
Preface

Just as the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) was a major shift in the National Cancer Institute's (NCI's) tobacco prevention and control research and dissemination efforts, this monograph is a significant departure from NCI's previous tobacco control monographs. For many, the ASSIST project represented a logical progression of NCI's phased-research approach to reducing tobacco use. For others, it represented a controversial and overly ambitious leap in a new direction. Similarly, this monograph departs from the traditional quantitative evidence review format to emphasize instead the practical, hands-on experience of program implementation. Traditional research investigators who defend the sanctity of the randomized clinical trial, many of whom were uncomfortable with ASSIST at its outset, will also be uncomfortable with the personal and anecdotal flavor of this monograph. Public health practitioners, on the other hand, as well as those investigators who have immersed themselves in the untidy world of implementation research, will appreciate the detailed historical accounts of the complexities, politics, and outright opposition encountered by the ASSIST team. The collective experiences described in this monograph provide a rich understanding of the gritty struggle against the powerful forces of the tobacco industry and its allies. For students in public health training programs, this work also provides a unique view of the world outside of academia, where commercial, political, and public health interests collide in a struggle to define the policies, norms, and practices that will affect the health of generations.

Moving forward into a new millennium brings a renewed sense of commitment to tobacco prevention and control. Results from the Lung Health Study (LHS), a randomized smoking cessation clinical trial sponsored by the National Heart, Lung, and Blood Institute, strengthen the evidence that smoking is causally responsible for the increased risk for death in smokers.¹ In an editorial about the study, Dr. Jonathan Samet states, "No one can make a serious claim to the contrary in light of this randomized trial evidence."^{2(p300)} Released in February 2005, the findings show that lung cancer deaths decreased by more than 50% within 15 years of complete smoking cessation. Lead author Dr. Nicholas Anthonisen relates that lung cancer risk is probably still elevated after 15 years and that the biggest survival benefit accrued to participants 45 years of age and younger; therefore, "it could be argued ... that smoking cessation was most effective in preventing truly premature death."^{1(p238)}

These findings also contain a key public health message—the importance of preventing tobacco use in the first place. Fewer than one-quarter of LHS's participants were able to stop smoking. The addictive nature of nicotine has been well documented, including in a comprehensive report on this subject in 1988, *The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General*.³ ASSIST used an ecological approach not only to help smokers who wanted to quit but also to prevent tobacco use primarily among children, teens, and young adults. A statistically signifi-

cant decrease in smoking prevalence in ASSIST states was found compared with that in non-ASSIST states, and per capita decreases in consumption were associated with policy outcomes. It has been estimated that if the ASSIST project had been implemented nationwide, there would be at least 1,213,000 fewer smokers, with a corresponding decrease in premature death and disease. The evaluation and quantitative results of ASSIST are discussed in detail in a separate publication, Monograph 17 (*Evaluating ASSIST: The Blueprint for Understanding State-Level Tobacco Control*), and are briefly described at the beginning of this volume.

The history of ASSIST began long before 1991, and its impact has continued since its end in 1999. ASSIST was based on research, conducted over the years at NCI and by other researchers, about which interventions were most likely to produce behavior change. Like other studies of this scope conducted in a government setting, ASSIST underwent a thorough concept review process. When conceived, it was called the American Stop Smoking Intervention Study for Cancer Prevention, which over time was informally shortened to the American Stop Smoking Intervention Study, and finally became known by its acronym. As tobacco use is a risk factor for many diseases, deleting “for cancer prevention” from the ASSIST name broadened the focus of the project and helped to expand the partnership to include other agencies and organizations such as the American Heart Association and the American Lung Association.

ASSIST was launched through a collaborative public/private partnership between NCI and the American Cancer Society (ACS) that funded 17 state health departments. While continuing to recognize the importance of helping people to stop smoking, the ASSIST project focused on four policy changes that in turn would support a tobacco-free norm: (1) eliminating exposure to environmental tobacco smoke, (2) promoting higher taxes for tobacco, (3) limiting tobacco advertising and promotions, and (4) reducing minors’ access to tobacco products.

ASSIST was the first comprehensive tobacco prevention and control program of its scope. It was originally conceived as a 7-year demonstration project, but leadership within the U.S. Department of Health and Human Services (DHHS) believed that it was important to maintain a commitment to national tobacco control activities and transitioned the administration of state-based programs to one governmental agency. An additional year was required to ensure a seamless transition that merged ASSIST into the newly established National Tobacco Control Program at the Centers for Disease Control and Prevention (CDC).

This monograph is a product of authors and editors who were involved in the project—who had lived and experienced ASSIST for many years. With the exception of part 1 in chapter 8, “Tobacco Industry Challenge to ASSIST,” the monograph provides a qualitative and subjective view of the 8-year ASSIST project. The writers are dedicated to tobacco prevention and control and remain passionate about ASSIST. Numerous case studies are presented, not in the form of formal social research, but as stories and vignettes from state and local public health staff and volunteers that describe

their efforts—processes used, barriers encountered, lessons learned, and insights gleaned from these experiences. These case studies provide a flavor of the scope of ASSIST and give voice to the different perspectives of those involved.

The scientific editors envision Monograph 16 being used by a variety of audiences, but the primary audiences are public health practitioners and their community partners. In keeping with NCI's increased focus on the dissemination of research methods and tools, this monograph provides in-depth descriptions of intervention processes, examples of materials and best practices, and resource lists and guidance for activities such as media advocacy campaigns. Also included in appendix 5.A is a bibliography of ASSIST articles of interest and use to readers.

As we release Monograph 16, it should be noted that the world's first tobacco control treaty, the Framework Convention on Tobacco Control, which was negotiated by the World Health Organization, went into effect earlier this year. In addition to requiring ratifying nations to place graphic health warnings on cigarette packs, the treaty calls for actions that were key elements of ASSIST—imposing a ban on tobacco advertising, taking measures to protect nonsmokers from secondhand smoke, and increasing the cost of tobacco products. Although this monograph focuses on the experience in the United States, international readers may find it useful for garnering insight into effective processes for working with communities, the media, governing bodies, and the challenges presented by the tobacco industry. However, it is important to recognize differences in political and economic contexts that may influence efforts to implement policy-level interventions.

Monograph 16 begins with the historical context of ASSIST and the scientific base that informed the design of the project. The conceptual framework and the development of organizational infrastructures for implementation and evaluation are then described. The heart of this monograph is the in-depth descriptions of ASSIST's media advocacy and policy development interventions and the challenges posed by the tobacco industry. The monograph concludes by describing ASSIST's contributions to tobacco control and other behavioral health interventions and the significant challenges that remain.

Chapter 1: The Historical Context. Chapter 1 describes the activities and research foundation at NCI, ACS, and throughout the United States that led to the development of the ASSIST project and presents the evidence-based rationale for its conceptual model.

Chapter 2: The Conceptual Framework. Chapter 2 chronicles the development of the conceptual framework used for planning and implementing each state's ASSIST program.

Chapter 3: Structure and Communications. Chapter 3 describes the national partners and state agencies in their respective roles and the communication linkages among all the structural units that promoted collaborative decision making and were essential for the project to function as a whole.

Chapter 4: Building National, State, and Local Capacity and Capability. This chapter describes the training of project staff and coalition members (1) to plan interventions that were responsive to each community's needs and that were realistic in terms of the program's readiness and resources and (2) to implement tobacco control policy and media advocacy interventions.

Chapter 5: Media Interventions to Promote Tobacco Control Policies. Chapter 5 relates ASSIST's approach to using a variety of media interventions to promote public health policies and illustrates how media advocacy was used to promote policies for a tobacco-free environment.

Chapter 6: Public and Private Policy Interventions. Chapter 6 presents the ASSIST states' intervention strategies to achieve policies that advance objectives in four tobacco control areas: eliminating exposure to environmental tobacco smoke, increasing the price of tobacco products, restricting tobacco advertising and promotions, and reducing youth access to tobacco products. Case studies of interventions and insights of staff and coalition members illustrate the process of mobilizing ordinary citizens to effect major policy change, despite opposition from the tobacco industry.

Chapter 7: Program Services: Reaching the Individual. Chapter 7 describes the ASSIST approach to the delivery of program services. Rather than directly providing program services, ASSIST contractors encouraged, advised, and partnered with appropriate community organizations to ensure that such services were provided.

Chapter 8: Tobacco Industry Challenge to ASSIST. The two parts of chapter 8 present the tobacco industry's challenges to ASSIST. Part 1 affords insights gleaned from previously confidential industry documents that became available as a result of the Minnesota settlement and the Master Settlement Agreement. Part 2 describes the tobacco industry challenges from the point of view of ASSIST personnel who experienced those challenges firsthand and sought ways to respond.

Chapter 9: Planning Strategically for the Future. Chapter 9 chronicles the strategic planning approaches used from 1994 through 1998 at the local, state, and national levels to ensure that tobacco prevention and control programs would be incorporated into state and national infrastructures and would have sufficient funding to sustain the programs.

Chapter 10: From Demonstration Project to Nationwide Program. Chapter 10 describes NCI's and CDC's processes and challenges in disseminating research and demonstration project results to public health practice as ASSIST came to an end.

Chapter 11: The Promise of ASSIST. Chapter 11 relates how the effective application of the ASSIST core elements contributed to a fundamental shift in the approach to tobacco use prevention and control and other behavioral health interventions.

ASSIST represents the continuation of an ongoing evolution in public health, from its roots in controlling diseases to a more activist role in addressing underlying social

determinants of health. As a demonstration project, the most effective interventions were incorporated into ASSIST's community-based study design and successfully implemented in 17 states. The insights and lessons learned from ASSIST that are described in this monograph have (1) advanced our understanding of translating and disseminating research studies and demonstration project results; (2) increased our appreciation of the dose-response relationship between funding levels and effective tobacco prevention and control programs; (3) broken new ground in evaluation methodology for complex public health interventions that are diffused throughout a population; and (4) informed NCI's research agenda to encourage partnerships among scientists, state tobacco control programs, and tobacco control advocates.

Maintaining the capacity built by demonstration projects has been one of our greatest challenges in dissemination. As described in chapter 10, in 1999 NCI achieved one of its major ASSIST-related goals: by the year 2000 to advance from phase V—demonstration and implementation—to phase VI—mass application for the benefit of public health. The processes used to maintain ASSIST's capacity during the transition from NCI to CDC underscore the importance of one of ASSIST's strongest elements for implementing effective community-based, policy-focused public health programs: participatory decision making and inclusion of all partners.

I believe that the experiences and insights described in this monograph provide valuable and practical guidance for public health workers and tobacco prevention and control advocates and provide a rich source of new hypotheses to guide future research.



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References

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