Rob. Reiner

→ California Dept of Health
see website

California State Govt
www. state. ca. gov
tobacco control

John Pierce – Univ of CA
jppierce. @ ucsd. edu

California Tobacco Control – State Dept of Health
(Deleep Ball – head)

[redacted]

→ John Lloyd → expert
Robin Shamizu

Peter Fisher – State Issues
National Campaign
LM @ 7/31

(Sarah – research dept)

★ Proposition 99 → 25¢ tax
Cal Tax Initiative to collect $ – 20% health ed
80% other things – medical/ environmental (not related to smoking) indigent care

passed 1988

Roos-Reiner initiative – 50¢ tax
holds prop 99 harmless – whatever revenues
decline as result of price increase/decreased consumption, health ed etc held harmless.

→ Mike Roos

P6/(b)(6)

→ Forde & Mollrich — sending by fax

P6/(b)(6) 5/31

Rutten & Pecker — attys

P6/(b)(6)

1ST STORY of Level 1 printed in FULL format.

THE ORANGE COUNTY REGISTER

July 19, 1998 Sunday MORNING EDITION

SECTION: EDITORIAL; Pg. G02

LENGTH: 593 words

HEADLINE: Reiner's script needs a rewrite

BYLINE: The Orange County Register

BODY:

With friends like Rob Reiner, the poor in California don't need enemies.

The Hollywood actor and director is the major force behind the so-called California Children and Families First Initiative, which would raise cigarette taxes by 50 cents a pack to pay for a smorgasboard of programs aimed at kids.

We don't quibble with Mr. Reiner's intentions. Trying to help children, especially children from low-income families, is a noble calling. But it's hard to imagine a worse way of going about it than the proposal Mr. Reiner and his allies have just qualified for the November ballot.

This is a measure that will collect $ 700 million annually through a tax that hits hardest on people who can afford it the least. The initiative would create 59 new government commissions and hand them the money with almost no accountability. And it asks them to do a job already the responsibility of any number of existing government programs.

State taxes now account for 37 cents of the cost of a pack of cigarettes, which averages about $ 2.55 cents, according to a recent report by the state Senate Office of Research. That puts California at about the middle among the 50 states in taxing tobacco.

Reiner's 50-cent increase would more than double the state's levy, leaving California's tobacco tax rate third to only Hawaii and Alaska.

Who would pay the tax? The Senate report says that poorer people and adults with less education tend to smoke more than wealthier, better educated people. The report estimates that below-poverty households, on average, will spend an additional $ 170 a year on tobacco taxes if the initiative passes.

Much of the money raised will be spent on things that have nothing to do with smoking.

A new state commission, with seven members appointed by the Legislature and the governor, would hire an executive director and staff give them a budget of up to $ 7 million to run the program.

The state panel would allocate 20 percent of the new tax revenue, dividing the money among several priorities.

As much as $ 42 million would be spent on advertising to discourage smoking and encourage proper parenting skills. About $ 35 million would go to parenting education programs, and about $ 21 million each to child care and research.

The rest of the money more than $ 550 million would be distributed by new commissions in each of the counties. The members of these commissions would be accountable to county board of supervisors, but not directly to the voters. They could spend the money on anything remotely related to children.

This is ballot box budgeting at its worst. It singles out a politically unpopular product cigarettes to pay for a worthy but unrelated goal: children's services. It creates a new bureaucracy to duplicate programs already in existence. And it removes discretion from the elected officials who are most accountable to the voters.

It may be that children are not a high enough priority in the current state budget. But a better way to fix that is to lobby the Legislature and the governor to change their priorities not to create an entire new layer of government on top of those Californians already have.

Better yet, Mr. Reiner and his allies could use their Hollywood connections to form a private foundation that could raise money from willing contributors and spend it as they please. Discouraging smoking and teaching parenting skills are excellent goals worthy of such an effort.

LANGUAGE: ENGLISH

LOAD-DATE: July 22, 1998

2ND STORY of Level 1 printed in FULL format.

The Vancouver Sun

July 7, 1998, Tuesday, FINAL EDITION

SECTION: EDITORIAL; DAN WALTERS; Pg. A11

LENGTH: 566 words

HEADLINE: Citizens as legislators are costly to convince: Californians will probably be exposed to $ 100 million in media spending in the fall ballot-measure campaigns.

BYLINE: DAN WALTERS; SCRIPPS-MCCLATCHY WESTERN SERVICE

DATELINE: SACRAMENTO, Calif.

BODY:

In this decade, Californians have been presented with any number of ideologically charged ballot measures. They embodied the conflicts of a society undergoing vast cultural change. They touched such issues as campaign financing, criminal sentencing, immigration, affirmative action and, most recently, bilingual education.

They were far-reaching moral dilemmas, too large for the normal political processes to resolve and therefore appropriate for voters to decide.

But in the two major ballots this November, Indian gambling and utility deregulation, the issues are much narrower, albeit much deeper in terms of economic impact. Those involved on both sides of both measures will try to occupy the moral high ground, but they are really squabbles about money.

Political oddsmakers are estimating that spending on these two conflicts alone could approach $ 100 million US and perhaps shatter the record set in 1988, when five auto insurance-related measures were on the ballot.

(The "ballot measure" or "initiative" is an exercise in direct democracy little used in Canada. These votes bind governments and are manifestations of "the power of the electors to propose statutes and amendments to the constitution," in the words of California's secretary of state, who is responsible for the conduct of elections and ballot measures in that state.)

Federal and state authorities are closing in on the Indians and their very profitable slot machines. Courts have implied that they are illegal because gamblers are playing against the house, contrary to state law, and federal prosecutors have warned the tribes involved to shut down the machines or face legal action.

Gov. Pete Wilson has negotiated a model compact with one tribe, the Pala, that would limit slots and authorize a new type of machine in which gamblers playagainst each other. Pressure from other tribes, which have dumped millions of dollars into political campaigns, have stalled a bill ratifying the pact. The ballot measure would, in effect, undo the Pala pact by legalizing the current slots.

The Indians sponsoring the measure are already filling the airwaves with television ads, the first of what is reportedly a $ 25-plus million commitment. But they face formidable opposition from labour unions and gambling interests who like the limits in the Pala pact.

If spending on the Indian gambling measure approaches or surpasses $ 50 million, the utility deregulation measure could generate even more because the financial stakes are even larger, somewhere in the mega-billion-dollar range.

California utilities support deregulation because it protects their financial interests by requiring compensation for their "stranded costs," principally nuclear power plants, while opening new markets. Consumer groups say that's right and it's wrong because it sticks individual ratepayers with hidden charges.

The initiative, sponsored by a consumer group coalition, would short-circuit the "stranded costs" provisions. And utilities and their big customers are gearing up to defeat the measure with an expensive media campaign.

And if these two measures don't hit the $ 100 million mark, one that could help out is sponsored by movie director Rob Reiner; it would raise cigarette taxes by $ 700 million a year to pay for early childhood programs. The tobacco industry is already spending to defeat it.

LANGUAGE: ENGLISH

LOAD-DATE: July 8, 1998

7TH STORY of Level 1 printed in FULL format.

City News Service

June 25, 1998, Thursday

LENGTH: 321 words

HEADLINE: Tobacco Initiative

DATELINE: LOS ANGELES

BODY:

An initiative that would raise cigarette taxes by 50 cents a pack, raising up to $50 million a year for children's social programs in Los Angeles County, was qualified today for the November ballot.

Supporters of the ''California Children and Families'' initiative collected 1.2 million signatures. A total of 725,000 were required by the Secretary of State to get the measure on the Nov. 3 ballot, said Stu Mollrich, a campaign consultant for the Newport Beach-based group behind the measure.

The sponsoring group, chaired by director Rob Reiner, is gearing up for a fund-raising and informational drive.

''Now the campaign starts, and we're looking forward to it,'' Mollrich said. ''We've got a strong and diverse bipartisan coalition of supporters.''

If passed, initiative funds would be used for a range of social programs designed to benefit children, including prenatal care, child health care, immunization and hearing and vision testing programs, Mollrich said.

The proposition's sponsor will now mobilize the 200-250 organizations and numerous individuals who support the measure to lobby for its passage, he said.

Supporters include Los Angeles Mayor Richard Riordan, San Francisco Mayor Willie Brown, Sen. Barbara Boxer, D-Calif., and business leaders Ron Burkle and Steve Soboroff, according to Mollrich.

''We're working on raising a goal of at least $5 million more,'' he said. ''But we understand we're not going to have nearly as much as the tobacco companies.''

A spokesman for the tobacco industry could not be reached for comment.

Mollrich said Reiner will canvass the state in the months ahead to push for the initiative's passage.

''He's going to be devoting a lot of time to this,'' Mollrich said. ''He'll tour the state doing speaking engagements, as will a lot of the political and non-political figures involved.''

LANGUAGE: ENGLISH

9TH STORY of Level 1 printed in FULL format.

Los Angeles Times

June 25, 1998, Thursday, Home Edition

SECTION: Part A; Page 3; Metro Desk

LENGTH: 823 words

HEADLINE: CALIFORNIA AND THE WEST;
INITIATIVE ON LOWER ELECTRIC BILLS QUALIFIES FOR NOVEMBER BALLOT

BYLINE: DAN MORAIN, TIMES STAFF WRITER

DATELINE: SACRAMENTO

BODY:

State election officials announced Wednesday that an initiative aimed at cutting electric bills has qualified for the November ballot, setting up a major battle between utility companies and consumer groups.

Also on Wednesday, Secretary of State Bill Jones announced that an initiative to raise tobacco taxes by 50 cents a pack to pay for a variety of childhood health programs had qualified for the fall ballot. The measure is sponsored by Hollywood actor and producer Rob Reiner.

The announcements bring the number of initiatives on the state ballot this November to seven. Other major measures include an education initiative by Gov. Pete Wilson and a proposition to expand gambling on Indian reservations.

While tobacco companies will probably fight the proposed tax hike, an even bigger battle may be waged over the utility initiative.

The initiative, backed by a coalition of consumer advocates, seeks to dismantle key parts of highly complex 1996 legislation that sought to deregulate the electric industry.

The 1996 legislation, approved unanimously by the Legislature and backed by California's major utilities, imposed a 10% cut in residents' electric bills, starting Jan. 1 of this year. However, backers of the initiative promise that their proposition will slash electric bills by 20%.

"All the pundits said we couldn't do it, that getting the measure on the ballot was impossible," said Nettie Hoge, of The Utility Reform Network, a San Francisco-based consumer group. "Maybe they'll be just as surprised in the first week in November."

Hoge's group, along with Santa Monica attorney and consumer advocate Harvey Rosenfield and the nonprofit Public Media Center of San Francisco, organized a massive signature-gathering effort to obtain more than 700,000 names of registered voters to place the initiative before voters.

Hoge said the campaign on behalf of the utility initiative will cost "a couple million dollars; that will be a fraction of what the utilities will spend" to defeat the measure.

Opponents are likely to include major utilities, including Edison International, San Diego Gas & Electric Co., and Pacific Gas & Electric Co., and business groups such as the California Manufacturers Assn., the state Chamber of Commerce and the California Business Roundtable.

"We're going to lead a broad-based coalition to oppose the initiative because we believe the initiative will eliminate the ability to have competition and lower electric rates," said Alan Zaremberg, president of the state Chamber of Commerce.

While Hoge and others predict that the utilities will spend tens of millions to defeat the measure, Zaremberg said only that the budget for the campaign against the initiative will be enough to make Californians "aware of the true consequences of the initiative."

In an effort to derail the measure, the utilities have filed a lawsuit asking the state Court of Appeal in Sacramento to strike the initiative from the ballot before a vote. Such suits rarely succeed.

The initiative seeks to repeal parts of the 1996 law that allow utilities to charge customers for the cost of bad investments in nuclear power and fossil fuel plants, estimated to be as much as $ 28 billion. Under the initiative, the utilities and their shareholders would have to bear the brunt of such costs.

The initiative also would unravel a unique financing mechanism used to lower residential customers' utility bills. The 10% rate reduction was financed by a new type of bond authorized by the legislation.

Because residential customers must pay off the bond debt over the next 10 years, backers of the initiative liken the financing mechanism to running up a credit card bill to pay a debt, then stringing the debt over a long period.

When the Legislature passed the 1996 bill, it was an almost unheard of vote on such a complex measure. At the time, backers hailed it as landmark legislation that would create competition among utilities, and compared its significance to the breakup of the telephone monopoly a generation ago.

In 1996, many environmentalists, organized labor groups and consumer advocates supported the measure or were neutral on it. Even Hoge's group did not protest the bill.

But consumer advocates' concern grew after its passage, and Rosenfield, the author of 1988's Proposition 103, which regulates the auto insurance industry, entered the fray to push for the ballot measure.

The 50-cent per pack tax proposed under the tobacco initiative is intended to raise roughly $ 700 million a year to fund county programs aimed at improving early childhood development and health.

The programs would range from immunizations to increased child care for infants and preschool children, and efforts aimed at combating child abuse.

Joining Reiner in the initiative effort is former Assemblyman Mike Roos, head of a program that supports Los Angeles public schools.

LANGUAGE: English

LOAD-DATE: June 25, 1998

12TH STORY of Level 1 printed in FULL format.

The Detroit News

June 18, 1998, Thursday

SECTION: Accent; Pg. Pg. C15

LENGTH: 1365 words

HEADLINE: Rob Reiner crusades for children and society

BYLINE: By Jill Lawrence / USA Today

BODY:

FRESNO, Calif.-- Another day, another stop, another spiel. A help center for parents with problems. A Rotary Club lunch. A newspaper editorial board. You'd think Rob Reiner was running for office.

Actually, he's skipping that step and proceeding straight to making a law.

The actor, director and movie executive, still known to many as All In The Family's Meathead, is at the crunch point of a two-year crusade to do nothing less than save babies and toddlers from bad parenting, and society from its consequences.

"Not to toot my own horn, I think it is a brilliant piece of legislation. To anyone who works with young children, this is like cavalry coming to the rescue," Reiner says bluntly.

All he needs is enough votes in November, when California's ballot is expected to include his proposed amendment to the state constitution.

Reiner's plan is simple: Raise the California tobacco tax 50 cents a pack and have counties spend the windfall on education, health and social services for pregnant women and young children. Then wait for the results, and for the country and world to sign on.

With money from an industry regarded as public enemy No. 1 and goals such as getting pregnant women to stop smoking, what's not to like?

Plenty, Tobacco and anti-tax interests say. But a mid-February poll found that seven in 10 Californians support the Reiner plan, including 59 percent of Republicans and 45 percent of smokers.

Reiner submitted petitions bearing nearly 1.2 million signatures to the California secretary of state's office in April. He expects formal approval within two weeks for the initiative to be included on the ballot.

There's nothing modest about Reiner or his proposal, as he readily acknowledges. "Every citizen has a right to insert themselves in the policy agenda," he says. Reminded that he isn't just any citizen, Reiner retorts, "Yes, and isn't it great when somebody has the power base and uses it for the good of the people?"

Hollywood types with a taste for politics risk ridicule and worse.

"Most of the celebrities who attach themselves to issues do it in a perfunctory way. It's a flavor-of-the month kind of thing. For that reason they have difficulty being taken seriously," Reiner concedes.

This Hollywood type hasn't worked on a film in two years. He says he has sacrificed more than $ 10 million in earnings by taking time out to start a foundation, press for better child care, educate the public and chair the ballot campaign.

Like any producer-director, Reiner is used to taking charge. Some longtime children's advocates privately view him less as cavalry than as a two-ton truck crashing down their quiet side street.

"He certainly ruffled feathers," says T. Berry Brazelton, the revered author-pediatrician who has studied child development for 40 years.

But he and others also say they're lucky to have Reiner to lobby for toddlers who can barely talk, much less vote. "It's a hard fight, and we haven't been very successful without him," says Brazelton, who had never heard of Reiner or Meathead until Reiner called.

Reiner, 51, has been married to photographer Michele Singer Reiner for nearly nine years. They have three children ages 7, 4 and 6 months.

The germs of the Reiner children's crusade long predate his T-ball coach days.

Here's a tale, not apocryphal. A guy whose marriage (to director Penny Marshall) is on the rocks goes into analysis. He discovers that his difficulties with women and work stem from his toddler years in a neurotic, volatile household headed by comedian-writer-actor Carl and jazz singer Estelle.

Nearly 20 years later, Tipper Gore advises him to focus on the very young. So: He invites brain and child development experts to his house and soaks up their research. He realizes that by the time kids are failing school, or on drugs, or in juvenile institutions, it's too late to repair early damage.

"I'm a communicator. I took it upon myself to get that word out," Reiner says.

He did it in a way most people couldn't. He produced a TV special on early brain development, talked ABC into broadcasting it and talked Newsweek into doing a special issue on the subject. He also asked President Clinton to have a White House conference on brain development. It took place last year.

These are some of the things Reiner learned: The brain completes 90 percent of its growth between birth and age 3. Government spending on that age group amounts to "virtually nothing." You feed a baby's brain by touching, talking, singing and reading. A good start leads to self-respect, compassion and learning. A bad start can mean trouble.

Reiner played the long-haired, liberal son-in-law on the 1970s sitcom All In The Family. His real politics are similar, and he feared Californians would dismiss his initiative as a liberal cause.

Then Conservative Republican Michael Huffington called. He sized up Reiner over lunch.

"After we were finished talking, there wasn't even an ounce of reservation," Huffington says. He immediately signed on as co-chairman and now calls Reiner "my new best liberal Democrat friend."

Reiner's road trips are an odd mix of science, show biz and politics. The overall feel is small-town, like a campaign for local office.

One day last spring Reiner showed up at Exceptional Parents Unlimited, which helps Fresno families cope with disabled children and parental problems such as drug abuse. The guest of honor looked out of place in his dark banker's suit. But he schmoozed easily amid the toys and cribs.

He fretted before making his pitch that he's bad at "the ask." And he was, wimping out with generalities instead of asking his listeners to gather 100 petition signatures apiece. But he was good at the message.

"My entire life I've heard politicians say that the children are our future, the children are our most important resource. When it comes down to actually making an investment in children we do nothing," he said with obvious passion.

For the besieged tobacco industry, the Reiner initiative is "an unfair, punitive tax increase" on smokers, in the words of Philip Morris spokesman Brendan McCormick.

But it's the only live political option, Reiner tells questioners. A general tax hike would never pass, he says; the 37-cent-a-pack state tobacco tax hasn't been raised in 10 years, and no other narrow tax would generate as much money (an estimated peak of $ 700 million in 1999-2000).

The $ 1.7 million petition drive was subsidized largely by real estate tycoon Stephen Bing ($ 900,000), boosted by $ 100,000 apiece from Los Angeles Mayor Richard Riordan, grocery store magnate Ron Burkle and Jerry Perenchio, owner of the Spanish-language Univision TV network. Reiner kicked in $ 75,000, Huffington $ 50,000. The fall runup to the election, assuming the initiative qualifies for the ballot as expected, will require another $ 3 million to $ 5 million.

A Reiner victory would make many statements -- about Hollywood and money, a good cause and a handy villain, and a man with an almost messianic sense of mission.

"When you hit on something you feel is an immutable truth and you also have the wherewithal and the power to get it done, if you don't act on it you're being negligent," Reiner says.

"It's like watching a kid run out into the street and a car is coming and you just sit there and don't do anything. How would you live with yourself?"

The Reiner file

Age: 51. Born March 6, 1947.

Family: Wife, Michele, and three children.

Education: Studied theater arts at the University of California at Los Angeles, 1965-68. Left before graduating because his writing and acting careers took off.

Career: Director, actor, writer, producer.

On the consequences of early influences: "Attachment (to a caring adult) is the most important thing that will ever happen to a person in his life. There's nobody in prison for murder or rape or sexual abuse that didn't have a bad childhood. They feel empty. There's an emotional hole that needs to be filled."

On his political future: "I'm not interested in running for office. If they want to make me the president, I'd be happy to do the job."

LOAD-DATE: June 18, 1998

Anti-Tobacco Program in California Is Faulted

Study: Smoking Rates Have Leveled Off

By JOHN SCHWARTZ
Washington Post Staff Writer

After early success, California's pioneering attempt to curb smoking has lost its momentum—perhaps because of political pressure to restrict the program, according to a new report.

Cigarette consumption per person initially declined 52 percent faster in California than in the rest of the country at the beginning of the multi-pronged attack on smoking. But smoking rates leveled off after 1994, when the program lost significant funding and began running less aggressive advertisements, according to a new study by John P. Pierce and colleagues at the University of California at San Diego.

"Pierce's results showed it is possible to run a successful tobacco control program," said Stanton A. Glantz of the University of California at San Francisco, an anti-tobacco activist involved with the state program. "It also shows that it's possible to run it into the ground." Glantz blamed Gov. Pete Wilson (R), under whose administration the program lost funding. Wilson "delivered for the tobacco industry," Glantz said.

Not so, said Donald Lyman, chief of California's Division of Chronic Diseases and Injury Control, whose responsibilities include the tobacco program. "The bottom line is that the program works" and enjoys "success in excess of any other program in the country," he said. The program cut its own funding as its success in curbing tobacco use grew, Lyman said.

The California Tobacco Control Program began in 1989; it was formed in a voter initiative and funded with a 25-cent-per-pack tax. The millions of dollars generated by that tax were earmarked for tough anti-tobacco advertising, cessation programs, school-based prevention programs and enforcement efforts.

Early ads, like one purporting to feature tobacco executives in a smoke-filled room laughing about hooking new generations of smokers, were dropped. Tobacco industry lobbying intensified during that time, Pierce and colleagues noted; the paper also cited a 1990 Tobacco Institute memorandum that pledged to limit the effectiveness of the California plan.

Pierce said the effectiveness of the program could well have declined for other reasons, including 1993 price reductions on tobacco products and the possibility that the novelty wore off after a few years and those smokers most susceptible to the media campaign had already quit. He added, however, that "there are a lot of indications that things went wrong with the program."

Although California's 18 percent smoking rate is still far lower than the 22.4 percent average in the rest of the United States, the authors conclude that "the California Tobacco Control Program clearly lost its original positive effect on reducing smoking, which must be of considerable concern to the public health movement."

Pierce said the results of his research, published in today's Journal of the American Medical Association and funded by the Tobacco Control Program, require that the program's effectiveness be thoroughly reviewed. "It's time to decide you can get [the effectiveness] back—otherwise you've got to go out of business," Pierce said.

After a dispute earlier this year with state officials over Pierce's methods of data analysis, the state declined to renew the researcher's contract to study the program's effectiveness.

But Lyman said that after submitting Pierce's work to independent review, the state found that his conclusions were solid. "My job is to make the program work and work well," Lyman said, "and his data will be helpful in letting us do that."

Still, Lyman said, he did not renew the contract with Pierce because the researcher was "a very difficult man to deal with" and "I decided that the juice wasn't worth the squeeze. . . . This decision was not initiated as a political-level thing."

The Washington Post
WEDNESDAY, SEPTEMBER 9, 1998

Bruce N. Reed
08/13/98 12:07:56 PM

Record Type: Record

To: Elena Kagan/OPD/EOP, Cynthia A. Rice/OPD/EOP, Cynthia Dailard/OPD/EOP

cc:
Subject: Reiner

ob Reiner Pushes Ballot Initiative

By Michelle Locke
Associated Press Writer
Sunday, August 9, 1998; 12:56 p.m. EDT

BEVERLY HILLS, Calif. (AP) -- Rob Reiner is on the phone with an Oscar-winning friend, tucking the receiver to his ear with the practiced ease of a virtuoso shouldering his fiddle.

First, the overture.

``Hey, how are you? What's happening?'' he says, beginning a gossipy exchange that leads to a throaty guffaw.

Then, smooth as silk, the main performance.

``Anyway, I'm calling you about this ballot initiative,'' he says, going on to describe Proposition 10, his November ballot measure that would raise cigarette taxes to pay for programs for young children.

His voice gains intensity as he explains how the measure could ``jump start the rest of the country'' -- and his concern that tobacco interests will spend millions to stop it.

``Send me some DOUGH,'' he clamors cheerfully. ``If you got 10, I'll take 10. Whatever you got, I'll take it.''

She's got it. He takes it. He hangs up, smiling.

Then it's back to business -- more fund-raising calls, a quick drive to Santa Monica to shoot a cover photo for a magazine, and, finally, a stint on a late-night talk show.

Reiner, who was Meathead on ``All in the Family'' and has directed films including ``When Harry Met Sally,'' seeks similar success on the political stage.

``This is not a question of his lending his name to something and moving on,'' says Michael Melmed of Zero to Three, a nonprofit group that focuses on the importance of the early years in children's lives. ``He really is committed.''

Proposition 10, the California Children and Families First Initiative, would raise cigarette taxes by 50 cents a pack to generate an estimated $700 million a year. The money would fund services for families with children under age 5, including prenatal care, stop-smoking programs and domestic violence prevention.

The measure is opposed by the Committee Against Unfair Taxes, whose sponsors include a number of tobacco companies.

``Mr. Reiner's cause may be very worthwhile, but if it's that worthwhile then all California adults should pay for it, not just smokers,'' said Tom Lauria of the Tobacco Institute in Washington, D.C.

A San Francisco Examiner poll last month found 54 percent support for the measure, with 32 percent clearly opposed. The survey of 832 registered voters had a margin of error of 4 percentage points.

To further his cause in recent years, Reiner has launched a foundation, the ``I Am Your Child Campaign,'' directed a Tom Hanks-hosted TV special and traveled the country to make speaking engagements.

Now the 51-year-old father of three is pushing the ballot initiative via telephone like it's a Hollywood movie pitch, pacing the length of the phone cord, one hand slicing the air for emphasis.

The initiative would be ``the largest investment in young children in the history of the country,'' he says. It has bipartisan support and passage would ``send a very loud message to the rest of the country.''

Some prospects donated a lot, others not so much, but the enthusiasm in Reiner's voice didn't waver.

The Hollywood veteran is well aware that some take a jaundiced view of celebrities and social causes, but they ``see very quickly that I'm serious about it. I've spent a lot of time on this.''

His motivation is the ``immutable truth'' -- that providing young children with healthy, secure attachments can have a dramatic effect on crime, teen pregnancy, drug abuse and other social ills.

``That's what compels me,'' Reiner says. ``I know that this is the way to change social outcomes.''

---------------------- Forwarded by Bruce N. Reed/OPD/EOP on 08/13/98 12:07 PM ---------------------------

jgill @ penfield-gill.com
08/13/98 10:26:00 AM

Record Type: Record

JAMA®
The Journal of the American Medical Association

Editor-In Chief
George D. Lundberg, MD

JAMA

Abstracts - September 9, 1998

Has the California Tobacco Control Program Reduced Smoking?

John P. Pierce, PhD; Elizabeth A. Gilpin, MS; Sherry L. Emery, PhD; Martha M. White, MS; Brad Rosbrook, MS; Charles C. Berry, PhD

Context.— Comprehensive community-wide tobacco control programs are considered appropriate public health approaches to reduce population smoking prevalence.

Objective.—To examine trends in smoking behavior before, during, and after the California Tobacco Control Program.

Design.—Per capita cigarette consumption data (1983-1997) were derived from tobacco industry sales figures. Adult (≥18 years) smoking prevalence data were obtained from the National Health Interview Surveys (1978-1994), the California Tobacco Surveys (1990-1996), the Current Population Surveys (1992-1996), and the California Behavioral Risk Factor Survey and its supplement (1991-1997). Trends were compared before and after introduction of the program, with the period after the program being divided into 2 parts (early, 1989-1993; late, 1994-1996).

Main Outcome Measures.— Change in cigarette consumption and smoking prevalence in California compared with the rest of the United States.

Results.—Per capita cigarette consumption declined 52% faster in California in the early period than previously (from 9.7 packs per person per month at the beginning of the program to 6.5 packs per person per month in 1993), and the decline was significantly greater in California than in the rest of the United States ($P<.001$). In the late period, the decline in California slowed to 28% of the early program so that in 1996 an average of 6.0 packs per person per month were consumed. No decline occurred in the rest of the United States, and in 1996, 10.5 packs per person per month were consumed. Smoking prevalence showed a similar pattern, but in the late period, there was no significant decline in prevalence in either California or the rest of the United States. In 1996, smoking prevalence was 18.0% in California and 22.4% in the rest of the United States.

Conclusions.—The initial effect of the program to reduce smoking in California did not persist. Possible reasons include reduced program funding, increased tobacco industry expenditures for advertising and promotion, and industry pricing and political activities. The question remains how the public health community can modify the program to regain its original momentum.

JAMA. 1998;280:893-899

The researchers conclude: "The clinical and public health implications of these epidemiological findings are not yet clear. However, a history of NMSC should increase the clinician's alertness for selected neoplasms [tumors]."
(*JAMA*. 1998;280:910-912)

Go back to the top.

CALIFORNIA TOBACCO CONTROL PROGRAM LOSES STRENGTH AFTER INITIAL IMPACT
Reduced funding, increased tobacco industry efforts may be hindering effectiveness of program

CHICAGO—The initially robust effects of the California Tobacco Control Program have diminished considerably, according to an article in the September 9 issue of *The Journal of the American Medical Association (JAMA).*

John P. Pierce, Ph.D., and colleagues from the University of California at San Diego, examined the effectiveness of the California Tobacco Control Program by measuring the decrease in the rate of both cigarette consumption and smoking prevalence for Californians.

The researchers found that per capita cigarette consumption declined 52 percent faster in California in the early period of the program from January 1989 to December 1993 (from 9.7 packs per person per month at the beginning of the program to 6.5 packs per month in 1993). This decrease was significant compared with the decline in consumption for the rest of the country for the same period. For the period of January 1994 through December 1996, however, the decrease in cigarette consumption for California had slowed to 28 percent (an average of 6 packs smoked per person per month). As the researchers note: "After 1993, the rate of decline per capita consumption in California slowed to less than one-third of the rate observed from 1989 through 1993 and to less than one-half of the rate of decline observed before the program began. However, this post-1993 rate of decline was still significantly more rapid in California than in the rest of the United States, for which the decline in consumption halted."

The researchers note: "The California Tobacco Control Program has confirmed findings from earlier studies that large health promotion programs can have a major influence on smoking behavior." The researchers add: "The initial effect of the program to reduce smoking in California did not persist. Possible reasons include reduced program funding, increased tobacco industry expenditures for advertising and promotion, and industry pricing and political activities."

The California Tobacco Control Program was a voter initiative that called for funding of a statewide effort to reduce the health costs associated with smoking. As the researchers report: "In addition to imposing an additional tax ($0.25 per pack), the initiative mandated funding for mass media anti-tobacco campaigns, local health agencies to provide technical support and monitor adherence to antismoking laws, community-based interventions selected by a competitive grants process, and enhancement of school-based prevention programs." There was also support for the adoption of local ordinances to ban or restrict smoking in public places and a push to legislate smoke-free workplaces.

Before the California Tobacco Control Program, smoking prevalence in California declined at about the same rate as in the rest of the United States. The rate of decline increased significantly for California compared with the rest of the country after the program began. According to the researchers: "The initiation of the program was associated with a 36 percent increase in the rate of decline of smoking prevalence, which was nearly twice the rate of decline identified for the rest of the United States. However, from 1994 through 1996, there was no identifiable decline in smoking prevalence either in California or the rest of the country." The researchers found that in 1996, smoking prevalence was 18 percent of the population in California, and 22.4 percent for the rest of the United States.

The researchers observed that the level of funding has not been consistent for the Tobacco Control Program. As they observed: "Beginning with fiscal year 1993-1994, there was a marked reduction in program funding. The annual average was $53.0 million, or $2.08 per capita, which was a reduction of 40 percent from the early years of the program. This reduction in the level of effort aimed at reducing smoking in California is a possible explanation for the loss of program effect. Concurrent increases in the amount of money the tobacco industry spent to promote cigarette use may have exacerbated the problem."

The researchers conclude: "Despite active industry opposition and political influences, it is urgent that the public health community determine how the California Tobacco Control Program can be modified to regain its original momentum."
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Has the California Tobacco Control Program Reduced Smoking?

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Context.—Comprehensive community-wide tobacco control programs are considered appropriate public health approaches to reduce population smoking prevalence.

Objective.—To examine trends in smoking behavior before, during, and after the California Tobacco Control Program.

Design.—Per capita cigarette consumption data (1983-1997) were derived from tobacco industry sales figures. Adult (≥18 years) smoking prevalence data were obtained from the National Health Interview Surveys (1978-1994), the California Tobacco Surveys (1990-1996), the Current Population Surveys (1992-1996), and the California Behavioral Risk Factor Survey and its supplement (1991-1997). Trends were compared before and after introduction of the program, with the period after the program being divided into 2 parts (early, 1989-1993; late, 1994-1996).

Main Outcome Measures.—Change in cigarette consumption and smoking prevalence in California compared with the rest of the United States.

Results.—Per capita cigarette consumption declined 52% faster in California in the early period than previously (from 9.7 packs per person per month at the beginning of the program to 6.5 packs per person per month in 1993), and the decline was significantly greater in California than in the rest of the United States ($P<.001$). In the late period, the decline in California slowed to 28% of the early program so that in 1996 an average of 6.0 packs per person per month were consumed. No decline occurred in the rest of the United States, and in 1996, 10.5 packs per person per month were consumed. Smoking prevalence showed a similar pattern, but in the late period, there was no significant decline in prevalence in either California or the rest of the United States. In 1996, smoking prevalence was 18.0% in California and 22.4% in the rest of the United States.

Conclusions.—The initial effect of the program to reduce smoking in California did not persist. Possible reasons include reduced program funding, increased tobacco industry expenditures for advertising and promotion, and industry pricing and political activities. The question remains how the public health community can modify the program to regain its original momentum.

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EARLY PUBLIC HEALTH approaches to reducing population smoking prevalence emphasized interventions aimed at individual smokers.[1] However, the results of numerous studies indicated that too few individuals were reached for such a strategy to effect a measurable reduction in population smoking prevalence.[2] The varied successes of several comprehensive, community and statewide tobacco control programs[3-7] led to this approach being widely recommended as the most appropriate way to reduce tobacco use in the United States.[2,8] Starting in 1989, the California Tobacco Control Program introduced the use of increased tobacco excise taxes to continuously fund a large, coordinated statewide effort to reduce the health costs associated with smoking.[9]

The voter initiative that led to the California Tobacco Control Program clearly specified that the program take a multipronged or "shotgun" approach to reducing smoking. In addition to imposing an additional tax ($0.25 per pack), the initiative mandated funding for mass media antitobacco campaigns, local health agencies to provide technical support and monitor adherence to antismoking laws, community-based interventions selected by a competitive grants process, and enhancement of school-based prevention programs. Additionally, it mandated that the program's effectiveness be evaluated.[9] In this article, we report the longer-term evidence that the California Tobacco Control Program affected smoking behavior.

One problem with assessing the effectiveness of tobacco control programs funded by cigarette taxes is that funding for evaluation research, including population surveys of smoking behavior, becomes available only after the first intervention (imposition of the tax) has occurred. In the United States, surveillance surveys have rarely had designs that provide precise enough estimates of smoking behavior at the state level to allow a sensitive assessment of changes in trends.[10] The research challenge is to reach valid conclusions from the analysis of preprogram trends derived from one set of surveys and postprogram trends from different surveys. Fortunately, another source of data is available from the collection of cigarette excise taxes. All states have such taxes, and the sales reporting methods for tax assessment are uniform. If there is no major change in the average level of consumption per smoker, trends in smoking prevalence should mirror trends in cigarette sales, which would increase the confidence in conclusions based on either analysis.

In this article, we assess trends in per capita cigarette consumption and adult smoking prevalence in California compared with the rest of the United States. The only previous report of the longer-term impact of a statewide tobacco control program indicated that the program

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had an overall impact during its first year of operation.[5] However, the magnitude of this initial effect was not maintained over the next 4 years. A different pattern was observed for men and women; the rate of decline (trend) in smoking was greater only in men in the second period than it was in the preprogram period.[11] If the later trend is not larger than the preprogram trend, then the program can be considered to have lost its effect. Should an ongoing tobacco control program lose its effect, a careful examination of the possible reasons is essential so that appropriate revitalization measures can be taken. Also, it must be considered that counterstrategies used by the tobacco industry may play a role in diminishing a program's effectiveness.

METHODS

Cigarette Sales (Consumption)

The Tobacco Institute reports on monthly tax payments from all packs of cigarettes removed from wholesale warehouses to retail outlets for sale within each state.[12] Data from February 1983 through March 1997 are included in the present analysis. We estimated per capita consumption for a given state in any given year using census estimates for the state population aged 18 years and older. Decade census population data were assummed to reflect the population on April 1, 1980, and April 1, 1990. Supplemental estimates reported from the Current Population Surveys were assumed to reflect the population as of July 1 of each year.[13,14] To obtain monthly estimates of state populations, we interpolated regression lines fitted to the yearly census data. Since retail outlets appear to stock up in the last month of both the fiscal and calendar years, we removed this source of variation by considering bimonthly averages (for December-January, February-March, etc). The per capita consumption represents the average number of packs removed from wholesale warehouses during a 2-month period divided by the population estimate for the midpoint of the particular time interval. To further deseasonalize the data so that trends over time become more apparent, we applied the SABL procedure (available in the statistical package S-plus[15]) to the bimonthly data. The SABL procedure provides robust estimation of seasonal and trend components of a time series, possibly in the presence of nonadditive effects.[16] This procedure was used for both California and the rest of the United States to produce smoothed time-series trend lines indicating changes over time.

A piecewise linear spline regression model was applied to the bimonthly raw data to further quantify trends. Indicator variables were included to account for the effects of the 6 bimonthly time points. This model allows for changes in the slope at defined points of time.[17,18] The first cut point was defined as January 1989, when the additional excise tax was imposed in California. The deseasonalized trends suggested that a second cut point occurred in California in mid-1994 and in the rest of the United States in mid-1993, so January 1994 was used to make the analyses consistent. A 2-tailed statistical test yielded a P value for differences in slope from one period to the next. Also, from computed SEs for the piecewise slopes, a z statistic could be computed to assess (2-tailed) differences in slopes between California and the rest of the United States.

Smoking Prevalence

Surveys.—Smoking prevalence estimates were obtained from several different population-based surveys conducted nationally and in California.[19-25] These differed considerably in the methods used, including sample selection, survey mode (face-to-face or telephone), smoking status questions, respondents (self or proxy[20]), and sampling variability. These issues made combining all the survey estimates and examining trends over time problematic. Therefore, the data from each survey type were first examined separately to establish that they were not contradictory to each other; then they were combined in an analysis similar to the one used for per capita consumption.

Since 1965, the National Health Interview Surveys (NHIS) have been the surveillance system of choice for smoking prevalence in the United States.[10,19] Although the NHIS provide only estimates at the regional level, California is the largest state in the Western region. Thus, the NHIS sample sizes for California smoking prevalence estimates are reasonably large. The 1978-1994 NHIS were used for an initial assessment of preprogram and postprogram smoking prevalence trends in California and the rest of the United States. The NHIS conducted before 1978 were excluded, either because they did not include persons as young as 18 years (1976 and 1977 surveys) or because smoking status information was missing for more than 1.5% of respondents (1974 survey). The 1992 NHIS was excluded because it was cancelled suddenly at the midpoint of fieldwork with unknown consequences to response rate and representativeness. The paucity of data points after the start of the California Tobacco Control Program results in insufficient statistical power to precisely evaluate changes in trend or to compare California with the rest of the United States. Nevertheless, we used the piecewise linear regression approach to determine whether these data appeared consistent with the postprogram change in slope identified from the per capita consumption data.

Since 1989, there have been several large-scale population surveys conducted

Table 1.—Survey Data Used for Analysis of Smoking Prevalence (Samples Sizes and Response Rates)*

	NHIS†		CTS	BRFS/ CATS	CPS	
Year	California	United States–California	California	California	California	United States–California
1978	1178	10399	...	...	...	...
1979	2578	21535	...	...	...	...
1980	1112	9303	...	...	...	...
1983	2309	20109	...	...	...	...
1985	3572	30058	...	...	...	...
1987	5064	39059	...	...	...	...
1988	5030	39203	...	...	...	...
1990	4898	36206	65139 (75)‡	...	...	...
1991	5747	39029	...	2995 (60)§	...	...
1992	...	...	21872 (73)	3982 (62)	(September) 8081	97856 (89)‖
1993	2668	18360	63269 (70)	7371 (60)	(January) 8272	96831 (89)
1993	...	...	...	...	(May) 8151	96769 (86)
1994	2382	17356	...	8169 (62)	...	...
1995	...	...	...	8207 (53)	(September) 5966	77570
1996	...	...	78337 (53)	8165 (49)	(January) 5780	69375
1996	...	...	...	...	(May) 6041	70164

*NHIS indicates National Health Interview Surveys; CTS, California Tobacco Surveys; BRFS, Behavioral Risk Factor Surveys; CATS, California Adult Tobacco Surveys; and CPS, Current Population Surveys. Ellipses indicate data not applicable. Numbers in parentheses are response rates in percent, where available.

†Although not published, the NHIS claim a response rate exceeding 86%.

‡For CTS, this is the number of screening interviews completed as a percentage of all households targeted (including telephone numbers for which it was unknown whether the number was that of a residence or a business).

§For BRFS/CATS, this is the product of the household response rate (see CTS) and the interviewee response rate.

‖For CPS, this is the percentage of respondents targeted for smoking supplement interviews for whom the interview was completed. For smoking status, the response was higher because proxy information is included.

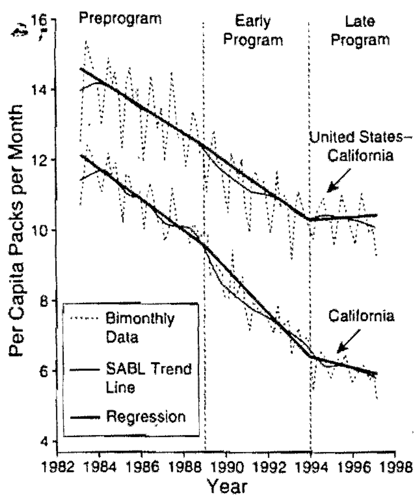

Figure 1.—Trends in monthly per capita adult (≥18 years) cigarette consumption in California and the rest of the United States.

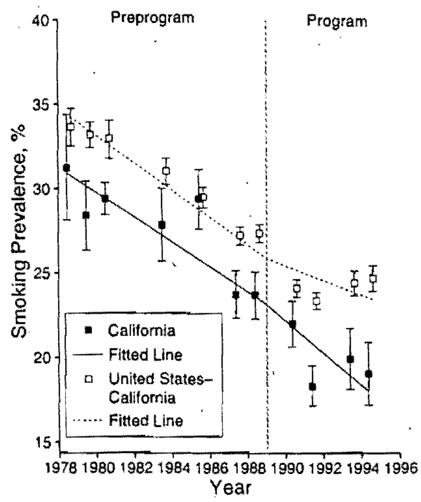

Figure 2.—Trends in adult (≥18 years) smoking prevalence in California and the rest of the United States from National Health Interview Surveys data. Error bars indicate SEs.

Table 2.—Summary of Decreases in per Capita Cigarette Consumption*

	California		Rest of the United States	
Period	Rate of Decline, Pack (SE)	Packs/mo	Rate of Decline, Pack (SE)	Packs/mo
Pre-1989 (preprogram)	−0.42† (0.03)	9.7	−0.36 (0.02)	12.5
1989-1993 (early period)	−0.64‡§ (0.03)	6.5	−0.42 (0.03)	10.4
1994-1996 (late period)	−0.17†§ (0.07)	6.0	0.04§ (0.06)	10.5

*The per capita adult (≥18 years) cigarette consumption in December 1998, December 1993, and December 1996 were estimated from piecewise linear model.
†$P<.01$, California vs the rest of the United States.
‡$P<.001$, California vs the rest of the United States.
§$P<.001$, change from previous period.

in California on a periodic basis. The California Tobacco Surveys (CTS) were the largest of these and specifically funded to evaluate the California Tobacco Control Program. To date, they have been conducted in 1990, 1992, 1993, and 1996. The CTS are random-digit–dialed telephone surveys of households in California.[20,21] A brief screening interview was conducted with a household adult to enumerate all residents and to obtain demographic information, including age and smoking status. Both self and proxy data from the screening interview were included. The Behavioral Risk Factor Surveys (BRFS) have been conducted in California every year since 1984.[22] Beginning in 1991, the sample size was increased, and quality control procedures were established (using California Tobacco Control Program funds) to make this survey a potentially useful tool for assessing trends. Beginning in 1993, a special smoking supplement (modeled after the CTS), the California Adult Tobacco Surveys (CATS), was attached to the BRFS.[23] Finally, the national Current Population Surveys (CPS),[24,25] conducted in September 1992, January and May 1993, September 1995, and January and May 1996, were designed to provide state-specific estimates. The 1985 and 1989 CPS also had smoking-status questions, but these data were missing from more than 1.5% of respondents, so they were not included in our analyses. The various surveys with sample sizes and response rates (if known) are summarized in Table 1.

Smoking Status.—Respondents to all surveys were asked if they (or the person they were responding for) had smoked at least 100 cigarettes in their lifetime and whether they smoked now. In a few of the more recent surveys (NHIS since 1993, CPS since 1992, and BRFS/CATS since 1994), respondents were asked if they currently smoked "everyday," "some days," or "not at all." The everyday and some days smokers were considered to "smoke now." The CTS computed smoking prevalence based on the smoke now question. The other surveys also required that smokers report smoking at least 100 cigarettes in their lifetimes before being asked the current smoking question.

Weighting and Variance.—Survey weights, provided with each of the data sets, were constructed to account for the probability that an individual is sampled and to adjust for differential nonresponse using poststratification procedures. The poststratification procedures for the various surveys were based on different demographic subgroups, and population totals for these subgroups were from different years. Because the demographics of the population changed between 1978 and 1996, data from each survey were standardized (direct method for weighted prevalence) according to sex, age (18-29, 30-39, 40-49, 50-59, and ≥60 years), race (white, nonwhite), and educational level (no college, some college). Variance estimates were generated for each estimate (data available from the authors) so that 95% confidence intervals could be computed and so that rates of change in prevalence estimated from each survey during the postprogram period could be evaluated (data available from the authors).

Finally, once it was established that trends from the various surveys were not contradictory, all the data were combined into one piecewise linear regression analysis, using the same model form as for the per capita consumption data. This analysis, though still problematic for all the reasons discussed above, provides a summary of the prevalence trends that can be examined against the per capita consumption data.

RESULTS

Per Capita Cigarette Consumption

Figure 1 shows the bimonthly raw data, the SABL deseasonalized trends, and the fitted trends from the piecewise linear model for monthly per capita cigarette consumption in California and the rest of the United States. Before the California Tobacco Control Program began, the annual rate of decline in monthly per capita cigarette consumption was −0.42 pack, which was significantly ($P<.01$) more rapid (more negative) than the rate of decline of −0.36 pack in the rest of the United States. From January 1989 through December 1993, the annual rate of decline in monthly per capita consumption increased significantly (became more negative) in California, from −0.42 to −0.64 pack ($P<.001$) or by a factor of 52%. There was a slight but insignificant increase in the rate of decline during this period in the rest of the United States. The rate of decline was significantly ($P<.001$) greater in California (by a factor of 52%) than in the rest of the United States during this period. These results are summarized in Table 2. From January 1994 through December 1996, the annual rate of decline in monthly per capita consumption changed significantly ($P<.001$) in California to −0.17 pack, which was only 28%

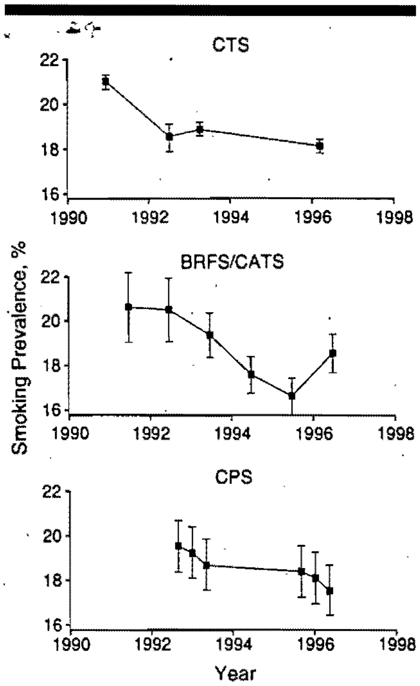

Figure 3.—Top, Trends in adult (≥18 years) smoking prevalence in California from California Tobacco Surveys (CTS) data. Middle, Behavioral Risk Factor Surveys and California Adult Tobacco Surveys (BRFS/CATS) data. Bottom, Current Population Surveys (CPS) data. Error bars indicate 95% confidence intervals.

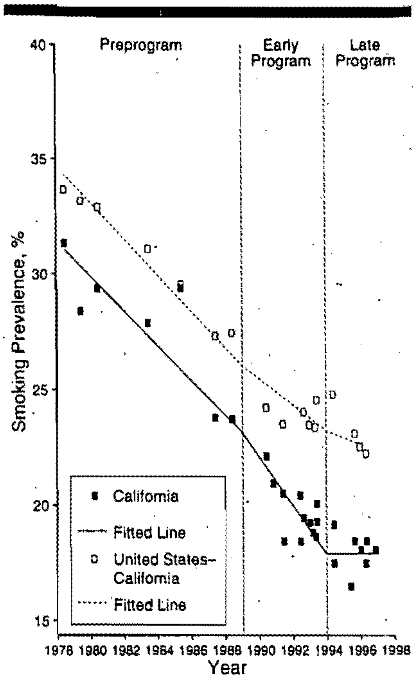

Figure 4.—Trends in adult (≥18 years) smoking prevalence in California and the rest of the United States computed from all survey sources combined.

Table 3.—Summary of Decreases in Smoking Prevalence*

	California		Rest of the United States	
Period	Rate of Decline, % (SE)	Smoking Prevalence, %	Rate of Decline, % (SE)	Smoking Prevalence, %
Pre-1989 (preprogram)	−0.74 (0.12)	23.3	−0.77 (0.09)	26.2
1989-1993 (early period)	−1.06†‡ (0.17)	18.0	−0.57 (0.14)	23.3
1994-1996 (late period)	0.01‡ (0.21)	18.0	−0.28 (0.26)‡	22.4

*Adult (≥18 years) smoking prevalence in December 1998, December 1993, and December 1996 were estimated from piecewise linear model.
†$P<.05$, California vs the rest of the United States.
‡$P<.001$, change from previous period.

of the rate of decline identified for January 1989 through December 1993 and only 40% of the preprogram rate of decline. In the rest of the United States, the annual rate of change in monthly consumption halted altogether (only 0.04 pack), which was a significant change from the earlier period ($P<.001$). The rate of decline in California, although considerably diminished, was still significantly ($P<.01$) greater than the essentially zero decline in the rest of the United States for this period.

In December 1988, before the California Tobacco Control Program began, monthly per capita cigarette consumption, 9.7 packs, was less than the 12.5 packs for people in the rest of the United States, by a factor of 22%. In December 1996, the per capita consumption of 6.0 packs was 43% less than the 10.5 packs seen in the rest of the United States.

Cigarette Smoking Prevalence

Change From Preprogram.—The NHIS data from California and the rest of the United States are presented in Figure 2. The rate of decline in California before the start of the California Tobacco Control Program was −0.72% (SE, 0.19%) per year, which was not statistically different from the rate of decline in the rest of the United States, which was −0.79% (SE, 0.10%) per year. After 1988, the rate of decline in California increased (more negative) to −0.98% (SE, 0.35%) per year. This 36% increase in the rate of decline was not statistically significant because there were too few estimates to provide sufficient precision. In the rest of the United States, the rate of decline was −0.42% (SE, 0.20%) per year, but the decrease (less negative) from the earlier rate of decline was also not statistically significant. The overall rate of decline in the rest of the United States from 1978 to 1994 was −0.67% (SE, 0.07%) per year, and in California it was −0.79% (SE, 0.11%) per year.

Changes During Program Period.—Figure 3 gives the standardized smoking prevalence estimates with 95% confidence intervals from the various surveys conducted in California in the postprogram period. The top panel presents CTS estimates. The decline (±95% confidence interval) from 20.9% ± 0.5% in 1990 to 18.9% ± 0.5% in 1993, −0.85% ± 0.30% per year, was significantly greater ($P<.001$) than the rate of decline of −0.22% ± 0.17% per year from 1993 to a prevalence of 18.1% ± 0.4% in 1996.

The middle panel of Figure 3 shows the standardized smoking prevalence estimates from the BRFS/CATS. In 1991, the prevalence estimate was 20.5% ± 1.6%, which decreased to 17.6% ± 0.8% by 1994; this represents a rate of decline of −0.99% ± 0.59% per year. By 1996, the prevalence estimate was 18.5% ± 0.9%, which was a rate of increase of 0.47% ± 0.60% per year from 1994. The difference between the rate of decline in the early period and the rate of increase in the later period was statistically significant ($P<.001$).

The bottom panel of Figure 3 shows the standardized CPS data for California. For example, smoking prevalence was 18.7% ± 1.1% in May 1993 and 17.5% ± 1.1% in May 1996, which represented a rate of change of −0.39% ± 0.55% per year, which was not statistically different from zero.

In summary, the CTS data indicate a slower rate of decline in the later period as compared with the earlier period, the BRFS/CATS indicate a decline in the early period and an increase in the later period, and the CPS showed no significant change in the later period.

Combined Analysis.—Since data from the California surveys did not contradict the observation that a decline occurred in the early period that was not maintained later, the data from all of them, including the NHIS, were combined into a single analysis similar to the one performed on the per capita cigarette consumption data. Figure 4 shows all the data points and the resulting fitted regression lines, and Table 3 presents the rates of decline and prevalence estimates derived from the model. Before the California Tobacco Control Program began in 1989, smoking prevalence declined at about the same rate in California (−0.74% per year) and the rest of the United States (−0.77% per year). The rates of decline were not statistically different, but prevalence in California was below that for the rest of the United States. The rate of decline increased (became more negative) significantly

Table 4.—Funding for the California Tobacco Control Program and the Advertising and Promotion of Cigarettes in California*

Expenditures Targeted at Tobacco Use in California, $ Millions[31]								
	Fiscal Year							
Budget Category	1989-1990	1990-1991	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	Total, 1989-1996
Mass media	14.3	14.3	16.0	15.4	12.9	12.2	6.6	91.7
Local lead agency	35.6	35.4	14.5	17.8	13.5	16.4	10.2	143.4
Competitive grants	3.3	49.7	1.1	27.5	15.1	10.9	9.7	117.3
Local schools	32.6	32.6	24.3	23.3	19.6	16.8	15.3	164.5
Actual Totals	**85.8**	**132.0**	**55.9**	**84.0**	**61.1**	**56.3**	**41.8**	**516.9**
Expenditures by the Tobacco Industry in California, $ Millions[32]								
	Calendar Year							
Budget Category	1989	1990	1991	1992	1993	1994	1995	Total, 1989-1995
Advertising	111	114	112	99	94	89	82	701
Incentive to merchants	100	102	116	151	156	168	187	980
Promotional items	122	149	207	252	332	210	201	1473
Other	28	34	31	22	22	17	19	173
Totals	**361**	**399**	**466**	**524**	**604**	**484**	**489**	**3327**

*Data are from Balbach et al[31] and the US Federal Trade Commission.[32] Dollar amounts are not adjusted for inflation.

($P<.001$) in California after the program began, whereas in the rest of the United States it did not. As a result, the rate of decline from 1989 through 1993 was significantly greater ($P<.05$) by a factor of nearly 90% in California (−1.06% per year) than in the rest of the United States (−0.57% per year). After 1993, the rate of decline in California and in the rest of the United States was not significantly different from zero, and in both instances, the change in the rate of decline was significantly less ($P<.001$) than in the preceding period. Obviously, these late program trends were less than the preprogram rates of decline.

From the fitted model (Table 3), adult smoking prevalence in December 1988 was 11% lower than in the rest of the United States, and by December 1996 it was 20% lower.

COMMENT

Analysis of trends in per capita cigarette consumption indicates that the start of the California Tobacco Control Program in 1989 was associated with a 50% more rapid rate of decline that was unique to California. After 1993, the rate of decline in per capita consumption in California slowed to less than one third of the rate observed from 1989 through 1993 and to less than one half of the rate of decline observed before the program began. However, this post-1993 rate of decline was still significantly more rapid in California than in the rest of the United States, for which the decline in consumption halted.

The smoking prevalence trends from the combined survey data are fairly consistent with the changes observed in per capita consumption. The initiation of the program was associated with a 36% increase in the rate of decline of smoking prevalence, which was nearly twice the rate of decline identified for the rest of the United States. However, from 1994 through 1996, there was no identifiable decline in smoking prevalence either in California or the rest of the country. In California, smokers may be reducing their consumption rather than quitting, while it appears that in the rest of the United States they are doing neither.

It is important to the future of tobacco control in general and to the California Tobacco Control Program specifically to hypothesize why the loss of the early program success occurred. Additional analyses will be required to fully understand the influences of various factors. Did the program lose its effectiveness because it failed to introduce new and innovative approaches to interest the population in tobacco control, or did it suffer from countermeasures used by the tobacco industry? The fact that the tobacco industry lowered prices for premium brands of cigarettes in 1993[26] could be at least partly responsible. Also, it is possible that lower funding for the Tobacco Control Program or increased expenditures by the tobacco industry for advertising and promotion played a role. Finally, the tobacco industry engaged in a variety of political activities, which may have influenced the level of commitment of the state administration and legislature to the California Tobacco Control Program. These possibilities will be examined in some detail below.

There were several tobacco control strategies that were emphasized during the early phase of the California Tobacco Control Program. One was support for the adoption of ordinances at the local level that restricted or banned smoking in indoor workplaces and public places. The percentage of indoor workers reporting smoke-free workplaces increased during the early years of the program but continued to increase even more later.[21] California Assembly Bill 13 was enacted in January 1994, and it prohibited smoking statewide in 1995 in all indoor workplaces except bars, taverns, and casinos. If smoke-free workplaces encourage smokers to reduce their consumption or quit, the effect on per capita consumption and prevalence should have been evident throughout the entire program period. Another important element of the very early California Tobacco Control Program was a well-funded and effective media campaign.[27] Antismoking television ads focused on the duplicity of the tobacco industry and the dangers of secondhand tobacco smoke. Funding for the media campaign was vetoed by the governor in 1992 and later restored,[28] but it was reinstated at a lower level than previously (Table 4). Also, the administration has been accused of "watering down" the antismoking advertising.[27]

Economic theory and empirical data have suggested that cigarette price is a major determinant of smoking behavior.[10,29] However, recent data suggest that when tobacco control programs are in place, the price elasticity of demand may be altered (S. Emery, E. A. Gilpin, J. P. Pierce, unpublished data, 1998).[30] In 11 of the 14 states that participated in the American Stop Smoking Intervention Study (ASSIST), where there was a decrease in the real price of cigarettes from 1992 to 1994 (which spanned the date when the tobacco companies lowered the price of cigarettes), per capita cigarette consumption did not increase as economic theory would predict.[30] In the remaining 3 ASSIST states, the increase in consumption was very minimal. In the non-ASSIST states (excluding California), all showed a decrease in the real price of cigarettes from 1992 to 1994, and over half showed the expected increase in per capita consumption. A recent analysis of changes in cigarette price and per capita consumption in California showed that when the excise tax increase went into effect the percentage change in per capita consumption (12.2%) closely matched what economic theory would predict from the resultant change in cigarette price (11.8%) (S. Emery, E. A. Gilpin, J. P. Pierce, unpublished data, 1998). The increased tax was the first element of the California Tobacco Control Program implemented, and as additional programs were introduced, the expected relationship between price and consumption disappeared. Importantly, per capita consumption decreased 8.5% from 1993 to 1994, when the price decrease would have predicted a 4.9% increase. The price of cigarettes has remained stable from 1993 through 1996. These results suggest that price alone cannot be responsible for the loss of effect of the California Tobacco Control Program.

The level of funding for the California Tobacco Control Program has varied over the course of the program.[31] Expenditure data for the Health Education Account (which funds the Tobacco Control Program) are shown in Table 4 (top) for the line items of mass media, local lead agencies, competitive grants and school programs, and other expenses.[31] The funds allocated for administration and evaluation, which averaged about 5% of the total budget each year, are not included. There is variation over time, which suggests that money from 1 year was brought forward to the next, particularly in the category of competitive grants. From fiscal year 1989-1990 to fiscal year 1992-1993, the average annual expenditure was $85.5 million, or $3.35 per capita per year (considering a population of 25.5 million people in California >12 years old). However, beginning with fiscal year 1993-1994, there was a marked reduction in program funding. The annual average was $53.0 million, or $2.08 per capita, which was a reduction of 40% from the early years of the program. This reduction in the level of effort aimed at reducing smoking in California is a possible explanation for the loss of program effect.

Concurrent increases in the amount of money the tobacco industry spent to promote cigarette use may have exacerbated the problem. The lower portion of Table 4 shows the estimated amount spent for each of several line-item categories as reported to the Federal Trade Commission.[32] Traditional print media and billboard expenditures constitute the advertising category. We combined the categories for "coupons," "retail value added," and "specialty item distribution" into one category labeled "promotional items." The category "incentives to merchants" includes the Federal Trade Commission category that they designate as "promotional allowances," which covers expenditures to encourage wholesalers and retailers to stock and promote particular cigarette brands. We assumed that the tobacco industry did not specifically target California with its marketing dollars and that California received a share of the industry's national promotion and advertising effort in proportion to its population (approximately 10%). This assumption is likely to be conservative, since the tobacco industry may have specifically increased their promotional efforts in California to counteract the Tobacco Control Program when there were early indications that it was having an impact.[7,33] Furthermore, the data on expenditures for advertising and promotion are for manufactured cigarettes only and do not include other tobacco products, such as cigars. The amount spent on advertising has decreased over time, but the amount spent on incentives to merchants has increased markedly, as has the budget allocation for promotional items. From 1989 to 1993, it is estimated that the tobacco industry spent an average of $437 million annually, or $17.14 per capita, in California; thereafter, it spent an average of $525 annually, or $20.59 per capita, an increase of 20% from the earlier period. In the earlier period, the industry outspent the program by approximately $5 to $1 ($17.14 to $3.35 per capita), and in the period from 1993 to 1996, it outspent the program by nearly $10 to $1 ($20.59 to $2.02 per capita).

The cuts made by the administration and legislature in the California Tobacco Control Program budget appeared to be about the same in each budget category of the Health Education Account, except in 1995-1996, when the expenditure for the media program was halved. The decision by the administration to divert funding for the program could not have been justified on the basis that the program was considered to be performing above expectations. The 1993 interim assessment of the program suggested that since early indications demonstrated that the program was having an effect on smoking behavior, this effect needed to be increased by 50% more in order for the program to meet its goal for the year 2000.[34] The goal was to decrease adult smoking prevalence by 75% within a 12-year period. Further, the decision to reduce expenditures for the program was made in the face of active lobbying by health advocacy organizations and lawsuits against the administration brought by the American Lung Association, Americans for Nonsmokers' Rights, the American Cancer Society, and the American Heart Association.

Recently, a set of internal memoranda from the Tobacco Institute surfaced. These internal memoranda, written in 1990, outlined a strategic plan for combatting the California Tobacco Control Program.[35] The plan called for lobbying the California legislature to intervene, encouraging and supporting minority organizations to oppose the program, convincing the health services director to pull or modify media messages that reflected poorly on the industry, and encouraging the governor to intercede against the program. There is evidence that these strategies were used and met with some success. As mentioned previously, the governor initially vetoed the media budget in 1992, although he reconsidered following significant public pressure.[28] Antismoking media funding was reduced by 50% for 1995-1996, and anti-industry media spots were short-lived.[27] Furthermore, tobacco industry campaign contributions to legislature candidates, other elected officials, political parties, and political party committees totaled over $1.5 million in 1995-1996; this was a 70% increase compared with the level of such contributions in the 1993-1994 election cycle.[31] On a per legislator basis, members of the California legislature received twice as much money as did members of the US Congress, even though California is not a tobacco-producing state.[31] The slowing of the decline in smoking in recent years may well be a result of these political counterstrategies by the tobacco industry.

The California Tobacco Control Program has confirmed findings from earlier studies[3-7] that large health promotion programs can have a major influence on smoking behavior. Similar programs have been initiated in Massachusetts (1993), Arizona (1995), and Oregon (1996). Furthermore, the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention have provided limited support for the development of similar tobacco control programs in other states.[36,37] Only the relatively well-funded Massachusetts program[38] has been in effect long enough to potentially confound the results of our analyses. However, Massachusetts represents a small percentage of the US population, so it was not surprising that a reanalysis of the data without it did not change the results.

In conclusion, the California Tobacco Control Program clearly lost its original positive effect on reducing smoking, which must be of considerable concern to the public health movement. In this article, we have discussed some of the factors that might have been associated with the loss of effect. The Tobacco Institute memoranda[35] revealed that the tobacco industry decided early on to actively oppose any potentially effective tobacco control efforts. Traynor and Glantz[39] and Heisner and Begay[40] have outlined the political difficulties faced in developing and maintaining an effective tobacco control program in such a climate. Despite active industry opposition and political influences, it is urgent that the public health community determine how the California Tobacco Control Program can be modified to regain its original momentum.

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Q&A
September 8, 1998
[Draft]

Q. **What are your views on the article in this week's <u>Journal of the American Medical Association</u> which indicates that declining rates of adult smoking slowed, and teen smoking rates rose, in California between 1993 and 1996?**

A. The rising rates of teen smoking in California between 1993 and 1996 once again demonstrate the need for comprehensive bipartisan tobacco legislation to reduce youth smoking. Clearly, a national effort is needed to counter the increased industry spending that the researchers believe is responsible for this rise in teen smoking.

[Background: The JAMA article found that in California between 1989 and 1993, adult smoking rates declined over 50% faster than in previous years. However, between 1993 and 1996, the decline slowed to only 34% of that rate. While teen smoking remained stable between 1989 and 1993, it increased 26.3% between 1993 and 1996, to 12% of teens. The authors expect teen smoking rates to continue to rise through 1999. They attribute these trends to decreased state spending on tobacco control efforts, and increased industry spending on advertising.]