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Policy Strategies: a Tobacco Control Guide

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Policy Strategies

a Tobacco Control Guide

WINTER 2014



Tobacco Control
Legal Consortium



Center for Public Health
Systems Science

GEORGE WARREN BROWN
SCHOOL OF SOCIAL WORK

Acknowledgements

This guide was produced by the Center for Public Health Systems Science (CPHSS) at the George Warren Brown School of Social Work at Washington University in St. Louis. The following individuals were primary contributors:

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Valuable input for the case studies was provided by:

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Photographs on page 17 courtesy of CounterTobacco.org.

Suggested citation:

Center for Public Health Systems Science. *Policy Strategies: A Tobacco Control Guide*. St. Louis: Center for Public Health Systems Science, George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium; 2014.

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Guide to the Reader

Purpose

The purpose of this guide series is to assist state and local tobacco control staff in building effective and sustainable comprehensive tobacco control programs. Each guide will address particular strategies and interventions that are part of state and local tobacco control programs and that have strong or promising evidence supporting their effectiveness.¹

Content

This user guide focuses on the critical role that advancing evidence-based policy strategies plays in a comprehensive tobacco control program. According to best practices, communities must work to transform the knowledge, attitudes, and practices of tobacco users and nonusers by changing the way tobacco is promoted, sold, and used.¹ Advancing evidence-based policy strategies involves working with coalitions, the media, decision makers, business owners, and communities to create smoke-free environments, increase the cost of tobacco products, and restrict access to tobacco products. The development, implementation, and enforcement of such policies help make tobacco less affordable and protect kids by reducing initiation and promoting cessation. This guide provides tobacco control program managers with guidance on the best ways to incorporate evidence-based policy strategies in a comprehensive program.

Organization

This guide is organized into seven sections:

- ▶ **Making the Case** – a brief overview of how tobacco control efforts benefit from implementing evidence-based policy strategies
- ▶ **A Brief History** – how evidence-based policy strategies have been used in tobacco control
- ▶ **How to** – ways to implement evidence-based policy strategies
- ▶ **Providing Support** – how state tobacco control programs can support efforts to implement evidence-based policy strategies
- ▶ **Case Studies** – real world examples of how to implement evidence-based policy strategies or improve existing policy strategies
- ▶ **Conclusion: Case for Investment** – information needed to raise awareness of the effectiveness of evidence-based policy strategies
- ▶ **Resources** – publications, toolkits, and websites to help in planning efforts

Why Implement Evidence-Based Policies?

Effective tobacco control policies are fundamental to the success of comprehensive tobacco control programs. These efforts should focus on promoting evidence-based policies at the local, state, and federal levels. The policy changes that result can greatly reduce tobacco use and exposure to secondhand smoke.^{2,3} Benefits of these policies include:

- ▶ **Policies lay the groundwork for future public health interventions.**
Strong tobacco control policies are the outcome of thousands of local and state efforts.² Without tobacco control proponents working to implement evidence-based policies, it is doubtful that communities would have advanced public health goals such as protecting youth and making tobacco less affordable.^{4,5}
- ▶ **Policies affect large segments of the population.**
Policy changes affect the tobacco-related health risks of many people simultaneously (*e.g.*, by eliminating exposure to secondhand smoke in public buildings).^{5,6}
- ▶ **Policies leverage tobacco control resources and forces.**
The coordination required for successfully promoting evidence-based policies can help put the right people and resources together, in the right place, and at the right time.⁷ Tobacco control partners can leverage the momentum developed during policy efforts to advance comprehensive tobacco program goals.
- ▶ **Policies help educate policy makers.**
City councils, county commissions, and local boards of health have enacted the vast majority of tobacco control policies, especially smoke-free ordinances.⁸ This success can be attributed to significant efforts by tobacco control partners to inform and educate policy makers about the impact and importance of evidence-based policy strategies.
- ▶ **Policies increase the immediacy and awareness of tobacco control.**
By bringing public and media attention to tobacco control issues and their policy-related solutions, efforts to implement evidence-based policies raise the level of concern about tobacco use and exposure within communities.⁹ The sense of urgency that can result often increases public awareness and community support.
- ▶ **Policies provide a vehicle for community members to help reduce tobacco use.**
People from different groups and backgrounds work collaboratively to implement evidence-based tobacco control policies. Through efforts to promote policies, community members work with partners to identify important issues and design and implement solutions. Partnerships like this help improve compliance with new policies. For example, smoke-free laws passed at the local level have high rates of compliance, in large part because community members were involved in the policy process and understand the importance of the laws.¹⁰

A Brief History

Efforts to promote policy change have played a critical role in tobacco control and have significantly changed the social norms around tobacco use over the past four decades. These efforts have been essential in countering the tobacco industry, enhancing tobacco control policies, and reducing tobacco use and secondhand smoke exposure.⁴ Despite the addictive nature of tobacco and the economic forces promoting its use, these policy efforts have been very successful, with few parallels in public health history.¹¹

Strategies used by tobacco control proponents have evolved to keep pace with research. The 1964 Surgeon General's Report, *Smoking and Health*, was the first comprehensive review of research linking lung cancer and other diseases to tobacco use.¹² This report transformed the public debate about smoking from an issue of consumer choice to a serious health issue.⁴ It also spurred national advocacy and education efforts to transform social norms around smoking.

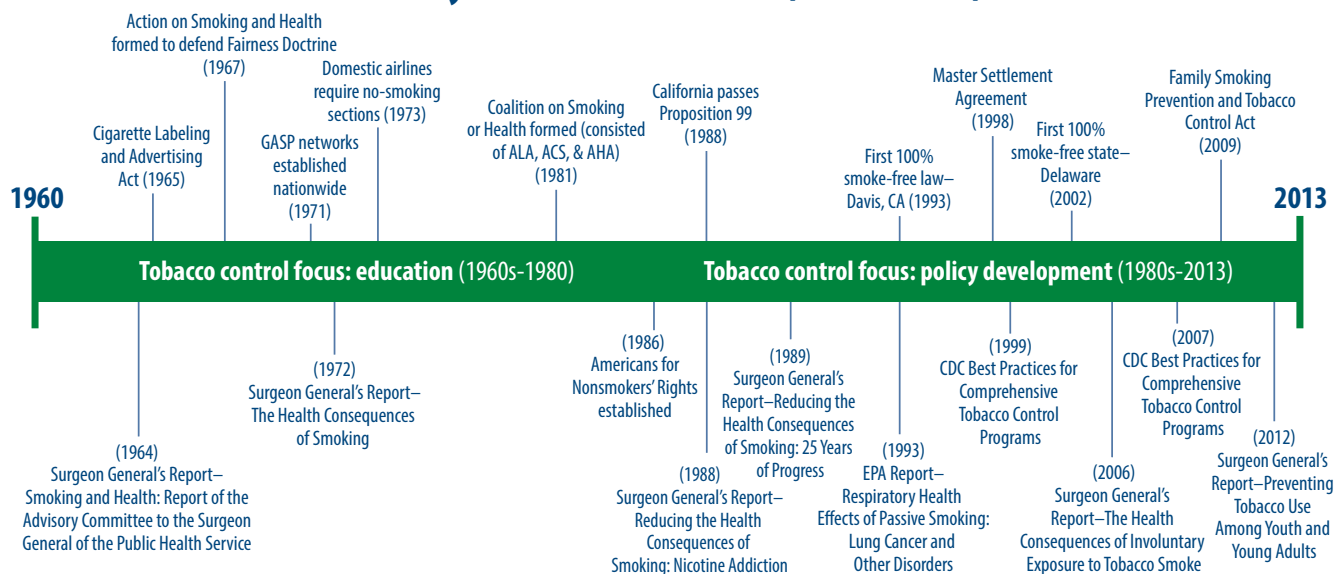
In 1993, the U.S. Environmental Protection Agency released *Respiratory Health Effects of Passive Smoking*, which classified secondhand smoke as a Group A carcinogen. This prompted tobacco control proponents to focus on protecting youth from secondhand smoke exposure,⁴ resulting in increased support for smoke-free environments. The 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, further established smoke-free policy as the most effective way to reduce secondhand smoke exposure and encourage cessation.

Tobacco control policy efforts address more than just smoke-free ordinances. In 1988, California implemented a cigarette tax increase with revenues earmarked to support the first comprehensive statewide tobacco control program. Investing in the California Tobacco Control Program led to a significant reduction in disease and lowered health care expenditures by 7.3%.¹³ Partners in Arizona and Massachusetts quickly followed suit.

In the 1990s, individual states began to file lawsuits, seeking monetary relief from the industry for the costs accrued from tobacco-related health care costs.¹⁴ In 1998, 46 states, D.C., Puerto Rico, and the Virgin Islands settled with the four primary U.S. tobacco product manufacturers in what is known as the Master Settlement Agreement (MSA).¹⁴ The terms of the MSA state that the manufacturers will make annual payments to the settling states and include other provisions that restrict tobacco advertising, sponsorship, lobbying, and litigation activities.¹⁴

In 2009, the Family Smoking Prevention and Tobacco Control Act (FSPTCA) granted the U.S. Food and Drug Administration the authority to regulate the manufacture, marketing, and sale of tobacco products. More recently, the 2012 Surgeon General's Report, *Preventing Tobacco Use Among Youth and Young Adults*, concluded that coordinated, multi-component tobacco policies are effective in reducing the initiation, prevalence, and intensity of smoking among youth.¹⁵

History of Tobacco Control (1960-2013)



Implementing Evidence-Based Policies

Tobacco control policies promote health, prevent disease, and create healthier environments.¹⁶⁻¹⁸

Unlike traditional health education interventions, policies can have an impact on many different risk factors and can reach entire populations, as illustrated in the bottom tiers of the *Health Impact Pyramid* below.^{5,6} Because they take a population-focused approach to improving health, tobacco control policies can also be effective at reducing tobacco-related disparities.¹⁹ Policy efforts are a critical part of the following evidence-based goals:^{20,21}

- **Creating smoke-free environments.** Smoke-free laws protect employees and the public from the harms of secondhand smoke, such as heart attacks.²² They also encourage people to quit, prevent initiation, and change social norms around tobacco use and exposure.^{3,23}

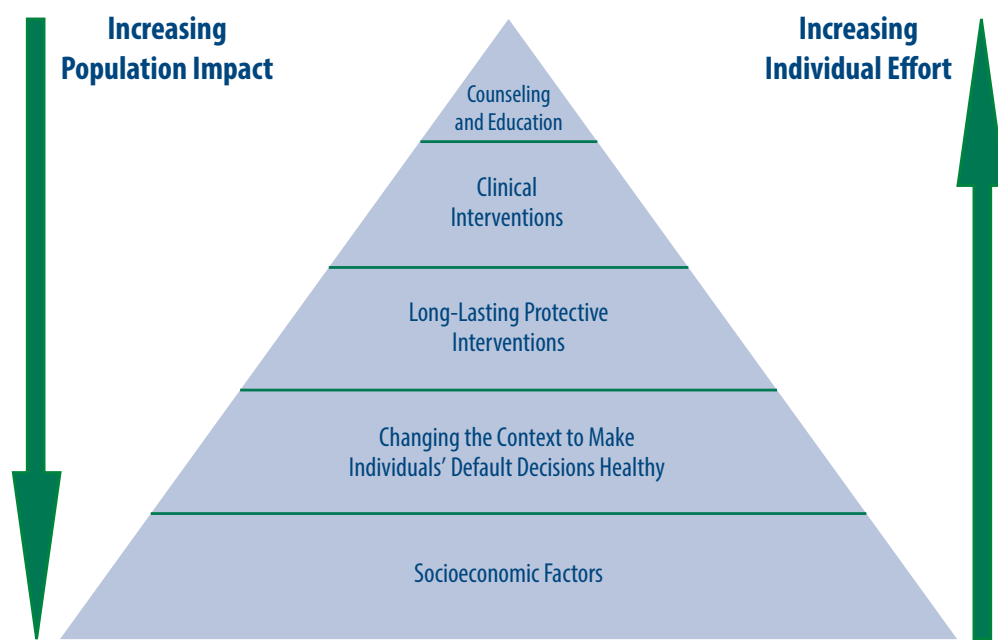
- **Raising the cost of tobacco products through tax increases and non-tax price-related policies (e.g., banning price discounts).**

Pricing policies that make tobacco less affordable reduce tobacco use and change social norms.³ These policies can also prevent initiation and reduce consumption by all populations, especially low-income and youth.²⁴

- **Promoting and enforcing restrictions at the point of sale.**

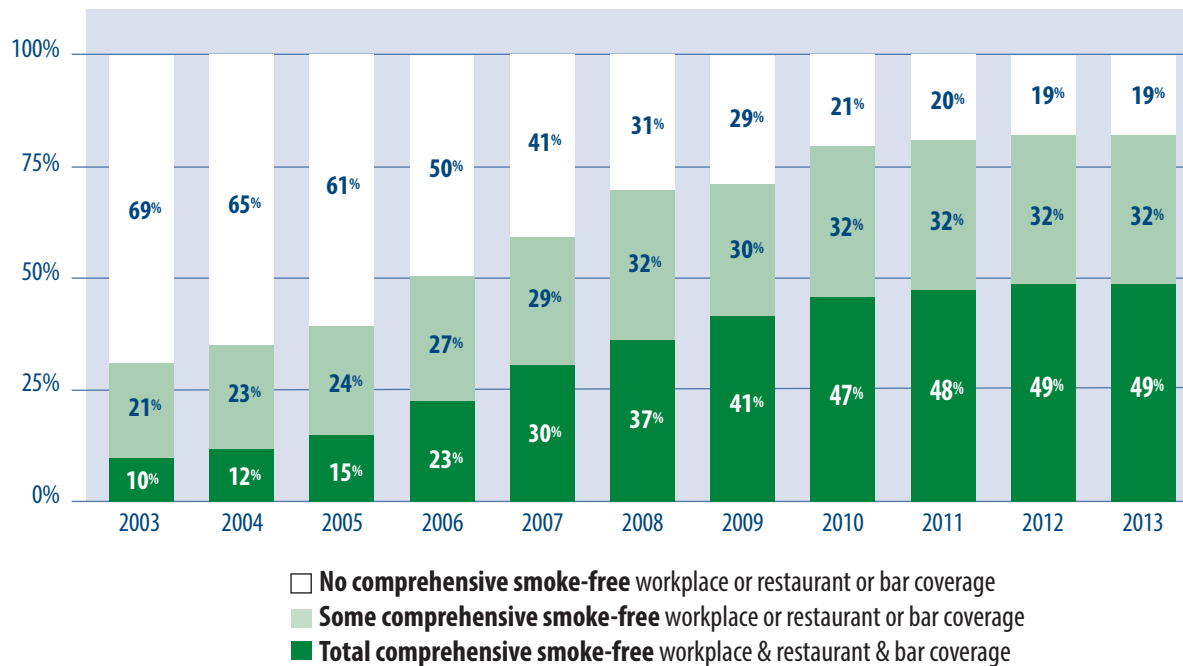
Youth access and point-of-sale laws impact social norms and keep tobacco products away from those at greatest risk for initiating tobacco use. Given that the tobacco industry spends over \$8 billion each year to promote tobacco use,²⁵ a public health approach is necessary to counter pro-tobacco messages and protect the health of the public. As more states and communities implement tobacco control policies, tobacco use continues to decline.¹³

The Health Impact Pyramid



Source: Frieden, T. R. "A Framework for Public Health Action: The Health Impact Pyramid."¹⁵

U.S. Population Covered by Comprehensive State & Local Smoke-Free Air Laws in Workplaces, Restaurants, and Bars (2003-2013)



Source: Americans for Nonsmokers' Rights & National Association of Local Boards of Health

Policy education provides an avenue for the public to engage in policy efforts. When community members are involved in the policy process, they gain an understanding of the policy's purpose and how it will benefit their community. This understanding leads to high compliance rates with tobacco control policies, especially at the local level.¹⁰

Implementing tobacco control policy strategies is not a one-time event but an ongoing process. Simply passing a single tobacco control policy is not enough; policy implementation and enforcement requires sustained commitment by all involved partners.¹⁷

“Tobacco control programs need to foster the motivation to quit through policy changes and media campaigns.”

— Centers for Disease Control and Prevention¹

Efforts to promote evidence-based policy strategies can take a variety of forms, such as educating community members and key decision makers about the harms of tobacco, conducting a media campaign, or disseminating surveillance data that demonstrates the burdens of tobacco use. Specific examples of policy promotion activities include:

- Generating media coverage by writing op-eds (opinion columns written by community members) or letters to the editor of the local newspaper;
- Creating policy briefs to educate decision makers on the public health and economic impact of potential policies;
- Working with community groups;
- Providing evidence-based testimony at government hearings; and
- Holding face-to-face educational meetings with decision makers.

How to: Policy Planning—Nine Questions to Ask

Tobacco control proponents and coalitions can play a vital role in educating policy makers about the issues. In particular, partners must familiarize themselves with both federal and individual state definitions of lobbying and should follow all restrictions imposed by their funders. Coalitions can determine which partners are best suited for specific policy activities to help them comply with any restrictions.

Policy Planning: Nine Questions to Ask

Tobacco control policies are important and effective mechanisms for accelerating tobacco control efforts. Successful policies have altered tobacco norms in the United States at local, state, and federal levels. Through policy promotion, everyone has a voice in influencing policies that improve public health. The following nine questions can serve as a strategic planning tool for educating and persuading key decision makers and the public about the need for a particular policy:²⁶

1 WHAT DO YOU WANT? (GOALS AND OBJECTIVES)

Local and state tobacco control proponents should involve all partners in selecting tobacco control goals and objectives and planning evidence-based policies. Working collaboratively helps synchronize efforts and foster community buy-in. Effective strategic planning requires both overall tobacco control goals, as well as concrete short-term and long-term objectives.²⁶ Incorporating intermediary steps is also necessary in order to reach long-term objectives. For example, coalition members may decide that developing a stronger state coalition is important in order to meet the long-term objective of passing strong and comprehensive tobacco control policies.²⁶ Clear goals and objectives help create a coherent strategy that helps guide the policy process.



2 WHAT DO YOU HAVE? (RESOURCES)

Before beginning any policy education effort, tobacco control proponents should conduct an assessment of resources already in place. Resources can include:

- Existing alliances (e.g., partnerships with national, state, or local health organizations; enforcement agencies; and hospitals);
- Active coalitions that represent the public;
- Knowledge of the political climate; and
- Individuals who can be legislative champions.

Proponents should identify each resource in advance and determine how it will be used. They should also acknowledge the commitment and focus of tobacco control technical assistance providers, as these partners play a valuable role.²⁶

How to: Policy Planning—Nine Questions to Ask

3 WHAT DO YOU NEED TO DEVELOP? (GAPS)

After taking stock of existing resources, tobacco control proponents must recognize what resources are needed but are not yet in place. This may mean identifying alliances in the community or with the media that still need to be created. Ties with state or local health departments and members of the research community may also need to be strengthened, as providing scientific evidence and local data are critical components of policy messaging. While it is tempting to focus on external things that could make the policy process more successful (*e.g.*, more money and more people), these issues can prove daunting. Focusing on gaps that can be more easily filled will make the policy process more manageable.

4 WHO HAS THE RESPONSIBILITY TO MAKE IT HAPPEN? (POWER-HOLDERS)

Identifying key individuals and institutions who have the authority to propose or enact policies is a vital part of planning.²⁷ Assessing the political backdrop of a community allows tobacco control proponents to reach out to those with the greatest power to shape policies. For example, learning about the legal landscape in a particular legislator's district can help partners determine what available options fit with the policy maker's goals. Understanding his or her constituencies and voting record can lead to a better sense of the policy maker's concerns, priorities, and perspectives.²⁸ Partnering with organizations and governmental departments (*e.g.*, State Departments of Revenue and Departments of Justice) that will have a stake in the creation, implementation, and enforcement of a policy is also important. Tobacco control proponents should be aware that partners may have personal relationships with their decision makers, legislative staff, or other influential people. Tapping into these relationships can be extremely beneficial, particularly when attempting to find a champion for a specific piece of legislation.

5 WHAT DO THEY NEED TO HEAR? (MESSAGES)

Strong and consistent messages are an essential part of successful policy promotion. Different messages can be used to reach unique segments of the population and should be directed to each decision maker's interests and concerns. For example, a message that highlights the fact that substantial increases to tobacco taxes reduce initiation and use of tobacco products among youth can be effective in garnering support from members of the public.²⁹⁻³¹ Policy makers may be more interested in hearing that voters support tobacco taxes,²⁶ and that they also support decision makers who vote for tobacco control initiatives.³² Overall, messages are most powerful when they speak to the brain and the heart.³³ Providing scientific evidence (*e.g.*, Surgeon General's Reports, CDC's *Best Practices*, and air quality studies) is important when countering misinformation, but it must be framed in a way that speaks to values and emotion.³³

"The question is not, 'What do we want to say?' but, 'What must we say to persuade our target audience to take the actions we recommend?'"

— American Cancer Society²⁷

6 FROM WHOM DO THEY NEED TO HEAR IT? (MESSENGERS)

Effective messengers are as vital to persuading the target audience as the message itself.³³ Messengers must be chosen strategically and selected based on their credibility with different audiences. The same message can have a very different effect depending upon the communicator.²⁶ A doctor or other medical professional may be the most persuasive messenger when presenting health data. In other cases, an ex-smoker with a tobacco-related disease and a strong personal message can be very persuasive. Whoever the messenger, he or she must be equipped with the right

How to: Policy Planning—Nine Questions to Ask

information and presentation skills to be an effective policy educator.²⁶

7 HOW CAN YOU GET THEM TO HEAR IT? (DELIVERY)

Along with finding the right people to deliver the message, it is also important to find the right medium for message delivery.³³ It can be difficult to convey a message when the tobacco industry promotes conflicting messages and others with worthy causes are competing for the attention of the public, media, and policy makers. Matching the message delivery to your tobacco control goals is critical, because the most effective messaging tactics vary according to the desired outcome.²⁶

There are many ways to disseminate a message. Depending on the audience, multiple approaches should be employed, including both traditional media and newer social media methods. Collaboration with the community, particularly members of the media, is also an important piece of the puzzle. To achieve effective message delivery, the media must be engaged in highlighting tobacco control efforts and their impact on public health.³¹

8 HOW DO YOU BEGIN ACTION? (FIRST STEPS)

Tobacco control proponents and their partners should find an effective way to begin moving the policy strategy forward. Are there short term goals to work on that will bring people together and symbolize the larger work ahead?²⁶ An overall understanding of the environment is necessary before working on any policy education strategies. In addition to identifying objectives, resources, and gaps, partners should now identify barriers that exist or that may arise in the future.³³ Barriers may include preemptive laws (when states restrict or prohibit local control and/or congress restricts state or local control in certain aspects of tobacco control),³⁴ a strong pro-tobacco lobby, or limited funding to run an education campaign. It is also important to identify potential future obstacles, such as limited programmatic funding or vocal public opposition.

Are You Reaching Out to All Sectors of Your Community?

Reaching out to new allies before beginning the planning process helps to guide efforts. A variety of demographic segments and organizations in the community should be invited to participate in the policy process from the start, including:

- Business owners;
- Civic organizations;
- Educational institutions;
- Environmental organizations;
- Faith communities;
- Health organizations;
- Hospitality business owners;
- Labor organizations;
- Lawyers;
- LGBT (lesbian, gay, bisexual, transgender) groups;
- Medical professionals;
- Musicians and entertainers;
- Racial and ethnic coalitions;
- Restaurant, bar, and casino employees; and
- Youth and young adults.

The goal is to build a partnership reflective of your community as a whole, including those most heavily affected by tobacco use and exposure.⁸

How to: Using Media Effectively

9 HOW DO YOU TELL IF IT'S WORKING? (EVALUATION)

Evaluating the policy messaging, delivery, and action and revisiting the previous eight questions throughout the entire policy process is essential.²⁶ Tobacco control partners should be willing and able to make mid-course corrections and to discard those elements of the process that are not working. Evaluation does not need to be a costly effort, but it does require time. It may also be valuable to attend trainings or seek support from outside groups that can assist in evaluation, including:

- State health departments and tobacco control programs;
- Institutions of higher education;
- National organizations (governmental and nongovernmental); and
- Community organizations.

Using Media Effectively

Media advocacy in tobacco control is the strategic use of mass media to educate groups about public policy initiatives.³⁵ While most people acknowledge that tobacco use and exposure is harmful, many underestimate the impact of exposure to secondhand smoke, the wide range of diseases caused by tobacco use, and the degree to which users become addicted. Tobacco control partners must learn to harness the power of the media to help educate and

“The news media sets the public agenda. The more often an issue is reported in the news, the more people are concerned about it. If we want to keep tobacco issues on people’s minds, we have to make sure those issues are regularly discussed in the news.”

– Lori Dorfman, Berkeley Media Studies Group²⁷



motivate the public around policy goals. The media can help reinforce evolving social norms around tobacco use by:³⁶

- Educating the public about the severity of risks related to tobacco use and the health benefits of quitting;
- Educating the public about the health risks and health costs of secondhand smoke exposure;
- Alerting citizens and policy makers to conditions that promote tobacco use (*e.g.*, unrestricted advertising and promotion of cigarettes and unrestrained smoking in public areas and workplaces); and
- Responding to and counteracting pro-tobacco messaging and misinformation.

Tobacco control partners must rely on the media to emphasize that tobacco use results in disease and death. This message must be delivered as often and as dramatically as possible. Media coverage of tobacco

How to: Using Media Effectively

control events can help educate communities and policy makers. Persuasive op-eds and personal letters to the editor can be used to effectively promote tobacco control arguments. Counter-advertising campaigns designed specifically to compete for public attention are effective at encouraging users to quit and decreasing the likelihood that young people will start using tobacco.^{37,38}

PLANNING MEDIA ADVOCACY EFFORTS

A clear definition of policy goals is critical to effective media advocacy. Whether advancing a certain policy or law or trying to bring attention to a particular issue, tobacco control proponents need to define a clear overall goal. Thoughtful planning will allow them to use media to their best advantage in targeting their audience. The following steps should be taken when designing a media advocacy intervention:³⁶

- Define the specific policy;
- Define the target audience;
- Identify the type(s) of messages that will resonate with the target audience;
- Identify the messenger(s) by determining who will have the best chance of influencing your target audience; and
- Determine the type(s) of media coverage that will garner the attention of the target audience.

FRAMING THE ISSUE

The framing of an issue, or the way in which the issue is presented, signals to the public not just what but how to think about an issue. Framing is vitally important to media advocacy efforts. Rather than attacking smokers, advocates can frame tobacco use as a social and political issue, placing the primary focus on the behavior of tobacco companies and policy makers. Tobacco control partners can take several concrete steps to make the public health perspective prominent in their stories:

- **Translate the individual problem into a social issue. Talk about policies, not behavior.**
Example: Changing language from “smoking” to “tobacco” demonstrates a shift from individual

behavior to a product that is manufactured, marketed, and regulated.

- **Assign primary responsibility.**
Example: Talk about “the tobacco companies and those who regulate them” rather than about “smokers.”
- **Present a solution.**
Example: “We need to raise the price of cigarettes through state excise taxes,” or “We need to enforce

How to Use Media Bites

A successful media “bite” is a tool used to frame your news story and help get your point across effectively. However complex your issue may seem, you need to make it “come alive” for the news consumer by creating short, intriguing “bite-sized” phrases that reporters want to place prominently in their stories. The best media bites solve three of the biggest challenges for media advocates by:

- ▶ Serving as a simplifying concept for your policy objective;
- ▶ Grabbing the attention of the news media; and
- ▶ Framing the issue in a way that supports your policy objective.

Examples of successful media bites:²⁷

- ▶ *On smoke-free air:* “Smoke-free air laws ensure no worker has to risk cancer, heart disease, or lung disease just to keep a job.”
- ▶ *On tobacco advertising:* “[Raising tobacco taxes without simultaneously restricting price discounting] is like locking all but one of your doors to keep thieves out.”
- ▶ *On tobacco-related deaths:* “Cigarettes kill many more people in the United States every year than would be killed by the crash of two fully loaded Boeing 747s each day of that year.”

How to: Using Media Effectively

the new ordinance that makes our state parks tobacco-free.”

- **Make a practical appeal.** Provide concrete examples of how your solution will save money, enhance productivity, save lives, and protect people.
Example: “Our statewide comprehensive smoke-free law will protect the lives of hospitality workers and the public-at-large throughout our state.”

GETTING THE MEDIA TO PAY ATTENTION

Once media advocacy goals are established and messages are effectively framed, tobacco control proponents should identify which type of media coverage will best help accomplish their goals. Media options include:

- News releases;
- Letters to the editor;
- Op-eds;
- Newspaper endorsements;
- Interviews with media representatives; and
- Media events (e.g., news conferences, press briefings, and rallies).

Op-ed pieces and letters to the editor may be used when a coalition wants to deliver specific arguments about an issue that is already being covered in the press. Some tobacco control advocates also design paid advertising campaigns with the intent of generating news coverage.³⁹ By purchasing advertising space, tobacco control partners can direct the content and timing of a message and target a very specific audience.

SOCIAL MEDIA ADVOCACY

Low-cost and widely used social media and social networking sites can be an integral part of an overall media advocacy campaign and a key complement to traditional media outreach efforts. Not only can tobacco control proponents share information with potential supporters and news media on these sites,



but they can also monitor and listen to what others are saying about a particular issue.

Tobacco control partners can use social networking sites like Facebook and Twitter to share information and recruit supporters, motivate them to take action, and invite them to join in their efforts toward tobacco control goals. On Facebook, partners can communicate with different target audiences by creating, joining, or “liking” a variety of groups that focus on issues related to their cause. On Twitter, partners can follow other national and international tobacco control partners and directly communicate through messages. Partners and supporters across the world can also have live conversations called “Twitter chats” by using relevant tags called “hashtags” within the body of their tweets.

By monitoring the conversation on social networking sites, tobacco control partners can identify key people of influence on a particular issue. These online opinion leaders often host blogs and have followers who read and share information with others in their social networks.

How to: Matching Policy Strategies to Tobacco Control Goals

Matching Policy Strategies to Tobacco Control Goals

Most tobacco control policy interventions contribute to achieving one of the following broad goals: creating smoke-free environments, making tobacco less affordable, and/or promoting and enforcing restrictions at the point of sale. These goals fit well with the World Health Organization's (WHO) MPOWER framework of proven policies and interventions to reduce global tobacco use.²⁵ Tobacco control partners should identify both the

policy strategies that are effective and the specific core messages that can be used to advance a particular tobacco control goal. It may also be necessary to move beyond core messages to develop tailored messages that address the interests and special concerns of specific target audiences.⁴⁰

TOBACCO CONTROL GOAL: Create smoke-free environments

Exposure to secondhand smoke causes a wide range of diseases, including heart disease, lung cancer, and other respiratory illnesses.^{41,42} Because there is no

Tobacco Control Policies and Interventions of the World Health Organization's **mPOWER** Framework²¹

M MONITOR TOBACCO USE

- Obtain nationally-representative and population-based data periodically on key indicators of tobacco use for youth and adults.

P PROTECT PEOPLE FROM TOBACCO SMOKE

- Enact and enforce completely smoke-free environments in health care and educational facilities and in all indoor public places, including workplaces, restaurants, and bars.

O OFFER HELP TO QUIT TOBACCO USE

- Strengthen health systems so they can make tobacco cessation advice available as part of primary health care. Support quitlines and other community initiatives in conjunction with easily accessible, low-cost pharmacological treatment, where appropriate.

W WARN ABOUT THE DANGERS OF TOBACCO

- Require effective package warning labels.
- Implement counter-tobacco advertising.
- Obtain free media coverage of anti-tobacco activities.

E ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

- Enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion, and sponsorship.
- Enact and enforce effective legislation to ban indirect tobacco advertising, promotion, and sponsorship.

R RAISE TAXES ON TOBACCO PRODUCTS

- Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power.
- Strengthen tax administration to reduce the illicit trade in tobacco products.

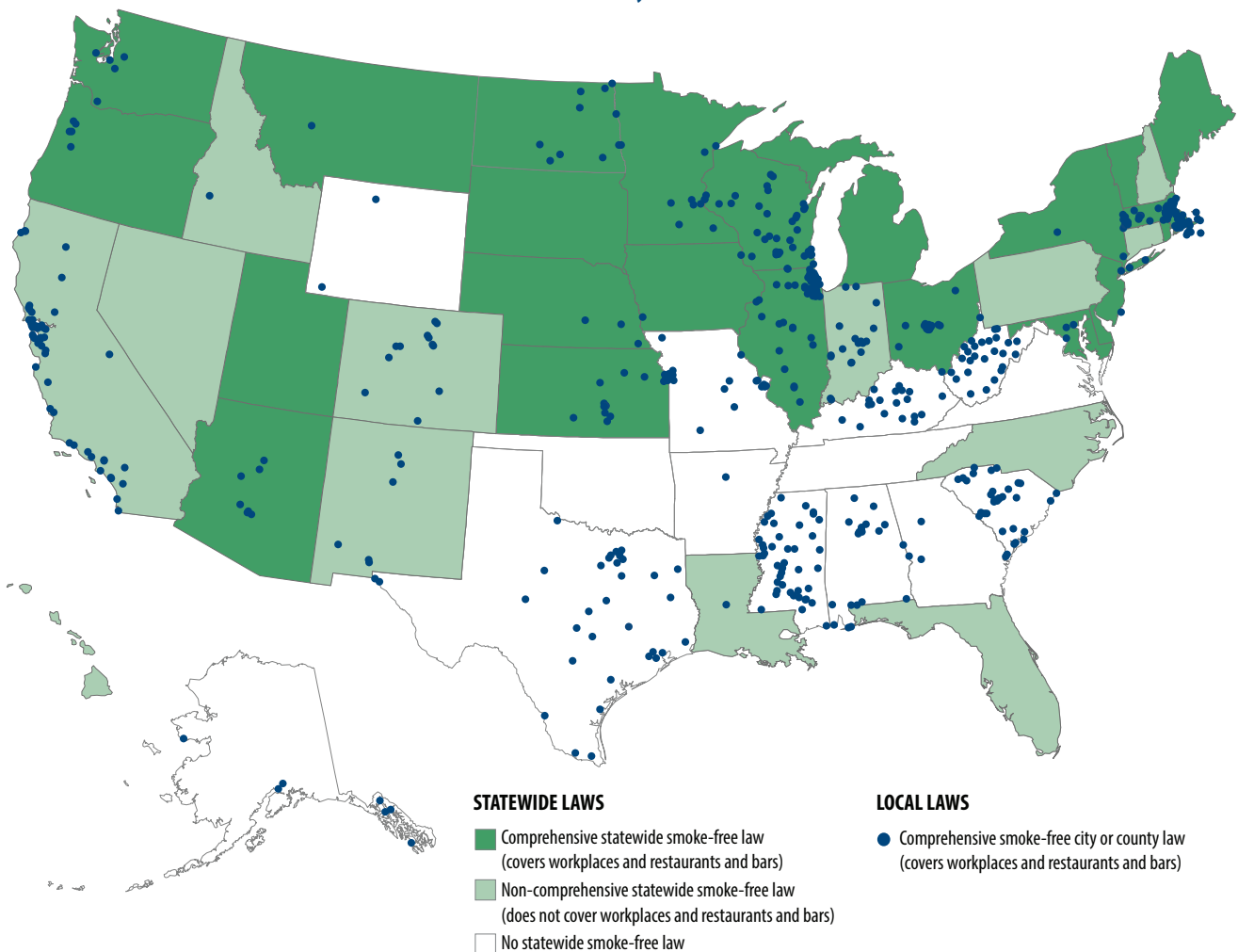
How to: Matching Policy Strategies to Tobacco Control Goals

known safe level of exposure, creating smoke-free environments is the only way to fully protect people from exposure to cigarette smoke. Smoke-free policies protect nonsmokers and help smokers to quit.³¹ Policy education efforts are critical to the development, passage, implementation, and enforcement of smoke-free laws. Policy strategies and core messages include:

Policy Strategies:

- Work toward making all workplaces 100% smoke-free. Do not allow exemptions for small employers, private offices, factories, warehouses, cigar bars, hookah (water pipe) bars, private clubs, bars, or casinos.⁸
- Consult with public health attorneys to help draft, enact, and defend policies.
- Make sure legislation is drafted clearly and without ambiguities. Consistent implementation of smoke-free laws provides businesses with a level playing field.²⁵
- Generate broad public support for proposals through education campaigns.
- Match policy goals to state and community beliefs, values, and attitudes about smoke-free environments.⁸
- Plan for enforcement efforts during the period immediately following implementation of smoke-free policies.

United States Comprehensive Smoke-Free Laws (as of January 2, 2013)



Source: Americans for Nonsmokers' Rights²²

How to: Matching Policy Strategies to Tobacco Control Goals

Core Messages:

- Only 100% smoke-free indoor air laws fully protect all workers.
- Secondhand smoke causes disease and premature death in children and adults who do not smoke.⁴¹
- There is no risk-free level of exposure to secondhand smoke.⁴¹
- Adults exposed to secondhand smoke have immediate effects to their cardiovascular system and are at increased risk for lung cancer and coronary heart disease.⁴¹
- Ventilating buildings, cleaning the air, and separating smokers cannot eliminate secondhand smoke from indoor environments.⁴¹
- All workers deserve a safe, healthy, and smoke-free work environment.
- The public supports establishing smoke-free environments.⁴³

TOBACCO CONTROL GOAL: Raise the cost of tobacco products

Pricing policies that make tobacco less affordable decrease smoking prevalence.^{3,44} They also generate revenue for states,^{45,46} prevent youth initiation,²⁹⁻³¹ decrease tobacco-related health care costs,⁴⁷ and can reduce tobacco-related health disparities.⁴⁸⁻⁵³ Pricing policies can be implemented at the local, state, and federal levels. Tobacco control partners can play an important role in the development of pricing policies by proposing voter or legislative initiatives, educating decision makers, developing partnerships with local and national coalitions, closing loopholes, countering pro-tobacco influences, and improving enforcement.

Raising the Cost of Tobacco Products through Tax-Related Policies

Policy Strategies:

- Earmark a portion of tobacco tax revenue for tobacco control to maximize the public health benefit.

- Complement state tax increases with local tax increases (where allowed).
- Increase taxes on other tobacco products to parallel taxes on cigarettes, particularly when raising cigarette taxes, so that smokers are discouraged from switching to cheaper products.⁵⁴
- Eliminate caps on tobacco tax rates or amounts and index taxes for inflation.⁵⁵

Core Messages:

- Raising the cost of tobacco products decreases smoking prevalence and reduces initiation.^{3,4}
- Low-income tobacco users are more price sensitive, so increasing tobacco taxes can reduce tobacco-related disparities.⁵³
- Raising the cost of tobacco products always raises tax revenues.⁵⁴
- Increasing the cost of tobacco products through tax approaches does not increase smuggling.⁵⁴

Raising the Cost of Tobacco Products through Non-Tax Policies that Prevent Smuggling and Tax Evasion

Policy Strategies:

- Increase fines and penalties for tobacco tax evasion and for violations of all other tobacco product-related state laws.⁵⁶
- Implement high-tech stamps to reduce tobacco product trafficking and other tax-evading measures.⁵⁷
- Adjust the tax stamp discounts when taxes are raised in order to prevent increased tax discounts.⁵⁴
- Ban or restrict Internet sales by restricting the types of products that can be sold online, requiring online retailers to pay all applicable taxes, and banning shipment of cigarettes to consumers.⁵⁶
- Perform surveillance through purchase surveys and other compliance assessments, and take steps to enforce policies where noncompliance is found.⁵⁶

How to: Matching Policy Strategies to Tobacco Control Goals

Core Messages:

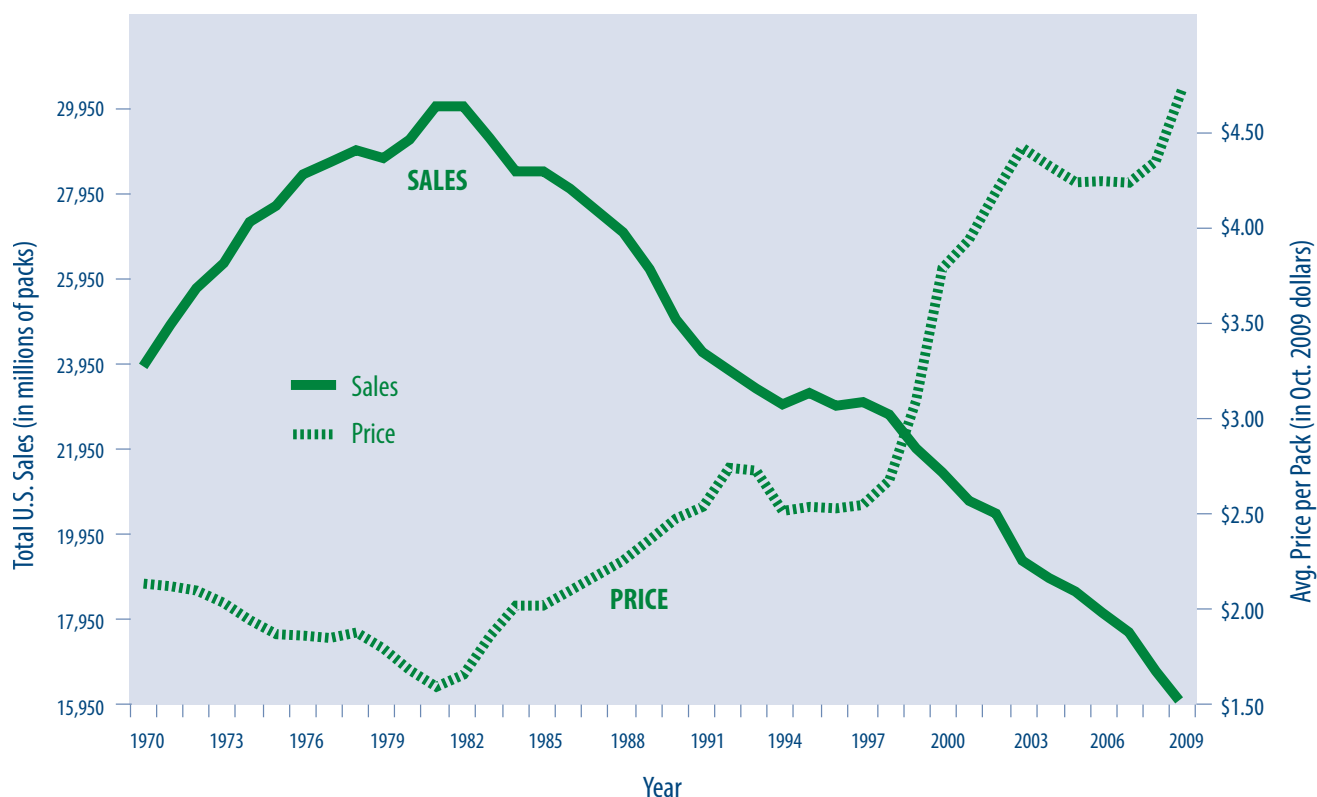
- Preventing tobacco product smuggling and tax evasion increases prices, which reduces tobacco use.⁵⁷
- Increasing surveillance and enforcement measures ensures that fewer tobacco products evade state and federal labeling, health, and safety requirements.⁵⁷
- Ensuring compliance with taxes and fees increases the amount of tobacco-related government revenues available for tobacco prevention and other public health uses.⁵⁷

TOBACCO CONTROL GOAL:

Promote and enforce restrictions at the point of sale

In recent years, the retail environment has become the major venue for promotion and advertising of tobacco products. The tobacco industry uses the retail environment as its primary channel to maximize the availability and visibility of tobacco products, to communicate with users and nonusers (both youth and adults), to promote brand image and identity, and to offer discounts that reduce the prices of these products and encourage impulse purchases. The tobacco industry spends more than \$12 billion each year on advertising, promotion, and sponsorship of

Impact of Cigarette Price Increases on Cigarette Sales (1969-2009)



Source: *Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change—The Robert Wood Johnson Foundation Impact Teen Tobacco Chart Book*,⁵⁸ *Tax Burden on Tobacco 2010*,⁵⁹ and *Pricing Strategies for Tobacco, Healthy Eating, and Physical Activity*⁶⁰

How to: Matching Policy Strategies to Tobacco Control Goals

its products.⁶¹ A number of tobacco control measures can be used to counter these industry efforts.

Interventions include:

- Reducing (or restricting) the number, location, density, and types of tobacco retail outlets;
- Limiting point-of-sale advertising and product displays;
- Countering advertising with prevention and cessation messages at the point of sale;
- Raising tobacco prices through non-tax approaches at the point of sale; and
- Countering industry efforts through other point-of-sale interventions.

To establish effective countermeasures, tobacco control proponents must constantly monitor industry promotional activities. The tobacco industry is politically powerful and highly adept at finding new avenues to convey its messages.

Reducing (or Restricting) the Number, Location, Density, and Types of Tobacco Retail Outlets

The number, location, density, and types of retail outlets that can sell tobacco products are currently largely unrestricted in most communities. This means that tobacco products are readily available for purchase, making them more accessible by youth and adults, particularly in low-income and minority neighborhoods.^{62,63} By leveraging the resources of existing authorities, state and local governments can restrict locations where tobacco products are sold, making it less convenient for consumers to access tobacco products and potentially reducing tobacco-related population disparities. Tobacco retail outlet density restrictions can reduce the number of outlets where tobacco products are sold. In most instances, these policies can be implemented at the state or local level. Evidence-based policy strategies and core messages include:

Policy Strategies:

- Reduce the number and/or density of tobacco retail outlets by imposing a moratorium on granting new tobacco retailer licenses until the number or density of retailers has fallen to a certain level through attrition.
- Reduce the number and/or density of tobacco retail outlets by establishing a zoning ordinance requiring that all tobacco outlets in a given jurisdiction apply for a conditional use permit.
- Reduce the number and/or density of tobacco retail outlets by establishing or increasing a tobacco retailer licensing fee. This will allow for enhanced enforcement of tobacco control laws, potentially requiring those retailers that frequently violate the law to stop selling tobacco products.
- Restrict the placement of tobacco retail outlets by prohibiting outlets within a certain distance of places where youth gather (*e.g.*, schools, parks, and beaches) or prohibiting tobacco retailers from locating in residential neighborhoods.
- Restrict the types of outlets that are able to sell tobacco products by barring certain types of outlets (*e.g.*, pharmacies, grocery stores, or stores on college campuses). San Francisco, Santa Clara, Boston, and several Massachusetts cities have restricted tobacco sales in pharmacies.
- Restrict tobacco retailers from operating within certain distances of other tobacco sellers.

Core Messages:

- Restricting where tobacco is sold helps reduce initiation, promote cessation, and creates a social environment that supports tobacco-free norms.
- Reducing retailer density helps reduce disparities, as low-income neighborhoods tend to have a higher proportion of tobacco retailers.
- Reducing the number of outlets selling tobacco reduces exposure to tobacco advertising.

How to: Matching Policy Strategies to Tobacco Control Goals



Convenience store display featuring candy and tobacco products

Limiting Point-of-Sale Advertising and Product Displays

A number of recent studies have found that marketing in the retail environment is associated with increased youth and adult tobacco use.^{9,15,62,63} The 2009 Family Smoking Prevention and Tobacco Control Act (FSPTCA) allows state and local governments to restrict the time, place, and manner, but not the content of cigarette advertising. States and communities could, in theory, go beyond any nationwide marketing restrictions to implement additional restrictions on point-of-sale advertising. However, any restrictions on tobacco advertising at the point of sale are likely to face legal challenges on First Amendment grounds and will need to be carefully drafted to withstand legal scrutiny. Evidence-based policy strategies and core messages include:

Policy Strategies:

- Limit the placement of ads in certain store locations, such as within close proximity to schools.
- Enforce existing content-neutral advertising laws.
- Ban self-service displays for other tobacco products.

Core Messages:

- Advertising restrictions and bans have been proven effective in preventing young people from starting to smoke.⁶⁴
- Adult smokers exposed to tobacco products are prompted to make unplanned purchases, which can undermine quit attempts.⁶⁵

(The above actions are recommended to the extent permitted by the First Amendment.)



Flavored tobacco product convenience store display

How to: Matching Policy Strategies and Messages to Policy Goals

Countering Advertising with Prevention and Cessation Messages at the Point of Sale

Some cities have explored requiring stores that sell tobacco products to post graphic warnings and cessation information near product displays (see New York City's graphic health message signs below). This policy strategy uses features of both mass media campaigns and warning labels. While most studies of mass media campaigns have focused on television spots, signs at the point of sale featuring graphic depictions of the health consequences of tobacco use are expected to have similar effects. Graphic point-of-sale warnings would reach consumers every time they purchase tobacco products, while also reaching non-tobacco users (including youth). A 2012 study found that after New York City's signage was implemented, awareness of health warning signs more than doubled and thoughts about quitting smoking increased by 11%.⁶⁶ Point-of-sale graphic warnings might also deter impulse purchases by youth, former tobacco users, and users who are trying to quit. They might even lead some retailers to decide to stop selling tobacco products.

Like with advertising, these policy strategies are likely to be challenged in the courts; New York City's graphic health warning regulation was struck down after a court challenge from the tobacco industry.⁶⁶ Policies should be drafted carefully and with the support of technical

assistance providers. Evidence-based policy strategies and core messages include:

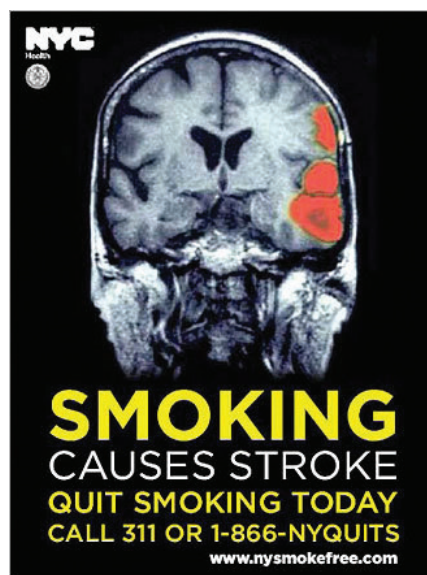
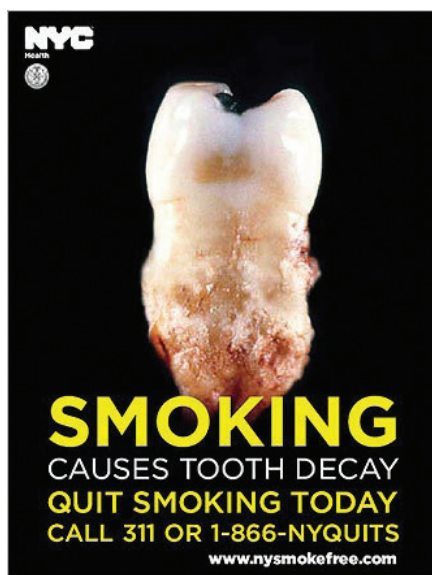
Policy Strategies:

- Require retailers to display the Quitline number at the point of sale.
- Require tobacco health warning signs at hookah lounges and vaping lounges (e.g., e-cigarette lounges).
- Require tobacco retail outlets to post graphic warning posters that include the local Quitline information near cash registers.

Core Messages:

- Strong evidence shows that counter-advertising is effective at reducing smoking initiation.^{9,35}
- Warnings are an inexpensive way to increase motivation to quit.
- Connecting people to the Quitline is an effective way to promote cessation.⁶⁷
- Anti-tobacco messages will reach both tobacco users and non-tobacco users.

(The above actions are recommended to the extent permitted by the First Amendment.)



New York City Point-of-Sale Graphic Warning Signs

How to: Matching Policy Strategies and Messages to Policy Goals

Raising Tobacco Prices through Non-Tax Approaches at the Point of Sale

Raising the price of tobacco products through non-tax approaches (or maintaining intended prices set by enforcing minimum price laws) is an effective way to decrease smoking initiation, reduce tobacco consumption, and increase cessation.¹⁵ In communities with strong opposition to tax increases, tobacco control partners can implement non-tax approaches at the point of sale to raise the cost of tobacco. Non-tax approaches can be used in conjunction with tax increases to preserve the product price that excise taxes are intended to achieve. In most instances, these policies can be carried out at both state and local levels. (See page 14 for other non-tax price-related approaches dealing specifically with the prevention of tobacco smuggling and tax evasion.) Evidence-based policy strategies and core messages include:

Policy Strategies:

- Establish or increase minimum price laws.
- Ban price-discounting strategies such as multi-pack offers and coupon redemption.
- Require disclosure (e.g., Sunshine laws) for manufacturer incentives given to retailers.
- Implement a minimum pack size for non-cigarette tobacco products.

Core Messages:

- Most current minimum price laws are ineffective because they allow for tobacco industry discounts. Effective minimum price laws restrict trade discounts when calculating minimum price.⁶⁸
- Tobacco companies use various price-discounting strategies (e.g., buy-one-get-ones, multi-pack offers, and coupons) to increase consumption and encourage initiation.¹⁵ Eliminating price discounting will decrease consumption, particularly among young people who are the most price-sensitive shoppers.
- A disclosure or Sunshine law would require tobacco companies to divulge payments and incentives made to retailers in exchange for

offering price-discounting promotions. Sunshine laws would be helpful for assessments of price-discounting scheme prevalence in communities that are starting to work on the point of sale. Public disclosure of payments to retailers could be used to inform the community of the extent of the problem locally and to confirm the presence of tobacco-related disparities.⁶⁹

Countering Industry Efforts through Other Point-of-Sale Interventions

Communities may consider a number of other policies to promote and enforce restrictions at the point of sale. These interventions could be carried out through licensing ordinances or statutes, or through stand-alone state or local laws.

Policy Strategies:

- Establish or increase licensing fees.
- Ban flavored non-cigarette tobacco products.
- Require tobacco clerks to be at least 18 years of age.
- Ban the commercial sale of roll-your-own tobacco.
- Require a retail license to sell e-cigarettes and/or ban the sale of e-cigarettes to minors.
- Increase the minimum age required to purchase tobacco products to greater than 18.

Core Messages:

- Implementing a licensing fee or increasing the amount of an existing licensing fee allows states or communities to better monitor the retail environment by providing useful data on the number, distribution, and density of retail outlets.
- Licensing fees provide a revenue stream that can then be used to enforce conditions of the license.⁵⁴
- Flavored tobacco products are especially appealing to youth.¹⁵ Reducing their availability protects youth by limiting the appeal of tobacco, thereby reducing initiation.
- Requiring clerks to be 18 or older, banning e-cigarette sales to minors, and increasing the minimum age to purchase tobacco products

How to: What to Do When an Ineffective Policy is Proposed

reduces youth access, decreases initiation, and lessens the chances of youth moving from occasional use to established tobacco use.

What to Do When an Ineffective Policy is Proposed

Most policy efforts work towards the adoption of strong, comprehensive tobacco control policies. Sometimes, however, ineffective tobacco control policies are proposed. This can happen when a local politician decides to initiate a bill without having all of the information, when coalitions or community members are not fully prepared to introduce a strong bill, or when decision makers compromise on a bill's language in an attempt to get something passed. In these cases, tobacco control partners will have to decide whether to support adoption of the bill, recognizing that an ineffective law will make progress more difficult.

Ineffective laws stray from the objectives of tobacco control and can even prevent communities from reaching their tobacco control goals. Sometimes community members will pass a law even if they are not happy with the details, only to find themselves stalled when they try to strengthen the law later. While a compromise made during a campaign may seem like the best choice for a community or state, the impact can be detrimental. Not only can it impede the community's ability to enact a stronger law later, but it can also make it more difficult for other communities to pass a strong law. The goal is to pass and implement tobacco control policies that both effectively protect people from the health hazards of tobacco use and make tobacco-free a social norm. Therefore, it is best to agree at the outset to walk away with nothing rather than to support a perceived "step in the right direction."⁸

To ensure that ineffective policies are not introduced or passed, tobacco control partners and organizations must agree on what principles and provisions are non-negotiable. In other words, they need to decide on the "deal breakers," or what specific items would make a proposed ordinance too weak or counterproductive to merit support.⁸ As part of this process, they should brainstorm potential exemptions or obstacles that may

come up and plan appropriately. This discussion should happen early in the planning process and should be documented to ensure that backtracking does not occur in the "heat of the campaign." If unacceptable legislation is proposed, tobacco control partners can provide education about why those provisions are objectionable. If elected officials are unwilling to strengthen the language, partners must educate the community as to why they should actively oppose the proposed legislation.

The ultimate goal is to fully protect everyone from the health hazards of tobacco use and secondhand smoke exposure. To achieve that goal, partners should plan strategically for possible outcomes. Tobacco control proponents must remember to:

- Establish "deal breakers" for each policy proposal;
- Oppose preemptive laws;
- Actively educate partners, decision makers, and the public when proposed legislation includes exemptions or loopholes that make it more difficult to strengthen the laws in the future (*e.g.*, provisions allowing ventilated smoking rooms); and
- Be prepared to walk away; sometimes no law is better than a weak or ineffective law.¹⁰

How to: Countering Tobacco Industry Opposition

Countering Tobacco Industry Opposition

The tobacco industry has long been a powerful political influence. The industry maintains a strong presence in state and federal legislatures, where financial resources and prominent lobbyists work to undermine tobacco control efforts.⁶⁷ Decision makers who receive campaign funding contributions from the tobacco industry often vote against tobacco control policies.⁷⁰ When the tobacco industry accuses state public health representatives of illegal lobbying, tobacco control advocates often respond by self-regulating and becoming overly cautious. Tobacco control staff can expect challenges from the tobacco industry and should view those challenges as a sign of the effectiveness of their efforts. Instead of avoiding advocacy altogether, tobacco control staff should seek legal and political guidance to gain comfort with developing and promoting evidence-based policies.⁷¹ Tobacco control proponents can use the following strategies to combat tobacco industry efforts:

- Implement policies at the local level (where industry opposition is less effective) to build support for a statewide effort;

- Reveal the financial connections between the industry and its allies;
- Use messages that highlight the core issue; and
- Seek advice from legal and political resources.

The tobacco industry has used a variety of tactics to encourage their customers to oppose tobacco control policies at every level of government.⁷ Industry representatives know, however, that lobbying locally has proven less effective for the industry than federal and state-level lobbying. To influence policy at the local level, tobacco industry lobbyists often support weak tobacco control laws at the state level that also would preempt any local efforts.⁸ In contrast, local policy efforts by tobacco control proponents can potentially create more attention and awareness about the harms of tobacco use than statewide campaigns.⁷² Tobacco control opponents can capitalize on this strength and focus on implementing policies at the local level, where industry opposition is less organized and less effective.

Tobacco industry forces often use third parties or create front groups to lead the fight against the passage of tobacco control policies. These groups may take the form of convenience store associations, hospitality

Responding to Tobacco Industry Messages

Tobacco Industry Messages	Public Health Counter Messages
Not smoking and using other tobacco products is a matter of courtesy and should not be regulated by the government. ³⁶	It is not a matter of courtesy, it is a matter of public health. ⁷⁴
Smokers have the right to smoke where and when they like. ³⁶	Everyone deserves the right to breathe air free of the dangerous, cancer-causing chemicals and toxins found in tobacco smoke. ¹⁸
Everyone knows tobacco use is bad for him/her; existing warnings are sufficient. ³⁶	Many tobacco users (particularly young smokers) and potential tobacco users do not know that tobacco harms nearly every organ in the body. ⁷⁴
The government is dependent on tobacco tax revenues. If taxes are increased, revenues will diminish. ³⁶	The health costs of tobacco-related disease and death far outweigh any revenue collected from tobacco taxes. ⁷⁵ No state has lost money due to a tobacco tax increase. ⁵⁴
Improved ventilation makes smoke-free policies unnecessary. ³⁶	Ventilation systems cannot remove all of the toxins in secondhand smoke. Science has shown that there is no safe level of secondhand smoke, and only 100% smoke-free indoor environments fully protect the public. ³

How to: Countering Tobacco Industry Opposition

industry groups, or groups that oppose government regulation.⁷³ The tobacco industry has organized “astroturf” groups—grassroots organizations that are funded, organized, and sometimes run by the tobacco industry.⁶⁷ Tobacco control proponents should reveal the financial connections and associations between the tobacco industry and its front groups or allies when appropriate.

Individuals and groups that oppose tobacco control policy strategies often try to divert the policy debate,

bringing up issues of civil liberties, government over-regulation, and unfairness of tobacco control policies.⁷⁴ They use these tactics to distract from the real issue: public health. Many tobacco control policies have additional benefits that can also be emphasized (e.g., economic). However, the messaging should always return to the core issue. Tobacco control policies should be in place to promote health, prevent disease, and change social norms around tobacco use.



25,000 lives lost
each year from smoking-related illness

AND IT STARTS IN OUR STORES.

Sign from New York's "Reality Check" Youth Action Program Media Advocacy Campaign

How Can Tobacco Control Programs Support the Implementation of Evidence-Based Policies?

State and local tobacco control program support provides a necessary foundation for the successful advancement of evidence-based policies. Implementing proven policy strategies can lead to strong, comprehensive policies that reduce tobacco use and exposure to secondhand smoke. Though each policy effort is unique, state and local programs should share best practices to help advance the efforts of all tobacco control partners,¹⁰ and programs should ensure they act within the scope allowed by their funding sources.

COORDINATION & COLLABORATION

- ✓ Act as the convener. Bring all partners to the table, especially those who can directly promote new policies.
- ✓ Provide information and education to decision makers and committee members on the benefits of tobacco control policies, when appropriate.
- ✓ Continually educate coalition members and other key stakeholders throughout the process. Proactive education ensures development of strong laws that relate directly to state tobacco control goals and that avoid compromise.
- ✓ Support and coordinate local media campaigns to communicate a clear, unified message and avoid duplication of effort.
- ✓ Collaborate with partners to use media/countermarketing campaigns to set the stage for policy initiatives.

ADMINISTRATIVE SUPPORT

- ✓ Fund local community agencies to develop coalitions and advance local tobacco control policies.
- ✓ Publicize polling data that measures public support for policies.
- ✓ Coordinate with public health legal organizations to develop legislation for the state and local levels.
- ✓ Support or perform evaluations that will show the health benefits and other positive results of your policy efforts.

Case Study #1: Nebraska

Tobacco Free Nebraska and partners set the stage for passage of a comprehensive smoke-free law.

Armed with patience and diligence, Tobacco Free Nebraska (TFN)—the tobacco control arm of the Nebraska Department of Health and Human Services—and a core group of partners collaborated to ready the state for the passage of its Clean Indoor Air Act. By strategically advocating and educating businesses and the public before implementation, partners ensured compliance with and support for the new law.

Putting the key elements in place to prepare for smoke-free air

The Nebraska Clean Indoor Air Act was passed with broad support in the legislature and signed by the governor in February 2008. The law took effect on June 1, 2009 and made Nebraska the 16th state to prohibit smoking in workplaces, restaurants, bars, and gaming establishments. The law's passage was the culmination of years of strategic advocacy and collaboration between TFN, voluntary organizations, professional organizations, and community health departments and coalitions. According to program manager Jeff Soukup, there was a vision for this type of law for Nebraska for 10 to 15 years before its passage. However, the necessary elements had to be in place to achieve true readiness. According to Soukup, "It takes a lot of discipline and patience to say we're not ready; we don't want to move forward in a community or at a state level until we know we're ready to be successful."

Nebraska's policy strategy was to begin by passing strong, comprehensive local laws and increasing the number of voluntary policies. TFN supported local communities by providing training and technical assistance around policy advocacy and the legislative process, helping draft policies, sharing national resources, and facilitating communication among partners. According to Soukup, "We needed to keep our focus on the local level before we turned our attention, energy, and resources to things at the state level. That isn't always easy to do." Success at the local level prompted some opponents to support a statewide

law, including the Nebraska Restaurant Association and Big Red Keno, Inc. (the state's largest provider of keno-style gaming). Another important piece in setting the stage for a state policy was the trust and communication that had been developed and nurtured among core partners over the years. Partners also advocated to remove a provision that would have allowed communities to opt out of compliance with the new statewide law.

Pre-implementation phase leads to high compliance and strong public support

After the law was passed but before it went into effect, state staff and partners prepared businesses and the public. State level partnerships between TFN, the Nebraska Restaurant Association, Big Red Keno, Inc., and the Nebraska Liquor Control Commission helped raise awareness among businesses. The state health department also established a popular website that served as a clearinghouse for information about the law. Small grants were provided to local health departments to increase education and awareness. These education efforts led to strong buy-in and a high level of compliance when the law went into effect. The law also prompted cessation among Nebraskans: for three months following enactment, one in five callers to the state Quitline said they were influenced to call as a result of the Clean Indoor Air Act.⁷⁶

Nebraska now enjoys smoke-free indoor air, but policy work continues

While much of TFN's recent focus has been on enforcement and implementation of the new law, TFN continues to provide advocacy training and technical assistance consistent with the CDC's *Best Practices*. Policy advocacy continues at the state level, as does the state's support of policies in local schools, multi-unit housing facilities, and businesses. The state believes in celebrating community-level successes because they contribute to the ultimate goal of changing social norms around tobacco use and reducing exposure to secondhand smoke statewide.

Case Study #2: New York

New York tobacco control program joins forces with local coalitions to reduce the visibility of tobacco products and advertising in grocery chain.

The New York State Department of Health Tobacco Control Program (NYTCP) collaborated with the Southern Adirondack Tobacco Free Coalition (SATFC) and 19 other coalitions to remove tobacco ads and product displays in Price Chopper Supermarkets. After 19 months of planning, advocating, and collaborating, they created a new point-of-sale policy.

NYTCP advances tobacco control by enhancing local level policy work

New York has the highest cigarette tax in the nation and has had smoke-free workplaces, restaurants, and bars since 2003. The state has implemented media campaigns designed to educate the public on the dangers of secondhand smoke and to expose the tobacco industry's deceptive practices. This focus on evidence-based initiatives has led to the transformation of social norms and decreases in tobacco use. To achieve success, NYTCP continually supports local efforts to implement tobacco control policies by helping coalitions set clear, annual, policy-focused agendas and by providing tools, coordination, and training to advocate for and achieve local policy change.

NYTCP helps make policy advocacy more efficient and effective

SATFC has been particularly successful at working with NYTCP to coordinate policy advocacy activities. Project Manager Janine Stuchin recognizes NYTCP's support as being instrumental in all SATFC policy advocacy work. According to Stuchin, "If the New York State Department of Health did not provide me with policy advocacy trainings, tools, and resources, then I would be reinventing the wheel constantly." Stuchin also praised NYTCP for facilitating communication between all 30 of New York's tobacco control coalitions. "The state facilitates biannual meetings and monthly conference calls. This collaboration expands our policy advocacy networks and resources, which in turn makes us more efficient at achieving our policy goals."

Coalition pursues and passes grocery store point-of-sale policies, protecting local youth

While SATFC has secured more than 30 local policy initiatives, one of its most notable successes was reducing the visibility of tobacco products and advertising at Price Chopper, a major New York grocery store chain. "The tobacco industry pours the majority of its resources into marketing, which is what makes achieving point-of-sale policies both challenging and important," says Stuchin.

To take on this challenge, SATFC, along with 19 other community coalitions, first looked at the need for point-of-sale policies by assessing local grocery stores. NYTCP provided trainings on how to collect data and set benchmarks for data collection progress. Results revealed that tobacco products were often located in the front and center of grocery stores. Since Price Chopper Supermarkets had a large service area and a New York headquarters, SATFC focused on building a relationship with them first by researching the corporation, its mission, and its community projects. SATFC also devoted over a year to grassroots advocacy focused on coalition building, youth advocacy, mass letter writing, and using media to build community buy-in. As a result of strong collaboration between Price Chopper Vice President Mona Golub, coalitions, and NYTCP, Price Chopper implemented corporate-level change that removed tobacco products and advertising from the view of young consumers.

Momentum gained from this local-level success has primed the environment for future policy change. According to NYTCP Program Manager Alison Rhodes-Devey, "Price Chopper has come out as a real champion and has influenced other stores to follow suit." These strategies are being used to inform grocery store retail initiatives across the state. "We developed a template of what worked with Price Chopper and are utilizing it...the local point-of-sale initiatives are a building block towards statewide legislation requiring tobacco products to be kept out of view inside all non-adult-only retail establishments," says Rhodes-Devey.

Conclusion: Case for Investment

Why Invest in Efforts to Implement Evidence-Based Policies?

Advancing evidence-based policy strategies is fundamental to comprehensive tobacco control program success. Promoting tobacco control policy change efforts at the local, state, and federal levels leads to policy change for entire populations, and as such is a cost-effective public health strategy for reducing tobacco use and exposure to secondhand smoke.^{2,3,15} These efforts help tobacco control programs educate the community and maximize the impact of limited resources in the fight to make tobacco less affordable, accessible, and acceptable.

HISTORY AND ADOPTION

Efforts to implement evidence-based policies in tobacco control over the past 40 years have changed social norms, countered tobacco industry marketing, enhanced tobacco control policies and programs, reduced secondhand smoke exposure, and improved public health.^{1,4,12} The types of tobacco control policies and the strategies used to implement them have evolved based on evidence of the harms of tobacco use. The early 1970s marked the passage of the first tobacco control policies: smoking-section laws.¹⁴ As awareness of the harmful effects of secondhand smoke increased, tobacco control policies to prohibit smoking indoors were adopted to protect nonsmokers from exposure. Tobacco control proponents have also taken a larger role in pushing for increased tobacco taxes and expanding smoke-free laws. As of 2013, 24 states and Washington, D.C. have 100% smoke-free laws.⁷⁷ New areas that tobacco control proponents now target include point-of-sale restrictions and smoke-free grounds, parks, beaches, and multi-unit housing.⁴

SCIENTIFIC EVIDENCE

The link between policy change and improved health outcomes is strong and continues to grow. The 2009 Institute of Medicine report, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, reviewed 11 different studies that all found a decrease in heart attacks after smoke-free policies were in place.^{21,78} *The Community Guide to Preventive Services* lists smoke-free policies as the only recommended intervention to reduce exposure to secondhand smoke and recommends increasing the price of tobacco as an effective way to increase cessation.^{79,80}

Educating the public and policy makers about tobacco control policies is critical to improving public health.⁸¹ Public health partners often serve as the catalyst for increases in tobacco taxes, smoke-free laws, and point-of-sale interventions.⁴ Research has shown that unless they are motivated by the potential for increased tax revenue, decision makers are unlikely to adopt a tobacco control policy without education and encouragement from tobacco control experts.⁴ The 2000 Surgeon General's Report notes that "our recent lack of progress in tobacco control is attributable more to the failure to implement proven strategies than it is to a lack of knowledge about what to do."³ The report calls the emergence of statewide coalitions the most important advancement for comprehensive programs, in part for their ability to organize and encourage policy action through legislation and voters' initiatives.³

Conclusion: Case for Investment

COST

Evidence-based policies influence the behavior of entire populations. Population-level efforts are much more efficient (and cost-effective) than individual-level efforts to prevent tobacco use or encourage cessation. In fact, the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, found that smoke-free policies are the most economic and effective way to protect against secondhand smoke exposure.⁴² While efforts to implement policy require varied amounts of funding, the return on investment in both health-related costs and state revenue is great when states work with their communities and other groups to change policy.

Increasing the price of cigarettes can result in a substantial increase in state tax revenues and additional funds for tobacco control.^{43,47} Pricing policies and smoke-free policies decrease smoking prevalence and prevent initiation, which reduces tobacco-related disease^{3,46} and saves states billions of dollars in tobacco-related health care costs. From 1989-2004, the tobacco control program in California saved the state \$86 billion in health care expenditures.¹³ Policy change efforts can also create community conditions that help individuals choose and sustain health-improving behaviors. When community members adopt healthy behaviors, health care costs go down. From smoke-free workplaces to increasing the price of tobacco, it makes good health sense—and economic sense—to implement policies and remove barriers to better health.

SUSTAINABILITY

Investing in efforts to implement evidence-based policies helps tobacco control programs maintain their effectiveness over time. Comprehensive tobacco control policies serve both current populations and future populations. Policy implementation at the local, state, and federal levels results in changed social norms around tobacco use and sustained health benefits.

Policy efforts increase political will and public support for tobacco control programs by engaging grassroots partners and educating decision makers. The education and media advocacy that come before policy implementation help inform the public of the harms of tobacco use, the value of strong policies, and the importance of comprehensive tobacco control programs. After a policy is passed, tobacco control partners can continue to educate decision makers about the importance of sustained funding for tobacco control. Program sustainability can be further reinforced if revenue-generating policies (*e.g.*, tobacco tax increases, retailer license fees, and higher penalties for selling to minors) allocate funds for continued tobacco control efforts.

ARTICLES AND BOOKS

Brownson RC, Koffman DM, Novotny TE, Hughes RG. Environmental and policy interventions to control tobacco use and prevent cardiovascular disease. *Health Education Quarterly*. 1995;22(4):478-498.
<http://1.usa.gov/1eTcLCv>

Chapman S. Advocacy for public health: a primer. *Journal of Epidemiology and Community Health*. 2004;58:361-365.
<http://bit.ly/16opwUe>

Farrelly M, Nimsch C, James J. *State Cigarette Excise Taxes: Implications for Revenue and Tax Evasion*. Atlanta, GA: Tobacco Technical Assistance Consortium; 2003.
<http://bit.ly/103EpUM>

Frieden TR. A framework for public health action: the health impact pyramid. *American Journal of Public Health*. 2010;100(4):590-595.
<http://1.usa.gov/10VCAzE>

MANUALS, REPORTS, AND TOOLKITS

Advocacy Institute. *Nine Questions: A Strategy Planning Tool for Advocacy Campaigns*. Washington, DC: Advocacy Institute; 2001.
<http://bit.ly/159P2NQ>

American Cancer Society. *Strategy Planning for Tobacco Control Advocacy*. Atlanta, GA: American Cancer Society; 2006.
<http://bit.ly/159Q8ZP>

American Cancer Society. *Strategy Planning for Tobacco Control Movement Building*. Atlanta, GA: American Cancer Society; 2006.
<http://bit.ly/159Q8ZP>

American Cancer Society. *Enacting Strong Smoke-Free Laws: The Advocate's Guide to Legislative Strategies*. Atlanta, GA: American Cancer Society; 2006.
<http://bit.ly/159Q8ZP>

American Cancer Society. *Enforcing Strong Smoke-Free Laws: The Advocate's Guide to Enforcement Strategies*. Atlanta, GA: American Cancer Society; 2006.
<http://bit.ly/159Q8ZP>

American Public Health Association. *Media Advocacy Manual*.
<http://bit.ly/14VuTKY>

Americans for Nonsmokers' Rights. *Clearing the Air: An Overview of Smoke-Free Air Laws*. Berkeley, CA: Americans for Nonsmokers' Rights; 2011.
<http://bit.ly/18cZfaT>

Americans for Nonsmokers' Rights. *Provisions of Smokefree Air Laws*. Berkeley, CA: Americans for Nonsmokers' Rights; 2011.
<http://bit.ly/18q1fdf>

Americans for Nonsmokers' Rights. *Toolkit for Implementing Smoke-Free Laws*.
<http://bit.ly/ZmQiFv>

Campaign for Tobacco-Free Kids. *2010 Tobacco Tax Report Toolkit*.
<http://bit.ly/18pKz5D>

Centers for Disease Control and Prevention. *Best Practices User Guide: Coalitions—State and Community Interventions*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2009.
<http://1.usa.gov/130rabV>

Centers for Disease Control and Prevention. *Best Practices User Guide: Youth Engagement—State and Community Interventions*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
<http://1.usa.gov/11VVvLP>

Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2003.
<http://1.usa.gov/12niq9>

Resources

Centers for Disease Control and Prevention. *Policy and Environmental Change, New Directions for Public Health*. Atlanta, GA: Centers for Disease Control and Prevention and Association of State and Territorial Directors of Health Promotion and Public Health Education; 2001.

<http://bit.ly/12njgpd>.

Centers for Disease Control and Prevention. *State Smoke-free Laws for Worksites, Restaurants, and Bars—United States, 2000–2010*. Morbidity and Mortality Weekly Report. 2011;60:472–475.

<http://1.usa.gov/11XSSna>.

Centers for Disease Control and Prevention. *The Health Consequences of Involuntary Exposure to Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Dept of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.

<http://1.usa.gov/18d1oUa>.

Giovino GA, Chaloupka FJ, Hartman AM, et al. *Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change—The Robert Wood Johnson Foundation ImpacTeen Tobacco Chart Book*. Buffalo, NY: University at Buffalo, State University of New York; 2009.

<http://bit.ly/103M6dO>.

Institute of Medicine. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: The National Academies Press; 2007.

<http://bit.ly/10sPBJG>.

Institute of Medicine. *Secondhand Smoke and Cardiovascular Effects: Making Sense of the Evidence*. Washington, DC: The National Academies Press; 2009.

<http://bit.ly/10VMGAw>.

World Health Organization. *MPOWER: A Policy Package To Reverse The Tobacco Epidemic*. Geneva: World Health Organization; 2008.

<http://bit.ly/10VMOzZ>.

WEBSITES

Campaign for Tobacco-Free Kids

<http://tobaccofreekids.org>

Centers for Disease Control and Prevention. Smoking and Tobacco Use

<http://cdc.gov/tobacco>

Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System

<http://apps.nccd.cdc.gov/statesystem>

Americans for Nonsmokers' Rights

<http://www.no-smoke.org>

Centers for Disease Control and Prevention. Smoking and Tobacco Use, Media Campaign Resource Center

http://www.cdc.gov/tobacco/media_communications/countermarketing/mcrc/index.htm

Centers for Disease Control and Prevention. AR-12 Lobbying Restrictions

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar12

Tobacco Control Legal Consortium

<http://www.publichealthlawcenter.org/>

Tobacco Technical Assistance Consortium

<http://www.ttac.org>

CASE STUDIES

Nebraska

Nebraska Department of Health and Human Services. Tobacco Free Nebraska

http://dhhs.ne.gov/publichealth/Pages/tfn_tfnabout.aspx

Smokefree Nebraska Website

<http://smokefree.ne.gov>

New York

New York State Department of Health, Tobacco Control

http://www.health.state.ny.us/prevention/tobacco_control

Smoke-Free Housing NY

<http://smokefreehousingny.org>

Southern Adirondack Tobacco-Free Coalition

<http://www.tobaccofreeadirondacks.org>

References

1. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2007.
2. Americans for Nonsmokers' Rights Web site. <http://www.no-smoke.org/>. Accessed January 23, 2013.
3. US Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000.
4. Institute of Medicine. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: The National Academies Press; 2007.
5. Frieden TR. A framework for public health action: the health impact pyramid. *American Journal of Public Health*. 2010;100(4):590-595.
6. US Centers for Disease Control and Prevention. *Policy and Environmental Change: New Directions for Public Health*. Atlanta, GA: US Centers for Disease Control and Prevention, Association of State and Territorial Directors of Health Promotion and Public Education; 2001.
7. World Health Organization. *Cancer Control : Knowledge into Action: WHO Guide for Effective Programmes; Module 1*. Geneva, Switzerland: World Health Organization; 2006.
8. Americans for Nonsmokers' Rights. *Fundamentals of Smokefree Workplace Laws*. Berkeley, CA: Americans for Nonsmokers' Rights; 2009.
9. National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. Bethesda, MD: US Dept of Health and Human Services, National Institutes of Health, National Cancer Institute; 2008. Tobacco Control Monograph No. 19; NIH publication no. 07-6242.
10. Going smoke free—getting started. Americans for Nonsmokers' Rights Web site. <http://www.no-smoke.org/goingsmokefree.php?id=110>. Accessed April 21, 2011.
11. Smoking and tobacco use—history of the Surgeon General's Reports on Smoking and Health. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/tobacco/data_statistics/sgr/history/index.htm. Accessed April 21, 2011.
12. US Department of Health, Education, and Welfare. *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington, DC: US Dept of Health, Education, and Welfare, Public Health Service; 1964.
13. Lightwood JM, Dinno A, Glantz SA. Effect of the California tobacco control program on personal health care expenditures. *PLoS Medicine*. 2008;5(8):e178.
14. *Master Settlement Agreement*, National Association of Attorneys General (1998).
15. US Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
16. Hopkins DP, Husten CG, Fielding JE, Rosenquist JN, Westphal LL. Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: a summary of selected guidelines. *American Journal of Preventive Medicine*. 2001;20(2)(suppl 1):67-87.
17. Americans for Nonsmokers' Rights. *Clearing the Air: A Guide to Passing Smokefree Indoor Air Ordinances*. Berkeley, CA: Americans for Nonsmokers' Rights; 2006.
18. Brownson RC, Koffman DM, Novotny TE, Hughes RG. Environmental and policy interventions to control tobacco use and prevent cardiovascular disease. *Health Education Quarterly*. 1995;22(4):478-498.
19. Thomas S, Fayter D, Misso K, et al. Population tobacco control interventions and their effects on social inequalities in smoking: systematic review. *Tobacco Control*. 2008;17(4):230-237.
20. Health policy guide. Tobacco Technical Assistance Consortium Web site. www.ttac.org/products/health_policy/index.html. Accessed April 21, 2011.
21. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package*. Geneva, Switzerland: World Health Organization; 2008.
22. Lightwood JM, Glantz SA. Declines in acute myocardial infarction after smoke-free laws and individual risk attributable to secondhand smoke. *Circulation*. 2009;120(14):1373-1379.
23. International Agency for Research on Cancer. *Evaluating the Effectiveness of Smoke-Free Policies*. Geneva, Switzerland: World Health Organization; 2009.
24. Centers for Disease Control and Prevention. State cigarette excise taxes—United States, 2009. *Morbidity and Mortality Weekly Report*. 2010;59:385-388.
25. Federal Trade Commission. *Cigarette Report for 2009 and 2010*. Washington, DC: Federal Trade Commission; 2012.
26. Advocacy Institute. *Nine Questions: A Strategy Planning Tool for Advocacy Campaigns*. Washington, DC: Advocacy Institute; 2001.
27. American Cancer Society. *Tobacco Control Strategy Planning Guide 1: Strategy Planning for Tobacco Control Advocacy*. Atlanta, GA: American Cancer Society; 2006.

References

28. Top ten rules of advocacy. American Public Health Association Web site. <http://www.apha.org/NR/rdonlyres/B333E66A-5E83-408B-9871-9808EFAA209D/0/TopTenRulesofAdvocacy.pdf>. Accessed April 21, 2011.
29. Ahmad S. Increasing excise taxes on cigarettes in California: a dynamic simulation of health and economic impacts. *American Journal of Preventive Medicine*. 2005;41(1):276-283.
30. Harris J, Chan S. The continuum of addiction: cigarette smoking in relation to price among Americans aged 15-29. *Health Economics*. 1999;8(1):81-86.
31. Taurus J, O'Malley P, Johnston L. *Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis*. Cambridge, MA: National Bureau of Economic Research; 2001.
32. Campaign for Tobacco-Free Kids. *Voters in All States Support Significant Increases in State Cigarette Taxes*. Washington, DC: Campaign for Tobacco-Free Kids; 2008.
33. American Cancer Society. *Tobacco Control Strategy Planning Guide 2: Strategy Planning for Tobacco Control Movement Building*. Atlanta, GA: American Cancer Society; 2006.
34. Smoke Free Indy Web site. <http://www.smokefreeindy.com/services/public-policy/preemption>. Accessed April 21, 2011.
35. Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2003.
36. Advocacy Institute. *Smoke Signals: The Tobacco Control Media Handbook*. Washington, DC: Advocacy Institute; n.d.
37. Farrelly MC, Nonnemaker J, Davis KC, Hussin A. The influence of the national truth campaign on smoking initiation. *American Journal of Preventive Medicine*. 2009;36(5):379-384.
38. Sly D, Hopkins R, Trapido E, Ray S. Influence of a counteradvertising media campaign on initiation of smoking: the Florida "truth" campaign. *American Journal of Public Health*. 2001;91:233-238.
39. Dorfman L. *Blowing Away the Smoke Series: Advanced Media Advocacy, Advisory #5*. Washington, DC: The Advocacy Institute; 1998.
40. American Cancer Society. *Tobacco Control Strategy Planning Guide 3: Enacting Strong Smoke-Free Laws: The Advocate's Guide to Legislative Strategies*. Atlanta, GA: American Cancer Society; 2006.
41. US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.
42. Smokefree lists, maps, and data. Americans for Nonsmokers' Rights Web site. <http://www.no-smoke.org/goingsmokefree.php?id=519>. Accessed January 23, 2013.
43. Smoke-free policies receive public support. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/public_support/index.htm. Accessed April 21, 2011.
44. Jha P, Chaloupka F, Corrao M, Jacob B. Reducing the burden of smoking world-wide: effectiveness of interventions and their coverage. *Drug & Alcohol Review*. 2006;25(6):597-609.
45. Campaign for Tobacco-Free Kids. *Raising State Cigarette Taxes Always Increases State Revenues (and Always Reduces Smoking)*. Washington, DC: Campaign for Tobacco-Free Kids; 2008.
46. Farrelly M, Nimsch C, James J. *State Cigarette Excise Taxes: Implications for Revenue and Tax Evasion*. Atlanta, GA: Tobacco Technical Assistance Consortium; 2003.
47. Campaign for Tobacco-Free Kids. *Toll of Tobacco in the United States of America*. Washington, DC: Campaign for Tobacco-Free Kids; 2009.
48. Thomson CC, Fisher LB, Winickoff JP, et al. State tobacco excise taxes and adolescent smoking behaviors in the United States. *Journal of Public Health Management and Practice*. 2004;10(6):490-496.
49. Chaloupka F. Macro-social influences: the effects of prices and tobacco-control policies on the demand for tobacco products. *Nicotine & Tobacco Research*. 1999;1(suppl 2):S77-S81.
50. Campaign for Tobacco-Free Kids. *State Cigarette Tax Increases Benefit Lower-Income Smokers and Families*. Washington, DC: Campaign for Tobacco-Free Kids; 2008.
51. Ross H, Chaloupka FJ. Economic policies for tobacco control in developing countries. *Salud Publica de Mexico*. 2006;48(suppl 1):S113-S120.
52. Warner KE, Chaloupka FJ, Cook PJ, et al. Criteria for determining an optimal cigarette tax: the economist's perspective. *Tobacco Control*. 1995;4(4):380-386.
53. Siahpush M, Wakefield MA, Spittal MJ, Durkin SJ, Scollo MM. Taxation reduces social disparities in adult smoking prevalence. *American Journal of Preventive Medicine*. 2009;36:285-291.
54. Campaign for Tobacco-Free Kids. *The Many Ways States Can Raise Revenues While Also Reducing Tobacco Use and Related Harms and Costs*. Washington, DC: Campaign for Tobacco-Free Kids; 2009.

References

55. Campaign for Tobacco-Free Kids. *How to Make State Cigar Tax Rates Safe and Effective*. Washington, DC: Campaign for Tobacco-Free Kids; 2011.
56. Lindblom E, Hickey B. *The PACT Act: Preventing Illegal Sales of Cigarettes and Smokeless Tobacco*. Washington, DC: Campaign for Tobacco-Free Kids; 2010.
57. Campaign for Tobacco-Free Kids. *The Case for High-Tech Cigarette Stamps*. Washington, DC: Campaign for Tobacco-Free Kids; 2008.
58. Giovino GA, Chaloupka FJ, Hartman AM, et al. *Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change—The Robert Wood Johnson Foundation ImpacTeen Tobacco Chart Book*. Buffalo, NY: University at Buffalo, State University of New York; 2009.
59. Orzechowski B, Walker R. *The Tax Burden on Tobacco*. Arlington, VA: Orzechowski and Walker; 2010. Volume 44.
60. Chaloupka FJ. *Pricing Strategies for Tobacco, Healthy Eating and Physical Activity*. Chicago, IL: Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago; 2010.
61. Tobacco Control Legal Consortium. *Federal Regulation of Tobacco: Impact on State and Local Authority*. St. Paul, MN: Tobacco Control Legal Consortium; 2009.
62. Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: a systematic review. *Nicotine & Tobacco Research*. 2009;11(1):25-35.
63. Slater SJ, Chaloupka FJ, Wakefield M, Johnston LD, O'Malley PM. The impact of retail cigarette marketing practices on youth smoking uptake. *Archives of Pediatrics & Adolescent Medicine*. 2007;161(5):440-445.
64. US Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994.
65. Restricting product placement. Counter Tobacco Web Site. <http://countertobacco.org/restricting-product-placement>. Accessed April 16, 2013.
66. Coady MH, Chan CA, Auer K, Farley SM, Kilgore EA, Kansagra SM. Awareness and impact of New York City's graphic point-of sale tobacco health warning signs. *Tobacco Control*. 2013; 22(e1):e51-56.
67. Monardi F, Glantz SA. Are tobacco industry campaign contributions influencing state legislative behavior? *American Journal of Public Health*. 1998;88(6):918-923.
68. Feighery EC RK, Schleicher NC, Zellers L, Wellington N. How do minimum price laws affect cigarette prices at the retail level? *Tobacco Control*. 2005;14:80-85.
69. Raising tobacco through non-tax approaches. Counter Tobacco Web site. <http://countertobacco.org/raising-tobacco-prices-through-non-tax-approaches>. Accessed April 17, 2013.
70. Bialous SA, Fox BJ, Glantz SA. Tobacco industry allegations of "illegal lobbying" and state tobacco control. *American Journal of Public Health*. 2001;91(1):62-67.
71. Emmons K, Kawachi I, Barclay G. Tobacco control: a brief review of its history and prospects for the future. *Hematology/Oncology Clinics of North America*. 1997;11(2):177-195.
72. Americans for Nonsmokers' Rights. *Preemption: Tobacco Control's #1 Enemy*. Berkeley, CA: Americans for Nonsmokers' Rights; 2004.
73. Front groups and allies. Americans for Nonsmokers' Rights Web site. <http://www.no-smoke.org/getthefacts.php?id=62>. Accessed April 21, 2011.
74. Levy DT, Chaloupka F, Gitchell J. The effects of tobacco control policies on smoking rates: a tobacco control scorecard. *Journal of Public Health Management and Practice*. 2004;10(4):338-353.
75. US Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
76. Six months of smoke-free air: the Nebraska Clean Indoor Air Act. Nebraska Smokefree Web site. http://smokefree.ne.gov/SixMonthReport_SFAirLaw.pdf. Accessed April 21, 2011.
77. Summary of 100% smokefree state laws and population protected by 100% U.S. smokefree laws. Americans for Nonsmokers' Rights Web site. <http://www.no-smoke.org/pdf/SummaryUSPopList.pdf>. Accessed January 23, 2013.
78. Institute of Medicine. *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington, DC: The National Academies Press; 2010.
79. Reducing exposure to environmental tobacco smoke. The Community Guide Web site. <http://www.thecommunityguide.org/tobacco/environmental/index.html>. Accessed April 21, 2011.
80. Increasing tobacco use cessation. The Community Guide Web site. <http://www.thecommunityguide.org/tobacco/cessation/index.html>. Accessed April 21, 2011.
81. Gerlach KK, Larkin MA. *To Improve Health and Health Care, Vol. VIII*. San Francisco, CA: Jossey-Bass; 2005.

