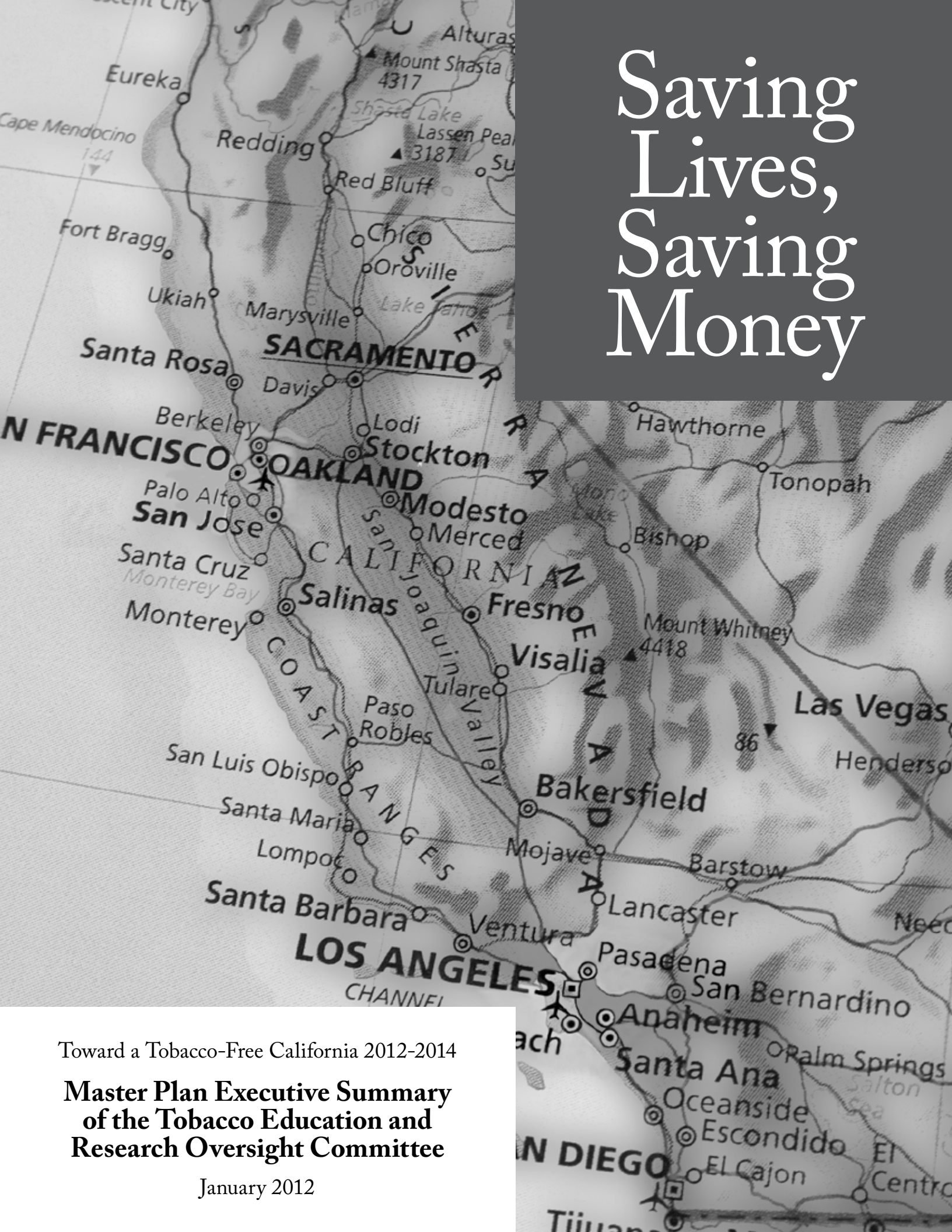


# Saving Lives, Saving Money



Toward a Tobacco-Free California 2012-2014

## Master Plan Executive Summary of the Tobacco Education and Research Oversight Committee

January 2012

TobaccoFreeCA



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Toward a Tobacco-Free California 2012-2014

# **Saving Lives, Saving Money**

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Available on the Internet at:

<http://www.cdph.ca.gov/services/boards/teroc/Pages/default.aspx>

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# Forward

California has achieved phenomenal success in tobacco control. California's cigarette smoking prevalence rate of less than 12 percent has only been achieved by one other state. Over the past 22 years, the reductions in tobacco use have saved \$86 billion dollars and over a million lives in California: over a 50 to one return on investment.

Unfortunately, we have reached a crossroads for tobacco control in California. Researchers from the University of California have projected that California's cigarette smoking prevalence will no longer decline, and will start increasing again, due to the current and future funding projections for California tobacco control. California's tobacco control efforts have been funded by a portion of a \$0.25 tax on each cigarette pack sold in California. The past successes in California have also paradoxically reduced the funding available for tobacco control. In addition, what \$0.25 bought in 1988 does not buy the same amount in 2012.

In other words, we as Californians have gotten tobacco use in our state as low as possible without making additional investments.

In these difficult economic times, it is hard to ask Californians to make any additional investments. However, further investments in tobacco control will save lives and save money. Getting more people to quit using tobacco and preventing people from starting to use tobacco saves lives and saves money. We would save more lives by preventing tobacco-related illnesses, which also saves money by preventing costly hospitalizations and other health care use among remaining tobacco users and those affected by secondhand smoke. We all share these costs through our public and private health insurance programs. Tobacco use also generates other costs shared by all from environmental clean-up costs, whether in public places or in private buildings.

The members of the Tobacco Education Research Oversight Committee in this 2012-2014 Master Plan have developed principles to guide tobacco control in California regardless of the level of investment that Californians consider appropriate for tobacco control. These principles infuse the seven objectives we describe that are needed to achieve the short-term goal of reducing smoking prevalence among adults below 10 percent, and among youth below eight percent, by 2014. These principles and achieving these objectives will ultimately help us reach our vision of a tobacco-free California that can be enjoyed by all of our diverse populations. Skeptics should be reminded of how social norms on smoking have dramatically changed in the past 25 years.

We have achieved so much in California, but we can be even better. We urge the Legislature and all Californians to make additional investments in tobacco control.



Michael Ong, M.D., Ph.D., Chair  
January 2012



# Proposition 99

In November 1988, California voters passed a ballot initiative known as Proposition 99 (the Health Promotion and Protection Act of 1988) which added a \$0.25 excise tax per cigarette package and a proportional tax increase on other tobacco products beginning January 1, 1989. The tax was earmarked for public health programs to:

- prevent and reduce tobacco use,
- provide healthcare services,
- support tobacco-related research, and
- protect environmental resources.

The California Tobacco Control Program (CTCP) was established in 1989. Twenty years later, the history of its development and its many accomplishments were celebrated in a special supplement of the journal *Tobacco Control*, entitled *The Quarter that Changed the World*.

## About the Tobacco Education & Research Oversight Committee

The Tobacco Education and Research Oversight Committee (TEROC) was established by the enabling legislation for Proposition 99 (California Health and Safety Code, Sections 104365-104370) which mandates TEROC to:

- Prepare a comprehensive Master Plan to guide California tobacco control efforts, tobacco use prevention education, and tobacco-related disease research;
- Advise the California Department of Public Health, the California Department of Education, and the University of California regarding the administration of Proposition 99 funded programs;
- Monitor the use of Proposition 99 tobacco tax revenues for tobacco control programs,

prevention education, and tobacco-related research; and

- Provide programmatic and budgetary reports on Proposition 99 tobacco control efforts to the California Legislature with recommendations for any necessary policy changes or improvements.

Pursuant to the Bagley-Keene Open Meeting Act, all TEROC meetings are open to the public. More information about TEROC, including meeting announcements, meeting minutes, press releases, and previous Master Plans can be accessed online at <http://www.cdph.ca.gov/services/boards/teroc/>





# Members of the Tobacco Education and Research Oversight Committee

TEROC is made up of 13 members. Pursuant to California Health and Safety Code Section 104365, the Governor appoints eight members, the Speaker of the Assembly appoints two, the Senate Rules Committee appoints two, and the Superintendent of Public Instruction appoints one member. Current TEROC members are:

**Lourdes Baézconde-Garbanati, Ph.D, M.P.H., M.A.**  
Associate Professor in  
Preventive Medicine and Sociology  
Institute for Health Promotion and Disease  
Prevention Research  
Keck School of Medicine  
University of Southern California, Alhambra

**Wendel Brunner, Ph.D., M.D., M.P.H.**  
Director of Public Health  
Contra Costa Health Services, Martinez

**Patricia Etem, M.P.H.**  
Executive Consultant  
CIVIC Communications, Long Beach

**Lawrence W. Green, Dr.P.H., Sc.D. (Hon.)**  
Professor, Department of  
Epidemiology and Biostatistics,  
School of Medicine,  
Helen Diller Family Comprehensive  
Cancer Center & Center for Tobacco Control  
Research & Education  
University of California, San Francisco

**Alan Henderson, Dr.P.H., C.H.E.S.**  
Professor Emeritus,  
Department of Health Science  
College of Health and Human Services  
California State University, Long Beach

**Pamela Ling, M.D., M.P.H.**  
Associate Professor, Department of Medicine  
University of California, San Francisco

**Naphtali Offen**  
Tobacco Documents Researcher  
Department of Social and Behavior Sciences  
School of Nursing  
University of California, San Francisco

**Michael Ong, M.D, Ph.D, Chair**  
Assistant Professor in Residence  
Division of General Internal Medicine  
and Health Services  
Department of Medicine  
University of California, Los Angeles

**Dorothy Rice, Sc.D. (Hon.)**  
Professor Emeritus, Institute for Health and Aging  
School of Nursing  
University of California, San Francisco

**Peggy M. Uyeda**  
Tobacco-Use Prevention Education  
Coordinator (Ret.)

**Kathleen Velazquez, M.P.H, M.A.**  
Chief, Office of Leadership and  
Workforce Development  
California Department of Public Health

**Valerie B. Yerger, N.D., M.A., L.M.**  
Assistant Adjunct Professor  
Department of Social and Behavioral Sciences,  
School of Nursing Center for Tobacco Control  
Research and Education  
University of California, San Francisco

**Shu-Hong Zhu, Ph.D., M.S.**  
Professor, Department of Family and Preventive  
Medicine School of Medicine  
University of California, San Diego



# Mission, Vision, and Goal of Tobacco Control in California

- Mission:** To eliminate tobacco-related illness, death, and economic burden
- Vision:** A tobacco-free California
- Goal:** To achieve smoking prevalence rates in California of 10 percent for adults and eight percent for high-school age youth by December 2014

## **Administration of California's Proposition 99 Tobacco Control Efforts**

California's Proposition 99 tobacco control efforts are administered by three state entities that work together toward achieving the mission, vision, and goal defined by TEROC for this Master Plan period.

**The California Tobacco Control Program of the California Department of Public Health (CDPH/CTCP)** administers the public health aspects of the program, including current Proposition 99-funded tobacco control activities of 61 local health departments, 37 community non-profit organizations, eight statewide training and technical assistance or cessation service projects, the statewide media campaign, and an evaluation of the effectiveness of the public health and school-based components.  
<http://www.cdph.ca.gov/programs/Tobacco>

**The Coordinated School Health and Safety Office of the California Department of Education (CDE/CSHSO)** is responsible for administering the Tobacco-Use Prevention Education (TUPE) program in over 961 school districts, 58 county offices of education, and more than 600 direct-funded charter schools.  
<http://www.cde.ca.gov/ls/he/at/tupe.asp>

**The Tobacco-Related Disease Research Program (TRDRP)**, administered by the University of California, Office of the President, funds research that enhances the understanding of: tobacco use, prevention, and cessation; the social, economic, and policy-related aspects of tobacco use; and tobacco-related diseases. <http://www.trdrp.org>



# Acknowledgments

TEROC thanks the many individuals and groups that are committed to tobacco control in California and that contributed to this Master Plan. Special appreciation is extended to the following:

- Local health departments, tobacco control community programs, and schools throughout California, without which a comprehensive tobacco control program would not exist.
- Participants in California tobacco control efforts that provided input into the development of the 2012-2014 Master Plan objectives and supporting strategies.
- The African American Tobacco Control Leadership Council (AATCLC).
- Members of the academic community whose research findings are contributing to a greater understanding of tobacco control.
- Colleen Stevens, April Roeseler, David Cowling, Glen Baird, Majel Arnold, Deana Lidgett, Linda Lee, Gretta Foss-Holland, Laine' Clark, Tonia Hagaman, Francisco Michel, other staff of the California Tobacco Control Program, and Donald Lyman, Chief, Chronic Disease and Injury Control Division, California Department of Public Health.
- Tom Herman, Greg Wolfe, John Lagomarsino, and other staff of the California Department of Education, Coordinated School Health and Safety Office, and Greg Austin, WestEd.
- Bart Aoki, Phillip Gardiner, and other staff from the Tobacco-Related Disease Research Program; and Mary Croughan, Executive Director of the Research Grants Program Office, University of California, Office of the President.
- Carol D'Onofrio, and Todd Rogers, who facilitated the development and writing of this Master Plan.



# Executive Summary

**Benefits of Tobacco Control.** Over the past 22 years, Proposition 99 funds for tobacco control have saved lives and saved money, providing a large return on investment for the people of California.

- Deaths from lung cancer, heart disease, and other tobacco-related diseases have declined more in California than in other states, saving over one million lives and incalculable human suffering.
- Cumulative savings in health care costs over the first 15 years of the program totaled \$86 billion, representing a 50-fold return on a \$1.8 billion investment.
- In 2010, the state's adult smoking prevalence dropped to a record low of 11.9 percent, making California one of only two states in the United States to reach the federal Healthy People 2020 target of 12 percent.

**Challenges.** Despite these and other impressive accomplishments, California still has 3.6 million smokers, and smoking remains the state's number one preventable cause of disease and death. Sustaining and advancing progress in tobacco control depends on effectively responding to three major challenges:

- The need to reverse the decline in tobacco control resources resulting from reductions in tobacco consumption and related tax revenues, decreased purchasing power due to inflation, and staffing shortages in California's tobacco control agencies related to state budget problems.
- The need for intensified efforts and new approaches to reduce tobacco-related disparities and to promote cessation among those whose tobacco use still endangers their health, that of others, and the environment.
- The need to expose and counter the tobacco industry's massive marketing expenditures, campaign contributions, affiliations, legal maneuvers, and other tactics that undermine California's advances in tobacco control.

## **Importance of Renewed Commitment.**

Saving lives and saving money during the next three years and into the future depends on renewed commitment to tobacco control by the people of California. Leadership is needed at all levels. The status quo is not good enough. In this context, TEROC presents the 2012-2014 Master Plan for tobacco control in accord with California Health and Safety Code Sections 104365-104370.

# Principles for Tobacco Control in California

Regardless of whether funding for tobacco control increases or decreases, decision-making by tobacco control agencies, other organizations, local communities, and people throughout the state should be based on principles that have guided tobacco control efforts in California since Proposition 99 was passed in 1988.

- Ensure implementation of comprehensive tobacco control efforts throughout California.
- Continue and expand social norm change and population-based approaches to tobacco control.
- Address health disparities in populations disproportionately affected by tobacco-related diseases and death to help achieve health equity.
- Use evidence to guide decisions about tobacco control programs, education, and research.
- Set performance goals for tobacco control programs, education, and research that achieve positive outcomes for Californians and serve as models for other states and nations.
- Develop, maintain, and enhance training and mentoring to prepare and support health professionals, educators, academics, and advocates from all segments of California's diverse populations for present and future leadership across the tobacco control continuum.



# 2012-2014 Master Plan

## Objectives and Strategies

Seven key objectives and related strategies are identified for tobacco control in California over the next three years.

- **Objective 1. Raise the Tobacco Tax.** Raising the tobacco excise tax by at least \$1.00 per cigarette pack with an equivalent tax on other tobacco products and designating at least \$0.20 for tobacco control is critical to achieving the Master Plan's other six objectives. The tax increase should be indexed incrementally to inflation, and untaxed or low-taxed sources of tobacco should be eliminated. California is one of only three states without a tobacco tax increase since 1999.
- **Objective 2. Strengthen the Tobacco Control Infrastructure.** Strengthening the statewide tobacco control infrastructure is essential to sustain and extend the health and economic benefits already achieved and to address new challenges effectively. Critical strategies include increasing communication, collaboration, and resource leveraging among traditional and new tobacco control partners; building the capacity of state and local agencies and health systems to contribute to tobacco control efforts; and adequately funding California's three tobacco control agencies to ensure stability, continuity, and momentum.
- **Objective 3. Achieve Equity in all Aspects of Tobacco Control Among California's Diverse Populations.** Raising the tobacco excise tax will reduce socioeconomic disparities in the prevalence of tobacco use and subsequently in tobacco-related diseases and deaths. Policies should be adopted and enforced at state and local levels to curtail tobacco industry targeting of priority populations. Equity and cultural competency standards should be incorporated in all tobacco control agencies, programs, processes, practices, and infrastructures. The involvement and competencies of priority populations in tobacco control should be increased to reduce tobacco-related disparities.
- **Objective 4. Minimize the Impact of Tobacco Use on People and of Tobacco Waste on the Environment.** Based on its 2006 finding that secondhand smoke is a toxic air contaminant, the California Air Resources Board should act to eliminate all smoking in public places and to declare tobacco smoke a public nuisance. Exemptions and loopholes in California's smoke-free workplace laws must be removed to protect workers, reduce disparities, and earn California recognition as a smoke-free state. Additional tobacco-free laws and policies should be adopted and enforced to minimize secondhand smoke exposure. Research should address emerging health, social, and economic concerns about new tobacco products, third-hand smoke, and the effects of tobacco waste on the environment.


- **Objective 5. Prevent Initiation of Tobacco Use.** Coordination and resource leveraging should be enhanced among California’s tobacco control agencies and between community tobacco control programs, schools, and youth organizations throughout the state to accelerate the decline in youth tobacco use prevalence. Critical strategies include developing collaborative community-school tobacco prevention programs, increasing the number of tobacco-free schools, providing training and technical assistance to increase the capacity and competency of schools and community organizations in tobacco use prevention. The priority should be on limiting tobacco industry activities targeted towards youth and young adults, and conducting research and evaluation to strengthen these preventive efforts.
- **Objective 6. Increase the Number of Californians who Quit Using Tobacco.** This objective and key strategies for achieving it have been influenced by the population-based Tobacco Quit Plan for California developed in 2009, increases in the proportions of light and non-daily smokers, and an increasing likelihood that tobacco users are members of priority populations. Priority approaches should boost the number and frequency of tobacco quit attempts across populations, expand the availability and utilization of cessation aids and services, engage healthcare providers in helping patients quit, promote tobacco use cessation through additional channels, and conduct studies that strengthen cessation programs and services.
- **Objective 7. Minimize Tobacco Industry Influence and Activities.** To save lives and save money, Californians must work together to achieve strong regulation of the tobacco industry at every level of its operation. Closely monitoring and exposing tobacco industry spending and activities through rapid-response surveillance systems, the use of social media, and other methods of communication is critical to inform specific actions. Laws that regulate the sale, distribution, and marketing of tobacco products should continue to be adopted and enforced at state and local levels. Statewide legislation that preempts stronger local ordinances should be opposed. Californians should support additional regulation of tobacco by the United States Food and Drug Administration and work within the state to increase refusals of tobacco industry funding, sponsorships, and partnerships.

Hookah is harmful

Second hand smoke is toxic

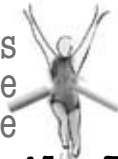
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Tobacco companies get into our communities and take our health, our money, and our loved ones. California has been the leader in the fight against tobacco but we haven't finished the fight. It's time to finish the fight against tobacco.