

Tobacco Prevention and Control in Washington State: A Comprehensive Approach

Victor Colman
Brenda Suiter

Tobacco is the leading cause of preventable death in the United States. Every year, tobacco claims more lives than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined—remarkable statistics now well known in public health circles. Changing the way people use tobacco is no different, however, from other public health initiatives that attempt to modify the risky behavior of citizens. Classic public health education teaches us that individual biology and behaviors influence health through their interactions with each other and with the individual's social and physical environments. Public and private policies and interventions can improve health by targeting factors related to individuals and their environments. Successful tobacco prevention and control initiatives follow this recipe pretty closely.

Washington State Department of Health (DOH) has long been on the forefront of local and statewide tobacco control efforts. This article describes a statewide comprehensive tobacco program, taxation policy, and critical issues on the horizon, most notably the importance of second-hand smoke regulation.

Putting best practices to good use

As the result of the Master Settlement Agreement in late 1998, tobacco settlement dollars were promised to participating states, and DOH began intensively planning how to use the tobacco money. DOH convened numerous state and local government agencies, in partnership with key nonprofit organizations, to research and plan the establishment of a comprehensive tobacco control program. In 1999 the Centers for Disease Control and Prevention (CDC) released *Best Practices for Comprehensive Tobacco Control Programs*—an evidence-based guide to help states plan and establish effective tobacco control programs. This highly influential book identified and described the key elements for effective state tobacco control programs, including programs designed for communities, schools, and the entire state. Washington planners used this guidebook, as well as feedback from experts, youth, and community meetings to articulate a comprehensive program to prevent and reduce tobacco use.

Although the 1999 plan was not funded in its entirety at the outset, DOH launched a comprehensive, coordinated, long-term effort in July 2000 to reduce tobacco use. Since then additional programs have been added, and the recommendations and proposed funding levels found in the 1999 plan are now a reality. DOH goals are to prevent youth from beginning to use tobacco, help addicted youth and adults quit, reduce exposure to secondhand smoke, and eliminate disparities in tobacco use among different populations. Key components include community- and school-based programs that help people quit smoking, raise public awareness, and reduce youth access.



Tobacco Quit Line billboard ad from the Outrage Avenue Web site (www.outrageavenue.com).

The uniqueness of tobacco is twofold: the role of policy development and implementation is set in an intense political environment with an extremely well-funded and active opposition; and given that tobacco is a legal product, many citizens with libertarian leanings are not interested in government furnishing active anti-smoking messages and services.

Community-based programs

DOH provides funding and support to local health departments and tribes to help them plan, implement, and evaluate tobacco prevention and control activities tailored to meet local needs. The program supports efforts to train and mobilize youth as tobacco prevention leaders, peer educators, and advocates. In addition, a Cross Cultural Workgroup on Tobacco is developing a strategic plan to expand the program's outreach to populations with high rates of tobacco use.

School-based programs

Washington's anti-tobacco program for schools involves students in grades 5-9, educational service districts, teachers and school staff, families, local governments, and community organizations. DOH provides funding for schools to implement a comprehensive set of activities that include improving and enforcing tobacco-free school policies, providing tobacco interventions and support for students already using tobacco, implementing research-based curricula, training teachers and staff, providing information to families, and planning community activities to serve and involve youth.

Helping people quit

The Tobacco Quit Line provides Washington residents with a free service to help them quit tobacco. In its first year, the quit line provided one-on-one counseling, referrals to local stop-smoking programs, and tobacco quit kits to more than 13,000 callers. Potential callers can learn more about the quit line by visiting the Web site (www.quitline.com). The program works with insurance companies to include coverage for smoking cessation in their benefit plans, and trains doctors and nurses to help patients quit smoking.

Public awareness

It is now indisputable that tobacco industry marketing increases the number of young people who begin on the trail to addiction. In contrast to this marketing, the DOH program's aggressive anti-smoking advertising campaign sends a clear message to Washington youth about the harsh reality of tobacco use and the damage it causes. The campaign consists of television and radio ads, billboards, ads on buses, and promotions in movie theaters, at music concerts, and on mall kiosks. These hard-hitting messages target youth and were developed based on the direct feedback of youth. Adults may be offended by some of these images, but they need to understand that they are not the target audience—the ads are geared to young people. The program conducts a similar campaign

aimed at adults to promote use of the state's Tobacco Quit Line.

Additionally, the program operates Outrage Avenue, a cutting-edge Web site to educate youth about the dangers of tobacco use. It features the innovative reality show *Unfiltered*, a look at teens trying to quit tobacco use during an event-filled and educational weekend in Seattle.

Youth access and enforcement

Working closely with the office of the Attorney General, the Liquor Control Board, local law enforcement, and other partners, DOH is expanding its statewide program to educate retailers, monitor retailer sales of tobacco to minors, and enforce state and federal laws restricting tobacco sales to minors.

Assessment and evaluation: a promising start

The field of tobacco prevention and control has matured greatly over the past 12 years, and the best practices continue to evolve. To meet the changing marketing and sales tactics of the tobacco industry, states must gather information about program efficacy from all quarters—formal evaluation, staff feedback, and advisory body feedback—and fine-tune implementation efforts.

Washington's Tobacco Prevention and Control program relies on regular data collection and analysis that can be used to set measurable goals, track progress in all program areas, and make policy decisions. The program gathers data from a variety of national and state sources including school and telephone surveys, as well as local tobacco prevention programs.

Since implementation of the state's Tobacco Prevention and Control program, current use of cigarettes by adults has decreased by approximately 9 percent, as measured by the Behavioral Risk Factor Surveillance System. The prevalence in 1999 was 22.4 percent and the prevalence measured by preliminary data for 2002 is 20.5 percent, a statistically significant difference.

The first outcomes related to changes in youth behavior will be released in early 2003 from school-based surveys conducted in October 2002. The earliest results related to pregnant women will be available in February 2003.

Tobacco taxes

Increasing tobacco taxes is a policy tool available to both raise needed revenue and increase the cost of purchasing tobacco products. After years of fighting effective tobacco industry lobbying, advocates in numerous states are finding that state legislatures are increasingly open to

Alaska Comes Up for Fresh Air

By Caroline Cremo Renner

The Alaska clean air movement was born in an unlikely setting—an Alaska Native community of 6,000, where -60° F is coupled with a 52 percent smoking rate. The winds of the open tundra of rural Alaska could not protect smokers from the facts: safe air means “take it outside”—even if that means wear a fur hat and coat to do so.

In 1997 a band of fifth-grade Bethel youth partnered with the local Native Health Corporation to carry out a health education campaign that included debates, radio ads, a community parade, print media, and public speaking pointing out the dangers of exposure to secondhand smoke. The youth, many of whom were Alaska Natives, created ads specific to the region using the hypothetical exposure of the local salmon run to ammonia as an analogy to their own exposure to the known 3,000 chemicals in secondhand smoke. In their ads they pointed out how concerned people would be if the river had been contaminated, but that no one was doing anything about the youth exposure to secondhand smoke.

The results were overwhelming. Physicians from the local health corporation came to city council meetings to support the youth's claims that exposure to secondhand smoke could harm health. Alaska Native elders named a spokeswoman who said she represented “ninety-nine percent of the elders” in supporting the ordinance banning smoking in all public places and enclosed public spaces. In 1998, after a year of community education, the first clean indoor air ordinance in Alaska was passed unanimously by the Bethel city council.

Since passage of the ordinance, continued community support for anti-tobacco efforts has led to creation of a nicotine dependence treatment program at the Yukon-Kuskokwim Delta Regional Hospital in Bethel, which treats the 25,000 Yup'ik and Athabascan Alaska Natives from the Yukon-Kuskokwim Delta. The entire staff of counselors is Alaska Native and has received training at the Mayo Clinic in nicotine dependence treatment counseling. Counseling is often carried out in Yup'ik. More than 600 patients have been treated in the program, which boasts a 27.6 percent “quit rate at 12 weeks” for smokers and chewers.

This August the clean indoor air ordinance will be four years old. Since its passage, both Anchorage and Juneau have passed similar ordinances, citing Bethel as the example. The coalition that helped get the ordinance passed received a citation from the Alaska State legislature for their work in public health.

Author

Caroline Cremo Renner, MPH, is the director of Nicotine Research and Control at the Yukon-Kuskokwim Health Corporation in Bethel, Alaska. She was the chair of the Bethel Tobacco Control Alliance when the ordinance was passed, and founded the Nicotine Dependence Treatment Program at the Bethel hospital.

raising tobacco taxes as one revenue source. In the first eight months of 2002 alone, eighteen states and Puerto Rico have raised tobacco taxes, either by initiative or legislative action.

Numerous studies show that increasing cigarette taxes is one of the most effective ways to reduce smoking among both youth and adults. These studies show that every 10 percent increase in the price of cigarettes will reduce overall cigarette consumption by 3 to 5 percent and reduce youth smoking by about 7 percent. Further, by discouraging youth from smoking, higher tobacco taxes prevent the next generation of smokers from ever getting started, saving public and private health care expenditures.

Detractors of tobacco tax increases assert that higher tobacco prices will lead to smuggling and increased cross-border sales. The fact is that through January 2002 every jurisdiction that has increased its tobacco tax has reaped twin benefits: enhanced tobacco tax revenue coupled with declines in smoking. Cigarette smuggling and cross-border sales seem to be small-scale tax avoidance consequences that simply do not alter the intended effect of the policy change.

As shown in Table 1, cigarette taxes in the Northwest states vary from \$0.18 a pack in Montana to \$1.42 in Washington. This is in addition to the federal excise tax of \$0.39 a pack. Average retail prices of cigarettes range from \$3.21 in Montana to \$4.98 in Washington. Massachusetts has the highest tax in the nation, \$1.51 a pack. Washington has the fourth highest tax. In November 2001, 65 percent of Washington voters passed Initiative 773, which proposed a tax increase of \$0.60 a pack, raising the state tax to \$1.425.

The initiative will result in revenues of more than \$130 million annually from the new tax. Most of that funding will go to improve access to health care through the state's Basic Health program, which provides health care to uninsured, low-income people. Ten percent of the funds go to tobacco prevention programs funded through DOH. The initiative also requires the state legislature to fully fund the statewide tobacco prevention and control programs at \$26.2 million a year, the level recommended by the 1999 DOH Tobacco Prevention and Control Plan.

The initiative was developed and supported by a coalition of advocates for tobacco control and access to health care. Funds to support the initiative came from local and national nonprofits, health plans, and foundations.



Cover of one of the tobacco control brochures created by the Yukon-Kuskokwim Health Corporation Nicotine Dependence Treatment Program.

Staying current and moving forward

As the field of tobacco prevention and control changes, new health issues emerge. Among them one of the most critical is secondhand smoke.

Regulating secondhand smoke

The Environmental Protection Agency has classified secondhand smoke as a Group A carcinogen, associating it with other lethal substances such as asbestos, benzene, and radon. Studies have consistently warned of the danger of exposure and have recommended a change in policies to protect the public from secondhand smoke.

Good ventilation can reduce secondhand smoke, but no system is 100 percent effective in eliminating exposure. Smoking bans represent the most cost-effective, easiest to enforce, and lowest risk alternative for secondhand smoke control.

California has enjoyed the most success in eliminating secondhand smoke from public places. Efforts started in the late 1980s with local ordinances to ban smoking in workplaces, which led to a statewide ban passed by the legislature in 1994. Local efforts focused on bars, taverns, and gaming clubs leading to ground-breaking legislation that went into effect in 1998.

In Washington, the 1985 Clean Indoor Air Act bans smoking in many public places such as elevators, public transportation, health care facilities, museums, public meetings, public restrooms, retail stores, and office reception areas. However, it exempts non-office workplaces, restaurants, bowling alleys, bars, and other public places where children, nonsmokers, and workers are exposed to secondhand smoke. It also contains preemption language, which prevents local governments from passing stricter requirements, truly a barrier to effective secondhand smoke regulation.

Public and private initiatives are underway to convince Washington citizens and the legislature to allow local governments and local boards of health to make public places, restaurants, bars, and taverns smoke free at all times. Tobacco prevention advocates have also asked the state legislature to pass strong statewide standards.

Other program enhancements

The passage of the recent tobacco tax increase in Washington has augmented the annual DOH Tobacco Prevention and Control budget by 50 percent, from \$17.5 million to \$26.2 million, beginning July 2002. Based on program evaluation and feedback from numerous stakeholder groups, statewide tobacco prevention and control efforts will expand in a number of ways.

- Launching a community-based campaign to eliminate secondhand smoke and supporting it with a statewide media campaign

- Expanding school-based programs to reach children in grades 5-9 in 95 percent of Washington's school districts
- Increasing the availability of follow-up counseling and nicotine patches and gum for quit line callers
- Testing approaches to reach 18- to 24-year-olds with anti-tobacco messages

In addition, DOH will study new approaches to curtailing the retail availability of tobacco, including the use of local zoning ordinances. Tobacco-only stores are on the rise across some western states without much local review. Zoning laws can be enacted at the city or county level and can limit the type and number of retail tobacco outlets. This strategy, well established and effective with regard to retail alcohol, is quickly gaining traction in the tobacco prevention and control community.

Conclusion

Tobacco prevention and control represents both significant opportunities and powerful challenges. Curing our citizens of their dependency on nicotine offers two compelling incentives that should sway any policy maker—preventing individuals from suffering needless injury and death, while saving the taxpayer public dollars. However, this work must be accomplished in a political context that is fed by strongly held notions of individual responsibility and inflamed by the prodigious lobbying efforts of the tobacco lobby.

Washington and other states have proven that success stories are possible when citizen activists, nonprofit organizations, and public health work collaboratively. Motivated citizens and nonprofit organizations are able to provide strong advocacy to launch and maintain well-funded, comprehensive tobacco prevention programs. Local and state health departments in partnership with nonprofit organizations can then implement programs with a strong policy change focus. Although successful tobacco prevention and control is quickly gaining a sturdy research base, furthering the initial gains made in Washington will also take sustained, resourceful, and collaborative efforts among tobacco prevention partners as well as state and local policy makers. 🐾

Authors

Victor Colman, BA, JD, is a legislative and policy liaison with the Washington State Department of Health. Brenda Suiter, MHA, is director of Rural and Public Health Policy with the Washington State Hospital Association and former manager of the Tobacco Prevention and Control Program for Washington State Department of Health.

Table 1. State cigarette taxes and prices.

State	Cigarette Tax	Average Retail Price
Alaska	\$1.00	\$4.55
Idaho	\$0.28	\$3.33
Montana	\$0.18	\$3.21
Oregon	\$0.68	\$3.74
Washington	\$1.42	\$4.98

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