

TOBACCO AND PUBLIC HEALTH MILESTONES

- 1954: Eva Pritchard sues the Liggett Group for causing her husband's cancer death; she loses.
- 1964: The Surgeon General reports in a landmark paper that "cigarette smoking is causally related to cancer..."
- 1983: Rose Cipolone, a lifelong smoker who lost part of both lungs and earlobe to cancer, files suit in New Jersey against the Liggett Group. She dies a year later, but in 1988 the court orders Liggett to pay Rose's husband Antonio \$400,000. The verdict is overturned on a technicality, but marks the first successful lawsuit brought by an individual plaintiff against a tobacco company.
- 1994: Mississippi Attorney General Michael More files a lawsuit against the nation's largest tobacco companies, seeking to recover healthcare costs related to tobacco use. The suit begins a nationwide joint effort lead by states' attorney general that result in the Master Settlement Agreement.
- 1998: The Master Settlement Agreement (MSA) makes it possible for 46 states to recover Medicaid funds that the states spent on ill and dying smokers.
- 1999: CDC publishes *Best Practices for Comprehensive Tobacco Control Programs*, an evidence-based guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use.
- 2002: First NYS Tobacco Control Program Draft Strategic Plan.
- 2003: NYC, then NY State pass smoke free workplace laws that protect workers from secondhand smoke.

*Adapted from TTAC and www.tobwis.org

NYS TCP CURRENT POLICY INITIATIVES

1) GOAL 1: Eliminate Exposure to Secondhand Smoke

Objectives

- a) Increase the number of educational institutions (elementary, secondary and post-secondary) that effectively implement tobacco-free policies that eliminate tobacco use and tobacco products for all facilities, property, vehicles, dormitories and events.
- b) Increase the number of rental units that voluntarily prohibit tobacco use in all indoor areas.

2) GOAL 2: Decrease the Social Acceptability of Tobacco Use

Objectives

- a) Increase the number of sporting, cultural, entertainment, art, and other events in the community, region and state that have a written policy prohibiting acceptance of tobacco company sponsorship.
- b) Reduce tobacco promotions occurring in sporting, cultural, entertainment, art and other events in the community, region and state
- c) Reduce tobacco promotions occurring in bars, fraternities, and other “adult only” facilities.
- d) Reduce tobacco advertising in the retail environment
- e) Increase the number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco company or product advertising.

3) GOAL 3: Promote Cessation From Tobacco Use

Objectives

- a) Increase the number of health care provider organizations that have a system in place to screen all patients for tobacco use and provide brief advice to quit at every patient visit
- b) Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid or through the Quitline
- c) Increase the percent of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment
- d) Increase the number of smokers referred to the New York State Smokers' Quitline through the Fax-to-Quit program.

4) GOAL 4: Prevent Initiation of Tobacco Use Among Youth and Young Adults

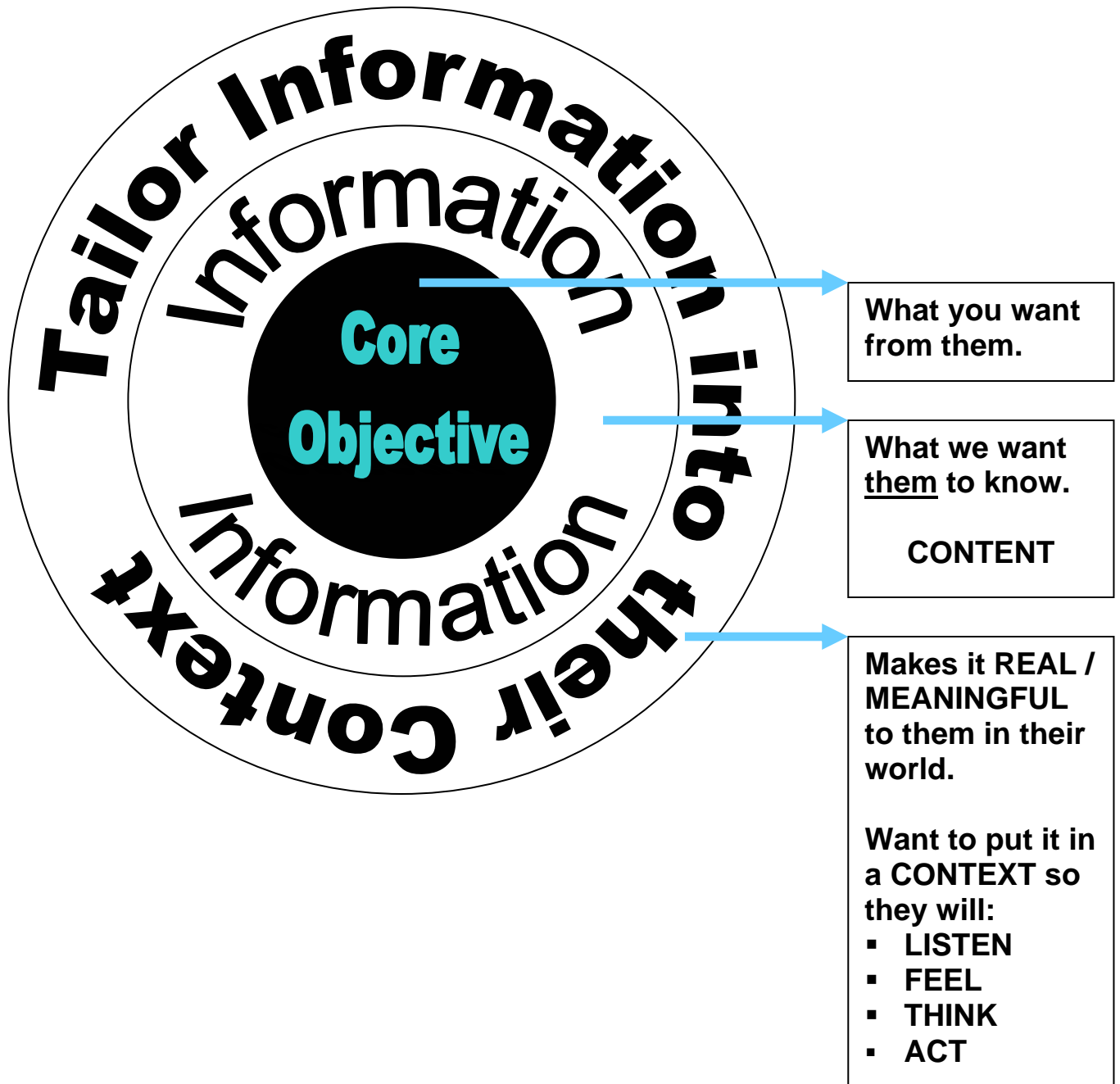
Objectives

- a) Increase the percent of adults who agree that movies rated G, PG, and PG-13 should not show actors smoking.
- b) Decrease the number of movies rated G, PG, and PG-13 that contain smoking of tobacco product placement.

DECISION MAKERS

- ◆ Landlords/Apartment owners
- ◆ Employers
- ◆ Elementary & Secondary School administrators/boards
- ◆ Colleges/Tech Schools—Administrations; student groups, health services;
- ◆ Local elected officials
- ◆ Legislators
- ◆ Governor
- ◆ Organizers of community events
- ◆ Business owners
- ◆ Chambers of Commerce
- ◆ Business Community
- ◆ Tobacco retailers
- ◆ Law enforcement
- ◆ Magazine/Newspaper publishers
- ◆ Park & Recreation Depts.
- ◆ HCP Organization Administrators/Boards (hospitals, clinics, dental, mental health, CD treatment facilities)
- ◆ HCPs
- ◆ Medical societies/professional organizations
- ◆ Medicaid service providers
- ◆ Benefits managers
- ◆ PTA and other parent groups
- ◆ Film/Movie producers
- ◆ Movie theaters
- ◆ Media outlets—commercial and cable
- ◆ Others...

DEVELOPING YOUR MESSAGE



LEADERSHIP, POWER AND INFLUENCE

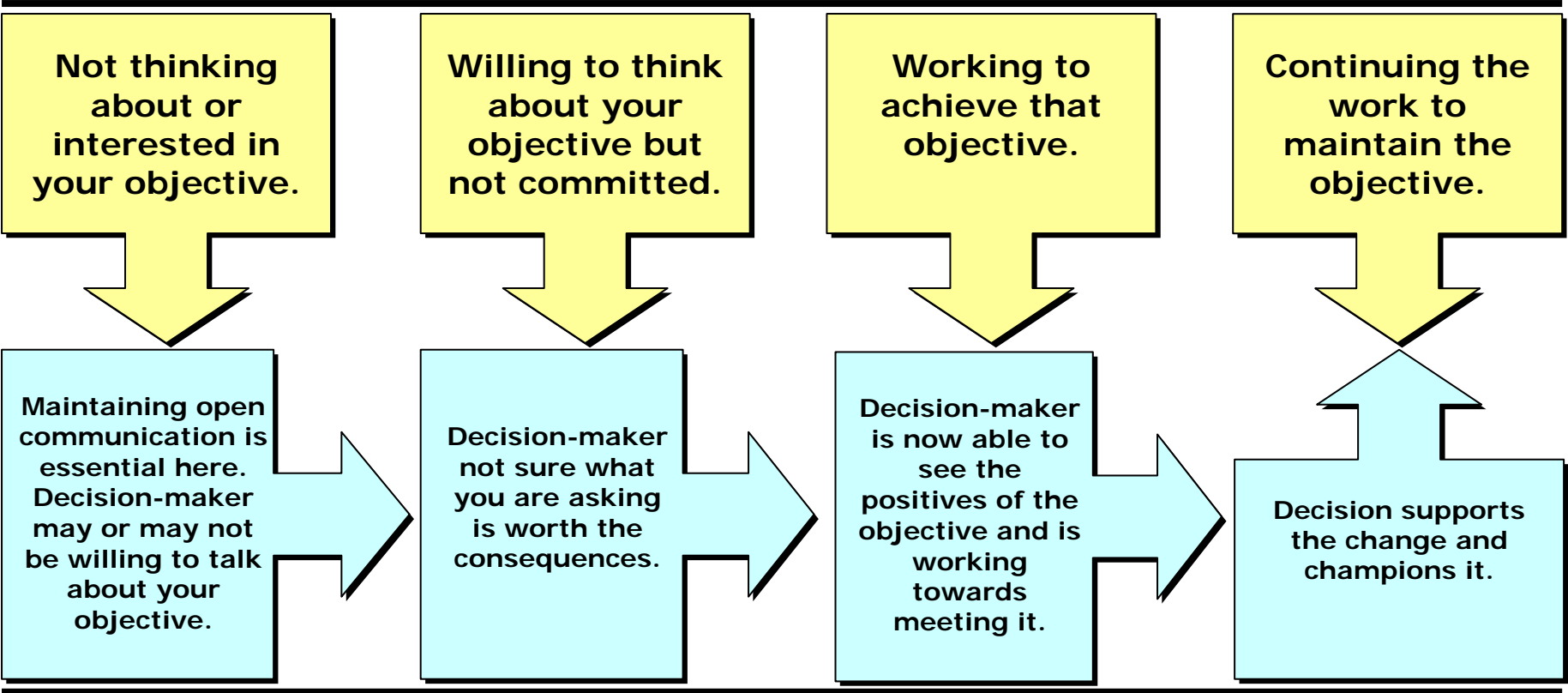
- Influence is the power to effect change
- Successful leaders take advantage of many different types of power and influence.
- Leaders weigh the pros and cons of the power bases before using them to influence others

Seven POWER Bases	
Coercive Power	<ul style="list-style-type: none"> • Using or threatening to use sanctions • Leader must be perceived as having the ability to administer the negative outcomes • Can cause an external change in behaviors, but not an internal change in values or beliefs
Reward Power	<ul style="list-style-type: none"> • Using rewards or incentives • Leader must have control over the resource to produce the reward • Can cause external change in behaviors, but does not result in an internal change in values or beliefs
Connection Power	<ul style="list-style-type: none"> • Leader has connections with important or influential people • Others are compliant because they want to be seen favorably by the important or influential person • Does not necessarily result in an internalized change in values, beliefs or attitudes
Expert Power	<ul style="list-style-type: none"> • The leader is believed to have exceptional knowledge, skills or expertise • Respect for the leader leads to compliance • Results in internalized change or acceptance
Informational Power	<ul style="list-style-type: none"> • Leader is perceived to have access to information that others find valuable or necessary • Leads to internalized and lasting changes in beliefs, attitudes or values.
Legitimate Power	<ul style="list-style-type: none"> • Power based on the position or authority of the leader • The higher the position is perceived to be, the greater the amount of legitimate power the leader can yield • People feel the leader has the legitimate right to exert power and influence and that they have an obligation to respond. • Leads to internalized or personal acceptance or change in values, attitudes or beliefs
Referent Power	<ul style="list-style-type: none"> • Power due to the positive personal relationship between the leader and the people he/she is trying to influence • Based on the personality characteristics or charisma of the leader • Leads to private change or acceptance through enabling people to identify with the leader and see himself/herself as similar to the leader on certain relevant dimensions.

References:

- Bruins, J. (1999) *Social power and influence tactics: a theoretical introduction - Social Influence and Social Power: Using Theory for Understanding Social Issues*. [Journal of Social Issues, Spring, 1999](#).
- French, J. R. P., Jr., & Raven, B. H. (1959). *The bases of social power*. In D. Cartwright (Ed.), *Studies in social power* (pp. 150-167). Ann Arbor, MI: Institute for Social Research.
- Hersey, P., Blanchard, K.H. & Natemeyer, W.E. (1979). *Situational leadership, perception and the impact of power*. Escondido, CA: Center for Leadership Studies.
- Raven, B. H. (1974). The comparative analysis of power and power preference. In J. T. Tedeschi (Ed.), *Perspectives on social power* (pp. 172-198). Chicago: Aldine.
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KEEPING COMMUNICATION OPEN DURING CHANGE



Open Communication & On-going Relationship

WHERE TO FIND INFORMATION ON TOBACCO RETAILERS

The ASP Toolkit (NYS Tobacco Control Program Advertising, Sponsorship, and Promotion Initiative)

- Store Alert Fact Sheet
- Lessons Learned: CA Retailer Focus Group

The National Association of Convenience Stores

<http://www.nacsonline.com/NACS/default.htm>

Government Relations/Industry Issues/Tobacco

<http://www.nacsonline.com/NACS/Government/Tobacco/default.htm>

“Sales of cigarettes and other tobacco products compromise nearly 34.5 percent of the in-store sales at convenience stores in 2003¹. While controversial, tobacco is a legal product and one that is important to the economic viability of the convenience store industry. The anti-tobacco industry is well organized and well funded. Additionally, avenues for evasion of state and local excise taxes have arisen through mail orders. NACS' government relations team is focused upon protecting this important category for the industry.” (NACS website)

The New York Association of Convenience Stores

<http://www.nyacs.org/>

<http://www.nyacs.org/government/tobacco.htm> for information on tobacco issues.

<http://www.nyacs.org/Tool/tool2.htm> for tools related to tobacco issues.

Philip Morris USA

www.philipmorrisusa.com/

Provides some information on incentives available. Look in the following areas:

- Policies, Practices & Positions/About Philip Morris USA's Retail Leaders Merchandising Program
- Responsible Marketing/Marketing Practices