

# Preface

This monograph is the eleventh volume in the Smoking and Tobacco Control series released by the National Cancer Institute (NCI). The National Association of County and City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH) are working with NCI in disseminating findings from this important publication.

NACCHO is a nonprofit membership organization that serves all of the nearly 3,000 local public health agencies (LPHAs) in the nation's cities, counties, townships, and districts. The organization provides local health departments with education, information, research, and technical assistance on a variety of topics. It also facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health.

NALBOH is an organization that represents the interests of local boards of health and assists those boards in assuring the health of the community. NALBOH enhances and supports all 3,200 local health boards across the country by providing linkages, networks, education, and training. It is also committed to promoting health and effective public health policy at all levels of government and also to strengthening the ability of health boards to develop tobacco control policy efforts.

NACCHO and NALBOH constituents have unique roles in tobacco prevention and control. They often represent the local government infrastructure, and as such, they can play leadership roles in local policy development, implementation, and enforcement.

For years, tobacco control legislation enacted at the city and county levels were much more stringent than those enacted at the federal or state level. However, few local communities were involved in implementing and managing actual public health programs to reduce tobacco use. This was seen primarily as a national or state responsibility. Fortunately, local communities have become more involved in recent years. This trend has been supported mainly by LPHAs, and both NACCHO and NALBOH have helped local communities become more involved in the development of public health policy.

LPHAs tend to partner with a wide variety of organizations, including state health agencies, hospitals, local governments, nonprofit and voluntary groups, universities, businesses, community health centers, faith organizations, and insurers. Because of their connections with local organizations, LPHAs often have the connections needed to convene coalitions around health issues. In addition, they have direct and daily interaction with community members.

About 20 percent of LPHAs are “safety net” providers of primary care services for underserved populations. An even greater number of LPHAs provide a variety of clinical preventive services, such as adult and child immunizations and blood pressure screening. Because of their role in ensuring community health, LPHAs are considered a source of local expertise on health issues. Their credibility regarding tobacco and other health and prevention issues is high, and they can therefore play a strong role in educating both the general public and local policy makers about tobacco control issues.

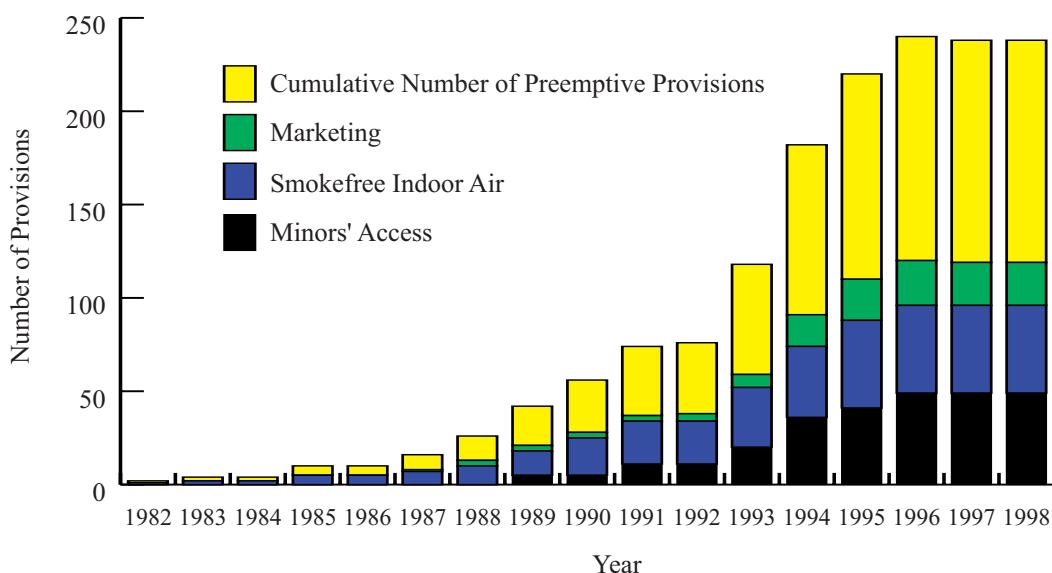
Coupled with broad-based grassroots support and effective advocacy efforts, the public education provided by LPHAs is a critical element of successful local tobacco control policy initiatives. According to past experiences of communities throughout the United States, grassroots advocacy and strong community support have shown themselves to be cornerstones of successful tobacco control policy initiatives. Local health board members are ideal allies for grassroots tobacco control coalitions working on local policy initiatives; they act as the community’s voice and its avenue to set local policy pertaining to the community environment. Because of their role in policy making, local health boards are in a unique position to promote or enact strong and effective clean indoor air, youth access and outdoor advertising regulations in their localities.

Both NACCHO and NALBOH believe this monograph represents a valuable tool for those local public health professionals working on tobacco control issues—issues that are of vital importance to local public health practitioners because of their capability to help reduce tobacco use in their communities. This monograph discusses state and local policies and regulations designed to reduce tobacco use among both adults and adolescents, and it provides a snapshot of the progress that has been made by LPHAs and local boards of health. Some of the findings contained in this volume also raise serious concerns about policy trends that may be detrimental to the goal of reducing tobacco use at the local level.

Of particular concern to NACCHO and NALBOH constituencies has been the significant increase in state laws that preempt local jurisdictions from enacting stronger, more comprehensive laws. The tobacco companies have promoted statewide preemptive legislation as a means of stripping local health authorities of their ability to enact local tobacco control regulations. In order to conceal the source of this political effort, the tobacco industry tends to interfere by using front groups and trade associations to oppose local tobacco control policies.

In the mid-1980s, faced with an increasing number of effective, local anti-tobacco ordinances, the tobacco industry quickly realized that preemption was the most effective method for countering local tobacco control policies. By 1998, a total of 30 states had enacted some form of legislation that precluded local jurisdictions in those states from enacting more stringent laws. These preemptive laws included 14 that preempted some or all clean indoor air ordinances, 22 that preempted some or all youth access ordinances, and 17 that preempted some or all tobacco advertising and pro-

**Cumulative Number of Local Tobacco-Control Ordinances Preempted by State Laws by Year Preemptive Law Became Effective—United States, 1982-1998**



motion ordinances (see figure above). By comparison, only three states had any form of preemption legislation on the books just 10 years earlier. Only one state, Maine, has ever successfully overturned preemption in a state law once it was enacted, and that law was limited to ordinances restricting tobacco displays.

There is also concern about the significant drop-off in the number of clear indoor air ordinances enacted during the latter part of the 1990s. To be sure, some of the drop-off can be attributed to industry success in convincing state legislators to enact preemptive state laws. In addition, local jurisdictions have enacted ordinances covering single issues like youth access or advertising and promotion, to the detriment of clean indoor air concerns. While each of these issues is important, a significant body of research clearly demonstrates the broader public health importance of clean indoor air legislation. Not only does such legislation protect nonsmokers from a documented health risk, but research clearly shows that smoke-free public places, especially workplaces, provide a more supportive environment for smokers to quit. Even the tobacco industry's own internal research has shown this. For example, a Philip Morris study that followed some 25,000 smokers over time found that those working in a smoke-free work environment experienced an 84 percent higher quit rate than those facing no or minimal smoking restrictions.

In light of findings like these, a considerable value can be placed on the compilation of local and regional tobacco control ordinance information, such as that found in this monograph. It is for this reason that NACCHO and NALBOH have begun to expand their roles beyond the efforts to pro-

mote effective public health policy and education. Both organizations recently began collaborating with the American Nonsmokers' Rights Foundation (ANRF)—a major provider of local ordinance information for this monograph.

In early 1999, NACCHO, NALBOH, and the ANRF joined together with the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC-OSH) and with researchers from the University of Illinois at Chicago (UIC). The organizations began discussing how they could work together to improve surveillance and analysis of local tobacco control ordinances. Results thus far have been promising. The NACCHO and NALBOH ordinance solicitation effort has substantially expanded the coverage of ANRF's database. The effort has also provided an exciting opportunity to nurture relationships between local public health agencies, local boards of health, and the ANRF.

As local public health practitioners, we all need to begin to think comprehensively if the problem of tobacco use is to be solved. Weak ordinances and ordinances that only address one aspect of a problem will never prove to be as effective as more comprehensive ordinances designed to reach both adults and children. Working together with grassroots advocates and local board-of-health members, the tobacco industry's influence can be countered.

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