

State of Tobacco Control in Alameda County 2004

A Report by:



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Highlights

- The smoking-caused tax burden for each Alameda County resident is \$502/year.
- Alameda County 2002 smoking rates are lower than the state averages for both adults and youth.

2002 Smoking Prevalence

	Adult Smokers	Youth (12-17) Smokers
California	15.4%	5.0%
Alameda County	14.8%	2.5%

- Youth smoking in Alameda County is half the rate of the state overall and the lowest of any region in the state.
- The increase of tobacco taxes in 1988 and 1989 combined with the efforts of the anti-tobacco education campaigns has resulted in an estimated 47,000 fewer smokers in Alameda County since 1990.
- Alameda County is one of the few counties in the country that is aggressively addressing tobacco use among the most addicted smokers -- individuals who have mental health and/or substance abuse issues.
- Cities and the unincorporated areas have adopted smoke-free protections more restrictive than state law
 - Nine cities and the unincorporated areas all have local ordinances banning smoking in the common areas of multi-unit housing.
 - Nine cities and the unincorporated areas all have local ordinances banning smoking near doorways with three of the cities with specific distance requirements.
 - Eight cities ban smoking in outdoor service lines.
 - Four cities and the unincorporated areas ban smoking in all outdoor dining.
- Eleven cities and the unincorporated areas have received enforcement support services and/or grants to improve their compliance with the state’s workplace smoking ban and laws prohibiting the sale of tobacco to minors.
- The tobacco companies continue to increase their marketing expenditures, spending \$12.5 billion, or \$34.2 million per day in the US.
 - Based on population, \$65 million per year is spent on marketing tobacco in Alameda County alone – 43 times the amount spent on anti-tobacco programs.
- The Alameda County Board of Supervisors has agreed to renew their \$3 million commitment to fund tobacco control over the next three years from their tobacco master settlement funds.

The Cost of Tobacco Use in Alameda County

Health Consequences

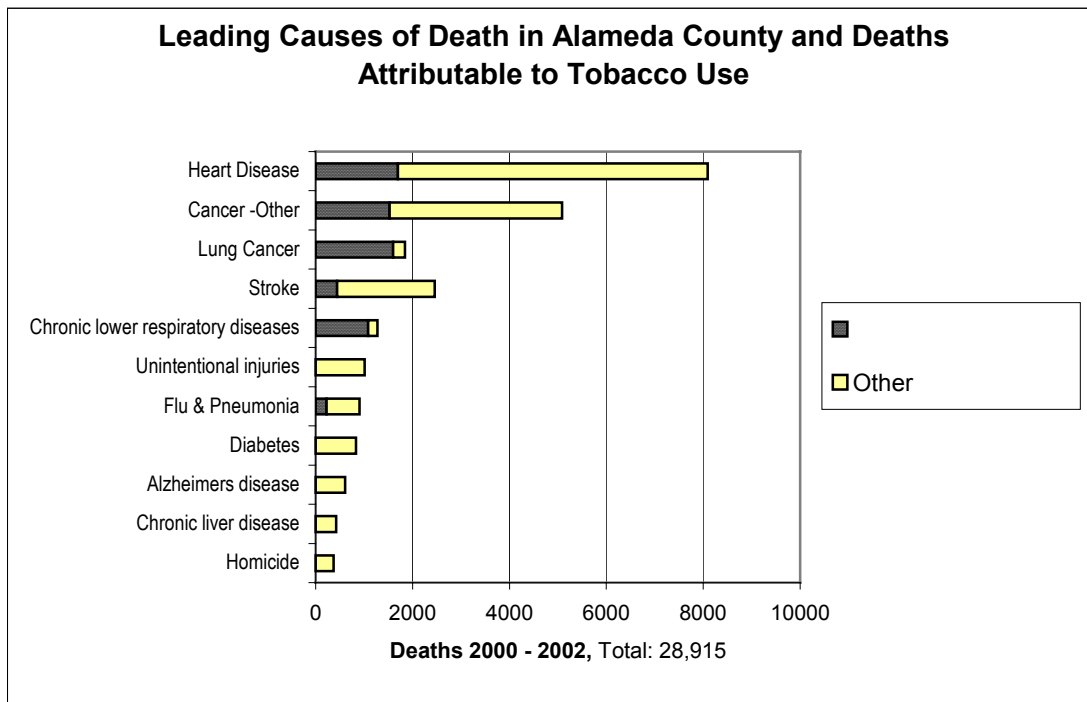
Tobacco use kills more Alameda County residents than any other cause and is responsible for nearly one out of every five deaths annually, cutting each life shorter by an average of 13 years.¹

According to the Alameda County Public Health Department’s Health Status Report 2003, the three top causes of death in the County are heart disease, cancer, and stroke, accounting for 62 percent of all deaths.²

In Alameda County, tobacco use kills an estimated 1,700 to 1,800 residents³ every year. In fact, smoking is responsible⁴ for:

- 87 percent of lung cancer deaths
- 21 percent of deaths from heart disease
- 18 percent of deaths from stroke
- 80 to 90 percent of deaths from chronic obstructive pulmonary disease.
-

The chart below is an extrapolation of the CDC data with the Alameda County Health Status Report 2003.



Cost to Taxpayers

The medical cost of treating smoking-related illnesses in Alameda County is \$402 million per year with close to 20 percent of that amount -- \$80 million – being borne by taxpayers in the form

¹ Max W, Rice DP, Zhang X, Sung H-Y, Miller L. *The Cost of Smoking in California, 1999*, Sacramento, CA: California Department of Health Services, 2002

² CAPE Unit, Alameda County Public Health Department. *Alameda County Health Status Report 2003, Leading Causes of Death*.

³ Ibid. Max W, et al. *The Cost of Smoking in California, 1999*, Sacramento, CA

⁴ CDC. *Annual smoking-attributable mortality, years of potential years lost, and economic costs – United States, 1995-1999*. Morbidity and Mortality Weekly Report 2002; 51(14): 300 – 303.

of Medi-Cal and Medicare taxes. An additional \$308 million is lost in indirect costs like lost productivity.⁵ In total, the smoking-caused tax burden for each Alameda County resident is \$502/year.⁶

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In addition, as of March 2004, Alameda County residents have been paying an additional 1/2 percent in sales tax for the County's medical center, clinics and other under-funded health care services, many of which are for uninsured and underinsured smokers.

Approximately \$90 million a year is being raised through this tax called Measure A. Three-fourths of the revenue goes to the Alameda County Medical Center, which operates three public hospitals in Oakland and San Leandro and community clinics in Oakland, Hayward and Newark. The remaining 25%

of the revenue would go to private health care providers that serve Medi-Cal beneficiaries and indigent patients (*California Healthline*, 7/21).

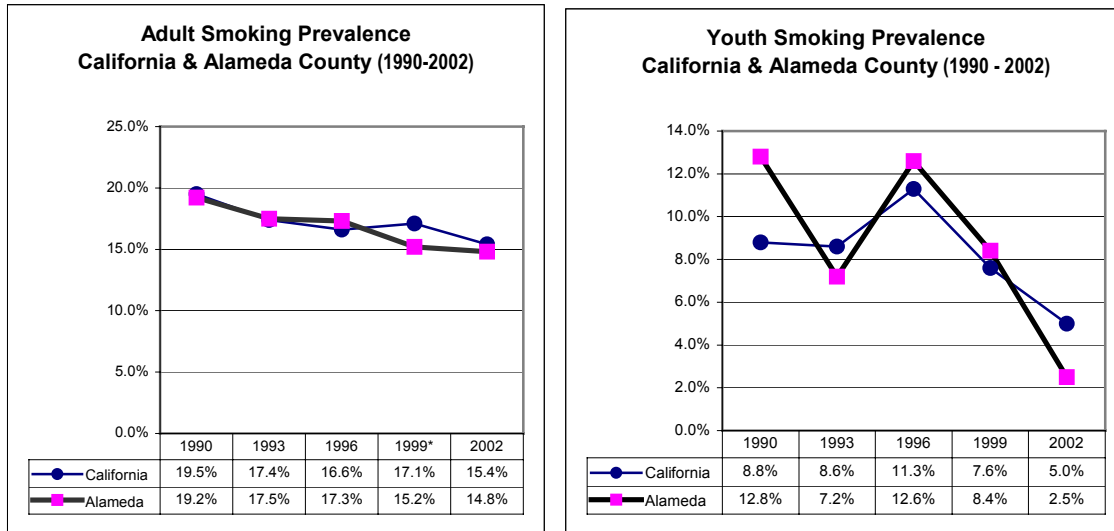
The total number of uninsured adults in Alameda County in 2000 was 147,329 with close to 61,000 in Oakland, 25,000 in Hayward, 12,000 in Fremont and 11,000 in Berkeley.⁷

⁵ Ibid. Max W, Rice DP, Zhang X, Sung H-Y, Miller L. *The Cost of Smoking in California, 1999*, Sacramento, CA

⁶ Ibid

⁷ Community Voices and Communities in Charge Projects, and the Access to Care Collaborative, 2000. County of Alameda Uninsured Survey 2000 and the US Census Bureau.

Adult and Youth Smoking Prevalence in California & Alameda County⁸



Alameda County’s 2002 smoking rates are lower than the state averages for both adults and youth.

Adult smoking prevalence in Alameda County has dropped by close to 23 percent between 1990 and 2002 – from 19.2 percent to 14.8 percent.⁹ The decline of the adult smoking prevalence between 1990 and 1999 has resulted in an estimated 47,000 fewer smokers and over 2,300 fewer deaths in Alameda County alone.¹⁰

In 1999, there were an estimated 156,000 smokers in Alameda County and 1,700 deaths from smoking – one out of every 5 deaths.¹¹

Youth smoking prevalence in Alameda County has shown an even more significant decline since 1990, a drop of 70.2 percent, greater than any other region in the state, although the small sample sizes may have skewed some of the results from smaller counties.¹²

In 1996 and 1999, the Alameda County’s youth smoking prevalence was above the state average. It bears further research to determine the factors behind this significant drop to the lowest in the

⁸ Data from **Final Report, October 2003, Tobacco Control Successes in California: A Focus on Young People, Results from the California Tobacco Surveys, 1990-2002**, California Department of Health Services, Tobacco Control Section, Cancer Prevention and Control Program, UC San Diego.

⁹ Ibid, *Final Report, October 2003*. Alameda County’s 14.8 percent adult smoking rate falls slightly above Contra Costa’s rate of 13.3 percent and far below San Francisco’s 17.2 percent smoking rate.

¹⁰ Extrapolated from: **Smoking Rates and Deaths**. U.S. Centers for Disease Control and Prevention (CDC), 2000 Behavioral Risk Factor Surveillance System (BRFSS), <http://apps.nccd.cdc.gov/brfss/index.asp>. CDC, *Investments in Tobacco Control: State Highlights 2001*, 2001. www.cdc.gov/tobacco/statehi/statehi_2001.htm. CDC, “Smoking Attributable Mortality and Years of Potential Life Lost – United States, 1984” [with editor’s update for 1990-1994], *MMWR* 46(20): 444-451, May 23, 1997. CDC, “Projected Smoking-Related Deaths Among Youth -- United States,” *MMWR* 45(44): 971-974, November 8, 1996. CDC *MMWR*’s available at www.cdc.gov/mmwr.

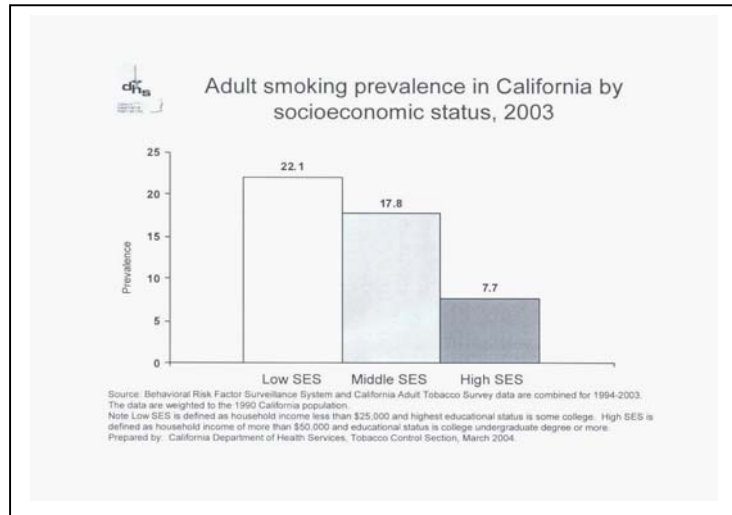
¹¹ Ibid, Max et al

¹² Ibid. Cancer Prevention and Control Program, UC San Diego. *Final Report, October 2003*.

state in 2002. One factor may be the impact of the innovative use of tobacco master settlement funds to build a strong community-schools-school-based clinic partnership which began in 2000.

According to a study to be released in January 2005, researchers have attributed the decline in California adolescent smoking from 1996 to 1999 to “come primarily from adolescents already at low risk of future smoking (as defined by a variety of predictors), who transitioned to smoking at much lower rates than previously.”¹³ However the more acute decline in Alameda County’s youth smoking rate since 1999 may be indicative of the County’s tobacco settlement-funded interventions.

While the smoking prevalence for Alameda County adults was at an all time low of 14.8 percent in 2002, state data (see table at right) shows the prevalence is at 22.1 percent among those with low socioeconomic status as compared to 7.7 percent among those with high economic status.¹⁴



In Alameda County, six cities/areas have a significant percent of their population living in poverty ranging from 12.3 percent in Cherryland to 19.4 percent in Oakland and 20 percent in Berkeley. Emeryville, Ashland, and Sunol have rates of 13.2, 14.3 and 15.5 respectively. It can be presumed that the smoking prevalence may be higher in these areas.¹⁵

Since 87 percent of lung cancer deaths have been statistically attributed to smoking, reviewing the lung cancer death rates by city may also reveal at least prior smoking prevalence. The age-adjusted death rates were highest in Newark (65), Ashland (60), and San Lorenzo (59), far above the national rate of 55 deaths per 100,000 persons. In fact most cities in the County exceeded the California rate of 45 per 100,000. Only three cities fell below the Healthy People 2010 objective of 44.9: Dublin, Berkeley and Fairfield.¹⁶

A recent study based on the 2001-2002 National Epidemiologic Survey of Alcohol and Related Conditions found that adults with nicotine dependence and/or psychiatric disorders, including alcohol and other drug addictions, consumed 70 percent of all cigarettes consumed in the United States.¹⁷

¹³Elizabeth A. Gilpin, Lora Lee & John P. Pierce. *How have smoking risk factors changed with recent declines in California adolescent smoking?* Addiction. 100(1): 117 - January 2005.

¹⁴ CA Dept of Health Services, Tobacco Control Section, March 2004. News Release: California’s Adult Smoking Declines to Historic Lows., May 26, 2004. Source: Behavioral Risk Factor Surveillance System and CA Adult Tobacco Survey data. Note: Low SES is defined as household income of less than \$25,000. High SES is defined as household income of more than \$50,000.

¹⁵ CAPE Unit, Alameda County Public Health Department. *Select Health Indicators for Cities in Alameda County, 2004.* Alameda County Hospital Council Report. September 2004

¹⁶ Ibid

¹⁷ B Grant, D Hasin, S Chou, FStinson, D Dawson. *Nicotine Dependence and Psychiatric Disorders in the US.* Arch Gen Psychiatry. 2004;61:1107-1115.

This study also found that 12.8 percent of US adults were nicotine dependent as defined by the psychiatric protocols established in the DSM-IV, and that these individuals consumed 57.5 percent of all cigarettes smoked in the US.¹⁸ If, according to the CDC, approximately 23.3 percent of all US adults were smokers in 2000, then over half of all adult smokers could be considered nicotine dependent.

As more and more smokers quit and fewer youth take up tobacco use, it is imperative that the tobacco control and prevention community addresses specific interventions to those with nicotine dependence, psychiatric disorders, and/or alcohol or other drug addictions.

Successes of Tobacco Control Programs: Saving Lives

Fewer Smokers and Remaining Smokers Smoke Less

Since the establishment of California's tobacco control program in 1989, the state department of health services has administered a statewide program funding public health departments, local school districts, educational institutions, and health and community organizations to implement their program goals.

According to a CDC report issued in 2000, California showed a 14 percent drop in lung cancer rates between 1988 and 1997, while the estimated drop nationwide was 2.7 percent. In addition, California had a lower incidence rate for six out of nine tobacco-related cancers than the rest of the United States. These cancers are lung, larynx, esophagus, bladder, pancreas and kidney.¹⁹

Statewide, there were an estimated 58,900 fewer deaths from heart disease between 1989 and 1997 due to the Tobacco Control Program.²⁰ While California is second only to Utah for having the least number of smokers in the US, per capita consumption was down to 3.9 packs/month in 2002, less than half the level of the rest of the country.

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¹⁸ Ibid. B Grant et al.

¹⁹ Cancer Surveillance Section. *Tobacco and Cancer in California, 1988-1999*. Sacramento, CA: California Department of Health Services, 2003.

²⁰ Fitchetenberg CM, Glantz SA. *Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease*. The New England Journal of Medicine, 2000;343:1772-1777.

Tobacco Control Programs in Alameda County

The Alameda County Public Health Department's Tobacco Control Program in collaboration with its community partners has coordinated tobacco control efforts in the County since 1989, with an annual budget of approximately \$500,000 – \$1.5 million annually.

Since 2000, the Alameda County Board of Supervisors have allocated \$1 million annually to tobacco control and cessation programs from their share of the settlement from the 1998 lawsuit against the major tobacco companies. The tobacco settlement-funded program priority areas are: Cessation, Enforcement, Youth, Policy Advocacy, Community Outreach and Coalition Development. These priority areas are based on a local adaptation to the CDC's Best Practices for Statewide Tobacco Control Programs with an emphasis on programs not sufficiently covered by the Proposition 99, tobacco tax funds from the state.²¹

1. **CESSATION:** Increase the availability of tobacco cessation programs and resources to Alameda County Residents
Using tobacco settlement grants as leverage, implement public health service guidelines for smoking cessation at all publicly-funded primary care, behavioral health care, school-based clinics and other community service providers.
2. **ENFORCEMENT:** Increase and ensure enforcement of tobacco control laws, regulations and policies
Provide the funding and technical assistance to enable local law enforcement agencies to develop and implement enforcement protocols for local and state tobacco control laws.
3. **YOUTH:** Enhance and support collaborative school, community and youth tobacco prevention and intervention programs
Optimize school-based tobacco prevention programs by providing community-based resources and tools and additional training and tobacco control leadership development opportunities for staff and students.
4. **POLICY:** Increase and protect tobacco control legislation and policies
Maintain an active policy agenda providing opportunities for local tobacco control coalition members to engage in meaningful advocacy efforts in their local communities and on a statewide and national level as well.
5. **COMMUNITY GRANTS AND OUTREACH:** Fund new and innovative community-based projects for the prevention, reduction and control of tobacco use
Support grassroots and community-based groups in developing culturally relevant and appropriate tobacco control interventions in their communities, including cessation, youth peer interventions and outreach to at-risk populations.
6. **COALITION:** Ensure the growth and maintenance of a strong tobacco control coalition in Alameda County
Identify and bring together community-based social, cultural, faith, social service and health organizations and individuals to provide on-going capacity building skills in the area of tobacco control.

²¹ A final report detailing the accomplishments of the Tobacco Master Settlement fund programs July 2000 through December 2004 is available through the American Lung Association of the East Bay.

Local Ordinances

In the *2003 Tobacco Control Protections in Alameda County by Jurisdictions Report*, fourteen of the cities and the unincorporated areas of the County were compared on the basis of how well each city protects its residents and youth from tobacco and secondhand smoke.

While the 1995 California Smoke-Free Workplace Law prohibits smoking in nearly all workplaces in the state, individual cities can and have increased the level of protections by adding local ordinances covering areas not included in the state law.

The safest city for non-smokers was Berkeley with 13 additional protections, excellent enforcement and three council resolutions covering divestment from tobacco stocks, a comprehensive global tobacco control treaty and excessive smoking in films. It is important to note that Berkeley has its own public health department and tobacco prevention program while the Alameda County public health department and tobacco control program serves all of the remaining 14 cities and jurisdictions.

Out of 15 jurisdictions in the County, ten cities and the unincorporated areas **ban smoking in all workplaces**, including those with fewer than 6 employees. (State law exempts businesses with five or fewer employees under certain conditions.) These same jurisdictions also ban smoking in hotel/motel lobbies. (State law allows for smoking areas.)

Nine cities and the unincorporated areas **ban smoking in common areas of multi-unit housing**. These cities are: Berkeley, Dublin, Fremont, Hayward, Livermore, Newark, Oakland, Pleasanton and Union City.

Eight cities ban smoking in **outdoor service lines**. They are: Berkeley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton and Union City.

Five cities ban smoking in **all outdoor dining**. They are: Berkeley, Dublin, Newark, Pleasanton and the unincorporated areas.

Three cities have specific distance **doorway smoking bans** ranging from 15 feet in Dublin and the unincorporated areas, to 20 feet in Berkeley. Seven additional cities have doorway smoking bans with exact distance determined by the enforcing agency. They are: Albany, Fremont, Livermore, Oakland, Pleasanton and Union City.

Berkeley is the only city in Alameda County with a **tobacco retailer license**.

The three cities that are covered by only the state smoke-free and youth access laws and have no additional local tobacco control laws protecting its residents and youth are Emeryville, San Leandro, and Piedmont.

Local Enforcement Efforts

The availability of tobacco master settlement funds to pay law enforcement agencies to enforce state and local tobacco control laws made a significant difference in compliance. In the years 2000 – 2004, nine agencies were funded 1-3 years to enforce the state law against smoking in workplaces, bars, and restaurants and to perform compliance checks on tobacco retailers to reduce illegal sales of tobacco products to minors.

Some local enforcement agencies also participated in counterfeit tobacco tax stamp compliance checks.

Participating jurisdictions were: Alameda, Berkeley, Dublin, Fremont, Hayward, Oakland, Union City, the County's Environmental Health Department, and the County Sheriff's Department resulting in compliance checks in the above named cities and in Castro Valley, Sunol, San Lorenzo, Cherryland, Ashland, Albany, Pleasanton and San Leandro. In addition, the City of Newark police department was funded separately by the California Department of Health Services Tobacco Control Section for enforcement.

In the participating cities, compliance with youth access laws by tobacco retailers checked rose from 86 percent in 2001-2002 to 96 percent in 2002-2003. Compliance by restaurant bars reached 100 percent, up from 80 percent in the same time span. For stand-alone bars, the compliance reached 90 percent from 82 percent in 2001-2002.

Complaints

As compliance with existing tobacco control laws improves, citizen expectations for more protections rise. Two areas receiving the most complaints in the past five years concern doorway smoking and drifting smoke in multi-unit housing.²² New local laws often arise as a result of complaints as in the case of Dublin which under the leadership of Mayor Janet Lockhart passed a 15 foot buffer zone from doorways law as a result of multiple citizen complaints.

In early 2004, as a result of drifting smoke complaints, a non-profit senior apartment complex, Pleasanton Gardens implemented a smoke-free units requirement for all future tenants. And in Dublin, a brand new senior apartment complex set to open in the summer of 2005 is already slated to have 100 percent smoke-free units.

Funding for Tobacco Control Programs

Proposition 99 Funding

In 1988, California voters passed Proposition 99, a \$.25 per pack cigarette tax of which 20 percent was earmarked for tobacco health education resulting in the launching of the most well funded public health campaign in United States history. At its height, tobacco tax revenues for tobacco education alone exceeded \$1 million a year to Alameda County. Forty-five percent of the tax is allocated to reimbursing hospitals and physicians for uninsured patients, 5 percent to tobacco related research, 2 percent to the environment and the remaining 25 percent is allocated to the each of these separate funds at the discretion of the state legislature.

The current amount available to Alameda County is approximately \$400,000 for FY 2004-05, with significant decreases expected in the coming years as tobacco use continues to decline.

Tobacco Master Settlement Fund

As mentioned earlier in this report, since 2000 the Alameda County Board of Supervisors has allocated \$1 million annually from its tobacco master settlement fund for tobacco control programs. This amount enabled the County to maintain its decline in adult smoking, further reduce youth smoking uptake and reduce health disparities in tobacco prevention and services.

²² Based on a survey of the number and kinds of complaints received at the Alameda County Tobacco Control Program and the Berkeley Tobacco Prevention Program.

Tobacco Industry Influence in California

Unlike most other public health campaigns, efforts to reduce and control tobacco use are often countered by well-financed companies that stand to lose if less people smoke. The major cigarette companies increased their marketing expenditures to a record \$12.5 billion — \$34.2 million a day — in 2002, according to the latest annual Federal Trade Commission (FTC) report on cigarette marketing and sales. This represents a one-year increase of 11.1 percent from the \$11.2 billion spent in 2001 and an 85 percent increase in the four years since the tobacco companies agreed to curtail some aspects of their marketing as part of the November 1998 legal settlement with the states.

Most of these expenditures (63.2%) went to price discounts, promotional allowances to retailers (10.7%), and bonus cigarettes at the retailer level (8.5%). These are ways in which the tobacco industry can maintain their smokers base despite tax increases.

By extrapolation, an estimated \$1.5 billion in tobacco marketing was spent on California in 2002 — equivalent to \$4.1 million *per day*. If shared proportionately population-wise, Alameda County's annual share would have been \$65 million spent on marketing tobacco — this amount is 43 times greater than the amount spent on *preventing and controlling* tobacco use in Alameda County.

During the 2001-2002 election cycle, the major tobacco companies spent a total of \$3,070,398 million just to pay lobbyists to attempt to influence California politicians. As of June 30, 2004, tobacco industry spent \$2,205,543 on lobbyists for the 2003-2004 legislative session.²³ According to the Center for Tobacco Policy and Organizing, tobacco industry campaign contributions to politicians and political action committees (PAC), topped \$2,005,235, by December 1, 2004, reflecting a 43 percent increase over the previous election cycle. Of that amount, 73 percent (\$1,456,273) went directly to PACs which, in turn, pay for polls and other political campaign expenses for elected officials. This trend to donate to PACs, provides political “cover” for politicians not wanted to be tainted by directly accepting tobacco industry money.

The next campaign contribution reports should show a significant increase in this amount to reflect the November 2004 elections.

In the November 2004 elections, Philip Morris/Altria was a major backer of Proposition 64 to amend the Unfair Business Competition Law for the purpose of removing one of the tools that the tobacco control community had been using to enforce the smoke-free bars provisions of the state law. The measure passed.

²³ The Center for Tobacco Policy and Organizing, American Lung Association of California. *Tobacco Money and Politics* webpage. <http://www.californialung.org/thecenter/getlocal/index.html> . June 2003

Recommendations

1. **Continue to adapt best practices interventions in tobacco control to reach the most at-risk populations in the County.** The Alameda County Board of Supervisors commitment to an additional three year funding cycle for tobacco control and cessation beginning FY 2004-2005 will help the residents of Alameda County reach their goal of a tobacco-free county.
2. **Continue to counter the tobacco industry marketing.** Despite the declines in adult and youth smoking, as long as the tobacco companies continue to dedicate significant resources to marketing -- \$1.5 billion a year in California – and to lobbying state officials, young adults and youth will remain at risk for tobacco use and uptake.
3. **Support local jurisdictions** (city and county governments) in adopting **pro-active measures** including **policies** to reduce secondhand smoke exposure, prevent tobacco use among youth, and promote tobacco cessation.
4. **Support the pro-active enforcement of state and local tobacco control laws.**
5. **Support state efforts at increasing the tobacco tax with earmarks for tobacco control.**
6. **Support state efforts at requiring insurance companies to cover tobacco cessation pharmaceuticals and counseling services.**
<http://www.tobaccofreealliance.org/>
7. **Support efforts at reducing the influence of the tobacco industry by asking elected officials to pledge not to accept their contributions either directly or through political action committees (PACs).**
8. **Continue to network and build collaborative relationships with other health and community organizations and coalitions.**
9. **Seek to build working relationships with organizations addressing chronic disease and the reduction of health disparities.**