Foreword

I have long been committed to eliminating tobacco use in all its forms throughout the United States and around the world. I have been widely quoted, including in this monograph, as working tirelessly toward a smoke-free society by the year 2000 because I firmly believed that this was then and is now our most important public health goal. I regret that we have not fully achieved this lofty goal. However, I believe that by setting such ambitious goals and working diligently toward their achievement, we have made tremendous strides toward reducing the incredible addiction, disease, disability, and death caused by tobacco use.

The American Stop Smoking Intervention Study for Cancer Prevention, widely known as ASSIST, was conceived while I was Surgeon General and was implemented during the 1990s, a decade of significant progress throughout the entire field of tobacco prevention and control. ASSIST contributed to many of these advances in important ways, including (1) demonstrating a strong emphasis on comprehensive policy change, (2) using a strategic approach to media interventions, (3) creatively using media advocacy to achieve policy goals, and (4) defining a new standard for training and technical assistance to ensure that public health practitioners have the skills and resources needed to attain successfully their ambitious objectives. In addition, ASSIST staff and volunteers learned a great deal about the vast resources of the tobacco industry and its fierce determination to use those resources to thwart any public health efforts that might encroach on their huge profits. This monograph provides new insights regarding tobacco industry strategies to interfere with ASSIST and its public health objectives.

From my vantage point at the national level, I have seen the important role that ASSIST leaders and coalitions played in advancing smoking cessation efforts and tobacco containment. They were in the vanguard of these efforts and helped to fashion the next phase of comprehensive tobacco control interventions. I know that many of the readers of this monograph will have their own views about the lessons from ASSIST but as I have traveled the country, I have heard many of their stories and insights about the impact of this program on broader tobacco prevention and control efforts. In my estimation, several key points stand out as legacies of ASSIST: (1) the field of tobacco control continues to be staffed by many experts who learned about tobacco control issues and skills during ASSIST and who played key roles in implementing the conceptual model of ASSIST, (2) the strong emphasis on policy and media strategies to shift the focus from the individual to population-based interventions has had a long-lasting impact on behavioral health, and (3) designing interventions around a reliable evidence base is critical for building effective programs. I would add—since the ASSIST evaluation pointed out that states with more tobacco control activity had lower per capita cigarette consumption—(4) the lessons of ASSIST are broadly applicable to many public health disciplines and can be used immediately by others attempting to design and implement community-based health interventions.

Unfortunately, we have not yet fully achieved a smoke-free society. Even today, tobacco use remains the leading preventable cause of death in the United States, responsible for the deaths of over 440,000 people annually. But I see this smoke-free society as a clear goal that can be, indeed must be, reached in the foreseeable future. Working together, we have created an active, viable, committed tobacco control movement in the United States that has dramatically reformed our social norms about the acceptability of smoking and tobacco use. Smoking in public is no longer accepted, and the health risks of exposure to environmental tobacco smoke, also widely referred to as secondhand smoke, are known throughout the land. In fact, seven states have prohibited smoking in all workplaces, including restaurants and bars, and four more require all restaurants to be smoke-free. As state legislatures convene, many are considering similar legislation to protect the health and well-being of their citizens. These policies are important for many reasons, including, of course, protecting the health of employees and patrons of these establishments, but also because comprehensive workplace smoking policies do much to encourage quitting among smokers. Furthermore, between 1998 and 2003, 35 states and the District of Columbia raised their excise taxes on tobacco products, a policy device known to all of us as one of the best tools for reducing cigarette consumption.

Now, as better resources and support are available for smokers attempting to quit, we hope to increase their success rates. The National Network of Tobacco Cessation Quitlines is just one new resource available to provide services to smokers who are trying to stop by building on existing state efforts and the expertise of federal health agencies. Many employers are increasingly aware of the costs of their employees' smoking habits and are using a broad range of strategies to address this problem—from shifting costs of higher health insurance premiums to individual employees, to providing additional coverage for cessation medications and counseling, to prohibiting all smoking in company facilities and throughout the surrounding grounds.

One such example is a recent effort by the U.S. Department of Health and Human Services, called Tobacco-Free HHS, to eliminate the use of any tobacco products on all its properties, including buildings and grounds, and provide smoking cessation services to employees who smoke. The goal is to improve employee health by reducing smoking rates among all its employees and to provide a model policy for other employers. We must remember the importance of both supporting individual tobacco users who are trying to stop and providing supportive policies and an environment that encourages positive behavior change. It is critical to remain vigilant in our efforts not to blame the victim, but rather to provide support and evidence-based policies that help move individual behavior change in the right direction. We must never forget that the real source of the problem is an industry that has lied about and misrepresented the addictiveness and health hazards of their products for decades, with the intent of recruiting additional users.

These successes—lower smoking prevalence rates, higher tobacco prices, clean indoor air that is free from secondhand smoke, reduced youth access to tobacco, and reduced exposure to tobacco advertising and promotion—were developed by a large group of individuals, organizations, and programs working collectively to reduce the addiction, disease, disability, and death caused by tobacco use. The public health professionals of ASSIST made key contributions that are described, with numerous case studies and vivid examples, throughout this monograph.

The lessons of ASSIST are essential to the tobacco prevention and control movement and, perhaps even more important, to the entire field of public health. The concepts of building on a strong evidence base; designing interventions that will have broad population impacts; changing social norms in pursuit of greater justice; developing strong partnerships based on common goals and mutual respect; maintaining a determination not to be swayed or pushed off target by one's adversaries; and ensuring a serious commitment to evaluation, self-reflection, and adaptation of strategies in midcourse are not unique to ASSIST. However, ASSIST brought these concepts to life and offered clear examples of how they can be used for advancing tobacco control and public health objectives.

I am sure the reader will find this volume on ASSIST to be a helpful resource as public health practitioners and researchers work toward eradicating tobacco use in our society and designing other effective community-based interventions to improve the public's health. I am grateful to those who made ASSIST the template for public health endeavors that it was.

C. Everett Koop, M.D., Sc.D.
Surgeon General, U.S. Public Health Service, 1981–89