

UCSF

Tobacco Control Policy Making: United States

Title

Question 1 Tobacco Education Outlays: From the 1994 Fiscal Year to the 1996 Fiscal Year

Permalink

<https://escholarship.org/uc/item/6p30n09q>

Authors

Begay, Michael E., Ph.D.
Glantz, Stanton A., Ph.D.

Publication Date

1995-08-01

Question 1 Tobacco Education Outlays: From the 1994 Fiscal Year to the 1996 Fiscal Year

Michael E. Begay, Ph.D.

Stanton A. Glantz, Ph.D.*

Health Policy and Management Program
School of Public Health and Health Sciences
University of Massachusetts
Arnold House
Amherst, Massachusetts 01003

*Institute for Health Policy Studies
School of Medicine
University of California
1388 Sutter Street, 11th Floor
San Francisco, CA 94019

August 1995

Supported by Association of Schools of Public Health/Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry Cooperative Agreement Grant (S129-14/14) and a grant from the National Cancer Institute (CA-61021). Opinions expressed reflect the views of the authors and do not necessarily represent the sponsoring agencies or the School of Public Health and Health Sciences or the Institute for Health Policy Studies.

EXECUTIVE SUMMARY

- Tobacco is the leading cause of preventable death in the United States. Over 420,000 people die each year from tobacco use, and 53,000 die each year from exposure to environmental tobacco smoke (ETS). In response and because of the lack of legislative action, public health professionals in Massachusetts used the initiative process as a way to fund tobacco education and prevention programs.
- In 1992, a coalition of over 200 organizations called the Massachusetts Coalition for a Healthy Future, led by the American Cancer Society, successfully qualified and passed Question 1, a state ballot initiative which raised the state tobacco tax by 25 cents per pack of cigarettes and on smokeless tobacco products by 25% of its wholesale price to provide funds for tobacco education and prevention programs.
- In the campaign to pass Question 1, the Coalition promised voters that the new tobacco tax revenues would be used to reduce tobacco use in the state. However, the initiative was not constitutionally allowed to appropriate the new revenues because the power to appropriate funds resided with the state Legislature.
- Since the 1993-1994 fiscal year, the state has spent a total of 27.5% of Question 1 funds or \$116.4 million for tobacco education and prevention programs and 72.5% of Question 1 funds or \$306.7 million for non-tobacco education programs.
- The available pool of Question 1 tobacco tax revenues has declined over time because fewer people are smoking.
- Tobacco education and prevention programs have had their funding reduced each fiscal year. In fact, between the 1993-1994 and the 1995-1996 fiscal years, Question 1 funding for tobacco education has *declined* by 19%.
- In contrast, since the 1993-1994 fiscal year, the Legislature has chosen to appropriate state general funds to non-tobacco education programs to more than compensate for the decline in Question 1 revenues. As a result, state general funds appropriated to non-tobacco education programs which receive Question 1 funds has grown from \$34.7 million in the 1993-1994 fiscal year to \$76.6 million in the 1995-1996 budget and total funding (i.e., Question 1 funds and state general funds) for these programs has *increased* by 9.3%, or \$14.5 million.
- The Legislature has established a trend that has produced real reductions in Question 1 funding for tobacco education which appears contrary to the mandate of the voters when they enacted Question 1 in 1992. In addition, because the Legislature has appropriated state general funds for non-tobacco education programs, total funding for these programs have increased at the expense of tobacco education.

- The failure of the ACS and Coalition to continue to mobilize public support for tobacco control programs in Massachusetts suggests that the public health promise of Question 1 will not be realized and the tobacco industry will again dominate public health policy making in Massachusetts at the expense of public health.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
INTRODUCTION	7
PROVISIONS OF QUESTION 1	8
A MAJOR CAMPAIGN ISSUE: HOW TO SPEND QUESTION 1 FUNDS	8
HEALTH PROTECTION FUND PROGRAMS	10
Tobacco Education and Prevention Programs	11
Comprehensive School Health Education Programs	14
Drug Education Programs	15
Community Health Centers/Maternal and Child Health Programs	16
Monitoring Morbidity and Mortality of Tobacco-Related Disease Programs	17
Health Services Programs	17
HEALTH PROTECTION FUND EXPENDITURES	18
Activists Agree to Divert Funds to Non-Tobacco Education Programs in the 1993-1994 Fiscal Year	18
1993-1994 Budget for Tobacco Education and Other Programs	19
Legislature Reduces Question 1 Funding for Tobacco Education in the 1994-1995 Budget	19
Legislature Appropriates State Funds to Non-Tobacco Education Programs in the 1994-1995 Budget	20
Impact of Question 1 Funding Reductions on Tobacco Education in the 1994-1995 Budget	22
1994-1995 Budget for Tobacco Education and Other Programs	23
American Cancer Society 'Claims' Level Funding for Tobacco Education in the 1995-1996 Budget	23
1995-1996 Budget for Non-Tobacco Education Programs	23
Summary: Total Funding for Question 1 Programs Since the 1993-1994 Fiscal Year	23
CONCLUSION	24
REFERENCES	27

INTRODUCTION

Tobacco is the leading cause of preventable death in the United States. Over 420,000 people die each year from tobacco use, and 53,000 die each year from exposure to environmental tobacco smoke (ETS). Public health professionals have developed numerous approaches to reduce tobacco use such as enacting local tobacco control ordinances to restrict or end smoking in public places and through tobacco education and prevention programs. Generally, these efforts have not been funded by state governments. However, in 1992, because of the lack of legislative action, public health professionals in Massachusetts used the initiative process to fund tobacco education and prevention programs. A coalition of over 200 organizations called the Massachusetts Coalition for a Healthy Future (MCHF), led by the American Cancer Society (ACS), successfully qualified and passed Question 1, a state ballot initiative which raised the state tobacco tax by 25 cents per pack of cigarettes and on smokeless tobacco by 25% of its wholesale price to provide funds for tobacco education and prevention programs.

Question 1 was modeled after California's Proposition 99, which was enacted in 1988 and also raised the state tobacco tax to fund tobacco education and prevention programs. In the campaign to pass Question 1, MCHF promised voters that the new tobacco tax revenues would be used to reduce tobacco use in the state. However, the initiative was not constitutionally allowed to appropriate the new revenues because the power to appropriate state funds resided with the state Legislature. As a result, after the November 1992 election, the Coalition and ACS had to face the Legislature and the tobacco industry in a political battle to ensure that the new funds were spent for tobacco education and prevention programs as promised in the Question 1 campaign.

Since the 1993-1994 fiscal year, which was the first fiscal year in the implementation of Question 1, the Legislature has appropriated Question 1 funds not only to tobacco education and prevention programs but also to non-tobacco education programs which provide little, if any, tobacco education and prevention services. In addition, as the available pool of Question 1 tobacco tax revenues has declined over time because fewer people are smoking, tobacco education and prevention programs have had their funding reduced each fiscal year. Between the 1993-1994 and the 1995-1996 fiscal years, Question 1 funding for tobacco education has *decreased* by 19%. In addition, since the 1993-1994 fiscal year, the Legislature has chosen to appropriate state general funds to non-tobacco education programs but not to tobacco education and prevention programs. As a result, state general funds appropriated to non-tobacco education programs which receive Question 1 funds has *grown* from \$34.7 million in the 1993-1994 fiscal year to \$76.6 million in the 1995-1996 budget and total funding (i.e., Question 1 funds and state general funds) for these programs has *increased* by 9.3%, or \$14.5 million.

Contrary to the promise made by MCHF in the campaign to pass Question 1, since the 1993-1994 fiscal year, the state has spent only 27.5%, or \$116.4 million, of Question 1 funds on genuine tobacco education services. In the state budget for the 1995-1996 fiscal year,¹ the Legislature appropriated only 27.3%, or \$35.5 million, of

Question 1 funds for tobacco education and prevention programs. In contrast, since the 1993-1994 fiscal year, the state has spent 72.5% of Question 1 funds or \$306.7 million for non-tobacco education programs. And, in the 1995-1996 fiscal year, the Legislature appropriated 72.7%, or \$94.4 million, of Question 1 funds for non-tobacco education programs.

The Legislature has established a trend that has produced real reductions in Question 1 funding for tobacco education which appears contrary to the mandate of the voters when they enacted Question 1 in 1992. As a result, almost 75% of Question 1 funds have been spent on non-tobacco education programs (Figure 2). Using state general funds, funding for these programs have increased at the expense of tobacco education and prevention programs.

PROVISIONS OF QUESTION 1

Question 1 increased the state tobacco tax by 25 cents per pack of cigarettes and by 25% of the wholesale price of smokeless tobacco. The new revenues raised were not designated as a part of the state general fund. Instead, the initiative established the Health Protection Fund into which the new revenues would be placed. Question 1 asked that the Legislature appropriate the revenues from the Health Protection Fund for the following purposes:

- Comprehensive school health education programs, which shall incorporate information relating to the hazards of tobacco use;
- Workplace-based and community smoking prevention and smoking cessation programs, for tobacco-related public service advertising and for drug education programs;
- Community health centers and their programs of prenatal and maternal care, which shall incorporate smoking cessation assistance and guidance regarding the harmful effects of smoking in fetal development; and
- Monitoring of morbidity and mortality from cancer and other tobacco-related diseases in the Commonwealth.

While these purposes are not strictly limited to tobacco education and prevention programs, they are all clearly related to tobacco control. The overall goal of reducing tobacco consumption was a major issue in the campaign to enact Question 1.

A MAJOR CAMPAIGN ISSUE: HOW TO SPEND QUESTION 1 FUNDS

In the 1992 election in which the Massachusetts voters passed Question 1, how the funds would be spent was a major campaign issue. In its campaign against Question 1, the tobacco industry argued that, if passed, Question 1 would give “tax dollars to the Legislature to spend in any way it chooses.”² Mary Ann Preskul-Ricca, spokesperson for the Committee Against Unfair Taxes (CAUT), which was formed by the tobacco industry to oppose Question 1, compared “the [tobacco] tax hike proposal to the gas hike of several years ago, which was approved on promises it would be used for highway

construction and repair.”³ CAUT also claimed that the new tax was an unfair burden on working-class people and was bad for the state economy because people living in border towns would cross over into lower-tax states to buy cigarettes. In its campaign to pass Question 1, the MCHF claimed that the initiative would raise \$130 million for antismoking projects for young people and pregnant women⁴ and asserted that the higher tax “will discourage smoking and that an estimated 50,000 adults will quit the habit, while 28,000 others who would have become smokers will not take up the habit.”⁵ Thus, the promise that Question 1 funds would lead to effective programs to reduce tobacco use was a key element of the campaign by proponents to pass it.

Evidence from California supported the claim made by Question 1 proponents that a major public health educational campaign funded by raising the state tobacco tax could reduce tobacco consumption. In 1988, in California, a coalition of public health, medical, and environmental groups enacted Proposition 99. This initiative, which was the model for Question 1, increased California’s tobacco tax by 25 cents per pack of cigarettes and allocated 20% of the additional revenues for tobacco education programs. This was the first time that tobacco control activists had used the initiative process to fund a statewide tobacco education campaign. California’s tobacco education campaign has been very successful. It has led to a 27% decline in tobacco use in California from the passage of Proposition 99 until 1993, 2-3 times as fast as the rest of the country.⁶ The total effect of the tobacco education campaign from its inception in 1989 to June 30, 1994 has been to reduce total cigarette consumption by 1.57 billion packs of cigarettes below historical predictions, worth \$2.14 billion in pre-tax sales to the tobacco industry.⁷

In late September 1992, two months before the election, two key political leaders took stands on how Question 1 funds should be spent. Ray Howell, press secretary for Republican Governor William Weld, who opposed Question 1 because it represented a tax increase, said that the Governor “would be inclined to use the funds for health and smoking prevention projects.”^{8,9} However, Howell “stopped short of committing the administration.” He said that, “As the governor has said, these types of programs are worthwhile and I can’t see any reason we wouldn’t go along with it. But that’s a premature question.” When asked about how Question 1 money would be spent, House Ways and Means Chairperson Thomas Finneran (D-Mattapan) said that he “will use the referendum’s proposal for directing the funds for antismoking projects as a guide when he proposes a fiscal 1994 budget next spring.” He also said that, “The odds are very, very strong we would follow the blue print [of the initiative]. The majority of the Legislature is very sympathetic to the goal of the referendum.” Thus, before the election it appeared likely that the Legislature and Governor would cooperate with Question 1 proponents and use the new revenues for programs to reduce tobacco use.

Before the November election, Candace Pierce-Lavin, campaign director for MCHF, predicted that the Coalition “will keep the pressure on Beacon Hill to make sure the funds are spent as proposed in the petition.” She also said that, “The coalition will stay together after the campaign and aggressively lobby the Legislature.” On November 3, 1992, despite tobacco industry claims and its \$7.3 million¹⁰ campaign to defeat

Question 1, Massachusetts voters approved the initiative by a margin of 54% to 46%. Proponents spent a little more than \$1 million.

Two days after the election, Candace Pierce-Lavin reaffirmed the MCHF position saying that, “Our next step is to start working with the Legislature to assure the money will be spent as the public mandated it be spent.”¹¹ Senator Lucile Hicks (R-Wayland) said that, “The American Cancer Society will watch this like hawks and will be all over legislators who decide to spend it another way.”

Blake Cady, then President of the American Cancer Society and chief spokesperson for Question 1 proponents, said that, if the Legislature and Governor attempted to use Question 1 funds to balance the state budget, the MCHF would “do whatever it takes” to insure that Question 1 funds were being used for smoking prevention.¹² He also said that to “raid” any of the funds would be a “breach of faith with the voters.” The American Cancer Society and its allies proposed that \$13 million “of the new funds be used to counter advertising by the tobacco industry” and “would like to see the rest of the funds--\$117 million--used to create smoking prevention programs in schools and to enforce laws prohibiting the sale of cigarettes to minors.”

Although legislative leaders and Republican Governor William Weld after the election reiterated their support for using Question 1 funds for tobacco education, they said that they “could not speak for the Legislature as a whole and expressing regret that runaway Medicaid increases might drain the windfall.”¹³ Because the state constitution limited the appropriation authority to the legislative branch, the MCHF and ACS would have to fight the Legislature, Governor, and tobacco industry to ensure that Question 1 funds would go for tobacco education.

Several days after the election, the Boston Globe reported that the tobacco industry was planning “a full assault on the antismoking campaign.” It also said that, “tobacco executives will now look to derail what they see as more threatening than the tax itself: a scathing state antismoking campaign, funded from the increase, with such slogans as ‘The tobacco industry is making a killing off you.’” During the campaign, the tobacco industry “implicitly admitted that there are prime opportunities to block the public education and media advertising aspects of the program.” It was also reported that, “Now, the industry is expected to try to achieve that exact goal” of persuading the Legislature to spend Question 1 funds on programs other than smoking cessation and prevention. The success of California’s Proposition 99 programs--with its dramatic effects on tobacco consumption and tobacco industry revenues--provided a strong motivation for the tobacco industry to use its political power in the Legislature to see that Question 1 funds were spent on anything except effective tobacco control programs. In addition, as in California, major benefits resulting from funding worthwhile non-tobacco programs whose advocates potentially would become political allies for the tobacco industry was substantial.

HEALTH PROTECTION FUND PROGRAMS

Information about the programs which receive Question 1 funds appears vague because descriptions of those programs in the state budget are very brief. Information was also provided by the Departments of Education (DOE) and Public Health (DPH) for some programs, including the tobacco education campaign.

There appears to be no comprehensive independent evaluation of the various programs which receive Question 1 funds. Under the direction and guidance of DPH, which awarded the research contract, Abt Associates completed an independent evaluation of the overall tobacco education campaign which was published in February 1995.¹⁴ However, the Abt report did not provide any information about the effectiveness of the other programs which received Question 1 funds. The only other known evaluation was published by the DOE on the Health Protection Grant Initiatives.

It is significant that the state budget does not explain the condition of the Health Protection Fund. Question 1 required that the State Comptroller “prepare and issue an annual report detailing the revenues and expenditures” of the Health Protection Fund. The State Comptroller has not published the required annual report. We gathered information on Question 1 expenditures from the Governor’s Budget Recommendations for the 1993-1994, 1994-1995, and 1995-1996 fiscal years, Final Budget Bills for the 1993-1994, 1994-1995, and 1995-1996 fiscal years, and material published by the Massachusetts Tobacco Control Program.

Tobacco Education and Prevention Programs

From the 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 27.5%, or \$116.4 million, of Question 1 funds on tobacco education and prevention programs (Tables 1 and 2). In the 1995-1996 budget, the Legislature appropriated a total of 27.3%, or \$35.5 million, of Question 1 funds for these programs (Tables 1 and 2). In each budget year, the Legislature has reduced Question 1 funding for these programs. Unlike the non-tobacco education programs, the Legislature has chosen not to appropriate state general funds for these programs. As a result, between the 1993-1994 to the 1995-1996 fiscal years, funding for tobacco education and prevention programs has fallen by 19% (Table 2).

The Massachusetts Tobacco Control Program (MTCP), the name for the state’s tobacco education campaign, funded entirely by the Health Protection Fund, is what most people expected Question 1 funds to be used for. The statewide campaign consists of the anti-smoking media campaign, statewide cessation and education initiatives, research and evaluation, and grants to local boards of health, community agencies, and health advocacy organizations. Question 1’s tobacco education programs are administered by the Department of Public Health. The MTCP was successful in reducing tobacco sales by 12.5% from 1992 to 1993.

The major goal of MTCP is to reduce tobacco use in Massachusetts by 50% by 1999. Other objectives include reducing smoking prevalence among youth and adults to less than 12%, workers' exposure to ETS to no more than 5% in the workplace, children's exposure to ETS in the home to no more than 15%, and levels of tobacco use among continuing users and youth access to tobacco products. The target populations identified by the Department of Public Health are youth, women (especially of childbearing age), current smokers, racial/ethnic minorities (e.g., African Americans, Latinos/Hispanics, Asians, Portuguese), and persons of lower socio-economic status.

There are three dominant themes of MTCP which reflect the three dimensions of the public health problem of tobacco use and encompass the campaign's overall approach to the main goal and objectives. They are the following:

- preventing youth tobacco use, including cigarette and smokeless tobacco;
- promoting adult smoking cessation; and
- protecting nonsmokers by reducing exposure to environmental tobacco smoke (ETS).

In addition, three major strategies (i.e., policy, media, and program services) are being implemented to achieve these overall objectives. Policy initiatives include the tax increase itself, community and worksite tobacco control policies to reduce exposure to ETS, and limiting youth access to tobacco. The anti-smoking media campaign attempts to inform the general population about the hazards of tobacco use and ETS, and preventing youth from starting to smoke. Program services provided by MTCP include local tobacco education and prevention activities such as peer leadership, outreach, training and technical assistance.

Although the MTCP has outlined its objectives and goals, it has not written a master plan or long-term planning document describing in detail how these objectives and goals will be achieved. After passage of Question 1, the Massachusetts Tobacco Control Oversight Council (MA-TCOC) was created to oversee the MTCP. This committee also has the potential to develop a master plan. However, because DPH has failed to provide adequate funding and staff, MA-TCOC has not been able to provide direction and a master plan for the overall tobacco education campaign.

In comparison, in California, the Tobacco Education Oversight Committee (CA-TEOC) when it was created by the Legislature, was required to do policy development, integration, and evaluation of tobacco education and prevention programs funded by Proposition 99. It was also required to develop a master plan for the future implementation of tobacco education and prevention programs. The CA-TEOC, which was provided its own budget independent of the Department of Health Services, has issued two major master plans for California's tobacco education campaign.¹⁵

An especially critical part of the MTCP which had its Question 1 funding eliminated in the 1994-1995 fiscal year was the Massachusetts Tobacco Survey (MTS) of adults and youth. The purpose of the MTS was two-fold: (1) to provide a baseline

against which to assess the impact of the Massachusetts Tobacco Control Program; and (2) to inform the ongoing design of interventions aimed at helping smokers quit, preventing teens from starting to smoke, and reducing risks associated with exposure to environmental tobacco smoke.

Eliminating Question 1 funding for the MTS will mean that there will be no objective data documenting program effectiveness. Although a smaller study of tobacco use among adults was funded by DPH, it was not as comprehensive and thorough as the MTS. In addition, the state will lack critical data on smoking and brand preferences by children, who are a key group that is supposed to be served by the MTCP. The lack of meaningful data makes it more difficult for public health advocates to defend tobacco education programs when the tobacco industry and its allies argue that these appropriations are a waste of funds. This is a common strategy used by the tobacco industry and its allies in California to argue against appropriating Proposition 99 revenues for tobacco education and prevention programs.

Comprehensive School Health Education Programs

From the 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 25.7%, or \$108.7 million, of Question 1 funds for comprehensive school health education programs (Tables 1 and 2). In the 1995-1996 budget, the Legislature appropriated a total of 26.8%, or \$34.8 million, of Question 1 funds to these programs (Tables 1 and 2). The Legislature has chosen not to appropriate state general funds for these programs. As a result, between the 1993-1994 to the 1995-1996 fiscal years, funding for these comprehensive school health education programs has decreased by 10.7% (Table 2).

The Massachusetts Health Protection Grants Initiative, which are non-competitive, entitlement grants, receives Question 1 funds through DPH and DOE. Grants are awarded to school districts to provide financial and technical assistance to implement comprehensive school health education programs. In 1993-1994, awards were made based on student enrollment in 268 school districts for PreK-12 health education. The comprehensive PreK-12 health education curriculum includes a variety of topics and strategies such as violence prevention, substance abuse prevention, student support services, and student health centers. It is uncertain how effective this program has been in discouraging tobacco use. In an evaluation of the grants initiative, which asked questions of a sample of 8th and 10th grade students, researchers found that, “Health Education content focused on tobacco use prevention declines after the 8th grade and only half of students surveyed reported getting instruction on smoking cessation.”¹⁶ In addition, they also said that, “Less than half of all school districts (45%) require tobacco prevention health education in the 10th grade” and “Only 52% of students reported learning ways to quit smoking.”

Several other programs receive Question 1 funds from the DOE. Health Education Programs for Homeless Adolescents offer educational support services to staff working with the state’s emergency adolescent centers. The Commonwealth Inservice

Institute provides professional development opportunities in health education focusing on parent education and development of programs for diverse groups in school health programs.

Grants to Community Colleges and Universities are awarded focusing on integrating comprehensive school health education into teacher pre-service programs and school nurse certification. Grants were also awarded to Adult Learning Centers to provide health education with a focus on smoking prevention and cessation. The 10 Department of Public Health Prevention Centers also received Question 1 funds for staff, training initiatives, purchasing of resources and materials, conducting outreach and publicity activities, and seminars. These centers also provided assistance to school districts in implementing their comprehensive health education programs. They have also hired full-time tobacco control specialists who work with communities to lower the rate of tobacco use and also provide support, training and technical assistance on tobacco control issues. The Prevention Centers also act as liaisons between local tobacco education programs and DPH.

There are two school health programs which receive Question 1 funds through DPH. The Enhanced School Health Services Program builds upon the existing school health services program, employing a school nurse model. It incorporates tobacco prevention and cessation activities into ongoing school health programs. The School-Based Health Centers Program funds primary care centers which are located in schools. The program aims to ensure that children and adolescents will have access to early comprehensive and competent health care.

While some of these programs have nominal tobacco education elements, their primary purpose is not tobacco education and prevention. There is no evidence that these programs have impacted tobacco consumption. This use of Question 1 funds appears contrary to the mandate of the voters when they enacted Question 1.

Drug Education Programs

From the 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 3.8% or \$16.3 million on drug education programs (Tables 1 and 2). In the 1995-1996 budget, the Legislature appropriated a total of 4.8%, or \$6.3 million, of Question 1 funds (Tables 1 and 2). The Legislature has not appropriated state general funds for drug education programs. In the 1995-1996 budget, the Legislature appropriated \$1.25 million of Question 1 funds for the Executive Office of Public Safety for city and town student awareness of fire education programs (Table 2). This was a new budget line-item for this new fiscal year. As a result, between the 1993-1994 to the 1995-1996 fiscal years, Question 1 funding for these programs has increased by 25% (Table 2).

The Executive Office of the Department of Public Safety receives Question 1 funds to administer a discretionary grant program for city and town student awareness of fire education programs, or SAFE, and for drug awareness and resistance education programs, or DARE. The SAFE programs are required to include information about the

fire risks caused by careless cigarette smoking and include the participation of local firefighters. The DARE programs are required to include information about the health risks of cigarette smoking. DARE is “the most widely disseminated school-based drug prevention program in the United States. It represents a cooperative venture between education and law enforcement and involves use of trained, uniformed police officers in the classroom to teach highly structured drug prevention curriculum.”¹⁷

Two recent studies questioned effectiveness of the DARE program. In a longitudinal randomized experiment conducted on 1,584 students, researchers found “relatively little empirical support for the comprehensive model of school-based drug education, of which DARE is a prime exemplar. This type of program had no statistically significant main effects on drug use behaviors and had few effects on attitudes or beliefs about drugs.”

Researchers in another study reviewed eight methodically rigorous DARE evaluations and found that “DARE’s core curriculum effect on drug use relative to whatever drug education (if any) was offered in control schools is slight, and except for tobacco use is not statistically significant.”¹⁸ The study found that interactive drug education was more effective on drug use behavior and tobacco use as well as on knowledge, attitudes, and social skills. Interactive programs emphasize interpersonal factors by focusing on social skills and general social competencies and by using interactive teaching strategies, particularly peer to peer.

Although it is a very popular program, “DARE could be taking the place of other, more beneficial drug use curricula that adolescents could be receiving.” In particular, there is no evidence that DARE has positive effects on reducing tobacco consumption.

Community Health Centers/Maternal and Child Health Programs

From the 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 25.1%, or \$106.4 million, of Question 1 for community health centers/maternal and child health programs (Tables 1 and 2). In the 1995-1996 budget, the Legislature appropriated a total of 22.5%, or \$29.2 million, of Question 1 funds for these programs (Tables 1 and 2). Although Question 1 funding for these programs has declined by 41.1%, the Legislature has increased its appropriations of state general funds, from \$0 in the 1993-1994 fiscal year to \$22.5 million in the 1995-1996 fiscal year (Table 2). As a result, total funding (i.e., Question 1 funds and state general funds) for these programs has increased by 4.1% or \$2 million (Table 2).

Community and Other Health Centers Operational Grants receive funds from the Health Protection Fund. A brief description found in the Governor’s Proposed Budget for the 1995-1996 fiscal year states that these funds are to be used for “community and other health centers operational grants, including grants for programs in smoking cessation.” There appears to be no ongoing evaluation of how effective these grants have been for providing tobacco education and prevention.

The Division of Family Services receives Question 1 funds. This program also receives federal funds for maternal and child health services. The Office of Nutritional Services also receives Question 1 funds in addition to federal funds for the Women, Infants and Children (WIC) program. The Healthy Start Program, which provides medical services for pregnant women, also receives Question 1 funds. There appears to be no ongoing evaluation of how effective these grants have been for providing tobacco education and prevention

Monitoring Morbidity and Mortality of Tobacco-Related Disease Programs

From the 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 0.7%, or \$3.1 million, of Question 1 funds for monitoring morbidity and mortality programs (Tables 1 and 2). In the 1995-1996 budget, the Legislature appropriated 0.7%, or \$953,756, of Question 1 funds for these programs (Tables 1 and 2). Although Question 1 funding for these programs has declined by 22.5% since the 1993-1994 fiscal year, the Legislature has increased its appropriations of state general funds from \$0 in the 1993-1994 fiscal year to \$102,803 in the 1995-1996 fiscal year (Table 2). As a result, total funding (i.e., Question 1 funds and state general funds) for these programs have declined only by 14.1% (Table 2).

The Office of Health Statistics Analysis received Question 1 funds for health statistics analysis and for the operation of the cancer registry and occupational lung disease registry.

Health Services Programs

The Legislature chose to appropriate Question 1 funds to numerous health services programs. The initiative did not specify that these programs were to receive Question 1 funds. Question 1 funds have been used for these programs to supplant rather than supplement state general funds in the 1993-1994 fiscal year when several of these programs received 100% of their funding from the Health Protection Fund.

From 1993-1994 fiscal year to the 1995-1996 fiscal year, the state spent a total of 17.1%, or \$72.3 million, of Question 1 funds for health services programs (Tables 1 and 2). In the 1995-1996 fiscal year, the Legislature appropriated a total of 17.8%, or \$23.1 million, of Question 1 funds (Tables 1 and 2). Although Question 1 funding for health services programs has declined by 14.1%, the Legislature has increased its state general fund appropriations, which have grown from \$34.7 million in the 1993-1994 fiscal year to \$54.1 million in the 1995-1996 fiscal year (Table 2). As a result, total funding (i.e., Question 1 funding and state general funds) for these programs has grown by 25.3%, or \$15.6 million (Table 2).

The AIDS Prevention and Treatment Program, which provides AIDS prevention and treatment services, receives some of its funding from the Health Protection Fund. A new budget item in the proposed 1995-1996 budget appropriates Question 1 funds for Early Intervention Services for the Developmentally Disabled Children. Question 1

funds are appropriated for Osteoporosis Education and Prevention Services and Early Breast Cancer Detection and Research Program. None of these programs has even an indirect association with tobacco control.

HEALTH PROTECTION FUND EXPENDITURES

Activists Agree to Divert Funds to Non-Tobacco Education Programs in the 1993-1994 Fiscal Year

Because the Department of Revenue began collecting the Question 1 tobacco tax in January 1993, there was 18 months of new revenues available to appropriate in the 1993-1994 fiscal year. In budget negotiations with the Legislature and Weld administration, the MCHF estimated that the costs of an optimal anti-smoking program to be \$96 million out of total of \$176 million in available Question 1 revenues.

The Coalition hoped to use the \$80 million in unexpended funds in future years. This surplus was needed because available Question 1 revenues would decline in future years since the smoking cessation programs would reduce the number of new smokers and help existing smokers quit. The Boston Globe reported that, “Cady took it upon himself to negotiate with the Weld administration on the use of the \$176 million. Afraid he would get nothing if he didn’t give something, Cady offered to relinquish claims on the surplus \$80 million if the Weld administration would commit to fully funding the \$96 million tobacco control program.”¹⁹ As a result, the Weld administration used the surplus Question 1 funds as a new funding source which “freed \$80 million in general fund revenues to use elsewhere in the budget.” This compromise by tobacco control advocates allowed the Legislature and Governor to use Question 1 funds for non-tobacco education programs at the expense of tobacco education and prevention programs.

This decision had two major effects on the Massachusetts tobacco education campaign. First, it established the precedent for use of Question 1 funds for non-tobacco education purposes. Second, it also established a *de facto* ceiling on the fraction of Question 1 monies that would be used for tobacco education and prevention programs. Altogether, these effects, combined with the fact that the initial fiscal year allocation of Question 1 funds was based on 18 months of tobacco tax accumulations, set the stage for rapid declines in funding for tobacco education.

1993-1994 Budget for Tobacco Education and Other Programs

In the 1993-1994 fiscal year, the state spent a total of 26.5%, or \$43.8 million, of Question 1 funds for tobacco education and prevention programs (Tables 3 and 4). For other programs specified by Question 1 (i.e., comprehensive school health programs, drug education programs, community health centers/maternal and child health programs, and monitoring morbidity and mortality programs), the state spent a total of 57.3%, or \$94.8 million, of Question 1 funds (Tables 3 and 4). The state spent a total of 16.3%, or \$27 million, of Question 1 funds for non-specified programs (i.e., health services

programs), which also were allocated \$34.7 million in state general funds (Tables 3 and 4).

In the 1993-1994 fiscal year, it appears that the Legislature and Governor violated a key provision of the initiative. Language in Question 1 states that tobacco tax revenues placed into the Health Protection Fund “shall be expended, subject to appropriation, *to supplement* existing levels of funding (emphasis added).”²⁰ However, in budget language passed by the Legislature,²¹ the several programs received 100% of their funding from the Health Protection Fund, Community Health Centers; Family Health Services; Nutritional Services; Health Start Services; Osteoporosis Education and Prevention; and the Health Statistics Program.

Legislature Reduces Question 1 Funding for Tobacco Education in the 1994-1995 Budget

Because there was less available Question 1 revenues in the 1994-1995 fiscal year, the Legislature sought to reduce the amount of Question 1 funds that programs received. Overall, the total amount of available Question 1 revenues declined by 27.5% or \$48.5 million in the 1994-1995 fiscal year compared to the total amount of available Question 1 revenues in the 1993-1994 fiscal year.

In its deliberations on the 1994-1995 state budget, the Senate Ways and Means Committee proposed reductions in Question 1 funding for tobacco education programs. Senate Ways and Means Committee Chairman Thomas Birmingham argued that “the money decreased because last year’s funds were based on taxes collected during 18 months rather than 12.”²² Senator Lois Pines (D-Newton) characterized the cuts in tobacco education as “a raid on much needed millions from the heart and soul of our anti-smoking campaign.” Senator Birmingham claimed that, “This year we replicate exactly the same (spending) structure, with the exception that we had fewer dollars. The purposes of Question 1 aren’t limited to anti-smoking ads and cessation programs.” In response to allegations that he was working to further the interests of the tobacco industry in his attempt to divert revenues from tobacco education, Senator Birmingham, who met with tobacco industry representatives six months after the referendum, said they asked him “to attempt to renege on the entire commitment made in the referendum and I said no.”

Public health advocates were very critical of the Legislature’s action to reduce Question 1 funding for tobacco education. They claimed that, “their pockets were picked by the state Senate.” Dr. Blake Cady, past president of the ACS who led the campaign to enact Question 1, asserted that, “The state Senate stole our money. The senators who voted to take our money are working for the tobacco industry, whether deliberately or not.” In response, Senator Birmingham argued that, “There was no diversion of cigarette tax money for other purposes. Every dime went for purposes approved by voters in the referendum question, such as drug education and community health centers.” He conceded that, “It was a ‘stretch’ to use the money to fund the osteoporosis program. Other programs, such as those for AIDS and prenatal care, do include an anti-smoking component.” Senator Birmingham also claimed that, “Everything from anti-smoking

advertising to smoking cessation classes to AIDS education to prenatal care to osteoporosis would be cut. There would be no favoritism.”

Public health groups were unable to prevent the reductions in Question 1 funding for tobacco education. When the 1994-1995 budget was finally enacted, the amount of expenditures for tobacco education programs was reduced by 28.5% or \$14.8 million (Table 2).

Despite the criticisms of public health advocates, it appeared that the Legislature did impose cuts in Question 1 funding on the non-tobacco education programs. Community health centers/maternal and child health programs had their Question 1 funding reduced by 44.4% or \$22 million (Table 2). Health services programs also had their Question 1 funding reduced by 17.8% or \$4.8 million (Table 2). Question 1 funding for monitoring programs was reduced by 21.9% or \$269,654 (Table 2). However, Question 1 funding for drug education programs was not reduced, and Question 1 funding for comprehensive school health programs was reduced by only 10.7% or \$4.2 million (Table 2). These reductions made it appear that the Legislature did not show “favoritism” for any specific program. As discussed below, however, the Legislature replaced the reductions in Question 1 funding with state general funds for the non-tobacco education program but not for the tobacco education and prevention programs.

Legislature Appropriates State Funds to Non-Tobacco Education Programs in the 1994-1995 Budget

In the 1994-1995 budget, the Legislature chose to appropriate state general funds for community health centers/maternal and child health programs, monitoring morbidity and mortality programs and health services programs but not for tobacco education and prevention programs (Table 2). The state spent a total of \$21.7 million in state general funds for community health centers/maternal and child health programs in the 1994-1995 fiscal year (Table 2). As a result, total funding (i.e., Question 1 funds and state general funds) for these programs declined by only 0.7%, or \$356,236 (Table 2). The state also spent a total of \$237,444 for monitoring morbidity and mortality programs in the 1994-1995 fiscal year (Table 2). As a result, total funding (i.e., Question 1 funds and state general funds) for these programs declined by only 2.6%, or \$32,210 (Table 2).

In addition, between the 1993-1994 fiscal year to the 1994-1995 fiscal year, the state spent more state general funds for health services programs. State general fund expenditures had grown from \$34.7 million in the 1993-1994 fiscal year to \$51.2 million in the 1994-1995 fiscal year. As a result, total funding (i.e., Question 1 funds and state general funds) for health services programs increased by 19% or \$11.7 million (Table 2).

As discussed below, the Legislative reductions in Question 1 funding for tobacco education led to major cutbacks in program evaluation and research. A major consequence of these cutbacks was to make it more difficult for public health activists to defend the overall campaign against critics who might argue that using Question 1 funds for tobacco education was a waste of money.

Impact of Question 1 Funding Reductions on Tobacco Education in the 1994-1995 Budget

Because the Legislature reduced Question 1 funding for tobacco education and prevention programs by 14.8% in the 1994-1995 fiscal year, Question 1 funding was either eliminated or reduced for MTCP evaluation rather than for tobacco education and prevention services. In fact, Question 1 funding for the Massachusetts Tobacco Survey was eliminated in the 1994-1995 budget. Other key components of the tobacco education campaign had their Question 1 funding substantially reduced in the 1994-1995 fiscal year. Question 1 funding for Abt Associates, a research group located in Cambridge, which was contracted to evaluate various elements of the tobacco education campaign, was reduced by 17.8%, or \$130,000, between the 1993-1994 and 1994-1995 fiscal years (Table 5). The Dana Farber Cancer Institute, which was contracted to provide tobacco-free worksite training and technical assistance, had its funding reduced by 48%, or \$240,000 (Table 5).

Funding for JSI Research and Training Institute, which contracted with the Department of Public Health to provide materials and information relating to tobacco education and policy for tobacco control professionals, also was reduced by 20%, or \$145,000, between the 1993-1994 and 1994-1995 fiscal years (Table 5). The Tobacco Education and Training Initiative, which contracted with STAT (Stop Teenage Addiction to Tobacco) and The Medical Foundation, had its funding reduced by 37.5%, or \$300,000 (Table 5). In addition, grant funding for the local boards of health was reduced by 26%, or \$1.6 million (Table 5). These reductions in Question 1 affected key components of the tobacco education campaign.

1994-1995 Budget for Tobacco Education and Other Programs

In summary, in the 1994-1995 fiscal year, the state spent a total of 29.1%, or \$37.1 million, of Question 1 funds for tobacco education and prevention programs (Tables 3 and 4). For other specified programs (i.e., comprehensive school health programs, drug education programs, community health centers/maternal and child health programs, and monitoring morbidity and mortality programs), the state spent 53.5%, or \$68.4 million, of Question 1 funds (Tables 3 and 4). The state also spent a total of 17.4%, or \$22.2 million, of Question 1 funds for non-specified programs or health services programs (Tables 3 and 4).

American Cancer Society 'Claims' Level Funding for Tobacco Education in the 1995-1996 Budget

In negotiations on the 1995-1996 budget, the American Cancer Society claimed that it had successfully persuaded the Legislature to provide "level" funding of \$77 million for the Massachusetts Tobacco Control Program in the proposed budget for 1995-1996 fiscal year. The ACS' claim of level funding, however, was misleading because its

definition of level funding consisted of appropriations for not only tobacco education and prevention programs but also comprehensive school health education programs and drug education programs which do not provide effective tobacco education. In reality, in the 1995-1996 budget, the Legislature appropriated 27.3%, or \$35.5 million, of Question 1 funds for genuine tobacco education and prevention programs (Tables 3 and 4).

1995-1996 Budget for Non-Tobacco Education Programs

The non-tobacco programs continued to receive a large share of Question 1 funds. In the 1995-1996 budget, the Legislature appropriated a total of 54.9%, or \$71.2 million, of Question 1 funds for the specified programs (i.e., comprehensive school health education programs, drug education programs, community health centers/maternal and child health programs, and monitoring morbidity and mortality programs)[Tables 3 and 4]. In addition, in the 1995-1996 budget, the Legislature appropriated 17.8%, or \$23.1 million, of Question 1 funds for health services programs (Tables 3 and 4).

Summary: Total Funding for Question 1 Programs Since the 1993-1994 Fiscal Year

Since the 1993-1994 fiscal year, including the current 1995-1996 budget, the state has spent a total of 27.5%, or \$116.4 million, of Question 1 funds for genuine tobacco education and prevention programs. In the campaign to pass Question 1, the MCHF claimed that the new tobacco tax revenues would be used to reduce tobacco use in the state (Figure 1). However, the Coalition has been only partially successful in fulfilling that promise. Between the 1993-1994 and the 1995-1996 fiscal years, the Legislature has reduced Question 1 funding for tobacco education by 19% or \$8.3 million (Figure 2).²³ Legislators have not allocated state general funds for these programs.

In addition, since the 1993-1994 fiscal year, the state has spent a total of 55.4%, or \$234.4 million, of Question 1 funds for the initiative specified programs (i.e., comprehensive school health education programs, drug education programs, community health centers/maternal and child health programs, and monitoring morbidity and mortality programs) which provide little, if any, tobacco education and prevention services (Figure 1). Although Question 1 funding for the specified Question 1 programs has declined by 24.9% since the 1993-1994 fiscal year, because of state general funds expenditures, total funding (i.e., Question 1 funds and state general funds) for these programs has declined by only 1.1% (Figure 2).

Since the 1993-1994 fiscal year, the state has spent a total of 17.1%, or \$72.3 million, of Question 1 funds for non-specified programs (i.e., health services programs) which provide no tobacco education and prevention services (Figure 1). Although Question 1 funding for these programs has declined by 14.1% since the 1993-1994 fiscal year, because of state general funds expenditures, total funding (i.e., Question 1 funds and state general funds) has grown by 25.3% or \$15.6 million (Figure 2).

Because of legislative decisions made since the 1993-1994 fiscal year, tobacco education and prevention programs have experienced the greatest share of Question 1

funding reductions. It appears that the Legislature has looked favorably on the other programs but not tobacco education and prevention programs. These budget decisions threaten the effectiveness of tobacco education and prevention programs to reduce tobacco use.

CONCLUSION

In the implementation of Question 1, the Legislature has not consistently followed the intent of the initiative. Although MCHF promised that it would “do whatever it takes” to insure that the Legislature used Question 1 funds for tobacco education and prevention programs, the Coalition appears to have failed in its effort to influence the Legislature to fulfill the mandate of the Massachusetts voters who enacted Question 1 in 1992.

Budget decisions made by the Legislature since the passage of Question 1 show that legislators have not looked favorably on tobacco education when appropriating Question 1 funds and state general funds. Moreover, the Legislature has not required comprehensive school health education and community health centers/maternal and child health programs, which are a part of the initiative, to provide significant tobacco education and prevention services.

The Legislature has appropriated state general funds for non-tobacco education programs--community health centers/maternal and child health, monitoring morbidity and mortality, and health services programs. As a result, tobacco education and prevention programs have carried the brunt of the reductions in Question 1 funds. The Legislature has appropriated Question 1 funds for health services programs, which were not a part of the initiative and do not have even an indirect association with tobacco education and prevention. Total Question 1 funding for health services programs has been substantial. Since the 1993-1994 fiscal year, these programs have received a total of \$72.3 million in Question 1 funds.

Public health advocates have played a major role in the decision that allowed the Legislature to appropriate Question 1 funds for programs that provide little if any tobacco education. It appears that the initial compromise made by MCHF shortly after the initiative passed established the precedent to this failure to use Question 1 funds consistently for tobacco education. After the 1994-1995 state budget was passed, Senator Birmingham said in response to public health advocates' criticism that, “If Cady and the other smoking cessation and prevention advocates were unhappy how the money has been used, they should have said so in 1993, when the basic structure for distributing the cigarette tax was established.”

The pattern of Question 1 expenditures in Massachusetts is similar to what had occurred in California. Despite the fact that voters in California earmarked 20% of the new tobacco tax revenues to tobacco education programs through Proposition 99, the California Legislature and Governor Pete Wilson diverted \$202 million in tobacco education funds for medical services programs from 1989-1990 to the 1994-1995 fiscal

years. The state allocated only 14.5% of all Proposition 99 expenditures from the 1989-1990 to the 1994-1995 fiscal years to tobacco education. In addition, since the passage of Proposition 99, the tobacco industry has dramatically increased its role in California state politics becoming a major contributor to state legislative officeholders and candidates.

What happened in California offers some key lessons for tobacco control advocates in Massachusetts. In February 1994, an evaluation of Proposition 99 tobacco education programs was conducted by a panel of external reviewers formed by the Centers for Disease Control and Prevention (CDC) at the request of the Director of the California Department of Health Services was released. In its major findings, the CDC identified two major threats to the structure and effectiveness of California's tobacco control program:²⁴

- (1) the lack of political will on the part of government to implement the Health Education Account [which funds tobacco education programs] as originally mandated by the voters; and
- (2) the failure of key constituent groups to hold the government fully accountable to the will of the voters.

Examining the pattern of Question 1 expenditures shows that these are also major threats to the Question 1 tobacco education campaign in Massachusetts. The American Cancer Society and the Coalition appear to be making same mistakes that tobacco control advocates made in California.

In 1994, six years after the passage of Proposition 99, the American Lung Association, American Cancer Society, and Americans for Nonsmokers Rights sued the State. In their case filed in Superior Court, the American Lung Association argued that the diversions were illegal because they were contrary to the intent of the initiative. The Court agreed with the plaintiffs and ordered the State to revert the unlawfully appropriated funds for tobacco education and research programs. The Governor is appealing, but the contested funds cannot be used for medical services during the appeal. The California Legislature has not enacted legislation to appropriate the funds consistent with the Court's ruling.

Although public health groups in Massachusetts do not have the legal recourse that was available in California, they may have to mobilize public opinion to persuade the Legislature and Governor either to appropriate general funds or appropriate a larger share of Question 1 funds to cover reductions made in tobacco education and prevention programs. After the passage of Question 1 in November 1992, the American Cancer Society and the Coalition stated that they would try to enforce the mandate of the voters. They have been only partially successful.

The ACS and the Coalition fought successfully to pass Question 1 in the November 1992 election by defeating the tobacco industry, which is a major political power in the state and nation. However, they have been less successful in the budget

process. It remains to be seen if the ACS and other public health advocates will apply the political pressure necessary on the Legislature and Governor to fulfill the original voters' mandate of Question 1, or if the pattern of using Question 1 funds for non-tobacco education programs will continue. What happens in Massachusetts will have a major impact on tobacco control movements in other states where similar initiatives are either being implemented or considered.

The failure of the ACS and Coalition to continue to mobilize public support for tobacco control programs in Massachusetts suggests that the public health promise of Question 1 will not be realized and the tobacco industry will again dominate public health policy making in Massachusetts at the expense of public health.

REFERENCES

- ¹ Governor's Budget Recommendations Fiscal Year 1994 (January 1993), 1995 (January 21, 1994) and 1996 (January 24, 1995); House Ways and Means Committee, Fiscal Year 1995 Budget Recommendations (May 1994) and Fiscal Year 1996 Budget Recommendations (April 1995); Budget Bill H 5300, Fiscal Year 1994 (enacted July 1, 1993) and Budget Bill H 5100, Fiscal Year 1995 (enacted July 11, 1994); and documents provided by the Department of Public Health, 1995. Additional information from Massachusetts Department of Public Health. Massachusetts Tobacco Control Program. Massachusetts Tobacco Control Project Directory. 1994 Draft Edition. Boston: Massachusetts Tobacco Education Clearinghouse.
- ² Cigarette tax increase is hailed, hit at debate. Boston Globe. October 23, 1992.
- ³ Antismoking groups aim again for ballot. Boston Globe. May 7, 1992.
- ⁴ Tobacco firms pay \$4.5 m to fight tax. Boston Globe. September 5, 1992.
- ⁵ Tobacco group lines up troops for tax-plan war. Boston Globe. August 27, 1992.
- ⁶ Pierce JP, Evans N, Farkas AJ, Cavin SW, Berry C, Kramer M, Kealey S, Rosbrook B, Choi W, Kaplan RM. Tobacco Use in California: An Evaluation of the Tobacco Control Program, 1989-1993. A report to the California Department of Health Services. Cancer Prevention and Control Program, University of California, San Diego. March 1994.
- ⁷ Glantz SA. Changes in Cigarette Consumption, Prices, and Tobacco Industry Revenues Associated with California's Proposition 99. Tobacco Control. 1993; 2; 311-314.
- ⁸ Tsongas calls on Weld to OK cigarette tax. Boston Globe. September 24, 1992.
- ⁹ Tobacco lobby takes tax-hike fight to TV arena. Boston Globe. September 30, 1992.
- ¹⁰ Amount from major donor statements of the Committee Against Unfair Taxes and tobacco firms and Massachusetts Coalition for a Healthy Future filed Massachusetts Office of Campaign and Political Finance, 1991-1992 election cycle.
- ¹¹ Question 1 backers set to hustle 'Yes' vote into antismoking action. Boston Globe. November 5, 1992.
- ¹² Question 1 group issues warning. Boston Globe. November 20, 1992.
- ¹³ Tobacco industry assault expected. Boston Globe. November 8, 1992.
- ¹⁴ Abt Associates, Inc. Independent Evaluation of the Massachusetts Tobacco Control Program: Executive Summary. First Annual Report. Fiscal Year 1994. Prepared for the Massachusetts Department of Public Health. February 1995.

-
- ¹⁵ Tobacco Education Oversight Committee. Toward a Tobacco-Free California: A Master Plan to Reduce Californians' Use of Tobacco. January 1, 1991; Toward a Tobacco-Free California: Exploring a New Frontier 1993-1995. February 1993.
- ¹⁶ Robinson DS, Strunin L. Toward a Healthier Massachusetts for Children: The First Year Evaluation of the Health Protection Grant Initiative. Report to the Massachusetts Department of Education. December 1994.
- ¹⁷ Rosenbaum DP, Flewelling RL, Bailey SL, Ringwalt CL, and Wilkinson DK. Cops in the Classroom: A Longitudinal Evaluation of Drug Abuse Resistance Education (DARE). Journal of Research in Crime and Delinquency. 31: 1 (February 1994), 3-31.
- ¹⁸ Ennett ST, Tobler NS, Ringwalt CL, and Flewelling RL. How Effective Is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations. American Journal of Public Health. 84: 9 (September 1994), 1394-1400.
- ¹⁹ Smoking opponents feel misled on tax: Lawmakers unfairly diverted funds from cigarette sales to other programs, activists say. Boston Globe. September 25, 1994.
- ²⁰ Tax on Cigarettes and Smokeless Tobacco. Question 1. 1992.
- ²¹ The Commonwealth of Massachusetts. Fiscal Year 1994 Budget. H5300 (enacted July 1, 1993).
- ²² Anti-smoking funds chopped by committee. The Standard-Times. New Bedford, MA. June 9, 1994.
- ²³ It is difficult to determine line-item funding for the various components of the tobacco education campaign because only incomplete information has been provided by the Department of Public Health.
- ²⁴ U.S. Department of Health and Human Services. Public Health Service. Centers for Disease Control and Prevention. Structural Evaluation, California's Proposition 99-Funded Tobacco Control Program. DRAFT. February 25, 1994.