department of Health Services. 2004. California Active Duty Tobacco Use Study.
- California Department of Health Services. 2004. California Korean Tobacco Use Study.
- California Department of Health Services. 2004. California Lesbian, Gay, Bisexual and Transgender Tobacco Use Study.
- California Department of Health Services. 2004. California Student Tobacco Survey (CSTS).
- California Department of Health Services. 2002, 2004. California Tobacco Survey (CTS).
- California Environmental Protection Agency (Cal EPA), Office of Environmental Health Hazard Assessment (OEHHA). 1997. Health Effects of Exposure to Environmental Tobacco Smoke. Sacramento, CA.
- California Environmental Protection Agency (Cal EPA), Air Resources Board (ARB). 2005. Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant. Sacramento, CA.
- Center for Tobacco Policy and Organizing, American Lung Association of California. Statewide Tobacco Renter Study. Released August, 2004.
- Charlesworth, A. and S. A. Glantz. 2005. Smoking in the Movies Increases Adolescent Smoking: A Review. *Pediatrics* 116(6): 1516-1528.
- Cruz, T. B. and S. Islam. 2005. Targeting of Specific Populations by the Tobacco Industry. Alhambra, California: University of Southern California.
- Cruz, T. B., D. V. Schuster, and V. Andreeva-Cook. 2005. The Evolution of Tobacco Industry Sponsored Adult-only Facilities in California: A Case Study. Alhambra, CA: University of Southern California.
- Farkas, A. J., E. A. Gilpin, J. M. Distefan, and J. P. Pierce. 1998. The effects of household and workplace smoking restrictions on quitting behaviours. *Tobacco Control* 8:261-265.
- Federal Trade Commission (FTC). 2005. Federal Trade Commission Cigarette Report for 2003. Washington, D.C.: U.S. Federal Trade Commission.
- Fichtenberg, C. M., and S. A. Glantz. 2000. Association of the California Tobacco Control Program with Declines in Cigarette Consumption and Mortality from Heart Disease. *New England Journal of Medicine* 343(24): 1772-1777.
- Gilpin, E. A., M. M. White, V. M. White, J. M. Distefan, D. R. Trinidad, L. James, L. Lee, J. Major, S. Kealey, and J. P. Pierce. 2004. Tobacco Control Successes in California: A Focus on Young People, Results from the California Tobacco Control Surveys, 1990-2002. La Jolla, CA: University of California, San Diego.
- Task Force on Advancing Parity and Leadership for Priority Populations. 2002. Moving Toward Health: Achieving Parity through Tobacco Control for All Communities.
- U.S. Centers for Disease Control and Prevention (CDC). 2000. Strategies for reducing exposure to environmental tobacco smoke, increasing tobacco-use cessation, and reducing initiation in communities and health-care systems. A report on recommendations of the Task Force on Community Preventive Services. *Morbidity and Mortality Weekly Report* 49(No. RR-12).
- U.S. Centers for Disease Control and Prevention (CDC). 1999. Best Practices for Comprehensive Tobacco Control Programs—August 1999. Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- U.S. Department of Health and Human Services. 1998. Chapter 4: Factors that Influence Tobacco Use Among Four Racial/Ethnic Minority Groups. In *Tobacco Use Among U.S. Racial/Ethnic Groups*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Access date: December 12, 2005. URL: http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-pdf/chap4.pdf

APPENDIX

About the California Tobacco Control Program

It has been over seventeen years since California voters passed the California Tobacco Tax and Health Protection Act (Proposition 99) in November 1988. The revenue generated from that 25 cents-per-cigarette-pack tax increase allowed California to create the nation's first comprehensive tobacco control program, and, to date, the program remains the largest of its kind in the world.

From the beginning, the California Tobacco Control Program has focused on the creation of meaningful and long-lasting social norm change. The social norm change strategy involves changing the social and cultural attitudes surrounding tobacco use and the tobacco industry through public health education, hard-hitting media campaigns, and the support of state and local policy activities that expand and strengthen measures to protect against secondhand smoke exposure, restrict tobacco accessibility, and limit tobacco marketing.

In the last seventeen years, the California Tobacco Control Program has educated the public about the addictive and harmful nature of tobacco, revealed the predatory marketing practices of the tobacco industry, and empowered Californians to take action to protect themselves, their families, and their communities from the dangers of tobacco use and secondhand smoke. As a result of the California Tobacco Control Program's activities, Californians have become decidedly anti-tobacco.

The strength and effectiveness of the California Tobacco Control Program results from the partnership of its three constituent parts: the California Department of Health Services' Tobacco Control Section, the University of California's Tobacco-Related Disease Research Program, and the California Department of Education's Safe and Healthy Kids Program Office (which administers the Tobacco Use Prevention Education program), along with oversight from a public advisory body, the Tobacco Education and Research Oversight Committee (TEROC).

The California Department of Health Services/Tobacco Control Section

The California Department of Health Services/Tobacco Control Section (CDHS/TCS) has often been called the pre-eminent tobacco control program in the world. It administers all aspects of the public health education component of the California Tobacco Control Program, including a statewide media campaign, tobacco control programs in local health departments, competitively-selected statewide and com-

munity-based projects, as well as an extensive evaluation of the entire tobacco control program. The California Tobacco Control Program focuses on four broad policy areas that act together to change social norms around tobacco use: protecting people from exposure to secondhand smoke, revealing and countering tobacco industry influence, reducing the availability of tobacco, and providing cessation services.

Local and Statewide Programs

CDHS/TCS funds a variety of county, community, and statewide projects:

County/City Local Health Department Tobacco Control Programs: The 58 county health departments and three city health departments are responsible for conducting local tobacco control programs within their health jurisdictions. Each agency fosters and involves a community coalition in grass roots community mobilization activities that promote social norm changes and educate the public about tobacco

issues. In general, these agencies take the lead on local community policy development, facilitate enforcement of tobacco control laws, and provide local tobacco cessation services.

Competitive Grantees: The competitive grant program funds a variety of local and statewide projects. The agencies funded through this program are nonprofit agencies and include community-based organizations, voluntary health organizations, health clinics, ethnic organizations, alcohol and drug centers, labor organizations, youth organizations, and universities.

Priority Populations Partnerships: California Partnerships for Priority Populations and other funded organizations work to address the tobacco control needs of specific communities defined by race, ethnicity, language, culture, sexual orientation, occupation, and/or socioeconomic status that have been identified as having disproportionately high rates of tobacco use. The partnerships conduct culturally-specific educational and advocacy campaigns, address tobacco cessation by supporting system-level changes, administer mini-grant programs, and provide technical support to the state, local lead agencies, and local programs on how to effectively reach and work with California's multicultural population.

California Smokers' Helpline: The Helpline provides telephone-based intensive tobacco cessation counseling in six languages and for the hearing impaired. Tailored counseling services are provided for adults, teens, pregnant women, and chew tobacco users. The Helpline also provides self-help materials and a referral list to other tobacco cessation programs. The services provided by the Helpline are free of charge.

Statewide Campaigns: A variety of projects are funded to create statewide impact and to provide technical assistance and training to support local programs. The CDHS/TCS statewide policy development campaigns include the following:

- **Smoke-free California:** "Where We Live, Work and Play" aims to help funded projects implement local and state legislation, policy, and programs that expand protection from secondhand smoke exposure within indoor and outdoor areas where people live, work, and play.
- **Project SMART \$** helps organizations develop policies prohibiting the acceptance of tobacco industry sponsorships and donations.
- **The STORE Campaign** supports local policy action to restrict and enforce tobacco sales and marketing practices, increase enforcement of existing laws, and advocate for government authority to regulate tobacco advertising and promotions.

Tobacco Education Media Campaign

CDHS/TCS produces an aggressive, internationally recognized Tobacco Education Media Campaign. The media campaign utilizes paid advertising and public service announcements (television, radio, billboards, transit, and print) with thought-provoking messages to effectively communicate the dangers of tobacco use and secondhand smoke, and to counter pro-

tobacco messages throughout California's ethnically diverse communities. In order to reach California's diverse population, the Tobacco Education Media Campaign's products and activities are conducted in several languages, including English, Spanish, Cantonese, Mandarin, Vietnamese, Korean, Laotian, Cambodian, Japanese, and Hmong.

Surveillance and Evaluation

CDHS/TCS conducts surveillance and evaluation to scientifically assess program effectiveness. These efforts include the planning and implementation of epidemiologic studies examining the effectiveness of prevention interventions of tobacco use among youth and adults and tobacco-related

diseases on a statewide basis. In addition, other programmatic efforts, including community programs and campaigns, are evaluated to determine success and improve interventions. Surveillance data are also collected for use in strategic planning and program direction.

The University of California's Tobacco-Related Disease Research Program

The Tobacco-Related Disease Research Program (TRDRP) supports research that focuses on the prevention, causes, and treatment of tobacco-related disease and the reduction of the human and economic costs of tobacco use in California.

The enabling legislation for Proposition 99 provided the framework for research to play an important role in California's tobacco control efforts and in mitigating the health effects and diseases associated with tobacco use and sec-

ondhand smoke exposure. In fact, the Department of Health Services and the Department of Education are required by law to apply the most current findings and recommendations of research in their tobacco control activities.

TRDRP, administered by the University of California, has become one of the premier state research programs on tobacco and one of the leading funders of tobacco-related research in the United States. TRDRP is committed to support-

ing excellent science that will contribute to improved tobacco control efforts in California and to more effective prevention, detection, diagnosis, and treatment of tobacco-related disease.

In the last seventeen years, research funded by TRDRP has led to groundbreaking discoveries and advances pertaining to tobacco-related diseases, nicotine addiction, and cessation, and important local and state public health policies. At the same time, TRDRP has been fundamental in building a tobacco-related research infrastructure in California marked by exceptional researchers who are nationally and internationally recognized as experts in the area of tobacco-related diseases and tobacco control research. Examples of TRDRP-funded research findings include the following:

- TRDRP-funded research has shown that there is no currently existing, feasible indoor ventilation technology that protects nonsmokers from exposure to secondhand smoke.
- TRDRP-funded epidemiological studies have reported significant associations between secondhand smoke exposure and health effects, including different types of cancer, a decrease in lung functioning, cardiovascular disease, and reproductive and developmental health effects.

- TRDRP-funded research is being used by the California Air Resources Board to support their work in classifying secondhand smoke as a toxic air contaminant, and it played a role in the California Environmental Protection Agency report that classified secondhand smoke as a Class A carcinogen.
- TRDRP-funded researchers have made significant contributions in understanding the inception, progression, and devastating consequences of lung cancer, including demonstrating the link between secondhand smoke and lung cancer in nonsmokers.

In the next three years, TRDRP will continue to fund research projects primarily in the following areas of focus:

- Cardiovascular and cerebrovascular disease
- Chronic obstructive pulmonary disease
- Lung cancer
- Development of nicotine dependence treatments
- Tobacco-related disparities, including initiation, use, and cessation, among California's diverse populations
- Public policy and economics of tobacco use
- Secondhand smoke and outdoor tobacco smoke

The California Department of Education's Tobacco Use Prevention Education (TUPE) Program

The purpose of the California Department of Education (CDE)/Safe and Healthy Kids Program Office (SHKPO)/Tobacco Use Prevention Education (TUPE) program is to reduce youth tobacco use by helping young people make healthful tobacco-related decisions through tobacco-specific educational instruction and activities that build knowledge as well as social skills and youth development assets. TUPE is administered by the SHKPO with the assistance of 58 county offices of education serving more than six million students in over 9,000 schools in 1,000 school districts across the state.

TUPE facilitates the planning and implementation of effective tobacco use prevention education that is grounded in research, meets the requirements of the TUPE legislation, responds to the unique character of each district's students and community, and gets results.

Collaboration with community-based tobacco control programs is an integral part of program planning. The school, parents, and the larger community must be involved in the program so that students will be aware of a cohesive effort and concern for their health and, consequently, their ability to succeed in school.

In order to achieve the youth prevalence goals of the California Tobacco Control Program, funding from Proposition 99 is currently available to all school districts in the state for TUPE programs in grades four through eight. These programs must implement evidence-based prevention programs.

Additional funding is available to school districts to implement prevention programs for students in grades six through eight through a competitive grant process. Districts must demonstrate a need for the additional funding and demonstrate how this funding will complement the entitlement funding for grades four through eight.

For students in grades nine through twelve, CDE awards competitive grants with Proposition 99 funds to school districts to provide tobacco use prevention services to students in the general population and students determined to be most at-risk for tobacco use. In addition, the district must provide intervention and cessation services to students who currently use tobacco.

School districts accepting TUPE funding from the CDE must implement and enforce a tobacco-free policy that prohibits the use of tobacco products anywhere, at anytime, on all district property and in district vehicles.

The CDE sponsors several projects to help county offices of education and districts plan and implement their TUPE programs:

- **Getting Results** features information about tobacco use prevention strategies that research shows to be effective and promising.
- **California Healthy Kids Survey** allows for the systematic collection of measurable data to demonstrate that

programs and strategies being implemented actually do reduce tobacco use among youths.

- **California Healthy Kids Resource Center** provides assistance to school districts and county offices of education as a source of comprehensive information about health-related research and instructional materials to support effective programs for students.



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