

Tobacco



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Arizona



Preventing Tobacco Use Among Youth People, Promoting Comprehensive Tobacco Control

Public Health Problem

Smoking among teenagers is a major public health problem in Arizona, where 26.6% of people are aged 18 years or younger and an estimated 21.5% of adults smoke. If current tobacco-use patterns persist in Arizona, one-third of tobacco-using teenagers aged 18 years or younger will die prematurely of a smoking-related disease during adulthood.

Program Example

Arizona's Tobacco Education and Prevention Program (TEPP) is a comprehensive program, launched in 1996, to prevent and reduce tobacco use. Arizona uses 23% of revenues from the state's cigarette excise tax to fund TEPP. TEPP currently funds 15 county and 10 tribal community-based projects as well as the Intertribal Council of Arizona. TEPP also funds statewide programs including the American Cancer Society Worksite Outreach Program, the University of Arizona Healthcare Partnership, the Arizona Interscholastic Association, the Attorney General Compliance Check Program, and a statewide campaign to reduce tobacco use and exposure to secondhand smoke. In addition, TEPP administers the statewide tobacco use cessation helpline for both English and Spanish speakers. TEPP also has worked with the Coalition for Tobacco-Free Arizona Policy Education Subcommittee and the Arizona Department of Education to develop a checklist to assess schools' progress toward adhering to the new tobacco-free schools guidelines and to help schools adopt and enforce their own policies.

Implications and Impact

Arizona's Tobacco Education and Prevention Program has been highly successful and recognized as one of the best in the nation. Because almost all smokers begin smoking during their teenage years, preventing tobacco use among young people is critical to the overall goal of reducing the prevalence of smoking. In 2002, the excise tax was increased by 60 cents a pack to \$1.18 a pack. Programs like these play pivotal roles in reducing and eliminating tobacco use among state residents.

Contact Information

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Combining Efforts to Promote Comprehensive Tobacco Control, Progressing Toward a Tobacco-Free State

Public Health Problem

Of the more than 33 million people living in California, 27.3% are aged 18 years or younger, and an estimated 16.4% of adults smoke. If current tobacco-use patterns persist, one-third of tobacco-using teens currently aged 18 years or younger will die prematurely of a smoking-related disease during adulthood.

Program Example

California became the first state to launch a comprehensive tobacco control program after voters approved legislation in 1988. Over the past decade, the program has made significant progress toward a tobacco-free California through the efforts of local health departments, community-based organizations, a statewide media campaign, and other statewide support systems. Activities are diverse and include a toll-free telephone service to help smokers, their families, and friends; a smoke-free workplace law; and increases in the state cigarette excise tax.

Implications and Impact

The California Smokers' Helpline has helped more than 255,876 tobacco users, friends, and family from its inception in 1992 through December 2002. Because of the statewide smoke-free workplace law, virtually all indoor workplaces in the state are now smoke free, including restaurants, bars, and gaming clubs. In 1999, the state cigarette excise tax rose from 37 cents a pack to 87 cents a pack. These efforts have made a difference for both adults and young people. In 2002, 16.4% of California adults smoked cigarettes, down from 18.6% in 1996, according to the state's Behavioral Risk Factor Surveillance System. Youth rates of tobacco use are well below national rates: 27.8% of California high school students used any tobacco product (vs. 34.5% nationally), and 21.6% smoked cigarettes (vs. 28.0% nationally), according to data from the 2000 Youth Tobacco Survey. Between 1990 and 2000, per capita cigarette consumption declined by 51% and was the lowest of any state in 2000 and 2001. California's tobacco control program demonstrates an effective tobacco control program supported by adequate resources and sustained over time.



Collaborating to Form a Successful Partnership for a Tobacco-Free Maine

Public Health Problem

Of the more than 1.3 million people living in Maine, 23.6% are aged 18 years or younger, and an estimated 24% of adults smoke. If current tobacco-use patterns persist, one-third of tobacco users aged 18 years or younger will die prematurely of a smoking-related disease when they reach adulthood.

Program Example

Maine's tobacco control program is one of the few state programs funded at the minimum level recommended by CDC's *Best Practices for Comprehensive Tobacco Control Program*. In 1997, the state legislature raised the excise tax on cigarettes and used a portion of that money to establish the Partnership for a Tobacco-Free Maine. The partnership implements CDC's *Guidelines for School Health Programs* in schools and establishes tobacco use prevention and control programs in communities. In addition, excise tax funds are used to support statewide media campaigns, a quit line, evaluation efforts, and training and technical assistance contracts for community programs.

Implications and Impact

Since the Partnership for a Tobacco-Free Maine was established, the prevalence of cigarette smoking among high school students has declined dramatically. Nearly 40% of students smoked cigarettes in 1997, but this figure dropped to 20.5% of students by 2003, according to the state's Youth Risk Behavior Survey. Moreover, the state cigarette excise tax increased from 74 cents per pack to \$1 per pack in 2001. The Healthy Maine Partnerships initiative is a promising example of how collaboration between a state tobacco control program and state chronic disease program can be mutually beneficial. This state program has been successful in working with state and local partners, including other public health programs.

Contact Information

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Massachusetts



Changing Community Norms, Promoting Comprehensive Tobacco Control

Public Health Problem

More than 6 million people live in Massachusetts, and nearly 1 of every 4 are aged 18 years or younger. An estimated 19% of adults in Massachusetts smoke cigarettes. If current tobacco-use patterns persist, one-third of tobacco users aged 18 years or younger will die prematurely of a smoking-related disease when they reach adulthood.

Program Example

The Massachusetts Tobacco Control Program has developed and established Targeted Community Smoking Intervention Programs, which use innovative strategies to involve groups at high risk for tobacco use in changing community norms that support tobacco use. The program also works with health care providers to ensure delivery of smoking cessation services. In addition, the program has developed a quit line that allows people to request smoking cessation information that can be automatically faxed to them.

Implications and Impact

The percentage of Massachusetts adults who smoke cigarettes declined from nearly 23% in 1991 to 19% in 2002, according to the state's Behavioral Risk Factor Surveillance System. Nearly 35% of high school students smoked cigarettes in 1997, but this percentage declined to an estimated 26% of high school students in 2001, according to the state's Youth Risk Behavior Survey. In 2001, the state cigarette excise tax increased from 76 cents per pack to \$1.51 per pack. Since Massachusetts launched the Targeted Community Smoking Intervention Programs, tobacco product sales and tobacco use in Massachusetts have declined dramatically. Total per capita cigarette purchases in Massachusetts fell 30% between 1992 and 1998. These accomplishments are examples of how a tobacco control program, when supported by adequate resources and sustained over time, can have substantial public health accomplishments.



Minnesota

Reaching Out to Youth and Adults as Part of Comprehensive Efforts to Reduce Tobacco Use

Public Health Problem

More than 5 million people live in Minnesota, and more than 26% of them are aged 18 years or younger. An estimated 21.7% of adults in Minnesota smoke cigarettes. If current tobacco-use patterns persist, one-third of tobacco users aged 18 years or younger will die prematurely of a smoking-related disease during adulthood.

Program Example

In 2000, the Minnesota Department of Health created the Minnesota Youth Tobacco Prevention Initiative, a program that included advertising, public relations, and a grassroots movement to educate Minnesota teenagers about tobacco use and the targeting of young people by tobacco companies. After just 1 year, the program had a significant effect on teenagers' attitudes, which are often precursors to changes in smoking behavior. Also working to reduce tobacco use in this state is the Minnesota Partnership for Action Against Tobacco (MPAAT), an independent, nonprofit organization that improves the health of Minnesota residents by reducing the harm caused by tobacco. MPAAT serves Minnesota residents through its grant-making program as well as QUITPLAN individual stop-smoking services, community outreach, and an advertising campaign.

Implications and Impact

Results from Minnesota's Youth Tobacco Survey show that current use of any tobacco product declined by 11% among high school and middle school students between 2000 and 2002. During the same period, current cigarette use declined by 21% among middle school students and by 11% among high school students. Programs like the Minnesota Youth Tobacco Prevention Initiative and MPAAT have made Minnesota's comprehensive tobacco prevention and cessation program a model for reducing and eliminating tobacco use among state residents.

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New York

Preventing Tobacco Use Among Young People, Reducing and Eliminating Tobacco Use Across the State

Public Health Problem

More than 18 million people live in New York, and 22.4% of them are aged 18 years or younger. An estimated 22.4% of adults in New York smoke cigarettes. If current tobacco-use patterns persist, one-third of tobacco users aged 18 years or younger will die prematurely of a smoking-related disease during adulthood.

Program Example

The New York State Tobacco Control Program has provided extensive public education around the state's recently expanded smoke-free workplace law, including presentations to community and business groups across the state. The program released a tool kit containing resources and information on how to build public support for the law and reach out to businesses and employers to provide resources and information to effectively transition to a smoke-free environment. An extensive plan has been developed to evaluate the health and economic impact of this landmark law. Youth groups in New York have joined national efforts to raise awareness among both young people and adults about the prevalence and promotion of smoking in movies. This plan, referred to as the Hollywood Initiative, encourages young people across the state to take action to reduce the normalization of smoking by the movie industry. In addition, the New York State Smokers Quitline partnered with the New York City Department of Health to promote cessation services to smokers.

Implications and Impact

New York City became the first community in the nation to meet the *Healthy People 2010* objective of increasing the cigarette excise tax to \$2 per pack. As a result, the combined federal, state, and local taxes total \$3.39 on each pack of cigarettes. Moreover, the state's cigarette excise tax is one of the highest in the country. These efforts are making a difference, as reflected in declining rates of cigarette smoking among high school students. Nearly 33% of high school students smoked cigarettes in 1997, but this percentage declined to 26.8% by 2000, according to the New York State Youth Tobacco Survey. Because most cigarette smokers begin smoking during their teenage years, preventing tobacco use among young people is critical to the overall goal of reducing the prevalence of smoking. Programs like the New York State Tobacco Control Program play pivotal roles in reducing and eliminating tobacco use among state residents.

Vermont



Controlling Tobacco Use Among Young People Through Peer Outreach, Media Campaigns, Laws, and Policies

Public Health Problem

More than 600,000 people live in Vermont, and nearly a fourth of them are aged 18 years or younger. An estimated 21.2% of Vermont adults smoke cigarettes. If current tobacco-use patterns persist, one-third of tobacco users aged 18 years or younger will die prematurely of a smoking-related disease during adulthood.

Program Example

The Vermont Department of Health's Tobacco Control Program supports Vermont Kids Against Tobacco, which reaches out to young people in schools and other sites statewide to form groups of young people devoted to keeping themselves and their peers tobacco free. The tobacco control program also sponsors media campaign programs targeting young people, including an ongoing prevention campaign targeting young people aged 10–13 years and a social norms campaign that aims to correct misconceptions about the prevalence of cigarette smoking among young people. In addition, the Vermont legislature has passed laws and policies to help reduce tobacco use by restricting smoking in the workplace, prohibiting the sale of tobacco products to people under the age of 18, and banning smoking in the common areas of all enclosed indoor places with public access, including restaurants.

Implications and Impact

Within the past decade, rates of cigarette smoking have declined significantly among Vermont's young people: 23.7% of high school students smoked cigarettes in 2001 versus 38.3% in 1997, according to data from the state's Youth Risk Behavior Survey. Vermont's state cigarette excise tax also increased from 38 cents per pack to \$1.19 per pack in 2002. The continued success of Vermont's tobacco control efforts will require programs and policies that address the needs of state residents of all ages and all racial, cultural, and ethnic backgrounds. The program staff at the Vermont Department of Health will conduct special outreach training on tobacco control and prevention for members of low-income and minority groups.

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