

Arkansas Department of
Health's Tobacco Prevention and
Education Program (TPEP)

A Progress Report Card



- Statewide Programs
- Community-based Interventions
- School-based Interventions
- Counter-marketing Initiatives
- Cessation Programs
- Enforcement Programs
- Chronic Disease Programs
- Surveillance and Evaluation
- Program Administration and Management

Final Report April 2004

Prepared by *The Gallup Organization* for the Arkansas Department of Health—Tobacco Prevention and Education Program (TPEP)



Overview of Report

This independent evaluation report by The Gallup Organization (Gallup) highlights this past year's tobacco control progress of the Arkansas Department of Health's Tobacco Prevention and Education Program (TPEP). TPEP's primary efforts this past year have focused on implementing programs to prevent youth and adults from beginning to use tobacco; while also providing resources to help smokers and tobacco users who want to quit. TPEP initiatives include aggressive and creative media/public relations focused on reducing the number of smokers, tobacco consumption levels, and the frequency of exposure to secondhand smoke. This report highlights the program's success to date.

Summary

Prevalence

Arkansas adult prevalence has been consistently higher than the rate for the U.S. over the past decade. However, the Arkansas adult smoking prevalence trend has shown modest declines over this same time period. Prevalence of adult smoking in Arkansas is still consistently higher than states such as California and Massachusetts that have had very aggressive and highly-funded tobacco prevention and control programs. A lack of significant declines in adult prevalence figures in Arkansas illustrates the challenges facing the TPEP's efforts. Among youth, Arkansas's smoking prevalence mirrored the national trend of increasing prevalence for youth overall from 1993 to 1997. Since 1997, Arkansas youth smoking prevalence has paralleled the drop in youth smoking nationally. In 2003, Arkansas youth smoking has moved close to national estimates, a very promising trend.

Consumption

There has been a gradual decline in Arkansas per capita cigarette consumption since 1990. This decline in consumption has essentially mirrored the decline seen nationally. There is evidence of increases in the

acceleration of the decline observed in Arkansas's adult per capita consumption with the introduction of various tobacco excise tax increases. Most recently, Arkansas has observed a nearly 14% decline from 2001 to 2002 in consumption of cigarettes, a very encouraging finding. Despite this recent drop in adult per capita consumption, Arkansas still remains much higher than states that have a history of tax increases and aggressive tobacco control programs such as California and Massachusetts and whose respective per capita cigarette consumption trends are much lower than the rest of the country. Historical data and lessons learned from California, Massachusetts, and Maine strongly suggest that the TPEP should continue to step up program efforts at comprehensive aggressive tobacco control in Arkansas as well as support measures that influence the price of tobacco (i.e., tax increases). Further, untaxed sales from other sources such as other states, the Internet, and Native American smoke shops may account in part for the observed decline in adult sales and increase in adult smoking prevalence. In California, it has been estimated that untaxed sales from other sources has accounted

for approximately 7 percent of sales. It would therefore be useful for Arkansas to track such untaxed sales from other sources in the next round of surveillance and evaluation activities.

Reducing the Health-Related Costs of Smoking In Arkansas

The costs of smoking-related morbidity and mortality in Arkansas are currently approximated at a staggering \$633 million each year, or slightly more than \$1,300 per smoker. With the establishment of the TPEP in 2000, Arkansas is well positioned to make substantial progress towards reducing these costs by:

- ▶▶ A decline of cigarette consumption, and
- ▶▶ A decline in adult and youth smoking prevalence.

Estimates from successful statewide tobacco control programs show that for every \$1.00 that is spent on tobacco control programs, \$3.00 is saved in direct medical costs. At TPEP's present funding level of \$16.4 million, over \$49 million should be saved in direct medical costs annually for each year the program is funded and working toward aggressive tobacco use prevention and control.

¹ Source: Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights—2001. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.

² Campaign For Tobacco Free Kids, 2002.



Looking Forward:

Based on milestones that CDC expects tobacco control programs to achieve within the first few years of operation, Arkansas is on target to reach those goals. Given adequate funding and adherence to the nine components of tobacco control programs as recommended by CDC in Best Practices for Comprehensive Tobacco Control Programs, comprehensive state programs can substantially reduce tobacco use over time. Several states including California, Florida, Maine, and Massachusetts have demonstrated such success. It is therefore critical that the TPEP tobacco control program maintain its momentum and its current funding level to continue to reach CDC expectations.

Key Findings: 2003

The following summarizes key findings from the Arkansas Department of Health's Tobacco Prevention and Education Program (TPEP) efforts over the past year:

- ▶▶ Early assessment of the impact of the tax increase combined with TPEP's aggressive tobacco control program show that adult per capita consumption has dropped from 138.7 packs per person in 2001 to 119.8 packs per person in 2002, a decline of approximately 14%.
- ▶▶ Since 1999, Arkansas youth smoking prevalence dropped to 35% in 2001 compared to 28.5% nationally. In 2003, we observed an additional decline in youth smoking to 29.3%, nearing the national figures.*
- ▶▶ The Arkansas adult smoking prevalence estimate for 2002 is 26.3% compared to the 2002 U.S. estimate of 23%; still higher than the national average.
- ▶▶ Approximately 79% of smokers in 2003 had tried to quit (34% of these smokers in the last 6 months).
- ▶▶ Tobacco sales to minors have decreased from 14.8% in 2002 to 11.2% in 2003.
- ▶▶ There is also evidence of an increase in the establishment of public non-smoking work, home, and car environments in Arkansas:
 - In 2003, 65% of worksites in Arkansas did not allow smoking in any public area of the worksite, a slight increase from 63% in 2002;
 - In 2003, 68% of homes did not allow smoking in any area of the home compared to 50% in 2002; and
 - In 2003, 65% of cars did not allow smoking in the vehicle; an increase from 59% in 2002.
- ▶▶ Over 63% of adults have heard of the SOS Media Campaign in 2003, an increase from 44% in 2002. In addition, 87% of youth in 2003 have heard of the SOS Campaign, also up from 73% last year; strong evidence that the Campaign is reaching the population.
- ▶▶ SOS was recently awarded five Bronze Quills by the International Association of Business Communicators (IABC) Arkansas Chapter for:
 - ▶▶ SOS "Reasons" Radio Spot
 - SOS Overall Campaign
 - SOS Essay and Coloring Contests
 - SOS Great American Smokeout Ad
 - SOS Posters (Award of Excellence)

³American Legacy Foundation, American Cancer Society, American Heart Association, American Lung Association, Campaign for Tobacco-Free Kids, and the Smokeless States Initiative. *Saving Lives, Saving Money: Why States Should Invest in a Tobacco Free Future*, March 2002.

⁴Estimated tobacco-related medical cost savings in Arkansas by applying the ratio of \$1.00 spent on tobacco control saves approximately \$3.00 in direct medical costs (see footnote #3) to a \$14 million state tobacco control funding level.

*These are unweighted YRBS data.

CDC Milestones for Program Success

CDC's nine components of a successful tobacco control program include: Statewide Programs; Community-based Interventions; School-based Interventions; Counter-marketing Initiatives; Cessation Programs; Enforcement Programs; Chronic Disease Programs; Surveillance and Evaluation; and Program Administration and Management. It is the combination of components working together which creates the foundation for a successful tobacco control program. CDC has identified milestones against which a state program may measure its success. CDC has identified short-term outcomes (i.e., < 12 months after the start of the program), intermediate outcomes (i.e., 1-2.5 years after the start of the program), long-term outcomes (i.e., 2.5-5 years after the start of the program), and even longer outcomes (i.e., 10 years after the start of the program). **Data is provided in this report which shows how CDC milestones have been achieved or that progress is being made towards achieving them in Arkansas.**

Tobacco control program activities have been developed and implemented at the statewide and local levels in Arkansas.

Arkansas has made substantial gains in developing and implementing statewide and local tobacco control program activities. TPEP's commitment of tobacco control funding at the local level indicates a strong infrastructure is being developed, which will help promote change in tobacco control attitudes and behaviors for the future. To illustrate this work, Arkansas has funded 34 community program grants covering 49 Arkansas counties that are working with TPEP's leadership and their local community programs and resources to implement local tobacco control programs. The focus for grantees is to build coalitions with diverse partners, create tobacco-free environments, reduce youth access, decrease advertising and promotion of tobacco products, and promote the use of cessation resources.

Arkansas has also funded 11 innovative projects, which are focusing on specific, identifiable target populations including women of childbearing age, spit tobacco users, minorities, youth, seniors, persons of low income, and college students. Furthermore, Arkansas funded 17 school-based programs in November 2002 for the purpose of building capacity

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for tobacco prevention in school communities and strengthening infrastructure for tobacco prevention efforts. In addition, 17 nurses have been hired and provide technical assistance to the schools with the implementation of CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

Using TPEP funding, a number of local programs have been successful in creating environmental and policy changes in various settings in their communities. In the Northwest Region, the Marion County HHI Coalition provided education and information on the dangers of secondhand smoke. They were successful in facilitating smoke-free environments in the Pyatt Volunteer Fire and Defense Department, Mostrom Motorsports and Welding, Mountaineer Echo

Taco Bell, Hardees's, Blazin'Q, Burger King, Wendy's, Kingdom Q, Catfish Express, and Subway. In addition, the BAG Coalition orchestrated an effective letter writing campaign to the Governor which included mass media coverage and documentation of local support for the Coalition's efforts and to support the tax increase on cigarettes.

The Paris School District/Tri-County Tobacco Coalition collaborated with Crawford County Hospital to offer on-site cessation classes to hospital employees. The Tobacco Control Committee of Baxter County HHI Project was also successful in educating and creating smoke-free settings at Pizza Hut, Hardees, Pizza Pro of Mountain Home, and McDonald's in Mountain Home. The U of A Cooperative Extension/Stone & Izard County HHI Planning Committee worked with the county judge to establish a smoke-free Izard County Courthouse.

Local grantees have also made very good progress over the past year in program development and implementation. Most local programs have spent considerable time in resource generation to help in building their infrastructure and to facilitate future sustainability. There have been substantial efforts at internal strategic program planning and provision of a variety of services that are developmentally appropriate for local programs of 2 years of maturity. Mass media coverage of the local programs has also occurred in all 5 regions and is helping to increase the visibility and activities of these initiatives. There have also been efforts to take community actions such as meeting with key opinion leaders in the regions to assess

their issues and concerns in order to facilitate policy change.

The Public Health Nurses have provided a wide variety of technical assistance to school health programs including presenting the "Get Real About Tobacco" curricula, forming committees to address school tobacco policy development, assistance in planning the "Clear the Smoke in Southeast Arkansas" Teen Summit, and working with the BEAT Coalition to encourage local businesses to go smoke-free.

An agreement with the University of Arkansas at Pine Bluff (UAPB) took effect August 1, 2001, for the creation of a Master's of Science in Addiction Studies program. Classes started in the fall of 2002.

An agreement was put in place in February 2002 with the League of United Latin American Citizens (LULAC). LULAC will assess the prevalence of smoking among the Hispanic population, implement a statewide Hispanic Health Radio network, and establish a toll-free telephone line for Hispanics to get further health information and assistance.

Hispanic Health Radio Network produced six 15-minute dramatized radio spots of testimonies and these were broadcasted on "Radio Catolica de Arkansas".

A statewide toll-free number (Health Hotline) was established and 459 people have called the hotline which includes callers requesting cessation services. The hotline is staffed during business hours and has a message system after hours.

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Newspaper, and Enterprise Printing, which are among the biggest businesses in that region.

In the Northeast Region, the BAG (Blytheville, Armorel, and Gosnell) Coalition was successful in facilitating the establishment of smoke-free environments in several restaurants in the Region including McDonald's,

An agreement also took effect February 2002 with the Arkansas Medical, Dental, and Pharmaceutical Association (AMDPA) to provide prevention and cessation services for African-American adults and youth through AMDPA's association network of health professionals. AMDPA launched a media and youth campaign in conjunction with Stamp Out Smoking (SOS) and hosted workshops for over 1,500 minority youth across the state. AMDPA received recognition and awards for their efforts.

Arkansas is sponsoring a highly visible statewide media/public relations campaign through a contract with Cranford Johnson Robinson Woods to promote no smoking as the social norm in Arkansas. February 2002 marked the introduction of the statewide Stamp Out Smoking (SOS) media campaign through television, radio, and print media, both in the general population and minority markets addressing the health effects of smoking and exposure to secondhand smoke.

As part of TPEP developing public relations and youth outreach programs, SOS has sponsored the first Central Arkansas Soapbox Derby competition for children aged 9-16 years, the Kid's Court Sponsorship of the SunCom 3-on-3 Basketball Classic, Riverfest, Arkansas State Fair, and several local events throughout the state. As a result of these efforts, SOS was recently awarded five Bronze Quills by the International Association of Business Communicators (IABC) Arkansas Chapter for:

- ▶▶ SOS "Reasons" Radio Spot
- ▶▶ SOS Overall Campaign



- ▶▶ SOS Essay and Coloring Contests
- ▶▶ SOS Great American Smokeout Ad
- ▶▶ SOS Posters (Award of Excellence)

These awards validate the quality of media creative being developed and implemented in Arkansas.

TPEP has established a comprehensive evaluation and surveillance system.

Gallup's current scope of evaluation activities include the development of evaluation reports, tracking of the tobacco industries advertising and promotional practices in Arkansas, provision of technical assistance to state staff and local programs, establishment of an on-line process evaluation monitoring system, and statewide surveys of restaurants and colleges to assess their policies and practices toward smoke-free environments.

Youth Surveillance: The Department of Health has conducted surveys of Arkansas youth as part of the administration of a Youth Tobacco Survey (YTS) in the state for 2000 and 2002. The information was used

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in the creative development of the current statewide media campaign in Arkansas which features youths' messages in the advertisements and media campaign. In addition, the Youth Risk Behavior Survey (YRBS) has been conducted in Arkansas by the Department of Education in 1993,



Results from the evaluation of the reach of the SOS campaign are very encouraging. To date, SOS sponsored 30 events and assisted with 64 in communities across the state as part of their grassroots public relations campaign reaching an estimated 155,000 people.

1995, 1997, 1999, 2001, and 2003 and provides data on youth smoking prevalence. The Department of Health has also conducted the YRBS in 32 counties since 1999.

Adult Surveillance: The University of Arkansas at Little Rock conducted the Adult Tobacco Survey (ATS) in the summer of 2002. The data describe Arkansas adults' tobacco use; secondhand smoke beliefs and exposure levels; tobacco-related knowledge and attitudes; and support for tobacco-related policies. The ATS will be conducted again in early 2004. In addition, the Behavioral Risk Factor Surveillance System (BRFSS) has been conducted in Arkansas by the Department of Health since 1991 to the present (except 1992), and provides data on adult smoking prevalence. The Department of Health has also conducted the BRFSS in 30 counties since 1999.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS provides ongoing population-based surveillance of selected maternal behaviors, including tobacco use before and

during pregnancy and in the child's early infancy, secondhand smoke exposure, and cessation counseling. Arkansas has been collecting PRAMS data since 1997 (starting with births occurring in 1997). Arkansas surveys approximately 200 mothers per month with over sampling for populations in rural areas and for low birth weight. TPEP has established a comprehensive evaluation and surveillance system. This includes an integration of multiple data sources including the BRFSS and YRBS. While these data sources were not created specifically to evaluate tobacco control programs in Arkansas, each adds its own value to the comprehensive picture of progress toward a tobacco-free Arkansas.

There is strong evidence of the reach of TPEP's media campaign.

Over 63% of adults have heard of the SOS Media Campaign in 2003, an increase from 44% in 2002. In addition, 87% of youth in 2003 have heard of the SOS Campaign, also an increase from 73% last year, strong evidence that the Campaign is reaching the population.

Results from the evaluation of the reach of the SOS campaign are very encouraging. To date, SOS sponsored 30 events and assisted with 64 in communities across the state as part of their grassroots public relations campaign reaching an estimated 155,000 people. The program partnered with Equity Broadcasting and the Arkansas Twisters to develop public service announcements (PSAs) that explain the danger of smoking while offering kids positive role models; conducted SOS tours around the state reaching 2,400 youth (mostly minority

youth); distributed over 18,000 SOS fans through churches around the state; and held one SOS vigil at the state capitol targeted to leaders in the African American community and one vigil at St. Theresa's Catholic Church about the dangers of tobacco use.

As of September 2003, the total SOS Campaign added value is \$1,876,496.84.

This total includes the following:

- ▶▶ Other Media Relations Added Value-TV, \$42,072.00
- ▶▶ Other Media Relations Added Value-Print, \$76,956.75
- ▶▶ Paid Media Added Value (Bonus Spots), \$415,659.75
- ▶▶ Other Grassroots Activities Added Value, \$51,292.00
- ▶▶ Sponsorship Added Value (to date), \$1,290,516.34

The Mayo Clinic implements a statewide, no charge, convenient, telephone-based resource (help line) to provide screening, counseling, support materials and referral for tobacco cessation assistance based on individuals' readiness to quit.

Increased numbers of smokers are accessing new tobacco cessation services in Arkansas.

An agreement with UAMS to supplement a feasibility study on a smoking cessation program for Head Start caregivers took effect February 1, 2002. The program will improve caregivers' knowledge and awareness of the effects of environmental tobacco smoke on the health of children. It is also designed to produce behavior changes in Head Start caregivers who smoke, through a cognitive-behavioral program and nicotine replacement therapy.

The Mayo Clinic implements a statewide, no charge, convenient, telephone-based resource (help line) to provide screening, counseling, support materials, and referral for tobacco cessation assistance based on individuals' readiness to quit. It provides comprehensive follow-up counseling support for Arkansas citizens who are ready to quit or are contemplating a cessation attempt. The Arkansas Foundation for Medical Care agreed to develop and coordinate a statewide network to deliver smoking cessation services. This network will link hospitals, medical provider offices, volunteer organizations, doctors, nurses, and office staff in coordinated delivery of science-based cessation advice and counseling and will link with available, proven pharmacological interventions.

There is a high level of interest in quitting smoking among adults.

Results from the 2003 Arkansas adult media tracking survey show that current smokers have a strong desire

1,800 smokers per year were attempting to quit with the assistance of the Arkansas Quitline. Of the smokers in 2003 who utilized the Arkansas Quitline, 31.8% successfully quit for 3 months.

to quit smoking. Among adults in 2003, nearly 72% of smokers said they want to quit, an increase from 45% in 2002. Approximately 79% of smokers in 2003 had tried to quit (34% of these smokers in the last 6 months). The percentage of smokers who report that they have tried to quit smoking within the past year has increased from 17% in 2002 to 29% in 2003. In 2003, an average of 150 smokers per month (or 1,800 smokers per year) were attempting to quit with the assistance of the SOS Quitline. Of the smokers in 2003 who utilized the SOS Quitline, 31.8% successfully quit for 3 months.

There has been an increase in the amount of smoke-free media coverage.

During the past year there has been a total of 1,420 instances of local mass media coverage of local anti-tobacco program activities. Examples include the Central Region utilizing local media outlets to highlight problems of secondhand smoke exposure

- Seventy-one percent (71%) agree that smoking should not be allowed in indoor restaurants.
- Sixty-nine percent (69%) agree that smoking should not be allowed within 20 feet of the entrances to public buildings.
- Forty-two percent (42%) agree with prohibiting smoking at outdoor community events.
- Twenty-eight percent (28%) agree that smoking should not be allowed in bars.



and then coordinating with local media outlets to recognize retail establishments who were in compliance. The Northwest Region provided resources regarding cessation classes that are available, and disseminated the information through the local bulletin as well as on radio. *The Melbourne Times* featured an editorial by IZARD County Justice of the Peace discussing the Quorum's Court vote to make the IZARD County Courthouse smoke-free. In POPE and YELL Counties, several Public Service Announcements were created and aired in the Russellville City market to educate the public about the dangers of tobacco use.

There is support for public policies that protect individuals from second-hand smoke exposure.

There is growing public support for policies that protect non-smokers from exposure to secondhand smoke:

- ▶▶ Seventy-one percent (71%) agree that smoking should not be allowed in indoor restaurants;
- ▶▶ Sixty-nine percent (69%) agree that smoking should not be allowed within 20 feet of the entrances to public buildings;
- ▶▶ Forty-two percent (42%) agree with prohibiting smoking at outdoor community events; and
- ▶▶ Twenty-eight percent (28%) agree that smoking should not be allowed in bars.

The TPEP has an initiative that helps track local policy initiatives through the local monitoring system:

- ▶▶ In the Southwest Region, The Breathe Easy AR Tax (BEAT) Coalition worked with the city council to pass an ordinance to make city hall smoke-free in the town of Tollette. The Southeast Region was successful through the effort of the Daughters of Charity Services in convincing the Piggly Wiggly grocery store to go smoke-free while the Holly Grove School District helped four restaurant owners implement a program for smoke-free dining.
- ▶▶ There is evidence of an increase in the establishment of public non-smoking work, home, and car environments in Arkansas. In 2003, 65% of worksites in Arkansas did not allow smoking in any public area of the worksite, a slight increase from 63% in 2002; and in 2003 68% of homes in the state did not allow smoking in any area of the home compared to 50% in 2002. In addition, 65% of cars in the state did not allow smoking in the vehicle, an increase from 59% in 2002.
- ▶▶ California data show that there is increased quitting among smokers who work or live in a smoke-free environment. The net result of creating smoke-free environments has helped in many collateral areas by not only limiting exposure to secondhand smoke but by helping smokers quit. Arkansas is well positioned to have the same impact as what has happened in other states.

There has been a reduction in sales of tobacco to minors.

According to Arkansas's SYNAR data, which identifies tobacco sales violations to minors, there has been a decrease in such sales violations over the past year. Tobacco sales to minors have decreased from 14.8% in 2002 to 11.2% in 2003. Data from the (2001) YRBS asks, "How did you get your own cigarettes?" and "When you tried to buy cigarettes in a store were you ever asked to show your proof of age?" These are two other indicators, which can be used along with the SYNAR data to measure rate of under age purchases of tobacco. Among youth responding on the YRBS, 11.9% bought cigarettes from a gas station in the 30 days prior to the survey and 11.5% of youth reported that they were asked to show proof of age when buying cigarettes in a store.

Enforcement

The Arkansas Tobacco Board (ATB) enforces state laws prohibiting the sale of tobacco products to minors. An agreement was entered into with the ATB on August 1, 2001 to enhance enforcement and merchant training activities. One agent covers central Arkansas, one covers southwest Arkansas, and the supervisor works in the field as he is needed to conduct compliance checks and merchant education. A toll free number (1-877-ID-TEENS) was established to report businesses selling tobacco to minor violators. Approximately 23% of the establishments checked sold tobacco to minors. To date ATB has completed 1,333 checks, and issued \$86,700 in fines.

In 2003, 65% of worksites in Arkansas did not allow smoking in any public area of the worksite.

There has been a decrease in the consumption of tobacco in Arkansas.

There has been an acceleration in the decline in Arkansas's per capita cigarette consumption with the introduction of tax increases over the last decade and most recently between 2001 and 2002. Arkansas per capita cigarette consumption, however, remains much higher than the U.S. The data strongly suggest that TPEP should continue to step up program efforts at comprehensive aggressive tobacco control in Arkansas as well as educate policy makers about the influence that price increases, such as tobacco tax increases, have on reducing tobacco use.

Comparing Arkansas Smoking and Consumption Rates with National Data

Adult Prevalence

We compared prevalence indicators from the 1993–2002 Arkansas Behavioral Risk Factor Surveillance Surveys (BRFSS) with the 1993–2002 BRFSS data collected nationally. The BRFSS survey assesses the prevalence of behaviors practiced by adults that put their health at risk. The questionnaire was developed by the CDC in collaboration with federal, state, and private-sector partners. We chose these surveys because their data collection methodologies are consistent and permit comparisons across different states, and nationally.

Adult prevalence of smoking in Arkansas remained consistently higher than the national average since 1993.

Since 1993, Arkansas has had a higher smoking prevalence compared to the national smoking trend. The gap between Arkansas and national prevalence was the largest in 1997 (5.2%), and it has decreased slightly over time to 1.9% in 2000. Arkansas showed its biggest drop in prevalence between 1997 and 1998, from 28.4% to 25.9%, although this drop is not statistically significant. The Arkansas adult smoking prevalence estimate for 2002 is 26.3% compared to the 2002 U.S. estimate of 23%.

Youth Prevalence

We have compared the prevalence indicators from the Arkansas Youth Risk Behavior Survey (YRBS). We chose this survey because data collection methodologies are consistent with the 2000 Arkansas Youth Tobacco Survey (AYTS) and permit comparisons across different states, and nationally. These surveys are implemented with samples of youth surveyed in schools using self-administered questionnaires, are longitudinal in design, and contain items directly measuring tobacco-related attitudes and behaviors.

Youth prevalence of smoking for high school students in Arkansas is nearing the national average.

Highlighted are YRBS biannual prevalence data from 1993 to 2003 (through 2001 for the U.S.), which compare national and Arkansas trends over time. From 1993 through 1997, Arkansas mirrored the national trend of increasing prevalence overall. Since 1999, Arkansas youth smoking prevalence dropped to 35% in 2001 compared to 28.5% nationally. In 2003, we observed an additional decline in youth smoking to 29.3%, nearing the national figures.

Trends in Per Capita Cigarette Consumption in Arkansas

On July 1, 2002, there was an excise cigarette tax increase from 31.5 cents per pack to 34 cents per pack. **Early assessment of the impact of the tax increase combined with TPEP's aggressive tobacco control program show that adult per capita consumption has dropped from 138.7 packs per person in 2001 to 119.8 packs per person in 2002, a decline of approximately 14%.** In 1992 the tax was increased from 21 cents per pack to 22 cents per pack resulting in a slight drop in adult per capita consumption from 168.7 packs per year in 1992 to 161.3 packs per year in 1993. In February of 1993, the cigarette tax was again increased from 22 cents per pack to 34.5 cents per pack but then reduced on July 1, 1993 to 31.5 cents per pack. As a result, the per capita consumption dropped to 142.8 packs per year in 1994, a 12% decline from 1993. Prior to the July 1, 2002 tax increase and the start of TPEP, per capita cigarette consumption in Arkansas had been declining at an average of 2.5% per year as figured since 1990. **With the introduction of TPEP and the recent tax increase we have now observed an acceleration in this rate of decline in per capita cigarette consumption.**

Adult prevalence of smoking in Arkansas remained consistently higher than the national average since 1993.

Prevalence of Adult Smoking
Arkansas vs. U.S. 1993–2002



Youth prevalence of smoking for high school students in Arkansas is above the national average.

Prevalence of Youth Smoking During the Past 30 Days
Arkansas vs. U.S. 1993–2003



The declines in Arkansas consumption has essentially paralleled those of the U.S. yet are still above the U.S. per capita cigarette consumption.

Trends in Packs of Cigarettes Consumed Per Adult
Arkansas vs. U.S. 1990–2001





Since 1990, trends in per capita cigarette consumption have been declining in Arkansas and the U.S. The declines in Arkansas consumption has essentially paralleled those of the U.S. yet are still above the U.S. per capita cigarette consumption of 96.4 packs in 2002.

Trends in Per Capita Cigarette Consumption in Arkansas and the U.S.

Since 1990 trends in per capita cigarette consumption have been declining in Arkansas and the U.S. The declines in Arkansas consumption has essentially paralleled those of the U.S. yet are still above the U.S. per capita cigarette consumption of 96.4 packs in 2002.

Comparison of Arkansas with California Trends

The following data compares the average rates of decline per year in adult smoking prevalence and adult per capita consumption in California over the first ten years of its program (from 1989 to 1999) with the average rates of decline per year in adult smoking prevalence and adult per capita consumption in Arkansas (from 1999 to 2002). This ten year period from 1989–1999 in California was selected for comparison as it illustrates the declines observed in the first ten years of the program and can serve as a model against which Arkansas can gauge and compare their first ten years of declines.

- ▶ In California, the adult smoking prevalence declined from 26.7% in 1989 to 18.7% in 1999 for an average rate of decline of .8% per year during this 10-year period.
- ▶ In Arkansas, the adult smoking prevalence declined from 27.2% in 1999 to 26.3% in 2002 for an average rate of decline of .3% per year.

▶ In California, the adult per capita consumption declined from 101.5 packs in 1989 to 62.1 packs in 1999 for an average rate of decline of 3.94 packs per year.

▶ In Arkansas, the adult per capita consumption declined from 139.8 packs in 1999 to 119.8 packs in 2002 for an average rate of decline of 6.67 packs per year.

For Arkansas to keep pace with the average rates of decline in adult smoking prevalence over this ten-year period seen in California, Arkansas needs to increase the rate of decline in adult smoking prevalence .5% per year. **Currently, Arkansas's rate of decline in adult per capita consumption is exceeding California's ten-year trend.** For Arkansas to maintain (or surpass) the pace of California's ten-year declines there will need to be an increase in the decline in adult smoking prevalence and maintenance of the per capita consumption rates through 2010.

Of importance and previously noted, it is critical that Arkansas establish mechanisms to track untaxed sales from other sources (e.g., other states, the Internet, Native American smoke shops) that may account in part for the observed decline in adult sales and increase in adult smoking prevalence.

Final Note of Accomplishment

While Arkansas' prevalence of adult tobacco smokers needs to decline more rapidly to match the success of California, Arkansas' current rate of decline in adult per capita consumption of tobacco is exceeding California's ten-year trend.

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