CALIFORNIA’S TOBACCO CONTROL SAGA

by Thomas E. Novotny and Michael B. Siegel

Prologue: California voters, employing their favorite method for sending a message to policymakers, approved a ballot initiative (Proposition 99) in 1988 that created the single largest anti-tobacco public health intervention of its kind. The initiative culled for earmarked taxation to prevent youths from starting to smoke and to assist smokers in abandoning their unhealthy addiction. But, in a free capitalistic society, where economic interests are often pitted against other values, the tobacco control program run into trouble on a variety of fronts. The surprising nature of the struggle was captured by the actions of the California Medical Association (CMA), which joined the tobacco industry in supporting the efforts of Gov. Pete Wilson’s administration to divert more than $100 million in cigarette tax revenues away from tobacco education and research to fund indigent medical care. This move put the CMA at odds with many of its traditional allies in the tobacco control arena, such as the American Heart Association and the American Lung Association. In this paper Tom Novotny and Mike Siegel strive to disentangle the complicated history of the program and evaluate its success. Novotny, a physician and epidemiologist, was a member of the Proposition 99 evaluation advisory committee and is a respected participant in the debates surrounding the effects and control of tobacco. He spent four years in the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC) and is now the CDC liaison officer to the School of Public Health at the University of California, Berkeley. He also heads the interdisciplinary master of public health program. Siegel is also a physician-epidemiologist. He recently completed a two-year fellowship at the CDC’s Office on Smoking and Health where he conducted research on the effects of government antismoking policies. He is currently a research associate at Boston University’s School of Public Health.
Abstract: The California tobacco control program known as Proposition 99 was established in 1989 using a portion of a twenty-five-cent increase in the cigarette tax. With an initial availability of more than $150 million, tobacco control was the state’s single most important public health activity. Health and medical care programs also were supported by the tax. Despite sustained public support, the tobacco control component was weakened by political actions of the tobacco industry and also by the competing efforts of organized medicine and the lack of support from the executive and legislative branches of government. Nevertheless, Proposition 99 succeeded in reducing exposure to environmental tobacco smoke, cigarette consumption, and smoking prevalence among adults in California.

California voters passed a ballot initiative in 1988 known as Proposition 99, a grass-roots effort that would greatly influence the landscape of tobacco control both in California and in the rest of the nation. This effort is both an object of study by public health professionals and a target for unprecedented attacks by the tobacco industry.

Tobacco use is the leading preventable cause of premature mortality in California and in the nation as a whole.\(^1\) Taxation, especially earmarked taxation to support public health programs, is a key strategy to reduce tobacco’s health consequences.\(^2\) Although California was not the first state to earmark tobacco excise taxes for public health programs, the sheer size of the retail cigarette market in California created the single largest public health intervention of its kind anywhere in the world.\(^3\) As expected, it became a target for assault by the tobacco industry. What was not anticipated, however, is that the program also would be weakened by the state administration, the state legislature, and the competing policy interests of the California Medical Association (CMA). These groups promoted the diversion of tax funds from tobacco control, the original intent of Proposition 99, to medical care services in California, and constituency groups were unable to effectively defend the program against these diversions.

A Brief History Of Proposition 99

Background. Initial discussions regarding an increase in the tax on cigarettes and tobacco products in California occurred during 1986 among the American Lung Association (ALA); the American Cancer Society, California Division (ACS); and the Planning and Conservation League (PCL), an environmental advocacy group that originated the idea of a tobacco tax to support environmental issues. Polls conducted by the PCL showed that 73 percent of voters favored an increase of twenty-five to thirty-five cents in the cigarette tax.\(^4\)

The concerned groups at first supported a legislative approach (Assembly Constitutional Amendment 14) to cigarette tax increases, but they soon realized that this was really only a midway point toward an inevitable referendum.\(^5\) The amendment, which would have increased the tax on
cigarettes from ten cents to thirty-five cents, failed to emerge from the Assembly Revenue and Taxation Committee. Subsequently, the Coalition for a Healthy California was formed, with the goal of placing a cigarette tax initiative on the 1988 ballot. Included on the Executive Committee of the coalition were representatives of the ACS, the ALA, the PCL, and the assembly sponsor of the amendment. It was not until the portion of the proposed tax that would fund hospital and physician care was increased that the California Association of Hospitals and Health Systems (CAHHS) (now called the California Healthcare Association, or CHA) and the CMA joined the Executive Committee. In December 1987 the Committee Against Unfair Tax Increases (supported by the tobacco industry) began to campaign against the initiative.6

In May 1988, 1,125,290 signatures qualified the initiative for the ballot as Proposition 99; this was actually tens of thousands more signatures than required—an insurance policy against procedural challenges by the tobacco industry. Proponents raised $1.6 million to support the campaign, while the tobacco industry spent $21.4 million to defeat it.7 Proposition 99, the Tobacco Tax and Health Promotion Act of 1988, passed by a popular vote of 58 percent to 42 percent. The act created the Tobacco Products Surtax Fund, composed of six accounts, and allocated proportionate amounts to be deposited annually to each account (Exhibit 1).8

Allocation of funds. Nine months after the surtax fund was established, the legislature passed Assembly Bill 75 (A.B. 75), the appropriations bill granting the California Department of Health Services (CDHS) and the California Department of Education (CDE) authority to implement the medical care and health education portions of Proposition 99. Twenty to thirty bills, many of which were advanced by the tobacco industry, stalled appropriations. In the end, A.B. 75 set as a goal a 75 percent reduction in the prevalence of adult smoking by the year 2000 (to 6.5 percent of California adults). This compares rather dramatically with the national Year 2000 Objective of a 15 percent reduction in the prevalence of adult smoking.9 A.B. 75 specifically appropriated funds from the Health Education (tobacco control) Account to establish the following: (1) a $28.6 million media campaign; (2) a $71 million program to city and county health departments, based on a population formula ranging from a minimum of $150,000 per year for the smallest counties to $12.3 million for Los Angeles County; (3) a $53 million competitive grant program to school districts for nonclassroom anti-tobacco use programs, other public and private nonprofit groups to develop innovative approaches, and prevention and treatment programs aimed at the state’s ethnic and racial minorities; (4) a $68.6 million school-based program through the CDE; (5) $10.5 million for state and county administration; and (6) $39.1 million for Child
Exhibit 1
Estimated Proposition 99 Revenues, Millions Of Dollars, And Purpose Of Appropriations, 1989-1994

<table>
<thead>
<tr>
<th>Account</th>
<th>Percent of surtax fund</th>
<th>Estimated revenues $</th>
<th>Purpose of appropriation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education</td>
<td>20%</td>
<td>$294.0</td>
<td>Community and school health programs to prevent and reduce tobacco use, primarily among children</td>
</tr>
<tr>
<td>Hospital service</td>
<td>35</td>
<td>514.4</td>
<td>Hospital care and treatment of patients who cannot afford to pay for services, and for whom payment is not made through any private coverage or any federal programs</td>
</tr>
<tr>
<td>Physician services</td>
<td>10</td>
<td>147.0</td>
<td>Physician care and treatment of patients who cannot afford to pay for services, and for whom payment is not made through any private coverage or any federal programs</td>
</tr>
<tr>
<td>Research</td>
<td>5</td>
<td>73.5</td>
<td>Tobacco-related disease research</td>
</tr>
<tr>
<td>Public resources</td>
<td>5</td>
<td>73.5</td>
<td>Programs to protect, restore, enhance, or maintain fish, waterfowl, and wildlife, and programs to enhance state and local park and recreation resources</td>
</tr>
<tr>
<td>Unallocated</td>
<td>25</td>
<td>367.5</td>
<td>Any of the above purposes and prevention programs</td>
</tr>
</tbody>
</table>


* Millions of dollars.

Health and Disability Prevention (CHDP) programs, which expanded program eligibility to children under age nineteen whose family income is less than 200 percent of the federal poverty level. These amounts were the accumulated totals from the beginning of the surtax fund to the date when A.B. 75 was actually implemented. The specific allocations were the result of combined political pressures placed on the legislature by the CMA, the CAHHS, and the tobacco industry. In addition, a new governor (Pete Wilson) was elected shortly after Proposition 99 was passed. This change in administration, coupled with a general downturn in the state’s economic health, also may have affected implementation of Proposition 99.

Overall, 16.5 percent of first-year funds were allocated to tobacco control, but these were authorized only for an eighteen-month period ending 1 July 1991. Thus, from the outset the 20 percent funding mandate for public health actions against tobacco use was not implemented by the state legislature. The compromises permitted by the constituency groups during the A.B. 75 deliberations may have set a precedent for accelerating diversions from tobacco control during subsequent funding cycles.
Nevertheless, the annual budget for the Cancer Control Branch within the Preventive Medical Services Division of the CDHS increased from $20 million annually to approximately $100 million in the first year of funding. The newly established Tobacco Control Section (TCS) had to distribute funds for the largest single CDHS program within an eighteen-month sunset period, without program or administrative staff already on board. A short sunset period made the hiring of new staff problematic and facilitated subsequent political challenges to funding allocations. A.B. 75 called for program goals consistent with the National Cancer Institute’s (NCI’s) Standards for Comprehensive Smoking Prevention and Control, but with such a short time frame, strategic planning around scientifically proven interventions as called for in the standards was very difficult. Changes in tobacco control program capabilities at the local level, let alone changes in smoking prevalence, may not be possible. In fact, data systems and surveys necessary to provide high-quality evaluations cannot be established in only eighteen months.

**Oversight authority.** Despite the fact that the Proposition 99 activities ranged across departments of state government and across divisions within the CDHS, no single coordinating authority was responsible for the entire statewide tobacco control program. A.B. 75 delegated oversight responsibility to a twelve-member citizen panel, the Tobacco Education Oversight Committee (TEOC), but this group had no authority to coordinate program functions and no funds to support committee activities.

**Goals of the tobacco control program.** The program was based on current scientific thinking that population-based measures involving policy and the media are a more cost-effective method to decrease smoking prevalence than is a clinically based cessation program. The goals of the program were (1) to protect nonsmokers by reducing exposure to environmental tobacco smoke among children at home and in schools and among adults, particularly in worksites and public areas; and (2) to reduce smoking prevalence by discouraging adolescents from taking up smoking and encouraging smokers to quit.

Because much of the California tobacco control effort has been allocated to local agencies, local public health departments established new capabilities in health promotion, community organization, and health advocacy. Multiple interventions delivered through multiple channels of communication targeted at diverse racial, cultural, occupational, and age groups meant that the California tobacco control program had to become a very complex and multilayered effort.

**Tobacco research component.** Proposition 99 also established a separate Tobacco Research Account, which is administered through the Office of the President of the University of California. Proposition 99 originally
called for 5 percent of the total surtax fund to be dedicated to tobacco-related research in California. The goals of the research were to enhance understanding of the causes of tobacco-related disease and to develop more effective interventions to prevent and treat such diseases.\textsuperscript{15} Research funded by Proposition 99 became the cutting edge of tobacco control activities, including studying the tobacco industry’s influence on the political process. As such, it also has suffered from efforts to reduce the funding for tobacco control in general. This research is as important to tobacco control as basic biomedical research is to the control of infectious diseases.

**Diversion of funds.** In 1992 Governor Wilson attempted to redirect funds from the media campaign to medical care services.\textsuperscript{16} The media campaign was the most visible tobacco control effort mounted by the CDHS and also the one most aggressively opposed by the tobacco industry. Despite the efforts by the tobacco industry to eliminate the campaign, the positive effects it had on per capita cigarette consumption and adult smoking have been well established.\textsuperscript{17}

At the sunset of A.B. 75, A.B. 99 was enacted to extend the operative period of the TEOC, CDHS, and CDE tobacco prevention and control programs until 1 July 1994. It further mandated follow-up tobacco-use surveys to be conducted annually, expanded CHDP activities, increased perinatal outreach services, and budget guarantees for five service-oriented medical programs-Medi-Cal Perinatal Care, Access for Infants and Mothers, Major Risk Medical Insurance, the CHDP program, and County Medical Services-identified in Section 43 of the authorizing legislation, at the expense of tobacco control programs.\textsuperscript{18} A.B. 99 also instructs local health departments to redirect at least one-third of their tobacco education and prevention funds to maternal and child health programs.

The Health Education Account received only 12 percent of revenues in fiscal year 1994, about half the 20 percent required by the voters.\textsuperscript{19} Clearly, the implications of the passage of A.B. 99 were to expand diversions from tobacco control activities to direct medical services that were protected under Section 43. These diversions were again vigorously supported in the legislative deliberations by the CMA, the CAHHS, and the tobacco industry. The CMA went as far as filing an amicus brief with the Court of Appeals seeking a stay of the Superior Court’s directive to restore Health Education Account funding.\textsuperscript{20} Furthermore, in 1989 the CMA joined a coalition (Project 90) that sought to redirect health education funding to medical services.\textsuperscript{21} This coalition agreed to accept $250,000 from the Tobacco Institute, but the offer was withdrawn in response to public criticism.

In 1994 the legislature passed A.B. 8 16, the third funding authorization bill for Proposition 99, which again altered the initiative’s funding allocation by reducing the health education component to 10 percent of the total...
surtax fund and the research component to roughly 1 percent of the surtax fund. Civil action to prevent this reallocation was initiated by tobacco control advocates, including Americans for Nonsmokers Rights, and the ALA and the ACS followed with their support. In early 1995 the Sacramento Superior Court found in favor of these agencies. \(^{22}\) An appeal by the state is pending.

In July 1995 S.B. 493 was passed by the state legislature with more than a four-fifths vote, a margin that would support the constitutional change necessary to change the allocation percentages within Proposition 99. S.B. 493 simply recasts A.B. 816, complete with all of the previously noted diversions from tobacco control to direct medical services. \(^{23}\) However, according to the court decision, the diversion of $63.7 million from the health education and research programs to direct medical services by S.B. 493 is inconsistent with the voter mandate. \(^{24}\) Exhibit 2 shows the differences in distribution of funds between the original intent of Proposition 99 and the current assignments according to A.B. 816 and S.B. 493.

**Administrative Implementation Of Proposition 99**

The NCI model for comprehensive tobacco use prevention and control (now implemented by seventeen states in the American Stop Smoking Intervention Study, or ASSIST, program) provided the initial framework for California’s tobacco control program. \(^{25}\) However, the ASSIST model

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**Exhibit 2**

**Required And Actual Funding Allocations For Proposition 99 Surtax Fund, 1994-1996**

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Required</th>
<th>Allocated in 1994–1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco control</td>
<td>20%</td>
<td>59%</td>
</tr>
<tr>
<td>Research</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Medical care</td>
<td>45%</td>
<td>26%</td>
</tr>
<tr>
<td>Environment</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Unallocated</td>
<td>25%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Source: T. Novotny, Structural Evaluation of California’s Proposition 99-Funded Tobacco Control Program (Sacramento: California Department of Health Services, Tobacco Control Section, 25 February 1995).*
called for a two-year planning period that was not permitted in Proposition 99. The sheer scope of the program and the speed with which this statewide activity was implemented led to issues of coordination throughout state government. This coordination has been more difficult than expected, largely because of the lack of high-level political support and the failure of the health community to demand that support. After passage of Proposition 99 and before implementation of A.B. 75, a committee of CDHS senior staff met regularly to prepare the department for the substantial funding the surtax fund would provide, and this activity helped to launch the tobacco control program. However, no meeting of the major state agencies that are now managing Proposition 99 funds is regularly convened.

The newly established TCS was given twenty-three full-time positions in 1989, supplemented with twelve positions in 1990, to administer a $184 million program. Because of the difficulties in hiring personnel for a new activity in the state bureaucracy, the benefit of establishing these positions was limited during A.B. 75. A full-time TCS director was hired in 1989, but he left the program in late 1991. This position remained vacant because the job was eliminated, and the state administration failed to reauthorize a full-time section chief for the largest public health program in the state.

The tobacco industry in California. Adding to the unusual workload, TCS staff have had to react to political issues created by the tobacco companies’ activities—namely, a multifaceted expansion of political influence, including tobacco industry funding for local political campaigns and increased support for arts, labor, trade, women’s, and minority organizations. The increase in spending by the tobacco industry in California is substantial (Exhibit 3), indicating that the industry perceives Proposition 99 as a significant threat. It is unfortunate that in the face of this spending the TCS was not better supported by its constituent groups at the state and local levels. In addition, the efforts of an opposing, well-funded adversary have served to undermine program management in unanticipated ways. For example, the TCS has been placed in competition with other CDHS programs that serve underfunded or uninsured persons. This may have weakened the tobacco control program’s position within the CDHS.

Legislative Implementation Of Proposition 99: A Critique

Proposition 99 has not been implemented faithfully by the California state government, for several reasons. First, the state governor has failed to support the implementation of Proposition 99 as a public health program. In addition to attempts to redirect funds from the media campaign to medical services, despite a court order ruling the proposed diversion illegal, Governor Wilson urged legislative leaders to proceed with the diversion of
### Exhibit 3

**Tobacco Industry Political Expenditures In All Categories, California 1976-1993**

<table>
<thead>
<tr>
<th>Year</th>
<th>Lobbying</th>
<th>Legislature</th>
<th>Constitutional offices</th>
<th>Propositions</th>
<th>Local activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>259,460</td>
<td>5,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>264,960</td>
</tr>
<tr>
<td>1978</td>
<td>283,418</td>
<td>10,450</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6,656,950</td>
</tr>
<tr>
<td>1980</td>
<td>268,092</td>
<td>4,750</td>
<td>0</td>
<td>0</td>
<td>1,000</td>
<td>2,916,075</td>
</tr>
<tr>
<td>1982</td>
<td>190,345</td>
<td>49,400</td>
<td>17,100</td>
<td>0</td>
<td>87,600</td>
<td>344,445</td>
</tr>
<tr>
<td>1984</td>
<td>352,229</td>
<td>193,100</td>
<td>6,100</td>
<td>0</td>
<td>1,259,643</td>
<td>1,811,072</td>
</tr>
<tr>
<td>1986</td>
<td>336,652</td>
<td>287,938</td>
<td>72,750</td>
<td>62,000</td>
<td>20,700</td>
<td>790,050</td>
</tr>
<tr>
<td>1988</td>
<td>2,384,332</td>
<td>612,126</td>
<td>22,100</td>
<td>17,500</td>
<td>21,365</td>
<td>24,300,216</td>
</tr>
<tr>
<td>1990</td>
<td>3,065,531</td>
<td>672,366</td>
<td>21,500</td>
<td>1,419,438</td>
<td>381,182</td>
<td>6,460,017</td>
</tr>
<tr>
<td>1992</td>
<td>3,473,609</td>
<td>1,248,286</td>
<td>38,500</td>
<td>409,156</td>
<td>2,425,540</td>
<td>7,596,091</td>
</tr>
<tr>
<td>1993</td>
<td>2,042,924</td>
<td>301,237</td>
<td>9,250</td>
<td>40,000</td>
<td>582,343</td>
<td>2,976,754</td>
</tr>
<tr>
<td>Total</td>
<td>12,656,602</td>
<td>3,285,153</td>
<td>187,200</td>
<td>1,948,094</td>
<td>4,779,373</td>
<td>63,114,531</td>
</tr>
</tbody>
</table>


Note: Includes expenditures to oppose statewide nonsmokers’ rights initiatives: Proposition 5 (1978; $6.4 million), Proposition 10 (1980; $2.6 million), and Proposition 99 (1988; $21.2 million).

* a Includes contributions ($10,000) to committees opposed to reelection of California Supreme Court and associate justices.

funds through the appropriations process.

Second, very little support for the original intent of Proposition 99 as a public health program has been evident within the state legislature. The legislature has continued to divert funding from tobacco control to medical care and other programs and has decreased the research account from 5 percent to 1 percent of total funds.

Third, the CMA—the chief lobbying group representing organized medicine—has supported the governor and legislature in their diversion attempts. Moreover, even though the health goals of the CMA differ substantially from those of the tobacco industry, their political goals sometimes may coincide, as they have in the efforts to divert funds from the tobacco control program.

### Effects Of Proposition 99

**Exposure to environmental tobacco smoke.** Proposition 99 has produced important and significant changes in the health of and tobacco use among Californians. For example, in 1994 the CDHS reported that children’s protection from exposure to environmental tobacco smoke increased 6.2 percent (from 75.2 percent baseline to 80.4 percent protected at home in 1993) because of an increase in the number of children living in smoke-free homes. In addition, 22.8 percent fewer adults were exposed to environ-
mental tobacco smoke at indoor workplaces in California (from 29.0 percent baseline to 22.4 percent in 1993). Part of this decrease in environmental tobacco smoke exposure is due to the unprecedented increase in local smoking ordinances and policies against smoking in public places and worksites.

**Cigarette consumption.** Numerous econometric studies have demonstrated a significant reduction in per capita cigarette consumption in California that is associated with the implementation of Proposition 99. The most recent study reported that Proposition 99 resulted in a 8-10 percent short-term reduction and a 10-13 percent long-term reduction in per capita cigarette consumption. From January 1989 through June 1993 Proposition 99 reduced cigarette consumption by 802 million packs of cigarettes, resulting in a loss of $1.1 billion in pretax sales and approximately $286 million in profits for the tobacco industry.

Additional evidence suggests that local programs in concert with the media campaign had a significant effect on cigarette consumption, independent of the tax increase. From July 1990 through December 1992 the tax increase reduced cigarette sales by approximately 819 million packs; during the same period the Proposition 99 statewide mobilization strategies and media campaign reduced sales by an estimated 232 million packs.

**Adult smoking prevalence.** Several studies have reported that the implementation of Proposition 99 was associated with a significant decrease in smoking prevalence among adults in California. Because of the short period of initial enabling legislation (eighteen months in A.B. 75) and the requirement for documentation of program effects within this period, the TCS needed to use data from a wide variety of sources to respond to legislative mandates. Data from the National Health Interview Survey (NHIS) were used to establish the baseline trend before 1988; and data from the California Tobacco Survey (CTS), California Adult Tobacco Survey (CATS), Current Population Survey (CPS), California Telephone Health Survey (CTHS), Behavioral Risk Factor Surveillance System survey (BRFSS), the NHIS, and combinations of these surveys were used to estimate the smoking prevalence trend after 1988.

A recent report cited a decrease in adult smoking prevalence from 26.7 percent in 1988 to 15.5 percent during the first half of 1995. This suggests a more rapid decline in smoking prevalence after implementation of Proposition 99 than that for the United States as a whole since 1988. In this report the 1988 data point was from the NHIS, and the 1995 data point was from the BRFSS. As data from multiple sources have been compared in recent years, it has become evident to TCS consultants that NHIS prevalence estimates are generally higher than those of the other surveys. Based on this observation, additional comparative analyses for California and the
rest of the United States using data from a single data source (for example, the NHIS or the CPS) are necessary. Nevertheless, the prevalence of smoking among adults is much less in California than in the nation as a whole for the entire 1988-1993 period, and despite significant efforts to reduce the impact of Proposition 99 by the tobacco industry and its allies, it is still declining.

**Adolescent smoking prevalence.** Data from the CTS were used to estimate that smoking prevalence among Californians ages sixteen to eighteen declined steadily from 1984 to 1988 but increased from 1988 to 1990. Smoking prevalence rates among California adolescents (ages twelve to seventeen) were observed in the CTS to be stable from 1990 to 1993 (9.1 percent during both years). Although the CTS was not conducted in 1994, a similar 1994 telephone survey found an adolescent smoking prevalence of 10.9 percent, suggesting that smoking prevalence among adolescents in California may actually be increasing. Although these recent data on adolescent smoking rates in California are of concern, rates of smoking in the United States as a whole increased among eighth, tenth, and twelfth graders from 1992 to 1995.

**Implications.** The reduction in cigarette consumption in California that was due to the increased cigarette tax and tobacco control programs could be explained by three factors: (1) an increase in smoking cessation among current smokers; (2) a decrease in cigarette consumption among current smokers; and/or (3) a decrease in smoking initiation. The finding that Proposition 99 was not associated with a decline in adolescent smoking prevalence suggests that the decrease in cigarette consumption was largely attributable to changes among current smokers; however, the proportion of this decline attributable to changes in per capita cigarette consumption among current smokers versus declines in smoking prevalence remains to be fully investigated.

Proposition 99 demonstrated the powerful impact on cigarette consumption of both the cigarette tax and the tobacco control program and confirmed that comprehensive tobacco control programs funded by cigarette tax revenues are one of the most effective public health interventions available. The failure to translate the program’s effects on cigarette consumption into a sustained decline in smoking among children is not an indication of the limitations of Proposition 99. Rather, it underscores the need for a sustained, fully funded, and broadly supported tobacco control effort to counteract the constant, intensive, and increasingly aggressive marketing and political strategies of the tobacco industry.

The key to a successful tobacco control effort is the continuous delivery of anti-tobacco messages by many different sources, consistently and over an extended period of time. It is therefore not surprising that a program
implemented without high-level political support and continuously undermined and weakened by the efforts of the tobacco industry, the governor, the state legislature, and organized medicine—would not overcome the effective promotion of smoking by the tobacco industry. In an environment in which the tobacco industry has outspent Proposition 99 by a factor of ten to one in the media, and in the face of increasing adolescent smoking fueled by aggressive marketing strategies, the gradual erosion of funding for tobacco control in California is difficult to understand.

Lessons Learned From Proposition 99

Four major lessons may be learned from the saga of Proposition 99. First, a successful voter initiative requires sustained constituency pressure on the legislature and administration to implement it according to the wishes of the voters. Second, oversight and support for tobacco control need to be sustained at high levels of state government, and tobacco control needs to be integrated throughout public health and education activities in state government. The lack of high-level political support creates uncertainty up and down the program structure and precludes integrated statewide program planning over the long run.

Third, successful tobacco control cannot be achieved through year-by-year funding appropriations; it requires sustained planning with reliable revenue flows over at least a five-year period. It is impossible to create a strategically planned, long-term tobacco control program in the face of dramatic shifts in program resources and direction. Fourth, the tobacco industry needs to be considered as a vector of tobacco-related diseases such as cancer and cardiovascular diseases. No other public health program has such an effective and well-funded adversary as tobacco control has. There is no human immunodeficiency virus industry, no pro-natural disaster advocacy group, no pro-syphilis lobby. There is, however, a pro-tobacco lobby whose contributions to state and local politics in California have severely undermined the wishes of the voters. The tobacco industry contributes more heavily to the California legislature than it does to the U.S. Congress.

By its nature, tobacco control is a political issue. Thus, Proposition 99 was established through the political process, and it has been weakened through politics that at times are very difficult to understand.

Summary And Conclusions

Proposition 99 was and is the most innovative public initiative ever designed to change the long-term health of a state’s population and improve the public health capacities of state and local government. The
strength of Proposition 99 was and is in the support of the voters. Those voters collected 1.1 million signatures to qualify it for the ballot and supported it with a 58 percent majority at the polls in 1988. They continue to support it as a tobacco control measure and not as a health care financing measure. Seventy-one percent of the California population rated government efforts to discourage smoking as successful in 1995. Thus, Proposition 99 is currently well regarded by a higher percentage of Californians than the 58 percent who voted for it in 1988.

Moreover, substantial support in favor of tobacco tax increases (if taxes are to be increased at all) has been reported since 1980. In 1990, 79 percent of Californians supported increased tobacco taxes, and in 1995, 80 percent supported an increase. Initially, tobacco control was to receive 20 percent of tax revenues from Proposition 99. With the systematic diversions of these funds to direct medical care, this allocation is now only 10 percent. This form of taxation could be expanded to cover the deficiencies in medical care costs cited by opponents as a reason to divert funds from tobacco control activities. Higher cigarette taxes are now being considered as a possibility for local jurisdictions to reverse budget shortfalls in health and welfare programs in California.

In addition, Proposition 99 has fostered cutting-edge advocacy through direct purchase of television and radio airtime for innovative antitobacco industry messages, substantial grass-roots efforts, and innovative research projects that have helped the entire world to understand the forces behind tobacco use. Nevertheless, the tobacco control program has been embattled and isolated, suffering at the hands of the California state legislature, administration, and organized medicine.

Proposition 99 can only be fully restored through the vigilance, dedication, and political strength of the constituency groups who brought it to reality in 1988. If implemented faithfully, initiatives to establish comprehensive tobacco control programs, funded by cigarette tax revenue, can be among the most effective public health interventions available to other states and nations.

The authors thank Stanton Glantz, Terry Pechacek, and others at the Centers for Disease Control and Prevention’s (CDC’s) Office on Smoking and Health for their helpful comments.
NOTES

1. W. Strawbridge et al., The local Burden of Tobacco: Deaths from Smoking in California's Cities (Sacramento: California Department of Health Services, 1994).
5. Ibid.
6. Ibid., for details of the tobacco industry’s campaign strategy and activities.
12. Ibid.
17. Section 43 of A.B. 99 essentially protects five existing medical service programs funded by Proposition 99 at the direction of the Department of Finance. It has the devastating impact of reducing funding for tobacco control on a pro rata basis, as these protected programs inevitably grow.
22. Senate Committee on Health and Human Services, Staff Analysis of Senate Bill 493 (Muddy) as Amended in Assembly, 10 July 1995 (Hearing Date: 12 July 1995).
23. Ford, Order to Show Cause.


29. Pierce et al., *Tobacco Use in California*


33. Pierce et al., “Tobacco Use in California.”


36. Ibid.

37. Ibid.

38. Ibid.


41. Ibid.

42. California Center for Health Improvement, *Living Well: Californians Consider Public Policies That Foster Better Health* (Sacramento: California Center for Health Improvement, 15 August 1995).

43. Ibid.