



Texans and Tobacco

A Report to the 79th Texas Legislature
as mandated by Health & Safety Code
§161.0901

Texas Department of State Health Services
Disease Prevention & Intervention Section

January 2005

Table of Contents

Tobacco Use	3
Tobacco Sales to Minors	6
Enforcement Actions	9
Prevention & Cessation Activities	14
Future Plans	22
Appendices	23

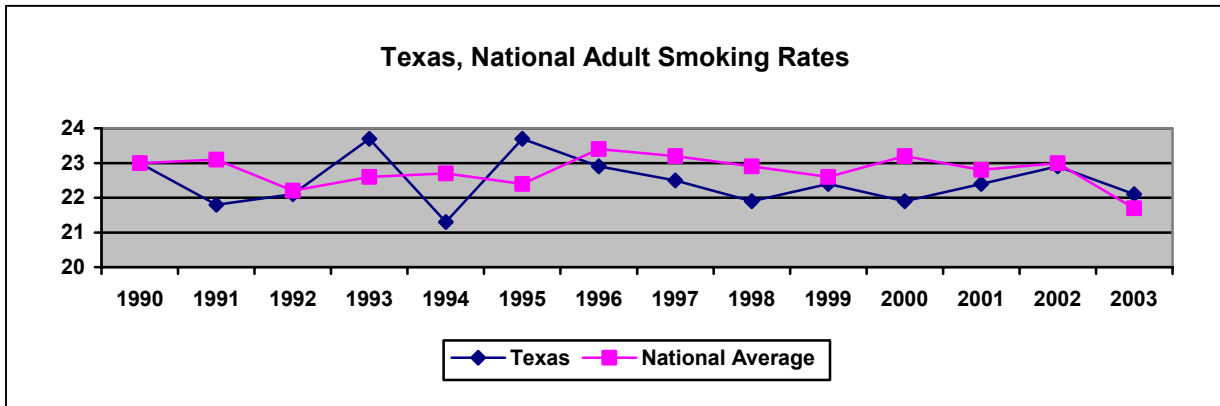
The staff of the Texas Department of State Health Services, Disease Prevention and Intervention Section would like to acknowledge the assistance of staff from the State Comptroller of Public Accounts and the Mental Health and Substance Abuse Services Division of the Department of State Health Services in creating this report.

For more information on the information in this report, please contact Anne Williamson, Manager, Risk Assessment Group, or Philip Huang, M.D., Texas Department of State Health Services at 512-458-7111.

Tobacco Use

Cigarette smoking remains the leading preventable cause of death in the United States, accounting for approximately 1 of every 5 deaths (440,000 people) each year.^{1,2}

Adult Tobacco Use



Texas adults have consistently maintained a smoking rate of approximately 22% for the past decade. Despite efforts to increase cessation, Texas continues to stay above the 20% threshold, according to the Behavioral Risk Factor Surveillance System (BRFSS) data from the Centers for Disease Control and Prevention (CDC) and Texas Department of State Health Services (DSHS) formerly the Texas Department of Health (TDH).

According to the 2003 BRFSS survey, 22.1% of adults in Texas smoked, compared to a national average of 21.7%. The 2003 number is a decrease of approximately 174,000 smokers from 2002, when the rate was 22.9%. However, since the 1990 BRFSS study, the Texas smoking rates have ranged from a high of 23.7% (1993 and 1995) to a low of 21.3 (1994) while the national rates have ranged from 23.2% (1997 and 2000) to a low of 21.7 (2003).

National statistics from the CDC Office on Smoking and Health show that:

- The highest state estimates for cigarette smoking in 2002 were in Kentucky (32.6%) and Alaska (29.4%) with the lowest in Utah (12.7%) and California (16.4%)³ The rate for Texas was 22.9%.

¹ Centers for Disease Control and Prevention, Annual smoking-attributable mortality, years of potential life lost, and economic costs – United States 1995-1999, *Morbidity and Mortality Weekly Report* 2002; 51(14): 300-303.

² Centers for Disease Control and Prevention, National Center for Health Statistics; Health, United States 2003 With Chartbook on Trends in the Health of Americans. Hyattsville, MD: U.S. Department of Health and Human Services, CDC, 2003:141.

³ Centers for Disease Control and Prevention, State specific prevalence of current cigarette smoking among adults – United States, 2002, *Morbidity and Mortality Weekly Report* 2004; 52(53): 1277-1280.

- The highest state estimates for cigarette smoking among men were in Kentucky (34.8%) and Mississippi (33.2%); the lowest estimates were in Utah (14.2%) and California (19.7%).¹ The rate in Texas for men smoking was 26.8%.
- The highest estimates for cigarette smoking among women were in Kentucky (30.5%) and West Virginia (27.2%); the lowest estimates were in Utah (11.3%) and California (13.3%).¹ In the same survey, 19.1% of Texas women reported they smoked.
- Prevalence of cigarette smoking is highest among American Indians/Alaska Natives (40.8%), followed by whites (23.6%), African Americans (22.4%), Hispanics (16.7%), and Asians (excluding Native Hawaiians and other Pacific Islanders)(13.3%).²
- Cigarette smoking estimates are highest for adults with a General Education Development (GED) diploma (42.3%) or 9-11 years of education (34.1%) and lowest for adults with an undergraduate degree (12.1%) or a graduate college degree (7.2%).²
- Cigarette smoking is more common among adults who live below the poverty level (32.9%) than among those living at or above the poverty line (22.2%).²

Youth Tobacco Use

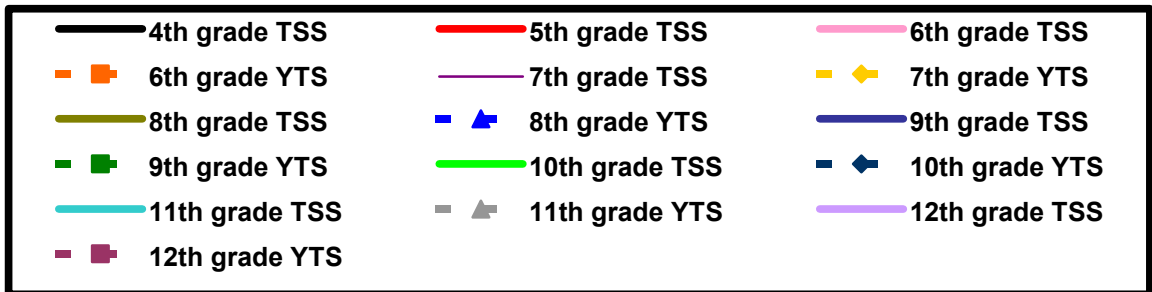
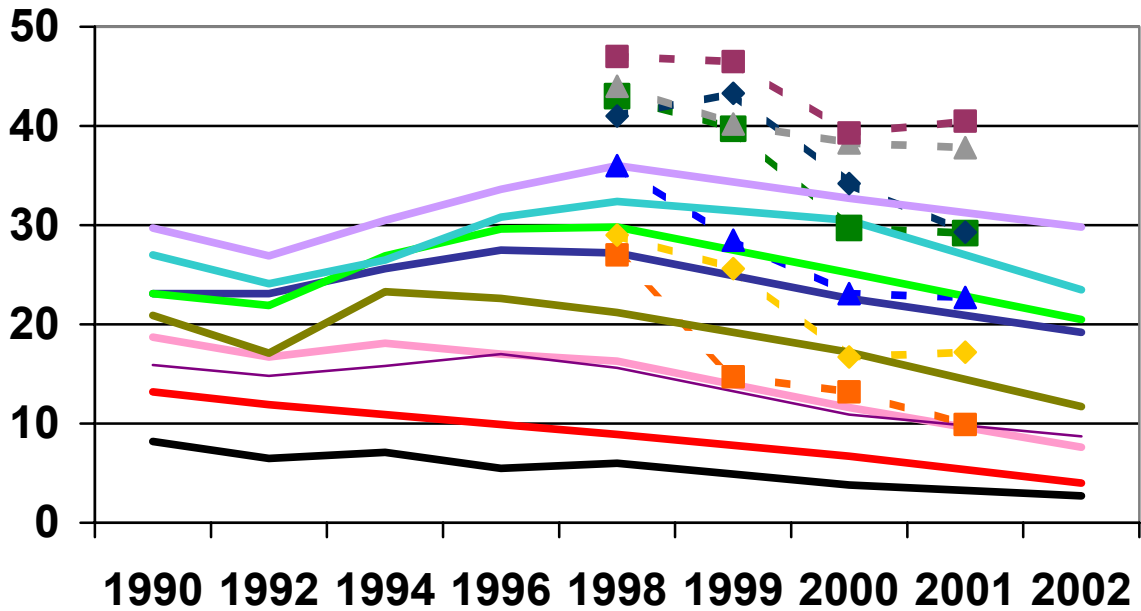
Public health activities continue to have a positive impact on the rates of underage tobacco use in Texas. While data from the 2003 Texas Youth Tobacco Survey (YTS) are still being analyzed, comparing the data from previous youth tobacco surveys with data from the Texas School Survey of Substance Use Among Students (TSS), conducted by the Texas Commission on Alcohol and Drug Abuse (now the Texas Department of State Health Services, Mental Health and Substance Abuse Services Division), substantiates this effect. This also emphasizes the effects of comprehensive approaches to tobacco enforcement activities which include utilizing the skills and resources of the public health and substance abuse prevention programs located in government, non-profit and grass-roots community based organizations throughout the state.

The traditional grade for initiation of tobacco abuse is approximately sixth grade or 12 years of age. In the Youth Tobacco Surveys, the number of youth in this group identified as current tobacco users⁴ dropped from 27 percent in 1998 to 9.9 percent in 2001. In comparison, tobacco use (defined as use during the past school year) dropped from 16.3 percent (1998) to 7.6 percent (2002) among sixth graders according to the School Survey of Substance Use Among Students (TSS).

During the 1990's the number of students who report using tobacco products continues to climb in the higher grades, however, the curve of the increase has declined since the state passed comprehensive tobacco laws, including the outlawing of underage tobacco possession in 1997. The sixth grader in 1998, where tobacco use as reported at 27%, was a ninth grader in 2001 where tobacco use had only increased to 29.2 percent. Whereas survey data from the early 1990s showed that the sixth grade class of 1990 had a tobacco use rate of 18.7 percent that grew to 26.9 percent by 1994.

⁴ Admitting to using tobacco on 19 or more of the past 30 days.

Tobacco Use: 1990-2002, Texas Youth Tobacco Survey & Texas School Survey of Substance Use Among Students



Retail Sales to Minors

*Sale of Cigarettes and Tobacco to Minors
S.B. No. 76, Chapter CXXXIX*

An Act to prevent the sale of cigarettes and tobacco to persons under the age of sixteen years, and to prescribe a penalty for violating the same.

Be it enacted by the Legislature of the State of Texas:

Section 1. That any person who shall sell, give or barter, or cause to be sold, given or bartered, to any person under the age of sixteen years, or knowingly sell to any other person for delivering to such minor, without the written consent of the parent or guardian of such minor any cigarette or tobacco in any of its forms, shall be fined not less than ten nor more than one hundred dollars.

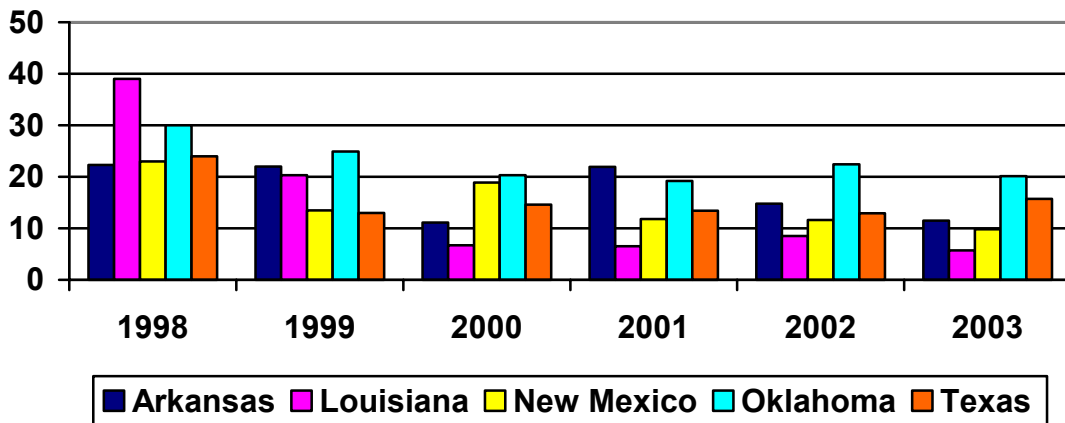
*Approved May 23, 1899
General Laws of Texas, page 237
26th Texas Legislature*

Federal Synar Inspections

Almost a century after the Texas Legislature passed their first bill regulating the sale of tobacco to minors, the federal government became proactive in the battle against underage access to tobacco products. The legislation, championed by Oklahoma Congressman Mike Synar, requires states to not only have laws that outlaw tobacco sales to persons under the age of 18, but also requires states to conduct an annual random inspection of tobacco retailers. States that have a sales rate of more than 20% (meaning that one in five tobacco retailers inspected sold tobacco to a minor) face stiff sanctions including the potential loss of federal funds for substance abuse treatment.

In Texas, the Comptroller of Public Accounts (CPA) is the agency responsible for ensuring the inspections are conducted as part of tobacco enforcement activities. Through an interagency agreement, the Texas Commission on Alcohol and Drug Abuse (TCADA), now the Texas Department of State Health Services, Division of Mental Health and Substance Abuse Services, handles the actual task of designing and conducting the inspections and evaluating the data. Staff from the Center for Safe Communities and Schools at Texas State University - San Marcos oversee the field inspections. Inspections are conducted according to research protocols approved by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention to ensure the findings are scientifically valid.

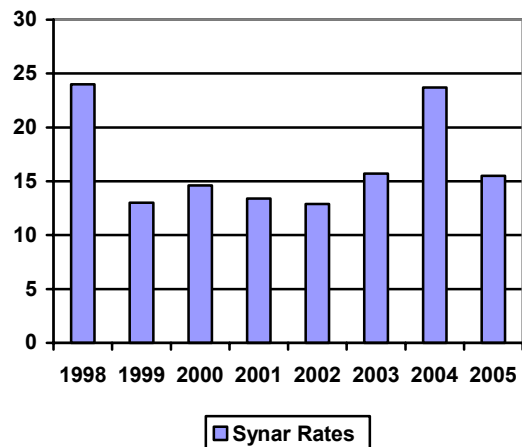
Texas & Surrounding States Synar 1998-2003



When the inspections began in 1997 (1998 in Texas) most states, including Texas, were well over the 20% sales rate. Since that time, sales rates to teens have dropped for most states (including Texas) with the most recent national data (2003) showing Delaware and Louisiana having the lowest sales rates at 5.7%. The highest rates reported for that year were Alaska (30.2%) and Montana (23.3%).

As seen on the chart above, since the passage of the state’s comprehensive tobacco control laws in 1997, the Texas sales from 1998 to 2003 were 24.0%, 13.0%, 14.6%, 13.4%, 12.9% and 15.7% respectively. However, in the 2004 report of inspections in 2003, the state’s official Synar sales rate rose to 23.7%. (Each Synar Report is dated the year following the year in which inspections were conducted.) This caused concern among leadership and led to a renewed vigor for training local law enforcement agencies and community based organizations about the state’s tobacco laws. In addition, the state’s retailer education materials were completely revised, led by staff from the CPA with participation from TCADA and TDH. These efforts paid off: the 2005 Synar Report showed a sales rate of 15.5%

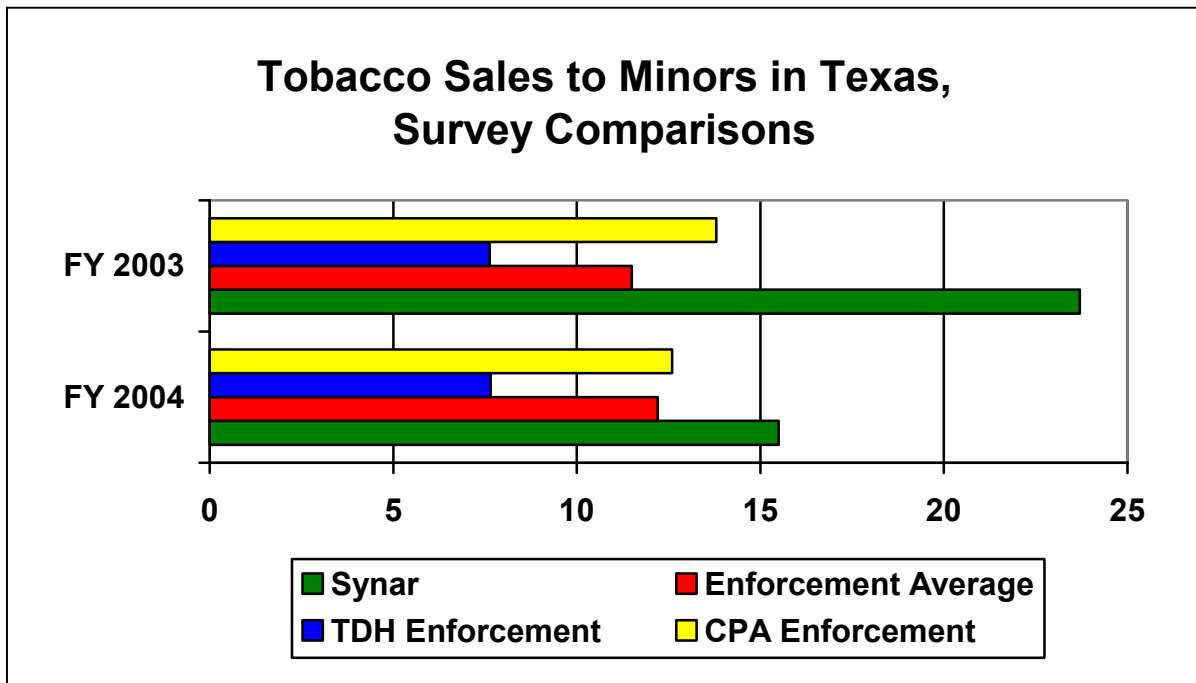
Texas Synar Rates 1998-2005



Comptroller of Public Accounts

In addition to the annual Synar Inspection, which is done the same time each year, the CPA tracks enforcement data from local law enforcement agencies that are funded by CPA grants under Health & Safety Code §161.088, and by tobacco settlement dollars from the Department of State Health Services (DSHS) under Government Code §403.105. The enforcement agencies include municipal police departments, county sheriff's departments, and county constables which provide comprehensive enforcement of the state's tobacco laws. In addition, the CPA provides grants to school-based law enforcement agencies to conduct enforcement and education activities appropriate to a school setting.

During Fiscal Year 2003, data collected from the CPA-funded law enforcement agencies showed that 13.8% of stores inspected statewide illegally sold tobacco products to minors. When agencies funded by the DSHS tobacco settlement were included, the illegal sales rate was reduced to 11.5%. In FY 2004, the rate for CPA funded agencies was 12.6% with an overall state rate of 12.2%. Though the methodology for the two different data sets (Synar's random selection and CPA's self-selected/self-reported by grantees) are dramatically different, it does show that in areas where comprehensive enforcement activities are supported with the necessary fiscal and manpower resources, a positive impact can be made in reducing the number of illegal sales of tobacco to minors.



Enforcement Actions

“Measures that have had some success in reducing minors’ access include restricting distribution, regulating the mechanisms of sale, enforcing minimum age laws, and providing merchant education and training.”

*David Satcher, MD, PhD, Surgeon General
Reducing Tobacco Use, A Report of the Surgeon General – 2000*

While both the Texas Department of State Health Services and the Comptroller of Public Accounts have enforcement mandates, each agency works collaboratively to ensure that tobacco enforcement in Texas is effective, efficient and comprehensive at the local levels where true enforcement takes place.

Since the passage of the state’s comprehensive tobacco laws in 1997, staff from the CPA, the Texas Department of Health and the Texas Commission on Alcohol and Drug Abuse (now both within the Department of State Health Services) have met on a regular basis to communicate best practices and resolve problems in order to develop the necessary infrastructure and collaborative relationships. This collaboration proved fruitful during this past biennium when the state’s Synar inspection rate rose above the 20% threshold.

During the period between the 2004 and 2005 Synar reports, staff from the agencies conducted a number of outreach activities to educate Texas law enforcement, judicial officials and tobacco retailers about the state’s tobacco law, the importance of complying with the laws and the potential consequences for failure to comply.

Texas Tobacco Enforcement Collaborative Agencies

- Comptroller of Public Accounts
- Texas Department of State Health Services:
 - Community Mental Health & Substance Abuse Services Section
 - Disease Prevention & Intervention Section
- Texas State University – San Marcos:
 - Center for Safe Communities and Schools
 - Texas Statewide Tobacco Education & Prevention (STEP) Program

Some of the specific outreach activities for target groups included:

- Municipal Judges and Justices of the Peace:
 - Exhibit at the Texas Justices of the Peace/Constables Association conference that allowed interactions with both law enforcement and court personnel about the vital need for court clerks to complete and return to the CPA the “Final Proceedings Report” after a case has been adjudicated.
 - Drafted a letter to all Justices of the Peace and Judges, asking them to complete and return the “Final Proceedings Report” on all violations. This is scheduled to go out in early 2005.
 - Created a “Judge and Prosecutors” training packet and included it in the training manual for CPA-funded law enforcement agencies. In addition,

this information was converted into a slide show and made available on the Texas STEP website.

- Law Enforcement/Community Partners
 - Facilitated nine regional workshops for local law enforcement and community substance abuse prevention providers entitled, “Communities Collaborating to Reduce Minor’s Access to Tobacco” during April and May 2004. In addition to Texas experts on tobacco enforcement, these workshops also featured national experts and staff from the Center for Substance Abuse Prevention at the federal Substance Abuse and Mental Health Services Administration.
 - Sent a letter to every law enforcement agency in Texas asking for support in enforcing the state’s tobacco laws.
 - Sent a letter to the more than 29,000 tobacco retailers in Texas seeking their support in keeping tobacco away from minors by complying with the state law. This included an explanation of the possible financial consequences to retailers found selling tobacco to a minor. A follow-up letter was sent after the 2005 Synar report, congratulating retailers for the decrease in the state’s Synar rate and asking for their continued support.
 - The CPA began issuing civil penalties to retailers who have been cited and found guilty of tobacco law violations by a local court.
 - CPA tobacco enforcement grant allocations were changed to increase the percentage of funds that could be used to educate and inspect retailers for compliance.
 - Presented and/or exhibited at both the Texas Sheriff’s Association, the Safe and Drug Free Schools and the Texas Tobacco Youth Summit conferences.
 - Developed and distributed a new certificate from the CPA for use by local law enforcement agencies to provide positive feedback to tobacco retailers and store clerks who do not sell tobacco to minors during undercover compliance checks.

- Retailers
 - Developed a comprehensive new retailer education packet: “Under 18 No Tobacco: I Can’t Sell, You Can’t Buy.” Coordinated by the CPA, this project involved staff from all of the collaborative agencies. These new packets were distributed to more than 29,000 tobacco retailers in May 2004 as part of the tobacco permit renewal process.
 - The new retailer education packet includes signs featuring the new logo in both English and Spanish, retailer guidelines, educational information on



tobacco sales, employee notification form, a brochure with an overview of the state laws, information on how to check for valid identification, a sticker to remind customers that the retailer checks identification, and a reminder poster for retailers about checking identification to make sure buyers are over the age of 18.

- Retailer education packets were also distributed to local law enforcement and substance abuse prevention providers to use in their local retailer education efforts.

The impact of these efforts were shown through not only the improved interagency cooperation and collaboration at the state level, but at the local level as well when the state's 2005 Synar Report sales rate fell to 15.5%, well below the 20% penalty threshold.

Enforcement Activities

Tobacco enforcement in Texas is conducted in a multi-pronged approach utilizing both local and state level resources. The CPA, under Health & Safety Code §161.088, and the DSHS, under Government Code §403.105, provide funding to local law enforcement agencies including municipal police departments, sheriff's departments, constable offices and school-based police agencies. While the CPA grants are made to agencies statewide, the DSHS contracts only with law enforcement agencies in the southeast Texas area that constitutes the tobacco settlement initiative target area.

These funded agencies use the state's model for tobacco enforcement, developed by the CPA and the Texas STEP program at Texas State University – San Marcos in the 1990's. This model includes education of retailers, the public and youth; inspections of retailers; and enforcement of the state's retail sales laws through undercover compliance checks and enforcing the state's minor-in-possession of tobacco statute. This model has provided the core of tobacco enforcement since the law was passed in 1997 and have since become a model for other states, emphasizing the partnership between local law enforcement agencies and the local retailers to create voluntary compliance.

The CPA grants range from \$2,000 to \$25,000 annually, and during Fiscal Year 2003 the CPA funded 116 community-based law enforcement agencies and 100 school-based police agencies. In Fiscal Year 2004, 91 community and 93 school-based agencies were funded. The DSHS contracts ranged from \$5,000 to \$75,000 to nine agencies within the target area. While Appendices A and B provide a detailed look at the activities of each individual police agency since the state laws were passed, below is a summary of the funded activities that were reported during this biennium.

- FY 2003: Local Law Enforcement Activities
 - Compliance Education
 - 1,252 Retailers
 - 3,018 Parents
 - 740 Educators
 - 377 Law enforcement officers

- 26,388 Individuals received educational materials
 - 44,784 Children educated
 - Inspections
 - 7,739 Retail inspections made
 - 1,804 Number of stores with at least one violation found
 - 4,585 Total violations found
 - 84 Total number of citations issued
 - Enforcement
 - 4,491 Undercover compliance checks conducted
 - 518 Sales made to minors during compliance checks
 - 483 Citations written for sales to minors
 - 774 Minor-in-possession of tobacco citations written
- FY 2003: School-Based Law Enforcement Activities
 - Compliance Education
 - 4,909 Parents
 - 2,884 Educators
 - 824 Law enforcement officers
 - 44,117 Individuals received educational materials
 - 134,363 children educated
 - Enforcement
 - 1,153 Minors in possession of tobacco citations written
- FY 2004: Local Law Enforcement Activities
 - Compliance Education
 - 1,388 Retailers
 - 3,069 Parents
 - 2,715 Educators
 - 573 Law enforcement officers
 - 28,620 Individuals received educational materials
 - 46,933 Children educated
 - Inspections
 - 6,823 Retail inspections made
 - 1,632 Number of stores with at least one violation found
 - 2,106 Total violations found
 - 241 Total number of citations issued
 - Enforcement
 - 4,341 Undercover compliance checks conducted
 - 530 Sales made to minors during compliance checks
 - 459 Citations written for sales to minors
 - 1,713 Minor-in-possession of tobacco citations written
- FY 2004: School-Based Law Enforcement Activities
 - Compliance Education
 - 4,749 Parents
 - 5,293 Educators

- 187 Law enforcement officers
- 99,128 Individuals received educational materials
- 136,695 children educated
- Enforcement
 - 1,240 Minor-in-possession of tobacco citations written

In addition, the CPA takes an active part in conducting its own inspection of tobacco permit holders to ensure compliance with not only those laws that have misdemeanor consequences but also those that have administrative consequences. The CPA's enforcement and criminal investigation divisions conduct these comprehensive inspections of thousands of retailers annually. These inspections demonstrate that many retailers are in compliance with the state's retail tobacco laws. During FY 2003 the Comptroller's office reports that 3,470 retailers were found to have no violations during their inspections. This number grew to 5,481 during FY 2004.

However, during that same time period the Comptroller's staff found the following violations:

- FY 2003 – 182 Total violations
 - 70 Lack of employee notification (Health & Safety Code §161.085)
 - 19 Minor's ability to access tobacco products (Health & Safety Code 161.086)
 - 86 Lack of state approved warning signs (Health & Safety Code §161.084)
 - 7 Vending machines accessible by minors (Health & Safety Code §161.086)

- FY 2004 – 380 Total violations
 - 142 Lack of employee notification
 - 67 Minor's ability to access tobacco products
 - 3 Outdoor signage violations (Health & Safety Code §161.122)
 - 2 Sales to a minor (Health & Safety Code §161.082)
 - 2 Vending machine access
 - 164 Lack of state approved warning signs

For a complete listing of Comptroller enforcement activities by city and county, see Appendix C.

Prevention & Cessation Activities

“I am encouraged by the declining smoking rates in the United States in recent decades. However, every day nearly 5,000 people under 18 years of age try their first cigarette, and in 2001, an estimated 46.2 million American adults smoked. These numbers represent an enormous emotional and financial burden for their families and our health care system.”

*Richard Carmona, MD, MPH, FACS, Surgeon General
The Health Consequences of Smoking, A Report of the Surgeon General – 2004*

The Texas Department of State Health Services tobacco prevention and control activities are guided by goals and objectives that were developed through a statewide strategic planning process that included regional and local stakeholders and partners. These goals echo the Texas Interagency Tobacco Task Force Legislative Plan that was presented to the Texas Legislature in 1998, as well as the comprehensive approach promoted by the Centers for Disease Control and Prevention’s *Best Practices for Comprehensive Tobacco Control Programs* manual released in 1999.

These activities include: prevention of youth tobacco use, increasing cessation of tobacco use by youth and adults, eliminating (or minimizing) exposure to second-hand smoke in public places, and eliminating disparities among racial and ethnic groups. The final activities discussed in this report are the media activities, which by their nature cross goals and support programs.

The DSHS tobacco prevention program provides a regional staff infrastructure to meet the needs of Texans at the local level. There are tobacco program coordinators in seven Public Health Regions. The regional staff play a crucial role in program implementation, as there is no established city/county health department infrastructure for tobacco control in Texas, as in states such as California. A regional approach is further necessitated by the sheer size and geographic distribution of Texas. Community contractors, most of which are concentrated in the southeast Texas counties of Jefferson, Fort Bend, Harris and Montgomery, supplement the efforts of central office and regional staff.

Preventing the Initiation of Tobacco Use

In 1995, the Texas Legislature passed a bill (SB 1) prohibiting the use of tobacco products by adults and the possession of tobacco products by minors at school-related or school-sanctioned events on or off school property. In 1997, the Legislature passed SB 55 which prohibits the purchase, consumption, possession or receipt of tobacco products by anyone younger than 18. The bill also requires TDH to provide a tobacco awareness program for youth cited as minor-in-possession of tobacco, allows community service if no classes are available, and allows judges to suspend or delay driver’s licenses for those

who do not either take the class or perform community service. The class raises the awareness of the dangers of tobacco and provides youth tobacco users with cessation assistance. To sustain the program, TDH developed a train-the-trainer program: four tobacco awareness instructors were trained to become instructor-trainers. Another train-the-trainer class is scheduled for 2005 in order to increase number of instructor-trainers to eight, or one per public health region.

It is a measure of the program's effectiveness that it has been adopted as a pilot project by the Community Partnership of the Ozarks and the Missouri Department of Health and Senior Services for meeting the needs for a tobacco class as required by recently passed legislation in that state.

The DSHS regional staff and community contractors provide training to law enforcement and the community to increase compliance with and enforcement of the youth access laws. Regional staff and contractors also work with school districts to ensure that schools comply with SB 1 and to help them establish an enforcement protocol.

The DSHS staff, community contractors, the American Cancer Society and other voluntary agencies work together to provide school-based and community-based education and outreach, as well as education of local decision-makers. They make a special effort to increase youth participation in tobacco control activities at the state and local level.

Through a contract with Texas State University, DSHS sponsors an annual conference for youth and coordinates input from a statewide network of youth called the Teen Ambassadors. The Teen Ambassadors are leaders in their own communities, and are selected by their peers at the statewide conference. Texas State provides education on tobacco issues, public speaking and leadership skills. The Ambassadors volunteer their time to assist in the implementation of the activities throughout the state.

Cessation of Tobacco Use by Adults and Children

Cessation efforts are directed at educating the public, with a focus on healthcare providers and increasing their efforts to assist patients in quitting. Regional staff and community contractors have worked to make direct contact with providers locally. The DSHS program has made major strides toward this goal with the development and dissemination of the *Yes You Can* Cessation Tool Kit. This kit was developed for use by providers, and promotes system changes in clinical settings that assure all patients are assessed regarding their tobacco use status and provided appropriate counseling and resources. It is directly linked to the *Yes You Can* media campaign.

The Tool Kit includes multiple reminders and aids for the clinic staff to be able to identify patients who use tobacco and to encourage them to quit. Among the materials in the kit are: an introductory guide for the staff; tips on counseling patients, a pharmacotherapy guide, Vital signs stickers for the patient charts; a list of resources;

brochures for the patients; Quitline cards; a poster and audio scripts for on-hold telephone messaging.

DSHS funds an 800-number telephone Quitline through the American Cancer Society. The Quitline is answered on a 24-hour basis, and once a person contacts the Quitline, a counselor provides self-help materials, and on request, schedules and conducts 3 counseling sessions. The Tool Kit is designed to drive more callers to the Quitline. Clinicians provide clients with a Quitline referral during an assessment. Also, clinicians may directly fax the Quitline with the patient Fast Fax Referral form. The Quitline will then proactively contact the client to set up counseling services.

DSHS is now focusing efforts on health insurance providers, to educate them about clinical cessation counseling and pharmacotherapy.

State level partnerships have been developed and maintained to ensure the success of the program. This partnership includes the Texas Medical Association's Physician Oncology Education Program, Nurses Oncology Education Program, the Texas Cancer Council and the American Cancer Society. This partnership provides additional support to promote the incorporation of HHS Clinical Practice Guidelines, the *Yes You Can* Tool Kit, and the Quitline to healthcare providers and insurers.

The tobacco program is also partnering with WIC (Women's, Infants and Children nutrition program) to incorporate tobacco use assessments in WIC clinical services and to develop and print culturally appropriate materials for Spanish speaking audiences and pregnant women or WIC-eligible families.

Second-hand Smoke Elimination

DSHS staff work with community contractors and local community groups to educate the public about the health effects of second-hand smoke. They focus on students, parents, faith communities, local governments and employers. Staff can use the example of San Antonio-based insurance company USAA, which expanded its smoke-free workplace policy in 2004. The updated smoke-free workplace policy prohibits smoking anywhere on USAA campuses, including parking lots, recreation areas, and in personal vehicles while on company property. The association has offices throughout the United States and Europe.

DSHS has contracted with the University of Houston to develop a database of municipal clean indoor air ordinances. All municipalities in Texas with a population >5000 were contacted in the summer of 2002 to obtain their "most recent ordinance restricting exposure to SHS." Two reviewers rated the restrictiveness of each ordinance based on a coding system developed by the U.S. Centers for Disease Control and Prevention for state-level laws. Each ordinance was reviewed for coverage of five types of public places: (1) municipal worksites; (2) private sector worksites; (3) restaurants; (4) child day care-commercial; and (5) child daycare - home-based. The database is an excellent resource

for community coalitions in addressing second-hand smoke policy needs and the Cardiovascular Disease Council in identifying Heart Healthy Cities.

DSHS regional staff partnered with TRUST for a Smoke Free Texas and the American Cancer Society to provide a statewide training for local community groups and coalitions working on tobacco control policy. The purpose of the training was to equip participants with tools to develop local tobacco control policy including analysis, development and implementation.

Eliminating Disparities

Throughout the state, DSHS staff work to engage the faith-based community, health care providers, community groups, racial and ethnic groups, and other diverse and special populations in tobacco prevention effort efforts.

The Youth Tobacco Survey, Adult Tobacco Survey, and Behavior Risk Factor Surveillance System are used to identify tobacco use prevalence, second-hand smoke exposure, cessation rates and changes in attitudes and beliefs among diverse and special populations. The College Tobacco Survey provides additional insights to the 18-24 year old population, measuring their attitudes and beliefs regarding industry impact and the dangers of tobacco use. The tool is also used to gauge support for tobacco control policies.

Research by UT School of Public Health and Baylor College of Medicine has been conducted to identify how to best reach special and diverse populations to yield the most impact. Specifically, the research identified media and outreach venues most appropriate for young males and females, Hispanics, Asians and African Americans.

Preliminary College Tobacco Survey data show high levels of college tobacco use compared to other adult use in the same geographic area. Other key findings include the large misperceptions among college students regarding peer use, support for strong tobacco control policies, lack of knowledge about the Quitline and other cessation services, and significant exposure to tobacco ads and promotions.

To reach populations affected by tobacco-related health disparities and are targeted by tobacco marketing and promotion, DSHS contracts with several community agencies to specifically address these populations in the Houston area. In addition, all community contractors are required to focus at least one third of their efforts on addressing tobacco-related disparities.

Based on our research, the following activities have been implemented to address identified youth initiation disparities:

- Reaching large African American population through interventions in Jefferson, Harris, Fort Bend and Montgomery Counties.

- Increasing awareness on the dangers of second-hand smoke, providing cessation services and preventing youth initiation among Latino/Hispanic families through the *Mi Familia No Fuma* media campaign.
- Using media outreach to increase awareness on second-hand smoke, cessation and youth prevention in US/Mexico Border Areas.
- Conducting outreach among the 18-24 year old population on second-hand smoke, cessation, and effective policies for regulating tobacco use on college and trade school campuses and in recreational venues.
- Conducting outreach and media activities to prevent tobacco use initiation among Anglo teenage males
- In partnership with the WIC Program, bringing information on the effects of second-hand smoke and providing access to cessation resources such as the Quitline to pregnant women and those with children less than five years old. This partnership also helps in reaching blue-collar families, who are among the identified high-risk populations.

Media Activities

DUCK – Tobacco Is Foul



By the sixth grade, most students are beginning to make decisions about whether to use tobacco products. In some cases, students try tobacco because of peer pressure or because their curiosity is spurred by images of celebrities smoking or the enticement of tobacco advertising.

For years, the tobacco industry used Joe Camel to market their products. Texas teens—at the first statewide conference—countered with the same strategy, developing a hip, wisecracking, animated animal icon called DUCK to attract their peers and change attitudes and behavior about tobacco and its harmful effects. The DUCK has proven to be a fun-loving and approachable character, whether animated on television or live in costume.

The DUCK brand is designed to reach 9 to 13 year olds with messages in English and Spanish. Because of funding limitations, the paid media campaign is limited to the tobacco initiative target area, Harris, Fort Bend, Montgomery and Jefferson Counties.

The goal is to prevent tobacco use among youth and motivate youth to quit using tobacco by increasing youth awareness of the hazards of tobacco and encouraging them not to try tobacco in the first place.

Worth It?

Cigarette smoking is glamorized by Hollywood and many prominent athletes use smokeless tobacco. Tobacco prevention efforts are underfunded and are dwarfed when compared to the marketing budgets of the tobacco industry. Teens are bombarded with media messages.



w o r t h i t ?

The *Worth it?* campaign seeks to capture their attention. It focuses on preventing tobacco use, helping teens quit tobacco, and educating teens about the consequences of tobacco use. *Worth it?* challenges teens to decide for themselves.

The *Worth it?* campaign was created to educate Texas residents about laws and consequences of using tobacco as specified in Senate Bill 55. The target audience is teens aged 13-17, with a secondary audience of adults. The campaign strives to make this audience as aware of the consequences of underage tobacco use as they are of underage drinking. The messages are that tobacco is not relaxing, tastes and smells bad, won't help teens gain friends and won't help to alleviate boredom. It also raises awareness of the dangers of secondhand smoke, even to teens who do not smoke.

Yes You Can!

The cessation campaign encourages Texas adults to take the first steps to quit tobacco by seeking the support and information they need.



“Yes You Can,” or in Spanish “Sí Se Puede,” is DSHS’s first-ever statewide tobacco cessation campaign. It premiered December 30, 2002, as a statewide public service announcement and as a paid commercial within the pilot area encompassing Houston, Beaumont, and Port Arthur. Three “Yes You Can” television ads were released in English and in Spanish statewide via satellite just before New Year’s day 2003, to take advantage of those making resolutions to kick the tobacco habit for the new year. The ads target a blue-collar male audience, but the overall message has broad appeal for smokers who want to quit. Research by TDH indicates adult males have the highest rates of tobacco use in Texas.

Yes You Can assures tobacco users that even if they are unsuccessful at quitting tobacco the first few times, they can ultimately do it. *Yes You Can* also reassures the user that resources and support are available through family, health care providers and the American Cancer Society’s toll-free Quitline.

Mi Familia No Fuma

Hispanics are a growing segment of the Texas population. Approximately 6.7 million people, about 32 percent of the state's population, are of Hispanic origin. The smoking rate for Hispanics in Texas is 20.4 percent. About 166,000 (21.2%) Hispanic youth in grades 6-12 reported that they smoked a cigarette within the past 30 days compared to 18.3% of all Texas students in grades 6-12.



Tobacco products are advertised and promoted disproportionately to racial/ethnic minority communities. Examples of target promotions include the introduction of a cigarette product with the brand name "Rio" and an earlier cigarette product named "Dorado," which was advertised and marketed to the Hispanic American community.

The *Mi Familia No Fuma* campaign centers on the Hispanic family. Using the positive influence the family has on its members, the campaign taps into this dynamic in order to help everyone in the family be tobacco-free.

Through positive and inspirational images and messages, the *Mi Familia* campaign demonstrates that the Hispanic family unit can and will succeed in their dreams, work, and education and that tobacco is not a part of family life.

The *Mi Familia* campaign consists of Spanish-language television PSA, billboards, in-store posters, theatre slides, transit ads, brochures, Quit Line cards, and other printed materials to educate Hispanic families about tobacco prevention. Paid schedules for the above media have been purchased in the Beaumont/Port Arthur market only. Outreach activities with local churches and community groups in the pilot area have also been conducted.

Earned Media

In addition to the paid media described above, community groups, voluntary agencies and contractors work to raise public awareness through "earned" media—press releases, letters to the editor, and public service announcements on radio and television. The following activities from 2004 are examples:

- In Tyler, news releases covered smokefree family night at restaurants during Great American Smoke Out to encourage smoke-free public places.

- Announcements were made on Little Saigon radio regarding two well-known Vietnamese restaurants in the Houston area that instituted a permanent smoke-free policy.
- In Temple letters to the editor campaign raised public concern regarding SHS exposure in public places.
- Coverage for Great American Smoke Out events conducted on college campuses, in communities and in schools. At the University of Texas – El Paso, Amarillo College and West Texas A&M University, booths were set up to educate the 18-24 year old population about the dangers of tobacco use. College based activities included providing lung capacity tests and disseminating quit kits along with Quitline information.

Plans for the Future

In June 2002, the Texas Department of Health convened a team of tobacco control experts from the local, regional and state levels to develop a 5-year strategic plan for tobacco use prevention and control. The goal is to develop a roadmap for logically and systematically expanding the Texas Tobacco Prevention Initiative statewide.

The plan is attached as Appendix D

Appendices

- Appendix A – Tobacco related enforcement activities as reported by local law enforcement agencies, 1998–2005.
- Appendix B – Tobacco related enforcement activities as reported by school based law enforcement agencies, 2000–2005.
- Appendix C – Tobacco related enforcement activities as reported by the Comptroller of Public Accounts Enforcement and Criminal Investigation Divisions.
- Appendix D – Tobacco Prevention and Control Strategic Plan, 2003 – 2008

Appendix A

Notes:

- “Amt. Funded” is the amount of the grant from the Comptroller of Public Accounts to the local law enforcement agency. “TDH” designates funds provided through contract with the Texas Department of Health under the state tobacco settlement initiative.
- Enforcement data include the number of inspections the law enforcement agency conducted with tobacco retailers in their jurisdiction, the number of undercover compliance checks (i.e., stings), the number of violations found during either an inspection or compliance check, the number of citations issued to retailers and the number of minor-in-possession of tobacco citations issued.
- “#Ed Contacts” includes the total number of persons who received tobacco education by the law enforcement agency. Persons educated can include retailers, educators, law enforcement personnel, youth and the general public.

Appendix B

Notes:

- “Amt funded” is the amount of the grant from the Comptroller of Public Accounts to the local law enforcement agency.
- “#MIP Tobacco Citations” are the number of minor-in-possession of tobacco citations issued.
- “# Educational Contacts” include the total number of persons who received tobacco education by the law enforcement agency. Persons educated can include retailers, educators, law enforcement personnel, youth and the general public.

Appendix C

Notes:

- Enforcement data show the number of inspections that resulted in no violations and the number of citations issued to retailers that were out of compliance with state tobacco laws.

Appendix D

TDH Tobacco Prevention and Control
Strategic Plan for 2003–2008

TDH Tobacco Prevention and Control Strategic Plan for 2003–2008

“Four million unnecessary deaths per year, 11,000 every day. It is rare—if not impossible—to find examples in history that match tobacco’s programmed trail of death and destruction. I use the word programmed carefully. A cigarette is the only consumer product which when used as directed kills its consumer.”

*Dr. Gro Harlem Brundtland, Director-General
World Health Organization*

Tobacco Use Impacts All Texans

Although only 22 percent of adult Texans are smokers, their tobacco use places an enormous toll on the state, killing more than 24,000 Texans annually and costing in excess of \$10 billion in direct medical costs and lost productivity.⁵ Tobacco use is the single largest cause of preventable death and disease in Texas contributing to over \$4.6 billion in direct healthcare costs.⁶ In 1998, 15 percent of all Medicaid costs in Texas were spent on treating smoking-related illnesses and diseases.⁷

Youth Pay the Price

Unfortunately, it is today’s youth who become tomorrow’s statistics. Almost 60,000 children in Texas become daily smokers each year and 20,000 of them will ultimately die from smoking. If current tobacco use rate trends continue, approximately 486,000 teens alive today in Texas will die from tobacco-related causes.⁸

Nonsmokers Impacted

Exposure to secondhand smoke is a substantial health threat in Texas. For every 8 smokers who die, one nonsmoker is killed by secondhand smoke.⁹ It is estimated that

⁵ Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost and Economic Costs – U.S., 1985-1991. *Morbidity and Mortality Weekly Report*. April 12, 2002; 51(14), 300-303.

⁶ Texas Department of Health. Bureau of Chronic Disease and Tobacco Prevention. State Attributable Morbidity, Mortality and Economic Costs.

⁷ Centers for Disease Control and Prevention. “Tobacco Control State Highlights 2002: Impact and Opportunity”, 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, 2002. http://www.cdc.gov/tobacco/statehi_2002.htm Accessed August 13, 2002.

⁸ Campaign for Tobacco Free Kids. “State Tobacco Settlement: Show Us the Money: The Toll of Tobacco in Texas”. Washington, D.C., January 2002. <http://tobaccofreekids.org/reports/settlement/> Accessed August 12, 2002.

⁹ Glanta, S.A. & Parmley, W., “Passive Smoking and Heart Disease: Epidemiology, Physiology and Biochemistry,” *Circulation*, 1991; 83(1): 1-12; and Taylor, A., Johnson, D. & Kazemia H., “Environmental Tobacco Smoke and Cardiovascular Disease,” *Circulation*, 1992; 86:699-702.

there are between 2,500 and 4,500 adults, children and babies who die each year from others' smoking in Texas. Nationwide, secondhand smoke contributes to more than 3,000 deaths from lung cancer and as many as 62,000 from heart disease. Secondhand smoke contributes to a myriad of other health problems and is especially detrimental to children causing ear infections, asthma and other respiratory problems, and increasing the risk for Sudden Infant Death Syndrome.¹⁰ Despite the documented health effects and risks, almost a million youth in Texas are exposed to secondhand smoke in their homes and in public places such as restaurants. Even though the majority of adult Texans are nonsmokers almost one third are exposed to secondhand smoke in their worksites or homes.¹¹ Those in occupations with high levels of exposure to tobacco smoke, such as restaurant and bar workers and nightclub musicians, experience disproportionate effects. Secondhand smoke exposure in restaurants is three to five times higher than exposure in typical workplaces. Wait staff experience up to a 90 percent increased risk of contracting lung cancer over the general population. One study showed that waitresses had the highest mortality rate of any female occupational group including four times the expected lung cancer mortality rate and two and a half times the expected heart disease mortality rate.¹²

Effective Solutions

While these statistics are alarming, they are not insurmountable. Proven solutions do exist and have been employed successfully by other states. In 1999 the Centers for Disease Control and Prevention (CDC) published *Best Practices for Comprehensive Tobacco Control Programs*.¹³ This guide summarizes the most effective evidence-based tobacco control strategies and makes recommendations for states regarding program implementation and funding. States that followed best practices - most notably California and Massachusetts - experienced rapid declines in tobacco use among youth and adults and exposure to secondhand smoke. Furthermore, these states have found that comprehensive tobacco control programs are cost effective, saving up to three dollars for every dollar spent.¹⁴

The Strategic Planning Process

¹⁰ Centers for Disease Control and Prevention. "Exposure to Environmental Tobacco Smoke and Cotinine Levels-Fact Sheet". http://www.cdc.gov/tobacco/research_data/environmental/factsheet_ets.htm Accessed August 12, 2002.

¹¹ Centers for Disease Control and Prevention. "Tobacco Control State Highlights 2002: Impact and Opportunity". 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, 2002.

¹² Siegel, M.: Involuntary smoking in the restaurant workplace-a review of employee exposure and health effects. *Journal of the American Medical Association*. 270(4):490-493 (1993).

¹³ Centers for Disease Control and Prevention. "Best Practices for Comprehensive Tobacco Control Programs – August 1999". 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, 2002. <http://www.cdc.gov/tobacco/bestprac.htm>

¹⁴ American Legacy Foundation. "Saving Lives, Saving Money. Why States Should Invest in a Tobacco Free Future". Washington, D.C.: American Legacy Foundation, 2002. <http://www.americanlegacy.org/content/PDF?278055.pdf> Accessed August 12, 2002.

In October 1998, The Texas Inter-Agency Tobacco Task Force developed a plan to utilize tobacco settlement funds to effectively address tobacco prevention and control in Texas. The Task Force plan was based on evidence-based practices, and identified the following essential elements for a comprehensive tobacco control initiative:

- Community and Local Coalitions and Programs Including School-Based Youth/Parent Programs
- Public Awareness Campaign and Media Resource Center
- Tobacco Use Cessation and Nicotine Addiction Treatment
- Efforts Targeted to Diverse/Special Populations Such as Minorities, Persons in Rural Areas, and Youth in Alternative Settings
- Surveillance, Evaluation, and Research
- Enforcement of Tobacco Control Policies and Laws
- Statewide Program Coordination Including Training and Assistance

As a follow up to the original Tobacco Task Force plan, in June 2002 the Texas Department of Health (TDH) convened a team of tobacco control experts from local, regional and state levels to develop a five-year, TDH Strategic Plan for Tobacco Use Prevention and Control. The goal of the plan is to develop a roadmap for logically and systematically expanding the “Texas Tobacco Prevention Initiative” statewide.

The following TDH Strategic Plan is the first step in a series of activities designed to create an ongoing, data-based, program development cycle at the state, regional and local levels.

Highlights of the Plan

Vision: A Tobacco-Free Texas

Goal 1: Prevent Youth Tobacco Use

- **Strategy 1.1:** Educate youth and adults who influence youth about tobacco prevention and control issues:
 - Facilitate evidence-based, culturally competent and age/gender appropriate school/community-based education with special emphasis on diverse and special populations.
 - Educate the public and community leaders about the effects of tobacco price increase on reductions in youth initiation and overall public health impact.
 - Change peer norms toward no tobacco use and develop resistance skills.
 - Provide technical assistance to give evidence-based tobacco control programs and strategies to communities.
- **Strategy 1.2:** Increase adherence to federal, state and local youth tobacco sales, product placement and possession laws.

- **Strategy 1.3:** Identify and recruit youth organizations, including non-school based, to promote tobacco prevention activities.

Measures of Success:

- Decline in the percentage of middle school students (grades 6 - 8) who report using any tobacco product at least one day in the past 30 days.
- Decline in the percentage of high school students (grades 9 - 12) who report using any tobacco product at least one day in the past 30 days.
- Increase percentage of youth (grades 6 - 12) who report never having used tobacco.

Goal 2: Increase Cessation Among Youth and Adults

- **Strategy 2.1:** Educate youth and adults to quit using tobacco products.
- **Strategy 2.2:** Increase the number of health professionals who assess and counsel youth and adults for cessation.
- **Strategy 2.3:** Increase awareness, availability and access to cessation resources, including the American Cancer Society (ACS) Quitline, for adults and youth.
- **Strategy 2.4:** Educate the public and community leaders on evidence-based tobacco control programs and strategies, such as the effect of tobacco price increase on reductions in tobacco use and overall public health impact.
- **Strategy 2.5:** Increase social support for youth cessation.
- **Strategy 2.6:** Identify and recruit youth organizations, including non-school based, to promote tobacco cessation activities.

Measures of Success:

- Decline in the percentage of youth (grades 6 - 12) who report using any tobacco product at least one day in the past 30 days.
- Increase in the percentage of youth (grades 6 – 12) who ever smoked at least one cigarette every day for 30 days but did not smoke cigarettes during the past 30 days.
- Decline in the percentage of adults who are current users of any tobacco product.
- Increase in the percentage of adult current smokers who have seriously tried to quit smoking in the past 12 months.

Goal 3: Eliminate Exposure to Secondhand Smoke

- **Strategy 3.1:** Increase enforcement of federal, state, and local secondhand smoke laws.

- **Strategy 3.2:** Educate the public, including parents, business owners and community leaders about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking.
- **Strategy 3.3:** Provide technical assistance to give evidence-based programs and strategies to communities.
- **Strategy 3.4:** Educate health professionals to assess and counsel situations where secondhand smoke may need to be eliminated.

Measures of Success:

- Decline in the percentage of youth (grades 6 – 12) who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.
- Decline in the percentage of adults who reported that they were exposed for at least one hour to secondhand smoke at work on a typical week.
- Increase in the proportion of worksites with formal smoking policies that prohibit smoking in any way.
- Increase in the percentage of the Texas population covered by municipal clean indoor air ordinances of moderate strength or better (as defined by University of Houston database).

Goal 4: Reduce Tobacco Use in Diverse and Special Populations to Eliminate Disparities

- **Strategy 4.1:** Educate youth and adults from diverse and special populations about tobacco prevention and control.
- **Strategy 4.2:** Increase awareness, availability and access to cessation resources, including the ACS Quitline, with an emphasis on diverse and special populations.
- **Strategy 4.3:** Educate diverse and special populations about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking.
- **Strategy 4.4:** Provide technical assistance to give evidenced-based programs and strategies to communities with diverse and special populations
- **Strategy 4.5:** Develop demographic and geographic profiles of diverse and special populations in Texas that experience the greatest adverse impact of tobacco, or in which the impact is increasing.
- **Strategy 4.6:** Collaborate with Texas colleges and universities to develop partnerships for comprehensive, campus-wide tobacco prevention and control.

Measures of Success:

- Decline in the percentage of youth (grades 6 – 12) from diverse and special populations who report using tobacco at least 1 day in the past 30 days.

- Decline in the percentage of adults from diverse and special populations who report current use of any tobacco product.
- Increase in the percentage of youth (grades 6 – 12) from diverse and special populations who ever smoked cigarettes daily but did not smoke cigarettes during the past 30 days.
- Increase in the percentage of adult recent quitters (report that they have last smoked regularly within the past 6 months) from diverse and special populations.
- Decline in the percentage of youth (grades 6 – 12) from diverse and special populations who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.
- Decline in the percentage of adults from diverse and special populations who reported that they were exposed for at least 1 hour to secondhand smoke at work on a typical week.
- Decline in the percentage of 18-24 year-olds who are current users of any tobacco product.

Goal 5: Develop and Sustain a Coordinated, Comprehensive Statewide Tobacco Prevention and Control Initiative

- **Strategy 5.1:** Identify current state, regional and local tobacco prevention and control initiatives and facilitate dissemination of information about state and local tobacco prevention and control activities, resources and opportunities among participating agencies and organizations.
- **Strategy 5.2:** Build state, regional and local capacity to plan, implement and evaluate effective tobacco prevention and control initiatives.
- **Strategy 5.3:** Track national and international state-of-the-art advances in tobacco prevention and control and facilitate timely access to new information, skills and resources.
- **Strategy 5.4:** Maintain an infrastructure for coordinating tobacco prevention and control activities in Texas.
- **Strategy 5.5:** Reduce the burden of tobacco-related chronic diseases on communities.
- **Strategy 5.6:** Develop a common, recognizable identity for statewide tobacco prevention and control initiatives.
- **Strategy 5.7:** Organize, monitor and evaluate implementation of the strategic plan and annual action plan and report on progress.
- **Strategy 5.8:** Enhance the research foundation for planning and implementation of tobacco prevention and control programs specific to Texas.

- **Strategy 5.9:** Communicate and collaborate with comprehensive substance abuse activities at the state, regional and local levels.

Measures of Success:

- Maintain an infrastructure for coordination of tobacco prevention and control activities in Texas.
- Maintain a visible identity for tobacco prevention and control in Texas.
- Enhance communication and information-sharing mechanisms for state and local tobacco prevention and control.
- Complete an annual evaluation and status report for the strategic plan and action plan.
- Plan and implement activities to build tobacco prevention and control capacity.