In 2005 – 2007, the Tobacco Prevention and Education Program (TPEP) is funded by the Federal Tobacco Prevention and Education Program (TPEP) is funded by the Federal Preventive Health Services Act and the Family Smoking Prevention and Tobacco Control Act. TPEP works with local health departments, tribes, schools, and community organizations to deliver a comprehensive tobacco prevention program to all Oregon residents. These program activities use evidence-based strategies to reduce and prevent tobacco use recommended by the Centers for Disease Control and Prevention. Community programs: TPEP provides funding to 17 of Oregon’s 36 counties, all nine of Oregon’s federally recognized tribes, and five community organizations representing diverse population groups, to reduce tobacco use and tobacco industry influence at the community level. School programs: Seven of Oregon’s 200 school districts receive funding from TPEP to implement comprehensive, effective tobacco prevention programs at the school level. These programs are proven to reduce tobacco use among children.

Public Awareness and Education: TPEP conducts a statewide media campaign to raise Oregonians’ awareness of the dangers of secondhand smoke and the benefits of quitting tobacco. This campaign includes print advertising on television, radio, and in newspapers, as well as placing news stories and editorials in various media throughout Oregon.

Oregon Tobacco Quit Line: The Oregon Tobacco Quit Line, funded by TPEP, provides assistance and coaching to callers who want to quit smoking. The Quit Line is a free service offered to all Oregonians who use tobacco, their friends, family and health care providers who want to help.

Surveillance and Evaluation: TPEP conducts an annual survey of tobacco use and analyzes tobacco-related data on adults and youth in Oregon. Oregon Tobacco Quit Line, funded by TPEP, provides assistance and coaching to callers who want to quit smoking. The Quit Line is a free service offered to all Oregonians who use tobacco, their friends, family and health care providers who want to help.

More than 90% of the Tobacco Prevention and Education Program’s $6.9 million biennial budget supports programs and services directly provided by public and private organizations. More than $2 million goes to local communities across the state through contracts with county health departments, community organizations, schools, and tribes.

TPEP currently contracts with 17 of Oregon’s 36 counties, seven of Oregon’s 200 school districts, and all nine of Oregon’s federally recognized tribes. In addition, TPEP maintains contracts with organizations representing five population groups that experience tobacco-related disparities.

The data used in this report were compiled from a variety of national and state sources, including school-based and telephone surveys. The data are certified as accurate by a committee of technical advisors including:

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Ed Lichtenstein, Ph.D., Oregon Research Institute
Terry Pechacek, Ph.D., Center for Disease Control and Prevention
Barbara Pizacani, Ph.D., Oregon Prevention and Education Services
Mike Starks, Ph.D., Oregon Prevention and Education Services

The Oregon Tobacco Quit Line:

Prevent youth from initiating tobacco use
Help smokers quit
Eliminate exposure to secondhand smoke
Identify and eliminate tobacco-related disparities in all populations.

FOR MORE INFORMATION:

Tobacco Prevention and Education Program
1800 NE Oregon Street, Suite 730
Portland, OR 97232
(971) 673-0847
www.healthoregon.org/tobacco

This document is available upon request in alternative formats.

TPEP 2005-2007 Budget

EXECUTIVE SUMMARY

Oregon Department of Human Services

“Tobacco is a crossroads. Either fund the Tobacco Prevention and Education Program adequately and continue to make progress on reducing tobacco use, or do nothing and watch the good work of the last decade erode. Oregon must take this opportunity to do the right thing.”

— Danny McGoldrick, Vice President, Campaign for Tobacco-Free Kids

“Oregon is at a crossroads. Either fund the Tobacco Prevention and Education Program adequately and continue to make progress on reducing tobacco use, or do nothing and watch the good work of the last decade erode. Oregon must take this opportunity to do the right thing.”

— Vice Admiral Richard H. Carmona, MD, MPH, FACS, United States Surgeon General
Dear Oregonians,

Although tobacco use remains the number one preventable cause of death and disease in Oregon, great strides have been made to reduce tobacco's terrible impact. Hard work and commitment by school and community programs, multicultural networks and coalitions during the past nine years have resulted in 133,000 fewer adult smokers in Oregon and 2.7 billion fewer cigarettes sold each year. Because of the success of these activities, I have recommended funding Oregon’s Tobacco Prevention and Education Program (TPEP) at a level which will continue this success into the future and which will make TPEP once again a national leader in tobacco prevention, education and cessation.

This means tangible savings of Oregon lives and dollars. For example, the number of infants born to mothers who smoke has been dropping. Smoking during pregnancy increases an infant’s risk of premature birth and other health problems. Since 1996 approximately 17,000 fewer infants were born to mothers who smoked during pregnancy, saving Oregon approximately $1.2 million in health care costs.

To continue this success, we need to continue the good work behind it. Funding for schools, county health departments and community organizations brings education and prevention work to communities statewide. Advertisements on television and radio reinforce messages about the dangers of secondhand smoke and the benefits of quitting tobacco. The Oregon Tobacco Quit Line is an invaluable resource to tobacco users who are ready to quit and could use some help.

Raising tobacco taxes is a cornerstone of My Healthy Kids plan. Higher prices on cigarettes mean that fewer children start smoking and many adult smokers quit. By increasing Oregon’s tax on tobacco to be on par with Washington State’s tax, we can provide insurance coverage to Oregon’s children, and we can take another important step toward preventing tobacco use by young adults. I also support 100 percent smokefree workplaces. When workplaces go smokefree, many employees cut down on quitting and are protected from secondhand smoke, and companies save money with a more productive workforce.

I am committed to the goal of a healthier Oregon. Increasing tobacco taxes, making certain that all indoor workplaces are smokefree, and supporting the Tobacco Prevention and Education Program’s efforts with adequate funding for prevention and cessation are important and necessary if we are to continue to achieve that goal. In fact, investing in tobacco prevention is one of the best steps we can take to improve the health and well-being of our citizens.

Theodore R. Kulongoski
Governor

April 2, 2007

PROGRESS IN REDUCING TOBACCO USE

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Youth

NATIONAL 2010 OBJECTIVE: Reduce youth cigarette smoking prevalence to the target of 12% or less.

Since the Tobacco Prevention and Education Program began, there has been a dramatic decline in youth smoking:
• In 1996, 22% of 8th graders smoked cigarettes. In 2006, 9% of 8th graders smoked cigarettes. This is a 59% decrease.
• In 1996, 25% of 11th graders smoked cigarettes. In 2006, 15% of 11th graders smoked cigarettes. This is a 40% decrease.

This success is encouraging, but the problem is not yet solved. Each day 20 Oregon children begin their addiction to cigarettes. One in three of these young people will die prematurely from tobacco-related diseases.

With increased funding from the Governor’s proposed tobacco tax increase, TPEP will expand comprehensive tobacco prevention and education school programs to 223,000 Oregon students. In addition, higher prices on tobacco keep kids from starting to smoke.

Tobacco use is a serious matter in children. Research shows that kids who smoke are more likely to try other drugs and experience greater harm from their use. Quitting smoking is probably the only way for young people to keep kids from starting to smoke.

Adults

NATIONAL 2010 OBJECTIVE: Reduce adult cigarette smoking prevalence to the target of 12% or less.

The Tobacco Prevention and Education Program has had significant success in reducing adult smoking since the start of the program:
• In 1996, there were 92 packs of cigarettes sold for every person in Oregon; in 2006, that number had declined to 54. This is a 41% decline in consumption. In 2006, 15% of adults smoked. This is a 22% decrease. Without this reduction, Oregon would have an additional 153,000 adult smokers today.

Smokefree tobacco use has declined by 37% among adult smokers.

This success is encouraging, but the problem is not yet solved. Although the Quit Line has helped over 38,000 smokers, since its inception, there are still smokers who want to quit— in fact, 76% of smokers want to quit, or approximately 390,000 Oregon adults. With increased funding from the Governor’s proposed tobacco tax, TPEP will be able to provide Quit Line services, including coaching and patches, to five times more Oregonians than are served today.

Pregnant Women

NATIONAL 2010 OBJECTIVE: Decrease cigarette smoking by pregnant women.

The Tobacco Prevention and Education Program has had a profound effect on the number of women who smoked during pregnancy:
• In 1996, 13% of infants were born to mothers who smoked during their pregnancy. In 2005, 25% were 12%. This is a 53% decrease.

Each year in Oregon, 17,000 babies are born to secondhand smoke at work. This is a significant decline from the 39% of workers who experienced secondhand smoke in workplaces.

Significant workplace exposure down 50%

Secondhand Smoke

NATIONAL 2010 OBJECTIVE: Reduce exposure to secondhand smoke in homes and at work.

Oregon has had great success in reducing exposure to secondhand smoke since the start of the program:
• In 1997, 18% of adults were exposed to secondhand smoke at work two or more hours in a typical week. In 2005, 9% were. This is a 59% decrease.
• In 2007, 20 of these kids will be born to mothers who smoked during pregnancy.

Without these reductions, Oregon would have roughly 38,000 additional adult smokers today.

Smokers consumption down 41%

Smokers smoking down 59%

8th grade smoking down 59%

11th grade smoking down 46%

CAUTION:
• Over half a million (515,000) Oregon adults smoke cigarettes.
• Tobacco use by 8th grade Oregonians each year.

Infants born to smoke pregnant women.

NATIONAL 2010 OBJECTIVE: Decrease cigarette smoking by pregnant women.

The Tobacco Prevention and Education Program has had a profound effect on the number of women who smoked during pregnancy:
• In 1996, 13% of infants were born to mothers who smoked during their pregnancy. In 2005, 25% were 12%. This is a 53% decrease.

Each year in Oregon, 17,000 babies are born to secondhand smoke at work.

Significant workplace exposure down 50%

Smokers smoking down 33%

CAUTION:
• Secondhand smoke is responsible for approximately 46,000 deaths in Oregon each year.
• 15,000 Oregon workers are not protected by law from secondhand smoke at work.
• 72,000 Oregon children are regularly exposed to secondhand smoke in their homes.

Cigarette consumption down 41%
Dear Oregonians,

April 2, 2007

Although tobacco use remains the number one preventable cause of death and disease in Oregon, great strides have been made to reduce tobacco’s terrible impact. Hard work and commitment by school and community programs, multicultural networks and coalitions during the past nine years have resulted in 133,000 fewer adult smokers in Oregon and 2.7 billion fewer cigarettes sold each year. Because of the success of these activities, I have recommended funding Oregon’s Tobacco Prevention and Education Program (TPEP) at a level which will continue this success into the future and which will make TPEP once again a national leader in tobacco prevention, education and cessation.

This means tangible savings of Oregon lives and dollars. For example, the number of infants born to mothers who smoke has been dropping. Smoking during pregnancy increases an infant’s risk of premature birth and other health problems. Since 1996 approximately 17,000 fewer infants were born to mothers who smoked during pregnancy, saving Oregon approximately $1.2 million in health care costs.

To continue this success, we need to continue the good work behind it. Funding for schools, county health departments and community organizations brings education and prevention work to communities statewide. Advertisements on television and radio reinforce messages about the dangers of secondhand smoke and the benefits of quitting tobacco. The Oregon Tobacco Quit Line is an invaluable resource to employees cut down or quit for good, employees are protected from secondhand smoke, and companies save money with a more productive workforce.

Raising tobacco taxes is a cornerstone of my Healthy Kids plan. Higher prices on cigarettes mean that fewer children start smoking and many adult smokers quit. By increasing Oregon’s tax on tobacco to be on par with Washington State’s tax, TPEP will be able to provide Quit Line services, increased funding from the Governor’s proposed tobacco tax, TPEP will expand comprehensive tobacco prevention and education school programs to 220,000 Oregon students. In addition, higher prices on tobacco keep kids from starting to smoke.

This success is encouraging, but the problem is not yet solved. Each day 20 of these kids will be their first whole cigarette.

I urge you to act as I have in proposing a tax increase.

Theodore R. Kulongoski
Governor
April 2, 2007

Dear Oregonians,

Although tobacco use remains the number one preventable cause of death and disease in Oregon, great strides have been made to reduce tobacco's terrible impact. Hard work and commitment by school and community programs, multicultural networks and coalitions during the past nine years have resulted in 133,000 fewer adult smokers in Oregon and 2.7 billion fewer cigarettes sold each year. Because of the success of these activities, I have recommended funding Oregon's Tobacco Prevention and Education Program (TPEP) at a level which will continue this success into the future and which will make TPEP once again a national leader in tobacco prevention, education and cessation.

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Raising tobacco taxes is a cornerstone of my Healthy Kids plan. Higher prices on cigarettes mean that fewer children start smoking and many adult smokers quit. By increasing Oregon's tax on tobacco to be an equal per cigarette with Washington State's tax, we can provide insurance coverage to Oregon's children, and we can take another important step toward preventing tobacco use by youngsters. I also support 100 percent smokefree workplaces. When workplaces go smokefree, many employees cut down or quit for good, employees are protected from secondhand smoke, and companies save money with a more productive workforce.

The Tobacco Prevention and Education Program has had significant success in reducing adult smoking since the start of the program. In 1996, there were 92 packs of cigarettes sold for every person in Oregon; in 2006, that number had declined to 54. This is a 41% decline in consumption. In 1996, 25% of adults smoked cigarettes. In 2005, 19% of adults smoked. This is a 21% decrease. Without this reduction, Oregon would have an additional 133,000 adult smokers today.

This success is encouraging, but the problem is not yet solved. Each day 20 Oregon children begin their addiction to cigarettes. One in three of these young people will die prematurely from tobacco-related diseases.

With increased funding from the Governor's proposed tobacco tax increase, TPEP will expand comprehensive tobacco prevention and education school programs to 220,000 Oregon students. In addition, higher prices on tobacco keep kids from starting to smoke.

48 kids a day smoke their first whole cigarette.
20 of these kids will be regular smokers a year later.

Since the Tobacco Prevention and Education Program began, there has been a dramatic decline in youth smoking:
- In 1996, 32% of 8th graders smoked cigarettes. In 2005, 19% of 8th graders smoked cigarettes. This is a 46% decrease.
- In 1996, 30% of 11th graders smoked cigarettes. In 2005, 15% of 11th graders smoked cigarettes. This is a 40% decrease.
- Without these reductions, Oregon would have roughly 38,000 additional youth smokers today.

This success is encouraging, but the problem is not yet solved. Each day 20 Oregon children begin their addiction to cigarettes. One in three of these young people will die prematurely from tobacco-related diseases.

Without these reductions, Oregon would have roughly 38,000 additional youth smokers today.

This is a 21% increase.

To continue this success, we need to continue the good work behind it. Funding for schools, county health departments and community organizations brings education and prevention work to communities statewide. Advertisements on television and radio reinforce messages about the dangers of secondhand smoke and the benefits of quitting tobacco. The Oregon Tobacco Quit-Line is an invaluable resource to tobacco users who are ready to quit and who could use some help.

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In 2005 – 2007, the Tobacco Prevention and Education Programs (TPEP) is funded at $6.9 million for the biennium. TPEP works currently with local health departments, tribes, schools, and community organizations to deliver a comprehensive tobacco prevention program across Oregon. These program activities are evidence-based strategies to reduce and prevent tobacco use recommended by the Centers for Disease Control and Prevention.

### Community programs:
TPEP provides funding to 17 of Oregon’s 200 school districts and all nine of Oregon’s federally recognized tribes. In addition, TPEP maintains contracts with 17 of Oregon’s 36 counties, all nine of Oregon’s federally recognized tribes, and five community organizations representing diverse population groups to reduce tobacco use and tobacco industry influence at the community level.

### School programs:
Seven of Oregon’s 200 school districts receive funding from TPEP to implement comprehensive, effective tobacco prevention programs at the school level. These programs are proven to reduce tobacco use among children.

### Public Awareness and Education:
TPEP conducts a statewide media campaign to raise Oregonians’ awareness of the dangers of secondhand smoke and the benefits of quitting tobacco. This campaign includes paid advertising on television, radio, in newspapers, as well as placing news stories and editorials in various media throughout Oregon.

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The Oregon Tobacco Quit Line, funded by TPEP, provides assistance and coaching to callers who want to quit smoking. The Quit Line is a free service offered to all Oregonians using tobacco, their friends, family and health care providers who want to help.

### Surveillance and Evaluation:
To ensure that programs are appropriate and effective, TPEP tracks and analyzes tobacco-related data on adults and youth in Oregon. Overall program effectiveness is measured through pre-program data and national trends to Oregon data during the same period.

### Certification:
The data used in this report were compiled from a variety of national and state sources, including school-based and telephone surveys. The data are certified as accurate by a committee of technical advisors including:

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- Ed Lowenstein, Ph.D., Oregon Research Institute
- Terry Provence, Ph.D., Centers for Disease Control and Prevention
- Barbara Psaros, Ph.D., Program Design and Evaluation Services
- Mike Starks, Ph.D., Program Design and Evaluation Services
- Dan Thrasher, Ph.D., Oregon Research Institute

### Funding:
TPEP receives less than 1/6th of the minimum amount recommended by the Centers for Disease Control and Prevention for an effective tobacco prevention and education program.
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TPEP 2005-2007 Budget

TPEP spends less than 1/6th of the minimum amount recommended by the Centers for Disease Control and Prevention for an effective tobacco prevention and education program.

The debate is over. The science is clear: secondhand smoke is not a mere annoyance, but a serious health hazard that causes premature death and disease in children and nonsmoking adults.

— Vice Admiral Richard H. Carmona, MD, MPH, FACS
United States Surgeon General

Oregon is a crossroads. Either fund the Tobacco Prevention and Education Program adequately and continue its male progress on reducing tobacco use or do nothing and watch the good work of the last decade erode.

— Danny McGoldrick, Vice President, Campaign for Tobacco-Free Kids
SMOKEFREE WORKPLACES WORK IN OREGON

“No one should be required to breathe unhealthy air as a condition of employment. Yet for the 35,000 Oregonians who work in places where indoor smoking is allowed, inhaling toxic fumes is an unavoidable part of the job.”
— Susan Allan, M.D., J.D., M.P.H.
Oregon Department of Human Services, Public Health Director

In May of 2006, the U.S. Surgeon General issued a report on The Health Consequences of Involuntary Exposure to Tobacco Smoke. In the report, both Surgeon General Carmona and U.S. Secretary of Health and Human Services, Michael Leavitt remind the American public about the dangers of secondhand smoke and call for a renewed effort to control this serious health hazard.

“Despite the great progress that has been made, involuntary exposure to secondhand smoke remains a serious health hazard that can be prevented by making homes, workplaces and public places completely smokefree.”
— Michael O. Leavitt,
U.S. Secretary of Health and Human Services

Oregon has reduced secondhand smoke exposure:
• Over 83% of households say that no one is allowed to smoke anywhere in their home.
• Over 95% of employees are protected from secondhand smoke exposure at work by the Oregon Indoor Clean Air Act.
However, over 35,000 Oregon workers are still exposed to secondhand smoke at work because they work in bar areas of restaurants or taverns. These areas are currently exempt from Oregon’s Indoor Clean Air Act. These employees, who suffer exposure to secondhand smoke as a function of their jobs, are often exposed to extreme levels of secondhand smoke. A study conducted in Oregon found that, on average, the level of particulate matter in the air in bars that allow smoking was 7 times higher than non-smoking bars. Moreover, in many situations bar workers were exposed to levels of particulate matter that were many times the level of exposure deemed safe by the Environmental Protection Agency.

Secondhand smoke is a serious health hazard and no one should be required to be exposed to it in order to keep their job. Most workers in Oregon are protected by law. ALL workers in 17 states, including Washington State and California, are protected by law. ALL workers in Oregon deserve a smokefree workplace. It is time for Oregon to require all workplaces and public places to be smokefree.

*2006 Average for Oregon (Washington, Jackson, Multnomah, and Lane Counties).
2006 US EPA AirData report generated April 7, 2006 from http://www.epa.gov/air/data/
**EPA maximum safe 24-hour exposure (65mg/m³)
Oregon voters decided to invest in tobacco prevention in 1996, and until 2003 they experienced sizable returns on their investment: per capita cigarette consumption declined 41%. This is nearly 60% greater than the national decline. However, consumption has plateaued since 2003, the year Oregon’s tobacco prevention funding was reduced.

Oregon’s Tobacco Prevention and Education Program (TPEP) started in 1997 after voters passed Ballot Measure 44. Under Ballot Measure 44, three cents of the tax on each pack of cigarettes was to be dedicated to funding tobacco prevention.¹

In 2003, the Oregon Legislature reduced funding for tobacco prevention. TPEP currently receives 58% of the funding mandated by Ballot Measure 44, and only 1/6th of the minimum funding recommended by the Centers for Disease Control and Prevention for state tobacco programs.²

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¹ Oregon’s Tobacco Prevention and Education Program started in 1997 after voters passed Ballot Measure 44. Under Ballot Measure 44, three cents of the tax on each pack of cigarettes was to be dedicated to funding tobacco prevention.

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From 2003 to 2006, decreases in cigarette consumption stagnated. When California’s funding was cut in 1993-1995, their decreases in tobacco use also stalled.\(^3\) This trend may be a sign that TPEP’s past success in decreasing cigarette consumption is not sustainable at the current reduced funding level. If funding for TPEP increases in future biennia, we would expect consumption to decrease faster than the national average once again. Also, consumption will decline faster still if additional funding is achieved by raising cigarette taxes.

The Bottom Line? The Tobacco Prevention and Education Program is a sound investment in reducing the burden of tobacco on Oregonians.

References:
\(^1\) Oregon General Election, November 5, 1996 - State Measure Number 44: Increases, Adds Cigarette and Tobacco Taxes; Changes Tax Revenue Distribution.
Reducing Tobacco use in diverse communities

In Oregon, the burden of tobacco is not shared equally. Across all races and ethnicities, smoking is more common among people who have lower incomes or less education. Higher smoking rates lead to higher rates of disease and premature death.

<table>
<thead>
<tr>
<th>Percentage of Adults Who Smoke* Among Selected Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide average</td>
</tr>
<tr>
<td>19%</td>
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</tbody>
</table>

Except for young adults, estimates are age-adjusted to the year 2000 standard population. Estimates by race are among non-Hispanics.

TPEP funds culturally appropriate programs targeted to specific populations. For example, TPEP provides funds to the Klamath Tribe for a program designed to decrease tobacco use by American Indians, while respecting the sacred use of tobacco in their culture.

Certain Oregonians are over-represented in workplaces where secondhand smoke exposure still exists. For example, Latinos are 31% more likely to work at workplaces exempt from Oregon’s smokefree workplace law than the general population.

An effective tobacco prevention program needs to reach, engage, and protect all Oregonians. Leadership from diverse communities is needed to help the Tobacco Prevention and Education Program plan and implement strategies to eliminate tobacco disparities.

With additional program funds, data collection and analysis can be expanded to better reflect the diversity of Oregonians and their different needs related to tobacco prevention and cessation. More funding will allow programs to expand their reach, intensity, and extent of cultural responsiveness – making sure the benefits of tobacco prevention reach all Oregonians.

Our Tobacco Disparities Advisory Council volunteers:
- International Center for Traditional Childbearing
- Multnomah County Healthy Birth Initiative
- Native People’s Circle of Hope
- Northwest Health Foundation
- Northwest Portland Area Indian Health Board
- OHSU Cancer Institute
- OHSU Oregon Office on Disability and Health
- OHSU Smoking Cessation Center
- Oregon Tobacco-Free College Network
- Portland State University, School of Community Health
- Tobacco Free-Coalition of Oregon
- Umatilla County Public Health
TPEP collaborates with community partners to identify disparities and help eliminate high tobacco use in communities across the state. The Tobacco Disparities Advisory Council is a dynamic group of volunteers that provide leadership and consultation on how best to address disparities.

“It is imperative we stay committed to involving members of communities experiencing disparities in directing our tobacco prevention efforts. Such strategies will not only increase the effectiveness of programs and assure our efforts meet the unique needs of these communities, but will also support our communities in sustaining and leveraging these efforts.”

— David Rebanal, Northwest Health Foundation
- Member, Tobacco Disparities Advisory Council
**13,000 Oregonians Helped to Quit – 2005-2007**

The Oregon Tobacco Quit Line is one of the best tools we have to help the over 76% of smokers in Oregon who want to quit. People who call the Quit Line receive tips and coaching to make quitting easier. They may also receive nicotine replacement therapy (NRT) patches.

**Help helps.** Even one coaching call from the Quit Line more than doubles a person’s chances of quitting. When people try to quit without help, only 3-5% of them succeed. With the Oregon Tobacco Quit Line, over 16% of callers were still not using tobacco one month after receiving only one coaching call.

The Quit Line is available to everyone, regardless of age, income or insurance status. In fact, TPEP offers extra services to youth and people who are uninsured. If insurance benefits are available to the caller, the Quit Line connects them to their health plan or employer for additional help.

**The Great Oregon Patch Giveaway**

Throughout 2005-2007, TPEP continued the successful Great Oregon Patch Giveaway. TPEP provides two weeks’ worth of NRT to all callers and encourages them to seek the remainder of a course of NRT (usually eight weeks’ worth) from their health plan or employer, or by saving the money they would have normally spent on tobacco.

**This program has been very successful. During the Patch Giveaway:**

- 5,000 Oregonians called the Quit Line in the first week
- 7,460 tobacco users received Quit Line services in the first three months
- 30% of callers surveyed afterward had not used tobacco for one or more months – compared to 16% pre-Initiative
- 90% of callers surveyed had made a serious attempt to quit
- Six health plans made it easier for members to receive counseling or medication

Based on the results of the Patch Giveaway, it is a TPEP priority to offer tobacco users the NRT. With additional funding, TPEP would be able to offer two weeks’ worth of NRT consistently to all callers, effectively doubling the quit rates of tobacco users who call the Quit Line. Additional funding would also enable TPEP to reach out to health care providers, giving them the tools they need to help their patients to quit.
Work remains to be done

In Oregon, 76% of smokers want to quit. TPEP, however, only has the resources to serve approximately 2% of the tobacco users in the state through the Oregon Tobacco Quit Line. In 2007-2009, TPEP hopes to have the resources to offer more Oregonians this valuable assistance. With more funding, TPEP could reach more than twice the number of tobacco users served by the Quit Line last year – almost 27,000 people!

Quitting tobacco is difficult because nicotine is very addictive. According to former U.S. Surgeon General, Dr. C. Everett Koop, nicotine is as addictive as heroin or cocaine. Along with help such as coaching and medication, it takes encouragement from many sources to achieve quitting success. Strong local tobacco prevention programs, school programs, smokefree policies, advertising about the dangers of tobacco, cessation benefits and Oregon’s Quit Line are all necessary to help support quitting for Oregonians addicted to nicotine.

“Step Up!” and the “Make It Your Business” Campaign

Helping people quit needs to be a community effort. In Oregon, we are lucky to have two nationally recognized programs working at the community level with involvement from many different partners.

The Step Up! Campaign, a program of the Oregon Association of Hospitals and Health Systems, the Tobacco-free Coalition of Oregon (TOFCO) and TPEP, works with hospitals as leaders in their communities. Hospitals across the state provide improved quitting resources to patients and employees and develop policies that make campuses smokefree. What they learn through this process is shared with other businesses in their communities.

The Make It Your Business Campaign, a program of TOFCO, works through insurance purchasers to make cessation benefits a part of every standard insurance package. This successful program aims to make sure every employee in Oregon has access to good cessation resources. Helping employees quit promotes employee health and saves money for the employer.

References:
“Nicotine addiction begins when most tobacco users are teenagers so let’s call this what it really is: a pediatric issue.” — David Kessler M.D., Former Commissioner, Food and Drug Administration

Nearly 90% of smokers begin at or before the age of 18.¹

Too Many of Our Youth Smoke

In Oregon, 48 kids smoke their first cigarette every single day. A year later, 20 of those kids will still be smoking. Among the 20 youth still smoking, one out of three will die prematurely due to tobacco-related causes. More immediately, tobacco use negatively affects students’ academic performance and their physical and mental health.

As demonstrated in the graph, the prevalence of tobacco use by Oregon’s 8th and 11th graders continues to decrease slightly. However, the steep declines that occurred when TPEP school programs were being implemented between 1998 and 2003 have slowed. This is a result of the severe budget cuts that occurred during 2003 when TPEP lost funding for comprehensive school-based tobacco prevention programs.

Comprehensive Tobacco Programs Reduce Youth Initiation

Reducing youth tobacco use requires widespread efforts to counteract tobacco industry promotion of tobacco. Beginning in 1998, Oregon’s overall youth prevalence declined at a rate faster than the rest of the nation. Specifically, the rate of smoking declined more steeply in school districts with TPEP-funded comprehensive school-based programs than it did in non-funded school districts.² Comprehensive school programs are one successful component of prevention efforts critical to reducing tobacco use among Oregon’s youth. A total prevention plan includes:

- Tobacco taxes that make it more expensive for youth to purchase tobacco products.
- Anti-tobacco media campaigns that are effective in helping smokers quit³ and in preventing youth from starting to use tobacco.
- Comprehensive school programs that implement tobacco-free school policy, research-based tobacco prevention curriculum, and on-going tobacco prevention education for district employees.
- Community programs that engage parents, policy makers, and community groups in tobacco prevention and education.

### Percentage of Oregon 8th and 11th graders who smoke cigarettes, 1994-2006

- Oregon 11th Grade
- Oregon 8th Grade

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¹ Percentage of Oregon 11th graders who smoke cigarettes, 1994-2006

² Comprehensive Tobacco Programs Reduce Youth Initiation

³ Anti-tobacco media campaigns are effective in helping smokers quit
Funding Makes a Difference

Despite limited resources in 2006, Oregon TPEP increased funding for school-based tobacco prevention and education programs by over 200% to $750,000. As a result, approximately 78,300 students (14% of students in Oregon) in seven Oregon school districts will benefit from school-based tobacco prevention and education programs during the 2006-2007 school year.

In 2007-2009, TPEP hopes to increase funding to extend comprehensive tobacco prevention and education school programs to 220,000 Oregon students (40% of all students). Additionally, a strong public education and awareness campaign is an essential component to a comprehensive tobacco program. In Oregon, we know implementing a comprehensive TPEP program will decrease tobacco use among youth and contribute to achieving national goals.

References:
2 CDC, MMWR, Effectiveness of School-Based Programs as a Component of a Statewide Tobacco Control Initiative — Oregon, 1999–2000.

2006 Funded TPEP School Districts:
Amity, Corvallis, Crook, Culver, Eugene 4j, Portland Public, Rainier
The tobacco industry spends $162.7 million per year to reach into every county in Oregon to promote and sell its products. From free tobacco give-aways at rodeos to sponsorships of street basketball tournaments, children and adults are bombarded with pro-tobacco messages.

Oregon’s Tobacco Prevention and Education Program funds local tobacco control programs to engage Oregonians in their homes, workplaces, schools, places of worship and entertainment, civic organizations and other public places. These local tobacco control programs are located at county health departments throughout Oregon. These programs are able to counter tobacco marketing where it matters the most—in the communities, the schools and the workplaces where people live, work and play.

**County health departments work with tobacco prevention coalitions to:**
- Promote smokefree environments and communities
- Reduce the influence of tobacco product marketing
- Encourage tobacco users to quit

Because of limited funding, TPEP is only able to fund 17 county programs. These programs have engaged their communities and challenged them to become healthier through preventing tobacco use. And, they have seen real results from their endeavors. In order to reduce tobacco-related illness and death, funding should be extended to every county in Oregon.

**What’s Going On…**

- Teens in Clatsop County visited tobacco retailers to educate them about not selling tobacco to minors.
- Jefferson County adopted a smokefree entrance policy for county buildings and is working to promote and implement smokefree outdoor events in the county. The county is also educating tobacco retailers about youth access laws and encouraging retailers to reduce tobacco advertising.
- The Jackson County Tobacco Prevention & Education Program worked with Asante Health System to develop and implement a tobacco-free hospital campus policy at Rogue Valley Medical Center and Three Rivers Hospital.
- Multnomah County has developed a program to help landlords and rental property managers offer more smokefree housing.
- The Deschutes County Tobacco-free Alliance was instrumental in helping the Deschutes County Fair and Expo Center develop and implement a 100% smokefree campus policy.
- Tobacco retailers in Crook County receive an educational visit with a reminder about the importance of not selling tobacco to youth.
- The Jackson County Tobacco Prevention & Education Program serves as an active community partner to Medford and Eagle Point School Districts in helping them to receive Healthy Kids Learn Better funding in order to improve their K-12 tobacco prevention education and policies.
- The Wasco County Prevention Coalition is assisting School District #21 in The Dalles to communicate the new policy that restricts smoking within 100 feet of all school property.
- Lane County collaborated with the county’s two major medical centers to go tobacco-free campus-wide (effective November 2006 at PeaceHealth and July 2007 at McKenzie Willamette). The county and local coalition continues to enforce and strengthen the Eugene Clean Indoor Air Ordinance, which protects all workers from secondhand smoke.
In our Community…

“The Tobacco-free Coalition of Klamath County has been working hard towards raising awareness about the danger of secondhand smoke in our community. We began by assessing the policies in place at school districts, the community college, the local university, and exempted workplaces. With the assessment the coalition determined that the community is concerned about tobacco use and secondhand smoke.”
— Christa Runnels, Klamath County Health Department

“We are working to reduce the amount of “point of purchase” advertising of tobacco products in Pendleton stores. We selected this activity because advertising at retail locations is highly visible and one of the main ways youth are exposed to pro-tobacco messages. Our goal this year was to have students send out letters and, when possible, visit retailers in person to ask them to reduce the amount of advertising in their stores. This way, the students, the retailers and the public would be educated about the pervasiveness of tobacco advertising.”
— Janet Jones, Umatilla County Health Department

“We worked to ensure that the skate-park is tobacco-free; we want the kids in our community to have positive tobacco-free activities.”
— Mary Gale-Woods, Wasco-Sherman Health Department

“The Benton County Tobacco Prevention Program and Coalition worked with all our school districts in Benton County to help them adopt strong comprehensive policies around tobacco use and presence at school. Research has shown that solid tobacco-free schools policies that are well enforced decrease the percentage of students who smoke.”
— Stacey Edwards, Benton County Health Department

“By educating retailers and clerks about the Oregon tobacco laws regarding selling tobacco to youth and then reminding them through a Reward and Reminder visit, we expect to see a decrease in tobacco products sold to minors.”
— Jane Stevenson, Jackson County Health Department
The Challenge

Tobacco companies spent $162.7 million marketing tobacco in Oregon in 2003.\(^1\) As the graph below shows, this amounted to $45 for every man, woman, and child in the state. In comparison, Oregon spent $3.45 million, or somewhat less than $1 for every man, woman, and child (per capita), on tobacco prevention and education. And while they say they have changed, much of this tobacco industry marketing is aimed at Oregon’s kids.

Young people are affected by advertising

In 1998 the Master Settlement Agreement (MSA) barred advertising to children, but:

- Since the MSA, there has been a 33% increase in tobacco ads in magazines with high youth readership\(^2\)
- 83% of kids who smoke, smoke the three most heavily advertised brands - Marlboro, Camel, and Newport\(^3\)

Because of this evidence, TPEP runs a strong anti-tobacco media campaign as an integral part of Oregon’s comprehensive program. Since TPEP began, youth smoking has decreased by 59% in 8th graders and 46% in 11th graders. Anti-tobacco mass media campaigns, combined with other interventions, effectively reduce tobacco use and prevent youth from starting to use tobacco.

The Tobacco Prevention and Education Program conducts a statewide mass media campaign concentrating on the following messages:
1) Secondhand smoke is dangerous.
2) There is help to quit using tobacco.

Along with advertisements on television, radio, and in newspapers statewide, TPEP conducts media trainings that help grantees and partners learn how to work with the media to place stories and editorials in their local papers or to broadcast them on local radio and television stations. From July 2005 through December 2006, local programs, with help from TPEP, generated over 291 stories statewide.

In the spring of 2006, the American Cancer Society partnered with TPEP to conduct an air monitoring study in bars and restaurants with bars. After training in media relations and...
media advocacy, coalition members all across the state generated coverage of the study in every major media market in Oregon. Over 14 stories appeared in print and on radio including the following:

Another advertisement focuses on Heather Crowe (below), a woman fighting lung cancer. Heather never smoked, but she worked in a restaurant to support herself and her daughter and had to breathe secondhand smoke every day on her job.

With additional funding, TPEP would continue effective trainings, outreach and paid advertising on our two main messages; with additional funding, TPEP could also design a campaign specifically targeted to youth. TPEP would also be able to offer more advertising with messages specific to audiences experiencing tobacco use disparities.

To counter tobacco industry marketing and to give our children a fighting chance of staying tobacco-free, TPEP needs a strong public education and awareness campaign. Public awareness and education is an important part of a comprehensive approach to tobacco control – school programs, community-based programs, help to quit and good smokefree policies.

References:
1 Campaign for Tobacco-Free Kids: The Toll of Tobacco in Oregon, 2005
3 Substance Abuse and Mental Health Services Administration, (SAMHSA), HHS, Results from the 2005 National Survey on Drug Use and Health (NSDUH): Detailed Tables

At the same time, TPEP began airing new advertisements concentrating on the dangers of secondhand smoke exposure. One features Trish Dulkan, a young woman who lost her father, a non-smoker, to lung cancer due to his exposure to secondhand smoke in his workplace.