Tobacco-Control Work, 1991–2010

RWJF and Collaborators

Center for Public Program Evaluation

April 2011

Mid-Century America
A Nation Beguiled
Addicts in Denial

“I can quit whenever I want”

- Approximately 70% of smokers say they want to quit
- Almost 45% try to quit each year
- Only 3% to 5% of these succeed without help, which was mostly unavailable at that time
Everybody’s Doing It

• In 1955, more than 4 out of 10 adults smoked
  – More than 55% of men
  – Almost 30% of women

• Ten years later, in 1965, women were catching up with men
  – Men’s rates dropped to slightly more than 50%
  – Women’s rates increased to 33%
  – Still, 42% of adults smoked

• Ten years after that, in 1974
  – 37% of adults still smoked
The Grim Reality

Smoking harms almost every organ in the body

- coronary heart disease
- chronic obstructive lung disease
- cancer of the bladder, cervix, esophagus, larynx, lung, oral cavity, pharynx, pancreas and stomach

1 in 5 deaths every year in the U.S. is due to cigarette smoking

Nearly 25 million Americans alive in 2004 have already died or will die prematurely unless they quit smoking cigarettes
America Comes to Its Senses
Evolution of Tobacco Control

Adult Per-Capita Cigarette Consumption

Sources: Centers for Disease Control and Prevention and United States Department of Agriculture

Source: Tobacco Technical Assistance Consortium (sponsored by RWJF) at Emory University, http://www.ttac.org/
1990: RWJF Joins the Fight for Tobacco Control
An End in Sight—But Still a Way to Go

SOURCES: CDC/NCHS, *Health, United States, 2008*, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
What Did RWJF Do?

It led, coordinated and facilitated a nationwide initiative to significantly reduce tobacco use.
How Did RWJF Do It?

- A public commitment, putting its prestige on the line
- A $700 million investment over a 19-year period
- An expanding circle of collaborators
- Innovative, proactive tactics
- A focus on pivotal achievements to drive significant progress well into the future
Total RWJF Funding for Tobacco-Control Projects, 1991–2009

Total funding equals $700 million

Source: RWJF PIMS
Early Partners

• CDC Office on Smoking and Health
• National Cancer Institute
• American Cancer Society
• American Lung Association
• American Heart Association
• American Medical Association
• Center for Public Policy Advocacy
• Americans for Nonsmokers’ Rights
Early Programs

• Tobacco Policy Research and Evaluation
• Substance Abuse Policy Research
• Smoke-Free Families
• SmokeLess States
The First Seven Years
A Slow Start—Smoking Rates Flatten Out

SOURCES: CDC/NCHS, *Health, United States, 2008*, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
Even Worse—Kids’ Smoking Rates Spike Upward

SOURCES: CDC/NCHS, *Health, United States, 2008*, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
Assessment of Early Efforts

• Traditional approaches were not effective
  – Open-ended grants
  – General public health information
  – Uncoordinated local programs

• Policy research yielded important results
  – Correlation of price and uptake of smoking
  – Potentially addictive nature of nicotine
  – Marketing strategies of the tobacco industry
  – Relative efficacy of various messages

• More collaborators would be needed
Shifting Gears

1995

New Strategies and Approaches
Programs and Funding

Total Funding 1992–2010 $700 Million

- Major Projects
  - Smoke-Free Families 1993–2008 29 million
  - SmokeLess States 1994–2010 104 million
  - Campaign for Tobacco-Free Kids 1995–2013 95 million
  - Tobacco Etiology Research 1996–2006 9 million
  - Addressing Tobacco in Managed Care 1996–2008 12 million
  - Bridging the Gap 1997–2012 19 million
  - Partners With Tobacco Use Research Centers 2000–2007 12 million
  - Innovators Combating Substance Abuse 2000–2008 7 million
  - Helping Young Smokers Quit 2002–2009 7 million
  - Smoking Cessation Leadership Center 2002–2011 10 million
  - Tobacco Policy Change 2004–2011 12 million
More Partners

- Agency for Healthcare Research and Quality
- Attorneys General
- Food and Drug Administration
- National Heart, Lung and Blood Institute
- National Institute on Drug Abuse
- America’s Health Plans
- American Legacy Foundation
- North American Quitline Consortium
- Numerous state and local coalitions
- University of Wisconsin
- University of Illinois at Chicago
- University of Michigan
Pivotal Focus Areas

- Excise Tax Increases
- Smoke-Free Indoor Air
- Availability of Proven Cessation Treatments
- Youth
Innovative Tactics

• The Voice of the Anti-Tobacco Movement
• At the Negotiating Table
• Advocacy for State Legislation
• Health Care Systems Reforms
• Strategic Communications
• Research and National Performance Monitoring
The Voice of the Anti-Tobacco Movement

- *The Campaign for Tobacco-Free Kids*
  - Respond to misleading claims of the tobacco industry
  - Provide messaging guidance and resources in support of tobacco-reduction campaigns
  - Communicate with policy-makers in the Congress and executive branch
  - More effectively educate the public about the dangers of tobacco
At the Negotiating Table

The campaign also represented public health institutions in the

– Master Settlement Agreement of 1998

– Federal legislation to:
  • Regulate the content of tobacco products
  • Publicize the dangers of tobacco
  • This failed in 1998 but eventually passed in 2009 as the *Family Smoking Prevention and Tobacco Control Act*
Orchestrated Advocacy for State Legislation

- The *SmokeLess States* program was revamped and expanded. It provided technical assistance to 48 state-based coalitions to pursue changes in state laws to:
  - Increase tobacco excise taxes
  - Ban smoking in public places
  - Provide coverage for cessation treatments in Medicaid and state employee insurance programs

- RWJF also provided technical assistance through Americans for Nonsmokers’ Rights to help state and local advocates to pass smoke-free air laws
Health Care Systems Reforms

• RWJF promoted availability of proven tobacco-cessation treatments through
  – Addressing Tobacco in Managed Care
  – Helping Young Smokers Quit
  – Smoke-Free Families
  – Partnership to Help Pregnant Smokers Quit
  – Surveys of coverage of cessation treatments in managed care, Medicaid and employer health plans
  – Smoking Cessation Leadership Center
Research and National Performance Monitoring

• Continued support for the Substance Abuse Policy Research Program

• Research and national performance monitoring through *Bridging the Gap*
What Were the Results?

- Major improvements in tobacco-control infrastructure
- Significant decrease in smoking rates, particularly among youth
- Fewer smokers and smoking-related deaths
Major Improvements
in the
Tobacco-Control Infrastructure
Average Total Excise Tax by Year

Source: National Cancer Institute's State Cancer Legislative Database Program, National Conference of State Legislatures and ImpacTeen.

Source: The MayaTech Corp.
Notes: Data are for effective laws through 9/30/2008.
### Summary of 100% Smoke-Free State Laws and Population Protected by Them
As of October 2, 2009

<table>
<thead>
<tr>
<th>Type of Law</th>
<th>Number of States*</th>
<th>Population Covered by Local and State Laws</th>
<th>% of Population Covered by Local and State Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplaces¹ and/or Restaurants² and/or Bars³</td>
<td>31</td>
<td>213,788,204</td>
<td>71.0%</td>
</tr>
<tr>
<td>Workplaces¹ and Restaurants² and Bars³</td>
<td>19</td>
<td>124,183,765</td>
<td>41.2%</td>
</tr>
<tr>
<td>Workplaces¹</td>
<td>25</td>
<td>172,235,304</td>
<td>57.2%</td>
</tr>
<tr>
<td>Restaurants²</td>
<td>28</td>
<td>195,841,619</td>
<td>65.0%</td>
</tr>
<tr>
<td>Bars³</td>
<td>24</td>
<td>162,965,413</td>
<td>54.1%</td>
</tr>
<tr>
<td>Workplaces¹ and Restaurants²</td>
<td>22</td>
<td>155,339,961</td>
<td>51.6%</td>
</tr>
<tr>
<td>Restaurants² and Bars³</td>
<td>24</td>
<td>162,942,752</td>
<td>54.1%</td>
</tr>
</tbody>
</table>

*Number includes state laws currently in effect, and does not include Washington, D.C., or Puerto Rico.

¹Includes both public and private non-hospitality workplaces, including, but not limited to, offices, factories and retail stores.

²Includes any attached bar in the restaurant.

³Includes freestanding bars without separately ventilated rooms.

Medicaid Coverage of Cessation Aids in the 50 States and the District of Columbia - 1993-2006


NOTE: Iowa is included beginning in 2003 when cessation coverage for pregnant women was first reported by Halpin. Iowa's exact start date is unknown. (Halpin et al. Medicaid Coverage For Tobacco-Dependence Treatments. Health Affairs. 2006 Mar,25(2):550-556.)
Establishment of Quitline Services in the 50 States
The District of Columbia - 1991-2006

Source: North American Quitline Consortium.
Percentage of Respondents Supporting Smoking Bans in Public Places

Improvements to Which RWJF Contributed

- Development of tobacco-control professional field
  - Researchers
  - Policy advocates
  - Body of research-based knowledge
- State laws related to:
  - Significant increases in excise taxes
  - Smoke-free indoor air
  - Medicaid coverage of cessation treatments and services
- Public health components of the Master Settlement Agreement of 1998
More Improvements

- Insurance coverage of cessation treatments
- Development and dissemination of healthcare systems improvements:
  - Clinical practice guidelines
  - HEDIS measures
  - National Quitline network and services
- Federal laws in 2009 related to:
  - Federal excise tax increase
  - Federal regulation of tobacco
- Deglamorization of tobacco in entertainment
Still More Improvements

• Stronger warning labels
• Controls on advertisements directed to youth
• Abiding institutions
  o Campaign for Tobacco-Free Kids
  o American Legacy Foundation
  o National Tobacco Cessation Collaborative
  o Center for Cessation Leadership
• Demise of the Tobacco Institute
• Demise of Joe Camel
Smoking Rates Decrease
Adult Rates Head Down Again

SOURCES: CDC/NCHS, Health, United States, 2008, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
Students’ Rates Brought Under Control—Now on Par With Adults

SOURCES: CDC/NCHS, Health, United States, 2008, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
Pregnant Smokers’ Rates Decline Too

SOURCES: CDC/NCHS, Health, United States, 2008, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System.
Ultimate Impact

Fewer Smokers and Fewer Smoking-Related Deaths
Fewer Adult Smokers

By 2009:

• Smoking rates decline from 25.5% in 1990 to 20.6%

• 11.4 million fewer adults smoking than would have been at 1990 rates

Source: Author’s calculations based on U.S. Census Bureau population data and National Health Interview Survey, 1965–2009.
Fewer Young Smokers

By 2007

• Smoking rates decline from 36.4% in 1997 to 19.5%

• 2.8 million fewer high school students smoking than would have been at 1997 rates

Impact Specifically Related to Tax and Master Settlement Price Increases and Smoke-Free Air
## 1993-2010

<table>
<thead>
<tr>
<th>REDUCTIONS</th>
<th>Number of Smokers</th>
<th>Smoking-Related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax and Master Settlement</td>
<td>3,717,956</td>
<td>37,982</td>
</tr>
<tr>
<td>Price Increases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke-Free Air</td>
<td>1,685,363</td>
<td>18,937</td>
</tr>
<tr>
<td>Combined Effect</td>
<td>5,332,504</td>
<td>60,451</td>
</tr>
</tbody>
</table>

Reduction in Number of Smokers
Tax and MSA Price Increase Impact
1993–2010

Reduction in Deaths
Tax and MSA Price Increase Impact
1993–2010

Reduction in Number of Smokers
Smoke-Free Air Policy Impact
1993–2010

Reduction in Deaths
Smoke-Free Air Policy Impact
1993–2010

Reduction in Number of Smokers
Combined Tax and Smoke-Free Air Policy and MSA Price Increase Impact
1993–2010

Reduction in Deaths
Combined Tax and Smoke-Free Air Policy and MSA Price Increase Impact
1993–2010

## 1993–2063
(70 Year Generation Analysis)

<table>
<thead>
<tr>
<th>REDUCTIONS</th>
<th>Number of Smokers</th>
<th>Smoking-Related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax and Master Settlement</td>
<td>9,122,482</td>
<td>1,420,875</td>
</tr>
<tr>
<td>Price Increases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke-Free Air</td>
<td>2,376,731</td>
<td>673,854</td>
</tr>
<tr>
<td>Combined Effect</td>
<td>12,049,270</td>
<td>2,094,112</td>
</tr>
</tbody>
</table>

Reduction in Number of Smokers
Combined Tax and Smoke-Free Air Policy and MSA Price Increase Impact
1993–2063

Reduction in Deaths
Combined Tax and Smoke-Free Air Policy and
MSA Price Increase Impact
1993–2063

Limitations—Potential Understatements

- Exclusion of local policies from the analyses
  - Early years/smoke-free air policies
  - Some significant local taxes—most notably in NYC and Chicago/Cook County

- Exclusion of other tobacco-control activities
  - State program funding
  - Expanded access to cessation services
  - Mass-media campaigns

- Relatively conservative assumptions about the increased risks of premature death caused by smoking
How Much of the Results Are Attributable to RWJF?

RWJF was a dominant force and significant contributor to the achievements of the last 20 years.
How Do We Know?

- **Statistical correlation** of RWJF’s state-level investments with state legislation is positive and statistically significant.
- **Program logic model analysis** suggests strong connections of results with RWJF tactics.
- **Testimony** of well-informed outside participants strongly credits RWJF.
- **However, quantified pro-rata attribution** is neither appropriate nor possible.
Number of Increases in State Excise Taxes by Year

Source: National Cancer Institute's State Cancer Legislative Database Program, National Conference of State Legislatures and ImpacTeen.
Average State Excise Taxes by Year

Source: National Cancer Institute's State Cancer Legislative Database Program, National Conference of State Legislatures and Impac Teen.
Average Total Excise Tax by Year

Source: National Cancer Institute's State Cancer Legislative Database Program, National Conference of State Legislatures, ImpacTeen and Campaign for Tobacco-Free Kids.
Number of States Enacting Clean Air Laws in *Workplaces* by Year

- **First SmokeLess States Grants Authorized (1994)**
- **Center for Tobacco-Free Kids (1995)**
- **SmokeLess States Target Policy Changes (2000)**

Prohibited smoking in:
- Public Places
- State and Local Government Buildings
- Private Workplaces

Source: American Lung Association
Number of States Enacting Clean Air Laws in *Restaurants* by Year

Source: American Lung Association
Includes laws that prohibit smoking in public places, state and local government buildings, private workplaces, schools, childcare centers, health facilities and restaurants.

Source: American Lung Association
Medicaid Coverage of Cessation Aids in the 50 States and the District of Columbia - 1993-2006


NOTE: Iowa is included beginning in 2003 when cessation coverage for pregnant women was first reported by Halpin. Iowa’s exact start date is unknown. (Halpin et al. Medicaid Coverage For Tobacco-Dependence Treatments. Health Affairs. 2006 Mar;25(2):550-556.)
Smoking Bans and Heart Attacks

“The evidence that exists about smoking bans and heart attacks, including the 11 studies analyzed in this report, support an association between smoking bans and a decrease in the incidence of heart attacks.”

“Remarkably, all of the publications show a decrease in the rate of heart attacks after a smoking ban was implemented. Those decreases ranged from six percent to 47 percent, depending on the study and the form of analysis.”

“Such consistent data confirms for the committee that smoking bans do, in fact, decrease the rate of heart attacks.”

Source: Institute of Medicine, Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence, October 2009.
WHAT WORKED?

The tactics discussed above were important to RWJF’s success.

In addition, broader principles, strategies and cultural values provided a bedrock upon which to carry out the tactics. Leadership styles also mattered.
Successful Tactics

• Policy research as the foundation of plans and action
• Support for a permanent institution as the voice, strategist, and knowledge source of the movement
• Centralized and coordinated advocacy for federal legislation and regulation
• Orchestrated support for grassroots, state-based advocacy for legislative policy change
• Promotion of healthcare systems reforms
• Centralized strategic communications
• Focus on specific achievable, pivotal goals
Combinations of All the Above Tactics

• The most successful results were obtained by combining tactics. For example:
  – Advertising support for cessation services while implementing excise tax increases
  – Packaging quitline advertising, subsidies for cessation services, tax-increase campaigns, clean air and strong public health messages
Principles, Strategies and Cultural Values

• **Collaborating** with other institutions
• **“Building the field”** of research and advocacy
• **Using the RWJF brand** as a source of strength for others
• **Committing substantial funds** over a period long enough to make a difference in changing policies and social norms
• **Being strategic, but flexibly so;** periodically assessing and adjusting tactics
Successful Leadership Styles

• **Active, visible leadership**—through coordination, focusing activities of grantees, technical training and support, convening conferences to share ideas

• **Steering from the hold**—behind the scenes, competent, helpful presence and advice to policy-makers and other stakeholders

• **Negotiation/deal making**—Willingness, under the right circumstances, to offer options and compromise

• **Public voice**—including goal setting and strategic communications
What Didn’t Work

- Mistakes of the early years
- Lost opportunities
Mistakes of the Early Years

- Unstructured grants supporting promising approaches
- Demonstrations not based on systematic scientific inquiry
- Generalized public health education
- Decentralized strategic communications
Impermanency of Certain Results

• Some important contributions had long-lasting effects but could not be sustained

For example:
  • Impact of excise tax increases may diminish due to inflation
  • SmokeLess States coalitions have largely dissolved
Holes and Missed Opportunities

• **Disadvantaged communities.** The focus on state-level advocacy initially diverted attention from disadvantaged communities, often hard hit by tobacco-industry tactics.

• **Stovepipes.** Many RWJF grantees were unaware of one another’s work and lost chances to reinforce their respective efforts—e.g., to promote quitlines and cessation treatments when implementing excise tax increases.
What Lessons Can be Transferred to Other Public Health Initiatives

With appropriate adaptation, the “What works” and “What doesn’t work” lists answer the question of transferability.

However, some broader, more sweeping principles can be derived from the entire experience.
The Biggest Lessons Learned

• Aim for Enduring Change Through:
  – Legislative and regulatory policies
  – Health care systems reforms
  – Permanent institutional change agents

• Think Big
  – Change social norms
  – Influence the entire public health environment

• Take Concerted, Coordinated Action by Combining
  – Tax and smoke-free air policy work
  – Public communications
  – Cessation assistance
WHERE DO THINGS STAND NOW?

July 2010

RWJF Support for Tobacco Work Continues

- Some funding continues through
  Campaign for Tobacco-Free Kids
  Bridging the Gap
  Smoking Cessation Leadership Center
  Tobacco Policy Change

- Technical support for state and local campaigns

- Promoting implementation of new FDA authority to regulate tobacco
Adult Smoking Rates Have Declined

The Surge of Students’ Smoking Rates Has Been Reversed


Center for Public Program Evaluation
ATTITUDES HAVE CHANGED