



July 14, 2000

Dear State and Local Health Officials and Local Board Members:

Recognizing the use of tobacco products as one of the great public health challenges of the day, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, and the National Association of Local Boards of Health have joined together to eliminate this epidemic. The enclosed *Policy Statement on Tobacco Use Prevention and Control* embodies a comprehensive approach to changing the social norms of tobacco use and the legal controls over the production, marketing, and sale of tobacco products.

The policy calls for wide-ranging public education and media campaigns concerning the health risks of tobacco use. It challenges public health agencies to assure that cessation services and products are available to all who need them. To reduce access to tobacco by children and youth, the policy statement calls for stronger laws, regulations, and enforcement along with prevention curricula designed for kindergarten through twelfth grades.

Members of the three associations supporting this statement represent the full spectrum of public health stakeholders across the nation. At each level, programs and policies can and are being implemented to carry out the recommended actions that will ultimately reduce the disease, disability, and death brought on by tobacco use.

The opportunity to have significant impact on the health of the nation and to achieve the Healthy People 2010 goals for tobacco cannot be accomplished alone. State and local health agencies and board officials and other decisions makers must take the lead in building coalitions to protect the public from the deadly effects of tobacco products.

We encourage you to use this policy statement as the standard for development of state and local policies. Additional copies of the statement are available from the associations and on their Web sites.

Sincerely,

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**POLICY STATEMENT**

*on Tobacco Use  
Prevention and  
Control*



*The Association of State and  
Territorial Health Officials*



NATIONAL  
ASSOCIATION OF  
COUNTY & CITY  
HEALTH OFFICIALS



The National Association of  
Local Boards of Health



## Policy Statement on Tobacco Use Prevention and Control

Through this joint policy statement, the combined memberships of the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) clearly state their intention to eliminate – to the extent possible – the devastation wreaked on Americans by a product that, when used as intended, causes disease, disability and death. This policy states that there can be no hesitation or delay in implementing measures necessary to protect the public from substances that kill nearly half a million Americans each year. Within this framework, the sponsoring organizations jointly support the 14 policies and strategic actions to create a tobacco-free society contained in this policy statement.

These policy actions are interdependent; none could stand alone as a solution to this country's single greatest preventable cause of death. However, they are also flexible and will be revised and redirected as circumstances require. The goal of the sponsoring organizations is to assist state and local agencies as they build the infrastructure for comprehensive, sustainable tobacco control programs, including effective prevention activities, media strategies, and policies to address tobacco objectives established in the U.S. Department of Health and Human Service's document, *Healthy People 2010* – activities that foster a society and environment supportive of non-use of tobacco as the social norm. State and local public health organizations do not act alone in this effort, but must take the lead as the primary agents for protecting and improving the health of the nation. NACCHO, which represents almost 3,000 local health officials, ASTHO, representing the chief health officials in each state and territory, NALBOH, representing about 3,500 local boards of health across the country, along with Primary Care organizations representing agencies that provide medical care to the nation's underserved, are committed to promoting healthy behaviors and preventing disease and premature death resulting from the use of tobacco products.

## Policy Statement on Tobacco Use Prevention and Control

### THE PROBLEM:

When used as intended, tobacco products are known to cause disease, disability, and the death of over 430,000 Americans each year at a total cost of over \$100 billion, according to the Centers for Disease Control and Prevention. The public health community must continue to take action to reduce tobacco use. State and local health organizations must work with state legislatures and policy making bodies, the federal government, community members, voluntary and civic organizations, health care institutions, educators, the business community, and the media to address this public health crisis. State governments are urged to take advantage of the immediate availability of significant resources for tobacco use prevention and control resulting from the settlement of lawsuits, known as the Master Settlement Agreement, brought by state Attorneys General against the tobacco industry.

### SURVEILLANCE:

State and local health agencies have a mandate to collect, analyze, and utilize data and information to respond effectively to rapidly changing tobacco issues. State health agencies, in partnership with local health departments, have the unique expertise to mount a coordinated effort to assemble and disseminate this information in an organized and understandable manner, given the necessary resources and funding such as can be made available from settlement funds. These coordinated surveillance efforts will serve to protect public health by tracking intervention outcomes and trends in the use of tobacco products.

### INFRASTRUCTURE BUILDING:

Tobacco use prevention and control programs must be fully integrated and supported within state and local health agencies to ensure that activities supported by this policy statement are implemented. Infrastructure must be built and maintained for these programs, with adequate organizational and financial support, to ensure significant program outcomes. Partnerships between governmental entities and voluntary or private organizations must also be strengthened to ensure the durability and effectiveness of tobacco use prevention and control initiatives within states and communities, especially as plans are developed and legislation is introduced to secure settlement dollars for public health tobacco control.

### ADDRESSING HEALTH DISPARITIES:

State and local public health practitioners, health care providers, and policy makers recognize that the promotion practices of the tobacco industry are often targeted at women, youth, and communities of color. In addition, some population subgroups are disproportionately affected by the maladies associated with tobacco use. These problems must be addressed by programs that adequately deal with socio-cultural differences between groups, develop advocacy leadership in these communities, and promote diversity within state and local coalitions and program personnel. Settlement dollars can provide the necessary resources to target special populations disproportionately impacted by tobacco marketing and tobacco use.

### COMPREHENSIVE PROGRAMMING AND EVALUATION:

For these goals to be achieved, specific actions must be strategically designed to address multiple aspects of the tobacco issue. State and community based programs must be continuously evaluated to assure that targets are being met and goals are achieved. Many of these actions are articulated in the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs and NACCHO's Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs. In addition, state and local health organizations must be flexible and adaptable in responding to changing situations and new research. Programming at the state and local level must be sufficiently strengthened through use of tobacco settlement dollars as well as state and federal programs to withstand challenges from the tobacco industry, which employs the best lobbying, advertising, marketing, and legal expertise that its virtually unlimited financial resources can buy.

# Within this framework, the sponsoring organizations jointly support the following actions to create a tobacco-free society:

## 1) Reduce or eliminate access to tobacco by minors.

- Support legislation to grant Food and Drug Administration (FDA) enforcement authority and demand strict enforcement of statutes, such as the Synar Amendment and state and local regulations that ban the sale or distribution of tobacco products to minors.
- Collaborate with state and local authorities to implement and report on enforcement of youth access laws, educate tobacco vendors about laws regarding the sale of tobacco products to minors, and inform vendors about the dangers that tobacco products pose to youth in the community.
- Advocate for the enactment of effective state legislation and local ordinances that require vendors to be licensed to sell tobacco products, exact fines and revoke licenses for non-compliance, and allow licensing fees to fund enforcement efforts.
- Support bans on cigarette vending machines, self-service displays of tobacco products, single cigarette sales, free samples, and coupon discounts.
- Advocate for programs that educate parents and others about the sources from which youth obtain tobacco products and the important role adults play in protecting young people from addiction to tobacco.
- Urge tribal governments to tighten restrictions on tribal sales of tobacco products to minors.
- Be vigilant in tracking new tobacco products to assure enforcement of youth access laws.

## 2) Support efforts at the local, state, and federal level to increase the regulation of tobacco products.

- Support legislative action to give the FDA authority to regulate nicotine as a drug and tobacco products as drug delivery devices.
- Advocate for stronger warning labels on all tobacco product packaging, including the placement of warning labels on cigar packaging.
- Advocate for greater regulation of advertising by the Federal Trade Commission and improved methods to measure nicotine and tar.
- Where permitted by law, advocate for state and/or local action to regulate the production, promotion and sale of tobacco products.

## 3) Support effective kindergarten through twelfth grade (K-12) school-based programs for tobacco use prevention to reduce initiation and encourage cessation of tobacco use among young people.

- Encourage state and local education agencies to implement the CDC Division of Adolescent and School Health Guidelines for School Health Programs to Prevent Tobacco Use and Addiction which includes a ban on tobacco use on all school property, in school vehicles, and at all school-sponsored events at all times.
- Work with state and local departments of education to adapt appropriate programs for use in individual school settings.
- Integrate school programs with other community tobacco control activities to reach youth who are out of school and can be reached in alternative settings.

## 4) Enhance access to and availability of cessation services, remove structural barriers to tobacco use cessation, and increase cessation research, especially for youth.

- Support and promote formal smoking cessation counseling programs, including the use of cessation products in combination with personal advice and assistance from health educators or health care providers, as recommended in the Agency for Health Care Policy and Research's Clinical Practice Guidelines.
- Work to assure that tobacco cessation services are available without regard to insurance coverage, and are covered as reimbursable expenses by third party payers (including managed care organizations).
- Train health care providers to counsel and refer patients to cessation programs.
- Assure the availability of culturally appropriate cessation programs at multiple locations in the community, including workplaces, schools, and elsewhere.
- Encourage increased availability of tobacco use cessation services within institutions, including those serving mentally ill, developmentally disabled, and incarcerated populations.
- Encourage all health care providers and public health workers who use tobacco to quit.
- Promote and support the development and continuous evaluation of cessation programs targeting adolescents, adults, and pregnant women throughout the cycles of child birth and parenting.

**5) Increase tobacco product prices to prevent initiation of tobacco use by children and reduce consumption.**

- Advocate for progressively higher federal, state and local excise taxes on all tobacco products.
- Utilize revenue generated by increased taxes to institutionalize tobacco control activities, such as health promotion, smoking cessation, enforcement of tobacco control laws, and to counteract tobacco industry marketing efforts.

**6) Support actions that limit advertising and promotion of tobacco products.**

- Support restrictions on tobacco advertising, including price advertising paid for by tobacco vendors.
- Encourage and assist community organizations accepting donations from the tobacco industry to secure alternative sponsorship of their activities.
- Assist state Attorneys General in enforcing the provisions of the Master Settlement Agreement that restrict tobacco advertising and promotion.
- Support FDA authority to regulate advertising and promotion of tobacco products directed at youth.

**7) Advocate for effective, hard-hitting media campaigns that educate the public about the health effects of tobacco use, tobacco policy, cessation resources, and inform the public about tobacco industry marketing tactics.**

- Develop comprehensive media plans to advocate for legislative or public policy issues and educate the general public.
- Promote counter-marketing to rebut tobacco industry advertising.
- Provide information about available resources, such as smoking cessation hotlines or educational materials on tobacco, that are easily accessible by the public.
- Collaborate with the American Legacy Foundation and other interested organizations to coordinate media education campaigns that address individual state and local needs.

**8) Eliminate exposure to secondhand tobacco smoke, particularly in places where children would be exposed, in workplaces and indoor public areas, and in all government facilities and vehicles.**

- Educate the public, through advertising campaigns, media advocacy, and other available means, about the dangers secondhand smoke poses to their health and the health of others, particularly children.

- Support the efforts of the U. S. Environmental Protection Agency and other organizations to educate smokers on the health risks of smoking around children, particularly in the home and automobiles.

- Promote and support policies, legislation or regulations that ensure that indoor air in workplaces and public venues is free from secondhand smoke.

- Provide data and expert testimony to promote the passage of state or local legislation, regulations or policies aimed at banning smoking in places where non-smokers would be exposed to tobacco smoke.

- Emphasize first the need for regulation of public areas where people, particularly children, are required to assemble, then direct efforts at privately owned facilities.

- Provide technical assistance to agencies and businesses in the development, implementation, and, when necessary, the enforcement of smoke-free policies.

**9) Assess and report the health and economic impact of tobacco use.**

- Advocate and assist in development of surveillance systems in clinical settings by use of chart codes and through the use of vital records such as birth and death certificates.

- Conduct state and local surveys, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), Smoking-related Assessment of Morbidity, Mortality and Economic Costs (SAMMEC), Current Population Survey (CPS), Youth Tobacco Survey (YTS), and Youth Risk Behavior Survey (YRBS), and collect other appropriate data to monitor tobacco use on an annual basis.

- Assure that surveillance activities related to enforcement of minors' access laws, such as the Substance Abuse and Mental Health Services Administration's Synar regulation, are maintained, compliance with state and local laws regarding youth access is monitored, and FDA surveillance is legislated.

**10) Assure community-wide involvement in tobacco use prevention and control efforts.**

- Establish program goals that address the Healthy People 2010 tobacco objectives, especially the disparities in tobacco use and health consequences that disproportionately impact special populations.

- Reach out to diverse local and state organizations and individuals to participate in, guide, and organize tobacco use prevention programs.

- Seek out non-traditional partners to address the tobacco problem on a community-wide basis. When developing tobacco control coalitions, include such groups as churches, community service and ethnic organizations, merchants, veterans' organizations, civic and social clubs, and others.

## 11) Support partnerships with the legal community to explore strategies, including the use of litigation, to support public health tobacco use prevention and control.

- Provide consultation on state or local health data, medical and economic cost information, tobacco related mortality statistics, and other information to prosecuting attorneys and plaintiffs' counsels.
- Participate in and encourage others to join in amicus curiae briefs in criminal and civil cases.
- Enlist the assistance of public and private lawyers to ensure that all possible legal avenues are used to restrict and regulate tobacco products and that laws, regulations and legal agreements are enforced.
- Support efforts by breathing-disabled citizens to require public venues to go smoke-free through the filing of claims under the federal Americans with Disabilities Act.

## 12) Advocate for local government legislative and regulatory autonomy to control tobacco.

- Support initiatives to repeal preemptive statutes or replace preemptive language in existing state legislation with specific non-preemptive language.
- Support the inclusion of specific anti-preemption language in all tobacco control legislation and oppose legislation containing any preemptive language.
- Expose legislative tactics that seek to rescind existing local tobacco control ordinances or invoke "super-preemption" of all local tobacco control legislation through language added to minor or unrelated bills.

## 13) Advocate for significant, sustained funding for comprehensive tobacco prevention and control programs at the federal, state and local levels.

- Advocate that a significant portion of state tobacco settlement funds be used for comprehensive tobacco use prevention and control programs at the state and local health agency level, through health care associations, and community-based organizations.
- Support the use of CDC's Best Practices for Comprehensive Tobacco Control Programs and NACCHO's Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs to plan and fund comprehensive state and local programs on an ongoing basis.
- Provide information on the successful programs and reduced rates of tobacco use in states and localities that have dedicated significant funds to reducing tobacco use.
- Advocate for continued and increased federal support and coordination of core state tobacco use prevention and control programs.
- Monitor and provide input on the activities of the American Legacy Foundation and its programs and take advantage of the Foundation's matching grants being made available to state and local organizations and agencies.

- Assure the distribution of tobacco control funds to support effective programs at the community level, especially to serve populations that are disproportionately affected by tobacco use.

## 14) Assess and report on money spent and actions taken by the tobacco industry in promoting tobacco and opposing tobacco regulations at the community, state, and federal levels.

- Utilize documents made available, in on-line databases, as a result of litigation, to publicize tobacco industry lobbying tactics, legal maneuvering, and marketing strategies.
- Track tobacco industry activities at the federal, state and local level to assure compliance with the 1998 Master Settlement Agreement and other regulations.
- Monitor industry lobbying efforts at the federal, state, and local levels and take necessary counter measures to assure that the health of the public is protected.
- Monitor and report expenditures and actions by organizations working on behalf of the tobacco industry to affect legislation or regulation of the marketing, sale, or use of tobacco products.

## FURTHERMORE . . .

The legislative and regulatory strategies recommended above must be precise and specific, though the goals and policies advocated here are not fixed or permanent. Rather, they must remain flexible and adaptable so that each state and locality can respond to new scientific knowledge or changes in contingencies. None of these laws, policies, or actions stand alone; all are part of comprehensive strategies intended to protect the public from what is by far the single greatest cause of preventable death and disease in the United States. State and local health organizations act collaboratively in this effort. They function as leaders, conveners, and key contributors to broad-based coalitions acting in concert to address tobacco use prevention and control issues.

# Sponsoring Organizations

The Association of State and Territorial Health Officials (ASTHO) represents the chief officers of the state and territorial public health agencies. The Association is engaged in a wide range of legislative, scientific, educational, and programmatic issues and activities on behalf of public health. ASTHO's mission is to formulate and influence sound national public health policy and to serve state health departments in the development and implementation of programs and policies to promote health and prevent disease.



*The Association of State and Territorial Health Officials*  
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The National Association of County and City Health Officials (NACCHO) is a nonprofit membership organization serving all of the nearly 3,000 local public health agencies nationwide-in cities, counties, townships, and districts. NACCHO's mission is to provide education, information, research, and technical assistance to local public health agencies and facilitate partnerships among local, state, and federal agencies in order to promote and strengthen public health. The goal of NACCHO's Tobacco Prevention and Control Project is to strengthen local public health agencies' capacity to engage in comprehensive tobacco use prevention and control.



NATIONAL  
ASSOCIATION OF  
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The National Association of Local Boards of Health (NALBOH) represents the interests of local boards of health and assists them in assuring the health of their communities. NALBOH enhances and supports local boards of health through linkages, networks, education, training, and promotion of effective public health policy at all levels. NALBOH supports all 3,200 local boards of health across the country and is committed to strengthening the ability of those boards to develop tobacco control policy efforts by providing educational materials, training, and technical assistance.



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