COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS EFFECTIVELY REDUCE TOBACCO USE

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoking, help adult smokers quit, educate the public, the media and policymakers about policies that reduce tobacco use, address disparities, and serve as a counter to the ever-present tobacco industry.

Recommendations for state tobacco prevention and cessation programs are best summarized in the Center for Disease Control and Prevention's, Best Practices for Comprehensive Tobacco Control Programs. In this guidance document, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, and accountable and include the following programmatic elements: public education efforts, community and school based programs, cessation programs, enforcement efforts, and monitoring and evaluation.[1]

A 2005 study published in the *American Journal of Public Health* provides powerful evidence of the effectiveness of comprehensive tobacco prevention and cessation programs. The study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and fourteen percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save $23.4 billion in long-term, smoking-related health care costs.[2]

A 2003 study published in the *Journal of Health Economics* found that states with the best funded and most sustained tobacco prevention programs during the 1990s – Arizona, California, Massachusetts and Oregon – reduced cigarette sales more than twice as much as the country as a whole (43% compared to 20%). This study, the first to compare cigarette sales data from all the states and to isolate the impact of tobacco control program expenditures from other factors that affect cigarette sales, demonstrates that the more states spend on tobacco prevention, the greater the reductions in smoking, and the longer states invest in such programs, the larger the impact. The study concludes that cigarette sales would have declined by 18% instead of 9% between 1994 and 2000 had all states fully funded tobacco prevention programs.[3]

A 2006 study published in the *American Journal of Health Promotion* provides further evidence of the effectiveness of comprehensive tobacco control programs and tobacco control policies. The study's findings suggest that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions (excise tax increases or secondhand smoke regulations). This finding supports the claim that state-based tobacco control programs can accelerate adult cessation rates in the population and have an effect beyond that predicted by tobacco-control policies alone.[4]

Additionally, the Surgeon General and the Institute of Medicine have reviewed the evidence on comprehensive statewide tobacco control efforts and concluded that comprehensive programs are effective at reducing tobacco use among both adults and youth.[5]

Data from numerous states provide additional evidence of the effectiveness of comprehensive tobacco prevention and cessation programs. States that have implemented comprehensive programs have achieved significant reductions in tobacco use among both adults and youth. The experiences in states from around the country who have invested in comprehensive prevention programs establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs quickly and substantially reduce tobacco use, save lives, and cut smoking-caused costs.
- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.
- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.
- When program funding is cut, progress in reducing tobacco use erodes, and the state suffers from higher levels of smoking and more smoking-caused deaths, disease, and costs.

Unfortunately, many states faced with budget difficulties have recently made the penny-wise but pound-foolish decision to slash the funding of even the most effective tobacco control programs, which will cost lives and money.

1400 I Street, NW Suite 1200 · Washington, DC 20005
Phone (202) 296-5469 · Fax (202) 296-5427 · www.tobaccofreekids.org

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over $100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use and its attendant devastation substantially.

- California's comprehensive approach has reduced adult smoking significantly. Adult smoking declined from 22.8% in 1988 to 14.0% in 2005, resulting in more than two million fewer smokers.[6] If every state had California's current smoking rate, there would be more than 14 million fewer smokers in the United States.
- Between 1988 and 2001, lung and bronchus cancer rates in California declined at three times the rate of decline as the rest of the U.S.[7] Surveillance, Epidemiology, and End Results (SEER) data associated lower lung cancer incidence with California's program.[8]
- According to the California Student Tobacco Survey, from 1996 to 2004, smoking declined by more than 60% among eighth grade students and by more than half among tenth grade students. From 2000 to 2004 alone, smoking prevalence decreased by more than 31 percent among twelfth grade students.[9]

The California tobacco control program produced much larger smoking reductions in the early years, when it was funded at its highest levels, than during subsequent years, when the state cut its funding. For example, when California cut the program's funding in the mid 1990s, its progress in reducing adult and youth smoking rates stalled, but it got back on track when program funding was partially restored.[10]

Program Success – Maine

In 1997, Maine increased its cigarette excise tax and used a portion of those funds to establish a comprehensive tobacco prevention program known as the Partnership for a Tobacco-Free Maine. Maine has subsequently augmented its program with proceeds from the 1998 state tobacco settlement, which also resulted in a further increase in cigarette prices (the state also raised cigarette taxes again in 2001, to $1.00 per pack, and in 2005 to $2.00 per pack). Prior to launching this effort, Maine had one of the highest youth smoking rates in the country. Now, it has one of the lowest.

- Smoking among Maine's high school students declined a dramatic 59 percent between 1997 and 2005, falling from 39.2 percent to 16.2 percent. Smoking among Maine's middle school students declined by 64 percent, from 21 percent to 7.5 percent, over the same time period.[11] The Maine Department of Health (DOH) has calculated that, as a result of these declines, there are now 26,031 fewer youth smokers in Maine and 14,317 youth will be saved from premature, smoking-caused deaths. Based on estimates that smokers, on average, have $16,000 more in lifetime health care costs than non-smokers, the DOH calculated that these declines will save Maine more than $416 million in long-term health care costs.

Program Success – Washington

The Washington State Tobacco Prevention and Control program was implemented in 1999 after the state Legislature set aside money from the Master Settlement Agreement to create a Tobacco Prevention and Control Account. Tobacco prevention and control received additional funds in 2001 when the state's voters passed a cigarette tax increase that dedicated a portion of the new revenue to tobacco prevention and cessation.

- Since the tobacco control program was implemented, adult smoking has declined by 20 percent, from 22.4 percent in 1999 to 17.8 percent in 2005, one of the lowest smoking rates in the country.[12] According to the Washington Department of Health, this decline translates to about 205,000 fewer smokers in the state.
- Washington's tobacco prevention efforts have cut smoking by 57 percent among sixth graders, 49 percent among eighth graders, 48 percent among tenth graders, and 44 percent among twelfth graders.[13] Because of these declines, there are 65,000 fewer youth smokers in Washington, and the state has saved more than $1 billion in long-term health care costs.

Program Success – New York

The New York State Tobacco Control program was implemented in 1999 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. As the data below demonstrate, New York's comprehensive program is working.

- Between 1999 and 2005, smoking among high school students declined by 49 percent, (from 31.8 percent to 16.2 percent).[14]
- Between 2001 and 2004, adult smoking declined by 15 percent, moving New York's smoking rate from the 26th highest in the nation to the 13th highest in the nation.[15]

Program Success -- Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, despite some reductions in funding encouraged by the tobacco industry, the program achieved considerable success until its funding was cut by more than 90 percent in 2003. Data from 2000 demonstrate that the program was successful in reducing tobacco use among both children and adults.

- From 1995 to 2001, current smoking among Massachusetts high school students dropped by 27 percent (from 35.7% to 26%), while the nationwide rate dropped by 18 percent (34.8% to 28.5%)[16]
- Between 1993 and 2000, adult smoking prevalence dropped from 22.6 percent to 17.9 percent, resulting in 228,000 fewer smokers.[17] Nationally, smoking prevalence dropped by just 7 percent over this same time period.[18]
- Between 1990 and 1999, smoking among pregnant women in Massachusetts declined by more than 50 percent (from 25% to 11%). Massachusetts had the greatest percentage decrease of any state over the time period (the District of Columbia had a greater percent decline).[19]

Despite the considerable success achieved in Massachusetts, funding for the state's tobacco prevention and cessation program was cut by 95 percent - from a high of approximately $54 million per year to just $2.5 million in FY2004, although funding for the program has increased slightly in recent years. These drastic reductions in the state's investments to prevent and reduce tobacco use will translate directly into higher smoking rates, especially among kids, and more smoking-caused disease, death, and costs. In fact, a study released by the Massachusetts Association of Health Boards shows that the Massachusetts program funding cuts have already been followed by an alarming increase in illegal sales of tobacco products to children.[20]

Campaign for Tobacco-Free Kids. December 5, 2006 / Meg Gallogly

---

[1] CDC. *Best Practices for Comprehensive Tobacco Control Programs* – August 1999. Atlanta, GA: U.S. Department of Health and Human Services, August, 1999.
[2] Tauras, JA, et al., "State Tobacco Control Spending and Youth Smoking," *American Journal of Public Health*, February, 2005.
[3] Farrelly, M.C., et al., "The Impact of Tobacco Control Program Expenditures on Aggregate Cigarette Sales: 1981-2000." *Journal of Health Economics* (22) 843-859, 2003.
[4] Hyland A, et al., "State and Community Tobacco-Control Programs and Smoking – Cessation Rates Among Adult Smokers: What Can We Learn From the COMMIT Intervention Cohort?" *American Journal of Health Promotion*, March 2006.
[5] Inst. of Medicine, *State Programs Can Reduce Tobacco Use*, Nat'l Academy of Sciences, 2000; U.S. Department of Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000.
[6] Adult Smoking Prevalence, California Department of Health Services, Tobacco Control Section, 2006 http://www.dhs.ca.gov/tobacco
[7] Cowling DW, et al. Declines in lung cancer rates: California, 1988-1997. *Morbidity and Mortality Weekly Report*. 2000;49:1066-1069, updated data included. See also, California Department of Health Services, Tobacco Control Section, California Tobacco Control Update, 2004. http://www.dhs.ca.gov/tobacco/documents/2004TCSupdate.pdf
[8] Cancer Surveillance Section, California Department of Health Services. Unpublished data. See also, California Department of Health Services, Tobacco Control Section, California Tobacco Control Update, 2004. http://www.dhs.ca.gov/tobacco/documents/2004TCSupdate.pdf
[9] California Department of Health Services, Tobacco Control Section, California Tobacco Control Update, 2004. http://www.dhs.ca.gov/tobacco/documents/2004TCSupdate.pdf
[10] Pierce, J.P. , et al., "Has the California Tobacco Control Program Reduced Smoking?," *JAMA* 280(10): 893-899, September 9, 1998.
[11] *Maine 2005 Youth Risk Behavior Survey*, Maine Department of Human Services, November, 2005.
[12] CDC, *Behavioral Risk Factor Surveillance System* (BRFSS). http://apps.nccd.cdc.gov/brfss/list.asp?cat=TU&yr=2005&qkey=4396&state=UB,.
[13] Washington State Department of Health. Tobacco Prevention and Control Program, Progress Report, March 2005. Data are from Healthy Youth Survey. http://www.doh.wa.gov/tobacco/program/reports/tpcp_progrpt_3-05_web.pdf
[14] CDC, Youth Risk Behavior Surveillance, 1999 and 2005.
[15] CDC, *Behavioral Risk Factor Surveillance System* (BRFSS). http://apps.nccd.cdc.gov/brfss/list.asp?cat=TU&yr=2005&qkey=4396&state=UB,.
[16] *Massachusetts Youth Risk Behavior Survey: 2001*; *National Youth Risk Behavior Survey*.
[17] Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*.
[18] National Health Interview Survey, 1993 and 2000.
[19] Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*.
[20] Sbarra, Cheryl, Massachusetts Association of Health Boards, Abstract, March 2004. http://www.mahb.org/tobacco/sales%20to%20minors%20study%20abstract.pdf