ESSENTIAL ELEMENTS OF A COMPREHENSIVE STATE TOBACCO PREVENTION PROGRAM

The only way any state can substantially reduce smoking and other tobacco use within its borders is to establish a well-funded, sustained, and accountable comprehensive tobacco prevention program that employs a variety of evidence-based approaches. Nothing else will successfully compete against the addictive power of nicotine and the tobacco industry's aggressive marketing tactics.

While the multistate settlement agreement (MSA) and tobacco tax revenues give every state a tremendous opportunity to establish comprehensive programs to reduce tobacco use, each state must invest its tobacco-generated revenue wisely to reduce tobacco use as effectively and quickly as possible.

ESSENTIAL COMPONENTS

Past experiences show that the following elements must all be included to maximize the success of any statewide program to reduce tobacco use. Conducted in isolation, each of these elements can reduce tobacco use, but done together they have a much more powerful impact.[1]

State and Community-Based Interventions: CDC recommends states implement a community-based model that focuses on making tobacco less desirable, less acceptable and less accessible. CDC's recommendations for community-based interventions are based on the practice-based model used in many states, which integrates local and statewide policies and programs, chronic disease programs, interventions aimed at influencing youth, and activities focused on eliminating tobacco-related disparities.

- **The Statewide component is** responsible for implementing a coordinated, comprehensive tobacco control program and providing the information, guidance and resources needed to implement effective community programs.

- **Community programs** are essential to reducing tobacco use and in fact are the foundation of any statewide tobacco control program. A significant portion of a state's tobacco control funding should be provided to diverse groups at the local level, including local government entities, community organizations, local businesses, and other community partners. These groups can influence social norms regarding tobacco use and reach people where they live, work, play, learn, and worship. Local partners should build community coalitions to address tobacco use and educate the public and the media about the toll of tobacco and evidence-based strategies to reduce the toll. Criteria for eligibility and accountability must be established to ensure that community directed funds are spent in the most impactful way.

- **Tobacco-Related Disparities:** It is necessary to eliminate the disproportionate burden tobacco has on certain population groups in terms of risk, morbidity, and mortality. To address disparities, state programs must include disparity issues in their strategic plan, reach out to specific population groups for consultation, provide funding to organizations that can effectively reach specific populations, and provide culturally competent training and assistance to local partners.

- **Youth:** Most smokers begin smoking before the age of 18, so it is essential that states implement interventions targeted at youth. School and community-based programs must be coordinated and part of a comprehensive effort aimed at youth. Involving youth in reshaping their community environment to one where tobacco-free is the norm is an effective way to prevent initiation and encourage cessation among youth. For example, youth can be active participants in trying to make their school campuses 100 percent smoke-free and can be involved in activities opposing tobacco advertising and promotions targeting youth. The independent Task Force on Community Preventive Services' *Guide to Community Preventive Services*[2] recommends, in addition to policies and school-based efforts, that states restrict youth access to tobacco products by enforcing laws prohibiting sales to youth and strengthen laws directed at retailers.

- **Chronic Disease Programs:** Tobacco prevention programs can coordinate with other public health programs to address diseases for which tobacco use is a major cause, such as multiple cancers, heart disease and lung and respiratory diseases. Collaborating with other chronic disease programs increases the potential that each group will achieve its desired outcome of reducing the burden of tobacco, ensures wider dissemination of tobacco control strategies, and increases the number of people who could be effectively reached with tobacco prevention and cessation messages.

Public Education Efforts: Research has demonstrated that tobacco industry marketing increases the number of kids who try smoking and become regular smokers. Not surprisingly, one of the best ways to reduce the power of tobacco marketing is an intense campaign to counter these pro-smoking messages. Health communication campaigns prevent smoking initiation, promote cessation and change social norms related to tobacco use. These efforts must include multiple paid media (TV, radio, print, web-based, etc.), earned media (press releases, local events and promotions), and other efforts. Counter-marketing efforts should target both youth and adults with prevention and cessation messages and should have sufficient reach, frequency and duration to be successful. Any restrictions placed on the strategies used in these efforts will only hamper effectiveness.

Helping Smokers Quit (Cessation): A comprehensive tobacco control program should not only encourage smokers to quit but also support them in doing so. In fact, most smokers want to quit but have a very difficult time because nicotine is so powerfully addictive. To help these smokers, cessation products and services should be made more readily available and more affordable by covering treatment options under both public and private insurance and removing treatment costs and other barriers for populations that are uninsured and underserved. Treatment programs are most effective when they utilize multiple interventions, including individual, group and telephone counseling and FDA-approved pharmacotherapy. Clinician provided social support and skills training are also effective interventions. These services need to be strategically promoted to increase recognition and utilization among smokers. Staff training and technical assistance should be a part of all programs to treat tobacco addiction. Following the Public Health Service's (PHS) evidence-based recommendations[3] will increase the effectiveness of any cessation efforts.

Monitoring and Evaluation: Every element of a comprehensive tobacco control program should be rigorously evaluated throughout its existence to demonstrate effectiveness and ensure accountability. Careful monitoring and evaluation methods should be built into programs to provide the data necessary for continual improvement. In order to effectively monitor tobacco-related measures, states should participate in national surveillance systems, such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Tobacco Survey (YTS). Process measures should also be developed to monitor program activities, guide program improvement and ensure the most efficient and effective use of funds. Through this evaluation work, program elements can be adjusted and improved to ensure that tobacco use declines as quickly and sharply as possible and ensure that achieved reductions are sustained.

Administration and Management: In order for state programs to be effective, they require an established infrastructure for sound fiscal management and accountability. Programs need a solid foundation that includes diverse, well trained staff and effective communications systems. Administration and management activities include strategic planning, awarding and monitoring program grants, tracking program expenditures, ongoing training and technical assistance at the local level, effectively communicating with local coalition partners and programs, and educating the public and policy-makers on the burden of tobacco and the positive effects of the tobacco prevention program.

Related Policy Efforts: This factsheet focuses on the key programmatic elements of a tobacco prevention and cessation program, but there are also additional policy initiatives that reshape the environment and support tobacco-free norms – especially as part of a comprehensive strategy. These policies, which can be undertaken at the state and local levels, include increases in tobacco excise taxes, comprehensive smoke-free workplace laws, greater restrictions on minors' access to tobacco products and restrictions on tobacco marketing to kids.

GUIDING PRINCIPLES

Past experience with tobacco control efforts indicates that five principles should guide the development of a successful state program to prevent and reduce tobacco use:

- **It must be comprehensive.** Stopgap or partial measures will meet with only partial success. While research shows that a number of measures can reduce tobacco use, these elements work most effectively when they are combined in complementary fashion.

- **It must be well funded.** Unless properly financed, tobacco prevention will have little effect against the marketing efforts of the tobacco industry (over $13 billion each year). The Centers for Disease Control (CDC) has issued funding guidelines for state tobacco control programs, which can serve as a basis for planning.

- **It must be sustained over a long period of time.** While short-term attitudinal changes can occur relatively early, it will take years to achieve the significant behavioral and cultural changes necessary to reduce tobacco use substantially and maintain low levels. If tobacco control programs are not sustained over many years, the chances for success will be diminished, and any early gains may be lost in subsequent years. The early investment must be protected by sustaining the effort over time.

- **It must operate free and clear of political and tobacco industry influence.** History warns us that the tobacco industry will employ every manner of tactics to divert money from tobacco prevention and to interfere with any tobacco prevention efforts that are undertaken. To avoid this tobacco industry sabotage, new tobacco control programs must be set up to be independent of these influences and insulated from them.

- **It must address high-risk and diverse populations.** The needs of special populations can and must be taken into account in designing and disseminating the various elements of the tobacco control program.

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[1] U.S. Centers for Disease Control, *Best Practices for Comprehensive Tobacco Control Programs—2007* http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices.
[2] Zaza, B, et al. (eds.), *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press (2005).
[3] Fiore, MC, et al., *Treating Tobacco Use and Dependence*. U.S. Public Health Service Clinical Practice Guideline, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.