



Texans and Tobacco

A Report to the 81st Texas Legislature

January 2009

Forward

Cigarette smoking is the number one cause of premature death and disability in the United States, and costs society over \$193 billion annually in medical care and health-related productivity (Centers for Disease Control and Prevention, 2008). In Texas, smoking is responsible for 24,200 annual deaths and \$12.2 billion in excess medical care expenditures and lost productivity. Annual medical care costs related to smoking are more than \$5.8 billion. The estimated \$6.4 billion in annual productivity losses are associated with death-related forgone lifetime earnings.

This report, *Texans and Tobacco*, is presented pursuant to the requirements of the Texas Health and Safety Code, Section 161.0901. This report details the steps that the Texas Department of State Health Services (DSHS) is taking to reduce and eliminate tobacco use statewide, presents statistical data on current and historic use, and outlines the efforts of the state's tobacco prevention and control initiatives.

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

For additional information, please contact Mike Maples, Assistant Commissioner for Mental Health and Substance Abuse at 512/206-4511.

Executive Summary

Tobacco use in Texas among adults and youth, though currently in decline, remains a serious public health problem, contributing to or causing many preventable illnesses and deaths. This report details the steps that the Texas Department of State Health Services (DSHS) is taking to reduce and eliminate tobacco use statewide, presents statistical data on current and historic use, and outlines the progress of various programs to date.

Retail Cigarette and Tobacco Sales to Minors

Federal Synar Amendment legislation requires annual, random inspections of tobacco retailers to ensure that 20% or fewer retailers are in violation of tobacco laws. In Texas, the Comptroller of Public Accounts (CPA) works in partnership with local law enforcement agencies to educate the public and to measure and enforce compliance. For Federal Fiscal Year (FFY) 2009, Texas' sales-to-minors rate was 11.3%, a dramatic decrease since the 1998 high of 24%. An increase in CPA funding for local enforcement and retailer education provided by DSHS-funded Prevention Resource Centers, as well as enhanced licensing programs, improved community education, targeted media campaigns, the Texas Tobacco Prevention Hotline, and interagency cooperation are credited with this reduction in illegal tobacco sales to minors.

Tobacco Prevention and Control Initiatives

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. Regional staff infrastructure is provided by DSHS to meet the needs of Texans at the local level. There are DSHS tobacco program coordinators in eight Health Service regional offices. Eleven (11) Prevention Resource Center tobacco specialists provide services in the counties of each of the 11 Health and Human Service regions.

Program goals include preventing initiation of tobacco use, increasing cessation of tobacco use by youth and adults, eliminating exposure to secondhand smoke in public places, and eliminating disparities among diverse and special populations.

Future Plans

In June 2007, the Department of State Health Services convened a team of tobacco control experts from the local, regional and state levels to develop a five-year strategic plan for comprehensive tobacco use prevention and control. The goal of the 2008 to 2013 Strategic plan is to provide a data driven, logical evidence-based approach to achieving a smoke-free Texas. The plan is attached as Appendix B. DSHS has submitted an Exceptional Item request to the 81st Legislature for increased funding for cessation services and additional communities served by comprehensive Tobacco Prevention and Control Coalitions.

Educational Programs

Education is a key component of the Department of State Health Service's prevention and cessation activities. DSHS provides educational activities to support the enforcement of the Texas tobacco laws including community education, the Texas Youth Tobacco Awareness Program for youth cited for possession of tobacco, and a media campaign, *Enforcing Is Easy*. The Texas Education Agency provides school-based tobacco prevention in grades 4 to 12 statewide, the Prevention Resource Centers are facilitating smokeless tobacco prevention education in rural areas of the state, and DSHS funds various youth leadership programs including Texas Tobacco-Free Kids Day activities. Additionally, DSHS provides education to health care providers and worksites regarding cessation of tobacco use.

Tobacco Use

According to 2007 data from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and DSHS, approximately 19.3% (3,313,301) of adult Texans smoke tobacco. This figure represents a decline from the 1993 and 1995 highs of 23.7% and from the 1990-2003 average of 22%. In 1997 16.2 of adults in Texas said they smoked on a daily basis. In 2007, the percentage of adults in the state who said they smoke daily was down to 13.0%. National statistics, statistics for specific population subgroups, racial/ethnic groups, and other socioeconomic data are available.

Two biennial surveys, the Texas School Survey of Substance Abuse Among Youth and the Youth Tobacco Survey, measure youth tobacco use, collectively polling students in grades 4-12. Statistical evidence demonstrates that public health activities have a positive impact on the rates of underage tobacco use in Texas. According to the 2008 Youth Tobacco Survey, the overall youth tobacco use rates (middle school and high school) in Texas have dropped from 24.7% in 2006 to 20.0% in 2008 indicating significant progress having been made in reducing tobacco use among youth during this period.

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I. Retail Compliance

Health and Safety Code, Section 161.0901(b)(1): A baseline of statistics and analysis regarding retail compliance with this subchapter (H), Subchapter K, and Chapters 154 and 155, Tax Code.

*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

A. Federal Synar Inspections

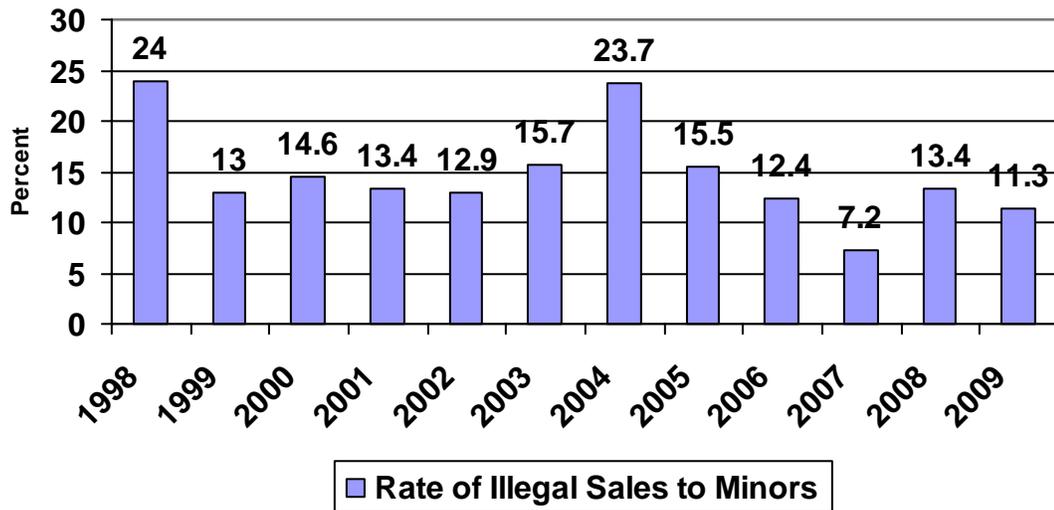
Federal legislation, called the Synar Amendment since it was championed by Oklahoma Congressman Mike Synar, requires states to have laws that outlaw tobacco sales to persons under the age of 18 and conduct an annual random inspection of tobacco retailers. States that have a sales rate of more than 20 percent (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 prevention and treatment.

In Texas, the Comptroller of Public Accounts, in partnership with local law enforcement agencies, is responsible for compliance with the Synar amendment. The Comptroller's office is the permitting and regulatory agency for tobacco retailers in Texas. The State of Texas requires tobacco retailers to obtain permits from the Texas Comptroller to sell tobacco products to consumers. Each tobacco retailer must renew their license to sell tobacco products every two years, on the even numbered years. Additionally, a permit holder must also have an active sales tax permit for each business location from which tobacco products are sold. The Comptroller's office conducted a study during May and June, 2007 that determined the Comptroller's database of tobacco retailers was 99.2 percent accurate for use in the Synar Survey. The Texas tobacco tax retailers list consisted of approximately 29,000 tobacco retailers in 254 counties.

Through an interagency agreement with the Comptroller's office, the Texas Department

of State Health Services, Division of Mental Health and Substance Abuse Services, conducts the Synar Survey, analyzes the survey data to determine the state’s rate of illegal sales to minors, and completes the Annual Synar Report to the Substance Abuse and Mental Health Services Administration. The Center for Safe Communities and Schools at Texas State University-San Marcos contracts with DSHS to oversee the Synar Survey field inspections. The Synar Survey is 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 Synar Rates FFY1998-2009



As seen in the chart, since passage of the state’s comprehensive tobacco control laws in 1997, Texas tobacco sales to minors from 1997 to 2008 have dramatically decreased from 24 percent in 1998 to 11.3 percent in 2009. The Annual Synar Report is for the Federal Fiscal Year (FFY) following the calendar year in which the inspections were conducted.

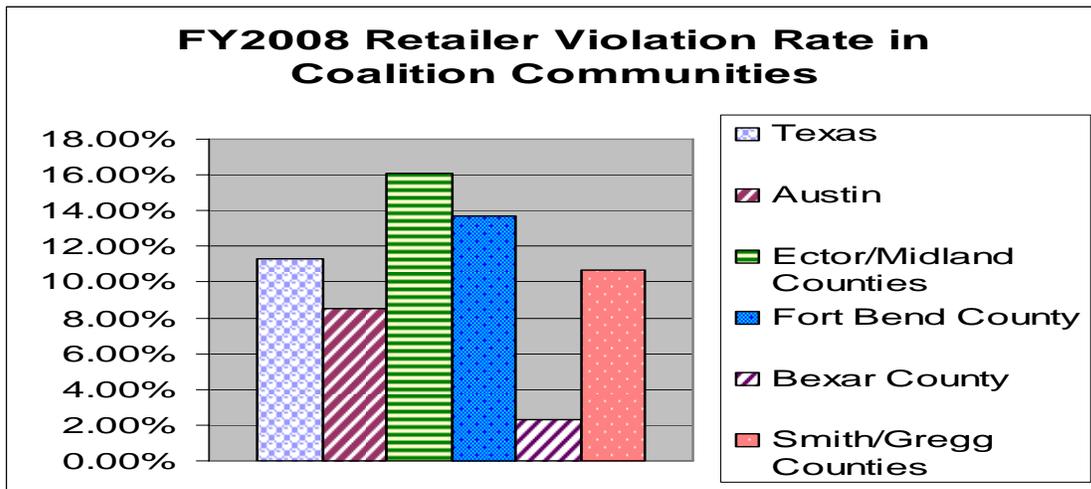
B. Comptroller of Public Accounts Inspections

In addition to the annual Synar Survey, which is performed at the same time each year, the Comptroller’s office tracks enforcement data from local law enforcement agencies it funds by grants under Texas Health & Safety Code §161.088. The enforcement agencies include municipal police departments, county sheriffs’ departments, and county constables that provide comprehensive enforcement of the state’s tobacco laws. In addition, the Comptroller provides grants to school-based law enforcement agencies to conduct enforcement and education activities appropriate in a school setting. In addition to retail sales, these agencies also conduct monthly inspections and necessary enforcement for violations relating to permit visibility, required signage, tobacco products placement, retailer training, and visibility of tax stamps on the tobacco products.

These agencies work in concert providing a seamless transition between local and state enforcement activities.

During the year prior to the 2008 Synar Survey, data collected monthly from the Comptroller-funded law enforcement agencies across the state showed 7.2 percent of retail stores inspected statewide illegally sold tobacco products to minors while the FFY 2009 Synar Survey conducted in the spring of 2008, resulted in an 11.3 percent rate of illegal sales to minors. Though methodology for the two different data sets (Synar Survey is a scientific random selection and Comptroller data is self-selected/self-reported by grantees) are dramatically different, both are significantly below the 20% threshold for federal penalties. These figures show that when comprehensive enforcement activities are supported with necessary fiscal and staffing resources, a positive impact can be made in reducing the number of illegal tobacco sales to minors.

Although the data collection methodology is different, the baseline data in the chart below compares the Comptroller's office FY2008 data of the illegal rate of tobacco sales to minors in five of the six DSHS Tobacco Prevention and Control Coalition communities to the state Synar Survey rate determined in 2008. There was no local law enforcement data reported to the Comptroller's office regarding tobacco compliance in Lubbock and surrounding counties.



II. Tobacco Sales

Health and Safety Code, Section 161.0901(b)(2): A baseline of statistics and analysis regarding illegal tobacco sales, including: (A) sales to minors; (B) enforcement actions concerning minors; and (C) sources of citations.

“Effective measures of restricting the commercial distribution of tobacco products to youth are only the beginning. The retail environment should be redesigned to effectuate the public health goals of discouraging tobacco use and reducing the numbers of people with tobacco-related disease.”

*“Ending The Tobacco Problem: A Blueprint For The Nation”
Institute of Medicine Report, May 2007*

Tobacco enforcement in Texas is conducted using a multi-pronged approach that utilizes both local and state level resources. The Comptroller of Public Accounts, under Texas Health & Safety Code §161.088, and the Department of State Health Services under Texas Government Code §403.105, provide funding to local law enforcement agencies including municipal police departments, sheriffs’ departments, constable offices, and school-based police agencies. In FY2009, the Comptroller’s office has increased the number of law enforcement agencies participating in the tobacco grant program by 35 percent to 128 law enforcement grantees and 120 school districts. These school districts are required to have school-based police to enforce the Texas tobacco laws.

In addition, the Comptroller conducts its own inspection of tobacco permit holders to ensure compliance with the law. The Comptroller’s enforcement and criminal investigation divisions conduct comprehensive misdemeanor and administrative inspections of thousands of retailers annually.

DSHS has established a protocol to alert the Comptroller’s office during the annual Synar Survey to ensure local law enforcement is notified of local retailer violations. One hundred and fifty retailer violations during the 2008 Synar Survey were reported to local law enforcement for follow-up enforcement activities.

In addition to citations issued by local law enforcement, the Comptroller’s office in 2008 completed 586 inspections that had one or more violations. These inspections resulted in collection of civil penalties of \$272,650. These penalties are assessed against store owners. Although the demonstrated level of compliance is high, during the same period in 2008, the Comptroller’s office reported the following sources of citations/violations for FY07 and FY2008:

Enforcement Action	Violations	FY2008	FY2007
Minor Enforcement	Minors in Possession of Tobacco	2,366	3,059
Retailer Enforcement			
Controlled Buys (Stings)		8,686	9,271
	Sting Violations	625	826
	Sting Citations	607	798
Retailer Compliance Inspections		6,182	7,509
	# Stores in Violation	783	839
	# Violations at these stores	985	1,019
	# Violations - Warning Signs	316	235
	# Violations - Direct Access	107	143
	# Violations - Single Cigarettes	13	25
	# Violations - Promotion to Minors	19	25
	# Violations - Employee Notification	530	591
Stores Cited		133	142
	# Citations issued at these stores	153	163
	# Citations - Warning Signs	44	47
	# Citations - Direct Access	22	7
	# Citations - Single Cigarettes	0	0
	# Citations - Promotion to Minors	1	1
	# Citations - Employee Notification	86	108

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

A. Texas Tobacco Enforcement Collaborative Agencies

The Texas tobacco laws are enforced by the collaborative efforts of the following entities:

- Comptroller of Public Accounts
- Department of State Health Services
- Texas State University – San Marcos
 - Center for Safe Communities and Schools
 - Texas Statewide Tobacco Education & Prevention (STEP) Program
- Office of the Attorney General

Funded law enforcement agencies use the state’s model for tobacco enforcement developed by the Comptroller and Texas State University-San Marcos in the 1990s. 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 enforcement of the state’s minor-in-possession of tobacco statute. This model has provided the core of tobacco law enforcement since the law passed in 1997 and has since

become a model for other states. It emphasizes voluntary compliance created through the partnership between local law enforcement agencies and local retailers.

Since passage of the state's comprehensive tobacco laws in 1997, staff from the Comptroller's office and have met on a regular basis to communicate best practices in order to develop necessary infrastructure and collaborative relationships to limit youth access to tobacco.

The Office of the Attorney General has also been an active partner in reducing youth tobacco access. Through its Consumer Protection and Public Health Division and under authority of the Texas Deceptive Trade Practices - Consumer Protection Act, the Attorney General has negotiated voluntary compliance settlements with several large retail companies that include a provision that these companies will not hire minors to sell tobacco. The Attorney General has been creative in addressing new challenges, such as Internet sales of tobacco, by negotiating settlements with credit card companies, including Visa, MasterCard, and American Express, to prohibit online tobacco purchases using these cards.

B. Support Activities for Enforcement of Texas Tobacco Laws

1. Community Education

In FY2008, through grants funded by the Comptroller of Public Accounts, 98 local law enforcement agencies and 85 school districts with school-based police provided compliance education to about 1.4 million minors, retailers, court personnel, parents, educators, and law enforcement officers. Local law enforcement grantees educated 38,832 tobacco retailers. The Comptroller's law enforcement grantees conducted 8,686 controlled buys using youth inspectors, resulting in 625 violations for retailer sales to minors.

During the period between the 2007 and 2008 Synar Survey, DSHS and the Comptroller conducted a number of supportive outreach activities to educate Texas law enforcement, judicial officials, tobacco retailers, and local communities about the state's tobacco law, the importance of complying with these laws, and potential consequences for failure to comply.

When a tobacco retailer is initially issued a permit or when they renew their permit, they receive a packet of information from the Comptroller's office concerning their role in enforcing tobacco laws in Texas. Texas continues to distribute a merchant education packet stating: "*I Can't Sell – You Can't Buy/Under 18 No Tobacco/Together We Can Stop Kids from Buying Tobacco.*" A warning sign that is part of the campaign is distributed to retailers.

The 80th Legislature passed two pieces of legislation that changed the point-of-sale health warning signs for tobacco products. The bills, SB 91 and SB 143, each required an addition to the language on the statutorily required warning signs concerning the dangers

of smoking while pregnant. The signage was redesigned and the bill required the new signs to be posted by September 1, 2007. All retailers received a notice and the two new warning signs for display. It is a class C misdemeanor if a tobacco retailer fails to post the signs at the point of sale, visible to both the buyer and the seller. The required language is:

Purchasing or attempting to purchase tobacco products by a minor under 18 years of age is prohibited by law. Sale or provision of tobacco products to a minor under 18 years of age is prohibited by law. Upon conviction, a class C misdemeanor, including a fine of up to \$500, may be imposed. Violations may be reported to the Texas Comptroller's Office by calling (insert toll-free number). Pregnant women should not smoke. Smokers are more likely to have babies who are born premature or with low birth weight.

In 2007, the following materials were included in the retailer guideline packet distributed to all retailers renewing tobacco sales permits: warning signs in both English and Spanish; warning stickers for vending machines; a new poster that illustrates need for checking IDs; a flyer that details the quickest way to check ID; an employee booklet providing information on how employees can comply with the law; cash register stickers with a new logo that states “I check ID”; a brochure that summarizes the Texas law; and a four page information sheet for the tobacco retailers’ permit requirements.

The Comptroller’s office approves seller training programs that provide classes to merchants and their employees. To become an approved program, providers must meet specific criteria in their curriculums. There are 19 tobacco seller education programs located in communities across the state.

Local law enforcement agencies, DSHS funded Prevention Resource Centers, substance abuse prevention programs, chronic disease programs, the American Heart Association, the American Cancer Society, and many school districts across the state included minors and tobacco information in educational presentations. Aimed at youth and adults, these presentations provided the message that tobacco is harmful and addictive, as well as information concerning state laws.

DSHS funds 11 Prevention Resource Centers – one in each health and human service health region – to provide substance abuse prevention materials, training, and collaboration including tobacco specific activities. Each Prevention Resource Center employs a tobacco education specialist. During FY2008, the regional Prevention Resource Centers and local substance abuse prevention education programs facilitated prevention presentations across the state that reached 219,087 adults with information on tobacco awareness. Meanwhile, 162,436 Texas youth attended youth specific tobacco presentations covering both health and legal issues for minors and tobacco.

Retailer visits were made by members of tobacco prevention coalitions, regional

Prevention Resource Centers, DSHS regional tobacco coordinators, Comptroller field officers, local law enforcement officers, health association members, and other volunteers requesting that retailers comply with state law. The Prevention Resource Centers are required to visit at least 100 retailers per month requesting voluntary compliance and providing information and signs. The 11 Prevention Resource Centers contacted 12,640 retailers in FY2007 and 12,574 retailers in FY2008.

In 2008, the Texas Teen Summit and Comprehensive Tobacco Prevention Conference, held annually in July, provided tobacco prevention and control education to 231 youth and 358 adults representing local law enforcement, local school districts, and community-based organizations. Among the organizations represented at the Conference were the six Tobacco Prevention and Control Coalitions.

2. Texas Youth Tobacco Awareness Program

In 1995, the Texas Legislature passed SB 1 prohibiting use of tobacco products by adults and possession of tobacco products by minors at school-related or school-sanctioned events on or off school property. In 1997, the Texas Legislature passed SB 55, prohibiting purchase, consumption, possession, or receipt of tobacco products by anyone younger than 18. The bill also requires DSHS to provide a tobacco awareness program for youth cited for minor-in-possession of tobacco.

The Texas Youth Tobacco Awareness Program minor-in-possession classes provided by DSHS raise awareness of the dangers of tobacco use and provide youth tobacco users with cessation assistance. Research on the program has shown a 35 percent cessation rate among participants six months after completing the class. A train-the-trainer program has been developed and revised to sustain the program. DSHS certifies instructors for the program and maintains a current database of available instructors at the Texas Tobacco Law website at www.texastobaccolaw.org.

In FY 2008, 1,997 of the 2,366 youth cited for minors in possession of tobacco products enrolled in the Texas Youth Tobacco Awareness Program classes. These classes are administered by DSHS through an interagency contract with the Comptroller's office. These classes consist of eight hours of classroom instruction provided in two hour blocks, twice a week for two weeks. The Texas Adolescent Tobacco Use and Cessation curriculum developed by Texas A&M Health Science Center and the University of Houston is delivered in these classes.

3. Media

The "WorthIt?" campaign is the DSHS public education campaign aimed at educating teens about the Texas Tobacco Law and its consequences. The campaign is funded by the Comptroller's office and tobacco settlement funds. The teen-focused "WorthIt?" campaign (www.worthit.org) is supplemented by the "Enforcing is Easy" campaign (www.texastobaccolaw.org), which is directed at parents, retailers, and law enforcement, and intended to educate adults about SB55. The "Enforcing is Easy" campaign was developed by DSHS for the Comptroller's office.

In the fourth quarter of FY2008, a TV/Radio/Internet media campaign was unveiled in the selected Tobacco Prevention and Control Coalition markets of Lubbock and Midland-Odessa. The messages were aimed at teens 12-17 years of age, and were seen by this target group from April through June of 2008. The media campaign reached 107,363 individual persons multiple times to generate 6,158,120 impressions.

4. Texas Tobacco Prevention Hotline

The Texas Tobacco Prevention Hotline (1-800-345-8647) is a method through which people in local communities statewide can report violations of the minors and tobacco law. This is a toll-free number to report a merchant selling tobacco products to minors, tobacco advertising near a church or school, a cigarette vending machine that is accessible to minors, or other violations. Once the service determines the caller's particular need, the caller is transferred to the proper authority. This bilingual service is available 24 hours per day.

The state's low rate of illegal sales of tobacco products to minors demonstrates the effectiveness of these statewide activities to support law enforcement at the local level.

III. Tobacco Initiatives

Health and Safety Code, Section 161.0901(b)(3): Tobacco controls and initiatives by the Office of Smoking and Health of the department, or any other state agency, including an evaluation of the effectiveness of the controls and initiatives.

A. Preventing Initiation of Tobacco Use

“The committee finds compelling evidence that comprehensive state tobacco control programs can achieve substantial reductions in tobacco use. To effectively reduce tobacco use, states must maintain over time a comprehensive integrated tobacco control strategy.”

*“Ending The Tobacco Problem: A Blueprint For The Nation”
Institute of Medicine Report, May 2007*

The 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 presented to the Texas Legislature in 1998, as well as the comprehensive approach promoted by the Centers for Disease Control and Prevention’s (CDC) *Best Practices for Comprehensive Tobacco Control Programs* manual revised in October 2007. The CDC best practices guidance recommends the following components for comprehensive tobacco control programs:

- State and community interventions
- Health communications interventions
- Cessation interventions
- Surveillance and evaluation
- Administration and management

The goals for comprehensive tobacco programs are:

- Preventing initiation of tobacco use
- Increasing cessation of tobacco use by youth and adults
- Eliminating exposure to secondhand smoke in public places
- Eliminating disparities among diverse and special populations

DSHS addresses youth initiation with a comprehensive approach aimed at schools and communities. DSHS regional tobacco coordinators and staff, the 11 Prevention Resource Center tobacco specialists, and local contractors provide educational activities as part of their program implementation.

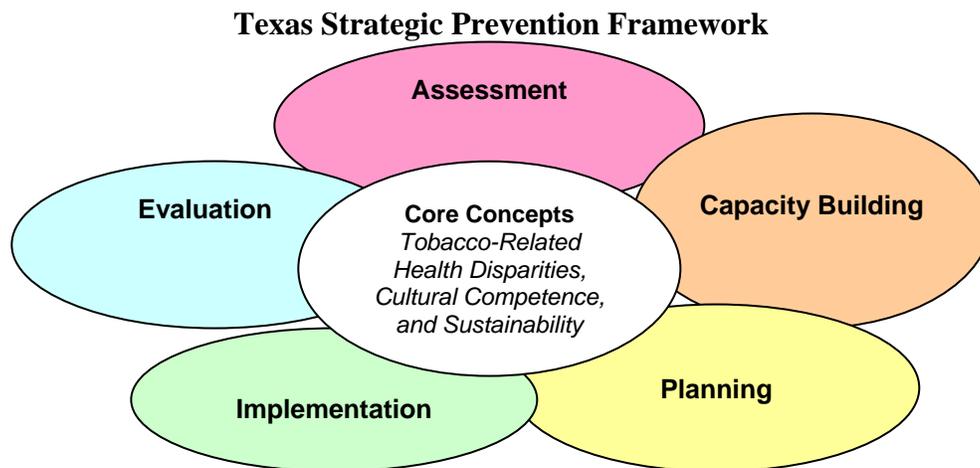
1. Statewide Comprehensive Tobacco Prevention Community Coalition Grant Program

Pursuant to Rider 66, General Appropriations Act, 80th Legislature, in September 2007, DSHS announced the availability of tobacco funds through a Request for Proposals for

city and county health departments and independent school districts to organize and manage community Tobacco Prevention and Control Coalitions. The purpose of these coalitions is to provide evidence-based environmental tobacco prevention and control activities. In February 2008, six contracts were awarded to develop a comprehensive program to meet DSHS tobacco program strategic plan goals:

- Goal 1: Prevent tobacco use among young people
- Goal 2: Ensure compliance with state and local tobacco laws with adequate enforcement
- Goal 3: Increase cessation among young people and adults
- Goal 4: Eliminate exposure to Secondhand smoke
- Goal 5: Reduce tobacco use among populations with the highest burden of tobacco-related health disparities
- Goal 6: Develop and maintain statewide capacity for comprehensive tobacco prevention and control

To guide their planning and implementation, the coalitions use the Centers for Disease Control and Prevention *Best Practices for Tobacco Prevention and Control* and the Substance Abuse and Mental Health Services Administration's *Strategic Prevention Framework*. The Texas Strategic Prevention Framework has added tobacco-related health disparities as a core concept to the federal model.



In FY2008, the grant-funded Tobacco Prevention and Control Coalitions initiated the Texas Strategic Prevention Framework planning model to conduct a comprehensive community approach to reducing tobacco use and consequences. The Strategic Prevention Framework required an in-depth needs assessment on:

- Measuring community tobacco use and tobacco-related health consequences among young people and adults
- Mobilizing community stakeholders to build local capacity to address identified needs

These local tobacco coalitions developed a strategic plan for comprehensive activities in FY2009 and also developed an evaluation plan for assessing the effectiveness of the evidence-based tobacco prevention and cessation strategies implemented to address tobacco use among adults and young people.

Since receiving funding in February 2008, the six Tobacco Prevention and Control Coalitions have entered into 150 written agreements with local community stakeholders. These agreements are intended to enhance each community’s ability to more effectively provide tobacco prevention, cessation, and second-hand smoke strategies through community mobilization, capacity building, and empowerment. Through alternative activities, such as Tobacco-Free Kids Day events, the coalitions have reached over 44,000 youth. The coalitions have consulted with 831 local health care providers to educate them on the use of a physician’s toolkit, *YES YOU CAN: A Clinical Toolkit for Treating Tobacco Dependence*. They have also visited 398 worksites to encourage smoke-free policies and to promote the American Cancer Society’s Quitline cessation services. In addition to the six DSHS funded coalitions, two communities: El Paso and Amarillo, currently fund comprehensive tobacco programs using local foundation or hospital district funding.

HHS Region	Tobacco Prevention and Control Coalition	Counties Served	Total Population
1	Lubbock-Cooper ISD	Lubbock, Crosby, Dickens, Hale, Hockley, Lynn, and Terry	363,847
4	Northeast Texas Public Health District <i>The Northeast Texas Public Health District is combining efforts with an existing CDC funded coalition at the East Texas Council on Alcohol and Drug Abuse. These CDC funds are allocated by DSHS.</i>	Smith and Gregg	359,202
6	Fort Bend County Health and Human Service	Fort Bend	489,074
7	City of Austin Health and Human Services	17 zip codes in Eastern Travis Co.	346,000
8	San Antonio Metropolitan Health District	Bexar	1,541,881
9	Ector County Health Department	Ector and Midland	250,971
Total			3,350,975

2. Statewide Tobacco Prevention

a. School-based Prevention

Tobacco prevention education is provided for individual youth in grades 4 to 12 through a \$3 million annual interagency contract with the Texas Education Agency (DSHS Rider 72, House Bill 1, 80th Texas Legislature.) The tobacco prevention education program is implemented through the 20 regional Education Service Centers that are providing training and curriculum materials for two programs, “The Short Story of Life” and

“Toward No Tobacco Use.” The Texas Education Agency reports that 460,570 students will be served in FY 2009.

b. Smokeless Tobacco Prevention

The *Spit It Out* Media and Outreach Campaign (DSHS Rider 81, House Bill 1, 80th Texas Legislature) was launched at the Texas FFA Association Convention in Lubbock in July 2008. Approximately 10,000 youth from across the state attended the FFA convention where over 500 youth signed pledges to remain tobacco-free at the *Spit It Out* outreach booth. The Texas FFA association director, along with a Lubbock teenager and the deputy director of the DSHS regional office held a press conference at the event and introduced the smokeless tobacco prevention campaign. The campaign resulted in media coverage that reached more than 178,000 Texans.

An educational prevention program is also conducted in rural communities statewide by the 11 regional Prevention Resource Centers to prevent the use of smokeless tobacco products. The Prevention Resource Centers reached over 23,000 youth and adults with information and presentations. In FY2009, the smokeless prevention initiative will be promoted to the Texas FFA members through its website, newsletter, and convention. Additionally, a curriculum, *SOS: Spotlight on Smokeless*, will be targeted to rural school districts working with the vocational agriculture teachers and FFA chapters.

c. Texas Teen Ambassador Program

The Texas Teen Ambassadors are a network of well-trained, educated, and committed high school-aged youth advocates who provide the youth voice regarding tobacco use and secondhand smoke. Teen Ambassadors provide guidance to the DSHS tobacco program on the state’s tobacco prevention efforts including youth prevention media campaigns. They appear on television and radio talk shows and give presentations at public events on behalf of tobacco prevention. Many of these youth have witnessed the devastating effects of tobacco use first-hand through illnesses or deaths of family members. There are also currently 14 Teen Ambassadors and seven college-aged youth that are former Teen Ambassadors who continue to be involved as consultants. In 2008, the Teen Ambassadors reached more than 8,000 of their peers through local prevention activities.

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, is a proponent of the Communities that Care model of prevention that includes a social development strategy that includes the advancement of strong, bonded peer groups with health beliefs and clear standards by providing opportunities, skills, and recognition. The Teen Ambassador program is an example of building healthy behaviors through a peer leadership model.

d. Texas Teen Tobacco Summit and Comprehensive Tobacco Prevention Conference

This conference is held annually in late July and provides best practice training for effective tobacco use prevention and cessation programming. In 2008, 357 adults including 66 adults acting as youth sponsors, 70 law enforcement officers, and 231 youth representing 51 organizations attended the conference. This event assembles tobacco-

control professionals, researchers, healthcare providers, community coalition members, law enforcement officers, counselors, teachers, and young people dedicated to protecting Texas youth from the dangers of tobacco use and helping those who smoke to quit.

e. Regional Texas Teen Tobacco Summits

These weekend summits provide training and resources to community and school-based organizations to invest in youth and create a positive social change at the local level. Summit participants receive prevention training to guide them to address local community conditions that contribute to youth tobacco use. In the spring of 2008, summits were conducted for 787 youth statewide in seven camp settings.

f. Texas Tobacco-Free Kids Day

Tobacco-Free Kids Day is held annually in Texas in conjunction with the national Kick Butts Day event sponsored by the Campaign for Tobacco-Free Kids. This tobacco awareness day encourages students of all ages to live tobacco-free lifestyles. Schools and organizations receive an activity guide to use in their community or school. On April 2, 2008, the second annual youth leadership event associated with Tobacco-Free Kids Day reached 123,109 youth. Plans for FY2009 Tobacco-Free Kids Day include a youth summit in Austin.



The Teen Ambassador Program, tobacco prevention conference, teen summits, and Texas Tobacco-Free Kids Day activities detailed above are conducted through a contract with the Center for Safe Communities and Schools at Texas State University-San Marcos. (<http://cscs.txstate.edu/cscs/cscs-tobacco.htm>)

g. Tar Wars

In partnership with the Texas Academy of Family Physicians, DSHS promotes the Tar Wars educational outreach and poster contest statewide. Tar Wars is a free, nationwide tobacco education campaign for fourth and fifth graders. The curriculum is consistent with Center for Disease Control and Prevention's Guidelines for School Health Programs to prevent tobacco use among youth. The Tar Wars program uses medical professionals to educate and motivate students to be tobacco free and encourages community involvement.

B. Cessation of Tobacco Use by Adults and Children

The Center for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*, October 2007, states the case for smoking cessation activities.

- Tobacco use screening and brief interventions by clinicians, is not only a top-ranked clinical preventive service relative to health impact and cost effectiveness, but also is a cost-saving measure.
- Interventions that increase quitting tobacco use can decrease premature mortality and tobacco-related health care costs in the short term.
- Tobacco use treatment is more cost-effective than other commonly provided clinical services, including mammography, colon cancer screening, Pap tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.
- Quitting by age 30 eliminates nearly all excess risk associated with smoking, and smokers who quit smoking before age 50 cut in half their risk of dying from smoking related causes during the next 15 years.

1. American Cancer Society's Quitline Services

DSHS has funded the telephone Quitline since 2000, providing telephone counseling to tobacco users, tobacco education, and limited nicotine replacement therapy to Texas residents. The Quitline also has separate contracts within Texas including the Paso de Norte Foundation, the City of San Antonio employee wellness program, other private companies, and with health departments from other states to provide similar services. The American Cancer Society is currently using a five-session intervention that assists callers in assessing their nicotine dependence, setting a quit date, and providing longer-term support if necessary. Nicotine replacement therapy is available in the target communities and through a physician fax referral program that is available statewide. A total of 3,128 Texans accessed the Quitline cessation services in FY2008.

2. Yes You Can Cessation Campaign

Cessation efforts educate the public, and also focus on healthcare providers in an effort to increase their role in patient cessation. Regional staff and community contractors have worked to make direct contact with providers. The DSHS program has made major strides toward this goal with development and dissemination of the *Yes You Can* Cessation Tool Kit. This kit was developed for use by health care providers and promotes system changes in clinical settings that ensure 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 clinic staff to identify patients who use tobacco and to encourage them to quit. Among kit materials are an introductory staff guide; tips on counseling patients, pharmacotherapy guide, prescription pad, vital signs stickers for patient charts, fax referral forms, a list of resources, patient brochures, Quitline cards, a poster, and audio scripts for on-hold telephone messaging.

Cessation efforts by the Tobacco Prevention and Control Coalitions educate the public and encourage health care providers to take a more active role in promoting patient cessation. The coalitions consulted with more than 800 local health care providers in 2008 to disseminate the *Yes You Can* Cessation Tool Kit. All *Yes You Can* materials promote the American Cancer Society Quitline's free, confidential telephone counseling service available to all Texans who want to quit using tobacco products.

DSHS is focusing on health insurance providers to educate them about clinical cessation counseling and pharmacotherapy. One benefit has been added recently for those Texans with Medicaid insurance who are trying to quit. Smoking cessation drugs are now exempt from the Medicaid three-prescription limit. Cessation medications had been subject to the three-prescription limit, meaning Medicaid patients had to pay for cessation medications that were above the three Medicaid funded prescriptions. The exemption will supply Medicaid providers with a new tool to help patients in their effort to quit smoking.

State level partnerships between the DSHS tobacco program and the Texas Medical Association's Physician Oncology Education Program, Nurses Oncology Education Program, the American Cancer Society, and the DSHS Women, Infants, and Children program have been developed and maintained to ensure program success. These partnerships provide additional support to promote use of the *Yes You Can* Tool Kit and the American Cancer Society Quitline by healthcare clinicians, providers and insurers. The United States Health and Human Services reference guide for clinicians, *Treating Tobacco Use and Dependence*, is also promoted to healthcare providers.

C. Eliminating Exposure to Secondhand Smoke

“The health effects of secondhand smoke exposure are more pervasive than we previously thought. The scientific evidence is now indisputable: Secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults.”

“The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General”

Richard Carmona, MD, MPH, FACS, Surgeon General, June 2006

The June 2006 Surgeon General's Report made it clear that secondhand smoke is a serious health hazard. Strategies recommended by the Center for Disease Control and Prevention to reduce the exposure to secondhand smoke include:

- Enforcing federal, state, and local secondhand smoke laws
- Educating the public (including parents), business owners, and community leaders about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking
- Providing technical assistance to offer evidence-based programs and strategies to communities
- Educating health professionals on how to assess and counsel regarding situations where secondhand smoke should be eliminated
- Conducting research on the lack of adverse economic impact on communities that

have passed strong smoke-free laws and ordinances

DSHS collaborated with the University of Texas in random tests of 17 bars throughout Austin approximately one month before and one month after a 100 percent smoke-free city ordinance went into effect. The tests found that there was a dramatic reduction in air pollutants following the implementation of the smoking ban, including the respiratory suspended particles linked to heart disease and cancer.

The tests also showed dramatic reduction of carbon monoxide levels after the ordinance went into effect. This data is currently being used to demonstrate to cities considering similar ordinances that smoke-free policies do protect non-smoking employees and patrons from health risks associated with secondhand smoke.

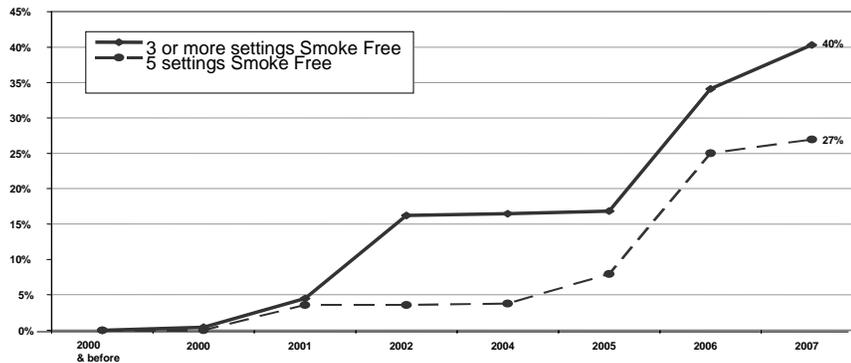
DSHS staff works with community contractors and local community groups to educate the public about the health effects of secondhand smoke. Education targets students, parents, faith communities, local governments, and employers.

Local efforts of the regional tobacco staff, contractors, and coalitions, as well as state efforts facilitated by partners such as the American Cancer Society, American Heart Association and the American Lung Association have brought about significant policy changes that impact secondhand smoke exposure.

Studies continue to demonstrate that exposure to secondhand smoke is causally linked to cancer and other serious health consequences among children and adults. Placing restrictions on smoking in public places is a key strategy to limit the public's exposure to secondhand smoke. DSHS supports a website designed to track the state's progress toward a smoke-free Texas. This website presents and details all known Texas municipal ordinances designed to restrict exposure to secondhand smoke. Local communities can create reports from the website database to review local ordinances. The website lists the cities with the best clean indoor air protection in Texas and gives short summaries for ordinances in cities throughout Texas.

At the end of FY07, 27 percent of the Texas municipal population was covered by strong smoke-free policies and 40 percent was covered by moderate smoke-free policies. In 2008, a total of 23 ordinances were added to the website reporting system. The University of Texas Medical Branch - Galveston maintains the website (<http://txSecondhandSmokeord.coe.uh.edu/>) through a contract with DSHS. The chart below shows the progress made since 2000 when there were no smoke-free ordinances in any municipality. By 2007, more than a fourth of the state's municipal population lives in cities with strong smoke-free ordinances.

Percentage of the Texas Municipal Population Protected by Smoke-Free Ordinances by Number of Settings



Secondhand smoke exposure is a distinct health risk for infants and toddlers. Texas has regulated tobacco use in childcare centers since 1985. The Texas Department of Family and Protective Services has restricted the use of tobacco in childcare facilities since September 2003. Starting January 1, 2007, Texas began to restrict smoking in foster parents' homes and in their cars when children are present. DSHS tobacco program strategies focus increased awareness and adherence to these regulations.

D. Eliminating Health Disparities Related to Tobacco Use

“Health disparities are the differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in Texas and the United States. Common characteristics of these populations include race, culture, gender, age, economic status, and geographic distribution. Other characteristics of these populations are social class, education, disability, and sexual orientation. Synonyms for disparity include inequality, unlikeness, disproportion, and difference.”

*Office for the Elimination of Health Disparities
Texas Department of State Health Service
Center for Program Coordination*

Tobacco-related health disparities refer to differences in health status, disease burden, and death rates in certain population groups when compared to the general population. Tobacco-related health disparities include differences among various priority population groups with respect to mortality, morbidity, exposure to secondhand smoke, and access to and use of cessation resources. Priority populations exhibit higher prevalence of tobacco use and/or greater incidence of tobacco related death and disease.

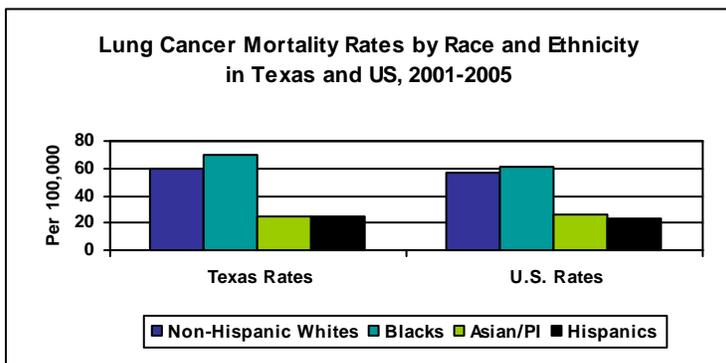
Throughout the state, DSHS staff works to engage faith-based communities, health care providers, community groups, racial and ethnic groups, and other diverse and special populations in its tobacco prevention efforts. Six newly funded community coalitions have conducted thorough needs assessments and developed strategic plans to help implement comprehensive tobacco prevention and control programs at the local level.

This includes assessing the health disparities in their areas and identifying the correct strategies needed to lower the proportion of smokers among youth and adults. The coalitions are building on the strategies developed through FY06 Centers for Disease Control funding to address tobacco-related disparities.

DSHS regional tobacco coordinators have also conducted population assessments and developed regional program strategies based on these findings. The regional coordinators are directing the efforts of the Tobacco Prevention and Control Coalitions to identify and develop local action plans to address tobacco related disparities.

The Youth Tobacco Survey, Adult Tobacco Survey, and Behavior Risk Factor Surveillance System are used to identify tobacco use prevalence, secondhand smoke exposure, cessation rates, and changes in attitudes and beliefs among diverse and special populations. All communities do not share the burden of tobacco equally. For example, the Behavioral Risk Factor Surveillance System shows that current cigarette use is typically high among both white males (21.9 percent use) and black males (25 percent use). However, the death rate due to lung cancer among white males (79.5 per 100,000) is much lower than among black males (104.1 per 100,000.) Smoking rates tend to be much higher in rural communities than in metropolitan areas. Also, smoking rates and the disease burden are higher among adults with low levels of income and education than among those with higher levels of income and education.

In Texas, it is estimated that there will be 12,117 new cases of lung cancer and 10,822 deaths in 2008. Lung cancer is the leading cause of cancer deaths among Texas men and women, and the second most commonly diagnosed cancer overall.



Although lung cancer mortality rates in Texas continue to decline slightly, the total number of deaths and new cases diagnosed continues to climb. This is especially true among black men who bear an especially large lung cancer burden. Black men in Texas had the highest incidence rate of lung

cancer among all racial and ethnic groups for the years 2001–2005. In addition, black men had almost three times the mortality rate of Hispanic men, and over 35 percent higher mortality than non-Hispanic whites. Among women, non-Hispanic white women had both the highest incidence and the highest mortality rates from lung cancer, with incidence and mortality rates over twice as high as in Hispanic women.

Research conducted by the University of Texas Health Sciences Center - Houston School of Public Health and Baylor College of Medicine identified how to best reach special and diverse populations to yield the most impact. Specifically, the research identified outreach and media venues most appropriate for young males and females,

Hispanics, Asians, and African Americans. This research was used to direct the tobacco programming for these diverse populations.

DSHS partners with the Women, Infants, and Children Special Nutrition Program (WIC) and Diabetes Program to bring information on effects of Secondhand smoke and provide access to cessation resources, such as the Quitline (1-877-YES-QUIT), to pregnant women and those with children less than five years old. WIC clinics located throughout Texas are excellent channels for reaching pregnant women who smoke to promote cessation and reduction of tobacco use during pregnancy. In 2007, the WIC program helped oversee 291,484 births in the state or almost 75 percent of the births in Texas. In 2008, the number of WIC clients giving birth was 270,299 or approximately 69 percent of all births in the state of Texas. This partnership also helps in reaching blue-collar families, who are among the identified high-risk populations.

E. Health Communications

“Health communication interventions can be powerful tools for preventing smoking initiation, promoting and facilitating cessation, and shaping social norms related to tobacco use. Effective messages, targeted appropriately, can stimulate public support for tobacco control interventions and create an encouraging climate for community-based prevention efforts.”

*“Best Practices for Comprehensive Tobacco Control Programs”
Centers for Disease Control and Prevention, October 2007*

1. Media Campaigns

Developed through a contract with EnviroMedia Social Marketing, the following targeted media campaigns support tobacco prevention and cessation efforts in Texas. The number of Texans reached with tobacco prevention advertising for these campaigns is estimated based on the Nielsen Ratings and/or Arbitron Ratings and indicates the number of persons who see or hear the spot.

a. DUCK – Tobacco is Foul

This campaign targets 9-12 year olds through outreach activities, a website, television, radio, internet, and theater advertisements. The campaign’s goal is to prevent youth from experimenting with tobacco and to motivate those who are already experimenting to quit. Messages emphasize tobacco’s negative consequences on appearance, social life, and health. Some materials are available in Spanish. DUCK advertising on television, cable, and radio resulted in 405,464 youth viewing or hearing these messages multiple times in the Tobacco Prevention and Control Coalitions’ target areas.
(www.ducktexas.org)



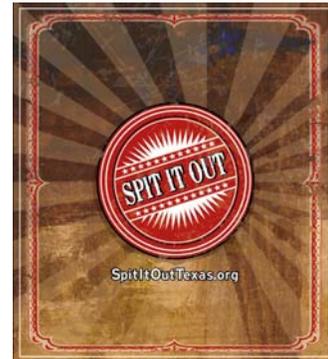
b. WorthIt?

The *WorthIt?* campaign targets teenagers 13-17, with a secondary audience of adults. *WorthIt?* presents the facts about tobacco use and its consequences and challenges teens to decide for themselves. The campaign includes television, radio, mall, and theater advertising placements, some of which are in Spanish. The *WorthIt?* campaign ads were seen or heard multiple times by over 107,363 Texans in the Tobacco Prevention and Control Coalitions' target areas. (www.worthit.org)



c. Spit It Out

This educational campaign was designed to prevent smokeless tobacco use by Texas youth in rural areas. The campaign consists of youth-oriented outreach, a web resource for teens, television, radio, and online advertising. The campaign was launched in conjunction with the Texas FFA Association's annual conference, which drew over 10,000 teenagers from across the state. *Spit It Out* cable and radio advertising in 16 markets from Lubbock to Harlingen-McAllen was seen or heard multiple times by a total of 1,043,669 people in rural areas of Texas. (www.spititouttexas.org)



d. Enforcing It Is Easy

A companion to *WorthIt*, this campaign targets tobacco retailers, parents, and other Texas adults to remind them of their responsibilities under the Texas Tobacco Law, which prohibits sale or distribution of tobacco products to minors. "Enforcing It Is Easy" web banner advertising, conducted in six markets, including Amarillo, Abilene, Waco, Lufkin-Nacogdoches, Tyler- Longview, and Laredo, was seen multiple times by 91,262 Texans. (<http://www.worthit.org>)

e. Yes You Can! / ¡Sí Se Puede!

This statewide campaign encourages Texas adults to take the first steps to quit tobacco by seeking the support and information they need through family, health care providers, and the American Cancer Society's toll-free Quitline. Blue-collar adult males have the highest rate of tobacco use in Texas and are the primary target audience, but the message is applicable to all smokers who wish to quit. This campaign includes television, radio, print, and outdoor advertising, with some ads available in Spanish. Increased call volume to the American Cancer Society Quitline was attributed to the *Yes You Can!* campaign. Television advertising in English and Spanish along with radio advertising was seen or heard by 2,919,779 Texans in the coalition target markets. The media campaign supports local coalition cessation interventions with health care providers, worksites, local school districts, and others. (<http://www.yesquit.com>)



f. Share Air

The *Share Air* media campaign educates the public about dangers of secondhand smoke. Television, radio, outdoor, theater, internet, and print advertisements are available in English and Spanish, and a website provides additional resources. The statewide

shareair

We all have the right to breathe clean air.

campaign debuted in 2006 through the Texas Association of Broadcasters. The 2008 Share Air educational campaign was seen or heard by 214,872 persons in the Tyler-Longview and Lufkin-Nacogdoches markets.

The above paid media campaigns are supplemented through efforts of Tobacco Prevention and Control Coalitions, community groups, and volunteer agencies who work to raise public awareness through press releases, letters-to-the-editor, and public service announcements.

2. Earned Media & Added Value

In addition to the paid media described above, community groups, volunteer 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.

Additionally, stations that run paid media schedules typically provide additional airtime for the campaigns by running additional public service announcements free-of-charge.

The following activities from FY2008 are examples:

- The *DUCK, WorthIt?, Yes You Can*, and *Share Air* media campaigns earned \$346,617 in added value through free public service announcements provided by stations where advertising was placed, which represented almost a 36 percent increase in value added to the advertising budgets.
- The *Spit It Out* smokeless tobacco campaign was launched in front of approximately 10,000 Texas teens at the State FFA convention in Lubbock. A press conference was held on July 15, 2008, where campaign visuals such as a 3-D model of a cancerous mouth, posters listing tobacco’s harmful ingredients, as well as compelling smokeless tobacco statistics were unveiled. Several major area news outlets covered the event. They included:
 - *Lubbock Avalanche-Journal*
 - KJTV-Fox TV
 - KCBD-NBC TV
 - KAMC-ABC and KLBK-CBS (shared newsroom)
 - The *Convention Chronicle*, a FFA newspaper

The public relations value for the event was calculated to be \$7,267 with an audience of 128,951 for the television stations, while the print added value was calculated to be \$10,072 with a circulation of 48,730. The total combined added value for print and television was \$17,340 and the total number of impressions for print and television was 177,681.

F. Tobacco Prevention and Control Program Infrastructure

The DSHS Tobacco Prevention and Control Program has staff in Austin who provide oversight for the program interventions. The program coordinates across other DSHS divisions providing a strategy that involves multiple state agencies, local and regional governments, voluntary organizations, universities, and local community coalitions. DSHS also has tobacco staff located in the eight regional health service offices across the state. DSHS regional tobacco coordinators conduct the following activities in their health services regions:

- Community mobilization and training activities
- Policy change activities
- Counter-marketing/educational activities
- Activities targeted to diverse/special populations, such as minorities, persons in rural areas, youth in alternative settings
- Cessation activities

Training for Tobacco Prevention and Control Coalitions is provided statewide through DSHS Coordinated Training Services prevention subcontract with Texans Standing Tall. DSHS also sponsors local, regional, and statewide trainings, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs. As part of these activities, DSHS supports the Education Service Center - Coordinated School Health project. This initiative strengthens collaborative approaches to tobacco prevention by providing training and technical assistance to the 20 regional Education Service Center's school health specialists.

In October 2008, the University of Houston provided a workshop to introduce school health specialists to the web based assessment tool, *Positioning for Success*, designed to help school districts with customized school-level planning to improve alcohol, tobacco, and other drug prevention programs. To reach a larger number of secondary school students with effective tobacco prevention and control programs, school health specialists have disseminated online program information to local school districts and schools. School health specialists provided training, technical assistance, and information to 139,598 local school district professionals across Texas in 2008.

DSHS has contracted with the University of Texas at Austin to develop an evaluation system for the Tobacco Prevention and Control Coalition grant program. This evaluation will document short term and intermediate program outcomes for future use by both local coalitions and DSHS. The evaluation will document project effectiveness at community and state levels. Because the new coalitions were established in February 2008, no information is available at this time about their efforts beyond the counts of activities that have occurred.

DSHS will continue to provide statewide and targeted community surveillance through participation in state and national surveillance systems. These include the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, the Youth Tobacco Survey, and the Adult Tobacco Survey.

G. Best Practices Approach to Tobacco Prevention

The Department of State Health Services has provided an online resource for local community coalitions, grantees, and other interested stakeholders by identifying best practices and evidence-based interventions in tobacco prevention, cessation, and enforcement strategies.

1. Community Tobacco Prevention and Control Toolkit

This evidence-based guide for communities is on the DSHS website at: <http://www.dshs.state.tx.us/tobacco/bestpractices/>. Using the federal Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework, a public health model for building healthy communities, this six module toolkit provides information on the comprehensive tobacco prevention and control program components. The five basic components are:

- State and community interventions
- Health communications
- Cessation services
- Surveillance and evaluation
- Administration and management

These Center for Disease Control and Prevention-developed components are used to coordinate community efforts to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic, and social strategies.

2. The Department of State Health Services tobacco prevention webpage (<http://www.dshs.state.tx.us/tobacco/default.shtm>) also provides links to other evidence-based tobacco program resources.

IV. Future Plans

Health and Safety Code, Section 161.0901(b)(4)

“Substantial and enduring reductions in tobacco use cannot be achieved by simply expecting past successes to continue. The committee sets forth its blueprint as a two-pronged strategy. The first prong envisions strengthening traditional tobacco control measures that are currently known to be effective, e.g. support comprehensive state tobacco control programs, increase excise taxes, strengthen smoking restrictions, limit youth access to tobacco products, intensify prevention interventions, and increase smoking cessation interventions. Because of deeply entrenched smoking in the U S, the report recommends a second strategy that includes a set of new and paradigm-challenging initiatives at the federal level.”

*“Ending The Tobacco Problem: A Blueprint For The Nation”
Institute of Medicine Report, May 2007*

Substance abuse professionals have long subscribed to the idea that “prevention is prevention.” This approach suggests that efforts to prevent one negative activity, such as tobacco use, can also help prevent other negative behaviors, such as underage drinking or illicit drug use. Likewise, programs that encourage healthy habits have the added benefit of discouraging unhealthy behaviors.

In addition to the public health partners who have historically addressed tobacco as a chronic disease risk factor, the DSHS tobacco program now partners with the substance abuse field, including the 11 Prevention Resource Centers around the state, the substance abuse prevention contractors who provide services to hundreds of schools and communities statewide, and with each of the education service centers through both the school health and the Safe and Drug Free Schools programs. Substance abuse providers have long considered tobacco as a gateway drug and have included tobacco messages within their overall programs.

The National Association of Mental Health Program Directors is addressing the problem of disproportionate use of tobacco products by smokers with psychiatric diagnoses. In 2007, they released the Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery which provides practical tools for creating tobacco-free settings in mental health and substance abuse treatment facilities. The report notes that while overall smoking in the United States has decreased, smoking among those with addictions or mental illness has increased. Seventy-five percent of this population smoke cigarettes compared to 22 percent of the general population. The best practices toolkit states that nearly half of all cigarettes consumer in the United States are by individuals with a psychiatric disorder. The Mental Health and Substance Abuse Division is working to strengthen contractual requirements for tobacco cessation services in all treatment settings. The tobacco program staff is partnering with mental health and substance abuse advocacy groups to provide information on cessation services.

These partnerships can strengthen tobacco prevention messages by opening new outlets for distributing information and services, thus, tobacco prevention and cessation activities can occur through both behavioral health and disease prevention models.

1. Strategic Plan

In June 2007, the Department of State Health Services convened a team of tobacco control experts from the local, regional and state levels to develop a five-year strategic plan for comprehensive tobacco use prevention and control. The goal of the 2008 to 2013 Strategic Plan is to provide a data driven, logical evidence-based approach for achieving a smoke-free Texas using substance abuse and disease prevention methodologies. The plan is attached as Appendix B in its entirety.

2. Return on Investment

The Financial Returns from Community Investments in Tobacco Control Final Report released in June 2006 by the Center for Health Research at Kaiser Permanente Northwest concluded that investing in comprehensive tobacco control efforts of the Texas Tobacco Prevention Initiative, a comprehensive tobacco prevention and control program in East Texas, is a highly cost-effective use of resources that provides substantial net financial savings to Texas employers, health plans, and the state.

The state contracted with Kaiser Permanente to study the return on investment from reductions in adult smoking associated with \$3 per capita spending for the comprehensive tobacco control program in East Texas. The return on investment study showed that in 2003, the single year program costs of \$11.3 million (\$2.71 per capita) implementing comprehensive programming in Harris, Fort Bend, Montgomery and Jefferson counties resulted in over 29,800 fewer adult smokers in 2003 and savings of over \$252 million in medical care costs and lost productivity.

The report proposes that a comprehensive and sustained tobacco prevention and control program throughout the state will result in a long-term reduction in tobacco use. Outcomes from one year of spending of \$3.00 per capita (approximately \$68 million) for a statewide program would yield an estimated 163,600 fewer Texans who smoke statewide. The study concluded that with a \$3 per capita investment in comprehensive programming resulted in a cumulative return on investment per capita of \$58 for the state, \$44 per capita for health plans, and \$16 per capita for employers.

The Kaiser-Permanente study concluded that after five years, the Texas Tobacco Initiative saved over \$252 million in total medical care and productivity costs, more than \$186 million in total medical care savings and more than \$66 million in future productivity costs.

Additionally, the Youth Tobacco Survey data from the comprehensive program implemented in Beaumont/Port Arthur showed dramatic reductions in youth tobacco use. The survey concluded that “current use of any tobacco” reported by middle school students declined to 14.3% in 2006 from 21.3% in 2003, while “current use of any

tobacco” by middle school students in Houston and the surrounding area, without the comprehensive programming, rose from 14.8% in 2003 to 17.0% in 2006.

3. Funding Requests

DSHS has submitted an Exceptional Item request to the 81st Legislature for increased funding for cessation services and additional communities served by comprehensive Tobacco Prevention and Control Coalitions. A request for comprehensive tobacco prevention and control programs in four additional major metropolitan areas (Harris, Dallas, Tarrant, and Hidalgo Counties) has been made to the Cancer Prevention and Research Institute of Texas.

V. Educational Programs

Health and Safety Code, Section 161.0901(b)(5): The educational programs of the Office of Smoking and Health of the department and the effectiveness of those programs.

Education is a key component of the Department of State Health Services prevention and cessation activities which are listed in Section II: Tobacco Sales and Section III: Tobacco Initiatives. The effectiveness of these programs is shown through the decrease of illegal sales of tobacco products to minors in Section II and the decrease of tobacco use in adults and youth as described in Section VI: Tobacco Use. Below are the specific activities described in the sections above.

Section II: Tobacco Sales

- Support Activities for Enforcement of Texas Tobacco Laws:
 - Community education
 - Texas Youth Tobacco Awareness Program
 - Media

Section III: Tobacco Use

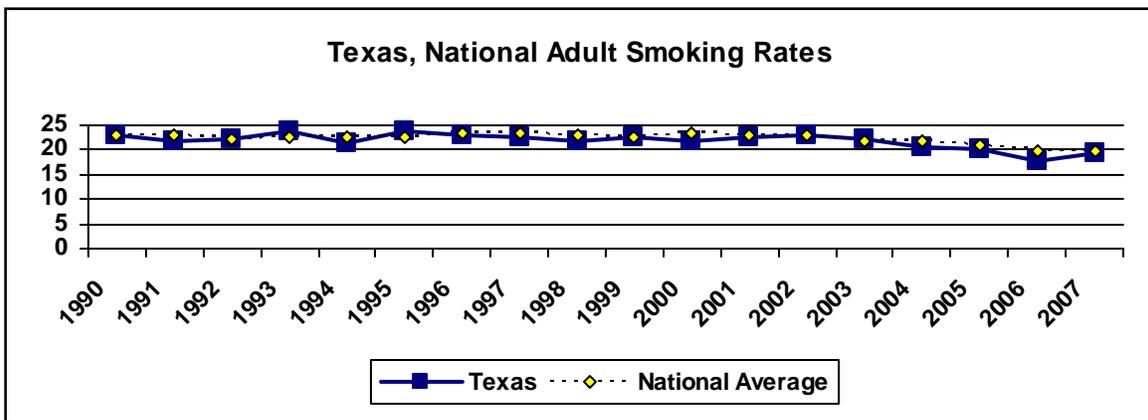
- Statewide Comprehensive Tobacco Prevention Community Grant Program
 - Tobacco Prevention and Control Coalitions
- Statewide Tobacco Prevention
 - School-based prevention
 - Smokeless tobacco prevention
 - Texas Teen Tobacco Summit and Comprehensive Tobacco Conference
 - Regional Texas Teen Tobacco Summits
 - Texas Tobacco Free Kids Day
 - Tar Wars
- Cessation of Tobacco Use by Adults and Children
 - *Yes You Can* cessation campaign

VI. Tobacco Use

Health and Safety Code, Section 161.0901(b)(6): The incidence of use of tobacco and tobacco products by regions in this state, including use of cigarettes and tobacco products by ethnicity.

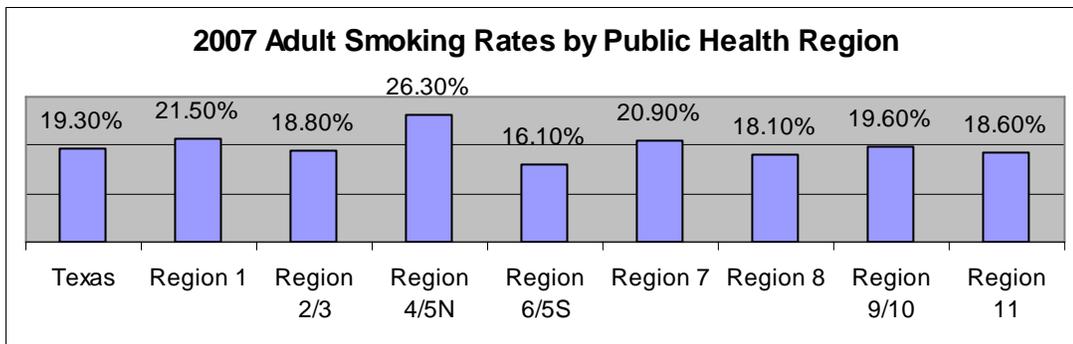
Cigarette smoking is responsible for 24,200 annual deaths in Texas – more deaths than from AIDS, heroin, cocaine, alcohol, car accidents, fire, and murder combined.
Mortality and Morbidity Weekly Report, 2002, Centers for Disease Control and Prevention

Adult Tobacco Use



Texas adults had consistently maintained a smoking rate of approximately 22 percent for the past decade. However, efforts to increase cessation have resulted in a 19.3 percent smoking rate in 2007 for Texas adults according to the Behavioral Risk Factor Surveillance System data from the Centers for Disease Control and Prevention and Texas Department of State Health Services.

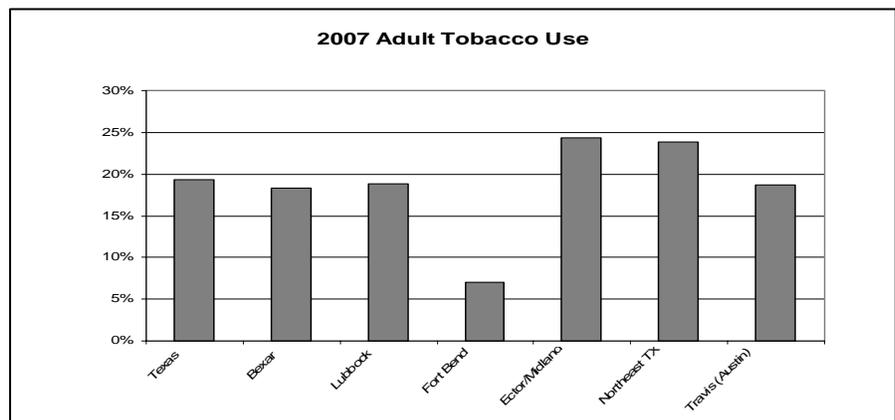
The 2007 Behavioral Risk Factor Surveillance System current adult smoking rates, as shown in the chart below, indicate that Region 4/5N in Northeast Texas had the highest smoking rate 26.3 percent, while Southeast Texas, Region 6/5S, had the lowest smoking rate at 16.1 percent.



Behavioral Risk Factor Surveillance System data in both 2006 and 2007 reveal that African Americans had the highest current smoking rates. Although smoking rates among African Americans went down from 25 percent in 2006 to 21.4 percent in 2007, the current smoking rates for African Americans was still considerably higher than the rate of smoking for Texas each year.

Adult Tobacco Use in Tobacco Prevention and Control Coalition Communities

DSHS funded Tobacco Prevention and Control Coalitions, located in Lubbock and surrounding counties; Gregg and Smith Counties; Fort Bend County; Bexar County; Midland and Ector Counties; and the city of Austin to provide evidence-based comprehensive tobacco



prevention and control programming to meet DSHS tobacco program goals to reduce tobacco use and related health consequences across the state.

As mentioned previously, according to the Behavioral Risk Factor Surveillance System data, the rate of tobacco use among Texas adults was 19.3 percent in 2007. Ector/Midland counties in West Texas and Gregg/Smith counties in Northeast Texas have rates of tobacco use higher than that of Texas overall. Ector/Midland was the highest at 24.4 percent.

National Comparisons

A look at 2007 national statistics from the Center for Disease Control and Prevention, Office on Smoking and Health, provide a comparison between Texas and the rest of the nation:

- Kentucky (28.2 percent), West Virginia (26.9 percent), and Oklahoma (25.8 percent) had the highest prevalence of current smokers. Smoking prevalence was lowest in Utah (11.7 percent), California (14.3 percent), and Connecticut (15.4 percent). The rate for Texas was 19.3 percent.
- An estimated 19.8 percent (43.4 million) of U.S. adults were current cigarette smokers; of these, 77.8 percent (33.8 million) smoked every day, and 22.2 percent (9.6 million) smoked some days.
- Prevalence of current cigarette smoking varied substantially across population subgroups. Nationally, current smoking was higher among men (22.3 percent),

than women (17.4 percent). Current smoking among Texas men (22.0 percent), was higher than Texas women (16.9 percent). Adults aged 18-24 years (22.2 percent) and 25-44 years (22.8 percent), had the highest prevalence

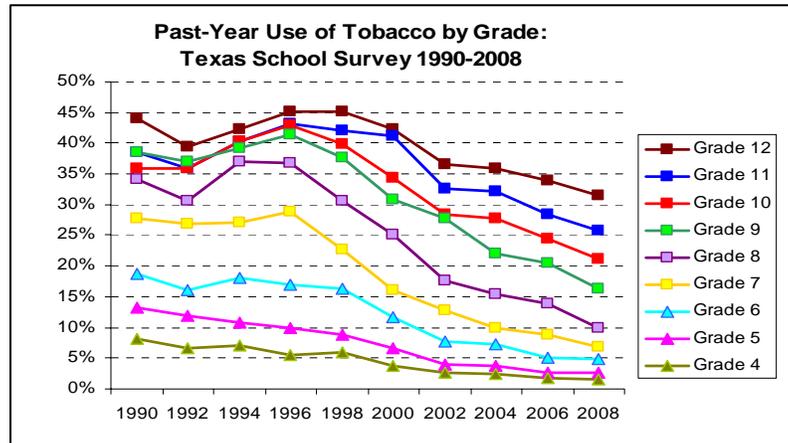
- Among racial/ethnic groups, American Indians and Alaska Natives had the highest prevalence (36.4 percent), followed by non-Hispanic whites (21.4 percent), and non-Hispanic blacks (19.8 percent). Asians (9.6 percent) and Hispanics (13.3 percent) had the lowest rates.
- By education level, smoking prevalence was highest among adults who had earned a General Educational Development (GED) certificate (44.0 percent) and those with 9-11 years of education (33.3 percent); prevalence generally decreased with increased education.
- Prevalence of current smoking was higher among adults living below the poverty level (38.8 percent), than among those at or above the poverty level (20.3 percent).

Youth Tobacco Use

Texas School Survey of Substance Use Among Youth

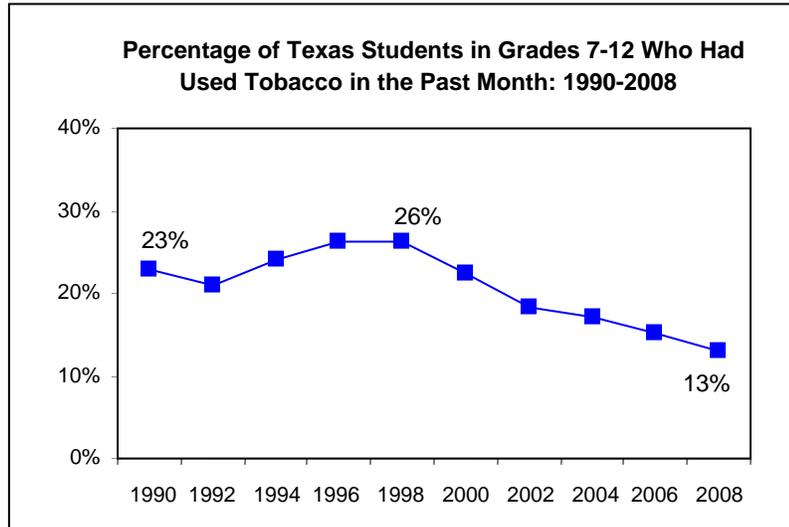
Public health activities continue to have a positive impact on rates of underage tobacco use in Texas. Overall tobacco use by Texas youth has decreased significantly since 1990.

The Texas School Survey of Substance Use Among Youth, a statewide survey of alcohol, tobacco and other drug use among students in secondary (grades 7 – 12) and elementary schools (grades 4 – 6), has documented a



significant decrease in tobacco use among students since 1990. Both the Texas school survey and the statewide Youth Tobacco Survey track trends in tobacco use that substantiate the positive effects of comprehensive approaches to tobacco prevention and control activities which include utilizing skills and resources of public health and substance abuse prevention programs located in government, non-profit, and grass-roots community-based organizations throughout the state.

The Texas school survey reports that about 32 percent of all secondary students in 2008 reported having used some type of tobacco product (cigarettes or smokeless tobacco) during their lifetime, significantly down from 39 percent in 2004 and from 56 percent in 1990. As indicated above, the number of students who report using tobacco products climbs with each grade. Forty-two percent of students in grades 7-12 reported initiating tobacco use before the age of 13, with tobacco use increasing between middle school and high school. In 2008, 31.7 percent of all students reported ever using tobacco, with seniors (47.8 percent), reporting nearly twice the lifetime use of 8th graders (22.7 percent), and three times the lifetime use of 7th graders (16.6 percent).



The Texas school survey also shows that 12.9 percent of all secondary students reported use of tobacco in the month preceding the 2008 school survey, down considerably from the 26 percent high in 1998. All students in grades 7-12 had their lowest rate of past-month tobacco use since 1990. In 2008, 24 percent of seniors admitted current use of tobacco products, which is four times the current past month use of 8th graders (6.4 percent), and five times the past month use of 7th graders (4.8 percent). Approximately 215,888 Texas high school students are currently using tobacco products.

Texas Youth Tobacco Survey

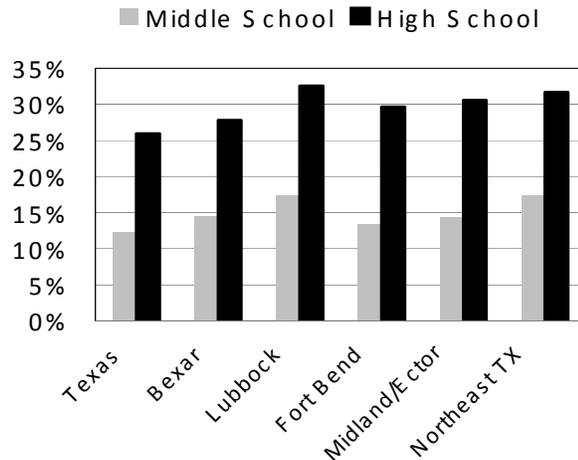
The Texas Youth Tobacco Survey has been conducted throughout the state on even-numbered years since 1998. The Texas Youth Tobacco Survey has been completed in randomly selected middle school (grades 6-8) and high schools (grades 9-12) throughout the state. The survey is another tool to help evaluate the prevention efforts being used to bring about changes in youth tobacco use.

In 1999, 15 percent of Texas middle school students reported current use of cigarettes. In the 2008 Texas Youth Tobacco Survey, that number had decreased to 8.9 percent. In 1999, 32.8 percent of Texas high school students reported that they currently used cigarettes, compared to 19.8 percent in 2008. The numbers for the use of any tobacco product have also dropped since the survey began. In 1999, 22.9 percent of Texas middle school students reported using some kind of tobacco product. By 2008, that percentage had dropped to 12.2 percent. In Texas high schools, the percentage of those who used any tobacco product in 1999 was 42.1 percent, but it had dropped to 25.9 percent by 2008. The smokeless tobacco use rate for Texas middle school youth was 4.4 percent while the smokeless rate for high school students was 7.3 percent.

Youth Tobacco Use in Tobacco Prevention and Control Coalition Communities

According to the 2008 Youth Tobacco Survey, all six DSHS tobacco program target communities were found to be above the state rate for current tobacco use among middle and high school students. While Fort Bend County had the lowest rate for middle school students and Bexar County had the lowest rate for high school students, Lubbock and surrounding counties had the highest rates of current tobacco use for high school students. Northeast Texas and Lubbock and surrounding counties had similarly high rates of current tobacco use among middle school students. The Austin Independent School District declined to participate in the 2008 Youth Tobacco Survey due to time constraints within the district.

**2008 Texas Youth Tobacco Survey
Current Any Tobacco Use**



The overall youth tobacco use rates (middle school and high school) in Texas have dropped from 24.7 percent in 2006 to 20 percent in 2008 indicating significant progress has been made in reducing tobacco use among youth during this period.

VII. Appendices

Appendix A – Texas Comptroller of Public Accounts, tobacco related enforcement activities as reported by local law enforcement agencies and school based police, FY07 and FY2008

Appendix B – Texas Department of State Health Services Tobacco Prevention and Control Strategic Plan, 2008 – 2013