

Minnesota's Investment in Tobacco Control

Research Findings to Inform Practice and Policy

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Minnesota has a long history of leadership in tobacco control, dating back to a 1975 Clean Indoor Air law limiting smoking indoors. In 1998, a settlement was reached to a lawsuit the state and Blue Cross and Blue Shield of Minnesota had brought against cigarette manufacturers and related trade associations accusing them of failing to disclose information about the dangers and addictive qualities of cigarettes. As part of the settlement, the nonprofit organization ClearWay MinnesotaSM was created to reduce tobacco use and exposure to secondhand smoke through research, action, and collaboration.¹ In 2001, a statewide educational media campaign and quitline were implemented. By the end of 2006, most major population centers in Minnesota had some form of a smokefree ordinance in place.² Local policy efforts culminated in 2007 with the passage of a comprehensive statewide law, the Freedom to Breathe Act, which banned smoking in all indoor workplaces, including restaurants and bars.³

Now, 5 years after the passage of Freedom to Breathe, there is an opportunity to examine the impact of tobacco control policies and to chart future tobacco control efforts. As one of the few states that funds tobacco control research, Minnesota is powerfully positioned to seize this opportunity. ClearWay Minnesota's competitive grant program supports applied research that can be translated into effective treatment and policy interventions. This supplement highlights recent ClearWay Minnesota-funded research findings describing topics as broad as the impact of indoor-air policies, secondhand smoke exposure, tobacco control efforts in priority populations, and the regulation of tobacco products. In this foreword, we will highlight some of the key findings in this supplement to the *American Journal of Preventive Medicine*.⁴⁻¹⁸

Impact of Indoor-Air Policies

A series of papers examine the impact of local and statewide smokefree policies on young adult perceptions,

quitting behaviors of smokers, prevalence and mortality projections, and smokefree policies in the home.

- Although Bernat and colleagues⁴ found no change in smoking behaviors among young adults up to 18 months after a statewide smoking ban was implemented, they did see a shift in norms, as young adults reported fewer adults and peers were smoking after the ban. This was especially true among young adults without a local smoking ban experience.
- Betzner et al.⁵ used interviews and focus groups to understand the experience with smokefree regulations among smokers and recent quitters. They found several essential mechanisms by which bans influenced patterns of tobacco use and quitting, including temptation, inconvenience, addiction and control, and social norms. These highlight the potential of tobacco control policies such as smokefree indoor-air ordinances in denormalizing tobacco use, and suggest some tobacco users may be internalizing negative messages about tobacco.
- Schillo and colleagues⁶ found increased smoking cessation and a lower rate of relapse among smokers who called a quitline after a statewide ban was in effect, compared to smokers who called the quitline before the statewide law.
- Levy et al.⁷ examined the effect of Minnesota tobacco control policies on smoking prevalence and smoking-attributable deaths since 1993. They predicted that these policy changes will result in a 41% reduction in smoking and 48,000 deaths averted by 2041. Moreover, their model suggests that with higher taxes and intensive media outreach, smoking prevalence in Minnesota could be reduced to less than 10% by 2041.
- Hewett and colleagues⁸ surveyed common-interest communities (CICs; i.e., condominiums) to assess secondhand smoke incursion between units and interest in and barriers to adoption of smokefree policies. Their study found that many residents experience and are bothered by secondhand smoke incursions, and that many would prefer smokefree CICs. Given the known harmful effects of secondhand smoke, tobacco control efforts in multi-unit housing should address CIC owner-occupants as well as renters.

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- St. Claire et al.⁹ demonstrated that over 10 years, Minnesotans experienced a significant decline in exposure to secondhand smoke and a significant increase in voluntary smokefree home rules. Such a trend is notable, as virtually all public tobacco control efforts were aimed at raising awareness and support for smokefree policies within workplaces. These findings demonstrate positive changes in social norms and suggest that behavior change in public settings also might affect practices in private settings, including homes.

Focus on Priority Populations

Additional papers advance our understanding of tobacco prevalence and treatment access among priority populations and demonstrate ways to increase knowledge of tobacco control within specific Minnesota communities.

- Giuliani et al.¹⁰ reported the results of a tobacco use survey of Somali adults living in Minnesota. They found that 24% of Somali adults smoked, and that peer pressure and religion acted as protective factors from tobacco use. The findings suggest that integrating peer groups, religious groups, and the medical community could provide effective cessation strategies for the Somali community.
- Horvath and colleagues¹¹ investigated HIV provider and patient perspectives on HIV medical encounters addressing cigarette smoking. This study found that providers' lack of confidence and time were significant barriers to providing smoking-related services in HIV medical encounters.
- Nadeau et al.¹² examined the effects of a pilot intervention designed to engage American Indian Elders in mutual learning, support, and community action regarding traditional and commercial tobacco. As a result of the intervention, Elders increased their knowledge and attitudes and felt more comfortable talking about tobacco issues.
- Berg et al.¹³ examined social factors and attitudes among young adults and compared findings among former, never, and current smokers. They found that both intrapersonal and interpersonal factors affect smoking behavior and may inform cessation interventions among this population.
- Weisman and colleagues¹⁴ tested a pilot intervention to increase the promotion of cessation benefits among unionized blue- and pink-collar workers. This study confirms the importance of educating fund advisors and trustees to increase their confidence to address smoking cessation through provided benefits.

Tobacco Product Regulation

The last set of papers focus on the regulation of tobacco products, specifically menthol cigarettes and nonciga-

rette tobacco products, in addition to the research priorities from the Center for Tobacco Products are presented.

- By examining a group of treatment-seeking smokers who called a tobacco quitline, D'Silva and colleagues¹⁵ found that menthol smokers were slightly less likely to enroll in services than nonmenthol smokers. However, they did not find any differences in cessation outcomes between menthol and nonmenthol smokers who enrolled in services. If an FDA menthol ban motivates menthol smokers to quit, state quitlines may have to increase their capacity to meet the anticipated increase in demand.
- Freiberg¹⁶ from the Public Health Law Center at The William Mitchell College of Law studied the federal regulation of noncigarette tobacco products, also referred to as other tobacco products. His study found that traditional products (e.g., cigarettes) are regulated much more heavily than other products, but that several options exist for the regulation of these products by the Food and Drug Administration.
- Ashley and Backinger¹⁷ describe the research goals of the new Center for Tobacco Products within the FDA. The seven priority research areas are discussed including current scientific activities and future research plans of the Center's Office of Science.

This supplement also includes a commentary from Assistant Secretary for Health Dr. Howard Koh.¹⁸ Dr. Koh describes the 2010 U.S. Department of Health and Human Services' strategic plan to address the tobacco epidemic.

The studies described in this *American Journal of Preventive Medicine* supplement both advance tobacco control knowledge and inform practice and policy. However, as the FDA article notes, further research is needed to expand efforts in a new era that includes tobacco regulation.¹⁷ ClearWay Minnesota is dedicated to continuing its investment in research and disseminating the results of its work so that we make the biggest impact possible.

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