

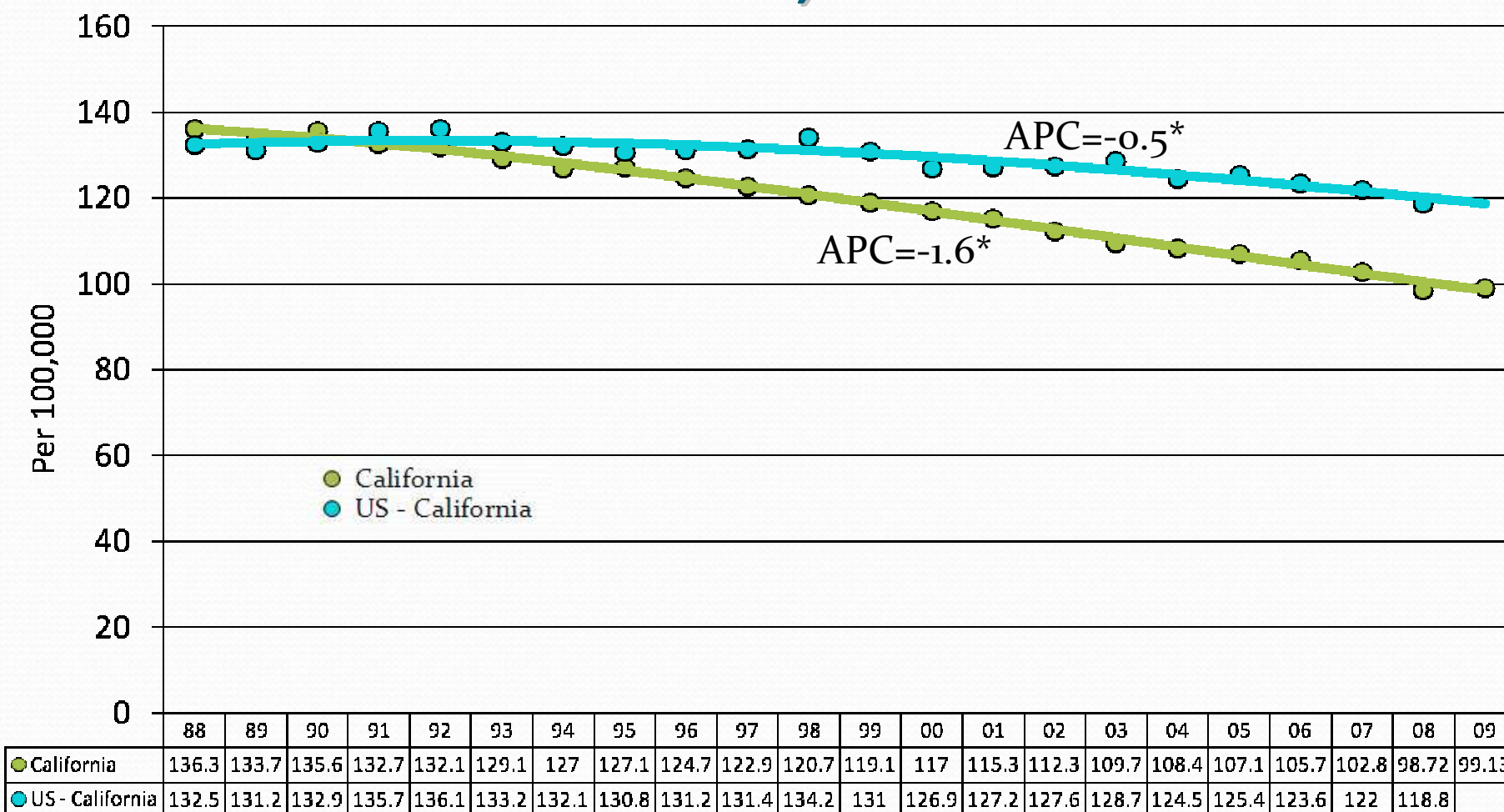


Tobacco Policies Save Lives

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National Cancer Policy Forum
June 11-12, 2012

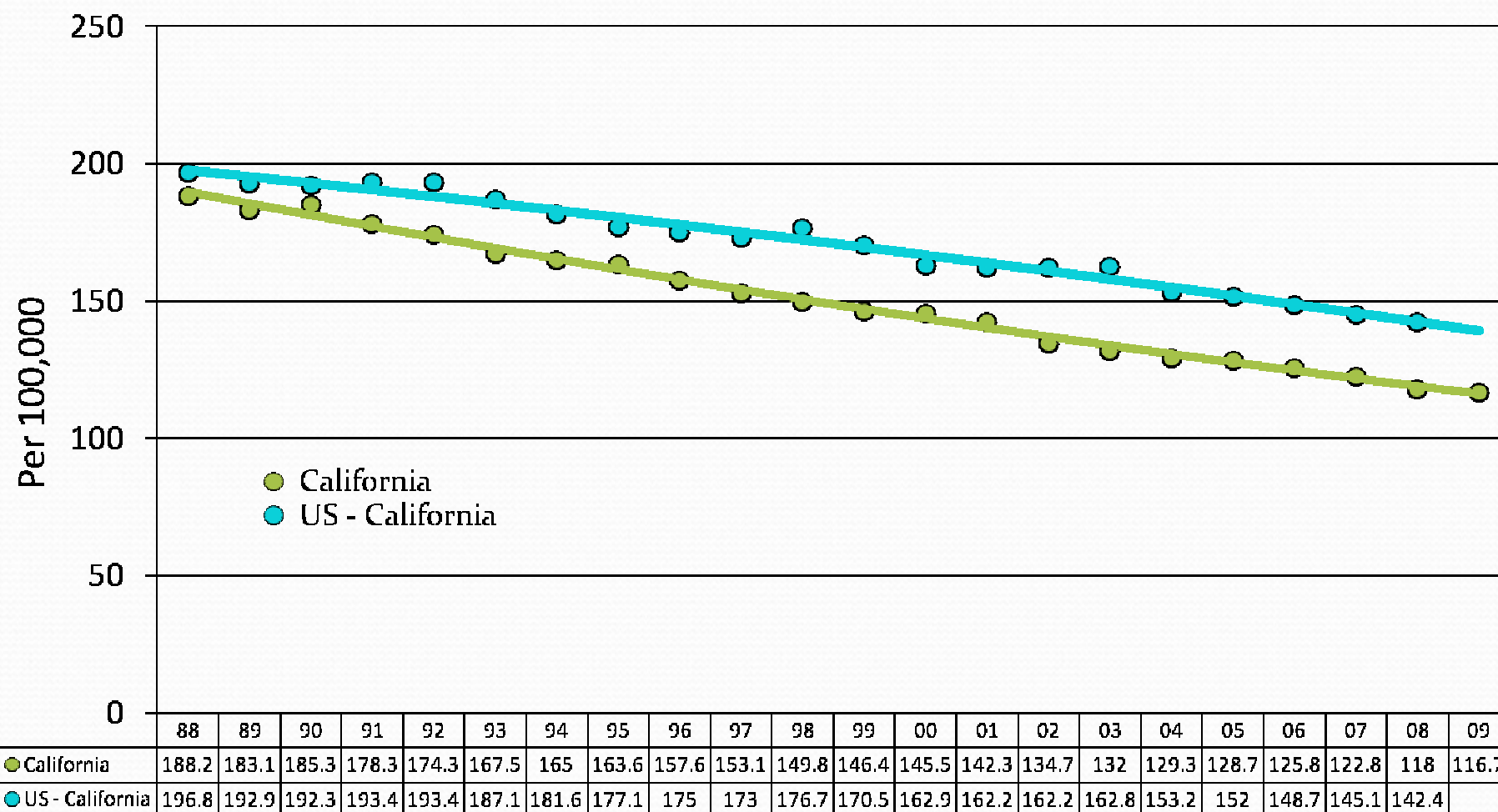
Lung and bronchus cancer incidence in California and U.S. minus California, 1988-2009



Source: California Cancer Registry. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. Percent changes were calculated using 2 years for each end point; APCs were calculated using non-weighted least squares method. The APC is significantly different from zero ($p < 0.05$).

Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

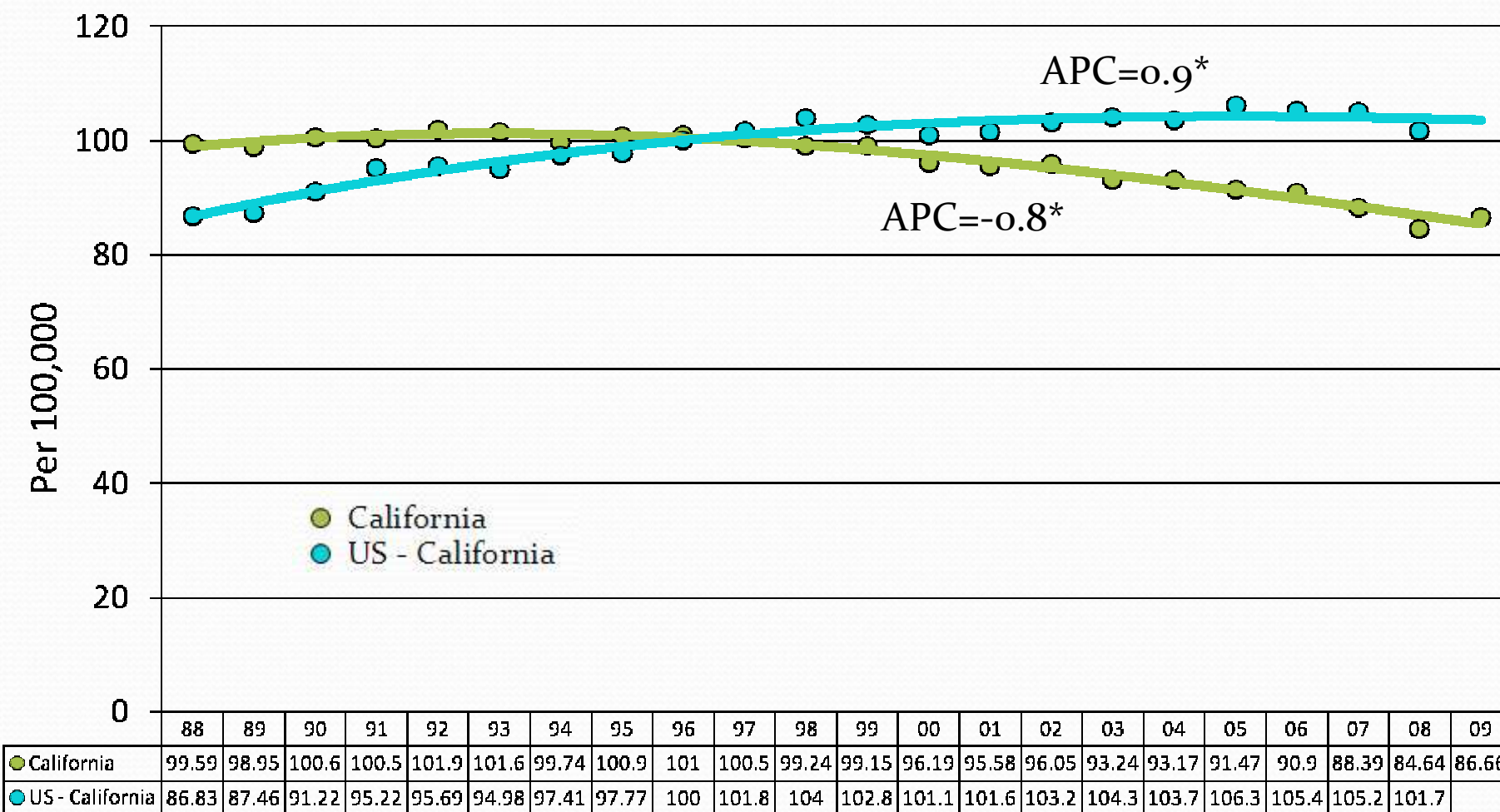
Lung and bronchus cancer incidence among men in California and U.S. minus California, 1988-2009



Source: California Cancer Registry. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. Percent changes were calculated using 2 years for each end point; APCs were calculated using non-weighted least squares method. The APC is significantly different from zero ($p < 0.05$).

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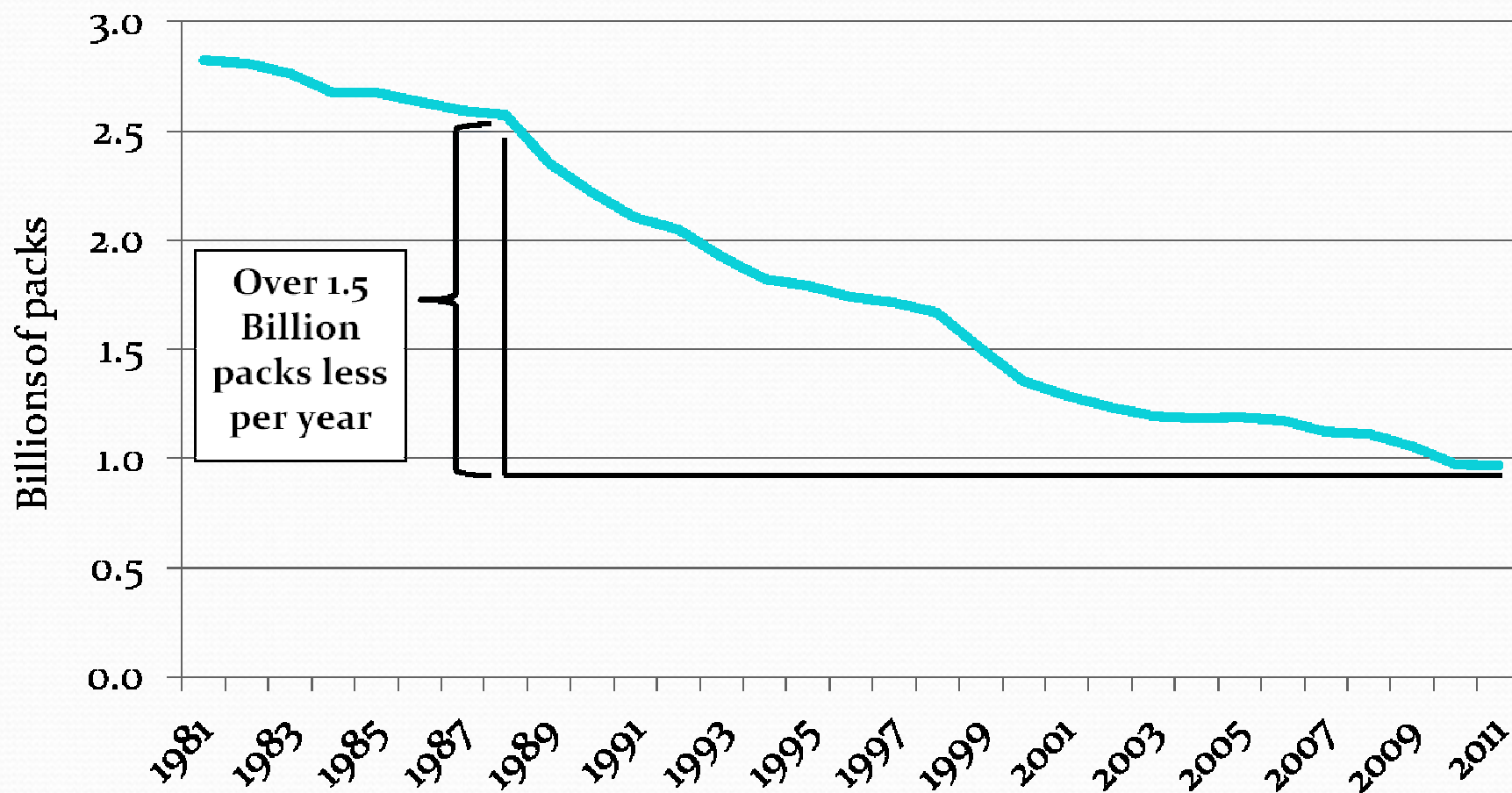
Lung and bronchus cancer incidence among women in California and U.S. minus California, 1988-2009



Source: California Cancer Registry. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. Percent changes were calculated using 2 years for each end point; APCs were calculated using non-weighted least squares method. The APC is significantly different from zero ($p < 0.05$).

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Number of packs of cigarettes sold in California, 1988 to 2011



Source: Tax Burden on Tobacco, 2011.

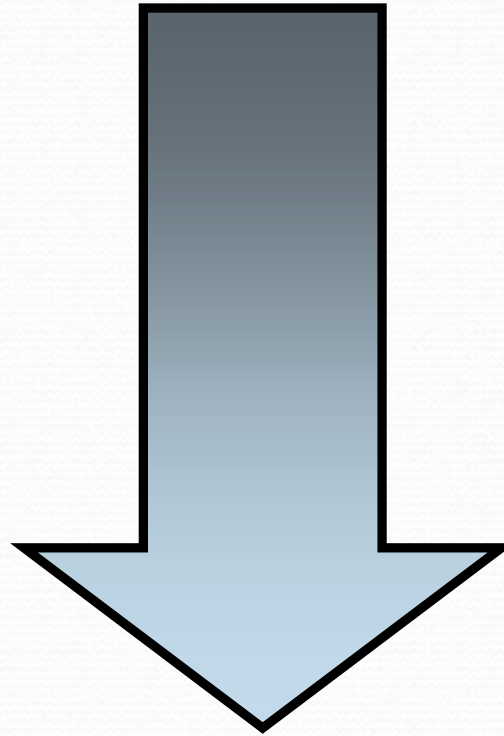
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California Tobacco Control Program



- 1988 – CA voters increase the cigarette tax by \$0.25/pack.
- 20% (\$.05) of revenues were earmarked for a tobacco control program:
 - \$.02 schools
 - \$.03 local health departments, community grants, media and evaluation

Goal = Change Social Norm



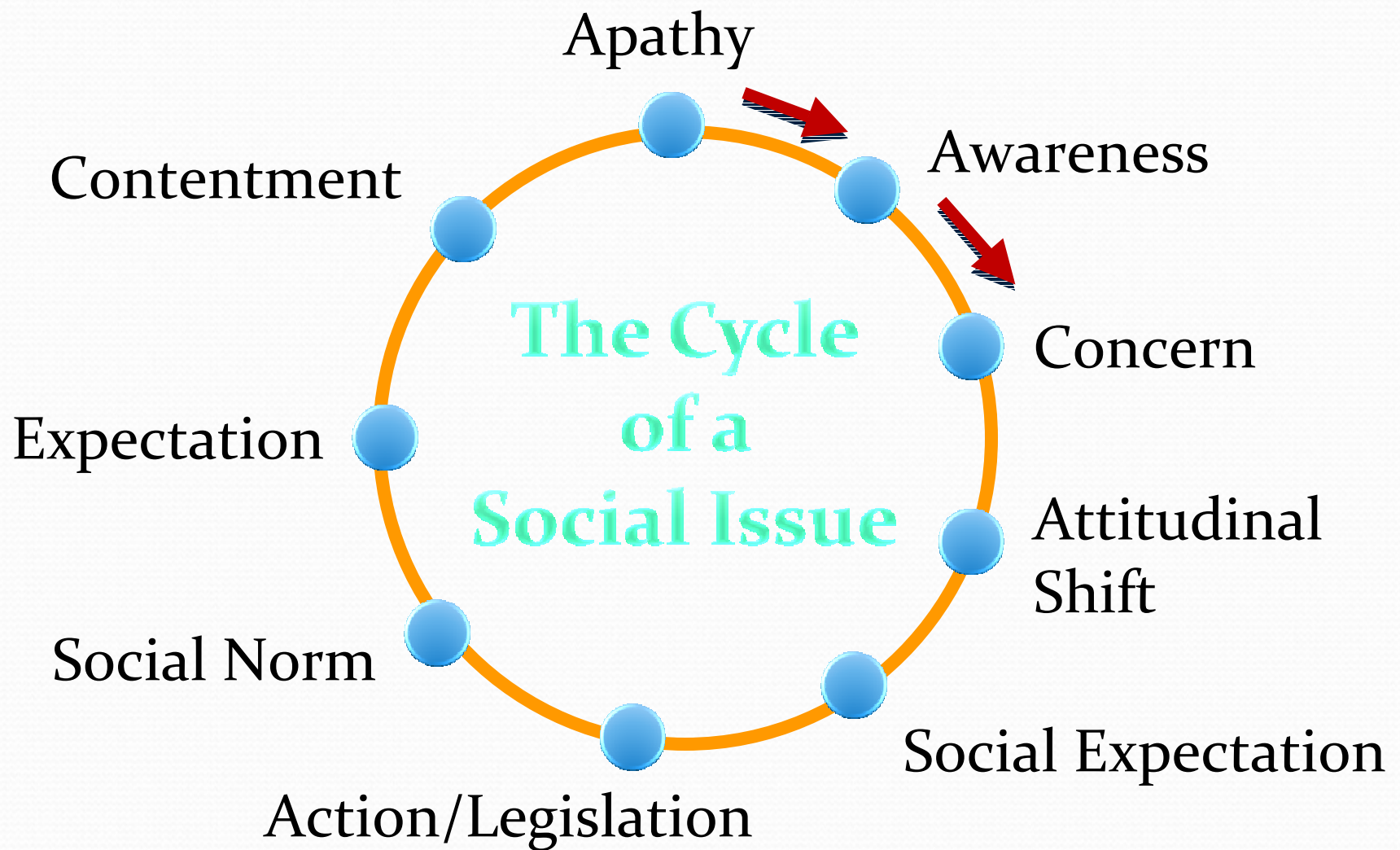
Outcome =
Prevention and Cessation



Why Policy Change is an Important Outcome

- Creates demand for and reinforces individual and group behavior
- Protects health or the environment
- Sets expectations
- Maximizes resources
- Institutionalizes change
- Addresses health inequities

Social Issue Cycle





Preparing for Change

- Define goal
- Provide training & technical assistance to local partners
- Develop & air supportive media
- Add to Local Project's Scope of Work
- Local education
- Evaluate qualitative and quantitative

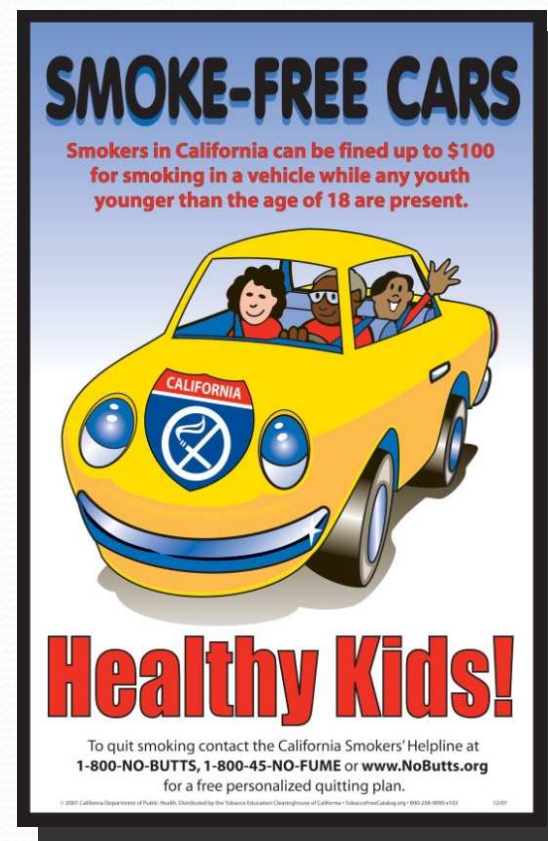
Secondhand Smoke (SHS) Policies

- 1990: Local SHS policies
- 1994: Tobacco-free schools
- 1995: Smoke-free indoor worksites
- 1998: Smoke-free bars and bingo halls
- 2002: Smoke-free tot lots and parks
- 2004: Smoke-free zone within 20 feet of doors and windows

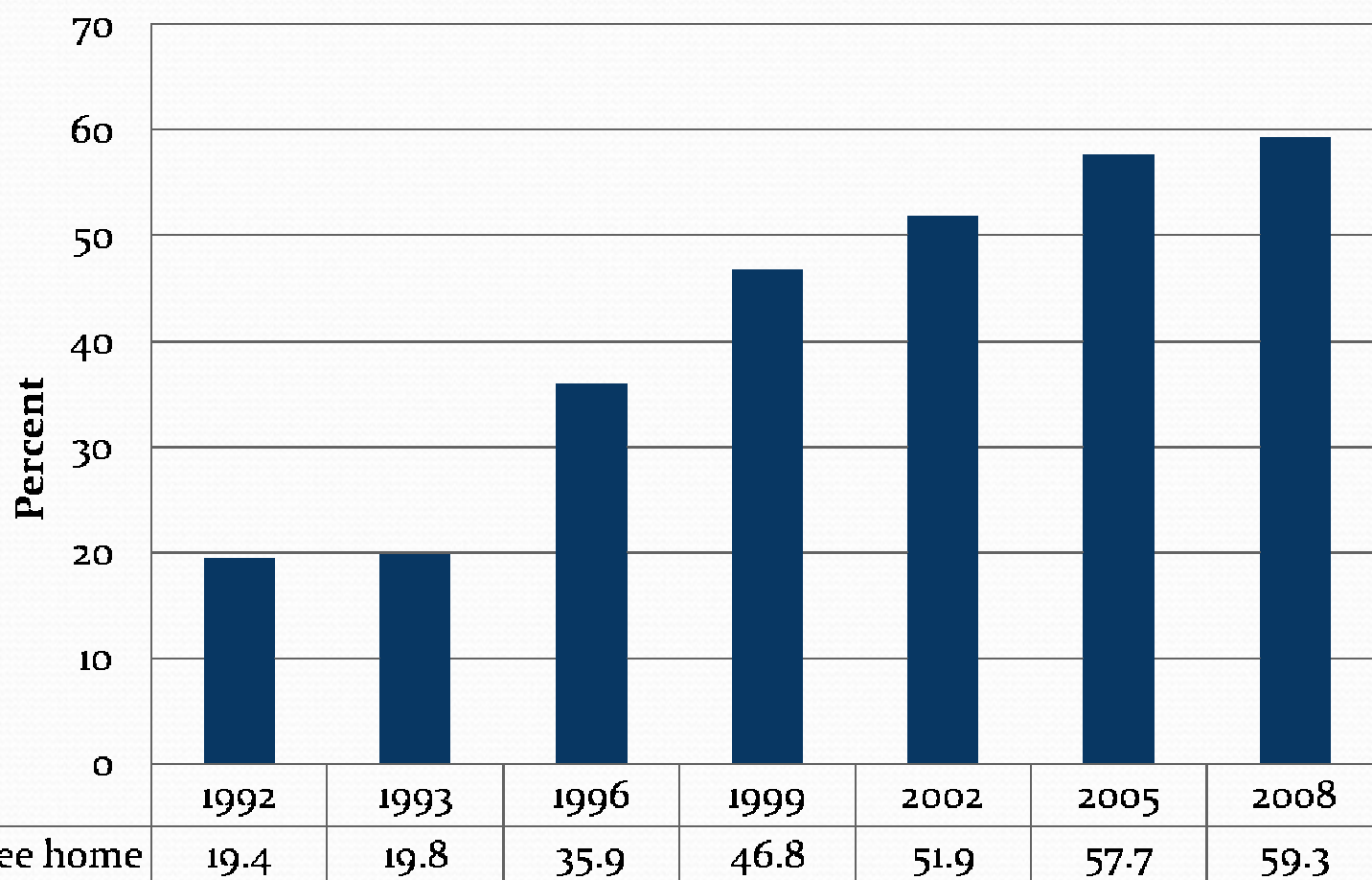


SHS Policies (cont.)

- 2006: Smoke-free multi-unit housing (local and voluntary)
- 2008: Smoke-free cars with kids
- 2010: Smoke-free parks and beaches
- 2011: Smoke-free University of California hospital campuses
- 2012: *Tobacco-Free* UC college campuses



Percent of CA Smokers who Prohibited Smoking in their Household, 1992-2008



Source: California Tobacco Survey, 1992-2008

Prepared by California Department of Public Health, Tobacco Control program, May 2012.

Other Statewide Policies

- Ban on smoking vending machines
- No self-service tobacco displays
- Tobacco retail licensing
- Ban on cigarette sampling



Social Norms and Quitting

- Smokers with strong positive secondhand smoke-related attitudes were:
 - Over two times more likely to have made a recent quit attempt
 - Over two times more likely to have intentions to quit in the next six months

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Outcomes

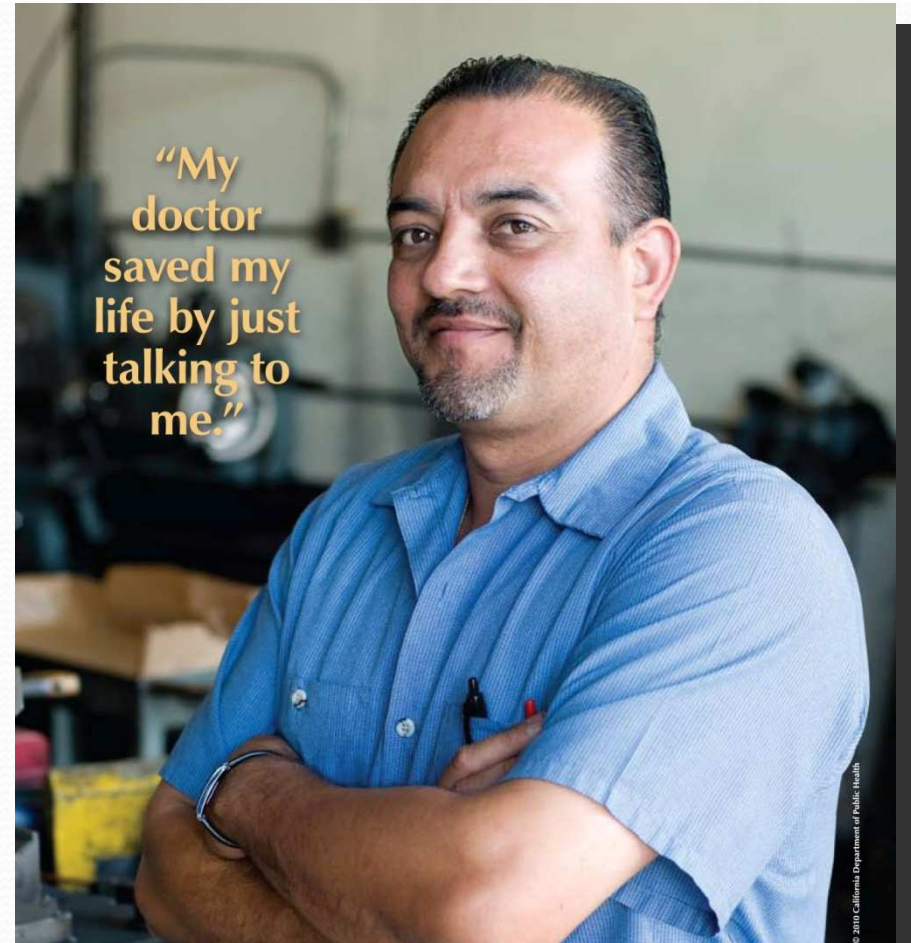
- \$86 billion savings in healthcare
- 1 million lives saved
- Decreased heart disease and smoking related cancers
- Lung cancer decreased 3x faster
- 12% adult prevalence = 50% decline
- 72% decline in consumption
- Only 2.6% of CA smokers smoke 20+ cigarettes/day
- Fewer kids:
 - start smoking, start smoking later, and convert to regular smoking

What You Can/Should Do

- Encourage patients to quit smoking
 - Refer to 1-800-QUIT-NOW
- Support systems change – EMR
- Encourage hospitals/medical schools to be smoke-free
- Testify at city/county boards about importance of being smoke-free
- Support/testify/encourage tobacco tax increases – the #1 way to decrease smoking
- Support licensing of tobacco retailers
- Support limits or density of # of new tobacco retailers

Conclusion

**Your voice in support
of tobacco policies
can save lives,
reduce healthcare
costs and
prevent cancer.**



ASK all your patients about smoking.

ADVISE them to quit.

REFER them to **1-800-NO-BUTTS**
for **FREE** telephone counseling.