

Highlights in Tobacco Control

Published at the University of Texas at Austin, Public Health Promotion Research & Program Development,
<<http://www.UThHealthPromotion.net>>, Volume 3, Issue 7 July 2004

Practical Ideas Online



FOCUS ON THE MESSAGE

The advice we all receive when talking with the media is the same - “**focus on the main message you want to send**”. After many years of working in public health it is easy to get distracted - there is a lot we can say. The attached **FACT SHEETS** can help us be more effective and “stay on message”. Above all else our message should include:

- **Tobacco is a tremendous burden to all Texans. In fact, it is still the #1 cause of preventable death in Texas.**
- **Comprehensive tobacco control programs “work” to save lives, improve health and save money**

BE PROACTIVE - EDUCATE COMMUNITY LEADERS

Each of us is a walking ambassador for tobacco control. Our strength as a group lies in individual repetition of our message. What can we do with the current message?



- ❖ **Talk with and email** associates and leaders of **community organizations**
- ❖ **Submit letters** to newspaper editors
- ❖ **Do presentations** before community groups
- ❖ **Tell us** what you have done (we may be contacting you to hear about your experiences in educating community leaders)

Ask Dr. Phil

Dear Dr. Phil (Huang),

*While I like to BE PROACTIVE, sometimes I need to just “react”. **What steps should I take when I am contacted by the media?***

There are several steps to take to prepare yourself to take control when talking with the media. *

- 1) Before a crisis arises, **identify and prepare a spokesperson**. It could be yourself, or someone else who is well spoken and knowledgeable of tobacco control.
- 2) **Stay calm**. Show the public that you are on top of the problem and are taking steps to resolve it.
- 3) Tell the truth. **Take responsibility** for the work you do.
- 4) Be well informed. The **FACT SHEETS** on Texas Tobacco are a good place to start. When talking to reporters focus on the main message **you** want to send.
- 5) Before the interview: Learn the perspective that the interviewer might have. What is their angle? Prepare a short statement with comments from your organization’s leadership.
- 6) **Track incoming calls** – keep a record of who calls, from where and why, who to call if new information comes in, and how the information you gave them will be used.
- 7) Say “I don’t know” when you cannot answer a reporter’s question. **Promise to get the answer** quickly – then follow through.



Philip Huang, MD, MPH, Bureau Chief,
TDH Chronic Disease & Tobacco Prevention

Tobacco Prevention and Cessation Programs Work!

Texas Tobacco Prevention Pilot Initiative (TTPI) Facts

What is the Texas Tobacco Prevention Initiative (TTPI)?

TTPI is the result of the allocation from the Tobacco Settlement money to the Texas Department of Health. Initial funding was not adequate to implement a statewide program, so a pilot study that included 18 counties in the East Texas area examined the most effective ways to prevent tobacco use and promote cessation among Texans of all ages. In the study, a combination of interventions in school, community, enforcement, cessation and mass media were examined. **Initial Findings - Only a comprehensive program that included school, community, enforcement, cessation and mass media was shown to be effective in reducing tobacco use.** Lower level media campaigns and single focus community programs did not have measurable effects on tobacco use among children and adults.

Comprehensive tobacco prevention and cessation programs work

TTPI was expanded so that comprehensive programming was provided in the Houston/Beaumont/Port Arthur pilot areas. Implementation of the Comprehensive Program in the pilot areas has shown tremendous reductions in tobacco use

- From 1998 to 2001, current use of any tobacco products in the pilot areas decreased from 35.4% to 22.7% (a **36% reduction**) among youth in grades 6-12.
- This rate is double that for the rest of the state. The prevalence of adult smoking in the comprehensive pilot area decreased **18.7%** (from 22.6 % in 1999 down to 18.4% in 2002).

***Reduce the burden of tobacco use on Texans.
Save lives, improve health, save money.***

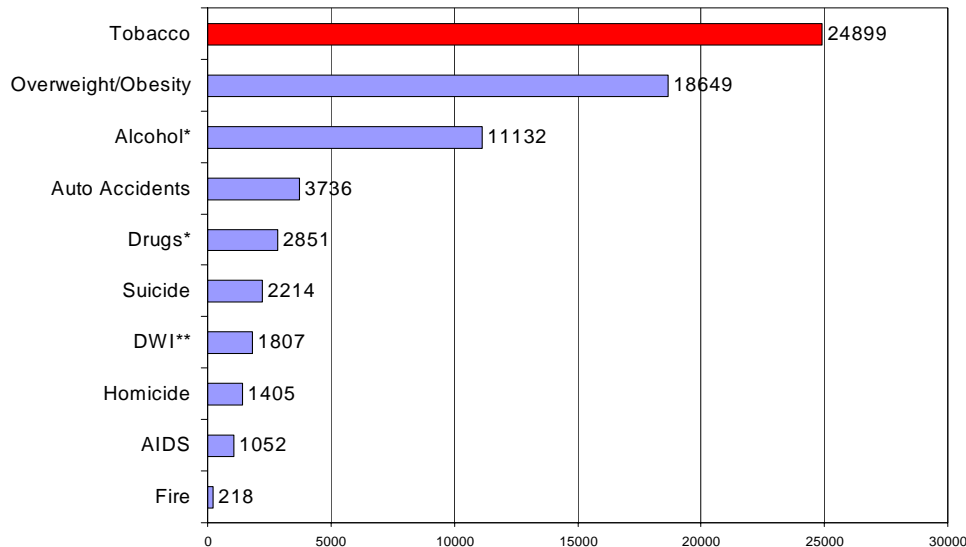
Reference

Meshack AF, Hu S, Pallonen UE, McAlister AL, Gottlieb N, Huang P. Texas Tobacco Prevention Pilot Initiative: processes and effects. Health Educ Res. 2004 Jun 15 [Epub ahead of print]
<http://her.oupjournals.org/cgi/content/abstract/cyg088?ijkey=61qcGr82zD>ZDU&keytype=ref>
scheduled to be published in volume 19 issue 6 (December 2004).

FACT: Tobacco Use is a Tremendous Burden to All Texans

In Texas, tobacco use is the single greatest preventable cause of premature death and disease.

Causes of Death in Texas, 2001



Source: Vital Statistics, TDH, Texas Commission for Alcohol and Drug Abuse*, Mother's Against Drunk Driving**

- Tobacco use is a major risk factor for multiple cancers, heart disease, stroke and lung disease.¹
- Approximately 24,000 adults die of a smoking-attributable illness annually in Texas. That is more than die from AIDS, heroin, cocaine, alcohol, car accidents, fire and murder – **Combined**.²
- For every one person who dies from tobacco-related causes, there are 20 more people who are suffering with at least one serious illness from smoking.³

Smoking is a health threat to nonsmokers.

- Secondhand smoke contains a complex mixture of over 4,000 chemicals, more than 50 of which are cancer-causing agents (carcinogens).⁴
- Secondhand smoke is associated with an increased risk for lung cancer and coronary heart disease in non-smoking adults.^{4,5}
- Because their lungs are not fully developed, young children are particularly vulnerable to secondhand smoke. Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, and pneumonia in young children.^{4,6}

Tobacco use COSTS Texas businesses and taxpayers money.

- In 1999, tobacco-related disease cost the state approximately \$10 billion (\$4.5 billion in direct medical costs and an additional \$5.5 billion in lost worker productivity).²
- In 1998, about 15% (\$1,265,000,000 or \$543.87 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.⁷

References

1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2004.
2. Centers for Disease Control and Prevention. *Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC Software*. Available at <http://www.cdc.gov/tobacco/sammec>.
3. Centers for Disease Control and Prevention. *Cigarette Smoking-Attributable Morbidity – United States 2000* MMWR September 5, 2003; 52 (35) 842-844.
4. U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. U.S. EPA Office of Research and Development 1992 Publication No. EPA/600/6-90/006F.
5. Glantz SA, Parmley WW. *Passive Smoking Causes Heart Disease and Lung Cancer*. Journal of Clinical Epidemiology 1992; 45(8):815-819.
6. National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency*. Smoking and Tobacco Control Monograph no. 10, Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH 1999; Publication No. 99-4645:25-167.
7. Miller L, Zhang X, Novotny T, Rice D, Max W. *State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking , Fiscal Year 1993*. Public Health Reports 1998;113 (2): 140-151.