

OVERVIEW

ALASKANS

TOBACCO

FREE

KIDS



Alaskans for Tobacco-Free Kids

KEEPING THE PROMISE TO ALASKA'S CHILDREN

“Not since the polio vaccine have we had the opportunity to reduce death and disability in this country and to save lives and reduce suffering.”

Dr. David Satcher, MD, PhD
United States Surgeon General (February 2001)

Nothing Kills Like Tobacco

- Since Alaska joined the multi-state Tobacco Settlement in November 1998 approximately 1,500 additional Alaskans have died from tobacco-caused disease, more than one additional preventable death each day.
- Tobacco use is by far the leading cause of preventable death, killing half of all long-term users and many of these people die in middle age. Cigarette smoking is responsible for at least one third of *all* cancer deaths.
- Second-hand smoke causes disease and kills non-smokers making it the third leading cause of preventable death.
- Tobacco-caused disease is regarded as a “pediatric epidemic” because the average age of smoking initiation is 14.5 years – there are 14,000 young Alaskans alive today under the age of 18 will die from tobacco-caused disease unless a comprehensive tobacco use prevention program is funded and sustained.
- Overall smoking (1999 prevalence) among Alaskan adults (27.2%) is substantially higher than the national norm (22.7%). Smoking among Alaskan high school students (33.9%) is approximately the same as the national norm (34.8%).

Tobacco Prevention Programs Work!

- Research shows that comprehensive sustained tobacco use prevention and cessation programs are effective, save lives and reduce health care expenditures.
- California reduced adult smoking by twice the national rate. Massachusetts cut smoking among pregnant women by almost 50%. Florida reduced middle school youth smoking by 47%.
- Based on successful state programs, the national Centers for Disease Control and Prevention (CDC) has published best practices guidelines for all 50 states.

(See *Comprehensive Statewide Tobacco Prevention programs Effectively Reduce Tobacco Use*, National Center for Tobacco Free Kids.)

Comprehensive Tobacco Control for Alaska

- For Alaska, the CDC *Best Practices Guidelines* recommends \$16.5 million per year to fully fund a comprehensive statewide program and a *minimum* of \$8.1 million per year.
- Based on successful experience in other states, the statewide Alaska Tobacco Control Alliance (ATCA) has developed *The Alaska Tobacco Control Program - A Plan for the Future* calling for a minimum investment of \$8.1 million per year.
- The Alaska Tobacco Control Alliance is a statewide coalition of health related organizations and agencies with a common purpose of reducing tobacco caused disease and death.

Keeping The Alaskan Commitment

- Tobacco use costs Alaska over \$150 million per year in needless medical expenditures and Alaska receives approximately \$70 million per year from tobacco sources (\$49 million/year in tobacco taxes and about \$25 million/year in Settlement payments).
- During the 2001 session, the Alaska Legislature enacted HB 234 and established the Tobacco Use Education and Cessation Fund to be funded with 20% of the state's Tobacco Settlement payments.
- Consistent with HB 234, the administration's FY 03 budget would appropriate funds in the Tobacco Use Education and Cessation Fund (approximately \$7.4 million) for tobacco prevention/cessation.

Alaska's Pilot Tobacco Program – Early Evidence of Progress

- Starting in FY 01, Alaska funded a Pilot Tobacco Use Prevention and Cessation program with a small grant of Tobacco Settlement funds (\$1.4 million) to support two core elements of CDC recommended best practices (media counter-marketing and cessation demonstration projects).
- While this initial effort only supported a small portion of the CDC recommended minimum program for Alaska (\$8.1 million), research confirms initial evidence of program effectiveness.
- Alaska's media program was closely patterned after proven programs in Massachusetts and California, largely using media from other states available through CDC at low cost.
- Surveys to test the impact of counter-marketing before (December 2000) and after (July/September 2001) document statistically significant shifts in public knowledge, understanding and attitudes as well as show increased cessation behavior/quit attempts. (Hellenthal)
 - Knowledge that non-smokers can get fatal diseases from exposure to other people's cigarette smoke increased by 9.7% (from 60.8% to 66.7%).
 - Understanding that a pregnant woman can harm her unborn baby if she's exposed to second-hand smoke increased by 20.8% (from 47.5% to 57.4%).
 - The number of smokers reporting quit attempts increased 18.9% (from 54.6% to 64.8%).
- Pilot efforts have included a small number of community-based cessation demonstration projects in various parts of the state including Anchorage, Fairbanks, Bethel, Mat-Su, and Ketchikan with each project designed to address local needs.
- Demand for the Alaska "Quit Kit", an information/action guide for individuals seeking help in quitting their nicotine addiction that was initially developed under the program 1999, remained strong among health care providers and individuals with over 24,000 kits distributed in the last two years.

Building on Success – What Next?

- Efforts to date have enabled Alaska to initiate only a few parts of the comprehensive effort needed. As anticipated by HB 234, FY 03 efforts will build on initial success in order to increase the reach and impact of tobacco prevention and cessation efforts.
- Based on the national CDC best practices guidelines and the experience of other states, highlights of Alaska's tobacco control efforts include:
 - Cessation: Services to assist the vast majority of smokers who want to quit. Pilot programs have shown great need for cessation services among health care providers that otherwise cannot address this critical issue.
 - School-based Programs: FY 03 will initiate school-based efforts that have proven successful in other states. Examples include working with school districts in the development/dissemination of curriculums (K-12), other educational materials, training for teachers, and opportunities for parent and family involvement.
 - Community-based programs: Experience shows that local community involvement is an important aspect of program success. This element supports funding for local tobacco prevention and education efforts and includes a youth advocacy coordinator to effectively involve more young Alaskans in prevention efforts.
 - Counter-marketing: Successful counter-marketing efforts will be continued with additional emphasis on some high-risk populations (e.g., pregnant women) to offset the tobacco industry's advertising and marketing in Alaska estimated at \$18 million year.
 - Enforcement: Activities in this element include compliance checks to ensure that retailers are not selling illegally to children and associated enforcement actions.
 - Surveillance and Evaluation: Data collection to assess the current status of tobacco use in Alaska remains a critical priority. Of particular importance is the reestablishment of consistent youth data collection (e.g., YRBS). On-going program evaluation.

Conclusion

“As states contemplate increasing their tobacco control efforts, many have asked if such programs can make a difference. The evidence is clear: They can.”

Institute of Medicine
National Research Council (February 2000)

- Former Surgeon General Dr. C. Everett Koop, who served under both Republican and Democratic administrations, said that tobacco use prevention is “the most important public health issue of our time.”
- Last session, the Alaska Legislature took historic action to establish the Tobacco Use Education and Cessation Fund in order to allocate a small portion (20%) of the Tobacco Settlement payments to invest in program efforts that have been proven successful in other states.
- The public overwhelmingly supports using a substantial portion of the Tobacco Settlement funds to invest in tobacco use prevention and cessation.
- Even in times of tight budgets, in terms of public health priorities, there is *nothing* that kills like tobacco.
- Tens of thousands of Alaskan smokers want to quit their addiction and need help to succeed.
- Initial pilot program efforts funded to date, developed using CDC’s best practices guidelines, have shown success.
- We have the “vaccine” (tobacco prevention programs) to inoculate against needless and preventable tobacco-caused disease and death if only we will invest the resources to support comprehensive sustained tobacco control.
- There are 14,000 young Alaskans alive today under the age of 18 will die from tobacco-caused disease. The question is: how many of these Alaskan lives will we save?

CAMPAIGN For TOBACCO-FREE Kids[®]

Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use

There is considerable evidence that public education efforts, community and school-based programs, helping smokers quit, and strictly enforcing laws that establish smoke-free areas and restrict youth access to tobacco products can each significantly reduce tobacco use. Research and experience also shows that these individual elements are most effective when they are all integrated into a comprehensive program.¹ California, Massachusetts, Arizona, Florida, and Oregon have already followed this comprehensive approach with considerable success, and other states are following their lead.

The experiences in California, Massachusetts, Oregon, Florida, and other states establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs can quickly and substantially reduce tobacco use.
- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.
- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over \$100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use substantially.

- Since the passage of Proposition 99, cigarette consumption in California has declined by more than 58 percent, compared to just 33 percent for the country as a whole.² Even after the tobacco industry's successful efforts to reduce the state's tobacco prevention funding, cigarette consumption still declined more in California than in the rest of the country.³
- In the 10 years following the passage of Proposition 99, adult smoking in California declined at twice the rate it declined in the previous decade.⁴
- From 1994 to 2000, smoking among 12 to 17 year olds in California declined by 35 percent.⁵
- From 1988 to 2000, adult smoking in California decreased from 22.8 percent to 17.1 percent, resulting in over one million fewer smokers.⁶
- More than 1.3 million Californians have quit smoking because of the California Program.⁷
- While teenage smoking increased significantly throughout the country from 1990 to 1993, smoking among California teenagers remained constant.⁸ Similarly, from 1992 to 1994, the significant nationwide increase in youth smoking rates was slowed significantly in California as a result of the combined effect of the state's tax increase and a strong tobacco control program.⁹
- A study published in the *American Journal of Public Health* found that the California anti-tobacco media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990

and the fourth quarter of 1992. This reduction was independent of the decreases in consumption brought about by the tax increase.¹⁰

- The proportion of California tobacco retailers who failed compliance checks for selling tobacco products to minors decreased from 52 percent in 1994 to 16.9 percent in 1999.¹¹
- The proportion of California's indoor workers exposed to secondhand smoke at work was cut in half, falling from 29 percent in 1990 to less than 12 percent in 1996.¹²
- The proportion of California children and adolescents exposed to secondhand smoke in the home decreased from 29 percent in 1992 to 13 percent in 1996.¹³

Program Success -- Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, despite some reductions in funding encouraged by the tobacco industry, the program has achieved considerable success. Data from 1999 demonstrate success in reducing tobacco use among both children and adults.

- Massachusetts cigarette consumption has declined by 32 percent between 1992 and 1999, compared to a decrease of just 8 percent in the rest of the country (excluding California).¹⁴
- From 1995 to 1999, current smoking among Massachusetts high school students was reduced by 15 percent (from 35.7% to 30.3%). Nationally, smoking among high school students was identical in 1995 and 1999 (34.8%).¹⁵
- Other surveys also show youth tobacco use declining at a faster rate in Massachusetts than nationally. Between 1996 and 1999, smoking among Massachusetts 8th and 10th graders declined by 40 percent and 27 percent, respectively. Nationally, the declines were just 17 percent among 8th graders and 16 percent among 10th graders. Among 12th graders, smoking in Massachusetts declined by 15 percent during this time period, while nationally, it actually increased by 2 percent.¹⁶
- Between 1993 and 1999, adult smoking prevalence dropped from 22.6 percent to 20.9 percent, resulting in 80,000 fewer smokers.¹⁷
- Those who smoke in Massachusetts are smoking less. From 1993 to 1999, the average number of cigarettes smoked by adult smokers declined nearly 20 percent from 19.7 cigarettes per day to 15.6 cigarettes per day.¹⁸
- Among Massachusetts smokers who try to quit, the success rate has increased from 17 percent in 1993 to 25 percent in 1997-1999.¹⁹
- Between 1990 and 1996, smoking among pregnant women in Massachusetts declined by almost 50 percent (from 25% to 13%).²⁰
- Since 1993, the use of spit (smokeless) tobacco by Massachusetts high school males has declined by over 50 percent (from 17.0% to 8.1%).²¹
- The proportion of state tobacco retailers found making illegal sales to youth during compliance checks has fallen from 48 to only 10 percent since the program began.²²
- The proportion of Massachusetts smokers who were advised to quit by their doctor increased from 46 percent in 1993 to 60 percent in 1998.²³

State Tobacco Prevention Programs Reduce Tobacco Use | 3

- An analysis of national data on youth smoking showed that, between 1992 and 1994, the national increase in youth smoking rates was slowed significantly in Massachusetts as a result of the combined effect of a tax increase and a strong tobacco control program.²⁴

Program Success -- Florida

With funding from its 1997 settlement with the tobacco industry, the state of Florida funded a comprehensive tobacco prevention modeled on the programs in California and Massachusetts but targeted at youth. This innovative program that actively involves youth in its design and implementation has produced early success.²⁵

- In the three years since the Florida program started in March of 1998, current smoking has declined by 47 percent (from 18.5% to 9.8%) among middle school students and by 30 percent (from 27.4% to 19.0%) among high school students, resulting in almost 75,000 fewer youth smokers.
- Similarly, the proportion of Florida middle school students who had EVER smoked a cigarette declined from 43.6 percent in 1998 to 32.1 percent in 2001, while the proportion of high school students who had ever smoked declined from 68.1 percent in 1998 to 53.7 percent in 2001.
- Conversely, the proportion of "committed never smokers" rose from 38.9 percent in 1998 to 53.6 percent in 2001 among middle school students and from 25 percent in 1998 to 41.8 percent in 2001 among high school students.

Unfortunately, despite its success the Florida legislature and governor have cut the funding for the program in every year since its inception. These cuts have begun to take their toll on the success of the program, especially among younger students, who are entering the most vulnerable years for starting to smoke, yet are not being exposed to the program at its full strength.

- For the first time since the program's inception, no statistically significant declines in smoking were observed among middle school students between 2000 and 2001.
- Even more foreboding, increases in smoking between 6th and 7th grades and between 7th and 8th grades reached record high levels in 2001.
- While the proportion of 6th and 7th graders who are "committed never smokers" increased steadily between 1998 and 2000, these proportions actually declined slightly in the 2001 survey.

Program Success -- Oregon

Using revenue from a tobacco tax increase, in 1997 Oregon implemented a Tobacco Prevention and Education Program (TEPP) modeled on the California and Massachusetts programs.

- Since Oregon began its program, tobacco consumption has decreased by 21 percent.²⁶
- Between 1996 and 2000, smoking declined by 41 percent among Oregon 8th graders and by 21 percent among Oregon 11th graders.²⁷
- From 1996 to 1999, adult smoking in Oregon decreased 9 percent (from 23.4 % to 21.4%), resulting in 50,000 fewer smokers.²⁸
- From 1996 and 1999, smoking by pregnant women dropped by 18 percent (from 17.7% to 14.5%).²⁹
- From 1996 to 1999, the proportion of Oregon retailers who sold tobacco to minors decreased by 54 percent (from 39% to 18%).³⁰

Program Success – Arizona

In 1994, Arizona voters passed the Tobacco Tax and Health Care Act, which increased the state sales tax on tobacco and funded a comprehensive Tobacco Education and Prevention Program. This program, launched in 1996, has significantly reduced smoking in Arizona, as outlined below.³¹

- From 1996 to 1999, adult smoking prevalence declined by 21 percent, from 23.1 to 18.3 percent.
- During this time period, some of the largest declines in smoking were among persons of low income (31.2% to 22.8%) and low education (29.3% to 16.2%), thus decreasing disturbing disparities in smoking rates.
- Arizona residents also reported an increased proportion of health care providers who asked about smoking and advised patients to stop (25.1% to 36.7%).

Program Success – Mississippi

Mississippi, the first state to file and settle its lawsuit against the tobacco companies, launched a youth-driven comprehensive tobacco prevention program in 1999. The results after two years of implementation are very promising.

- Between 1999 and 2001, smoking among public high school students has declined by 25 percent, from 31.5 percent to 23.6 percent.³²
- In that same time period the percentage of 9th graders who ever tried smoking declined from 74 percent to 63 percent.³³
- In just one year, between 1999 and 2000, smoking in Mississippi declined by 10 percent among public high school students and by 21 percent among public middle school students. The declines in smoking were even greater for African American students in Mississippi's public schools. Smoking declined by 31 percent among African American middle school students and by 20 percent among African American high school students.³⁴
- Youth involved in Frontline, Mississippi's teen advocacy group, helped enact state legislation banning all tobacco use on school grounds and at all school events.³⁵

Program Success – Early Indications of Success in Minnesota

With funding from its settlement with the tobacco industry, the Minnesota Department of Health created a youth tobacco prevention program in 2000. The program, called Target Market, includes advertising, public relations, and a grassroots movement among Minnesota kids to educate Minnesota teens about tobacco use and the targeting of kids by tobacco companies. After just one year, the program has had a significant impact on teen attitudes that are often precursors to changes in smoking behavior. There is also evidence that tobacco use among kids has declined in Minnesota.³⁶

- The proportion of Minnesota teens (12-17 year olds) who believe cigarette companies try to get young people to smoke increased from 52 percent in 2000 to 66 percent in 2001. Just as important, the proportion who think they can fight back against tobacco companies increased from 42 percent to 57 percent.
- The proportion of kids who are annoyed by tobacco companies targeting kids and who are angry about the money they make off kids also increased significantly between 2000 and 2001.
- The proportion of Minnesota teens who have ever used tobacco declined from 37 percent in 2000 to 32 percent in 2001.

- Pre and post survey results also found that the proportion of Minnesota teens who are committed never smokers increased 46 percent to 55 percent.

Program Success – An Experiment in Texas

Rather than using settlement money to fund a comprehensive statewide tobacco prevention program, the state of Texas decided to use a small portion of its tobacco settlement money to test tobacco prevention interventions of varying intensity and comprehensiveness across fourteen locations in the state. The experiment included fourteen combinations of three media campaign levels and five community program options to test which combinations were most effective. Not surprisingly, this experiment found that the largest effects on both youth prevention and adult cessation occurred in those areas that combined higher level media campaigns with community interventions.

- Among sixth graders, the target of the effort, tobacco use was reduced by 60 percent in the areas with high level media campaigns and multiple school/community efforts. In other areas with lower level media campaigns or fewer school/community efforts, the declines ranged from 24 percent to 44 percent.³⁷
- The adult program focused mainly on cessation rates of current smokers. The highest rate of cessation, nearly 14 percent, was in the area with high level media campaigns and cessation service delivery. There was less change (11 percent) in the area with a low level media campaign and cessation services. Areas that had media campaigns alone without cessation services and no media or cessation services had the lowest cessation rate (8 percent and 5 percent, respectively).³⁸

Program Success – Maine

In 1997, Maine increased its 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. Maine has subsequently augmented its program with proceeds from the 1998 state tobacco settlement, which also resulted in a further increase in cigarette prices (the state also raised cigarette taxes again in 2001, to \$1.00 per pack). As a result, Maine today is one of only five states that funds tobacco prevention programs at levels recommended by the CDC.

- Smoking among Maine's high school students declined a dramatic 36 percent since 1997, falling from 39.2 percent to 25 percent.³⁹
- Maine's program is also encouraging young smokers to quit. Between 1997 and 2001 the percentage of youth tobacco users who have tried to quit increased from 33 percent to 57 percent.⁴⁰

National Center for Tobacco-Free Kids. January 3, 2002

Related Campaign Fact Sheets (available at www.tobaccofreekids.org)

Public Education Campaigns Reduce Tobacco Use

Community Based Programs Reduce Tobacco Use

School Based Programs Reduce Tobacco Use

Treating Tobacco Addiction And Otherwise Helping People Quit Reduces Tobacco Use

Enforcing Laws Prohibiting Cigarette Sales to Kids Reduces Youth Smoking

Penalizing Kids for Buying, Possessing, or Smoking Cigarettes

Some Immediate Cost Savings From Reducing Tobacco Use in the USA: Fewer Heart Attacks & Strokes

¹ See, e.g., Institute of Medicine & National Research Council, *State Programs Can Reduce Tobacco Use*, National Academy of Sciences, 2000; U.S. Department of Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000; Wakefield, M & Chaloupka, F, Effectiveness of comprehensive tobacco control programs in reducing teenage smoking in the USA, " *Tobacco Control* 9:177-186, Summer, 2000.

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- ⁶ *Current Tobacco Use and Statistics*; California Department of Health Services/Tobacco Control Section, April 25, 2001. <http://www.dhs.cahwnet.gov/ps/cdic/ccb/TCS/html/evaluation.htm>.
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- ⁸ Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
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- ¹⁰ Teh-Wei Hu, Hai-Yen Sung, Keeler TE. "Reducing Cigarette Consumption in California: Tobacco Taxes vs an Anti-Smoking Media Campaign." *Am J Public Health* 1995; 85(9):1218-1222.
- ¹¹ *California Tobacco Control Update*; CA Department of Health Services, Tobacco Control Section, August, 2000.
- ¹² Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
- ¹³ Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
- ¹⁴ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁵ Youth Risk Behavior Survey: 1999.
- ¹⁶ MA Data: Health & Aridictions Research, June 2000. National data are from the Monitoring the Future Survey.
- ¹⁷ Abt Associate: Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁸ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁹ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ²⁰ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1998".
- ²¹ Massachusetts Youth Risk Behavior Survey: 1999.
- ²² Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ²³ *Independent Evaluation of the Massachusetts Tobacco Control Program: Fifth Annual Report, January 1994 to June 1998*. Abt Associates, Inc.
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- ²⁷ Oregon Health Division Press Release; Health Promotion & Chronic Disease Prevention Program, October, 2000.
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- ²⁹ Oregon Tobacco Facts. Tobacco Prevention and Education Program; Oregon Health Division, April 2000.
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- ³⁶ Ergo International, *Target Market Campaign Evaluation: Pre/Post Research Results*, Prepared for the Minnesota Department of Health, August 2001.
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- ⁴⁰ *Maine 2001 Youth Risk Behavior Survey*, Maine Department of Human Services, December 12, 2001.