A RECOMMENDED COMPREHENSIVE

# *Tobacco Use Prevention & Reduction*

PLAN FOR COLORADO

JANUARY 2000

A report to Governor Owens
from the Colorado Department
of Public Health and Environment

Colorado Department
of Public Health
and Environment

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*Settling States "have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for Settling States and their citizens significant funding for the advancement of public health, [and] the implementation of important tobacco-related public health measures…" [MSA I]*

# STATE OF COLORADO

Bill Owens, Governor
Jane E. Norton, Executive Director

*Dedicated to protecting and improving the health and environment of the people of Colorado*

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Colorado Department
of Public Health
and Environment


TO: Governor Bill Owens
Members of the Colorado General Assembly

FROM: Jane E. Norton, Executive Director
Colorado Department of Public Health and Environment

SUBJECT: A Recommended Comprehensive Tobacco Use Prevention and Reduction Plan for Colorado

DATE: February 7, 2000

With a $15 million annual investment, funded solely through the tobacco settlement, we have an opportunity to save Colorado $930 million a year – and over 4,000 lives.

The enclosed plan outlines the tobacco settlement, the impact of tobacco on Colorado's health and economy, and a program to dramatically reduce – and perhaps some day eliminate – the damage that tobacco use causes in Colorado.

As you know, Colorado's share of the tobacco settlement is projected to total $2.6 billion over 25 years for an average of $100 million annually. The enclosed plan, which outlines a proposal for expenditure of only a small portion of those funds, targets education, prevention, and cessation programs that experts believe can have the greatest impact on reducing the state's tobacco problem.

Colorado will see immediate benefits as adult smokers quit. A reduction in smoking rates of just one percent could save $9.9 million in five years. Programs to reduce smoking during pregnancy could potentially save Colorado $11 million annually.

The greatest health and economic benefits will be realized in 20 to 30 years. Nationally, tobacco use by high school seniors is at a 19-year high. This year, another 20,000 Colorado young people will become regular smokers. Studies show that these teenagers are much more likely to use drugs and drink heavily than their non-smoking peers. Tobacco education and prevention are working in other states, and we can make it work for Colorado, too.

This is the opportunity of our lives – and the lives of Colorado children. I believe that successful implementation of this plan will serve as one more step toward unifying this department's strategic plan with your vision for our great state and the citizens we serve. Thank you for your continued commitment to making Colorado the best place in the world to live and raise a family.

# I. EXECUTIVE SUMMARY

After a four-year legal battle, the major U.S. tobacco manufacturers agreed to a settlement, now known as the Master Settlement Agreement, or MSA. The states are expected to receive payments of $250 billion over the next 25 years. Colorado's share of settlement funds is projected to be $2.6 billion over 25 years, resulting in an average annual payment of $100 million.

The states' attorneys general recognized the real victory of the settlement would be won by reducing the future devastation wrought by tobacco.

> …Settling States "have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for Settling States and their citizens significant funding for the advancement of public health, [and] the implementation of important tobacco-related public health measures…" [MSA I]

Presently several legislative ideas have been put forward concerning the use of Colorado's share of the settlement funds. One bill calls for a 15 percent allocation for tobacco prevention, education and cessation, and another proposal would sell the settlement award for a lump-sum, up front payment.

The Colorado Department of Public Health and Environment recognizes that these and other issues will be debated and resolved by the Colorado General Assembly. The purpose of this plan is to provide legislators with factual background and to request $15 million to implement the enclosed comprehensive set of tobacco-related public health measures.

Chronic disease accounts for 60 percent of all deaths in Colorado and nationally. The Colorado Department of Public Health and Environment's strategic plan clearly articulates that a primary and urgent challenge facing public health is to find a way to halt the epidemic of chronic disease. Tobacco use is the greatest cause of chronic disease. In fact, tobacco use is the leading preventable cause of death in the United States and in Colorado.

In addition to chronic disease, tobacco use contributes to low-birthweight, SIDS and respiratory illnesses. Environmental tobacco smoke causes more than 60,000 deaths each year, making it the second leading preventable cause of death.

In addition to the toll of human suffering tobacco has on both smokers and non-smokers, the cost of treating tobacco-related illness is staggering. Public and private direct expenditures to treat health problems caused by smoking total more than $89 billion a year. Annual health care expenditures in Colorado directly related to smoking exceed $930 million.

While adult smoking rates have leveled off at about 23 to 24 percent, the smoking rate among young people aged 18 to 25 years continues to follow an upward path. Over the last 10 years, the number of young people under 18 years of age in the U.S. who became new daily smokers increased by more than 70 percent. Colorado also has one of the highest rates of spit tobacco use among boys in the nation. Tobacco use is also correlated with other high-risk behavior during adolescence, notably drug use, excessive use of alcohol, early sexual activity, violence, and unintentional injuries.

There are four state agencies engaged in tobacco use reduction and prevention. The two programs housed in the Department of Public Health and Environment are the State Tobacco Education and Prevention Partnership (STEPP) and the FDA enforcement program in the Consumer Protection Division. Both are funded entirely through federal sources and use the money to support community-based programs. The Colorado Department of Human Services' Alcohol and Drug Abuse Division also receives federal funding to reduce alcohol, drug and tobacco use among youth. A small portion of the state funds allocated to the Colorado Department of Education may be used for tobacco use prevention activities. Federal funding supports the Department of Education's Safe and Drug Free Schools Program. Finally, within the Colorado Department of Revenue, the Tobacco Enforcement Division receives $160,000 from the general fund to hire two officers to enforce the state law prohibiting the sale of tobacco to minors.

Several states have implemented long-term comprehensive tobacco use prevention programs that are showing concrete results. Cigarette consumption has fallen in Massachusetts by 31 percent from 1992 to 1997, and another 5 percent from 1997 to 1998. California consumption fell 40 percent from 1990 to 1993. Oregon's program, only in place for three years, has already achieved a six percent decline in tobacco use. High school smoking rates in these states are also lower than rates in other states. Florida's program, which specifically targets youth, reduced smoking among middle school students by 19 percent and high-school students by eight percent in less than a year.

The experiences of these and other states, coupled with lessons learned from federal initiatives to curb tobacco use and published evidence-based research, have resulted in a set of national "best practices" for comprehensive tobacco control programs. According to the best practices, in order to ensure success, programs must be comprehensive; contain key components; have adequate funding that is sustained over time; and effectively targeted to the needs of high-risk and diverse populations. The Centers for Disease Control and Prevention recommends a minimum spending level of $24.5 million per year for Colorado, though the optimum spending level is estimated at $63 million annually. Such estimates are presented to illustrate the enormity of unmet need in this area. However, recognizing other legitimate and compelling needs and uses for these funds, the enclosed Colorado Department of Public Health and Environment plan is comprehensive in nature, with a proposed annual cost of $15 million.

There are three guiding principles that served as a foundation for the plan development.

- The program must be consistent with, and where possible, advance the governor's vision for Colorado and the Department of Public Health and Environment's four-year strategic plan.
- The program must be coordinated with existing national, state, and community efforts and use existing infrastructure when feasible.
- The program must demonstrate accountability and effectiveness.

The department plan includes nine program elements, in keeping with the national "best practices." These include local community programs, school-based youth and parent programs, public awareness and education campaigns, statewide partnerships, tobacco-related health programs, cessation and nicotine addiction treatment, enforcement, program management and accountability, and data collection and evaluation.

## II. OVERVIEW: THE TOBACCO SETTLEMENT AND PROPOSED USES

Colorado has a historic opportunity to substantially reduce the human and economic toll taken by tobacco. Based on projections from the State of Washington and track records in California, Oregon, Massachusetts and Florida, a $15 million investment to create a comprehensive tobacco use prevention program in Colorado can produce measurable short- and long-term economic benefits, while improving the health status of the state.

### *History*

In 1995, Colorado Attorney General Gale Norton, along with six other state attorneys general, filed suit against the major tobacco companies to recover Medicaid funds that for decades were spent on medical care for ill and dying smokers. After a four-year legal battle and losses in similar lawsuits brought by four individual states, the major U.S. tobacco manufacturers agreed to a settlement on November 23, 1998. Under the Master Settlement Agreement, or MSA, the remaining 46 states are expected to receive payments of $250 billion over the next 25 years.

The states' attorneys general recognized the real victory of the settlement would be won by reducing the future devastation wrought by tobacco. They stated in the "Recitals" section that,

> …Settling States "have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for Settling States and their citizens significant funding for the advancement of public health, [and] the implementation of important tobacco-related public health measures…" [MSA I]

### *Significant Provisions*

The MSA contains non-monetary provisions to limit the promotion of tobacco products, especially marketing efforts targeting children and youth. There are also provisions to prohibit industry lobbying efforts to limit the impact of the MSA itself. In addition, the industry will fund an independent national foundation, the American Legacy Foundation, the purpose of which is to help decrease tobacco use among children and youth. According to a provision in the MSA, which becomes effective in April 2000, decreases in nationwide cigarette sales will result in decreases of the settlement payments. For every full percentage point decrease in tobacco sales, payments will decrease 0.98 percent. Although there has been a decrease in sales due to the increase in cigarette prices, the decrease is less than projected.

### *Colorado's Share*

Colorado's share of settlement funds is anticipated to be $2.6 billion over 25 years with an average annual payment of $100 million. Colorado received its first payment of almost $34 million on December 14, 1999, and deposited it in a trust fund. The next installments of $29 million and $60 million are due to arrive on January 10, 2000, and April 15, 2000, respectively.

## III. THE CHRONIC DISEASE EPIDEMIC

As a public health threat, tobacco use is distinct by virtue of the staggering magnitude of the disease and death it causes. Yet because tobacco use is so common, even health officials can become desensitized to the true scope of its consequences. The crash of a commercial airplane makes the headlines and society recognizes the death and subsequent family tragedy associated with such an event. In comparison, the annual death toll from tobacco in this country is the equivalent of three jumbo jets crashing, with no survivors, every day for an entire year.

The United States is experiencing an epidemic unlike any in its history. Nationally, chronic disease – that is, heart disease, cancer, stroke, and chronic obstructive pulmonary (lung) disease – is responsible for almost two-thirds of all deaths, 1.8 million annually. It carries a financial burden of $325 billion, in addition to the mortality rates.

Beyond mortality rates, approximately 100 million Americans – more than one-third of the U.S. population – experience disability or severe limitations due to chronic disease. According to the Centers for Disease Control and Prevention, by 2010, a chronic disease will afflict over 120 million Americans, increasing to 134 million by 2020. By 2020, the costs associated with this epidemic will approach $1 trillion per year.

The same devastating epidemic plagues Colorado and threatens our otherwise bright future. Although lower than national rates, chronic disease accounts for 60 percent of all deaths in Colorado. The Colorado Department of Public Health and Environment's strategic plan clearly articulates that a primary and urgent challenge facing public health is to find a way to halt the epidemic of chronic disease. Chronic disease also exacts a disproportionate toll on less fortunate individuals – specifically, poor and underserved populations. Reducing these disparities is a critical investment area for the Colorado Department of Public Health and Environment in the coming years.

Fueling the chronic disease epidemic are unhealthy lifestyles and behaviors. In fact, according to the U.S. Department of Health and Human Services, about half of all deaths can be attributed to behavioral choices. To adequately address this epidemic, public health needs support to implement new strategies that are focused on modifying individual lifestyle and behavior, and to create social norms that foster healthy behaviors and environments.

The behavioral risk factors for a variety of chronic diseases have been identified and tobacco use heads the list. The Centers for Disease Control and Prevention estimates the elimination of tobacco could prevent more than 430,000 deaths annually in the United States. In fact, tobacco use is the leading preventable cause of death in this country, killing more people than alcohol, AIDS, car crashes, illegal drugs, murder and suicides combined.

In Colorado, tobacco use also exacts a heavy toll. Nearly 20 percent of all deaths in Colorado, or 4,616 a year, can be attributed to tobacco use, making it the leading cause of preventable death in this state as well as nationally. Today, there are 916,282 adult smokers in Colorado. On average, smokers die 12 to 15 years earlier than nonsmokers.

## IV. OTHER HEALTH CONSEQUENCES

The health consequences of tobacco use are not limited to chronic disease among smokers. In fact, chronic disease caused by tobacco use happens in mid- or later-life while other health-related consequences can begin during the prenatal period and continue through childhood and adolescence.

### *Pregnancy and Smoking*

Smoking is strongly associated with low-birthweight babies: the greater the number of cigarettes smoked during pregnancy the higher the risk a pregnant woman has of delivering a low-birthweight infant. According to "The Health Benefits of Smoking Cessation," a report of the U.S. Surgeon General, 20 percent of all low-birthweight babies, eight percent of all deliveries, and five percent of all perinatal deaths could be prevented by eliminating smoking during pregnancy.

The number of pregnant women who smoke during their pregnancies has decreased significantly over the last 10 years. Nationwide in 1997, 13.9 percent of pregnant women smoked, while in Colorado 12 percent smoked. Tragically, Colorado has the sixth highest low-birthweight rate in the nation. Eliminating or reducing smoking among pregnant women would have the largest impact on reducing deliveries of low-birthweight babies than any other single intervention.

### *Environmental Tobacco Smoke*

Environmental tobacco smoke (ETS) is a combination of the smoke in the air from a burning cigarette and the smoke exhaled by a person smoking.

- Each year in the U.S., an estimated 60,000 adult nonsmokers will die from heart, lung and other diseases due to ETS.

- Each year in the U.S., ETS causes over 2.5 million cases of chronic middle ear infection, bronchitis and pneumonia in children under five years of age.

- Each year in Colorado, approximately 193,000 children are exposed to ETS in their homes.

- Each year in Colorado, approximately 4,400 cases of asthma in children under 15 years of age can be attributed to exposure to tobacco smoke in the household.

## V. THE ECONOMIC IMPACT OF TOBACCO USE

### *National Financial Burden*

In addition to the toll of human suffering tobacco has on both smokers and non-smokers, the cost of treating tobacco-related illness is staggering. Annual public and private direct expenditures to

treat health problems caused by smoking total more than $89 billion. Nationally, the excess cost of treating smoking-related asthma is more than $2 million a year.

- Medicaid payments directly caused by tobacco use – $17 billion nationally each year, including:
  $9.7 billion federal
  $7.3 billion state
- Medicare expenditures attributable nationally to tobacco use: $20.5 billion a year
- Veteran's Administration national expenditures for tobacco-related costs: $8 billion a year

Exact expenditures for health care related to smokeless tobacco use and exposure to environmental tobacco smoke are not known. It is recognized, however, that they add even more to the health costs of tobacco use.

### *Financial Burden to Colorado Residents*

Even in Colorado, the financial impact of tobacco use is enormous. Annual health care expenditures in Colorado directly related to smoking exceed $930 million. Each household in Colorado pays an average of $310 in taxes annually toward Colorado's total tax burden of $470 million a year in state and federal taxes needed to address tobacco-caused health costs only. These costs do not include the health costs to treat individuals under 19 years old, the health impacts of second-hand smoke or tobacco use other than cigarettes, the cost of treating injuries from smoking-related fires, and the costs of caring for infants who have been affected by exposure to smoke during pregnancy.

**Colorado Smoking-Attributable Medical Expenditures**

| **Total Medical Expenditures** | | **$939,000,000** |
|---:|---|---|
| ambulatory care | | $270 million |
| prescription drugs | | $98 million |
| hospital services | | $454 million |
| home health care | | $14 million |
| nursing homes | | $103 million |

This represents 12 percent of the total of all Colorado medical expenditures.

*from "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking," by Dr. L. S. Miller, et.al., University of California, published in PUBLIC HEALTH REPORTS, September/October 1998, Volume 113.*

Caring for Colorado infants who have health problems caused by smoking during pregnancy costs an average of $33 million a year. But, for every one dollar invested in smoking cessation programs for pregnant women, six dollars are saved in medical costs associated with low-birthweight and consequent health problems in infants.

### *Related and Indirect Costs*

Beyond the direct health expenditures are other tobacco-related costs totaling approximately $650 million. These expenditures include labor costs and lost productivity, damage and loss from cigarette-caused fires, and tobacco-related maintenance and cleaning expenses.

Private employers also suffer. According to the Journal of Occupational Medicine, on average, employees who smoke take 23 percent more sick leave than non-smoking employees, at an excess cost to employers of approximately $200 a year per employee. It is also estimated that employees who smoke can cost employers an extra $1000 annually for increased health insurance costs.

## VI. YOUTH TOBACCO USE

### *Current Trends*

Preventing tobacco use among youth has emerged as a major focus of tobacco control efforts, because tobacco use and subsequent addiction take root in adolescence. Among adults in the United States who have ever smoked daily, 82 percent tried their first cigarette before age 18 years, and 53 percent became daily smokers before age 18. In 1997, 70.2 percent of students under 18 years of age in the United States had tried cigarette smoking. Tobacco use among high school seniors is at a 19-year high.

According to the 1998 National Household Survey on Drug Abuse (NHSDA) released by the U.S. Department of Health and Human Services, the current smoking rate among young adults aged 18 to 25 years continues to follow an upward path. In addition, over the last 10 years, the number of young people under 18 years of age in the U.S. who became new daily smokers increased by more than 70 percent.

### *In Colorado*

- Approximately 111,000 youth aged 15 to 19 years are smokers.
- Most Colorado youth who smoke had their first cigarette when they were 10 years old or younger.
- An alarming 36.6 percent of students in grades nine to 12 reported smoking at least once during the previous month.
- Approximately 23 percent of Colorado boys report spit tobacco use, compared with a national rate of 15.8 percent.
- Each year another 20,000 of the state's youth join the ranks of smokers and become regular users.
- Without intervention, a projected 86,000 Colorado youth alive today will eventually die from a tobacco-related illness.
- Among these youth smokers who continue to smoke past the age of 35, half will lose their life to a tobacco-related disease.

In Colorado and elsewhere, there is clearly an ongoing loss of human potential and productivity, which affects the state's ability to compete at the level we must in today's economic

environment. Eighty percent of all adult smokers begin using tobacco before they complete high school. It stands to reason then, that schools are the logical place to begin comprehensive tobacco prevention efforts.

### *Tobacco is a Gateway Drug*

Tobacco is the drug most commonly used by children and adolescents in the United States. Its use correlates with many of the other risk behaviors of adolescence. In fact, tobacco is the gateway drug to other drugs of abuse such as marijuana and alcohol. Because adolescent risk behaviors are so intertwined, it is important to address the prevention of tobacco use within the context of other risk behaviors.

- Tobacco use is also correlated with other high-risk behavior during adolescence, notably early sexual activity, violence and unintentional injuries.

- According to the NHSDA survey, youth aged 12 to 17 years who smoked cigarettes were more than 11 times more likely to use illicit drugs, and 16 times more likely to drink heavily than nonsmoking youth.

### *Nicotine Addiction Begins in Youth*

- More than 6,000 persons in the U.S. under the age of 18 try their first cigarette every day.
- More than 3,000 individuals under age 18 become daily smokers each day in this country.
- The younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine.
- Young people vastly underestimate the addictiveness of nicotine. Of daily smokers in this country who think that they will not smoke in five years, nearly 75 percent are still smoking five to six years later.

### *Parental and Sibling Influence*

It is important to recognize the impact of parental smoking on smoking by their children. According to a study published in the American Journal of Public Health, daughters of mothers who smoke during pregnancy are four times more likely to begin smoking during adolescence – and to continue to smoke – than daughters of women who did not smoke during pregnancy. Parental smoking predicts both adolescent and subsequent adult smoking.

Elementary school experimentation with smoking is strongly associated with parent smoking. These children who are considered “early initiators” are the least likely to attempt or succeed in quitting and the most likely to smoke as adults.

Parental and sibling smoking impacts children negatively. By widely supporting cessation programs for both adults and youth, we will subsequently have a profound impact on preventing the initiation of smoking by children, further reducing the toll of tobacco.

## VII. EXISTING EFFORTS TO ADDRESS TOBACCO USE IN COLORADO

***State Agencies***

There are four state agencies engaged in tobacco use reduction and prevention. All but one of the programs within these agencies are funded through federal sources.

*1. Colorado Department of Public Health and Environment*

The Colorado Department of Public Health and Environment manages two tobacco use prevention and reduction programs.

- State Tobacco Education and Prevention Partnership (STEPP)

This program is funded entirely through the Centers for Disease Control and Prevention and is a continuation of the most successful components of the National Cancer Institute's ASSIST Project (American Stop Smoking Intervention Study), which ended September 30, 1999. The program receives approximately $1.3 million annually. Much of this funding is distributed directly to 11 local communities, primarily through local health departments.

- Division of Consumer Protection

Consumer Protection provides the enforcement function for the federal laws to prevent illegal sales of tobacco products to minors. Compliance checks of retailers were conducted in 24 counties in recent years. Three additional counties, Mesa, Summit and Weld, are targeted for the current year. In addition, the federal Food and Drug Administration conducted a national public education campaign to educate consumers and help retailers curb youth access to tobacco. The program operated in select communities in Colorado in fall of 1999.

*2. Colorado Department of Human Services – Alcohol and Drug Abuse Division*

- The Alcohol and Drug Abuse Division (ADAD) conducts statewide compliance checks to ensure that Colorado meets a target rate of less than 24 percent illegal sales to minors. A rate of 24 percent or greater results in a penalty of decreased federal block grant funding. This year Colorado achieved an illegal sales rate of 15.8 percent.

- ADAD also implements the *Colorado Kids Ignore Drugs* program, designed to reduce the use of alcohol, tobacco and other drugs among Colorado youth 12 to 17 years. It is now in the last year of a three-year grant cycle.

*3. Colorado Department of Education*

The Department of Education promotes tobacco use prevention, intervention and cessation through the state-funded Comprehensive Health Program and the federally-funded *Safe and Drug Free Schools and Communities* (SDFSC) program.

*4. Colorado Department of Revenue*

At this time, there is only one tobacco-dedicated effort financed through the state General Fund. The Liquor Enforcement Division issues formal citations to retailers who illegally sell tobacco products to minors during ADAD compliance checks.

***Private Sector Partners***

*Voluntary Health Agencies*
The American Cancer Society, American Lung Association, and American Heart Association are involved in tobacco prevention, cessation and advocacy, especially in the area of promoting clean indoor air policies.

*Professional Organizations*
The Colorado Dental Association operates the *Quit the Spit* program for youth; the Colorado Academy of Family Physicians sponsors *Tar Wars* for fifth graders, and the Hall of Life at the Denver Museum of Natural History offers free tobacco education and prevention classes for youth.

***Health Care Providers and Systems***

To varying degrees, providers offer assistance with implementing tobacco cessation protocols and guidelines, training for providers and referrals to community-based cessation programs.

***Local Health Departments***

In the entire state of Colorado, only two local health departments have targeted programs. Denver Health and Jefferson County Department of Health Education provide tobacco prevention and cessation programs using county funds.

## VIII. LESSONS FROM OTHER STATES

Using funds from tobacco taxes, several states have implemented long-term comprehensive tobacco use prevention programs. These include California, Massachusetts, Oregon and Alaska. The Massachusetts and California programs have been in place for many years and have long-term, scientifically measured results.

***Independent Evaluations***

- Cigarette consumption in Massachusetts fell 31 percent between 1992 and 1997, and an additional five percent from 1997 to 1998. Consumption decreased by only eight percent in the other 48 states, excluding California where from 1990 to 1993 consumption fell by almost 40 percent.

- In Massachusetts, smoking during pregnancy dropped more sharply than in any other state. The percent of women smoking during pregnancy fell from 25 percent in 1990 to 13 percent in 1996.

- High school-aged youth smoking rates in both Massachusetts and California bucked the national trend, declining slightly while national rates continue to rise. In Massachusetts the decline was strongest among ninth graders, from 32 percent in 1995 to 29 percent in 1997.

- More smokers in Massachusetts quit successfully. In 1998, 26 percent successfully quit, compared to 17 percent in 1993.

In 1997, the State of Oregon implemented a very similar tobacco prevention program. Two years into the program, Oregonians were already smoking 500 million fewer cigarettes per year and the number of Oregonians who smoke dropped by 35,000. Preliminary data suggest that in three years, this program has already achieved a six percent decline in the prevalence of adult smoking. State officials have estimated that for each year that they maintain the program successes to date, over 600 lives and $150 million will be saved.

Using settlement funds, the State of Florida funded a youth tobacco prevention program. In less than a year after the initiation of the pilot program, current smoking was reduced 19 percent among middle school students and eight percent among high school students. The proportion of Florida middle school students using any form of tobacco (cigarettes, cigars or spit tobacco) declined by 21 percent from 1998 to 1999. The proportion of high school students using any form of tobacco declined by eight percent.

## IX. NATIONAL BEST PRACTICES FOR TOBACCO CONTROL PROGRAMS

The efforts of California, Massachusetts and Oregon have contributed to a better understanding of what is needed for a tobacco reduction program to be successful. This knowledge base, coupled with information from a number of federal initiatives undertaken to curb tobacco use (COMMIT, ASSIST, IMPACT) and published evidenced-based research, has resulted in a set of national “Best Practices” for comprehensive tobacco control programs.

- Programs must be comprehensive in scope.

- Programs must contain key elements combined in a coordinated approach:
    - community-based programs
    - school-based programs
    - enforcement of existing laws
    - state-level partnership programs, including special statewide efforts to:
        - eliminate disparities
        - involve the business community
        - offer public education and awareness and cessation programs

- Adequate resources: research has also documented a "dose-response relationship" between funding for tobacco control and reduction in tobacco use. That is, the greater the funding, the greater the reduction.

- Long-term efforts: programs must be sustained over a long period of time. Reducing youth tobacco use by one-third will only bring Colorado usage down to 1991 levels.

- Targeted efforts: programs must address the needs of high-risk and diverse populations, such as pregnant women and minorities, and incorporate special needs into the design and implementation. The "one-size-fits-all" model is not used by the tobacco industry when marketing cigarettes, nor should the State of Colorado use it when implementing tobacco use prevention programs.

## X. OVERVIEW OF COLORADO'S PLAN

In August 1999, the Colorado Department of Public Health and Environment was awarded funding from the Centers for Disease Control and Prevention to begin development of a "Comprehensive State-Based Tobacco Use Prevention and Control Program." In the first year of the five-year grant, the Colorado Department of Public Health and Environment is required to prepare a tobacco use prevention and reduction plan based on national best practices. The intent of the plan is to provide guidance for expenditures of tobacco settlement dollars on tobacco-related issues. Development of this plan was supported by the Centers for Disease Control and Prevention grant and represents a starting point for future efforts.

The Centers for Disease Control and Prevention (CDC) has developed funding formulas to determine the costs of establishing such comprehensive programs in each state. For Colorado, CDC recommends $24.5 million per year as a minimum level of funding for an effective statewide program, and an optimum level of funding of $63 million annually.

The Colorado Department of Public Health and Environment recognizes the need to be practical in regard to other proposed uses for the settlement funds. The Colorado Department of Public Health and Environment proposes annual expenditures of $15 million for tobacco use prevention, education and cessation initiatives, a funding level almost 40 percent less than the minimum recommended by CDC.

### *Guiding Principles*

There are three guiding principles that served as the foundation for the department-wide, multi-dimensional plan.

***1. The tobacco education, prevention and cessation program must be consistent with, and wherever possible, advance the governor's vision for Colorado and the Department of Public Health and Environment's four-year strategic plan.***
As one example, the department fosters the concept of local control and responsibility in planning, designing and implementing programs. The plan focuses resources on assisting local

health departments and communities to build their capacity so they can gain control of chronic disease and tobacco problems in ways that work best for their towns.

The department values prevention. The overall intent of this initiative is to prevent our young people from smoking, thereby protecting them and others exposed to environmental tobacco smoke, from illness and future disease. Simultaneously, adults, to be positive role models, may need the tools to help them quit and additional avenues to help their children make good health decisions. Prevention is the most cost-effective approach, and consistent health messages, given to our young people and adults alike, play a key role.

In accordance with the department's commitment to base decisions on sound scientific evidence, statistical data and research findings will drive specific tobacco program activity. Concurrently, the plan supports innovative and creative approaches that may actually contribute to this body of knowledge. The data already show that low-income and minority populations suffer the worst harm from tobacco, so special efforts to assist them must be developed and implemented. Research and experience have documented strategies that work and this information can effectively be put to use in Colorado.

***2. The program must be coordinated with existing national, state, and community efforts and use existing infrastructure when feasible.***

To prevent duplication and maximize resources, all efforts will be coordinated with existing programs and resources at all levels. When possible, there will be a high degree of integration accomplished by actually building upon, rather than creating new structures. All agencies and organizations participating in the effort will be required to demonstrate this commitment. Using technology, the information and tools to make this happen will be provided by the department.

***3. The program must demonstrate accountability and effectiveness.***

Good stewardship of the tobacco settlement money is a duty. The Colorado Department of Public Health and Environment will never lose sight of its ultimate purpose – to eliminate tobacco use in Colorado, and therefore, the need for this program. Every effort will articulate specific targets with measurable outcomes. As new knowledge is acquired about what works, new standards will follow, ensuring timely application of the most effective strategies. Program evaluation and data collection are essential pieces to this process and this plan appropriates commensurate resources.

All of the program elements can be directly tied to at least one – and in many instances, several – of these principles. By using these principles and Governor Owens' vision for Colorado as benchmarks, the plan ensures that all new programming fits into the broader goals of the department and the State of Colorado.

With its $24 million investment, the State of Washington is projecting that in the first three years of its program, adult tobacco use will drop by two percent and 28,000 premature deaths will be prevented. Washington will save more than $1 billion in future health care costs – more than $130 million in Medicaid costs alone. In the first 10 years of a fully-funded program, adult tobacco use is expected to fall by six percent. That translates into a reduction of 84,000 early deaths and a reduction of more than $3 billion in future health care spending, with $408 million of that amount coming from Medicaid.

# ELEMENTS
# OF A
# COMPREHENSIVE
# TOBACCO USE PREVENTION AND REDUCTION
# PROGRAM

## PROGRAM ELEMENT 1: Local Community Programs

***What local community programs are:***
Local community programs to change public attitudes and behaviors about tobacco are the first line of defense in prevention efforts. Typically formed as a centralized coalition, area parents, youth, business leaders, religious leaders and health professionals work together to solve the tobacco problem in their towns.

***What local community programs do:***
The most effective community programs focus on several action areas:

- Prevent youth initiation of tobacco use.
- Help smokers quit.
- Protect others from environmental tobacco smoke.
- Eliminate the disparities in tobacco use among specific populations.

***What's in place now:***

- STEPP – The Colorado Department of Public Health and Environment funds 11 local tobacco prevention programs through the State Tobacco Education and Prevention Partnership under guidelines from the Centers for Disease Control and Prevention. Nine of these programs are housed in local health agencies and two are operated by not-for-profit agencies.
- CAHP – Colorado Action for Healthy People provides small grants in communities across Colorado. Periodically, the funding cycle focuses on tobacco use prevention.
- ADAD – The Colorado Department of Human Services manages federal funds for regional programs and coalitions to work on reducing drug, alcohol and tobacco use and abuse.

***What needs to be done:***

- Establish new local community programs in areas where none exist.
- Provide funding for new and existing programs to:
    - purchase resource/educational materials;
    - hire staff;
    - support communications campaigns;
    - cover operating expenses;
    - implement culturally appropriate tobacco prevention and reduction strategies;
    - train and provide technical support to local community coordinators; and
    - organize and fund more community-based youth prevention activities.
- Create geographic units for equitable division of local base funding for core staff and program activities.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment recommends an allocation of approximately 17 percent of available funds, or $2.55 million, to local community programs.

## PROGRAM ELEMENT 2: School-Based Youth and Parent Programs

***What school-based youth and parent programs are:***
School-based program formats range from age-specific classroom curricula to teacher training, special school projects, media literacy, peer education programs, and cessation programs for staff, parents and students. Classroom curricula may encompass comprehensive health education programs, or focus coverage on targeted tobacco prevention lessons.

***What school-based youth and parent programs do:***
- Prevent the initiation of smoking among young people.
- Educate youth about the dangers of tobacco use.
- Teach life skills, refusal skills, and media literacy in order to enable youth to resist the influence of peers and tobacco marketers.
- Provide an opportunity for youth who already smoke or use spit tobacco to quit.

***What's in place now:***
- Tobacco-free campuses – As of July 1999, 100 percent of Colorado schools are required to have tobacco-free policies for students, staff and visitors at all school-related events.
- Diverse programming – Schools can individually choose to:
    - implement evidence-based curricula;
    - enhance teacher training and parental involvement;
    - sponsor school-based youth coalitions;
    - conduct media literacy and peer education programs;
    - offer cessation services; and/or
    - collaborate with community coalitions.
- School Health Education Initiative – Implemented by the Rocky Mountain Center for Health Promotion and Education, the Initiative builds the capacity of local school districts to adopt, enhance and/or sustain effective school health programs, including tobacco use prevention. This program is in its last year of funding from The Colorado Trust.

***What needs to be done:***
- Maintain the infrastructure, systems and relationships that were established through the School Health Education Initiative.
- Link school-based efforts with local community programs.
- Expand enforcement of the tobacco-free schools law.
- Increase and enhance culturally appropriate teacher training, parent involvement, youth empowerment, and programs for non-English speaking and other special-needs youth.
- Design and implement special programs for nicotine-dependent youth, including users of spit tobacco.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately 15 percent or $2.25 million to school-based youth and parent programs.

## PROGRAM ELEMENT 3: Public Awareness and Education Campaigns

***What public awareness and education campaigns are:***
Campaigns that de-glamorize tobacco use and raise awareness about the health and social consequences have proven to be effective in helping to reduce tobacco use. Media campaigns are among the most effective means of impacting these norms. The most effective media campaigns are extensive, utilize frequent messages of substantial duration, and employ messages targeted to specific populations.

***What public awareness and education campaigns do:***
- Counter the advertising and promotion done by tobacco manufacturers.
- Change public attitudes and behaviors about tobacco use.
- Involve community members to plan and carry out public awareness campaigns.
- Increase the number of smoke-free workplaces and public places.
- Increase the number of quit attempts made by tobacco users.

***What's in place now:***
- As a result of the tobacco settlement, Colorado placed 14 billboards and signs on 50 taxicabs, 50 bus benches, 40 family restaurants, and advertisements at Mile High Stadium to raise public awareness about the dangers of tobacco use, completely funded with federal dollars. This portion of the program ended January 22, 2000.
- The Food and Drug Administration is funding a pilot retailer education program in Colorado that includes billboards, television, radio and print advertisements, all of which depict the consequences of retailers selling tobacco to youth illegally.

***What needs to be done:***
- Create an environment that will support, rather than contradict, school and parental efforts to prevent youth from smoking.
- Continue public awareness and education campaigns that will send and reinforce powerful tobacco-free messages.
- Develop a comprehensive culturally appropriate communications campaign that includes paid media, public relations, and special events and promotions.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately 15 percent or $2.25 million for public awareness and education.

## PROGRAM ELEMENT 4: Statewide Partnerships

***What statewide partnerships are:***
External partners can band together to expand project reach and impact, creating a coordinated effort focused on a specific topic or population and a particular tobacco prevention message. A multi-component project is one in which a number of coordinated efforts target a single issue. When working in concert with community-based organizations, the various components have a more powerful, visible and lasting impact.

***What statewide partnerships do:***

- Target at-risk populations
    - pregnant women
    - minority populations with high
    - tobacco use prevalence
    - youth
    - users of spit tobacco
    - drug/alcohol treatment clients
    - low-income families
    - geographically isolated communities
    - mentally ill persons
- Enhance networking and educational opportunities through websites, newsletters and conferences.
- Provide networking, communications, technical assistance and research services.
- Expand the scope of tobacco use prevention and reduction into campaigns to reduce heart disease, respiratory disease and dental disease.

***What's in place now:***

No statewide initiatives with a specific focus are currently funded.

***What needs to be done:***

- Establish a statewide coalition of interested and influential external partners.
- Establish a statewide cross-cultural network to address issues pertinent to tobacco use by minority populations.
- Award contracts to outside providers on a competitive basis.
- Sponsor trainings and provide technical assistance.
- Establish a clearinghouse of educational materials and resources.

***What it would cost:***

Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately seven percent or $1.05 million for statewide program coordination, training and support activities.

## PROGRAM ELEMENT 5: Tobacco-Related Health Programs

***What tobacco-related health programs are:***

Program activities are coordinated with local partners to improve the health of individuals and the community. Community members identify priority health concerns and then systematically implement intervention strategies.

***What tobacco-related health programs do:***

Tobacco use increases a person's risk for a number of diseases. Even if current tobacco use is stopped, the residual burden among past users will cause disease for decades to come.

Therefore, programs must:

- Implement interventions to alleviate the existing burden of disease from tobacco.

- Incorporate tobacco prevention and cessation messages into broader public health activities to ensure wider dissemination of tobacco control strategies.
- Reduce other risk factors for tobacco-related diseases other than tobacco use, to reduce the combined disease impact of tobacco and other factors.
- Improve nutrition and exercise habits. Poor habits, when combined with tobacco, use present a greater combined risk for cardiovascular disease than the sum of each individual risk factor.

***What's in place now:***
PHBG: Federally funded Preventive Health Block Grant for the prevention of chronic disease:
- $118,738 or 5.6 percent of the total dollars allocated at the state level.
- Distributed to the Community Health Education Program and School-Based Centers/Cardiovascular Health program.

***What needs to be done:***
Fund local health agencies to implement community interventions that link tobacco control intervention with cardiovascular disease prevention.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately 12 percent or $1.8 million for health programs that address tobacco-related diseases.

## PROGRAM ELEMENT 6: Cessation and Nicotine Addiction Treatment

***What cessation and nicotine addiction treatment is:***
The vast majority of smokers want to quit and those who do quit greatly reduce their risk of smoking-related disease and early death. Successful cessation services must be available, accessible and affordable, and include a range of services:
- Brief advice by a medical provider;
- Interventions such as individual, group or telephone counseling, which provide social support and enhance problem solving ability;
- Nicotine replacement therapy including patches, gum and nasal spray; and
- Prescription medication.

***What cessation and nicotine addiction treatment does:***
- By helping tobacco users quit now, Colorado will realize quicker and larger short-term public health benefits than by any other component of a comprehensive tobacco control program.
- Moderately priced, effective smoking cessation interventions more than pay for themselves within three to four years.
- Cessation is more cost-effective than other clinical preventive services, including mammography, colon cancer screening, treatment of mild to moderate hypertension and treatment of high cholesterol.

***What's in place now:***

- A limited number of school and community-based cessation and support programs, primarily in Front Range communities.
- Training programs for health care providers to implement brief office-based assistance.

***What needs to be done:***

- Increase the number of times that health care providers offer advice to quit.
- Increase the availability of gender-, age- and culturally-appropriate cessation and support programs.
- Create and support toll-free telephone counseling lines.
- Enhance accessibility by eliminating cost barriers to treatment for underserved and uninsured populations.
- Require universal insurance coverage for cessation treatment.

***What it would cost:***

Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately 14 percent or $2.1 million for cessation and nicotine addiction treatment.

## PROGRAM ELEMENT 7: Enforcement

***What enforcement is:***

Existing and new laws restrict minors' access to tobacco and require clean indoor air. Both require enforcement for maximum impact, if violators are to be deterred and if the message is to be conveyed to the public that community leaders believe the policies are important.

***What enforcement does:***

- Enforce laws that prohibit tobacco sales to minors.
- Educate merchants to reduce illegal sales of tobacco to minors.
- Protect the health of nonsmokers by enforcing public and private policies that reduce or eliminate exposure to environmental tobacco smoke.

***What's in place now:***

- Two tobacco enforcement agencies:
  - Consumer Protection Division (CDPHE) enforces federal FDA regulations.
  - Tobacco Enforcement Division (Colorado Department of Revenue) budgets approximately $160,000, which includes two criminal investigators, to enforce state laws. This is the only general fund appropriation for tobacco programs.
- Unannounced compliance checks in which minors attempt to purchase tobacco products assist the state in meeting requirements to have and enforce state-level minor access laws.
- Restrictions on tobacco vending machines.

***What needs to be done:***

- Limit self-service tobacco displays in stores accessible to youth to further restrict minor access.
- Improve reporting mechanisms for clean indoor air violations.
- Establish and publicize telephone "hot lines" for reporting violations of clean indoor air ordinances.
- Investigate clean indoor air violation reports received.
- Conduct inspections to ensure proper signage is posted.
- Report violations noted by state or local officials performing health, environmental, and other routine inspections.

***What it would cost:***

Based on a budget of $15 million, the Colorado Department of Public Health and Environment recommends an allocation of approximately five percent or $750,000 for enforcement.

## PROGRAM ELEMENT 8: Program Management and Accountability

***What program management and accountability are:***

Documentation and accountability are essential components for an effective plan. A plan with well-defined goals, objectives and performance indicators enables the management team and policymakers to monitor fiscal and long-range program outcomes.

***What program management and accountability do:***

- Enable states to evaluate program efforts in relation to ongoing efforts and initiatives in other states.
- Demonstrate to policymakers the scope of the tobacco problem and the types of performance objectives that can be monitored to determine effectiveness.
- Ensure resources are targeted to the highest priorities.

***What's in place now:***

- A state-managed Centers for Disease Control and Prevention grant totaling $1.3 million annually.
- A system to ensure accountability of state contractors, including:
    - monthly status reporting on
    - performance objectives
    - participation in state-sponsored training
- Recommendations from an evaluation consultant to ensure both the state and local programs produce the intended outcomes.

***What needs to be done:***

- Coordinate all program components.
- Hire sufficient contract administration staff to provide fiscal and program monitoring.
- Develop a sound fiscal management system with minimal start-up delays.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of approximately five percent or $750,000 for program management and accountability.

## PROGRAM ELEMENT 9: Data Collection and Evaluation

***What data collection and evaluation are:***
It is essential to monitor the behaviors, attitudes and health outcomes related to tobacco use, and track the progress of program elements and performance indicators for statewide objectives. Collection of baseline data is critical to ensuring that program-related effects can be measured and evaluated.

***What data collection and evaluation do:***
- Monitor tobacco use behaviors, economics and health outcomes from tobacco use.
- Collect data for state and national data collection systems.
- Conduct tobacco-specific surveys to complement broader data collection systems.
- Demonstrate the changes in the tobacco problem through data collection.
- Track the progress of program elements and achievement of performance outcomes.

***What's in place now:***
- An external expert provides recommendations to ensure both the state and local programs' evaluation plans produce the desired outcomes.
- Process measures are tracked for the state-managed Centers for Disease Control and Prevention grant.
- Colorado participates in the Behavior Risk Factor Survey and sets goals compatible with Healthy People 2010.

***What needs to be done:***
- Develop and enhance evaluation and data collection systems.
- Research effectiveness of specific program elements.
- Link state-wide and local program efforts to outcome objectives.

***What it would cost:***
Based on a budget of $15 million, the Colorado Department of Public Health and Environment proposes an allocation of 10 percent or $1.5 million for data collection and evaluation.

## RESOURCES

For further information regarding state programs involved in tobacco use prevention, education and reduction efforts, contact the following individuals:

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