Introduction to Tobacco 101
Welcome to TTAC's Tobacco 101! Tobacco 101 is a self-guided tutorial that provides the information and resources necessary to understand why tobacco use is considered the #1 preventable cause of death in the US, as well as the evidence-based and promising strategies that can reduce tobacco’s toll. You can benefit from this course whether you are new to tobacco control and need an introduction to key topics, or are an experienced professional looking to refresh and update your knowledge.

Tobacco 101 was revised in the spring of 2013 to contain the latest information, resources, and tools available. The user-friendly self-guided format allows you to complete the tutorial at your own pace and explore the various external resources and tools as needed. Tobacco 101 is organized into two parts comprised of four lessons each. Optional review questions are offered at the end of each lesson to allow you to check your understanding of the content, try some of the resources, and reflect on how the information applies to your role in tobacco control.

You can start at the beginning and read through the course from beginning to end or simply select those sections that are of greatest interest.

Part 1: Introduction to Prevention and Control of Tobacco Use
• Lesson 1: The Evolution of Tobacco Control
• Lesson 2: Tobacco Use in the United States
• Lesson 3: Impact of Tobacco Use
• Lesson 4: Factors that Determine Tobacco Use

Part 2: Reducing the Problem of Tobacco Use
• Lesson 1: Credible Tobacco Control Resources and Key Partners
• Lesson 2: Tobacco Control Models
• Lesson 3: Effective Tobacco Control Policies
• Lesson 4: Strategies for Success

TTAC also provides tailored, on-site Tobacco 101 trainings for organizations who want to include it in conferences and workshops. To learn more, visit our website www.tacenters.emory.edu or contact us at tacenters@emory.edu.
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REDUCING THE PROBLEM OF TOBACCO USE

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Tobacco 101 Part Two, Lesson One

Effective Tobacco Control Policies

Lesson Three looks at three primary tobacco control policies recommended by the US Centers for Disease Control and Prevention (CDC). When used in combination, these policies are proven to generate significant reductions in tobacco use. The information in this lesson builds on what we have learned previously about the importance of implementing comprehensive and integrated approaches to tobacco control.

Learning Objectives
At the end of this lesson you will be able to:

1. **Identify and describe the three tobacco control policies recommended by the CDC.** The CDC recommends increasing the cost of tobacco products, enacting 100% smoke-free laws, and funding sustainable, comprehensive tobacco control programs.

2. **Describe the components of a comprehensive tobacco control program and explain how such a program is effective in reducing tobacco use.** We will describe the components of a comprehensive program and explore how these programs support the other recommended policies.

3. **Cite specific examples of how these policies have worked in combination to produce significant reductions in tobacco use.** In this lesson, we will show how these policies have contributed to successes in several states.
Effective Tobacco Control Policies

_Tobacco is now the world’s leading killer. We have the proven means to reduce tobacco use, but policy-makers are not yet applying these interventions._

-Mayor Michael Bloomberg

Mayor Bloomberg of New York was the first mayor of a major US city to initiate comprehensive smoke-free workplace laws and raise the excise tax on cigarettes. The tobacco control movement has gained momentum both globally and here in the United States. However, more needs to be done at the policy level to decrease the tobacco-related disease and death among people worldwide and in America.

Much like the MPOWER model discussed in Part Two, Lesson Two, the CDC model recommends a set of policies proven effective in reducing tobacco use and include:

1. Increase the cost of tobacco products.
2. Enact 100% smoke-free laws.
3. Fund sustainable, comprehensive tobacco control programs that include cessation services and media campaigns.

These three policies, when applied in combination, significantly reduce the number of smokers, the number of cigarettes smoked, and the illness and disease related tobacco use.

We will examine each one in detail next.

For further information... on how states can use these three policies:

Read the Tobacco Control Network’s Policy Platform:
http://www.tobaccocontrolnetwork.org
Policy #1: Increase Cost of Tobacco Products

Studies in the U.S. and around the world indicate that increasing tobacco prices is the most direct and reliable method for decreasing tobacco consumption, especially among youth. The principle means to increase the cost of tobacco products is by raising the excise tax.

An excise tax is collected from the producer, and is typically imposed as a fixed amount of tax per unit of measure (for example, so many cents per pack of cigarettes) rather than as a percentage of the sale price, which would be a sales tax. Although the producer or wholesaler pays the tax directly to the government, the consumer ultimately bears the cost, as it is included in the sale price of the product.

In the US there is a federal cigarette excise tax, a state tax that varies between states, and in some areas a local tax imposed by a county or city government. Some states also charge sales taxes on tobacco products, which further increase the price of the product to consumers.

Note: Different tobacco products may also be taxed at different levels. For the sake of this discussion, we will focus on cigarette taxes. However, it is important to monitor how all tobacco products are being taxed in your state. If a product is not being taxed as high as cigarettes, some consumers will switch to less costly products, mitigating the revenue and health impacts of the cigarette tax.

For further information… About effectively addressing tobacco pricing policies

Take a look at the Pricing Strategies Toolkit:
http://ttac.org/services/pricing_strategies/index.html
Increased Cost: Cigarette Excise Taxes

The average cost of a pack of cigarettes in the US, including federal, state, and municipal excise taxes have steadily increased over the past few decades, in large part due to taxes. For example, in 1970, the average cost of a pack of cigarettes was $0.38, compared with $5.33 in 2009.

The graph below shows how state and federal taxes have increased. The federal tax has been increased three times since 1995, as listed in the table below and indicated by the stars on the chart.

### State and federal cigarette excise taxes by year, 1995 to 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal Tax Increase (per pack)</th>
<th>New Federal Tax (per pack)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$0.10</td>
<td>$0.34</td>
</tr>
<tr>
<td>2002</td>
<td>$0.05</td>
<td>$0.39</td>
</tr>
<tr>
<td>2009</td>
<td>$0.68</td>
<td>$1.01</td>
</tr>
</tbody>
</table>

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Increased Cost: State Cigarette Excise Taxes

Increases in federal and state excise taxes over time have helped to increase the price of cigarettes throughout the country. The average state excise tax on cigarettes is $1.48 – but this tax varies considerably state to state. For example, in 2012, New York had the highest tax at $4.35 per pack and Missouri the lowest at $0.17 per pack. The result of this is that the cost of a pack of cigarettes varies greatly by state. The map above shows the tax rates in each state in 2012.

Now that we know a little more about what tobacco excise taxes are, let’s now look at how effective excise taxes can be in reducing tobacco use.
Increased Cost: Effects of Cigarette Excise Taxes

As you can see in the graph above, increases in cigarette prices lead to significant reductions in cigarette smoking. Increases in cigarette prices can lead to significant reductions in smoking in three ways:

1. Increase the number of smokers who quit.
2. Reduce the amount of cigarettes consumed by smokers.
3. Prevent young people from ever starting.

However, it is important to view this data in the larger context of other tobacco products. In 2012, CDC reported a trend of cigarette smokers switching to other forms of combustible tobacco such as cigars and pipe tobacco as a result of those products not being subject to the 2009 federal tobacco tax increase. This example underscores the importance of increasing taxes proportionately across all tobacco products as policies are being developed and implemented.
Increased Cost: Effects on Youth Smoking

Numerous economic studies in peer-reviewed journals have documented that cigarette tax or price increases reduce youth and young adult smoking. As this graph illustrates, young people are particularly affected by tobacco price increases. The general consensus is that every 10% increase in the price of cigarettes reduces:

- Overall cigarette consumption by approximately 3 - 5%
- Young adult smokers by 3.5%
- Kids who smoke by 6 – 7 %

Higher taxes on smokeless tobacco also reduces its use, particularly among young males, and increasing cigar prices through tax increases helps to reduce adult and youth cigar smoking.

For further information... on how the price of tobacco influences youth -

Check out this fact sheet from the Campaign for Tobacco Free Kids:
Increased Cost: Effects on Quitline Use

The table below shows the effects of the 2009 federal cigarette tax increase on the use of several quitlines across the country. The federal tax on cigarettes increased from 62 cents to $1.01 per pack on April 1, 2009.

<table>
<thead>
<tr>
<th>Quitline</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Jewish Health quitline</td>
<td>• Calls tripled</td>
</tr>
<tr>
<td>Arkansas quitline</td>
<td>• Jan 2009: 550 calls per week</td>
</tr>
<tr>
<td></td>
<td>• Mar 2009: &gt;2000 calls per week</td>
</tr>
<tr>
<td>Free and Clear (now Alere Wellbeing) (operator of 17 state quitlines)</td>
<td>• 3250 calls on April 1, 2009 (date of tax increase)</td>
</tr>
<tr>
<td></td>
<td>• 369% increase in calls on Apr 1, 2009 compared to number of calls on April 1, 2008</td>
</tr>
</tbody>
</table>

The above table illustrates some specific examples of how a tax increase, in this case the 2009 federal tobacco tax increase, impacts cessation efforts. All of these examples illustrate that in the simplest terms, price greatly affects consumer behavior. Similar effects from increased pricing have also been observed with many other products and can be even more evident with specific populations.
Increased Cost: Impacts on Minority Populations

It is evident from the graph below that price increases on tobacco by way of excise taxes greatly affect populations that are high users of tobacco products and therefore suffer disproportionately from tobacco-related disease and death.

![Graph showing percentage decline in smoking in response to a 10% price increase on cigarettes, by age and racial/ethnic group](image)

After an increase in tobacco taxes, the data for Hispanics and non-Hispanic blacks show significant declines in smoking, particularly smoking by young adults. Since these populations are at high risk for tobacco-related disease, the argument for raising excise taxes has even greater weight.
**Policy #2: 100% Smoke-Free Policies**

The next proven policy that reduces smoking is 100% smoke-free laws and policies for public places and worksites. Enacting smoke-free policies is the best way to protect people from the serious hazards of secondhand smoke exposure.

Smoke-free policies contributed greatly to reducing smoking prevalence in cities such as New York, which saw significant declines in smoking rates in just two years following adoption of a smoke-free law. As more state and local laws passed across the US, they contributed to reducing the national prevalence of smoking to below 20% in 2008.

As of January 2013, 24 states, two U.S. territories, and Washington DC have enacted 100% smoke-free public places laws that include non-hospitality workplaces, restaurants, and bars. In states without those laws, many counties and cities have adopted ordinances specific to their jurisdiction. The Americans for Nonsmokers’ Rights maintains up-to-date maps and lists that identify smoke-free states and other jurisdictions.
Benefits of Smoke-free Policies

http://www.no-smoke.org/pdf/ANR-OrderForm.pdf

Smoke-free policies provide several advantages in reducing tobacco use and exposure:

**Smoke-free laws improve health.** After reviewing mounting evidence, The Institute of Medicine established that the number of people dying as a result of tobacco-related heart disease declines in areas where smoke-free laws have passed. This decrease cannot be attributed only to the decrease in cigarette smokers. It is partly due to the decrease in nonsmokers’ exposure to secondhand smoke. The health of workers in places that have gone smoke-free also improves.

**Smoke-free laws change social norms.** If people are not allowed to smoke in public places, the notion that smoking is acceptable behavior is decreased. This change in belief is especially critical for adolescents and young adults.

**Smoke-free laws help smokers quit.** Not being able to smoke in public places helps smokers who want to quit. Not only are they limited by the reduction in places where they can smoke, but they are not tempted by other people’s smoke in restaurants, bars, and other public venues.

**Smoke-free laws do not hurt businesses.** Despite anecdotal reports that smoke-free laws hurt businesses, reputable, peer-reviewed studies show this is not the case. In fact, smoke-free laws are popular among the customers and owners of bars and restaurants. Click here to read more about the economic impact of smoke-free policy.
Expanding Smoke-Free Policies: Multi-Unit Housing

It is typical that once indoor public places become smoke-free, attention turns to other spaces. In Multi-Unit Housing (MUH), such as apartments or condominiums, many people come into contact with secondhand smoke that drifts into their unit from other units or common areas. In July 2009, the federal Housing and Urban Development (HUD) Office of Public & Indian Housing issued a memorandum titled Smoke-Free Policies in Public Housing, which “strongly encourages Public Housing Authorities to implement non-smoking policies in some or all of their public housing units.”

In September 2010, HUD's Multi-Family Housing Section issued a notice titled Optional Smoke-Free Housing Policy Implementation to encourage owners and managers of HUD Multi-Family Housing rental assistance programs, such as Section 8, to adopt and implement smoke-free policies for some or all their properties. Additionally, the CDC recommends that smoke-free MUH policies designate all units and common areas as smoke-free. As of January 2011, over 230 local housing authorities in 27 states have adopted smoke-free policies.

For further information.... About smoke-free multi-unit housing -

Read this policy brief from the American Lung Association: http://www.lung.org/assets/documents/healthy-air/smuh-policy-brief-update.pdf
Expanding Smoke-Free Policies: Campuses and Worksites

**College Campuses:** Smoke-free policies are also becoming increasingly popular among college campuses. As of January 2013, over 1,100 colleges or universities in the U.S. have adopted 100% smoke-free campus policies that eliminate smoking in indoor and outdoor areas across the entire campus, including residences. This number has almost doubled since 2010. Curbing tobacco influence on campuses could help prevent a new cohort of lifetime smokers.

**Healthcare Facilities:** More and more healthcare facilities are also adopting voluntary 100% smoke-free policies and in some case tobacco-free campus policies, reinforcing their mission to promote and protect health. In fact, as of January 2013, four national healthcare companies and over 3,500 local hospitals and clinics have adopted 100% smoke-free campus policies. Not only do policies further promote a healthcare facility’s health mission, but smoke-free healthcare facilities aid in community, employee, and patient cessation efforts; lower maintenance costs; and increase worker productivity.

Up to date information about smoke-free policies that have been enacted in the venues described here, can be found on the Americans for Nonsmokers’ Rights website ([www.no-smoke.org](http://www.no-smoke.org)), under the “smokefree lists, maps, and data” section.
Policy #3: Funding for Comprehensive Tobacco Control Programs

The third crucial policy described by the CDC is state funding for comprehensive tobacco control programs. Two critical components of comprehensive programs are:

1. **Cessation services**: Ensuring access to a comprehensive set of cessation services is an essential program component. Cessation services that have reduced smoking prevalence the most serve large populations and provide counseling, nicotine replacement medications, and prescription medications.

2. **Effective media campaigns**: Media campaigns have been shown to effectively reduce tobacco initiation, decrease consumption of tobacco products, and increase tobacco cessation. Media campaigns are most effective when used in combination with other interventions, like smoke-free air policies or pricing strategies that are known to reduce tobacco use.

A comprehensive program includes state and community interventions to create systems and programs that help prevent youth from starting to use tobacco and support those adults who want to quit. These programs create public support for tobacco product taxes and smoke-free policies as well as optimize the tobacco reduction impact these policies have once implemented. Evidence has shown that states that invest in a comprehensive program along with tax and smoke-free polices experience the greatest reductions in tobacco use and tobacco-related disease.
Cessation Services: Quitlines

Providing access to a comprehensive set of cessation services is an essential tobacco control program component. One part of this set of cessation services are telephone quitlines. Quitlines are a cost-effective way to provide cessation services, producing quit rates comparable to individual and group interventions – and tobacco users are more likely to use quitlines than to participate in those interventions. Quitlines are especially effective when they combine counseling with pharmacological support. Some quitlines offer services in multiple languages and treatment curriculum specific to people with medical conditions like diabetes.

Telephone quit lines have a wide reach in helping tobacco users quit. Since 2004, 800-QUIT-NOW has served as a nationwide number for accessing live cessation assistance by routing callers to quit lines in all 50 states, and Washington, DC. Through 2012, 800-QUIT-NOW has handled more than 4.6 million callers. The total number of calls to quit lines is much greater, as many people also access these state-specific quit lines directly through phone numbers provided by their state, health plan, or employer.

Similarly, cessation web sites can provide quit tools, information about local resources, interactive help from cessation experts, and a means to get support from other people making attempts to quit. Below are two great examples of comprehensive cessation websites. Legacy’s “EX” website and the U.S. Department of Health and Human Services’ “Be Tobacco Free” website are two great examples of comprehensive cessation websites.
Cessation Services: Role of Healthcare Systems

Healthcare systems play an important role in the helping patients that use tobacco prepare to make successful quit attempts – healthcare providers ask about tobacco use, advise users to quit, and refer users to cessation resources. Healthcare providers can be persuasive messengers about the health risks of tobacco use and can motivate tobacco users to make a quit attempt.

In addition, having access to cessation services through health insurance increases the number of people making successful quits by reducing out-of-pocket expenses. It is therefore recommended that insurers provide tobacco cessation benefits that do the following:

- Cover at least four counseling sessions of at least 30 minutes each, including proactive telephone counseling and individual counseling. While classes are also effective, few smokers attend them.
- Cover both prescription and over-the-counter nicotine replacement medication.
- Provide counseling and medication coverage for at least two smoking cessation attempts per year.
- Eliminate or minimize co-pays or deductibles for counseling and medications, as even small copayments reduce the use of proven treatments.

Statewide cessation policies can create opportunities to target populations with higher smoking prevalence. For example, Massachusetts enacted and promoted a comprehensive Medicaid cessation benefit in 2005. An evaluation of its impact four years later showed a decrease in smoking prevalence form 38% to 28% and a return on the cost of the program of $2 saved in medical costs for every $1 invested in cessation treatment.
Media Campaigns

Many states have conducted media campaigns to educate youth and adults about the dangers of tobacco use, increase awareness of tobacco industry tactics, and to promote cessation. However, it is important that media campaigns are done correctly to ensure their effectiveness. The advertisements need to be thoroughly tested with the audience targeted for the tobacco prevention or cessation message. Also, the media (television, radio, print) purchased to run the advertisement needs to be sufficient to ensure the message is broadcast frequently enough to reach the majority of the audience. While social media such as Facebook and Twitter are creating less costly means to reach large populations, they may not be as targeted as traditional media.

CDC’s Office of Smoking and Health Media Campaign Resource Center maintains a clearinghouse of state media campaign materials. Since media campaigns can be costly, those resources should be explored before deciding to create new campaign. In addition, national partners sometimes run media campaigns that reach populations in your state. Coordinating state media and other program strategies with national campaigns can extend their reach and impact.

Again, mass media campaigns are most effective when used in combination with other evidence-based strategies. For example, in spring 2012, CDC aired Tips from Former Smokers (TIPS), the first federally funded, nationwide, paid-media tobacco education campaign in the United States. The TIPS campaign featured former smokers talking about their experiences living with diseases caused by smoking. Total quit line call volume during the TIPS campaign was 365,194 calls - more than the double the rate during the previous 12-week period. In this case, combining a mass media campaign with the provision of quitlines was an effective way to increase awareness of the quitline and motivate quit attempts.
Comprehensive Tobacco Control Program Examples

Now that we have described all three CDC-recommended policies, we will see how increasing the price of tobacco, enacting and enforcing smoke-free air laws, and funding comprehensive state programs has reduced the smoking prevalence in several states. States that utilize these strategies, particularly in combination, produce the greatest reductions in tobacco use. Next, we’ll take a closer look at a few of the examples shown below to see how tobacco control programs in these states used the strategies presented in this lesson to achieve these results.

- **Washington**
  Cut adult smoking by 33% from 1999 to 2010

- **North Dakota**
  Cut high school smoking by 13.5% from 2009 to 2011

- **Massachusetts**
  Cut adult smoking by 21% from 1993 to 2000

- **Maine**
  Cut high school smoking by 61% from 1997 to 2011

- **California**
  Cut adult smoking by 47% from 1988 to 2010

- **New York**
  Cut young adult smoking by 30% from 2000 to 2010
Example: State of California

In California, adult smoking rates dropped from 22.7% to 11.9% from 1998 to 2010. Additionally, smoking prevalence among high school students decreased from 21.6% to 13.8% from 2000 and 2010. How did California accomplish this?

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes and earmarked 20% of the funds for health education against tobacco use. The state’s Tobacco Control Program began in 1990, and has been highly successful in reducing smoking rates since then by focusing on social norm change through media campaigns and local-level programming.

The California tobacco control program produced the largest smoking reductions when it was funded at its highest levels. Progress stalled when the program’s funding was cut in the mid-1990s, but the state got back on track when program funding was later partially restored. Research shows that tobacco control program funding is directly tied to reductions in smoking rates and cigarette consumption per smoker.
Example: State of Maine

Prior to 1997, Maine had one of the highest youth smoking rates in the country. By 2011, the smoking prevalence among high school students dropped by 61%. What did Maine do?

In 1997, Maine increased the state cigarette excise tax and used a portion of those funds to establish a comprehensive tobacco prevention program known as the Partnership for a Tobacco-Free Maine, which was later supplemented with proceeds from the 1998 state tobacco settlement. Maine has also raised cigarette taxes twice, to its current tax of $2.00 per pack. Maine has successfully enacted 100% smoke-free air laws that cover workplaces, restaurants (including outdoor eating areas), bars, and state parks and historical sites. Taken together, these measures had a large impact on youth smoking rates in Maine.
Example: New York City

From 2002 to 2004, the estimated adult smoking prevalence in New York City decreased from 21.5% to 18.4%, representing nearly 200,000 fewer smokers. Youth smoking rates declined 40% from 2000 to 2005. New York City was able to accomplish this because of a comprehensive program put in place at both the state and city level.

Between 2000 and 2003, New York State and New York City each enacted smoke-free workplace policies and increased tobacco taxes, while also providing cessation services:

<table>
<thead>
<tr>
<th></th>
<th>Excise Tax Increases</th>
<th>Smoke-free Workplace Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New York State</strong></td>
<td>$0.55 increase in March 2000</td>
<td>Enacted July 2003</td>
</tr>
<tr>
<td></td>
<td>$0.39 increase in April 2002</td>
<td></td>
</tr>
<tr>
<td><strong>New York City</strong></td>
<td>$1.42 increase in July 2002</td>
<td>Enacted March 2003</td>
</tr>
</tbody>
</table>

As a result of this comprehensive approach to tobacco control, the number of smokers in New York City declined substantially. As you can see in the chart below, the smoking prevalence decreased among both adults and youth. The combination of New York State and New York City’s policy interventions is a great example for what can happen when raising the cost and passing smoke-free laws are used in combination.
Part Two, Lesson Three: Conclusion

In this lesson we talked about the three policies the CDC recommends for effective tobacco control:

1. Increase the cost of tobacco products.
2. Enact 100% smoke-free laws.
3. Fund sustainable, comprehensive tobacco control programs that include cessation services and media campaigns.

We described what a comprehensive approach to tobacco control consists of, and how it works to create support for the other recommended policies. Finally, we discussed some examples of how states use these policies in combination to produce significant reductions in tobacco use.

Next, we will discuss what you can do to have a comprehensive approach to tobacco control implemented and sustained in your states and communities.
Lesson Three Check for Understanding

1. **Which of the following is NOT one of the three policies recommended by the CDC proven to be effective in reducing tobacco use?**
   a. Increase the cost of tobacco products.
   b. Enact 100% smoke-free laws.
   c. Fund sustainable, comprehensive tobacco control programs, including cessation services and media campaigns.
   d. Promote the use of non-tobacco alternative products

2. **Which two populations are most affected by increases in prices of cigarettes?**
   a. Youth and Minority Populations
   b. Elderly and Minority Populations
   c. Males and Youth population
   d. Females and Elderly Population

3. **What has research shown to NOT be an impact of smoke-free policies?**
   a. Social norms surrounding tobacco use change.
   b. Businesses who enact smoke-free policies suffer financially.
   c. The health of smokers and nonsmokers improves.
   d. Current smokers trying to quit are assisted by reduced locations to smoke and less temptation to smoke.

4. **Briefly explain how tobacco control policies have affected smoking rates in New York State and New York City. If you need to review, go back to the “Comprehensive Tobacco Control Program Examples” and “Comprehensive Tobacco Control Program Example: Combined Approach” pages.**

5. **What aspect of a comprehensive approach to tobacco control do you think is most needed in your state? Why?**
Lesson Three Check for Understanding Answers

1. Which of the following is NOT one of the three policies recommended by the CDC proven to be effective in reducing tobacco use?
   a. Increase the cost of tobacco products.
   b. Enact 100% smoke-free laws.
   c. Fund sustainable, comprehensive tobacco control programs, including cessation services and media campaigns.
   d. Promote the use of non-tobacco alternative products

   Correct answer: d. Need to review? Go back to the “Effective Tobacco Control Policies” page.

2. Which two populations are most affected by increases in prices of cigarettes?
   e. Youth and Minority Populations
   f. Elderly and Minority Populations
   g. Males and Youth population
   h. Females and Elderly Population


3. What has research shown to NOT be an impact of smoke-free policies?
   e. Social norms surrounding tobacco use change.
   f. Businesses who enact smoke-free policies suffer financially.
   g. The health of smokers and nonsmokers improves.
   h. Current smokers trying to quit are assisted by reduced locations to smoke and less temptation to smoke.

   Correct Answer: b. Need to review? Go back to the “Benefits of Smoke-free Policies” page.

4. Briefly explain how tobacco control policies have affected smoking rates in New York State and New York City. If you need to review, go back to the “Comprehensive Tobacco Control Program Examples” and “Comprehensive Tobacco Control Program Example: Combined Approach” pages.
   Open ended: answers will vary.

5. What aspect of a comprehensive approach to tobacco control do you think is most needed in your state? Why?
   Open ended; answers will vary.
Sources


Slide 6: Centers for Disease Control and Prevention. Consumption of Cigarettes and Combustible Tobacco — United States, 2000–2011. Morbidity and Mortality Weekly Report. 61(30);565-569. Available: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6130a1.htm?s_cid=mm6130a1_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6130a1.htm?s_cid=mm6130a1_w)


Slide 13: Centers for Disease Control and Prevention, National Cancer Institute, Smokefree.gov Website. Available: [smokefree.gov](http://smokefree.gov)

Slide 15: Legacy Foundation. EX Website: Available: [http://www.becomeanex.org](http://www.becomeanex.org)


Slide 17: Increases in Quitline Calls and Smoking Cessation Website Visitors During a National Tobacco Education Campaign — March 19–June 10, 2012 (2012, August 31) *MMWR: Morbidity and Mortality Weekly Report, 61(34); 667-670* Available: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a2.htm)


Images


Slide 14: *Quit Smoking Today Banner Image*: Centers for Disease Control and Prevention, National Cancer Institute, Smokefree.gov Website. Available: smokefree.gov
