Tobacco-Free Policy Action

Social Norm Change

"Tobacco becomes less desirable, less acceptable, and less accessible."

- from A Model for Change: the California experience in Tobacco Control

California Control Con

Tobacco Control Priority Areas

- Protect from Secondhand Smoke (SHS)
- Reveal & counter tobacco industry
- Reduce access to tobacco products

Provide cessation services & increase

motivation to quit

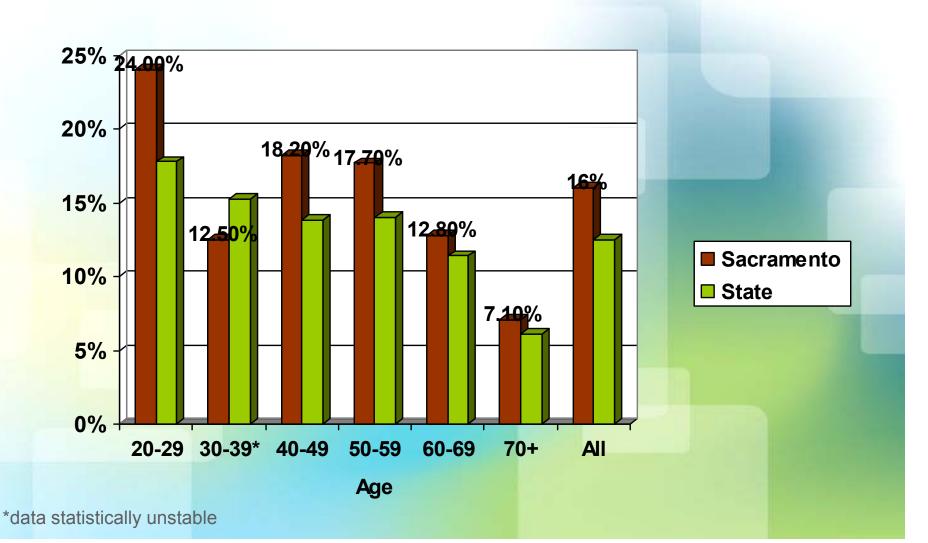




Tobacco Use in Sacramento County

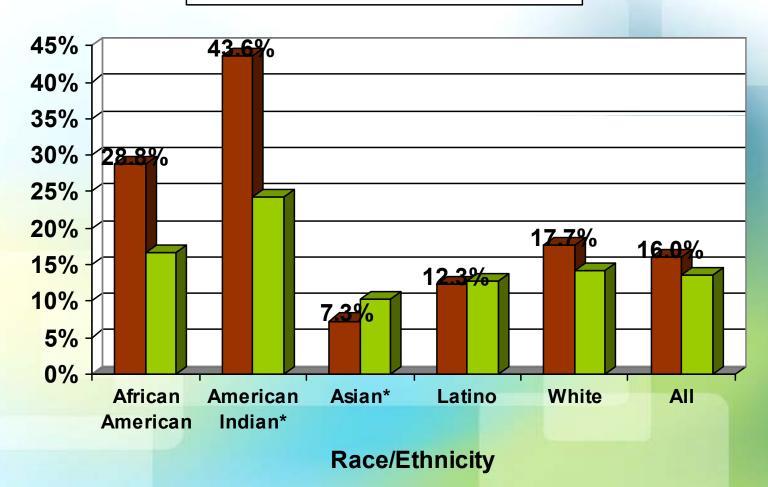
California Health Interview Surveys

Smoking Prevalence (2009)



Smoking Prevalence (2007 & 2009)

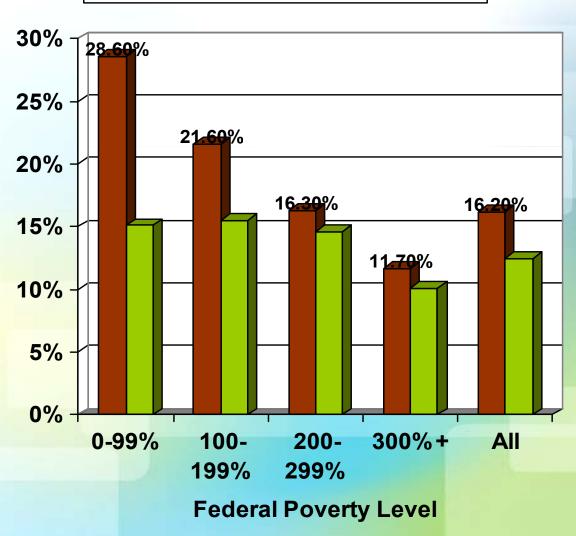




*data statistically unstable

Smoking Prevalance (2009)





Midwest Academy Chart

Tobacco Use Assessments

Goals	Organizational Considerations	Constituents, Allies, and Opponents	Targets	Tactics
Long Term: Community wide social norms change Short Term: Tobacco use assessments Community centers and/or events Schools Social services Pharmacies	Schools Community groups	Allies: Pharmacies Schools Social services Health professionals – dentists, physical therapists, etc. Include businesses – Metro PCS, etc. Regional Transit Insurance companies Athletic trainers, coaches, etc. Community clinics Opponents: Tobacco stores Corner stores Clubs, bars Health care providers (too much work!) Insurance companies Tobacco corps.	Primary target – smokers Prevention is secondary – non smokers Specific subgroups – young adults, youth, etc.	Training on how to ask Training on how to respond Asking x-smokers to share Track information from tob. assessments Reach youth at locations where they congregate Utilize businesses to distribute communication Texting Reinforce non-smoking Recruit community role models Discourage smoking Community surveys Hide tobacco out of sight Require permits for smoking Coaches to deliver tobacco cessation Negative consequences

Policy Priority Areas

Recommended by Healthy Sacramento Coalition:

- 1. Smoke-free multi-unit/family housing (MUH)
- 2. Systemize tobacco assessments & cessation procedures during points-of-contact (i.e., medical, dental, service-oriented, HSC agencies, etc.)
- 3. Change social norms (*make tobacco unacceptable*) in the 15 zip codes in cultural and age sensitive ways.

Smoke-Free MUH

SHS exposure at home
34% live in MUH
Smoke drifts from unit-to-unit
Populations affected -



Systemize Tobacco Assessments

- Tobacco dependence is a chronic disease
- Brief advice interventions work
- Combination treatments are best (Counseling, patch, gum, etc.)
- Cost-effective

Make Tobacco Unacceptable

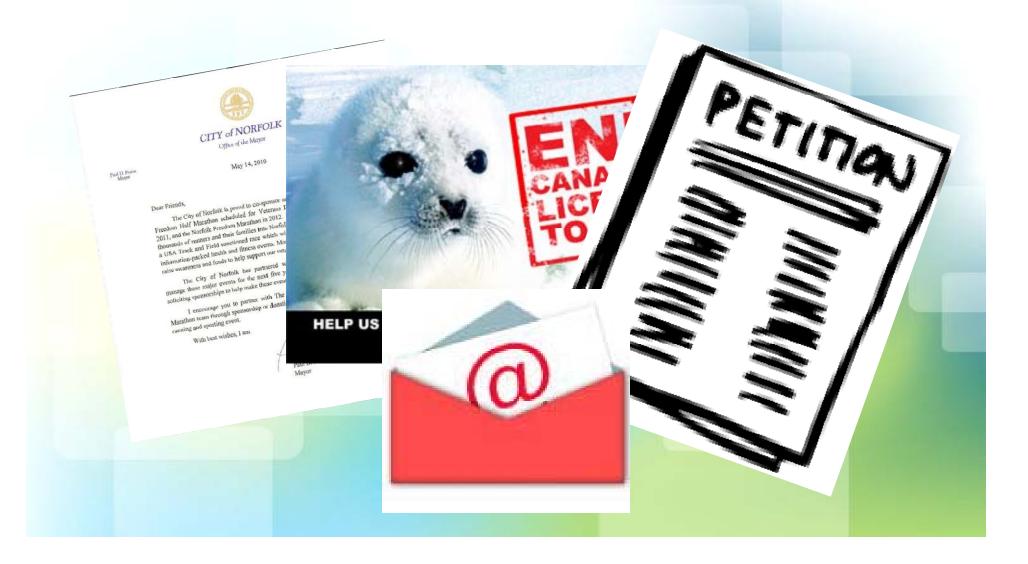
Change social norms (*make tobacco unacceptable*) in the 15 zip codes in cultural and age sensitive ways where the community accesses products & services (i.e., mobile phone outlets, corner stores,

clubs, etc.)



Policy Activities

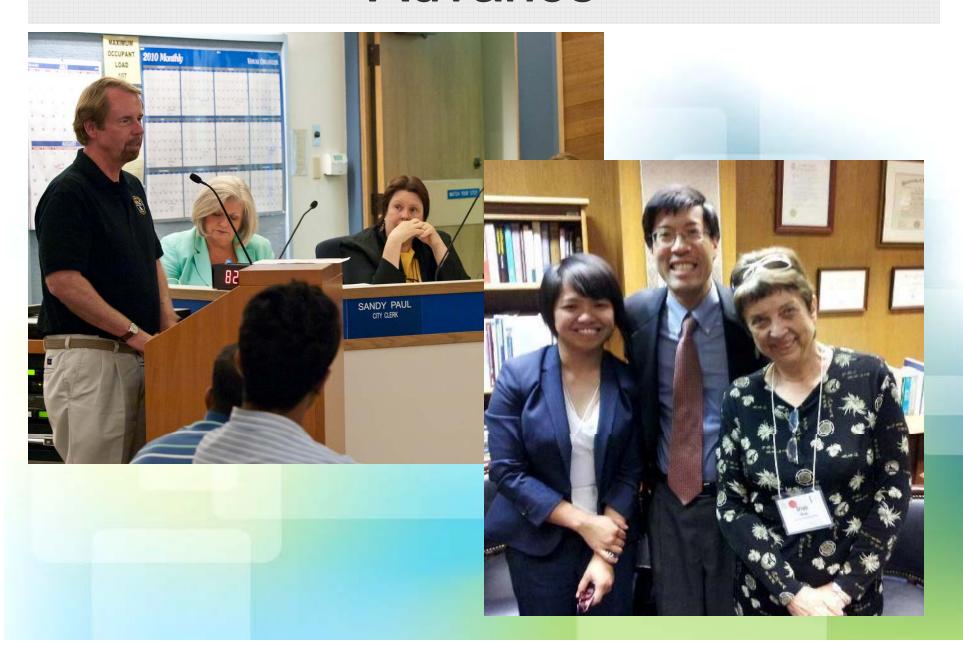
Basic



Intermediate



Advance



POLICY IS POWERFUL

Process & Timeline Erratic

Plan for a range of involvement

Preparation & Persistence

Success is sweet and long lasting!