

JOINT POLICY ACTION STEPS

Toward Tobacco Use Prevention
and Control

JULY 2007

NACCHO

National Association of County & City Health Officials



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INTRODUCTION

Through this document, the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) strive to support the mission of the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) and the *Healthy People 2010* tobacco use objectives. Members of the three associations represent a wide spectrum of public health stakeholders across the nation. We support focused efforts aimed at preventing tobacco use, promoting tobacco use cessation, protecting the public from secondhand smoke, and eliminating tobacco-related health disparities through the following ten goals:

1. Advocate for significant sustained funding for comprehensive tobacco prevention and control programs at the federal, state, and local levels.
2. Eliminate exposure to secondhand tobacco smoke in workplaces, public places, and all other areas where a harmful impact is probable.
3. Support strong legislative and regulatory autonomy to control tobacco.
4. Support efforts at the local, state, and federal levels to increase the regulation of tobacco products.
5. Support actions that limit advertising and promotion of tobacco products.
6. Advocate for effective, hard-hitting media campaigns that educate the public about the health effects of tobacco use, tobacco policy, cessation resources, and tobacco industry marketing tactics.
7. Reduce youth tobacco consumption and access to tobacco products.
8. Increase tobacco product prices to reduce consumption.
9. Enhance access to and availability of cessation services and remove structural barriers to tobacco use cessation.
10. Assure community-wide involvement in tobacco use prevention and control efforts.

State and local health officials, boards of health, and other decision makers must take the lead on tobacco control to protect the public's health and to reach the *Healthy People 2010* goals. ASTHO, NACCHO, and NALBOH encourage state, territorial and local health departments and boards of health to utilize this framework as the standard for development of state and local tobacco control policies. Following is an overview of the issue at hand, a review of components that are necessary for a successful approach to tobacco control and prevention, and detailed action steps for each of the ten goals.

THE PROBLEM

Cigarette smoking remains the leading preventable cause of death in the United States, accounting for approximately one of every five deaths (438,000) each year.^{1,2} More deaths are caused by tobacco use than by all deaths from HIV/AIDS, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.^{1,2} Each year, cigarette smoking results in \$157 billion in direct and indirect medical costs, or more than \$3,300 per person.³

Secondhand smoke has been designated as a known human carcinogen by the U.S. Environmental Protection Agency (EPA), the National Toxicology Program, and the International Agency for Research on Cancer, and an occupational carcinogen by the National Institute for Occupational Safety and Health.⁴ The California EPA estimates that secondhand smoke exposure causes approximately 3,400 lung cancer deaths and 22,700–69,600 heart disease deaths annually among adult nonsmokers in the United States.⁵ More than 126 million nonsmoking Americans continue to be exposed to secondhand smoke in homes, vehicles, workplaces, and public places.⁴ According to the latest Surgeon General's report, secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults; sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children; and respiratory symptoms in children and slows their lung growth.⁴ There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.⁴

State and local health agencies have the opportunity to reduce the health and economic burden of tobacco use; however, they must work with federal, state, and local policy makers, tobacco control advocates and organizations, and non-traditional partners to address this public health problem.

MASTER SETTLEMENT AGREEMENT

In 1998, the state attorneys general in 46 states (Florida, Minnesota, Mississippi, and Texas settled independently), the U.S. Territories, and the District of Columbia ended four years of litigation with the four largest tobacco manufacturers in a landmark case known as the Master Settlement Agreement (MSA). As a result, the tobacco companies agreed to make annual payments to the states totaling \$206 billion over the next 25 years. This funding is a reimbursement to the states for "past tobacco-related health care costs."⁶ The MSA prohibited tobacco companies from targeting youth through advertising, marketing, and promotions.

According to the latest figures by the U.S. Government Accountability Office, the 46 states that signed onto the MSA received about \$5.8 billion in FY 2005 and expect to receive approximately \$5.4 billion in FY 2006.⁶ Over the past five fiscal years, states reported receiving an average of \$9.3 billion annually, which includes payments from the tobacco companies, in addition to securitized proceeds from the sale of bonds. In 2008, states will begin to receive bonus payments of \$900 million annually over the next 10 years.⁷

The MSA does not impose any statutes on how the states can use the master settlement payments. The states use the largest proportion of MSA payments (32 percent) to fund health-related programs and the next largest proportion (24 percent) to fund “debt service on securitized proceeds.”⁶ The states have allocated about \$551 million for tobacco prevention in FY 2006,⁸ although CDC recommends three times that amount, \$1.6 billion, to adequately fund tobacco prevention programs.⁹ The \$551 million that states are currently spending represents only three percent of their total tobacco revenue from both the MSA and tobacco taxes.⁸ Simultaneously, the tobacco industry continues to spend 28 times that amount on promotional spending and such spending has increased by over 123 percent from 1998 to 2003.⁸

HEALTHY PEOPLE 2010

Healthy People 2010 are health objectives for the United States to achieve over the current decade. Federal, state, and local governments, communities, professional organizations, and others use it to help develop programs to improve health outcomes. *Healthy People 2010* lists tobacco use as one of the leading health indicators. Healthy People 2010's tobacco use goals are to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. The objectives selected to measure progress include reducing tobacco use by adolescents (from 40 percent to 21 percent) and adults (from 29.1 percent to 13.6 percent) through focusing on tobacco use in target population groups, cessation and treatment, exposure to secondhand smoke, and social and environmental changes.¹⁰

SURVEILLANCE AND EVALUATION

A surveillance and evaluation system is critical to monitor and document program accountability and results. Although surveillance is a part of evaluation research, specific evaluation surveys and data collection systems are needed. Participation in national surveillance systems enables states to evaluate program efforts in relation to other states. State health departments manage most tobacco surveillance systems. Partnering with local health departments and/or universities to implement and coordinate surveillance, evaluation, and research activities may be beneficial in order to share and maximize available resources.¹¹ Increasing capacity to link local, regional and statewide surveillance efforts to monitor tobacco-related behaviors and outcomes will provide reliable data for programming and policy development.

INFRASTRUCTURE BUILDING

Tobacco use prevention and control programs must be fully integrated and supported within state and local health agencies to ensure implementation of the activities supported by this document. Infrastructure must be built and maintained for these programs, with adequate organizational and financial support, to ensure significant program outcomes. The CDC's *Best Practices for Comprehensive Tobacco Control Programs*¹¹ and NACCHO's *Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs*¹² recommend strategies and funding levels for effective programs. In addition, partnerships between governmental entities and voluntary or private organizations must also be strengthened to ensure the durability and effectiveness of tobacco use prevention and control initiatives within states and communities.

ADDRESSING TOBACCO-RELATED HEALTH DISPARITIES

State and local public health practitioners, healthcare providers, and policy makers recognize that the tobacco industry's promotion practices often target women, youth, and communities of color. In addition, some population subgroups experience disproportionately higher morbidity and mortality rates associated with tobacco use than others. Tobacco use is also correlated with income level and years of education and is higher in populations with lower education and socioeconomic status.¹³ These problems must be addressed by programs that adequately deal with socio-economic differences between groups, which lead to different levels of stress,^{14, 15} advocacy, leadership and organizing efforts in these communities, as well as promotion of diversity within state and local coalitions and program personnel. Program dollars may provide the necessary resources to target specific populations disproportionately affected by tobacco marketing and tobacco use.

COMPREHENSIVE PROGRAMMING

For these goals to be achieved, specific actions must be strategically designed to address the multiple aspects of tobacco use prevention and cessation. State and local programs should use evidence-based interventions outlined in The Task Force on Community Preventive Services' *Guide to Community Preventive Services: Tobacco Use Prevention and Control*¹⁶ (Community Guide) to prevent the initiation of tobacco use, increase cessation, and reduce exposure to secondhand smoke. The Community Guide Recommendations highlight interventions with positive results such as smoking bans and restrictions, increasing the price of tobacco products, mass media campaigns targeted at youth that are combined with other interventions, healthcare provider reminders coupled with education, and quitline services that are combined with other interventions.

ASTHO, NACCHO and NALBOH support CDC's guidelines and have jointly developed the following action steps to create a tobacco-free society:

1. Advocate for significant sustained funding for comprehensive tobacco prevention and control programs at the federal, state, and local levels.

- Advocate for using state tobacco MSA funds to support comprehensive tobacco use prevention and control programs at the state and local levels. Include educating states and locals about the increase in scheduled MSA payments beginning April 2008.⁷
- Advocate for continued and increased CDC/OSH funding and coordination of core state tobacco use prevention and control programs.
- Provide information on successful programs and reduced rates of tobacco use in states and localities that have dedicated recommended funds to reducing tobacco use.
- Support the *Sustaining States Objectives*⁹ as set forth by CDC/OSH.
 - ◆ Provide strategic consultation to states and territories for the purpose of sustaining their programs.
 - ◆ Develop and maintain partnerships that provide leadership for sustaining state and territorial funding.
 - ◆ Provide and expand science around specific best practice components.
 - ◆ Develop and provide training for states and territories to support and promote program sustainability.
- Support increases in tobacco product price to enhance revenue. Provide information on why and how this revenue should be used to support comprehensive tobacco control programs. Since 2002, 42 states and DC have increased tobacco excise taxes in order to increase the price of tobacco products.
- Advocate for and assist with developing surveillance systems and conducting statewide and local surveys. Collect appropriate data to report on the health and economic impact of tobacco use.
- Utilize available information to monitor tobacco industry spending in states or localities.
- Take necessary measures to assure compliance with the 1998 MSA and other regulations.

2. Eliminate exposure to secondhand tobacco smoke in workplaces, public places, and all other areas where a harmful impact is probable.

- Promote and support policies, legislation, or regulations that ensure that indoor air in workplaces and public venues is free from secondhand smoke.
- Share data and expert testimony to promote the passage of state or local legislation, regulations or policies aimed at banning smoking in places where people would be exposed to tobacco smoke.
- Provide leadership to support education, implementation, and enforcement of smokefree policies.
- Provide technical assistance to agencies and businesses in the development, implementation, and, when possible, the enforcement of smoke-free policies.
- Collect and disseminate data that document the absence of economic harm for businesses that have adopted smoke-free policies.

3. Support strong legislative and regulatory autonomy to control tobacco.

- Support HP 2010 goal of eliminating laws that prohibit strong tobacco-control legislation.
- Assure that laws and ordinances protecting against the harmful effects of cigarettes are not weakened or voided through legislative action.

- 4. Support efforts at the local, state, and federal levels to increase the regulation of tobacco products.**
 - Support legislative action to give the Food and Drug Administration (FDA) authority to regulate the manufacturing, marketing, labeling, distribution and sale of tobacco products.
 - Where permitted by law, advocate for state and local action to regulate the production, promotion, and sale of tobacco products.
 - Advocate for stronger and more visible warning labels on all tobacco packaging, including the disclosure of carcinogens and other harmful chemicals contained in tobacco.
 - Support legislation that requires tobacco companies to provide research related to the health, behavior or physiologic effects of tobacco products and their marketing.
 - Support state laws that require so-called “fire-safe” cigarettes that self extinguish when they are not being used.
 - Support evidence-based education about tobacco products.

- 5. Support actions that limit advertising and promotion of tobacco products.**
 - Encourage and assist community organizations that accept donations from the tobacco industry to secure alternative sponsorship of their activities.
 - Assist state attorneys general in enforcing the provisions of the MSA that restrict tobacco advertising and promotion.
 - Support the FDA’s authority to regulate advertising and promotion of tobacco products directed at youth.
 - Support continued reporting by the Federal Trade Commission (FTC) on the marketing and promotional expenditures of the tobacco industry. Advocate for increased reporting at state and local levels.

- 6. Advocate for effective, hard-hitting media campaigns that educate the public about the health effects of tobacco use, tobacco policy, cessation resources, and tobacco industry marketing tactics.**
 - Educate the public, through advertising campaigns, media advocacy, and other available means, about the dangers secondhand smoke pose to their health and the health of others.
 - Develop comprehensive media plans to advocate for legislative or public policy issues and educate the general public about the effects of tobacco products.
 - Promote counter-marketing to rebut tobacco industry advertising.
 - Provide information about available resources, such as smoking cessation quitlines and educational materials on tobacco that are easily accessible by the public, such as online resources.
 - Collaborate with interested tobacco control organizations to coordinate media education campaigns that address individual state and local needs.
 - Advocate for greater regulation of advertising by the FTC and improved methods to measure nicotine and tar.

- 7. Reduce youth tobacco consumption and access to tobacco products.**
 - Support effective community and school programs, media campaigns, and tobacco price increases to prevent use or reduce initiation.
 - Integrate school programs with community tobacco control activities to reach youth who are out of school and can only be reached in alternative settings.
 - Advocate for programs to educate parents, teachers, and other community members about the sources from which youth obtain tobacco products and the important role adults play in protecting young people from addiction to tobacco.
 - Urge tribal governments to restrict tribal sales of tobacco products to minors.
 - Be vigilant in tracking new tobacco products that are appealing to youth populations, such as flavored tobacco products, smokeless tobacco, and water pipes.
 - Involve youth in community efforts and media campaigns that have an impact on youth.
 - Collaborate with state and local authorities to enforce youth access laws.

- Support bans on cigarette vending machines, self-service displays of tobacco products, single cigarette sales, free samples, smaller package sizes, and coupon discounts.
- Encourage state and local education agencies to implement the CDC Division of Adolescent and School Health *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*,¹⁷ which includes a ban on tobacco use on all school property, in school vehicles, and at all school-sponsored events at all times.
- Regulate internet access of tobacco sales that allow the purchase of tobacco products without adequate age verification.

8. Increase tobacco product prices to reduce consumption.

- Support and promote programs that help to educate the public, community leaders, and policymakers about the correlation between increased prices on tobacco products and reduced consumption.
- Advocate for progressively higher federal, state, and local price increases on all tobacco products.
- Use revenue generated by increased prices to support community programs and institutionalize tobacco control activities, such as health promotion, smoking cessation, enforcement of tobacco control laws, and to counteract tobacco industry marketing efforts.

9. Enhance access to and availability of cessation services and remove structural barriers to tobacco use cessation.

- Support and promote formal smoking cessation counseling programs, including the use of quitline services and cessation products in combination with personal advice and assistance from health educators or healthcare providers.
- Work to assure that tobacco cessation services are available without regard to insurance coverage, and are covered as reimbursable expenses by third party payers.
- Train healthcare providers to counsel and refer patients to cessation services, including quitlines.
- Assure the availability of culturally appropriate quitline promotion and cessation programs at multiple locations in the community, workplaces and schools.
- Promote and support the development and continuous evaluation of cessation programs targeting adolescents, adults, and pregnant women.
- Provide adequate capacity for cessation quitlines, especially after a tobacco tax increase or during times of increased media promotion.

10. Assure community-wide involvement in tobacco use prevention and control efforts.

- Reach out to diverse local and state organizations and individuals to help guide, organize and promote “best practice” tobacco use prevention programs.
- Seek out partners to address the tobacco problem on a community-wide basis, including churches, community service and ethnic organizations, merchants, veterans’ organizations, civic and social clubs, and others.
- Provide consultation on state or local health data, medical and economic cost information, tobacco-related mortality statistics, and other information to prosecuting attorneys and plaintiffs’ counsels.
- Enlist the assistance of public and private lawyers to ensure that all possible legal avenues are used to restrict and regulate tobacco products and that those laws, regulations, and legal agreements are enforced.
- Encourage people to use smoke free facilities.

FURTHERMORE...

The goals recommended above must remain flexible and adaptable so that each state and locality can respond to new scientific knowledge or changes in priority areas. None of these laws, policies, or actions stand alone; all are part of comprehensive strategies intended to protect the public from what is by far the single greatest cause of preventable death and disease in the United States. State, territorial and local health officials and local boards of health should act collaboratively in this effort. They function as leaders, conveners, and key contributors to broad-based coalitions acting in concert to address tobacco use prevention and control issues.

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SPONSORING ORGANIZATIONS:

The **Association of State and Territorial Health Officials (ASTHO)** represents the chief officers of the state and territorial public health agencies. The Association is engaged in a wide range of legislative, scientific, educational, and programmatic issues and activities on behalf of public health. ASTHO's mission is to formulate and influence sound national public health policy and to serve state health departments in the development and implementation of programs and policies to promote health and prevent disease.

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The **National Association of County and City Health Officials (NACCHO)** is a nonprofit membership organization serving all of the nearly 3,000 local health departments (LHDs) nationwide in cities, counties, townships, and districts. NACCHO's mission is to provide education, information, research, and technical assistance to LHDs and facilitate partnerships among local, state, and federal agencies in order to promote and strengthen public health. The goal of NACCHO's Tobacco Control and Prevention Project is to strengthen LHD capacity to engage in comprehensive tobacco use prevention and control.

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The **National Association of Local Boards of Health (NALBOH)** represents the grassroots foundation of public health in America. NALBOH's mission is to prepare and strengthen boards of health, empowering them to promote and protect the health of their communities. As a public health partner, NALBOH influences public health policy, resource allocation, and education. NALBOH serves approximately 3,200 boards of health, and provides a national voice for the members.

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