



Best Practice: Tobacco Control Program

REPORT UPDATED: JULY 12, 2011

CITY: NEW YORK CITY

POLICY AREAS: PUBLIC HEALTH

BEST PRACTICE

The New York City Department of Health and Mental Hygiene's Tobacco Control Program has achieved significant declines in youth and adult smoking since 2002 by implementing a five-point plan comprising taxation, legislation, cessation, education and evaluation.

ISSUE

Smoking is the leading cause of preventable death both nationally and in New York City. Smoking is currently responsible for almost 7,200 deaths annually in New York City, approximately one in seven deaths overall. One in three preventable deaths in New York City is smoking-related.

GOALS AND OBJECTIVES

New York City's tobacco control program seeks to reduce the prevalence of smoking among youth and adults, decrease initiation of smoking, and reduce exposure to secondhand smoke.

IMPLEMENTATION

In 2002, the Health Department launched an aggressive, comprehensive tobacco control program consisting of five components: taxation, legal action, cessation, public education and evaluation.

Taxation: In 2002, New York City raised the price of cigarettes through an increase in its excise tax from \$0.08 cents to \$1.50 per pack. The increase brought the price per pack to almost \$7. In 2008, New York State increased its excise tax by \$1.25, bringing the total to about \$8.50. In 2009, the federal tax on cigarettes was increased by \$.62, bringing the NYC total cost to about \$9.20. In 2010, New York State added a \$1.60 excise tax to the pack price. As of 2011, the average price for a pack of cigarettes is about \$11.20 due to these additional city, state and federal taxes. New York City's cigarettes are the most expensive in the nation. New York City has met the World Health Organization recommendation that excise and sales taxes account for two-thirds of the pack price.

Legislation: The Health Department advocated passage of the Smoke-Free Air Act (SFAA) of 2002, making virtually all workplaces in New York City smoke-free, including restaurants and bars. Since implementation of the SFAA on March 30, 2003, tax receipts and employment in restaurants and bars have risen, and compliance with the law has been at or above 97%.

In 2011, the Smoke-Free Air Act was expanded to make all public parks, beaches, and pedestrian plazas smoke-free.

Cessation: In 2003, the Health Department began distributing nicotine replacement therapy (NRT) to smokers to help them quit. Between 2003 and 2010, more than 400,000 courses of nicotine patches, gum and lozenges were distributed through multiple venues. The majority of NRT -- 340,000 courses -- was distributed directly to the public. An additional 63,000 courses were distributed in collaboration with New York City's public hospital system, the Health and Hospitals Corporation, which has 11 smoking cessation programs that serve 17 locations.

In 2010, the Health Department's Primary Care Information Project (PCIP) began a pay-for-performance, incentive-based project for primary care physicians to treat identified smokers via electronic health records. The program, *Health eQuits*,

Best Practice: Tobacco Control Program

targets large health centers with higher than 7% smoking prevalence among their patient populations. Since its launch, 23 Community Health Centers, serving more than 400,000 patients and an estimated 80,000 smokers, are participating in *Health eQuits*.

Education: In 2006, the Health Department launched hard-hitting advertisements that depicted the health consequences of smoking, and testimonial ads from sick or dying smokers. The campaign's initial run, from January to June 2006, increased call volumes at 311 (New York City's government services and information line) for quit-smoking assistance four-fold compared to the same period in 2005 (30,000 calls in 2006 versus 7,500 calls in 2005). In 2009, the Health Department aired a series of hard-hitting television ads that resulted in more than 99,500 calls to 311 and the NYS Smokers' Quitline.

In 2010, the NYC Board of Health amended the Health Code to require that all retail outlets licensed to sell tobacco products post warning signs developed and distributed by the Health Department. In addition to their graphic depictions of illness caused by smoking, each sign provides a cessation message. In August 2010, a lawsuit was filed challenging the requirement claiming that the Board of Health lacked authority to implement, that it is preempted by the Federal Cigarette Labeling and Advertising Act (FCLAA), and that it violated the First Amendment rights of retailers. The court rules that NYC was preempted by the FCLAA and declares the regulation null and void. The ruling addressed only the issue of preemption. New York City filed an appeal; the case is pending.

In 2010, the Health Department continued its media efforts by airing several graphic, anti-smoking educational campaigns that generated more than 74,000 calls to 311 and the NYS Smokers' Quitline.

Evaluation: Critical outcomes, such as youth and adult smoking prevalence, and smoking-related behaviors such as quit attempts and having rules about not smoking at home, are evaluated through an annual Community Health Survey, a phone-based survey of 10,000 adults, and a bi-annual Youth Risk Behavior Survey, a written survey of, on average, 5,000 public high school students.

These efforts have been accomplished through an agency-wide approach to tobacco control that has utilized the expertise of multiple Health Department bureaus and offices including:

- the Bureau of Tobacco Control, which oversees and coordinates all tobacco-related activities and programs;
- the Bureau of Epidemiology Services, which oversees and conducts the annual Community Health Survey and the bi-annual Youth Risk Behavior Survey and publishes manuscripts;
- the Bureau of Food Safety and Community Sanitation, which oversees enforcement of some city and state tobacco laws including the Smoke-Free Air Act;
- the Office of Communications, which plans, develops and implements all educational outreach, including media campaigns, as well as oversees contact with the press, organizes events and writes press releases;
- the Office of the General Counsel, which oversees promulgation and implementation of legislation and regulations, and
- the Office of Intergovernmental Affairs, which oversees all activities involving elected officials.

Key partners in these efforts have included local and national anti-tobacco advocates, including the American Cancer Society, the American Heart Association, the American Legacy Foundation, the American Lung Association, the Campaign for Tobacco-Free Kids, and the NYC Coalition for a Smoke-Free City. The many agencies and organizations with which the Health Department has collaborated include the New York City Health and Hospitals Corporation, the New York State Smokers' Quitline, the New York State Tobacco Control Program, New York City Department of Consumer Affairs and 311 (New York City's non-emergency information line).

Additionally, New York State funds the Health Department to educate retailers about local and state laws governing the sale of tobacco products to minors, and funds the New York City Department of Consumer Affairs to conduct inspections to ensure compliance with the laws. The Health Department and the New York City Department of Consumer Affairs have

Best Practice: Tobacco Control Program

conducted education and compliance checks regarding the Adolescent Tobacco Use and Prevention Act (ATUPA) since 1997.

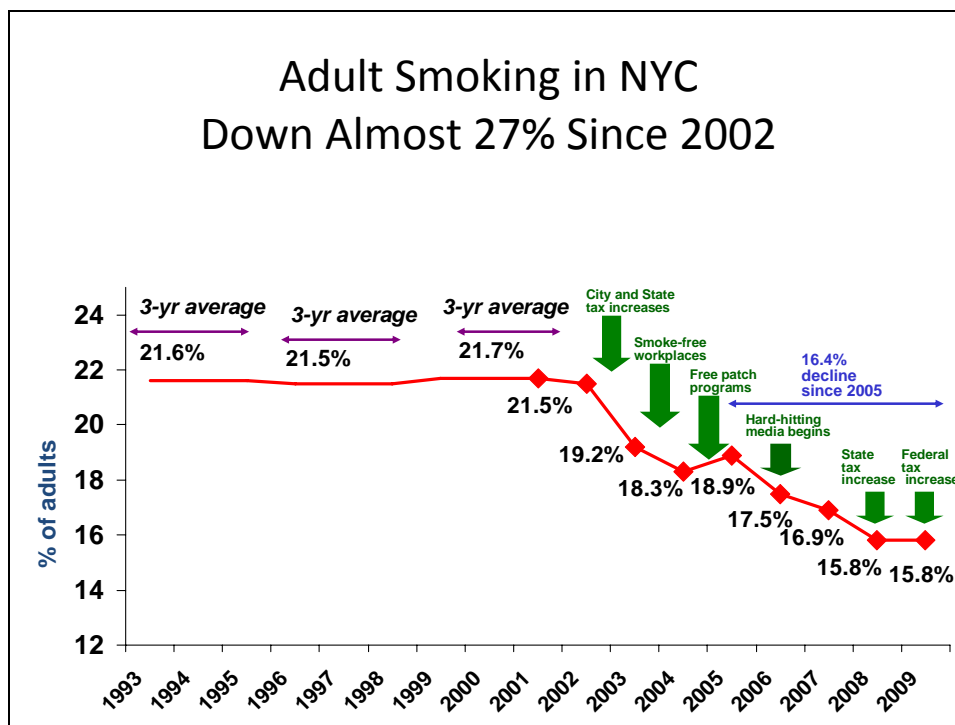
COST

The budget for the Bureau of Tobacco Control in Fiscal Year 2002 -- before the launch of the comprehensive tobacco control program -- was about \$2 million. The FY11 budget for the Bureau of Tobacco Control is about \$10 million. Most funds are spent on public education and nicotine replacement therapy to motivate and help smokers to quit. Tobacco Control also has supported work on tobacco-related issues by the Office of the General Counsel and the Bureau of Communications, as well as the annual Community Health Survey.

With funding from a \$15.6 million Centers for Disease Control and Prevention stimulus grant, the Bureau of Tobacco Control is implementing evidence- and practice-based policy, systems, and environmental change initiatives to reduce tobacco use and secondhand smoke exposure. These activities include the expansion of hard-hitting anti-tobacco media campaigns; strategic investments in the NYC Coalition for a Smoke-Free City to advance a policy agenda in the areas of smoke-free air, the retail environment, and price; activities to support expansion of smoke-free air through changes to institutional policies and greater compliance with existing prohibitions, and interventions to benefit sub-populations with disproportionately high rates of smoking.

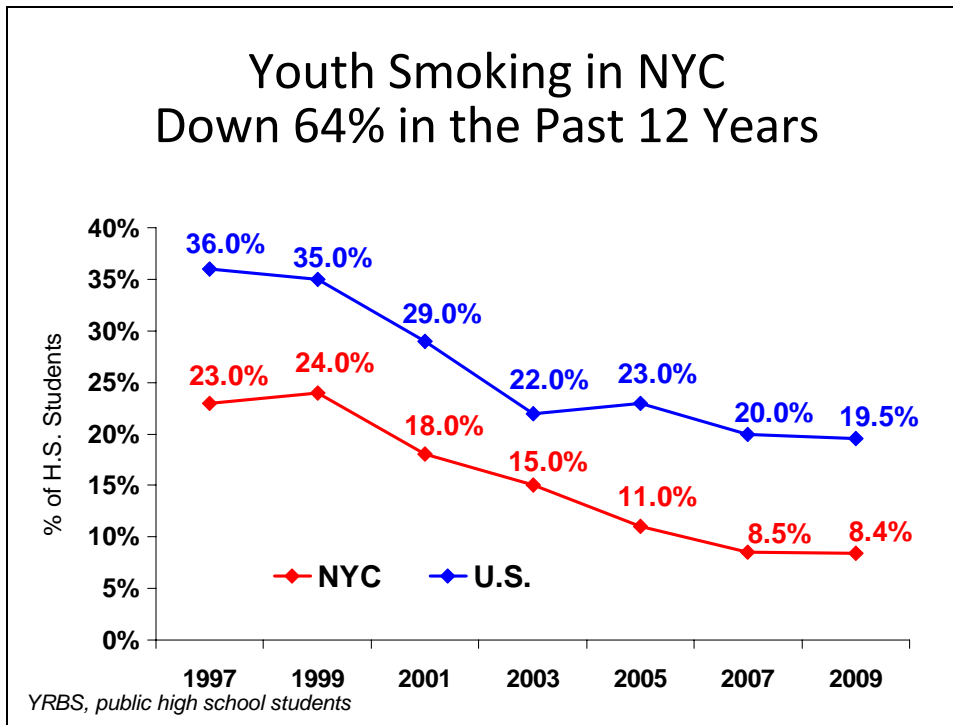
RESULTS AND EVALUATION

Between 2002 and 2009, smoking prevalence among New York City adults declined 27% from 21.5% to 15.8%, resulting in 341,000 fewer New York City adult smokers.



Between 2001 and 2009, smoking among New York City public high school students declined 52%, from 17.6% to 8.4%.

Best Practice: Tobacco Control Program



Since 2003, the Health Department has distributed about 400,000 courses of NRT, helping about 120,000 smokers quit.

Calls to 311, New York City's non-emergency information line, for help quitting smoking have increased almost four-fold from about 11,000 in FY05 (prior to the Health Department's hard-hitting anti-tobacco media campaign) to more than 40,000 in FY10.

As of 2009, nearly 4.5 million New Yorkers had a smoke-free policy at home. More specifically, 80% percent of non-smokers and 44% of smokers have a smoke-free home. Since 2002, the percent of smokers with a smoke-free home policy increased by 19%, with just 438,000 smokers reporting a smoke-free home policy in 2009, up from 367,000 in 2002.

In 2010, the Health Department released its *Annual Summary of Vital Statistics* report. Approximately 7,200 deaths in the city were attributable to smoking in 2009 – 400 fewer than in 2008 and 1,500 fewer than in 2002. The decline in smoking has saved about 6,300 lives since 2002, and the annual reduction in smoking-related deaths is likely to increase, as longer-term benefits of smoke-free living are realized. (<http://www.nyc.gov/html/doh/html/pr2010/pr063-10.shtml>)

The Health Department has disseminated research findings in 18 articles published in peer-reviewed journals.

TIMELINE

2002

- Mayor Michael Bloomberg and Health Commissioner Thomas Frieden host Tobacco Roundtable to identify key priorities; results in launch of New York City's five-point tobacco control plan (May)
- New York City increases cigarette excise tax by \$1.42, from \$0.08 to \$1.50 (July)
- "Treating Nicotine Addiction," City Health Information publication for health care providers (November) (<http://www.nyc.gov/html/doh/downloads/pdf/chi/chi21-6.pdf>)

Best Practice: Tobacco Control Program

- Smoke-Free Air Act of 2002 enacted (December)
- Support for 11 Health and Hospitals Corporation (HHC) quit smoking programs serving 17 locations begins; includes provision of nicotine replacement therapy (NRT) and technical assistance to track patients screened, patients provided medications and patients quit
- Community Health Survey (CHS) first-year (baseline) data disseminated; adult smoking prevalence: 21.5%

2003

- New York City Smoke-Free Air Act (SFAA) of 2002 becomes effective (March)
- Nicotine Patch Program distributes 35,000 courses of patches to New York City smokers (April-May).
- Youth Risk Behavior Survey (YRBS) data on public high school smoking prevalence: 14.8% (a decline of 16% from 2001, used as baseline year)

2004

- Two aspirational themed media campaigns include "Bob Quits" and "Everybody Loves a Quitter" are launched. There is negligible increase in calls to the Quitline or 311.
- "Take Care New York" (TCNY), New York City's health policy initiative, launches; TCNY identifies "Be Tobacco-Free" as No. 2 priority (March)
- "The State of Smoke-Free New York City: A One-Year Review," released with the Departments of Finance and Small Business Services and the Economic Development Corporation, finds that receipts and liquor licenses are up in New York City bars and restaurants, and compliance with the SFAA is high (March) (<http://www.nyc.gov/html/doh/downloads/pdf/smoke/statesmoke07.pdf>)

2005

- Nicotine Patch Program distributes 45,000 courses of patches to New York City smokers (April-May)
- Targeted media campaign aimed at Chinese and Russian smokers is launched (September, October)
- "A Smoke-Free Home," Health Bulletin published (November)

2006

- Hard-hitting anti-tobacco media campaign launches, featuring testimonials from sick and dying smokers as well as ads such as the Australia-produced "Every Cigarette is Doing You Damage" (artery, brain, and lung) (January-June)
- "Smoking Among NYC Public High School Students," Vital Signs publication, published (February) (<http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2006teensmoking.pdf>)
- The Health Department launches "Primary Care Information Project" to improve population health through technology and information exchange using electronic health records; tobacco is a key priority (April)
- Nicotine Patch Program distributes 35,000 courses of patches to New York City smokers (May-June)
- "Teenage Girls and Smoking," Vital Signs publication, published (August) (<http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2006teengirlsmoking.pdf>)

2007

- Hard-hitting anti-tobacco media campaign continues including the Health Department-produced "Cigarettes are Eating You Alive" (January-December)
- "Still Smoking?" Health Bulletin publication, published (January) (<http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews5-12.pdf>)
- Nicotine Patch and Gum Program distributes 33,000 courses of patches and gum to New York City smokers (April-May)
- "Who's Still Smoking?" Vital Signs publication, (August) (<http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2007smoking.pdf>)
- "Treating Tobacco Addiction," City Health Information publication for health care providers, (December) (<http://www.nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf>)

Best Practice: Tobacco Control Program

2008

- Health Department launches Staten Island smoking cessation media campaign, in a borough with disproportionately high smoking prevalence rates (March)
- Health Department conducts randomized controlled trial among Nicotine Patch and Gum program enrollees to assess the impact of two months of smoking cessation text messages on quit rates.
- “Guide to Smoking Cessation Programs in NYC” published (April)
(<http://www.nyc.gov/html/doh/downloads/pdf/csi/cessation-guide.pdf>)
- Media campaign highlighting June 3 New York State excise tax increase (June)
- “How to Make Your Home Smoke-Free” Health Bulletin publication, published English, Spanish, Chinese (August)
(<http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-08.pdf>)
- Health Department launches new matchbooks featuring graphic images of the debilitating and deadly effects of smoking (September)

2009

- “Separation” airs; the ad, originally produced in Australia by Quit Victoria, generated more than 80 media stories, including coverage on national programs such as the *Today Show* and *ABC World News Tonight*. (March-April)
- Media campaign highlights April federal excise tax increase (March-April)
- Health Department launches an interactive Facebook page – www.facebook.com/nycquits in conjunction with the 2009 Nicotine Patch and Gum Program. In less than a year the agency’s NYC Quits page has become an online support system for more than 5,000 fans (April 2009)
- In conjunction with the Nicotine Patch and Gum Program, a hard-hitting campaign featuring “Marie” airs. Marie was a former smoker from the Bronx whose smoking-related illnesses led to nearly 20 amputations. (April-May)
- Nicotine Patch and Gum Program distributes 28,000 courses of patches and gum to New York City smokers; this represents 3% of all current smokers in NYC, including 11% of all heavy smokers. (April-May)
- “Treating Tobacco Addiction,” City Health Information publication for health care providers (May/June)
(<http://www.nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf>)
- DOHMH utilizes qualitative research methods to test different point-of-sale health warning signs, health messages and images to ensure optimal message effectiveness. The NYC Board of Health amended the Health Code to require that all retail outlets licensed to sell tobacco products post warning signs developed and distributed by the Health Department.

2010

- In conjunction with the annual Nicotine Patch and Gum Program (NPGP), the Health Department airs a bold new campaign, ‘Reverse the Damage.’ The ads feature stark images of lung cancer and heart disease while emphasizing the potential for a smoker’s body to heal after quitting (CPPW-funded) (March)
- The NPGP distributes more than 40,000 courses of patches and gum to New York City smokers in just 16 days; this represents 4.2% of all current smokers in NYC, including 26% of all heavy smokers. With the addition of an online application form, an average of 2,253 people enroll each day the program runs, the highest average daily enrollment ever for this program (March)
- Health Department creates informational guide about smoking cessation counseling benefits available to pregnant and post-partum women (<http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-quit-smoking-coaching-guide.pdf>; <http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-ltr-to-providers.pdf>) (April)
- Health Department creates Medicaid Fact Card outlining quit-smoking benefits available to Medicaid, Medicaid Managed Care, and Family Health Plus enrollees and provides instructions on how to use them (<http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-nys-medicaid-benefit.pdf>) (May-Dec)
- Health Department launches “Colors,” a new educational campaign that alerts consumers to a deceptive marketing technique the tobacco industry is using to evade the federal ban on package labels such as “light,” “low-tar” and “mild;” the ad reminded smokers all cigarettes are hazardous and encouraged them to call 311 for help to quit (CPPW-funded) (June-July)
- “New York City Smoke-free Regulations: A Guide for Health Care Facilities” provides detailed information about smoke-free regulations for hospitals and other health care facilities, as well as compliance strategies. Health

Best Practice: Tobacco Control Program

Department distributes 13,000 copies to all health care facilities in NYC

(<http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-hc-facilities-reg.pdf>) (CPPW-funded) (October)

- The Health Department launches a new ad campaign to coincide with the release of its new report showing that more than half of all NYC smokers (58%) still allow smokers to light up in their homes, and that approximately one in five of the city's nonsmoking adults (18%) reported being exposed to secondhand smoke in 2008. The new series of television spots, directed by Spike Lee, depicts how a parent's cigarette smoke can raise a child's risk of both short- and long-term illnesses, and urges those still smoking to quit today.
(<http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2010-secondhand-smoke.pdf>) (CPPW-funded) (Dec-Jan 2011)

LEGISLATION

On July 2, 2002, New York City raised its cigarette excise tax from \$0.08 cents to \$1.50 per pack.

On Dec. 30, 2002, New York City passed the Smoke-Free Air Act. The legislation, which became effective March 30, 2003, resulted in virtually all workplaces in New York City becoming smoke-free, including restaurants and bars.

On July 29, 2009, the NYC Smoke-Free Air Act was expanded to prohibit smoking within 15 feet of entrances, exits and grounds of NYC's hospitals, diagnostic and treatment centers, and residential health-care facilities and on all outdoor property operated by such facilities.

On September 22, 2009, the NYC Board of Health passed a regulation requiring all tobacco retailers to post signs depicting the adverse health effects of tobacco use at the point-of-purchase. NYC was the first jurisdiction in the United States to require such signage and has used graphic, aggressive images to maximize the impact of this new tool. Three leading tobacco companies filed suit against NYC. After the NYC Health Department appealed the tobacco industry's motion for an injunction on the point-of-sale warning signs regulation the proposal was deemed null and void in late 2010. The Health Department filed another appeal and several national tobacco control groups submitted Amicus Curiae briefs in support of the point-of-sale regulation.

On October 14, 2009, the NYC Council passed legislation restricting the sale of flavored non-cigarette tobacco products including cigars, blunts, chewing tobacco and new spit-less products such as Snus. This law limits the sale of products designed to appeal to youth. The legislation also complements the federal ban on flavored cigarettes under the Family Smoking Prevention and Tobacco Control Act.

On February 2, 2011, the NYC City Council voted to expand the Smoke Free Air Act to include a ban on smoking in all parks, beaches, marinas, boardwalks and pedestrian plazas. The law went into effect in May 2011. NYC joins more than 100 cities and counties nationwide who have already adopted similar policies to make parks, beaches, and other outdoor recreational areas smoke-free.

LESSONS LEARNED

After a historic decline of 11% in adult smoking prevalence in New York City between 2002 and 2003 – in response primarily to the high price of cigarettes achieved through increasing taxes, and a further decrease between 2003 and 2004 related temporally to enactment of the Smoke-Free Air Act of 2002 – the decline in adult smoking prevalence in New York City stalled from 2004 to 2005. In response, in 2006 New York City launched a well-funded, large-scale, hard-hitting anti-tobacco campaign that depicted the health consequences of smoking through graphic ads and testimonials from smokers. After the media campaign, the overall decline continued.

Best Practice: Tobacco Control Program

New York City's experience demonstrates that:

- The Smoke-Free Air Act not only protects against secondhand smoke but also changes social norms while reducing smoking prevalence;
- Taxation of tobacco reduces smoking, especially among teens; and
- Hard-hitting educational campaigns that highlight the health risks of smoking and promote smoking cessation reduce the initiation of smoking among youths while encouraging adult smokers to make a quit attempt.

New York City's five-point plan is consistent with the World Health Organization's 2008 six-policy tobacco control package, MPOWER (http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf).

LESSONS LEARNED

After a historic decline of 11% in adult smoking prevalence in New York City between 2002 and 2003 – in response primarily to the high price of cigarettes achieved through increasing taxes, and a further decrease between 2003 and 2004 related temporally to enactment of the Smoke-Free Air Act of 2002 – the decline in adult smoking prevalence in New York City stalled from 2004 to 2005. In response, in 2006 New York City launched a well-funded, large-scale, hard-hitting anti-tobacco campaign that depicted the health consequences of smoking through graphic ads and testimonials from smokers. After the media campaign, the overall decline continued.

New York City's experience demonstrates that:

- The Smoke-Free Air Act not only protects against secondhand smoke but also changes social norms while reducing smoking prevalence;
- Taxation of tobacco reduces smoking, especially among teens; and
- Hard-hitting educational campaigns that highlight the health risks of smoking and promote smoking cessation reduce the initiation of smoking among youths while encouraging adult smokers to make a quit attempt.

New York City's five-point plan is consistent with the World Health Organization's 2008 six-policy tobacco control package, MPOWER (http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf).

TRANSFERABILITY

When New York City passed the Smoke-Free Air Act of 2002, only one state (California), and no countries had implemented similar legislation. As of April 2011, almost 80% of the U.S. population was covered by state and local smoke-free air legislation which includes workplaces and/or restaurants and/or bars; over 64% of the U.S. population is covered by laws which include both restaurants and bars (<http://www.no-smoke.org/pdf/SummaryUSPopList.pdf>). Twenty-five states and the District of Columbia have enacted such legislation.

Also as of April 2011, 37 countries have enacted smoke-free air laws that cover both restaurants and bars. Countries that have enacted such legislation include Belgium, Bermuda, British Virgin Islands, Bhutan, Canada, Cyprus, Colombia, England, Finland, France, Guatemala, Honduras, Hong Kong, Iceland, Iran, Ireland, Lithuania, Maldives, Niger, New Zealand, Norway, Panama, Paraguay, Peru, Scotland, Singapore, South Africa, Spain, Sweden, Syria, Thailand, Turkey, Uganda, the United Kingdom and Uruguay (<http://www.no-smoke.org/pdf/internationalbarsandrestaurants.pdf>).

Dozens of health departments, the U.S. and internationally, including Turkey, Russia, Egypt and the Ukraine, have adapted our hard-hitting media campaigns for use in their jurisdictions.



Best Practice: Tobacco Control Program

CONTACTS

- Thomas A. Farley, MD, MPH
Commissioner
New York City Department of Health and Mental Hygiene
42-09 28th Street New York, NY 11101
Phone: 347-396-4100
Fax: 347-396-4565
Website: www.nyc.gov/health
- Susan Kansagra, MD, MBA
Assistant Commissioner
Bureau of Tobacco Control
42-09 28th Street, 10th Floor, CN-18
Queens, NY 11101-4132
Phone: 347-396-4559
Fax: 347-396-4565
Website: www.nyc.gov/nycquits