

CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

OREGON'S TOBACCO PREVENTION AND EDUCATION PROGRAM

TWO YEARS AGO in Oregon, these were the facts about tobacco:

- *Oregonians smoked nearly 6 billion cigarettes per year;*
- *550,000 adult Oregonians smoked (nearly one in four); and*
- *tobacco contributed to the deaths of 6,668 Oregonians and cost the state \$1.5 billion.*

In the two years since Measure 44 was passed some things have changed:

- *500 million fewer cigarettes per year are being smoked;*
- *35,000 fewer Oregonians smoke; and*
- *for each year the program is maintained, over 600 lives and \$150 million are being saved in Oregon's future.*

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IN NOVEMBER 1996, Oregonians passed Ballot Measure 44, which increased the excise tax on tobacco products and dedicated 10% of the new tobacco tax revenue to a statewide tobacco prevention and education program. This *CD Summary* outlines the programs early success and describes the program elements.

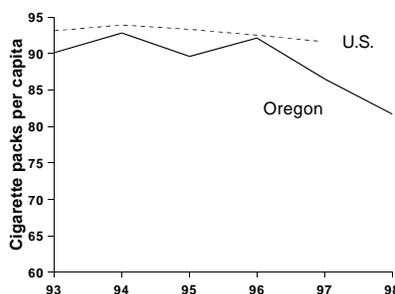
PROGRAM SUCCESS

Consumption is down. The earliest, most direct measure of program effectiveness is the number of cigarettes smoked. The Oregon Health Division (OHD) obtained data on the sale of Oregon cigarette stamps from the Oregon Department of Revenue for the period 1993 to 1998 in order to estimate the number of packs of cigarettes sold. Per capita consumption was calculated by dividing the number of packs sold by the total resident population for Oregon for each year. From 1993 to 1996, taxable per capita consumption of cigarettes declined 0.9% (see figure). From 1996 to 1998 (following the tax increase), taxable per capita consump-

tion declined by 11.3%, from 92 packs per person to 82 packs per person. This fall in consumption translates into 500 million fewer cigarettes sold in 1998 than in 1996. Nationally, taxable per capita consumption dropped 2.1% from 1993 to 1996, and only 1.2 % from 1996 to 1997 (1998 national data is not yet available).

The observed reduction in consumption is likely due to both the increase in the price of cigarettes and program effects. Price elasticity of demand, defined as the percent change in demand for cigarettes resulting from a change in price, is estimated to be approximately -0.4. In other words, a 10% increase in price should result in a 4% drop in consumption. In Oregon, a 15% increase in price resulted in an 11% drop in consumption, almost double that expected from the price increase alone. This finding suggests that excise taxes in conjunction with prevention programs result in reduced cigarette consumption, consistent with reports from other states with tobacco prevention programs.

Annual Per Capita Sales of Cigarettes



Smoking prevalence is down. A second measure of program effectiveness is smoking prevalence. Preliminary data from the Behavioral Risk Factor Surveillance System (BRFSS) for 1996-1998 indicate that the prevalence of current smoking among adult Oregonians dropped from 23.4% in 1996 to 21.9% in 1998, representing 35,000 fewer smokers in the state. Birth certificate information

shows that the proportion of women who smoked during pregnancy also dropped, from 17.7% in 1996 to 15.2% in 1998. This corresponds to 1,000 fewer infants being exposed to secondhand smoke *in utero* each year.

Future lives and dollars saved. In the two years the program has been in existence, cigarette consumption has fallen 11%. If this 11% drop is applied to the 6,668 deaths attributable to tobacco in 1996 (this does not include an additional 800 deaths estimated to have resulted from exposure to second hand smoke), this decrease in consumption translates into over 600 lives saved in the future. Similarly, given estimated annual costs of tobacco of \$1.5 billion (\$800 million from direct medical costs and another \$700 million from indirect costs due to lost days of work and lost productivity due to premature death), this drop in consumption corresponds to a projected savings of \$150 million.

PROGRAM DESCRIPTION

These successes have resulted from the implementation of Oregon's Tobacco Prevention and Education Program. The OHD has used the \$17 million allocated by the Legislature for a comprehensive community-based program modeled after the successful tobacco intervention programs in California and Massachusetts. Experience from other states has shown that an effective program requires multiple components in order to attack the problem at many different levels. Oregon's Tobacco Prevention and Education Program has the following 7 elements:

- 1) Local, community-based coalitions. Coalitions are powerful and effective organizing tools, capable of bringing partners together, broadening support for projects, and increasing credibility. All 36 Oregon counties have created tobacco-free coalitions whose goals are to reduce youth access to tobacco, create tobacco-free environments, decrease

promotion of tobacco products, and link persons who want to quit with cessation resources.

2) Comprehensive school-based programs. Twenty-three school projects, representing 57 school districts and reaching more than 150,000 students, are implementing programs based on the Centers for Disease Control's guidelines for effective school-based programs. These include tobacco-free policies for students and adults, effective tobacco prevention curricula, training for school staff, parent and family involvement, linkage and coordination with local coalition activities, cessation support and evaluation of effectiveness.

3) Statewide public awareness and education campaign. During 1998, Oregonians saw 4,924 television ads, 848 billboards and "bus backs," and heard 33,057 radio ads describing the dangers of tobacco and the harmful effects of secondhand smoke. In a follow-up survey, nearly 3/4 of adult Oregonians and 84% of teens could recall seeing one of these ads. They included a television commercial depicting a woman smoking through her tracheotomy, and billboards of a "Marlboro Man" look-alike admitting that he had emphysema and a glamorous couple with the lines, "Mind if I smoke...care if I die?"

4) Cessation Help Line: 877/270-STOP. The toll-free Oregon Quit Line provides an initial, 45-minute counseling session to maximize motivation and to develop a personalized quit plan, a quit-kit of self-help materials, and a referral to the caller's insurer's follow-up support services or to community resources. Unin-

sured callers are provided with 5 follow-up telephone sessions. The Quit Line also provides consultation about cessation to doctors and clinical staff, and assistance for managed care systems. In January, 1999, the Quit Line provided help to almost 1,500 Oregonians trying to quit.

5) Tribal tobacco prevention programs. All nine federally-recognized Indian tribes in Oregon receive funds to implement tobacco prevention and education programs. Similar to county coalitions, these programs focus on reducing youth access to tobacco, creating tobacco-free environments, decreasing advertising and promotion of tobacco and linking with cessation resources.

6) Multi-cultural outreach and education. Five community-based organizations serving Oregon's Hispanic, Asian/Pacific Islander, and African-American populations are implementing regional and statewide programs that promote "culturally appropriate" activities to assure that messages about the dangers of tobacco and the harmful effects of secondhand smoke reach all of Oregon's citizens.

7) Demonstration and innovative projects. Five projects evaluating new approaches to the prevention of tobacco use have been funded. These projects focus on cessation by pregnant women and adolescents, provision of cessation services within health care systems, and creative ways to deliver tobacco prevention messages to youth.

WHAT PHYSICIANS CAN DO

In 1997, a survey of adult Oregonians found that most people who smoked did

not want to; 75% of adults who used tobacco say they wanted to quit. However, only 52% of smokers who visited a doctor for a routine exam in the last year were advised to quit smoking. Studies have shown that even brief counseling by physicians is effective in helping patients quit smoking,¹ even if the message needs to be repeated over several visits. The Oregon Quit Line can also be a valuable resource for patients who need more comprehensive counseling and/or referrals to support programs.² Finally, physicians who are interested in becoming actively involved should consider volunteering time to their local community coalition. Physicians can have an influential voice in your communities and add credibility to the coalitions' efforts.

REFERENCES

1. Lichtenstein E, Hollis JF, Severson HH, et al. Tobacco cessation interventions in health care settings: rationale, model, outcomes. *Addict Behav* 1996;21(6):709-120.
2. *CD Summary* Vol. 47, No. 25 (December 8, 1998).

877/270-STOP
The Oregon Tobacco Quit Line

Influenza Update

AS OF FEBRUARY 16, influenza virus has been confirmed in 48/301 specimens received at the Public Health Lab. These include 3 type A/Sydney H3N2, 1 type A/Beijing H1N1, and 8 type B isolates. At this point last season, we had 39 type A's (from 318 specimens). Other indicators of influenza activity (e.g., proportion of deaths due to "pneumonia and influenza" suggest moderate levels of transmission.