State and Community Tobacco Control Policy and Media Research

NCI Board of Scientific Advisors Meeting
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Tobacco Control Research Branch
Behavioral Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute
RFA Purpose

Address high-priority research gaps:

- **Secondhand Smoke (SHS) Policies** with greatest potential to reduce exposure
- Effect of changing **Tobacco Excise Taxes and Pricing Policies** (including tobacco industry’s strategies) on various populations
- Understand tobacco industry’s practices to promote tobacco use; develop **Mass Media Interventions** to counter them.
Current Smoking Among U.S. Adults and High School Students, 1990-2007

- 45 million adult smokers (21% of adults)
- *Stalled progress* in last several years

- 3 million youth smokers (20% of youth)
- Half of all high school students have tried smoking

Source: National Health Interview Surveys, Selected Years (adults); National Youth Risk Behavior Survey, 1991-2007 (youth); 2007 National Survey on Drug Use and Health
Current Smoking Among U.S. Adults By Occupation, 1992/93-2003

- Disparities remain among racial/ethnic, income, educational, and occupational groups.

The Tobacco Industry: A Moving Target

New Products

Changing and Targeted Marketing
Secondhand Smoke (SHS) Policies:
Smokefree Jurisdictions in the United States

- 43% of U.S. population is still exposed to SHS in public places
- 60% of children remain exposed to SHS

[Map of the United States showing states colored based on SHS policies]

- Smokefree State (25)
- Partial Smokefree State (17)
- State with inadequate or no Smokefree Municipalities (9)

November 2008
What We Know...

Secondhand Smoke (SHS) Policies:
- 50-60,000 deaths per year in the U.S.
- Worksite clean indoor air laws are effective

Tobacco Excise Tax and Pricing Policies:
- Price increases reduce consumption, prevent initiation, and increase quitting
- Tobacco companies spend over $13 billion/year on advertising and promotion

Mass Media:
- Cigarette smoking in movies: pervasive, causes initiation
- Causal relationship between tobacco advertising and promotion and increased use
- Strong negative messages about health consequences reduce tobacco use
What We Don’t Know…

Secondhand Smoke Policies:

• What is the impact of measures (public or private) banning smoking in private places, including homes, cars, or multi-unit dwellings?

• Why are some people less likely to ban smoking in their home, car; how do bans differ across populations?

• What media messages best facilitate implementation and enforcement of smoking bans in homes, cars?

• What are the health and economic effects of banning smoking in casinos (particularly for Native Americans) and other understudied public places?
What We Don’t Know... 

Tobacco Excise Tax and Pricing Policies:

• What is the impact of tobacco company price promotions and coupons on consumption, especially on diverse populations of smokers?

• To what extent do promotions erode the effects of tax increases? Are different populations affected disproportionately?

• How long do the effects of tax increases last?

• How does state regulation of tobacco products (including promotion and distribution) affect consumption levels?
What We Don’t Know...

Mass Media:

- What messages are most effective in convincing tobacco users to quit?

- What messages are most effective in convincing specific populations never to start using tobacco products?

- What are the most appropriate channels to deliver these messages to all populations?

- What is the proper dose of exposure to these messages to ensure the intended effect?
Potential Research Questions

- What policies have the greatest potential to reduce SHS exposure in homes, cars, and understudied public places?

- What are the effects of excise taxes and state regulations on various populations? Do effects vary by age, race/ethnicity, occupation, income, etc.?

- What is the best way to frame tobacco control messages to prevent initiation, increase cessation, reduce SHS exposure, and change social norms?

- How best to counter tobacco industry policies and practices that promote tobacco use by youth and adults?
What Will We Learn?

- Optimal mix of population-level interventions to reduce tobacco use
- Effective policy and media intervention strategies to better reach under-served populations
- Insight into continually evolving tobacco industry practices and how to more effectively counter these practices
Effect of Televised, Tobacco Company--Funded Smoking Prevention Advertising on Youth Smoking-Related Beliefs, Intentions, and Behavior

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The tobacco industry has actively attempted to remake its public image in response to evidence that its marketed products to youth and misled the public about smoking health risks.1 This effort has included public education campaigns to communicate that youths should not smoke.2 In December of 1998, Philip Morris launched a $100 million television company described as targeted to 10–14 years.3 The primary aim of the campaign was to tell youth that they do not need to socially with their peers, and delivers the slogan “Think. Be. Pat.” Although this campaign ended in January 2003, it was broadcast in more than three countries in 1999, and with a budget of $1 million.4 Lorillard Tobacco Company also launched a U.S.-funded youth smoking prevention campaign with the slogan, “Tobacco is Whackin’ if You’re a Teen.”4

In mid-July 1999, Philip Morris launched a campaign that emphasized parental responsibility for talking to children about smoking; the slogan was “Talk. They’ll Listen.”5 This parent-focused youth smoking prevention campaign has featured a variety of television ads and continues today. The overt message of these ads is that parents should talk to their children about not smoking.

Few studies have examined the potential effect of youth-focused tobacco company--sponsored advertising. Of those, most have only assessed immediate responses of the advertisements by youths.6,7,8 or the relation between ads and attitudes thought to be predictive of smoking behavior change,9 rather than smoking behavior itself. No studies have examined the effects of tobacco company--parent-focused advertising on youth. Because advertising that may influence youth smoking has also been broadcast at various times and intensities by tobacco control programs,10 it is a complicated matter to establish the relative influence of tobacco company--sponsored advertising.

The objective of this study was to assess the relation between exposure to tobacco company youth smoking prevention advertising and youth smoking-related beliefs, intentions, and behavior in a representative sample of American secondary school students. The study includes youth-targeted and parent-targeted advertising. The study sample included the primary target age group of youth-targeted ads (grade 8, mean age 14 years), as well as older youths in grades 10 and 12 (mean ages 16 and 18 years, respectively). We used objective media monitoring data to measure potential exposure of youths to different sources of advertising, as opposed to self-reported measures of exposure that can be correlated with openness to change in smoking behavior.11

METHODS

Advertising Data

Nielsen Media Research provided data on the occurrence of all smoking-related advertisements that appeared on network and cable television across the largest 75 U.S. television market areas during 1999–2002. These 75 markets accounted for 78% of American viewing households.2 A media market is defined by a group of nonoverlapping counties forming a major metropolitan area. Data are on the basis of individual ratings of television programs obtained by monitoring household audiences across media markets. Ratings provide an estimate of the percentage of households with televisions that watch a program or advertisement in a media market

Conclusions. Exposure to tobacco company youth-targeted smoking prevention advertising generally had no beneficial outcomes for youths. Exposure to tobacco company parent-targeted advertising may have harmful effects on youth, especially among youths in grades 10 and 12. (Am J Public Health. 2006;96:2154–2160. doi:10.2105/AJPH.2005.083352)
Why Now?

• Can employ new, innovative technologies and methods to enhance research:
  - Multi-level analysis
  - Geographic Information Systems (GIS)
  - Social networks analysis
  - Real-time data capture

• Urgency of state-level decisions about public health appropriations

• SCHIP funded by 61¢/pack federal tax increase

• Will help inform proposed FDA legislation
Why NCI?

- Expertise and capacity to support complex population-level research and encourage innovative methodologies

- Focus on significant gaps and complement other current efforts (Low-Income and Smokeless Tobacco RFAs)

- Investment will allow state programs to be more effective and cost efficient
National Tobacco Control Partners

- **American Cancer Society** — education and advocacy for patients and families

- **American Legacy Foundation** — paid media campaigns

- **Centers for Disease Control & Prevention** — state-based tobacco control programs

- **National Institute on Drug Abuse** — basic research on addiction and medication development

- **Robert Wood Johnson Foundation** — advocacy grants, have shifted from tobacco to childhood obesity
Consensus Scientific Priority

NIH State of the Science on Tobacco, 2006

President’s Cancer Panel: Promoting Healthy Lifestyles, 2007

NCI Tobacco Control Monograph 19, 2008

Common Theme: Need more policy and media research, particularly focusing on specific populations; states and communities are ideal research settings.
Proposed Budget

- **Number of Grants Supported**: 10-12 R01 grants for 5 years each. 3-4 in each of 3 focus areas: secondhand smoke, tax and pricing policies, and mass media interventions

- **Projected Cost**: $12 million/year for 5 years starting in FY2010; total investment of $60 million

- **Why?** Many of these interventions occur at the state level
Potential Funding Partners

- National Heart, Lung, and Blood Institute (NHLBI)
- Office of Behavioral and Social Science Research (OBSSR)
- National Institute of Child Health and Human Development (NICHD)
- Department of Health and Human Services (DHHS)