

**UCSF**

**Tobacco Control Policy Making: United States**

**Title**

Tobacco Industry Political Expenditures and Tobacco Policy Making in Oregon: 1985-1997

**Permalink**

<https://escholarship.org/uc/item/7r2969ks>

**Authors**

Goldman, Lisa K., MPP  
Glantz, Stanton A., Ph.D.

**Publication Date**

1998-05-01

**Tobacco Industry Political Expenditures and  
Tobacco Policy Making in Oregon: 1985-1997**

Lisa K. Goldman, MPP  
Stanton A. Glantz, Ph.D.

Institute for Health Policy Studies  
School of Medicine  
University of California San Francisco  
San Francisco, CA 94109



May 1998

# **Tobacco Industry Political Expenditures and Tobacco Policy Making in Oregon: 1985-1997**

Lisa K. Goldman, MPP  
Stanton A. Glantz, Ph.D.

Institute for Health Policy Studies  
School of Medicine  
University of California San Francisco  
San Francisco, CA 94109

May 1998

Supported in part by National Cancer Institute Grant CA-61021 and the American Cancer Society (Grant RD-394). Opinions expressed reflect the views of the authors and do not necessarily represent the sponsoring agency or the Institute for Health Policy Studies. This report is available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/or/>.

This report is the latest in a series of reports that analyze tobacco industry campaign contributions, lobbying, and other political activity in California and other states. The previous reports are:

- M. Begay and S. Glantz. *Political Expenditures by the Tobacco Industry in California State Politics* UCSF IHPS Monograph Series, 1991.
- M. Begay and S. Glantz. *Political Expenditures by the Tobacco Industry in California State Politics from 1976 to 1991*. UCSF IHPS Monograph Series, 1991.
- B. Samuels and S. Glantz. *Tobacco Control Activities and the Tobacco Industry's Response in California Communities, 1990-1991*. UCSF IHPS Monograph Series, 1991.
- M.E. Begay and S.A. Glantz. *Undoing Proposition 99: Political Expenditures by the Tobacco Industry in California Politics in 1991*. UCSF IHPS, 1992.
- S.A. Glantz and L.R.A. Smith. *The effect of ordinances requiring smokefree restaurants on restaurant sales in California*. UCSF IHPS Monograph Series, 1992.
- M.E. Begay, M. Traynor, S. A. Glantz. *Extinguishing Proposition 99: Political Expenditures by the Tobacco Industry in California Politics in 1991-1992*. UCSF IHPS, 1992.
- M.E. Begay, M. Traynor, S.A. Glantz. *Tobacco Industry Political Expenditures in California State Politics, January-June, 1993*. UCSF IHPS, 1993.
- M.E. Begay, M. Traynor, S.A. Glantz. *Tobacco Industry Political Expenditures in California in the 1991-1992 Election*. UCSF IHPS, 1993.
- M.E. Begay, M. Traynor, S.A. Glantz. *The Twilight of Proposition 99: Preauthorization of Tobacco Education Programs and Tobacco Industry Political Expenditures in 1993*. UCSF IHPS, 1994.
- H. Macdonald and S. Glantz. *Analysis of the Smoking and Tobacco Products, Statewide Regulation Initiative Statute*. UCSF IHPS, 1994.
- H. Macdonald, M. Traynor, S. Glantz. *California's Proposition 188 : An Analysis of the Tobacco Industry's Political Advertising Campaign*. UCSF IHPS, 1994.
- S. Aguinaga, H. Macdonald, M. Traynor, M. Begay, S. Glantz. *Undermining Popular Government: Tobacco Industry Political Expenditures in California 1993-1994*. UCSF IHPS, 1995. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/tobexp>)
- M. Begay, and S. Glantz. *Question 1: Tobacco Education Outlays From the 1994 Fiscal Year to the 1996 Fiscal Year* UCSF IHPS 1995. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/q1>)
- F. Monardi, E. Balbach, S. Aguinaga, S. Glantz. *Shifting Allegiances: Tobacco Industry Political Expenditures in California, January 1995 - March 1996*. UCSF IHPS 1996 (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/sa>)
- F. Monardi, A. O'Neill, and S. Glantz. *Tobacco Industry Political Activity in Colorado 1979 - 1995*. UCSF IHPS 1996. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/co>)
- F. Monardi, and S. Glantz. *Tobacco Industry Political Activity in Washington 1983 - 1996*. UCSF IHPS 1996. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/wa>)
- F. Monardi, and S. Glantz. *Tobacco Industry Political Activity and Tobacco Control Policy Making in New Jersey 1982 - 1995*. UCSF IHPS 1997. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/nj>)
- E. Balbach, F. Monardi, B. Fox, S. Glantz. *Holding Government Accountable: Tobacco Policy Making in California, 1995-1997*. UCSF IHPS 1997. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/ca9596/>)
- S. Aguinaga-Bialous and Stanton A. Glantz. *Tobacco Control in Arizona 1973-1997*. UCSF IHPS 1997. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/az/>)
- F. Monardi, and S. Glantz. *Tobacco Industry Political Activity and Tobacco Control Policy Making in Pennsylvania 1979 - 1996*. UCSF IHPS 1997. (Available on the World Wide Web at <http://galen.library.ucsf.edu/tobacco/pa>)
- B.J. Fox, J.M. Lightwood, S.A. Glantz, *A Public Health Analysis of the Proposed Resolution of Tobacco Litigation*. UCSF IHPS 1998. (Available on the World Wide Web at <http://www.library.ucsf.edu/tobacco/ustl/>)

## Executive Summary

- ◆ Oregon is one of four states in the country (California, Massachusetts, and Arizona are the others) which has increased the tobacco tax via an initiative and used a portion of the funds for a tobacco prevention and education program.
- ◆ The initiative (Measure 44, enacted in 1996) raised cigarette prices in Oregon by 30 cents, from 38 cents per pack to 68 cents per pack, (and raised the tax on non-cigarette tobacco products from 35% to 65% of wholesale price) making Oregon the third highest tobacco taxing state in the country when the tax began on February 1, 1997. Ten percent of this money (approximately \$17 million over two years) is dedicated to the tobacco use reduction program.
- ◆ During the Measure 44 campaign, the tobacco industry used many of the same tactics it had used in other states to try to defeat the initiative. The industry outspent supporters 7 to 1; sponsored a competing initiative to dilute support for Measure 44; challenged the initiative's language and ballot argument; ran negative advertisements accusing the initiative's supporters of trying to line their own pockets and create more big government; and hired a well-known, respected public figure to oppose the initiative. Despite the industry's efforts, Measure 44 won with 56% of the vote.
- ◆ Measure 44's tobacco use reduction program has four components: local activities, education, statewide communications, and special populations. The Oregon Health Division has given grants to local communities for tobacco prevention and education activities for the first program year and has hired a firm to conduct its media campaign.
- ◆ Only four cities and one county in Oregon have passed local anti-tobacco ordinances: Eugene, Silverton, Beaverton, Corvallis, and Benton County. Because the local activities component of the tobacco use reduction program includes information on passing local ordinances, local ordinance activity should increase in the next few years.
- ◆ The tobacco industry has been a significant source of campaign contributions in Oregon. The industry first began contributing to legislative candidates in Oregon during the 1985-1986 electoral cycle. From the 1985-1986 electoral cycle until the 1993-1994 electoral cycle, the industry gave \$149,900 to candidates for the state House and Senate. In 1994, Oregon voters adopted Measure 9, which limited political action committee contributions to legislative candidates to \$100 each electoral cycle. Consequently, the tobacco industry did not contribute to legislative candidates during the 1995-1996 electoral cycle. Measure 9 was ruled unconstitutional in 1997, and the tobacco industry is again free to contribute more than \$100 to candidates. As of September 1997, however, the industry had not contributed to any legislative candidates during the 1997-1998 electoral cycle.
- ◆ The industry has also given money to political parties. Since 1989-1990, when the industry first began contributing to political parties, it has given \$16,200 to the Democrats and \$24,450 to the Republicans, for a total of \$40,650. Republicans controlled the House of Representatives during all three electoral cycles, and they controlled the Senate during the 1993-1994 electoral cycle.
- ◆ The tobacco industry has also spent money on lobbying activities. Since 1990, the industry has spent \$1.1 million lobbying legislators.
- ◆ Oregon is one of 40 states to sue the tobacco industry to recover Medicaid and other costs associated with tobacco related illnesses.



## TABLE OF CONTENTS

Executive Summary .....	3
TABLE OF CONTENTS .....	5
INTRODUCTION .....	7
MEASURE 44: THE TOBACCO TAX INITIATIVE .....	7
The Medical Groups and the Oregon Health Plan .....	8
The Voluntary Health Agencies and the Tobacco Prevention Plan .....	11
Coalition Building: Tensions Between Public Health and Health Care .....	12
Signature Gathering .....	12
The Role of the Tobacco Industry in the Campaign .....	14
Successes in the Measure 44 Campaign .....	19
TOBACCO INDUSTRY CAMPAIGN CONTRIBUTIONS .....	23
Contributions to State Legislators .....	26
Political Parties .....	26
DEVELOPING THE TOBACCO USE REDUCTION PROGRAM .....	28
The Legislative Process .....	32
Implementing the Tobacco Prevention and Education Program .....	37
OTHER LEGISLATIVE ISSUES .....	37
LOCAL TOBACCO POLICY MAKING ACTIVITY .....	39
OREGON'S LAWSUIT AGAINST THE TOBACCO INDUSTRY .....	42
CONCLUSION .....	43
REFERENCES .....	45
APPENDIX TABLES .....	50



## INTRODUCTION

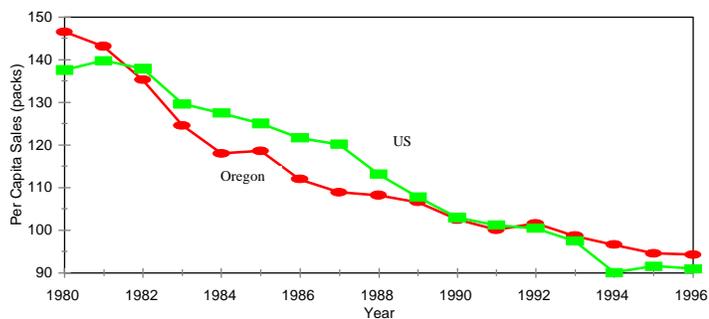
Unlike its neighbors to the north and south, the state of Oregon has a relatively brief history of tobacco control. While cities and counties in Washington [1] and California [2] were passing clean indoor air ordinances throughout the 1980s and early 1990s, the only city in Oregon to pass any kind of tobacco control ordinance was Eugene, in 1980. This ordinance was a weak one, however, only restricting smoking in some public places [3].

During the 1980s, per capita tobacco consumption in the United States surpassed that in Oregon. By 1992, however, the trend had reversed, and Oregon had a higher rate of per capita consumption than the U.S. as a whole (Figure 1). In 1993 and again in 1995, the voluntary health agencies (the American Heart Association, American Cancer Society, and American Lung Association) tried to get the Legislature to raise the tobacco tax to counter this trend. Both times, they were unsuccessful. With Republican majorities in both the House and the Senate, and the tobacco industry spending money through campaign contributions and lobbying, the voluntary health agencies saw the initiative process as the only means of raising the state tobacco tax.

### MEASURE 44: THE TOBACCO TAX INITIATIVE

In 1996, Oregon became the fourth state (after California [4, 5], Massachusetts [6-10], and Arizona [11]) to enact a tobacco tax with at least a portion of the funds allocated to tobacco prevention efforts. As in the earlier campaigns (as well as in unsuccessful attempts to enact similar taxes in Colorado [12] and Montana [13], the tobacco industry mounted a large campaign against these measures and, after the tax passed, lobbied the legislature to prevent the funds from being spent on effective tobacco control measures. While Oregon's public health groups were not involved in the early phases of the tobacco tax effort -- and so lost the opportunity to affect the allocation of funds -- they did play an important role in the campaign to enact the tax and acted proactively to protect the funds once they won the election.

In 1993, Oregon passed legislation to implement the Oregon Health Plan (OHP). This program reformed Medicaid in Oregon and expanded health care access to uninsured and low income Oregonians. It is funded by a temporary \$.10 a pack cigarette tax which will expire in 1999 (it was extended for two years in both 1995 and 1997), state general fund revenues, and the federal government. In 1990, Oregon voters approved Measure 5, an initiative which limited property taxes and required the state to use general funds to replace those monies lost by schools because of the lower taxes. As with California's Proposition 13 (passed in 1978), Measure 5 led to declining general fund revenues and tighter state budgets in Oregon. Because of the tight fiscal climate created by Measure 5, supporters of the OHP recognized in mid-1995 that they needed to find a more stable funding source for the OHP than general fund revenues. This economic necessity became the impetus for Measure 44, "An Act to Support the Oregon Health Plan," that increased the tobacco tax by 30¢, and dedicated 90% of the money to the Oregon Health Plan and 10% to anti-tobacco education efforts.



**Figure 1** Per capita cigarette consumption has not declined as quickly in Oregon compared to the rest of the United States. Source: Tax Burden on Tobacco. 1997. (The Tobacco Institute).

## The Medical Groups and the Oregon Health Plan

In June 1995, PeaceHealth, a hospital system in Eugene, Oregon, approached the Oregon Association of Hospitals and Health Systems (OAHHS) with a proposal to sponsor a cigarette tax increase initiative on the November 1996 ballot [14]. Although PeaceHealth did not recommend an exact allocation of the funds, it did advocate dedicating a majority of the funds to the OHP and a small amount (from 10-25%) to tobacco prevention and education. According to a proposal given to the PeaceHealth Board of Directors by its staff, the tobacco prevention component was needed to gain the support of the voluntary health agencies (who would lend credibility to the campaign) and because it was a good use of the money [15].

Under PeaceHealth’s proposal, OAHHS would join with the Oregon Medical Association (OMA) and Blue Cross and Blue Shield of Oregon (BC/BS) to form the initiative’s Executive Committee. These organizations would be the primary funders of the initiative campaign as well as its decision-makers. As Ed Patterson, the OAHHS lobbyist, explained the strategy, “we, meaning my association, believes very strongly that those who bring the gold to the table make the rules ... [our] basic philosophy was that three representatives from three organizations make decisions much quicker and easier and cleaner than representatives of 15 organizations” [16]. At this crucial stage of the planning for the initiative, the public health groups and voluntary health agencies were not part of the process. Thus, while these agencies were to play a key role in getting the initiative passed (both in terms of the credibility they brought to the effort and the resources they provided), they had no input into the overall structure of the initiative, particularly the fraction of funds devoted to tobacco control efforts. Measure 44 devotes 10% of the revenues raised to tobacco control, compared to 25% in California [4, 5] and 23% in Arizona [11]. (Massachusetts does not dedicate a specific percentage of Question 1 revenues to tobacco control.)

In July 1995, the OAHHS board adopted the PeaceHealth proposal. OMA and BC/BS joined soon after. Scott Gallant (OMA), Ed Patterson (OAHHS), Barney Speight (BC/BS), and Jenny Ulum (Peace Health), formed the Executive Committee and were charged with fundraising, researching and qualifying the measure for the ballot, and managing the campaign. OAHHS, OMA, and BC/BS each committed \$10,000 to hire Pacific West Communications (Pac/West), a campaign consulting firm, to conduct a poll and gauge support for a cigarette tax increase [16, 17]. This poll tested such issues as support for a cigarette tax; an acceptable amount of the tax; and whether respondents would be more or less likely to vote for an initiative endorsed by certain individuals and organizations (such as the Governor, the medical groups, and the voluntary health agencies) [18]. The results of this poll revealed strong support for up to a 50 cent per pack increase in the tobacco tax (Table 1).

<b>Amount</b>	<b>*Yes</b>	<b>**No</b>
10 cent tax	70%	26%
25 cent tax	63%	32%
50 cent tax	65%	29%
*Yes=Yes/Favor and Lean Yes/Favor **No=Lean No/Against and No/Against Source: Pac/West Statewide Survey, undated		

The poll also revealed that the most popular reason for supporting the tax was “educating kids about tobacco” (75%), which even beat “continuing the Oregon Health Plan” (71%) (Table 2). Reimbursing medical service providers was much less popular. In addition, the poll showed that respondents were more likely to support the tax increase if it was endorsed by the voluntary health organizations (the American Cancer Society, American Heart Association, and American Lung Association) than if it was endorsed by the medical or civic groups (Table 3). These results are similar to those found in polls in other states [6, 8, 19, 20].

<b>Table 2: Results of Pac/West Tobacco Tax Poll -- Use of the Money</b>		
<b>Use</b>	<b>More Likely*</b>	<b>Less Likely**</b>
Educating kids about tobacco	75%	12%
Continuing the Oregon Health Plan	71%	11%
Conducting medical research	64%	16%
Reimbursing hospitals for treating patients who cannot pay	58%	22%
Reimbursing doctors for treating patients who cannot pay	52%	29%
Paying for cuts to Oregon's share of health care money from the federal government	51%	26%
Reimbursing taxpayers for treating patients with smoking-related diseases	48%	30%
Educating adults about tobacco	47%	31%
*More Likely=Much more likely and somewhat more likely to favor **Less Likely=Somewhat less likely and much less likely to favor Source: Pac/West Statewide Survey, undated		

<b>Table 3: Results of Pac/West Tobacco Tax Poll -- Endorse the Initiative</b>		
<b>Individual/Organization</b>	<b>More Likely*</b>	<b>Less Likely**</b>
American Cancer Society	62%	8%
American Heart Association	62%	9%
American Lung Association	60%	8%
Oregon Nurses Association	48%	12%
Oregon Medical Association	47%	13%
C. Everett Koop	43%	16%
Oregon Hospital Association	40%	16%
Managed Care/HMOs	37%	18%
Governor John Kitzhaber	35%	19%
Oregon Taxpayers United	25%	23%
Associated Oregon Industries	21%	19%
Natl. Fed. of Independent Businesses	21%	22%
Oregon Restaurant Association	20%	24%
Oregon Citizens Alliance	17%	35%
*More Likely=Much more likely and somewhat more likely to vote for a position the individual or organization endorsed **Less Likely=Somewhat less likely and much less likely to vote for a position the individual or organization endorsed Source: Pac/West Statewide Survey, undated		

The medical groups eventually decided on a \$.30 per pack tax increase, an amount Paul Phillips, the president of Pac/West and an incumbent state senator who chose not to run again in 1996, thought was the highest tax acceptable, based on Pac/West's survey [17]. Ninety percent of the revenues raised were to

go to the Oregon Health Plan, and the remaining 10% were to be used for the tobacco use reduction account. The type of tobacco control program to be developed was unspecified at the time. Although the Pac/West polls showed that dedicating a larger percentage of the money to tobacco control might have been acceptable to the voting populace, the medical groups wanted to get the most money they could for the Oregon Health Plan, while still retaining the support of the voluntary health agencies, which were only peripherally involved in the process at the time. According to Patterson:

And we [the medical groups and Pac/West] debated whether it should be 5%, 10%, or 20%. The coalition -- the tobacco free coalition folks -- wanted 20%, wanted to increase it. And we were reluctant to do that. Because our advice was that we probably would be generating more money for tobacco use reduction programs than any other state had done on a per capita basis. Even at 10% ... We think we could have gotten -- probably 5% would have been adequate. In fact, one of the parties, as I recall, argued for 5%. We agreed on a compromise of 10%, even after the consultant had met with the tobacco free people and they sent up a trial balloon for 20. So it was a political decision [16].

After the medical groups decided on the amount of the tax and the split between the Oregon Health Plan and the tobacco prevention and education program, Pac/West worked with the Oregon Legislative Counsel to draft the initiative.<sup>1</sup> The firm then retested some of the issues through polling and submitted the language to the state [17]. In accordance with Oregon law (ORS 250.067 (I)), the Attorney General reviewed the draft ballot title and submitted it to the Secretary of State on December 20, 1995 [21].

On January 8, 1996, the lobbyist for US Tobacco, Gary Oxley, filed a challenge of the initiative's language with the Secretary of State. Oxley contended that the initiative's caption (a required short summary of the initiative's subject) did not accurately identify the subject. He also asserted that the result statements (a required simple statement describing the result if the measure is approved or rejected) did not mention all of the types of taxes that would be raised and that the percentage of tobacco tax proceeds going to existing programs would be decreased. Finally, Oxley argued that the summary (a required impartial statement summarizing the measure and its effects) was confusing, inflated the perception of how much the Oregon Health Plan would actually receive, and did not adequately explain the impact on current recipients of tobacco tax revenues [21].

Although Oxley's comments were filed one day after the deadline for filing comments ended, the Secretary of State nonetheless gave the comments to the Attorney General, who is responsible for reviewing challenges to the language of ballot measures. The Attorney General adopted some industry-backed changes to the caption, result statements and summary and certified the ballot language on January 17, 1996. On February 22, 1996, the Oregon Supreme Court refused Oxley standing to challenge the initiative because he had missed the comment period deadline [22], and dismissed his case against the Attorney General's certification of the ballot measure [23]. This action cleared the way for the medical groups and Measure 44.

---

<sup>1</sup>The office of the Legislative Counsel is a public entity charged with drafting legislation for Members of the Oregon Legislature at their request. The Legislative Counsel is also available to assist any Oregonian in drafting initiatives. However, unless the person is a current member of the Legislature, he or she must obtain written approval from a current member to use the Legislative Counsel's services.

**Table 4: Tobacco-Free Coalition of Oregon Members**

A.D.A.P.T.	Hood River County Health Dept.	North Lincoln Valley Together
Adventist Medical Center	Indian Health Service	NW Portland Indian Health Board
American Cancer Society	Jackson County Health Department	Office of Alcohol and Drug Abuse Prevention
American Heart Association	Jefferson County Health Department	Office of Medical Assistance Programs
American Lung Association	Kaiser Center for Health Research	OHSU Public Health Preventive Medicine
Benton County Health Department	Lake County Health Department	OHSU Pulmonary Critical Care
Bridgeway	Lane County Public Health Services	Oregon Academy of Family Physicians
Clackamas County Public Health Department	Lincoln County Human Services	Oregon Department of Education
Conference of Local Health Officials	Linn County Health Department	Oregon Education Association
Deschutes County Health Department	Marion County Health Department	Oregon Health Division
Douglas County Health and Social Services	Morrow County Commission on Family and Children	Oregon Public Health Association
Drug and Alcohol Abuse Task Force	Multnomah County Health Department	Oregon Research Institute
East County Communities Partnership	Multnomah County, Community and Family Services	Oregon Student Safety on the Move / Oregon Team Leadership Institute
Ecumenical Ministries of Oregon	NE Health Resources Center	Pacificare of Oregon

### **The Voluntary Health Agencies and the Tobacco Prevention Plan**

While the hospitals, physicians, and insurers were doing preliminary work on a cigarette tax increase, the voluntary health agencies and other public health groups in Oregon began meeting in mid-1995 to discuss sponsoring their own cigarette tax increase initiative. According to Rick North, Executive Director of the American Cancer Society's (ACS) Oregon Division, "the impetus for raising tobacco taxes through the initiative process came from the failure to convince the legislature to enact tax increases" in the 1995 legislative session [24]. (Oregon's Legislature meets in January of every odd year and stays in session for approximately six to eight months. It does not meet in even years.) Oregon's per capita cigarette consumption is approximately equal to that of the rest of the United States, and it is higher than consumption in two of its neighbor states, California and Washington [25]. Although tobacco use kills over 7000 Oregonians each year and costs the state, private insurers, individuals, and employers hundreds of millions of dollars annually [26], Oregon was spending little money on tobacco prevention and education programs in 1995 [17]. The public health groups saw raising the cigarette tax as a way both to reduce tobacco consumption and provide money for statewide anti-tobacco programs.

For many years, the Oregon chapters of the ACS, the American Heart Association (AHA), and the American Lung Association (ALA) have worked together on tobacco issues as the Oregon Health Groups on Smoking or Health (OHGOSH), even jointly hiring lobbyists (Conkling Fiskum & McCormick Inc.) to represent their collective interests before the Legislature. In addition, OHGOSH is part of a larger organization, the Tobacco-Free Coalition of Oregon (TOFCO), which is staffed by the Robert Wood

Johnson-funded SmokeLess States Project (Table 4). TOFCO includes the voluntary health agencies, various other nonprofits, and local public health departments. In the summer of 1995, the SmokeLess States Project brought the ACS, AHA, and ALA together with Jack Nicholl, the campaign consultant for the successful California and Arizona cigarette tax initiatives, to discuss a tobacco tax increase initiative [24]. Although the voluntary health agencies and public health groups were not as well-funded as the hospitals, physicians, and insurers, they were committed to raising the tax and using the money to fund an antismoking prevention and education program similar to those in the other three initiative states, California [4, 5], Massachusetts [6-10], and Arizona [11].

In late 1995 and early 1996, the voluntary health agencies and public health groups joined with the medical groups, and the Committee to Support the Oregon Health Plan (CSOHP) began its campaign for Measure 44.

### **Coalition Building: Tensions Between Public Health and Health Care**

While the medical groups, the voluntary health agencies, and the public health groups wanted to pass an initiative to raise the cigarette tax, the groups did not work together easily at first. According to North, “They [the medical groups] all knew each other, you know, and had worked on political activities before. They didn’t know us from Adam” [27]. In fact, when Paul Phillips of Pac/West approached the American Cancer Society about joining the CSOHP steering committee (an advisory committee consisting of the ACS, AHA, ALA, and other nonprofits), Rick North was immediately skeptical because Phillips had introduced a bill to preempt local tobacco control ordinances in a previous legislative session [27].

Moreover, according to Rick North, the medical groups may have perceived the voluntary health agencies and the public health groups as too poor, too slow at decision-making, and too politically naive to be very helpful [27, 28]. The medical groups also may have thought that the voluntary health agencies and the public health groups had no new information to bring to the campaign, just credibility and ground troops. North explained, however, that “Heart, Lung and Cancer in Oregon have been fighting tobacco companies for a long long time. And we had a lot of experience to gain from what had happened in other campaigns around the country” [27].

From the fall of 1995, when they became members of CSOHP and began meeting monthly with the other members of CSOHP, the voluntary health agencies and the public health groups were able to have some influence on the campaign’s decision-making process. (The allocation of funds, however, had already been decided by the time the voluntary health agencies and public health groups joined the Steering Committee.) They were also tasked with obtaining signatures to help qualify the initiative for the November 1996 ballot.

After the voluntary health agencies and public health groups obtained the requisite signatures and the ACS contributed additional funds to the campaign (both of which are discussed below), Rick North joined the Executive Committee and the voluntary health agencies and public health groups were given a larger decision-making role in the campaign. (The AHA and ALA remained members of the Steering Committee after North joined the Executive Committee.)

### **Signature Gathering**

On March 11, 1996, the Secretary of State’s office certified Ballot Measure 44 for signature collection. The deadline for obtaining the 73,261 required signatures was July 5, 1996. To ensure that invalid signatures and other practical problems would not keep the initiative off the ballot, the campaign

actually collected 135,246 signatures, of which 111,848 (or 82.7%) were valid.<sup>1</sup> While collecting such “extra” signatures is routine in any initiative campaign, it is particularly important in initiatives related to tobacco, because the industry has shown itself to be very aggressive in seeking to keep initiatives off the ballot by challenging the signatures. Indeed, in Colorado [12], the industry was able to avoid votes on tobacco tax increases by challenging enough signatures to keep the initiative off the ballot.

Although Pac/West hired a paid signature-gathering firm, it also asked the voluntaries to assist in the effort to ensure that the measure would qualify for the ballot. According to the ACS, Pac/West was counting on the voluntary health agencies and public health groups to bring in 5,000 to 10,000 signatures, although the voluntaries set their own goal of 25,000 [24, 27]. According to Paul Phillips of Pac/West, however, the original goal Pac/West set for the voluntaries was much higher. “The American Cancer Society, specifically Rick North and his people, stepped to the table, and we set a goal for them. I think the original goal was, ‘Can you raise 30,000 signatures? Can you raise 25,000? Can you raise 20,000?’” [17] These different expectations are indicative of the initial difficulties the voluntaries and Pac/West (and the Executive Committee) had in communicating with each other and working together during the early months of the campaign.

The ACS, as the largest of the three voluntaries in terms of staff and volunteers, took the lead in signature-gathering for the public health groups. It received grants of \$20,000 from the National ACS to hire a temporary staff member to coordinate the signature-gathering efforts of the nonprofits [27]. This coordinator developed training materials, held volunteer trainings, and helped the other organizations get their volunteers to such places as sporting, cultural, and civic events, post offices, malls, and the University of Oregon [22].

Because of cool, rainy weather throughout the spring, however, the signature-gathering effort was in danger of failing. On June 4, with one month left before the deadline, the ACS made obtaining the requisite number of signatures a priority for the agency. In a memo to all ACS staff, Rick North wrote, “all full-time staff who are Oregon registered voters are expected to set aside time between June 18 and July 1 to obtain 400 signatures. We estimate this will take approximately 27 hours. You may use regular work hours to gather signatures” [emphasis in original] [29]. In response to one employee’s complaint about being required to collect signatures, North clarified that staff were not actually required to gather signatures, but were “encouraged to make every effort to support this campaign” [29]. The volunteer and staff efforts paid off: ACS managed to collect approximately 17,700 signatures, out of 23,770 collected by the nonprofits as a whole [27]. The AHA collected 1192 signatures, while the ALA collected 1205 signatures.

Because of the high number of signatures required to qualify for the Oregon ballot, Pac/West hired a paid signature-gathering firm from California, Kimball Petition Management Inc.<sup>2</sup> to help obtain the requisite number. Without the paid gatherers, Phillips of Pac/West believed, it would have been impossible to obtain the signatures. “It is important to note while some people honestly believe in their heart of hearts that you do not need paid signature collectors and you could have done this, the organizations, the good guy

---

<sup>1</sup>Source: [www.sos.state.or.us/elections/nov596/other.info/measures.htm](http://www.sos.state.or.us/elections/nov596/other.info/measures.htm).

<sup>2</sup>Kimball Petition Management Inc. is the same firm that Californians for Fair Business Policy, a tobacco industry front group, hired in 1991 to fight the City of Long Beach’s proposal to restrict public smoking, vending machines, and billboard advertising [30].

organizations that were certainly battling the tobacco industry, were ill-prepared to collect over 100,000 signatures. It wouldn't have happened" [17].

Hiring paid signature gatherers is legal in Oregon because the courts consider paid signature gathering a "protected form of political expression" [31]. The state does require, however, that paid gatherers be both registered to vote in Oregon and residents of the state. Out of state collectors are allowed to work in teams with resident signature gatherers. Despite this requirement, 58 of Kimball's signature gatherers tried to register to vote in Washington County on June 19, 1996, listing one of two motels as a home address [32, 33]. The county elections officials turned the signature gatherers away, and on June 20, the Attorney General's office subpoenaed 20 of them to appear before a grand jury investigating potential fraud in the process [22, 33].

Despite the investigation into illegal signature gathering, Secretary of State Phil Keisling announced that he would accept the signatures from the paid gatherers but might later prosecute these individuals [22, 33]. Keisling's actions cleared the way for Measure 44 to qualify for the November ballot [17]. Measure 44 was then included in the Oregon Voters' Pamphlet, along with supporting statements from Governor John Kitzhaber (D) (a strong supporter of the Oregon Health Plan), U.S. Senator Ron Wyden (D), the voluntary health agencies, the medical groups, and the public health groups [34].

### **The Role of the Tobacco Industry in the Campaign**

The tobacco industry began fighting the cigarette tax increase before the measure was even certified by challenging its language [21, 23], and it continued to work against the initiative at every stage of the campaign. While Kimball Petition Management and the nonprofits were collecting signatures to qualify Measure 44 for the ballot, the tobacco industry began contributing money to a different ballot measure campaign in order to both disrupt the signature gathering process and dilute support for Measure 44 [22, 35].

Measure 39, a proposed constitutional amendment backed by alternative health care providers, would have required health care insurers to cover treatment by acupuncturists, chiropractors, naturopaths, massage therapists, and other alternative providers [36, 37]. Although the initiative was originally sponsored by these providers, the tobacco industry began providing financial support for the measure sometime during the spring of 1996, when the sponsors were having difficulty obtaining the 97,681 signatures needed to qualify a constitutional amendment [38]. Even though Measure 39 had nothing to do with tobacco, in a May 3 issue of *The Business Journal*, RJR's lobbyist, Mark Nelson, explained the industry's position. "We want to and will participate in proposals that may help reduce overall health care costs" [39]. The real reason was to divert energy of the health insurers away from Measure 44.

The tobacco industry gave \$750,000 to the Measure 39 campaign to help it obtain the requisite number of signatures to qualify for the ballot [22]. This amount far surpassed the \$148,717 in cash contributions and \$25,000 in in-kind contributions that the official Measure 39 committee, the Health Freedoms Campaign, was able to raise from acupuncturists, chiropractors, and other Measure 39 supporters. Because of the large tobacco industry contribution, the Measure 39 campaign secured close to 300,000 signatures, more than triple the number needed [40]. This infusion of cash enabled the Measure 39 campaign to pay signature gatherers \$2.25 per signature, a significant increase over the \$.75 that the Measure 44 campaign was paying its gatherers [22]. Because of the large disparity in pay, the industry was able to recruit paid signature gatherers away from the Measure 44 campaign to the Measure 39 campaign [22, 35]. The high price per signature also forced the Measure 44 sponsors to increase the price

they paid for signature collection to \$1.00 per signature, thereby costing the campaign more for signature gathering activities than it had budgeted [35].

In addition, because Measure 39 would have forced hospitals and physicians to share scarce health care dollars with alternative health care providers, it was natural that these groups would oppose Measure 39, and would devote resources to its defeat. The tobacco industry did not spend much money on the Measure 39 campaign after the signature-gathering phase [40]. By helping the Measure 39 sponsors qualify the initiative for the ballot, however, the tobacco industry was able to force the Measure 44 supporters, and specifically the OAHHS, to fight on two fronts, both for Measure 44 and against Measure 39 [41]. According to Ed Patterson, “we were worried about our ability for our industry to generate enough money to fight Measure 37 [sic] on one hand and then to support Measure 44 on the other hand” [16]. Patterson served on the executive committees for both the anti-Measure 39 and pro-Measure 44 committees, and the hospital industry donated approximately \$100,000 of the \$1.2 million raised to defeat Measure 39. The insurance industry contributed the bulk of the money and took a greater interest in opposing Measure 39 than it did in supporting Measure 44 because Measure 39 more directly affected insurers [16].

<b>Table 5: Tobacco Industry Campaign Contributions For Measure 39 and Against Measure 44</b>			
<b>Contributor</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Total</b>
Tobacco Institute	\$4,614,262	\$81,762	\$4,696,024
Phillip Morris	\$0	\$4,070	\$4,070
R.J. Reynolds	\$0	\$4,750	\$4,750
Vic Atiyeh*	\$0	\$5,000	\$5,000
Thompson & Assoc. Consultants	\$0	\$5,000	\$5,000
Miscellaneous	\$30	\$0	\$30
<b>TOTAL</b>	<b>\$4,614,292</b>	<b>\$100,582</b>	<b>\$4,714,814</b>
*Former Republican Governor of Oregon, hired by Fairness Matters to Oregonians Committee Source: Summary Report of Campaign Contributions and Expenditures, General Election, November 5, 1996			

While the tobacco industry was contributing money to Measure 39 to get it qualified for the November ballot, it was spending even more time and money fighting Measure 44. In July, the industry formed and registered a campaign committee, Fairness Matters to Oregonians Committee (FMOC), which consisted solely of RJ Reynolds lobbyist Mark Nelson and his partner, Bill Linden [42]. Of the \$4,614,292 in cash contributed to FMOC to fight for Measure 39 and against Measure 44, all but \$30 came from the Tobacco Institute [43]. (Table 5)<sup>1</sup> The Tobacco Institute also gave \$81,762 in in-kind contributions, while Philip Morris gave \$4,070 and RJ Reynolds gave \$4,750 in in-kind contributions [43].

---

<sup>1</sup>\*Oregon’s campaign finance records list campaign committees by the total amount of money contributed and spent by that committee on one or more initiatives. Although the Fairness Matters to Oregonians Committee contributed to the pro-Measure 39 campaign and the anti-Measure 44 campaign, the records do not differentiate how much of the committee’s money went to which campaign.

The tobacco industry used a large percentage of this money to launch a negative advertising campaign on radio, television, and through direct mail [35]. The ads began in early September, with the industry purchasing time on almost every station in the state for its seven television and seven radio ads [35]. The Committee to Support the Oregon Health Plan, in contrast, only had enough money to produce and run one television ad, late in the campaign. And, because many political campaigns had already reserved prime time air time for the last two months of the campaign, the pro-44 ad often ran late at night or during the day, rather than during prime time [27]. The disparity in advertising took its toll on the Measure 44 campaign. Whereas a late August poll showed that 70% of Oregonians supported the cigarette tax, a poll just a month later (after the industry began its negative ads) showed that only 50% supported the tax [44].

The tobacco industry used several of the same themes in its ads that it had used in previous initiative campaigns in California [19, 44], Massachusetts [6, 8], and Arizona [11]. For instance, many of the ads argued that taxing smokers to pay for health care for everyone is unfair. Most Oregonians, apparently, agreed that smokers should contribute more toward funding the Oregon Health Plan because of their higher health care costs. As one editorial summed up, “the tax is a reasonable price to pay to cover the costs that smokers place on society” [45]. An early undated Pac/West poll, in fact, showed that 71% of Oregonians were more likely to support a cigarette tax increase if the money was used to support the Oregon Health Plan. (See Table 2)

Another theme the industry emphasized repeatedly was that Measure 44 contained no controls on the way the new money would be spent by the Legislature and the bureaucracy. The politicians and the government would be free to waste the money by funding pet projects and hiring new bureaucrats. As one industry ad explained, Measure 44 “adds millions to state spending. But most of all tobacco taxes would not get to the Health Plan, because Measure 44 diverts money to local administrations, advertising, and PR, and a third to the General Fund for the Legislature to spend any way it wants, with no limits on bureaucracy and no restraints on waste. The Measure 44 machine is out of control” [46]. Measure 44 clearly stated, however, that 90% of the revenues raised by the increased tax were to go to the Oregon Health Plan, and 10% were to go to the tobacco use reduction account. The initiative made no changes to the distribution of revenues raised by the existing cigarette tax (28 cent per pack permanent tax and 10 cent per pack temporary tax), which are divided among the State General Fund, cities, counties, and the Department of Transportation [47].

The anti-government ads contended that Measure 44 would enable the Legislature to cut the amount of money going to programs which were being funded by the existing cigarette tax, such as transportation services for the elderly and disabled. What the ads failed to explain, however, was that the total amount of money going to programs which received funding from the existing cigarette tax was unchanged. The only difference was that the percentage of the cigarette tax funds they received was smaller because the total revenue was so much larger. Because of these misleading ads, an editorial in Portland’s *Willamette Week* named Mark Nelson, lobbyist for RJ Reynolds and head of the Fairness Matters to Oregonians Committee, its “rogue of the week” for his “symphony of half-truths against Measure 44” [48]. An editorial in the *Oregonian* added, “[i]s a defensive tobacco industry dodging these questions [about the true distribution of the money] and pouring tons of money into a largely misleading, cynical anti-government campaign and a divide-and-conquer strategy against the health care industry? Yes.” [49]

As in California [4, 5], Massachusetts [6, 8], and Arizona [11], the final theme the industry used was that physicians, hospitals, and insurance companies were just being greedy and mercenary in their support of Measure 44. According to the anti-44 ads, the cigarette tax money would merely be used to line

the pockets of the already-wealthy doctors, hospitals, and insurers, at the expense of all Oregonians. As one ad warned, “Now, Measure 44 may be a good investment for insurance companies, but it’s a pretty raw deal for the rest of us” [50]. The Committee to Save the Oregon Health Plan was able to counter these ads by emphasizing that the initiative was also strongly supported by the American Cancer Society, the American Heart Association, and the American Lung Association. As Pac/West’s polling had shown the previous year, these three organizations had the highest level of voter support in Oregon among those groups and individuals tested [18]. To further discredit the industry’s claims, the American Cancer Society developed and paid for a print ad in the *Oregonian* in the last week of the campaign that listed many of the people and organizations that supported Measure 44 on one side, and the tobacco industry as the only opposition on the other side [51] (Figure 2). North believes that this ad was very convincing and helped the campaign overcome the industry’s negative advertising [27].

**YES ON 44**

SUPPORTED BY

American Cancer Society, Oregon Division  
 American Lung Association of Oregon  
 American Heart Association, Oregon Affiliate, Inc.  
 Governor John Kitzhaber  
 U.S. Senator Ron Wyden  
 Senator Gordon Smith (R-Pend)  
 Tom Bruggere  
 The Oregonian  
 Willamette Week  
 The Business Journal  
 Salem Statesman Journal  
 Eugene Register Guard  
 Medford Mail Tribune  
 Roseburg News-Review  
 Pendleton East Oregonian  
 Bend Bulletin  
 Redmond Spokesman  
 La Grande Observer  
 Ontario Argus-Observer  
 Associated Oregon Industries  
 League of Women Voters  
 American Association of Retired Persons (AARP)  
 Ecumenical Ministries of Oregon  
 Oregon Association of Hospitals & Health Systems  
 Oregon Medical Association  
 Oregon Nurses Association  
 Blue Cross and Blue Shield of Oregon  
 Providence Health System  
 Legacy Health System  
 Kaiser Permanente  
 Oregon Rural Health Association  
 Oregon Dental Association  
 Oregon Public Health Association  
 Oregon Education Association  
 Alcohol & Drug Abuse Program Directors  
 Association of Oregon Counties  
 and the list goes on ...

**PROTECT KIDS... SAVE LIVES...  
 VOTE YES ON 44**

Fairness Matters to Oregonians & Committee to Support the Oregon Health Plan, 1071 SW FEDERAL, SUITE 2200 PORTLAND, OR 97201

**NO ON 44**

SUPPORTED BY

The Tobacco Industry

**Figure 2.** Advertisement stressing that the opposition to Measure 44 came from the tobacco industry.

The CSOHP also benefitted from a favorable Federal Communications Commission (FCC) ruling against the industry on October 29, 1996. According to Section 317 of the Federal Communications Act, television and radio stations are required to properly identify the sponsors of paid political broadcasts. The purpose of this requirement is to “inform the public of the identity of the persons or entities attempting to persuade them” [52]. All of the “No on 44” ads, however, identified the Fairness Matters to Oregonians Committee as the sponsor, with no mention of the tobacco industry, despite the fact that the industry had provided all but \$20 to the FMOC at that point in the campaign, and the FMOC membership consisted solely of two tobacco industry lobbyists [52].

In late September, staff from Americans for Nonsmokers’ Rights (ANR), a national tobacco control advocacy organization based in Berkeley, California that had been involved in several successful

election battles against the tobacco industry, suggested that CSOHP file an FCC complaint against the “No on 44” ads to force the broadcasters to reveal the tobacco industry’s role in the ads. During the fight against a Philip Morris-backed initiative (Proposition 188) that would have overturned all of California’s tobacco control laws and made it virtually impossible to enact new tobacco laws in 1994, ANR had filed a similar complaint against television and radio stations carrying the Yes on 188 ads for not disclosing the full name of the sponsoring committee [2]. The FCC ruled in that case that the stations had to include the committee’s full name if they wanted to broadcast those ads [53]. ANR recommended that the Measure 44 sponsors contact the Washington, D.C.-based public interest law firm and advocacy group Media Access Project (MAP), which had assisted in the Proposition 188 action, about filing a similar complaint against Oregon stations [53].

Some members of CSOHP were reluctant at first to file the complaint against the Oregon broadcasters because the committee had developed good relationships with the stations [53]. The committee finally decided, however, that these relationships were less important than ensuring that the tobacco industry was identified as the sponsor of the ads that were cutting into Measure 44’s lead in the polls. Accordingly, the group agreed to pursue an FCC complaint, and it provided MAP with copies of the radio and television ads, newspaper articles about the industry’s connection to FMOC, and the contributions and expenditures reports showing that the tobacco industry was virtually the only contributor to FMOC [53].

On October 18, 1996, the Media Access Project, on behalf of CSOHP, filed a complaint with the FCC against 5 radio stations and 5 television stations in Oregon [54]. These stations were chosen because they had the largest audience share in their market [53]. The complaint asked for an emergency order from the FCC to force the television and radio stations to comply with Section 317 of the Federal Communications Act and properly identify the tobacco industry as the sponsor of the “No on 44” ads every time they are broadcast. On October 25, MAP again wrote to the FCC seeking a favorable ruling on its complaint [55]. On October 29, 6 days before the election, the FCC finally agreed that the ads should reveal the tobacco industry as the true sponsor, and it sent a letter to the broadcasters named in the complaint ordering them to comply with the ruling [52]. ACS staff then called every television and radio station in the state to inform them of the FCC’s ruling and ask them to comply. Although most did comply, ACS threatened to file a formal complaint with the FCC when some stations delayed [56]. After the ruling, the industry began tagging its ads “Paid for by the Tobacco Institute.” The ruling made both state and national news [57-59], and helped shed much-needed light on the industry’s role as the sole organized opposition to Measure 44.

The tobacco industry suffered two other major setbacks, caused by its own mistakes, in its campaign to defeat Measure 44. The first setback came when the industry hired former Oregon Governor Vic Atiyeh (a Republican who served from 1979 to 1987) as its spokesman [60]. The tobacco industry agreed to pay Atiyeh \$15,000 to appear in a television commercial opposing Measure 44, and to send a letter to Oregonians urging them to oppose the initiative. The letter used the same false arguments the No on 44 ads had used: the Oregon Health Plan is providing too much money to physicians and hospitals, at the expense of patients; the legislature can waste the tax money on new programs; and funding for cities, counties, and transportation will decrease [61]. After Atiyeh received widespread criticism of his paid opposition to Measure 44, he returned the industry’s first \$5000 payment and accepted no more of its money [36, 62]. (The industry later listed the returned payment as an in-kind contribution from Atiyeh on its contributions and expenditures report [43]; Table 5.) The tobacco industry’s use of a trusted public figure as a spokesman is not new. It tried the same tactic during the Question 1 campaign in Massachusetts in 1992 [44]. In both instances, however, the strategy backfired. As a columnist for the

Eugene *Register-Guard* explained, “how valuable will [Atiyeh’s] opinion be, now that the public knows it’s for sale?” [63]

The tobacco industry also received negative press coverage when it sent a letter opposing Measure 44 to Oregon voters. The letter was signed by Dr. Gene Kutsch, an Albany dentist, and criticized the Oregon Health Plan as both ineffective and a means of benefitting doctors and hospitals, rather than patients [64]. In 1995, however, Kutsch was convicted of 84 felony counts of Medicaid fraud, was ordered to pay a \$27,500 fine and \$9,041 in restitution, and was placed on probation for two years [64]. Moreover, in 1987 the Oregon Board of Dentistry suspended Kutsch’s license for three months and restricted it for close to five years because he had prescribed controlled drugs outside of his practice for himself and several family members [64]. Kutsch’s legal problems, and his connection to the tobacco industry’s opposition to Measure 44, received widespread coverage in newspapers in Portland, Salem, and Bend, Oregon [64-66].

### **Successes in the Measure 44 Campaign**

The tobacco industry’s tactical errors in fighting Measure 44, and the Committee to Support the Oregon Health Plan’s ability to exploit those errors, clearly contributed to the initiative’s passage. But CSOHP also had many of its own successes. Despite being outspent more than 7 to 1 [67], Measure 44 passed with 56% of the vote on November 5, 1996. This victory can be attributed to Pac/West’s strategy of making the tobacco industry the issue, the emphasis on earned media, and grassroots support for the initiative.

When Paul Phillips of Pac/West developed the Measure 44 campaign strategy in the fall of 1995, he decided that one of the main themes of the campaign would be exposing the tobacco industry and its tactics in order to capitalize on the “cynicism of the nation” toward the industry. “We knew that we were going to attack how they, their attempts to operate under the covers of the darkness, and we did” [17]. One reason CSOHP was so successful in exposing the industry’s activities was Pac/West employee Chip Terhune. Terhune was one of the campaign’s managers, but he had previously worked for Mark Nelson, the RJ Reynolds lobbyist who formed the Fairness Matters to Oregonians Committee. Because he had worked for Nelson, Terhune was able to anticipate some of the tactics the industry would use to try to defeat the initiative.

The campaign exploited every mistake the industry made by promoting stories on Vic Atiyeh, the dentist convicted of Medicaid fraud, and the FCC challenge to both state and national media [51]. The campaign also repeatedly emphasized in interviews, editorial board meetings, press conferences, and newspaper ads that the Fairness Matters to Oregonians Committee was funded almost entirely by the tobacco industry and was comprised of just two people, both industry lobbyists. Keeping the already-unpopular tobacco industry in the spotlight helped defuse opposition to Measure 44.

In developing the campaign plan, Phillips also specifically emphasized the importance of free media [17]. As one campaign memo noted, “we will not have the money to match the tobacco industry’s onslaught on television, radio, direct mail and print. Our only choice is to supplement our minimal paid advertising by communicating our themes to voters through the earned media” [68]. The earned media activities included sending speakers from the ACS, ALA, AHA, and other organizations to community events and meetings; visiting newspaper editorial boards in major cities, writing and submitting letters to the editors of newspapers statewide, and persuading Governor Kitzhaber to visit Salem, Eugene, and Medford the day before the election to stump for Measure 44 [51]. (Governor Kitzhaber, as a physician

and as one of the authors of the Oregon Health Plan, strongly supported Measure 44 and placed an argument in favor of the initiative in the Oregon voter's pamphlet [69].)

In the last three months of the campaign, the medical groups, voluntary health agencies, and public health groups supporting Measure 44 began working together more closely, visiting radio stations and editorial boards as a group to debate the two tobacco lobbyists working against Measure 44 [27]. Because of their sheer numbers, the Measure 44 supporters were able to visit more meetings and engage in more debates and interviews than the other side, with its two lobbyists, could. The emphasis on earned media paid off when all of the state's major newspapers, and most minor ones, supported Measure 44 [70].

While the Measure 44 campaign was working to reach voters through earned media, it was also benefitting from the activities of the Tobacco Free Coalition of Oregon (TOFCO), which conducted a \$140,650 media campaign that highlighted both the tobacco companies' tactics and tobacco prevention [51]. As part of an ongoing, two-year education campaign, TOFCO commissioned an original radio ad that painted tobacco industry executives as drug dealers, and used an anti-industry television ad from Massachusetts featuring Victor Crawford, a former tobacco lobbyist who died from tobacco-related cancer. While neither of these ads specifically mentioned Measure 44 (because of the RWJ restrictions on political activities), they helped raise statewide awareness of both the tobacco issue and the tobacco industry's actions. This willingness of the RWJ-funded coalition to continue to engage in an active educational effort during the campaign for Measure 44 contrasts with the situation during Colorado's initiative campaign, when the RWJ coalition sat on the sidelines while the tobacco industry defeated a similar tax proposal there in 1994 [12].

During the last month of the campaign, the American Cancer Society was also running three to five general antismoking public service announcements (PSAs) a day [27]. ACS used one of its existing PSAs, featuring a laryngectomy survivor, to illustrate the dangers and expense of smoking. Because the ACS ad was run as a public service announcement, it could not carry a Yes on 44 message [51]. Nevertheless, it, too, contributed to statewide awareness of the dangers of smoking and the need for action.

Although TOFCO and ACS were running antismoking advertisements throughout October, CSOHP did not have enough money to begin its paid media campaign until the last three weeks before the election. CSOHP reserved \$350,000 to produce one hard-hitting television ad and run it in the Portland, Eugene, and Medford television markets [51]. The ad emphasized the hazards of tobacco use, the tobacco industry's deceptive and manipulative actions, and that the money raised by the initiative would be used for the Oregon Health Plan [51]. It received free media coverage both before and after it ran, thereby increasing its reach [17]. According to Ed Patterson, the paid media campaign was successful because:

[t]he opposition was already on television and I think that our desire to play up the tobacco industry as the bad guys in this through our TV commercials was money well spent, simply because they were sponsoring their own television ads and the public needed to be made aware that these ads come from the tobacco industry. And they were the big bad guys in the black hats, we are the little guys with not near as much money [16].

While the campaign's fundraising covered the bulk of the ad's costs, the ACS also received an unrestricted \$75,000 donation from the National Center for Tobacco-Free Kids, which supported Measure 44 as a way of saving lives [72]. The ACS used this money to help produce the Measure 44 television ad and purchase air time [27]. This \$75,000 contribution enabled ACS' Rick North to both join the Executive Committee and ensure that the campaign's ad featured children, not just the Oregon Health Plan [27]. The National ACS also contributed approximately \$43,000 to the ACS Oregon Division. These funds were

# Protect Oregon's Kids From the Tobacco Industry

Each year, 13,000 Oregon kids start smoking.  
Tobacco will kill 4,300 of them.



## Two Things You Can Do:

1. Vote "YES" on Ballot Measure 44.  
Every cent of new revenue from Measure 44 is dedicated to prevention programs and the Oregon Health Plan. Measure 44's price increase and prevention programs mean fewer kids smoking.
2. Urge your elected officials and candidates to support the FDA rule.  
The Food and Drug Administration rule to restrict tobacco marketing and sales to children is a fair, reasonable and common-sense solution to a serious problem. Ask your elected officials and candidates to stand with Oregon's kids and support the FDA rule.

## YES on Measure 44. YES on the FDA Rule.

Get the Facts on Measure 44 and the FDA Rule.  
Call 1-800-ACS-2345 (Statewide)  
or 295-6422 (Portland area)

Tobacco vs. Kids. Where America draws the line.

**CAMPAIGN for TOBACCO-FREE Kids**

To learn more, call 1-800-284-KIDS.

The ad supports the American Cancer Society Oregon Division, Inc.; American Lung Association of Oregon; American Heart Association Oregon Affiliate.

**Figure 3.** Advertisement funded by the National Center for Tobacco Free Kids to support Measure 44.

when the voluntary health agencies mobilized their volunteers and collected 23,700 signatures [24]. After the initiative qualified for the ballot, Pac/West continued to fundraise and manage the statewide campaign, while the American Cancer Society assumed responsibility for the grassroots aspect of the campaign [73]. Each of ACS' seven area directors was responsible for grassroots activities within his or her geographical area, including literature drops, canvassing, lawn signs, banners, and speakers trainings [73].

In Eugene, Oregon, the Lane County Medical Society made passage of Measure 44 a priority, even organizing a Yes on 44 Task Force which met weekly in the last two months of the campaign [74]. The Task Force obtained \$20,000 in donations to support the campaign from its member physicians, PeaceHealth, and other area hospitals; Lane County physicians sent out 175,000 letters to their patients in support of Measure 44; and they received coverage for their efforts in the local newspaper, the *Register-Guard* [75]. The physicians also ran full page ads in local papers; got the *Register-Guard* to endorse the initiative and run an op-ed by Governor Kitzhaber supporting Measure 44; distributed thousands of flyers

used to hire a signature-gathering coordinator and to print pro-44 brochures and signs [72]. The National ACS also contributed funds to the cigarette tax increase initiative campaigns in California [2] and Massachusetts [6, 10]

Throughout the last two weeks of the campaign, the ACS also ran pro-44 newspaper ads in Portland, Eugene, and Medford. One ad, discussed above, featured listed some of the Measure 44 supporters on one side, and the tobacco industry on the other. Another ad focused on protecting children from the tobacco industry by voting for Measure 44 and supporting the FDA rule on tobacco, which limits sales and marketing of tobacco to children (Figure 3) [51]. This ad was funded by an additional \$23,000 donation from the National Center for Tobacco-Free Kids [51].

The ACS, AHA, and ALA were also crucial in fostering grassroots support for Measure 44. Grassroots activity began during the signature-gathering phase,

to their patients; and stood on street corners at rush hour wearing white lab coats and stethoscopes and waving pro-Measure 44 signs [74]. The Lane County Medical Society's efforts did not go unnoticed. While Measure 44 won statewide by a vote of 56% to 44%, in Lane County the initiative passed 62% to 32% [76].

Elsewhere in the state, local coalitions were organizing and engaging in grassroots activities with the help of TOFCO and the RWJ-funded SmokeLess States Project, which staffs TOFCO. Although RWJ's guidelines prohibit SmokeLess States staff from engaging in political activities, they can do educational programs on tobacco, such as holding trainings on how to work with the local media to gain exposure for a tobacco control program; hiring speakers; and running antismoking advertising [71].

For instance, TOFCO brought ex-Winston model Dave Goerlitz to Oregon to speak about the dangers of tobacco use [71]. Goerlitz visited schools and radio stations in five Oregon communities that were also major media markets: Medford, Bend, Eugene, Salem, and Portland. In each of these communities, TOFCO recruited volunteers to contact local policy makers and ask them to be involved in the Goerlitz event and express their support for tobacco prevention. The assemblies generated publicity around the anti-tobacco industry message Goerlitz emphasized. The media attention helped Measure 44 by focusing on tobacco industry tactics--a theme of the Measure 44 campaign [71]. In addition, in each of the communities Goerlitz visited, the local coalition members were allowed to organize the assemblies and invite whichever policy makers they chose. As Brenda Niblock of the SmokeLess States Project explained, this was beneficial because "it gave the local coalitions that were just fledgling or the communities where a local coalition didn't exist, something to rally around to get a coalition started. So now those people are kind of up and running" [71].

### **Problems in the Measure 44 Campaign**

Despite the success of Measure 44, the campaign also faced some significant problems. One of the main difficulties was the lack of cohesiveness among the Measure 44 supporters. As discussed above, the medical groups, voluntary health agencies, and public health groups distrusted each other from the beginning, and it took time for the groups to work together easily. These strained relations often hurt the campaign as members of the Committee worried about jockeying for influence, rather than about the campaign itself. As Paul Phillips noted, if he were to run the Measure 44 campaign over again, he would have set ground rules for all the participating organizations and made them "understand that they were not essential to victory but they were an essential ingredient to victory .... There was a lot of what I would call intolerance among our own group. So, the ground rules would have helped" [17].

Another difficulty came during the signature gathering phase when the paid signature-gathering firm had difficulties obtaining the requisite number of signatures. In addition, the firm's subcontractor brought in signature gatherers from other states and tried to register them to vote, thereby bringing bad press to the Measure 44 campaign. This situation could have been avoided if the signature-gathering firm insisted that its subcontractor hire only Oregonians.

The signature-gathering process also cost significantly more than the campaign had anticipated because of the large number of initiatives on the ballot, and because the tobacco industry-funded Measure 39 was paying signature gatherers more per signature than Measure 44 was paying. This forced CSOHP to increase the amount it was paying its signature gatherers. Michael Sievers, who was with Pac/West during the campaign and then went to work on the tobacco use reduction program at the Oregon Health Division, estimated that the campaign may have spent as much as 25% of its funds on signature gathering [77]. Consequently, CSOHP had less money to spend during the rest of the campaign.

This money shortage persisted throughout the campaign [27]. CSOHP knew that they would be vastly outspent by the tobacco industry. Every previous cigarette tax increase initiative campaign in the country [4-12, 20] had been hampered by money problems, and such problems were expected in Oregon as well [27]. While the tobacco industry was able to begin its advertising campaign against the initiative in early September, the “Yes on 44” ads did not begin until late in the campaign, after some of the early support for the initiative had eroded [78]. The campaign was fortunate to have TOFCO-funded antismoking ads and ACS PSAs on the air during this time, but these ads could not be tagged with the “Yes on 44” line. If CSOHP had been more successful in its fundraising throughout the year, it could have begun its television ads earlier, run radio ads, and sent out direct mail pieces.

Moreover, while ACS was able to raise over \$1000 from its Board of Directors for the campaign, the organization was unwilling to solicit its donors for contributions to the Measure 44 campaign because that money would have supplanted the funds the American Cancer Society normally receives for its own activities [27]. It is understandable that ACS would be concerned about its own budget, and the organization was able to secure funds from its national office and from the National Center for Tobacco-Free Kids. Nevertheless, if the ACS had tried to fundraise among its own donors, the Measure 44 campaign might have been able to begin its media campaign earlier, run radio ads, or send out direct mail pieces. Similarly, AHA and ALA were only able to contribute \$4,555 and \$19,102 (cash and in-kind combined), respectively. If they had been able to give more money to the campaign, the campaign would have faced fewer money problems.

In the end, the voluntary health agencies provided 37% of the funding for the Measure 44 campaign (Table 6), despite the fact that only 10% of the revenues went to tobacco control efforts. This situation is similar to that in California in which health groups provided support out of proportion to the funds generated for tobacco control programs [19]. The victory at the polls, however, did not ensure that Oregon would implement an effective tobacco control program. After the voters enacted Measure 44, the voluntary health agencies still had to convince the Legislature to create an effective program and provide adequate funding. Obtaining positive results in the Legislature has been a major challenge in the other states that have tobacco tax initiatives [4, 5, 7-9, 11]. In fact, the reason the health groups sought to raise the tobacco tax via an initiative was because they were unable to win passage of higher taxes in the Legislature.

## **TOBACCO INDUSTRY CAMPAIGN CONTRIBUTIONS<sup>1</sup>**

In Oregon, as elsewhere, the tobacco industry maintains influence in the Legislature through a combination of campaign contributions and lobbying efforts [4, 5, 11, 80]. The tobacco industry started making campaign contributions in Oregon during the 1985-1986 electoral cycle; lobbying expenditures

---

<sup>1</sup>In our other reports [1, 4, 11, 12, 79] we have related tobacco industry campaign contributions to legislative behavior through a “tobacco policy score.” We do not provide this information in our report on Oregon. Because of the passage of Measure 9 in 1994, the tobacco industry did not contribute to candidates for political office in Oregon during the 1995-1996 electoral cycle. Tobacco industry contributions therefore could not be related to legislative behavior during the 1997 legislative session. In addition, the key informants that we would normally use to collect the data necessary to construct these scores uniformly thought that the tobacco issue was too new for the Oregon Legislature to be able to assign scores reliably.

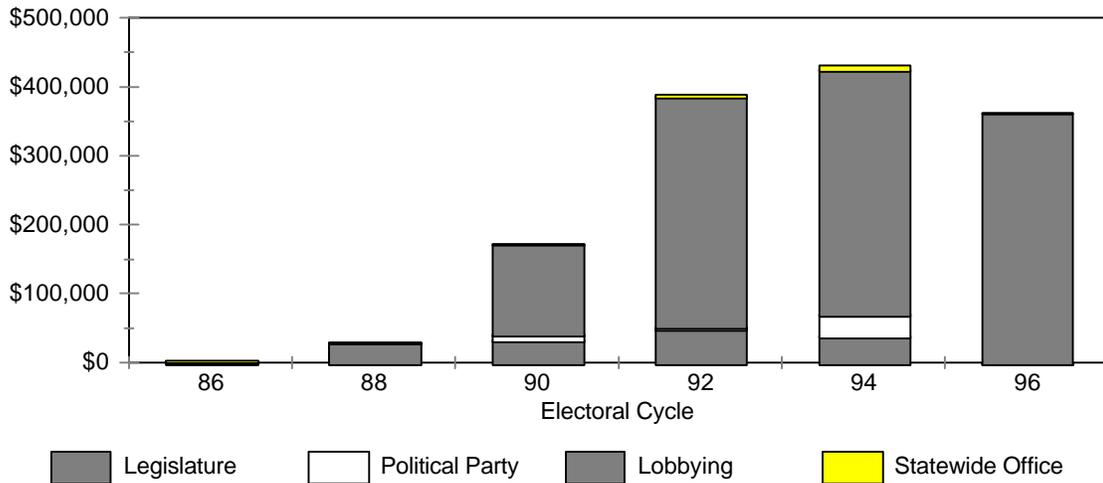
started to be reported in 1990. Figure 4 and Table 7 summarizes the history of tobacco industry political spending in Oregon since 1985-1986.

### Campaign Contribution Data

Data on tobacco industry campaign contributions were obtained from records in the Elections

<b>Table 6: Organizations Contributing to the Measure 44 Campaign (\$5000 and Above Cash and In-Kind Contributions)</b>			
<b>Contributor</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Total</b>
<b>Voluntary Health Organizations:</b>	<b>\$78,000</b>	<b>\$128,684</b>	<b>\$206,684</b>
American Cancer Society, Oregon Division*	\$75,000	\$108,027	
American Lung Association	\$2,500	\$16,602	
Other	\$500	\$4,055	
<b>Hospitals and Health Systems:</b>	<b>\$139,000</b>	<b>\$0</b>	<b>\$139,000</b>
Oregon Association of Hospitals and Health Systems	\$35,000	\$0	
Legacy Health System	\$25,000	\$0	
ODS Health Plan	\$25,000	\$0	
Providence Health System	\$25,000	\$0	
Kaiser Permanente	\$5,000	\$0	
Salem Hospital	\$5,000	\$0	
Pacificare of Oregon	\$5,000	\$0	
PeaceHealth of Oregon	\$5,000	\$0	
Other	\$9,000	\$0	
<b>Medical/Dental Groups</b>			
Oregon Medical Association	\$20,000	\$1,225	
Lane County Medical Society	\$0	\$29,622	
Oregon Dental Association	\$10,000	\$0	
Capitol Dental Care, Inc.	\$5,000	\$0	
Willamette Dental Group	\$5,000	\$0	
Other	\$2,000	\$0	
<b>Insurance/Other</b>			
Blue Cross and Blue Shield of Oregon	\$100,000	\$1,262	
Research Video	\$5,500	\$0	
First Interstate Bank	\$5,000	\$0	
Other	\$4,250	\$0	
<b>Other Cash and In-Kind Contributions</b>	<b>\$14,740</b>	<b>\$1,354</b>	<b>\$16,095</b>
<b>TOTAL (all sources)</b>	<b>\$391,815</b>	<b>\$162,147</b>	<b>\$553,963</b>
*Includes direct donations to the American Cancer Society, Oregon Division, from the National American Cancer Society (approximately \$40,000) and from the National Center for Tobacco-Free Kids (approximately \$90,000)			
Source: Summary Report of Campaign Contributions and Expenditures, General Election, November 5, 1996			

## Tob. Industry Political Expenditures (Excluding Initiatives)



**Figure 4.** Summary of tobacco industry political expenditures in Oregon. As health groups became more active, the tobacco industry increased its presence. The fall off in campaign contributions in the 1995-1996 election cycle reflects the effects of a campaign finance law that limited contributions, which has been ruled unconstitutional.

	Legislature	Political Party	Lobbying	Statewide Office	Initiative*
<b>1985-1986</b>	\$1,250	\$0	\$0	\$1,500	
<b>1987-1988</b>	\$28,700	\$0	\$0	\$0	
<b>1989-1990</b>	\$33,400	\$6,900	\$131,319*	\$0	
<b>1991-1992</b>	\$48,500	\$2,750	\$335,059	\$2,500	
<b>1993-1994</b>	\$38,800	\$31,000	\$355,091	\$6,400	\$4,714,814
<b>1995-1996</b>	\$0	\$0	\$362,139	\$0	
<b>Total</b>	<b>\$150,700</b>	<b>\$40,650</b>	<b>\$1,183,608</b>	<b>\$10,400</b>	<b>\$4,714,814</b>

\*Spending data collected for 1993-1994 only  
 \*\*Lobbying expenditures in 1990 only

Division of the Oregon Secretary of State's office. Philip Morris Inc., RJR Nabisco Inc., the Smokeless Tobacco Council, the Tobacco Institute, and U.S. Tobacco Inc. were the only tobacco industry sources contributing to candidates for elected office and political parties. Contributions from non-tobacco subsidiaries of the companies listed above, such as Philip Morris' Kraft General Foods, were not included.

All data are reported for two year electoral cycles.

In 1994, Oregon voters passed Measure 9, an initiative which limited political action committee contributions to legislative candidates and political parties to no more than \$100 per electoral cycle. Because of the passage of this initiative, the tobacco industry did not contribute to candidates and political parties during the 1995-1996 electoral cycle, although it did spend money lobbying the House and Senate during this period (see discussion below). Measure 9 was ruled unconstitutional by the Oregon Supreme Court (*VanNatta v. Keisling*) in 1997 [81], so the tobacco industry is again free to contribute to legislative candidates and political parties. As of September, 1997, however, the industry had not contributed any money to Oregon legislators for the 1997-1998 electoral cycle.

### **Contributions to State Legislators**

The tobacco industry has been contributing to candidates for the Oregon legislature since the 1985-1986 electoral cycle. During the period from January, 1985, to September, 1997, the tobacco industry contributed a total of \$150,700 to legislative candidates in Oregon. Appendix Tables A1-A5 list tobacco industry contributions to legislative candidates for each two year election cycle from 1985-1986 to 1993-1994. (No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.)

Philip Morris gave \$250 to five House candidates in the 1985-1986 electoral cycle (three Democrats and two Republicans), for a total of \$1,250. By the 1988 election, contributions had increased dramatically. The tobacco industry gave a total of \$28,750 to House and Senate candidates in that election, with Philip Morris contributing almost half of the money, \$13,250. Although Democrats controlled both the House and the Senate during 1987-1988, the tobacco industry contributed more than twice as much money to Republican candidates (\$19,750) than it did to Democratic candidates (\$9000).

In 1989-1990, contributions to legislative candidates rose to \$33,400. Democrats again controlled both the House and the Senate, but the industry gave more to Republicans (\$19,800) than it did to Democrats (\$13,600). Industry contributions peaked in 1991-1992 at \$48,500, with Republicans receiving \$27,500 and Democrats receiving \$21,000. Republicans controlled the House of Representatives during this period, while Democrats retained control of the Senate. In 1993-1994, industry contributions declined somewhat to \$38,800. Republicans again held a majority in the House and received \$29,000 while Democrats held a majority in the Senate and received \$11,000. After the 1994 election, in which the industry contributed nearly three times as much to Republican candidates as it did to Democratic candidates, Republicans gained control of both chambers of the Oregon Legislature.

Table 8 provides a list of the top recipients of tobacco industry money in the 1993-1994 electoral cycle (the last time the tobacco industry contributed to legislative candidates in Oregon). Ten of the candidates were incumbents, while eight were challengers. All but Karsten Rasmussen (D - 22) won their races and served in the 1995-1996 Legislature. Table 9 shows the 45 current members of the Oregon Legislature who have not accepted tobacco industry campaign contributions.

### **Political Parties**

The tobacco industry (primarily Philip Morris, with some smaller contributions from U.S. Tobacco) began contributing to political parties during the 1989-1990 electoral cycle. The tobacco industry contributed \$16,200 to Democratic political committees and \$24,450 to Republican political committees during this six year period, for a total of \$40,650. Table 10 lists tobacco industry contributions to political parties from 1989-1996 (the latest data available).

## The Executive Branch

Table 8: Top Recipients of Tobacco Industry Money in 1993-1994					
Officeholder/ Candidate	Party	House	1993-1994	Grand Total (1985-1994)	Member, 1997-1998 Legislature
Miller, R.	R	S	\$3,000	\$3,100	Yes
Oakley, C.	R	H	\$2,250	\$3,850	Yes
Minnis, J.	R	H	\$2,000	\$3,700	Yes
Carpenter, C.	R	H	\$1,500	\$1,500	Yes
Derfler, G.	R	S	\$1,500	\$2,450	Yes
Hamby, J.	R	S	\$1,500	\$2,000	Yes
Hartung, T.	R	S	\$1,500	\$1,500	Yes
Johnson, E.	R	H	\$1,500	\$2,450	Yes
Kennemer, B.	R	S	\$1,500	\$2,500	No
Mannix, K.	D	H	\$1,500	\$2,150	No
Montgomery, B.	R	H	\$1,500	\$1,500	Yes
Dwyer, B.	D	S	\$1,000	\$2,450	Yes
Hannon, L.	R	S	\$1,000	\$2,700	Yes
Leonard, R.	D	S	\$1,000	\$1,000	Yes
Lokan, J.	R	H	\$1,000	\$1,000	Yes
Norris, C.	R	H	\$1,000	\$2,700	No
Qutub, E.	R	H	\$1,000	\$1,000	Yes
Rasmussen, K.**	D	S	\$1,000	\$1,000	No

Sources: Summary Reports of Campaign Contributions and Expenditures, 1986 Election, 1988 Election, 1990 Election, 1992 Election, 1994 Election

\*The last electoral cycle in which the tobacco industry contributed to legislative candidates in Oregon. No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.

\*\*Challenger, lost race

The tobacco industry began contributing to candidates for executive office in 1985-1986. That year, the Smokeless Tobacco Council gave \$500 to the Democratic candidate for Governor, Neil Goldschmidt, while the Tobacco Institute gave \$1000 to Norma Paulus, the Republican candidate. The industry did not contribute to executive branch candidates again until 1991-1992, when Philip Morris gave \$1500 to Jim Hill, the Democratic candidate for Treasurer, and \$1000 to Ted Kulonski, the Democratic candidate for Attorney General. In 1993-1994, Philip Morris contributed \$3000 to Democrat John Kitzhaber's successful run for Governor, and \$2900 to Republican Denny Smith's gubernatorial campaign. RJ Reynolds also gave \$500 to Smith's campaign.

## Lobbying

Data on lobbying were obtained from annual employer expenditure reports on file with the Oregon Government Standards and Practices Commission. The earliest records found were for 1990 and represent only ½ of the 1989-1990 electoral cycle. The tobacco industry has spent over \$1.1 million on lobbying in the six years for which data are available. In 1995-1996, when Measure 9 prohibited the industry from

giving campaign contributions, it instead stepped up its lobbying, spending \$362,139, with half coming from Philip Morris alone. Table 11 summarizes the tobacco industry's lobbying expenditures.

<b>Officeholder</b>	<b>Party</b>	<b>House</b>	<b>Officeholder</b>	<b>Party</b>	<b>House</b>
Baker, K.	R	Senate	Lewis, L.	R	House
Beck, C.	D	House	Lim, J.	R	House
Bowman, J.	D	House	Messerle, K.	R	House
Burdick, G.	D	Senate	Nelson, D.	R	Senate
Castillo, S.	D	Senate	Piercy, K.	D	House
Corcoran, T.	D	House	Prozanski, F.	D	House
Deckert, R.	D	House	Rasmussen, A.	D	House
Devlin, R.	D	House	Ross, B.	D.	House
Duncan, V.	R	Senate	Schrader, K.	D	House
Eighmey, G.	D	House	Shannon, M.	R	Senate
Edwards, R.	D	House	Shetterly, L.	R	House
Fahey, M.	D	House	Simmons, M.	R	House
Ferrioli, T.	R	Senate	Strobeck, K.	R	House
Fisher, B.	R	Senate	Stull, S.	R	Senate
Gardner, D.	D.	House	Sunseri, R.	R	House
George, Gary	R.	Senate	Taylor, J.	D	House
Gordly, A.	D	Senate	Uherbelau, J.	D	House
Harper, S.	R	House	Wells, L.	R	House
Jenson, B.	D	House	Welch, J.	R	House
Kintigh, B.	R	House	Westlund, B.	R	House
Kruse, J.	R	House	Whelan, T.	D	House
Lehman, M.	D	House	Wilde, T.	D	Senate

## **DEVELOPING THE TOBACCO USE REDUCTION PROGRAM**

Although passage of Measure 44 was not assured, the Oregon Health Division (Oregon's state health department) called a meeting with Measure 44's supporters in October 1996 to discuss how it would implement the Tobacco Use Reduction Program in the event of its passage [16]. The Health Division had already consulted with the Centers for Disease Control and Prevention and the health departments in California, Massachusetts, and Arizona about what the important elements of a program should be, and

<b>Table 10: Tobacco Industry Contributions to Political Parties, 1989-1994*</b>				
<b>Committee</b>	<b>Party</b>	<b>Phillip Morris</b>	<b>US Tobacco</b>	<b>Total</b>
<b>1989-1990</b>				
Oregon House Democratic Campaign Committee	D		\$200	\$200
Senate Democratic Caucus	D	\$2500		\$2,500
Project 90	R	\$2,500	\$200	\$2,700
Senate Republican Fund	R	\$1,500		\$1,500
<b>1991-1992</b>				
Democratic Party of Oregon	D	\$1,200		\$1,200
Oregon House Democratic Campaign Committee	D	\$100		\$100
Senate Democratic Caucus	D	\$1,450		\$1,450
<b>1993-1994</b>				
Action Oregon PAC	D	\$500		\$500
Future PAC	D	\$5,000		\$5,000
Senate Democratic Leadership Fund	D	\$5,000	\$250	\$5,250
Leadership Fund	R	\$10,000	\$250	\$10,250
Project 94	R	\$10,000		\$10,000
<b>Total</b>		<b>\$39,750</b>	<b>\$900</b>	<b>\$40,650</b>
Sources: Summary Reports of Campaign Contributions and Expenditures, 1990 Election, 1992 Election, 1994 Election *The last electoral cycle in which the tobacco industry contributed to legislative candidates in Oregon. No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.				

<b>Table 11: Tobacco Industry Lobbying Expenditures, 1990-1996*</b>					
<b>Company/Trade Group</b>	<b>1990**</b>	<b>1991-1992</b>	<b>1993-1994</b>	<b>1995-1996</b>	<b>Total</b>
Philip Morris	\$72,201	\$173,628	\$174,159	\$186,593	<b>\$606,581</b>
RJ Reynolds	\$29,618	\$65,301	\$114,548	\$73,062	<b>\$282,529</b>
Smokeless Tobacco Council	\$9,500	\$44,000	\$53,000	\$45,000	<b>\$151,500</b>
Tobacco Institute	\$20,000	\$52,130	\$13,384	\$57,484	<b>\$142,998</b>
<b>Total</b>	<b>\$131,319</b>	<b>\$335,059</b>	<b>\$355,091</b>	<b>\$362,139</b>	<b>\$1,183,608</b>
Source: Oregon Standards and Practices Commission *Although Measure 9 kept the tobacco industry from contributing to legislative candidates in 1995-1996, it did not prevent the industry from spending money on lobbying. **1990 is the first year in which lobbying records were available.					

they had been charged by the Governor's office with developing a rough budget and outline for the program [71]. The Governor had agreed that after the initiative won, he would appoint an advisory committee, comprised of representatives from designated organizations, to comment on the framework the Health Division had already developed [71].

In February 1997, Governor John Kitzhaber signed an Executive Order which created the Tobacco

<b>Table 12: Tobacco Reduction Advisory Committee Members</b>	
<b>Organization</b>	<b>Representative</b>
American Cancer Society	Rick North
American Heart Association	John Chism
American Lung Association	Shane McDermott
Oregon Association of Hospitals and Health Systems	Ed Patterson
Oregon Medical Association	Mary Beth Powell, Susan H. Swartz
Tobacco-Free Coalition of Oregon	Joe Weller
Office of Alcohol and Drug Abuse Programs (Oregon Health Division)	Toni Phipps
Department of Education	Peggy Holstedt
Oregon Public Health Association	Bruce Goldberg
Conference of Local Health Officials	Tom Engle
Oregon Health Systems in Collaboration with Blue Cross/Blue Shield	John Santa
Governor Kitzhaber's Office	Mark Gibson
Oregon Health Division	Jane Moore
Sources: Department of Human Resources press release and Rick North, American Cancer Society	

Reduction Advisory Committee, a group charged with developing and implementing Measure 44's tobacco prevention and education program. The Advisory Committee included representatives from such organizations as OHGOSH, OAHHS, TOFCO, the Department of Education, and the Governor's Office [82] (Table 12). The decision to begin program planning even before the initiative passed represented a more proactive stance than had been demonstrated in California [19], Massachusetts [9], and Arizona [11] where there were delays after passage of the initiative by the voters before plans for the tobacco use prevention program were put in place.

Ed Patterson of the Hospital Association was critical of this process, believing it was premature to develop a program before the election had even occurred. Although his organization was to be one of the groups on the advisory committee, Patterson thought that there had not been adequate input from all interested parties in the plan the Health Division developed. "Obviously the people who put that program together thought their plan was the one that should be implemented and made no difference about the other parties. So I explained to them that I felt somewhat chagrined that I was out working hard to get the money for them and they were making the decision about how to spend it" [16]. Patterson was also concerned that the Health Division's plan made no mention of an administrative rules process, although the initiative language required the development of such rules. "They were going to proceed with this as a bureaucratic edict without at least publicly giving opportunities for input from other people" [16]. According to Patterson, the plan the Health Division presented had been written by "zealots" as much as a year before, and adopted "carte blanche" by the Health Division, even though it was a violation of Measure 44 to develop the plan without going through the administrative rules process [16].

Although Patterson was primarily troubled with the process that the Health Division followed, he

also had concerns about the actual program. Patterson believed that, in the last 15 years, community hospitals have been playing a public community health role. Therefore, instead of just giving money to county public health departments to continue the programs they have already been running, the Tobacco Use Reduction Program should fund community hospitals to work with public health departments on tobacco reduction. Patterson also believed that some of the money raised by the cigarette tax should be given to schools, to fund the teaching of antismoking programs [16].

The Governor's Advisory Committee released the Oregon Statewide Tobacco Prevention Plan in March 1997 [83], four months after the initiative was passed by the voters. This plan, which was based largely on the Health Division's framework, addressed most of Patterson's concerns. In fact, he testified in its favor before the Legislature, as did the other members of the Advisory Committee.[71].

Measure 44 is expected to raise \$17 million over two years for the Tobacco Use Reduction Program. According to the Advisory Committee's plan, this money is to be used to decrease tobacco use by youth; treat tobacco dependence; protect children from exposure to tobacco; protect workers and the public from secondhand smoke; and secure funding and implement state and local tobacco prevention and education programs [26]. The Tobacco Use Reduction Program includes five major components:

- ◆ *Local activities:* community health departments working with local coalitions on community-based prevention activities (\$6.50 million over two years)
- ◆ *Education:* grants awarded to school districts for comprehensive school-based prevention programs (\$2.00 million over two years)
- ◆ *Statewide communications:* multi-media public awareness and education campaign, including radio and television ads, billboards, and public events (\$4.56 million over two years)
- ◆ *Special populations:* grants awarded to special populations for prevention and education activities (\$2.75 million over two years)
- ◆ *Training and evaluation:* (\$1.12 million over two years) [84]

Although the Health Division and the Tobacco Reduction Advisory Committee were able to develop the Tobacco Use Reduction Program with relatively few problems, it could not be implemented without the assent of the Oregon Legislature, which had to approve the plan by approving the program's budget. In California [4, 5] and Massachusetts [7, 9], but not Arizona [11], the tobacco industry had succeeded in having the legislature divert significant fractions of the money allocated by voters to tobacco control to other purposes, thus reducing the effectiveness of the tobacco control program. In Arizona, the Governor substantially restricted the program by focusing it on youth, which limits its effectiveness [11, 85]. Thus, the challenge to public health advocates in Oregon was both to avoid diversion of funds and to obtain the statutory authority for a broad-based, effective tobacco control program.

## **The Legislative Process**

The Tobacco Use Reduction Program is run through the Oregon Health Division's Health Promotion and Chronic Disease Prevention Section. The Oregon Health Division (OHD), in turn, is part of the larger Department of Human Resources. While the \$17 million Tobacco Use Reduction Program was less than 7% of the OHD's \$260.3 million budget, it received more scrutiny than any other part of the OHD budget during the Oregon Legislature's 1997 session (which ran from January to August, 1997) [86].

Although the Health Division and the Advisory Committee did not release their Tobacco Use Reduction Program until March, 1997, two months into the session, the voluntary health agencies and public health groups began lobbying the Legislature early to support using the money for a strong tobacco prevention and education program. In fact, even before the election, lobbyists for the Oregon Health Groups on Smoking and Health (OHGOSH) held approximately ten meetings with key House and Senate leaders to highlight OHGOSH's agenda for the next legislative session, which included passing the tobacco program intact [87].

After the initiative passed, the OHGOSH lobbyists, Conkling Fiskum & McCormick (CFM), sent information about the importance of Measure 44 to all of the newly elected members of the Legislature, arguing that teenage tobacco use in Oregon was rising and that the way to counter this was through a voter-approved comprehensive, statewide tobacco use prevention and education program. CFM also began meeting with Legislators to brief them on OHGOSH's priority issues for the next session, including Measure 44, the extension of the ten cent per pack surtax, and fighting preemption of local ordinances [87]. (The latter two issues are discussed in detail below.) In December and January, CFM lobbyists and TOFCO representatives met with the editorial boards of eight to ten of the largest papers in the state to let them know that the Health Division was putting together a plan and to ask that they wait to see what the professionals devised before passing judgment [87].

Without an actual plan in hand, the lobbyists had to convince Legislators that tobacco control experts were in the process of developing a tobacco prevention plan, based on proven results from other states, so Legislators should refrain from making any decisions about spending the new money before the plan was complete. According to Dan Jarman of CFM, the Legislators were generally supportive of waiting for the Health Division to develop a program before deciding how to spend the money, probably because the initiative passed even though the tobacco industry vastly outspent Measure 44's supporters. "I think that was a good strong message to the Legislators that this is really a voter mandate; it is pretty important. And I think that there is a general reluctance by our Legislators to change what the voters have enacted" [87].

At the same time, the tobacco industry started to lobby Legislators about how the money should be spent, hoping to weaken the anti-tobacco advertising program and ensure that the funds would be spent where they would be least effective [87]. The industry has used this strategy before in California [4, 5], Massachusetts [9], and Arizona [11]. For instance, advertising messages that attack the tobacco industry are an important element of an effective anti-tobacco advertising campaign, and the industry has a well-established history of trying to prevent such ads from being developed and used [88-92]. OHGOSH and CFM were aware that the industry would try to reduce, restrict or divert the money, and they had heard that Mark Nelson, the RJ Reynolds lobbyist, was working to give the money to the Education Department or to schools [27, 87, 93]. Norma Paulus, the Superintendent of Public Instruction, was also trying to get the money sent to the Department of Education to enhance the alcohol and drug programs in the schools [87]. While it seems appealing to give the money to schools, there is no evidence that funding schools is the most cost effective way to reduce tobacco consumption.

After the tobacco prevention plan was released in March, CFM sent Legislators a one-page information sheet in support of the Health Division's comprehensive, coordinated, and community-based program. The information sheet urged Legislators to resist tobacco industry efforts to divert the tobacco prevention monies to other purposes [94]. CFM also began meeting with key players in the Legislature who could help guide the program through the budget process, including the House and Senate Leaders and the two Co-Chairs of the Joint Ways and Means Committee, Senator Gene Timms (R-Burns) and Representative Bob Repine (R-Grants Pass), who would have jurisdiction over the Health Division's

<b>Table 13: Senate and House Leaders, Oregon Legislature, 1997 Legislative Session</b>		
<b>Legislator (Party)</b>	<b>Office</b>	<b>Tobacco Industry Campaign Contributions through 1993-1994*</b>
<b>Senate</b>		
Brady Adams (R)	President of the Senate	\$950
Gene Derfler (R)	Majority Leader	\$2,450
Cliff Trow (D)	Democratic Leader	\$200
Gene Timms (R)	Co-Chair, Joint Ways and Means Committee	\$2,000
<b>House</b>		
Lynn Snodgrass (R)	Majority Leader	\$1,000
Peter Courtney (D)	Democratic Leader	\$200
Bob Repine (R)	Co-Chair, Joint Ways and Means Committee	\$1,650
Source: Summary Report of Campaign Contributions and Expenditures, 1994 Election *The last electoral cycle in which the tobacco industry contributed to legislative candidates in Oregon. No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.		

budget, and therefore, the tobacco program's budget [87]. (Table 13 lists the leaders of the House and Senate in 1997-1998.)

Early on, CFM was able to secure crucial support for the tobacco program and its media component from the Speaker of the House, Lynn Lundquist (R-Powell Butte), the Senate Co-Chair of the Joint Ways and Means Committee, Gene Timms, and the Chair of the Ways and Means Subcommittee on Human Resources, Representative Chuck Carpenter (R-Portland). Although the House Co-Chair of the Joint Ways and Means Committee, Representative Bob Repine, initially favored giving the money to the Department of Education, he supported the Health Division's plan once CFM and the Health Division met with him and once the plan was released [87]. According to Conkling, both Timms and Repine realized that the money for anti-tobacco advertising was needed and was appropriate as a means of countering the tobacco industry's advertising and promotional activities, and they were very helpful in getting the votes at the subcommittee level [93]. (In California, in contrast, Speaker of the Assembly Willie Brown was not supportive of fully funding the Proposition 99 tobacco programs. Brown was also the largest recipient of tobacco industry contributions in California in 1995, his last year in the Assembly [5]. In California and other states, the more money a legislator receives from the tobacco industry, the more pro-tobacco he or she tends to vote [80].)

Prior to the release of the tobacco prevention plan, however, CFM heard that the tobacco industry had stepped up its lobbying and was having success in the Senate in the Ways and Means Subcommittee on Human Resources [93]. The Oregon Senate has only 30 members, and the Subcommittee on Human Resources has only three Senate members, John Lim (R-Gresham), Lenn Hannon (R-Ashland), and Mae Yih (D-Albany). The Health Division's budget had to be approved by this subcommittee before it could be considered by the full Joint Ways and Means Committee and by each chamber. Unless at least two of these

three Senators voted for the tobacco prevention program, it would die without ever reaching the full Senate or the House of Representatives, even though all of the House members of the Subcommittee on Human Resources supported the tobacco prevention plan.

The tobacco industry was able to convince two of the three Senators, Hannon and Yih, to support its agenda, which included diverting the money to other programs and ensuring that the media program did not attack the tobacco industry [93], even though such a strategy is effective [89]. (In California, the tobacco industry successfully diverted money away from the Proposition 99 media program for several years, until a series of successful lawsuits forced Governor Wilson and the Legislature to restore the media program's funding [4, 5].) This situation created a "kind of knot hole politics" in which just two Senators were able to "become a majority for the entire Legislature on spending this money" [93]. This is a typical tactic employed by unpopular industries and supporters of unpopular causes to achieve their legislative goals and is one the tobacco industry has used successfully in other states [4, 5].

CFM knew from the outset that they would not be able to secure Senator Hannon's vote. He is a smoker and has accepted \$2,700 in campaign contributions from the tobacco industry during his time in the Legislature. (Hannon, receiving \$1000, was one of the top recipients of tobacco money during the 1993-1994 electoral cycle, the last time the industry contributed to legislative candidates in Oregon.) Although CFM brought some of his constituents in to talk to him, they did not try to lobby him [87]. Senator Hannon's primary concern with the program was the media campaign's reliance on industry bashing. He did not want to see taxpayer money spent for this purpose [93]. Similarly, in California, public officials worked to soften the Proposition 99 media campaign, which early on had aggressively attacked the tobacco industry [88]. The Tobacco Institute recognized the dangers of the media campaign and even developed a strategy to eliminate Proposition 99 media money. The strategy included encouraging the Legislature to "intervene"; and working with minority groups, the California Medical Association, and business groups to divert the money to other uses [90].

Senator Yih's concerns about the program were more difficult to understand. On May 8, 1997, Senator Yih sent the members of the Joint Ways and Means Subcommittee on Human Resources her six point plan for how to spend the tobacco use reduction money. Yih's plan included ideas straight out of the tobacco industry's play book, such as spending 25% of the money on "prevention or reduction of tobacco use by pregnant women" [95]. Her reasoning was that spending tobacco use reduction money on pregnant women was like getting two for one--the money would help both the mother and the unborn child. The tobacco industry has used this tactic before. In California, for instance, the industry was able to divert Proposition 99 funds to such programs as comprehensive perinatal outreach and Access for Infants and Mothers [5]. While there is nothing wrong with including smoking prevention activities for pregnant women in a larger tobacco control program, concentrating on this audience reduces overall program effectiveness because, at any given time, there are very few pregnant women. Thus, messages targeted at pregnant women are not relevant to half the population, men and are also of low salience to women in general--who are not pregnant at the time.

Yih also tried to reduce the number of Health Division tobacco reduction program staffers from seven full time equivalent staff positions (FTEs) to five. Preventing adequate staffing to run an effective program is a strategy that the tobacco industry has used successfully in Arizona [11] to hamper program effectiveness. In addition, she tried to get a percentage of the money spent on law enforcement (another tobacco industry favorite) rather than on prevention.

CFM, staff from the Oregon Health Division, Rick North of the American Cancer Society, and even Yih's own son, who is a cardiologist in Pennsylvania, lobbied Yih to accept the Health Division's

proposal. Senator Gene Timms, Co-Chair of the Joint Ways and Means Committee, also leaned on Yih, and she did, eventually, vote for the Health Division's plan [87]. Senator Hannon left the room just prior to the vote so he would not have to be on record one way or the other [27].

After Yih acquiesced, the tobacco prevention plan passed the full Joint Ways and Means Committee (Table 14) and both chambers of the Legislature intact. The Oregon Health Division was granted its requested seven full time equivalent positions, and the media component of the program was approved as drafted by the Health Division in consultation with the public health community. This action represented a victory for public health forces over the tobacco industry. In California [4, 5], Massachusetts [9], and Arizona [11], in contrast, the tobacco industry was able to weaken the tobacco

**Table 14: Senate and House Joint Ways and Means Committee and Subcommittee on Human Resources Members, Oregon Legislature, 1997 Legislative Session**

<b>Legislator (Party)</b>	<b>Membership</b>	<b>Campaign Contributions through 1993-1994*</b>
<b>Senate</b>		
Timms, G. (R)	Co-Chair, Joint Ways and Means	\$2,000
Repine, B. (R)	Co-Chair, Joint Ways and Means	\$1,650
Hannon, L. (R)	Human Resources	\$2,700
Lim, J. (R)	Human Resources	\$0
Yih, M. (D)	Human Resources	\$1,100
Hamby, J. (R)	Joint Ways and Means	\$2,000
Miller, R. (R)	Joint Ways and Means	\$3,100
Qutub, E. (R)	Joint Ways and Means	\$1,000
Stull, S. (R)	Joint Ways and Means	\$0
<b>House</b>		
Carpenter, C. (R)	Chair, Human Resources, and Joint Ways and Means	\$1,500
Carter, M. (D)	Human Resources and Joint Ways and Means	\$1,250
Shields, F. (D)	Human Resources	\$500
VanLeeuwen, L. (R)	Human Resources	\$250
Welsh, J. (R)	Human Resources	\$0
Johnston, B. (D)	Joint Ways and Means	\$250
Jones, D. (R)	Joint Ways and Means	\$2,150
Oakley (R)	Joint Ways and Means	\$3,850
Ross, B. (D)	Joint Ways and Means	\$0
Sowa, L. (D)	Joint Ways and Means	\$1,000
Watt, J. (R)	Joint Ways and Means	\$1,900
Westlund, B. (R)	Joint Ways and Means	\$0
*The last electoral cycle in which the tobacco industry contributed to legislative candidates in Oregon. No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.		

prevention programs when they were considered by the state Legislature.

### **Implementing the Tobacco Prevention and Education Program**

When the Oregon Health Division was developing its tobacco use reduction program, it was able to rely on the lessons California, Massachusetts, and Arizona have learned in their programs. As Michael Sievers, the Health Division's Planning Manager for the Tobacco Prevention and Education Program, explained, "we've had the benefit of their trial and error and so I think from our perspective, what we are doing is providing a second generation tobacco prevention program" [86]. Accordingly, when the Health Division issued its Request for Proposals (RFP) for community-based programs [96] in September 1997, it was also able to distribute a "tool kit" of best practices [97] it had developed to help local coalitions and county health departments respond to the RFP. The tool kit contains best practices other states have used in their tobacco reduction programs to positively impact four intervention areas: reducing youth access to tobacco, creating tobacco-free environments, decreasing tobacco advertising and promotion, and promoting linkage to cessation resources. Within these four intervention areas, the tool kit provides suggested activities for assessment and ongoing surveillance, community action, voluntary policies, and development and enforcement of local tobacco control ordinances. Suggested ordinances include licensing tobacco retailers, prohibiting self-service tobacco sales, creating smoke free workplaces and public places, and restricting the placement of tobacco billboards [96, 97]. The more populous counties are expected to develop initiatives in all four of the intervention areas, while the middle sized counties are expected to address three of the areas and the smaller counties are required to address two of the intervention areas.

Multnomah County, home to Portland and the most populous county in the state, is expected to develop programs to reduce youth access to tobacco, create tobacco free environments, decrease tobacco advertising and promotion, and create linkages to cessation. Multnomah County already had a local tobacco coalition in place when Measure 44 passed. Because of the existence of this coalition, the county health department, working in conjunction with the coalition, was able to begin developing a response to the RFP after the Health Division had held trainings on the RFP but before it had released the document [98]. (Because some of the smaller counties did not have local tobacco coalitions, the state will help them develop those coalitions [98].) In order to decrease tobacco advertising and promotion in Multnomah County, for instance, the coalition will try to negotiate the elimination of tobacco billboards. If the negotiations fail to eliminate the billboards, the coalition will look into the feasibility of passing an anti-billboard ordinance [98].

In September 1997, the Oregon Health Division also distributed its Request for Proposals for the Statewide Awareness and Education Campaign [99]. According to the RFP, the selected firm is expected to develop and implement a 19 month statewide awareness and education campaign that focuses on four messages: "1) the importance and value of tobacco prevention; 2) the dangers of tobacco use; 3) the harm of secondhand smoke; and 4) the benefits of cessation" [99]. The statewide awareness and education campaign will be conducted using both media (paid and public service television, radio, billboard, and print ads) and public relations (promotional events, educational materials, and direct mail). The Oregon Health Division awarded a \$4 million contract to the Oregon Tobacco Prevention Alliance for media activities in January 1998, and the campaign began in March 1998. It will conclude in June 1999 [77].

### **OTHER LEGISLATIVE ISSUES**

While securing full funding for the tobacco prevention and education program was the voluntary health agencies' top priority during the 1997 legislative session, they were also working on two other issues during the session: extending the temporary ten cent a pack cigarette tax, which helps fund the Oregon

Health Plan (OHP), and fighting preemption of local ordinances.

The OHP is funded, in part, by a temporary 10 cent a pack surtax on cigarettes first levied in 1993 and renewed in 1995. At the time the tax first passed, there were several proposals floating around the Legislature to levy a higher, permanent tax. To avoid this, the tobacco industry cut a deal with the Republican leaders to accept the small, temporary tax, with the funds dedicated to the Oregon Health Plan. When the tax was up for renewal during the 1995 legislative session, the tobacco industry successfully argued that the tax had always been temporary and should remain so. The surtax was scheduled to expire again in 1997, and OHGOSH wanted to ensure that it was renewed, and even made permanent. In meetings with Legislators before the start of the legislative session, lobbyists from CFM presented the continuation of the surtax as one of OHGOSH's priorities for the year [87].

The ten cent surtax was contained in House Bill 2411. Because the House Revenue Committee was spending a lot of time working on other issues, it did not get to HB 2411 until late in the session. The Chair of the House Revenue Committee, Tom Brian (R - Tigard) wanted to make the surtax permanent and dedicate the money to the OHP, which was exactly what OHGOSH wanted. While CFM lobbied members of the House Revenue Committee (Table 15) to support making the tax permanent, the tobacco industry protested to House and Senate leaders that they had an agreement to just continue the surtax for two more

<b>Table 15: Members of the House and Senate Revenue Committees, Oregon Legislature, 1997 Legislative Session</b>	
<b>Legislator</b>	<b>Campaign Contributions through 1993-1994*</b>
<b>House</b>	
Brian, T. (R), Chair	\$300
Beyer, L. (D), Vice Chair	\$950
Corcoran, T. (D)	\$0
Edwards, R. (D)	\$0
Lewis, L. (R)	\$0
Rasmussen, A. (D)	\$0
Shetterly, L. (R)	\$0
Simmons, M. (R)	\$0
Strobeck, K. (R)	\$0
<b>Senate</b>	
Baker, K. (R), Chair	\$0
Bryant, N. (R), Vice Chair	\$550
Dukes, J. (D)	\$200
Duncan, V. (R)	\$0
Hartung, T. (R)	\$1,500
Leonard, R. (D)	\$1,000
*The last electoral cycle in which the tobacco industry contributed to legislative candidates in Oregon. No money was contributed in 1995-1996, or through September, 1997, for the 1997-1998 electoral cycle.	

years, until 1999. When the bill came before the House Revenue Committee during the 1997 legislative session, it was amended to keep the surtax temporary. It will expire in 1999, unless the 1999 Legislature acts to extend it. The bill then quickly passed the House and was sent to the Senate. Chairman Brian claimed that he had acted on orders from the Speaker of the House to keep the surtax temporary [27, 87].

When the bill got to the Senate, Dan Jarman of CFM heard a rumor that HB 2411 was going to be sent from the Senate Revenue Committee to the Senate Rules Committee, where it was going to be amended with preemption language — in other words, language ensuring that any state tobacco control laws preempted local tobacco control ordinances. (Although the tobacco industry is very effective at influencing policy at the state level, it is less effective at the local level. Local elected officials represent their friends, family, and neighbors, and are therefore more accountable to their constituents than they are to outside interests. In addition, there are so many local jurisdictions in any given state that the tobacco industry is unable to monitor and try to influence policy in each one. It is much more effective at the state level, where it can concentrate its resources [100].) In this case, the Legislature could have passed legislation that would have preempted any existing or future city and county tobacco control ordinances, including those passed as a direct result of Measure 44's funding of local activities.

According to the rumor, the Senate President, Brady Adams (R-Grants Pass), had promised the industry that if they could guarantee 18 out of 30 votes for preemption, he would let the bill be amended to include preemption. CFM began lobbying the Senate hard to eliminate preemption. They argued that preemption was just a gift to the tobacco industry and was unacceptable, particularly in light of the just-released Liggett documents showing that the industry had lied to the public about the health risks of tobacco, the addictive properties of nicotine and the industry's targeting of children in its advertising [101]. (In 1997, the Liggett Group, the parent company for the smallest of the major tobacco companies, settled the lawsuit filed against it by many state Attorneys General. In settling the case, the company turned over once-secret internal documents detailing tobacco industry studies of the health effects of tobacco use.) The American Cancer Society, the American Heart Association, and the American Lung Association, in the meantime, had hundreds of volunteers across the state calling their Legislators and telling them to vote no on preemption [27]. At the same time, Tom Brian, Chairman of the House Revenue Committee, told Senate President Brady Adams that if the bill was amended to include preemption, he would fight it when it came back to the House for concurrence. Adams then let the bill go through the Senate without preemption, and the ten cent surtax was extended for two more years [87], through 1999.

## **LOCAL TOBACCO POLICY MAKING ACTIVITY**

Local governments in Oregon have been slow to enact tobacco control ordinances. While local governments in California passed 185 clean indoor air ordinances between 1990 and 1994 alone (Source: Americans for Nonsmokers' Rights local ordinance database), just four cities and one county in Oregon have any kind of tobacco control ordinances (Table 16).

The first city in Oregon to pass a tobacco control ordinance was Eugene, in 1980. This ordinance was a weak one, however, only restricting smoking in some public places [3]. In 1996, the city of Silverton passed an ordinance prohibiting self-service displays of tobacco products [102]. In 1997, the city of Beaverton passed an ordinance to fine retail store owners when a clerk sells tobacco to an underage buyer [71].

The most significant local tobacco control activity has occurred in Benton County and its largest city, Corvallis. Benton County is a small, relatively rural county, with a population of 76,000. Approximately 49,000 people live in Corvallis, approximately 8,500 live in the other cities in the county,

<b>Table 16: Summary of Local Ordinances Enacted in Oregon</b>		
<b>Year</b>	<b>City/County</b>	<b>Type</b>
1980	Eugene	Clean Indoor Air--some public places
1996	Silverton	Youth Access--self-service displays of tobacco products banned
1997	Beaverton	Youth Access--store owners fined for sales to minors
1997	Corvallis	Clean Indoor Air/Youth Access--smoking prohibited in workplaces and public places, including restaurants and bars/retailer licensure
1997	Benton County	Clean Indoor Air/Youth Access--smoking prohibited in workplaces and public places, including restaurants but not bars
Source: Americans for Nonsmokers' Rights and the Tobacco-Free Coalition of Oregon		

and the remaining people live in the unincorporated parts of Benton County [103]. In 1994, a nurse with the county public health department, Tom Engle, formed the Tobacco Free Coalition of Benton County, which was comprised of a variety of health professionals [103]. In 1995, the Tobacco Free Coalition decided to approach the Corvallis City Council and ask them to think about doing some kind of unspecified tobacco control ordinance. The City Council liked the idea, but they wanted Benton County to take the lead. The County Board of Commissioners, in turn, said that they also liked the idea but wanted to work with the city. In 1996, the Tobacco Free Coalition, the Corvallis City Council, and the Benton County Board of Commissioners held a joint meeting on tobacco. Both the Council and the Commissioners said that they wanted to do something on tobacco, but that they wanted the coalition to hold public meetings and collect survey data on tobacco first [103].

In February 1997, the Tobacco Free Coalition conducted a survey on tobacco, asking a series of questions about regulatory strategies aimed at youth access to tobacco and secondhand smoke. The survey was sent to 500 randomly selected registered voters, placed in the newspaper to clip and send in, and sent to restaurant owners and retailers. 164 of the randomly selected voters, and 379 of the other groups, responded. The survey found that people in Corvallis and Benton County were overwhelmingly in favor of tobacco control activities. In fact, 90.4% of respondents favored requiring retailers to keep tobacco products behind the counter; 65.6% of respondents favored licensing tobacco retailers; 84.9% of respondents favored requiring smoke free workplaces; and 88.7% of respondents favored requiring all indoor public places to be smoke free [104].

On May 7, 1997, the Tobacco Free Coalition presented these results, along with general information about tobacco and sample tobacco control ordinances, to the Benton County Board of Commissioners and the Corvallis City Council [104]. The proposed ordinances covered sales of tobacco to minors and smoking in workplaces and enclosed public places, including restaurants, but exempting bars until the year 2000. At the end of the meeting, both the County Board and the City Council directed their staffs to work together to draft similar ordinances.

The County Board and a subcommittee of the City Council held another joint meeting in July to discuss the ordinances, and no member of either body opposed the proposed language. Prior to the meeting, city staff removed the sunset of the bar exemption from their version of the ordinance because they disliked having sunsets in city ordinances. The only issue of contention at the meeting was whether the sunset for the bar exemption should be the year 2000 or earlier. Commissioner Bob Speaker noted that if the city and county differed, the county should defer to the city because that's where the majority of the population lived [105].

On August 18, 1997, the Corvallis City Council approved an ordinance that would require retailers to obtain licenses to sell tobacco; require vendor-assisted tobacco sales; and end smoking in workplaces and public places, including restaurants on January 1, 1998. The ordinance exempted both bars and bar portions of restaurant bars (as long as the bar is separate from the restaurant and separately ventilated) until July 1, 1998 [106]. The ordinance passed unanimously and was supported by the Salem paper, the *Statesman Journal* [107]; the local paper, the *Gazette-Times*, only supported the youth access provisions, not the secondhand smoke provisions.

Even before the ordinance passed, however, the tobacco industry-funded National Smokers Alliance (NSA) based in Alexandria, Virginia, began stirring up local opposition to the smoke free restaurant and bar provisions, giving local bar owners and customers campaign materials and asking them to write letters opposing the ordinance and testify at hearings [108]. The NSA bills itself as a "grassroots" nonprofit organization dedicated to protecting smokers' rights. In reality, the NSA was created by the public relations firm Burson-Marsteller, with funding from Philip Morris -- \$42 million between 1993 and 1996 [109]. The NSA uses newspaper ads, telemarketing, paid canvassers, and newsletters to recruit new members and foster "grassroots" opposition to antismoking legislation, all at the direction of Burson-Marsteller and its client, Philip Morris [110].

The National Smokers Alliance even distributed coasters at local bars which told smokers to stand up to the "lifestyle police" [111]. The Oregon Restaurant Association, meanwhile, gave information to the Corvallis City Council that was identical to that distributed by the National Smokers Alliance in other cities and states with smoking bans [108]. This NSA-orchestrated campaign is typical of the industry's efforts to defeat local ordinances [30, 112], and it is comparable to the campaign against California's ban on smoking in bars, which went into effect January 1, 1998. Since the California ban went into effect, the NSA has used direct mail, telemarketing, and newsletters to drum up opposition to the bar ban, and it has distributed posters and coasters urging bar patrons to write to their legislators and voice their opposition to the ban [109].

As soon as the ordinance passed, two Corvallis residents began a petition drive to recall Council Members who had voted for the ordinance [113]. The residents did not pursue this recall and have decided, instead, to work to defeat the Council Members in the next City Council election. One resident, however, started a petition drive to place an initiative on an upcoming ballot to permanently exempt bars from the ordinance. Although he failed to obtain the 1800 signatures needed by January 30, 1998 to put the issue on the May, 1998 ballot [114], he can still try for the September, 1998 or November, 1998 ballots.

In addition, the Oregon Restaurant Association and some local business owners sued the city to repeal the bar restrictions on the grounds that state law preempts the city's ordinance. (This is a typical claim the tobacco industry and its allies use to try to overturn antismoking local ordinances [1, 79].) A judge decided in March, 1998, however, that state law does not preempt the local ordinance [114].

When the City Council first passed the ordinance, it created an escape hatch for the bars. If a viable alternative could be developed, such as adequate ventilation, then the bar exemption would not sunset. The Council formed a task force to look at the ventilation issue, and the task force recommended a ventilation standard of 60 cubic feet per minute per occupant [114]. On February 2, 1998, the City Council discussed the ventilation proposal and rejected it, 7-2. The majority of the City Council voted against the ventilation proposal because it would not adequately protect employees [114]. Although the city decided to delay enforcement of the ban because of the lawsuit, several businesses, including at least one restaurant/bar, went smoke free on January 1, 1998 [114].

After Corvallis passed its ordinance, Benton County began to consider similar legislation for the unincorporated areas of the county. Although all three Commissioners had supported the ordinances discussed at the July meeting, Commissioner Bob Speaker changed his mind and decided he wanted to exclude bars and restaurant bars with separate ventilation from the smoke free requirement [113]. On October 24, 1997 the Benton County Commissioners adopted an ordinance that was identical to that in Corvallis, except that the County did not end smoking in bars, taverns, and bar areas of restaurants. The County also did not mandate separately ventilated areas in bars, taverns, and bar areas of restaurants [114].

With the passage of Measure 44 and the money it devotes to community-based tobacco prevention programs, it is likely that local ordinance activity in Oregon will increase dramatically in the next few years as public awareness of the dangers of secondhand tobacco smoke increases. It is also likely that the tobacco industry will become more aggressive in seeking to pass state legislation preempting local tobacco control ordinances [2, 100].

## **OREGON'S LAWSUIT AGAINST THE TOBACCO INDUSTRY**

Oregon filed a lawsuit against American Tobacco, Brown & Williamson, Lorillard Tobacco, Philip Morris, R.J. Reynolds, U.S. Tobacco, and their parent corporations, the public relations firm Hill and Knowlton, the Council for Tobacco Research, the Smokeless Tobacco Council, and the Tobacco Institute on June 10, 1997. Oregon was the 35<sup>th</sup> state out of the 40 that have filed such actions. The lawsuit contends that the defendants violated Oregon's Unlawful Trade Practices Act, antitrust statutes, and Racketeer Influenced and Corrupt Organizations (RICO) Act through their manufacture, marketing, advertising, and sale of cigarettes in Oregon and through their suppression of scientific research showing the health effects of tobacco and the addictiveness of nicotine. The suit asks for an order enjoining and restraining the defendants and their officers from engaging in conduct which violates the Unlawful Trade Practices Act, the antitrust statutes, and the RICO Act. It also asks the court to compel the defendants to publicly disclose all of their research on smoking and health, fund antismoking public education campaigns, take steps to prevent the sale of tobacco products to minors, and fund clinical smoking cessation programs in the state. Finally, the lawsuit asks for monetary damages of up to \$60 million per year for each year of the defendants' unlawful conduct as well as other miscellaneous court costs and damages.

Oregon's lawsuit is scheduled to go to trial on April 5, 1999, in Multnomah County Circuit Court. On June 20, 1997, however, Oregon's Attorney General, Hardy Myers, joined the other state Attorneys General suing the industry in reaching a settlement with the tobacco companies. Under the terms of the settlement, the tobacco companies would gain immunity from civil liability for the deaths and diseases their products have caused in exchange for some monetary and public health concessions [115]. This deal must be approved by Congress before it takes effect. Because the deal is still pending before Congress, Myers' office is pressing ahead with the lawsuit. The Attorney General has already been to court to fight several motions to dismiss filed by the defendants [116].

## CONCLUSION

The tobacco industry has been a strong force in Oregon policy making, both through its campaign contributions to candidates and initiatives, and through its lobbying expenditures. Yet, despite the industry's best efforts, it has suffered several setbacks in the 1990s, most notably in the passage of Measure 44. Oregon voters not only rejected the tobacco industry's efforts to defeat the initiative, but they supported Measure 44 so strongly that Legislators were forced to spend the Measure 44 money the way the voters wanted, on both the Oregon Health Plan and a strong, comprehensive tobacco control program.

Despite the successes, there is an important lesson to be learned from the Measure 44 experience which can be helpful in future tobacco tax initiative campaigns: voluntary health agencies need to be more aggressive in fighting for a larger share of the cigarette tax money. Only 10% of the cigarette tax revenues raised by Measure 44 go to the tobacco use reduction program, yet the voluntary health agencies contributed 37% of the money (cash and in-kind contributions) to the campaign. In fact, although a representative from the voluntary health agencies was not allowed to join the Executive Committee until late in the campaign on the theory that those who contribute the money should make the rules, the voluntary health agencies gave a total of \$206,684 out of the \$553,963 spent. Not only were the voluntary health agencies able to give more in cash and in-kind contributions than expected, but they came through at crucial times. When the campaign needed money close to election time to run print ads, for instance, the National Center for Tobacco-Free Kids donated money to the American Cancer Society for that purpose [78]. In addition, the voluntary health agencies lent crucial credibility to the campaign. Without their active support, the medical groups would have had difficulty countering industry charges that greedy doctors and hospitals were just trying to line their pockets.

This pattern in which voluntary health agencies provide both credibility and last-minute financial support to the cigarette tax initiative campaigns yet reap smaller gains for funding of their priority public health programs is one that has been seen in California [19] and Massachusetts [6]. Public health groups in other states contemplating cigarette tax increases would be wise to recognize that unless they become more aggressive in fighting for a sufficient share of the revenues, they will be left with less money than they deserve and than the public health warrants.

Whereas the other states with cigarette tax initiatives (California, Massachusetts, and Arizona) all had great difficulty, and often failed, in getting their programs fully funded, Oregon was able to learn from the successes and failures of these states and thereby avoid many of the problems which have plagued those tobacco control programs. For instance, although the major players who passed the initiative have not historically been natural allies, they all chose to work together during the Legislative session to ensure that the money was spent appropriately. This contrasts particularly with California, where the physicians and hospitals (with the strong support of the tobacco industry) have pushed to divert money away from tobacco prevention and education despite their support for Proposition 99 during the campaign [5, 19]. In addition, in Oregon the voluntary health agencies insisted that the funds be spent as required in the initiative, while public health groups in California [5, 9] and, initially, Massachusetts [9] accepted the diversion of funds away from tobacco control as a necessary compromise.

The voluntary health agencies also knew that the tobacco industry would try to divert the Measure 44 money to less effective programs like law enforcement and school-based alcohol and drug education. Anticipating this, the voluntary health agencies and their lobbyists went to key Legislators early and explained to them why such programs are ineffective and why they should wait for the professionals in the Health Division to develop a program before deciding how to spend the Measure 44 money. When the Oregon Health Division was developing its tobacco reduction program, it was able to structure the program

like those in California, Massachusetts, and Arizona, and use their successful outcomes as proof that such approaches are effective. The public health community has beaten the tobacco industry both at the ballot box and in the Legislature. They also learned from the other states to avoid early (and often irreversible) compromises with the industry and its political allies in the early phases of program implementation.

## REFERENCES

1. Monardi, F.M. and S.A. Glantz, Tobacco Industry Political Activity and Tobacco Control Policy Making in Washington: 1983-1996, 1996, Institute for Health Policy Studies, University of California, San Francisco: San Francisco.
2. Macdonald, H., S. Aguinaga, and S.A. Glantz, *The defeat of Philip Morris's Proposition 188 in California*. American Journal of Public Health, 1997. **87**: p. 1989-1996.
3. National Cancer Institute, *Major Local Tobacco Control Ordinances in the United States*. 1993, Bethesda, MD: National Cancer Institute, National Institutes of Health, Public Health Service, U.S. Department of Health and Human Services.
4. Balbach, E., et al.,  *Holding Government Accountable: Tobacco Policy Making in California, 1995-1997*, 1997, Institute for Health Policy Studies, University of California San Francisco: San Francisco, CA.
5. Monardi, F.M., et al., *Shifting Allegiances: Tobacco Industry Political Expenditures in California, January 1995 - March 1996*, 1996, Institute for Health Policy Studies, University of California San Francisco: San Francisco, CA.
6. Koh, H.K., *An analysis of the successful 1992 Massachusetts tobacco tax initiative*. Tobacco Control, 1996. **5**: p. 220-225.
7. Begay, M. and S. Glantz, *Question 1 Tobacco Education Outlays From the 1994 Fiscal Year to the 1996 Fiscal Year*, 1995, University of Massachusetts School of Public Health and Health Sciences: Amherst, MA.
8. Begay, M., *The campaign to raise the tobacco tax in Massachusetts*. Am. J. Pub. Health, 1997. **87**: p. 968-973.
9. Begay, M. and S. Glantz, *Question 1 tobacco education expenditures in Massachusetts, USA*. Tobacco Control, 1997. **6**: p. 213-218.
10. Heiser, P.F. and M.E. Begay, *The campaign to raise the tobacco tax in Massachusetts*. AJPH, 1997. **87**(6): p. 968-973.
11. Bialous, S.A., *Tobacco Control in Arizona, 1973-1997*, 1997, Institute for Health Policy Studies, University of California San Francisco: San Francisco, CA.
12. Monardi, F.M., A. O'Neill, and S.A. Glantz, *Tobacco industry political activity in Colorado 1979-1995*, 1996, Institute for Health Policy Studies, University of California, San Francisco: San Francisco.
13. Moon, R.W., M.B. McFarland, and M. Males, *Failed tobacco tax plan offers valuable lessons*. Chronic Diseases Notes & Reports, 1991(Summer/Fall): p. 14-16.
14. Roberts, C., *Oregon Association of Hospitals and Health Systems*, 1995.
15. PeaceHealth, *Tobacco tax initiative summary*, PeaceHealth.
16. Patterson, E., *Oregon Association of Hospitals and Health Systems*, 1997.
17. Phillips, P., *Pac/West Communications*, 1997.
18. Pacific/West Communications Group, I., *Oregon Tobacco Tax Coalition Statewide Survey*, Pacific/West Communications Group, Inc.: Portland, OR.
19. Traynor, M.P. and S.A. Glantz, *California's tobacco tax initiative: The development and passage of Proposition 99*. Journal of Health Politics, Policy and Law, 1996. **21**(2): p. 543-585.
20. Ross, M., *Tobacco Tax Campaigns: A Case Study of Two States*, 1996, The Advocacy Institute: Washington, D.C.
21. Rocklin, R.B., *Office of the State Attorney General*, 1996.
22. Weller, J., *Volunteer Signature Drive*, in "*The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign*", Oregon Division--American Cancer Society: Portland, Oregon.
23. DiLorenzo, J.J., *Hagen, Dye, Hirschy & DiLorenzo*, 1996.
24. North, R., *Coalition Efforts*, in "*The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign*", Oregon Division--American Cancer Society: Portland, OR.

25. Tobacco Institute, *The Tax Burden on Tobacco*. Vol. 29. 1995, Washington, DC: The Tobacco Institute.
26. Tobacco-Free Coalition of Oregon, *Oregon Statewide Tobacco Prevention Plan*, 1997, Tobacco-Free Coalition of Oregon.
27. North, R., *Oregon Division--American Cancer Society*, 1997.
28. Bjornson, W., *Developing advocacy leadership in a state tobacco prevention coalition*, Tobacco-Free Coalition of Oregon, SmokeLess States Project: Portland, OR.
29. North, R., *Memo to all staff re: tobacco tax situation*, 1996, American Cancer Society, Oregon Division, Inc.: Portland, OR.
30. Traynor, M.P., M.E. Begay, and S.A. Glantz, *New tobacco industry strategy to prevent local tobacco control*. *Journal of the American Medical Association*, 1993. **270**(4): p. 479-486.
31. Associated Press, *Paid petition gathering attracts skepticism*, in *Statesman Journal*. 1996: Salem, OR. p. 3A.
32. Green, T., *Washington County bars 58 from gathering signatures*, in *The Oregonian*. 1996: Portland, OR.
33. Hill, G.K., *State investigates signature-gatherers*, in *The Oregonian*. 1996: Portland, OR. p. A1.
34. Keisling, P., *Official 1996 General Election Voters' Pamphlet--Statewide Measures*, . 1996, Oregon Secretary of State: Salem, OR. p. 181-199.
35. Weller, J., *Tobacco Industry Opposition*, in *"The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
36. O'Neill, P., *Ariyeh returns \$5,000 to cigarette tax opponents*, in *The Oregonian*. 1996: Portland, OR. p. A1.
37. O'Neill, P., *It's a burning issue to big medicine, tobacco*, in *The Oregonian*. 1996: Portland, OR. p. A1.
38. Collins, C., *Gearing up for taxing times*, in *Portland Physician Scribe*. 1996: Portland, OR. p. 1.
39. Law, S., *Smoke and ballot measures*, in *The Business Journal*. 1996: Portland, OR. p. 1.
40. Noah, T., *Election unites acupuncturists, tobacco lobby*, in *The Wall Street Journal*. 1996: New York. p. B1.
41. Law, S., *Ballot measures spur TV advertising blitz*, in *The Business Journal*. 1996: Portland, OR. p. 1.
42. Fritsch, J., *US Is Asked to Tell Group to Disclose Tobacco Ties*, in *New York Times*. 1996: New York, NY. p. 7.
43. Keisling, P., *Summary Report of Campaign Contributions and Expenditures, General Election, November 5, 1996*, 1997, Secretary of State, Elections Division: Salem, OR.
44. Associated Press, *Media blitz burns tobacco tax support*, in *The Register-Guard*. 1996: Eugene, OR. p. 6D.
45. *Cigarette tax a reasonable way to fund Health Plan*, in *Roseburg News Review*. 1996: Roseburg, OR.
46. Fairness Matters to Oregonians Committee, *Anti-Measure 44 advertisement--government waste*, 1996.
47. Gallant, S., et al., *Explanatory Statement, Measure No. 44*, in *Official 1996 General Election Voters' Pamphlet--Statewide Measures*, 1996, Oregon Secretary of State: Salem, OR. p. 183.
48. *Rogue of the Week*, in *Willamette Week*. 1996: Portland, OR.
49. *Yes on Measure 44*, in *The Oregonian*. 1996: Portland, OR.
50. Fairness Matters to Oregonians Committee, *Anti-Measure 44 advertisement--insurance companies*, 1996.
51. Riger, L.A., *Paid and Earned Media*, in *"The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
52. Stewart, R.J., *Letter to radio and television station licensees*, 1996, Federal Communications

- Commission.
53. Weller, J., *Federal Communications Commission Complaint, in "The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
  54. Fritsch, J., *U.S. is asked to tell group to disclose tobacco ties*, in *The New York Times*. 1996: New York. p. 7.
  55. Sohn, G.B., A.J. Schwartzman, and J.S. Paykel, *Consolidated reply of the Committee to Support the Oregon Health Plan*, 1996, Media Access Project.
  56. North, R., *American Cancer Society--Oregon Division*, 1998.
  57. O'Neill, P., *Tobacco industry must put stamp on ads*, in *The Oregonian*. 1996: Portland, OR.
  58. Dow Jones News Services, *Oregon broadcasters must disclose role of tobacco firms in ad*, in *Wall Street Journal*. 1996: New York.
  59. Schwartz, J., *FCC orders disclosure of ads' sponsor*, in *Washington Post*. 1996: Washington, D.C. p. A15.
  60. O'Neill, P., *Tobacco industry hires Atiyeh to fight cigarette tax*, in *The Oregonian*. 1996: Portland, OR.
  61. Atiyeh, V., *Fairness Matters to Oregonians Committee*, 1996, Fairness Matters to Oregonians Committee.
  62. Associated Press, *Atiyeh gives tobacco money back*, in *The Bulletin*. 1996: Bend, OR. p. B3.
  63. Bishoff, D., *Check burned Atiyeh's image*, in *The Register-Guard*. 1996: Eugene, OR.
  64. Green, A.S., *Tobacco tax opponents burn their fingers again*, in *The Oregonian*. 1996: Portland, OR. p. A1.
  65. Associated Press, *Tax-hike foe has fraud conviction*, in *The Bulletin*. 1996: Bend, OR. p. B3.
  66. Blankenbaker, R., *Tobacco tax embroils lobbyist*, in *Statesman Journal*. 1996: Salem, OR.
  67. Suo, S., *Big-tobacco outlays nearly match record*, in *The Oregonian*. 1996: Portland, OR.
  68. Committee to Support the Oregon Health Plan, *Earned Media Plan: The Act to Support the Oregon Health Plan*, Pac/West: Portland, OR.
  69. Kitzhaber, J.A., *Argument in favor, Measure No. 44, in Official 1996 General Election Voters' Pamphlet--Statewide Measures, .* 1996, Oregon Secretary of State: Salem, OR. p. 192.
  70. North, R., *Why We Won*, in *"The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
  71. Niblock, B., *Tobacco-Free Coalition of Oregon*, 1997.
  72. North, R., *Oregon Division--American Cancer Society*, 1998.
  73. Sellers, S., *Grassroots Campaign, in "The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
  74. Lane County Medical Society, *One small medical society's effort to pass the tobacco tax*, 1996, Lane County Medical Society: Eugene, OR.
  75. Rojas-Burke, J., *Doctors prescribe tax increase on tobacco in letter to patients*, in *The Register-Guard*. 1996: Eugene, OR. p. 1A.
  76. Bovee, D., M.D., *Measure 44 Update*, 1996, Lane County Medical Society: Eugene, OR.
  77. Sievers, M., *Oregon Health Division--Health Promotion and Chronic Disease Prevention*, 1998.
  78. North, R., *What We Could Have Done Better*, in *"The 1996 Oregon Tobacco Tax Initiative: A History of the Campaign"*, Oregon Division--American Cancer Society: Portland, OR.
  79. Monardi, F.M. and S.A. Glantz, *Tobacco Industry Political Activity and Tobacco Control Policy Making in New Jersey: 1982-1995*, 1996, Institute for Health Policy Studies, University of California, San Francisco: San Francisco.
  80. Monardi, F. and S.A. Glantz, *Tobacco Industry Campaign Contributions are Influencing Legislative Behavior in Six States*. *American Journal of Public Health*, in press.
  81. Keisling, P., *Campaign Finance Manual: Political Committee*, 1997, Secretary of State,

- Elections Division: Salem, OR.
82. Widerburg, B., *Tobacco Reduction Advisory Committee Appointed*, 1997, Department of Human Resources.
  83. Widerburg, B., *Tobacco Reduction Plan Presented to Governor Kitzhaber*, 1997, Oregon Health Division: Portland, OR.
  84. Oregon Health Division, *Tobacco Prevention and Education Program Description and Budget*, 1997, Oregon Health Division: Portland, OR.
  85. Glantz, S.A., *Editorial: Preventing Tobacco Use--The Youth Access Trap*. American Journal of Public Health, 1996. **86**(2): p. 156-158.
  86. Sievers, M., *Oregon Health Division--Health Promotion and Chronic Disease Prevention*, 1997.
  87. Jarman, D., *Conkling Fiskum & McCormick Inc.*, 1997.
  88. Balbach, E., *Tobacco control advocates must demand high quality media campaigns*. Tobacco Control, in press.
  89. Goldman, L.K. and S.A. Glantz, *Evaluation of antismoking advertising campaigns*. JAMA, 1998. **279**(10): p. 772-777.
  90. Malmgren, K.L., *Memo to Samuel D. Chilcote, Jr., Regarding California's Anti-Tobacco Advertising Campaign*, 1990, The Tobacco Institute: Washington, D.C.
  91. Schwartz, J., *Unlikely allies opposed antismoking campaign: industry sought help from adversaries to fight funding for California ads, memo shows*, in *Washington Post*. 1998: Washington, D.C. p. Page A3.
  92. Warren, J. and D. Morain, *Bid to dilute antismoking effort revealed: memo from 1990 shows tobacco executives wanted to use legislators, doctors, and poverty activists to divert money from TV ads*, in *Los Angeles Times*. 1998: Los Angeles. p. A1.
  93. Conkling, G., *Conkling Fiskum & McCormick Inc.*, 1997.
  94. Jarman, D. and G. Conkling, *Tobacco Use Reduction: Making the Money Matter*, . 1997, Oregon Health Groups on Smoking or Health: Salem, OR.
  95. Yih, M., *Memorandum to Joint Ways and Means Subcommittee on Human Resources Re: Tobacco Use Reduction Proposal*, 1997: Salem, OR.
  96. Oregon Health Division, *Request for proposals (RFP) for local coalitions and community-based programs*, 1997, Tobacco Prevention and Education Program, Oregon Health Division: Portland, OR.
  97. Oregon Health Division, *Took kit: Community-based best practices to reduce tobacco use*, 1997, Tobacco Prevention and Education Program, Oregon Health Division: Portland, OR.
  98. Rankin, W., *Multnomah County Health Department*, 1997.
  99. Oregon Health Division, *Request for proposals #165 for statewide awareness and education campaign, tobacco prevention and education program*, 1997, Tobacco Prevention and Education Program, Oregon Health Division: Portland, OR.
  100. Siegel, M., *et al.*, *Preemption in Tobacco Control: Review of an Emerging Public Health Problem*. JAMA, 1997. **278**(10): p. 863.
  101. Jarman, D. and G. Conkling, *Don't give the Tobacco Industry a victory this session ... say NO to preemption*, 1997, OHGOSH: Portland, Or.
  102. City of Silverton, *An ordinance relating to the sale and distribution of tobacco products and prescribing a penalty*, 1996, City of Silverton: Silverton, OR.
  103. Engle, T., *Benton County Health Department Communicable and Chronic Diseases*, . 1997.
  104. Kliever, D., S. Longerbeam, and T. Engle, *Memo to Board of County Commissioners re: Tobacco Control*, 1997, Tobacco Free Coalition of Benton County: Corvallis, OR.
  105. *Minutes of Benton County Board of Commissioners and City of Corvallis Human Services Committee joint meeting to discuss staff report on tobacco issues*, . 1997, Benton County Board of Commissioners and City of Corvallis: Corvallis, OR.

106. City of Corvallis, *An ordinance relating to the distribution, sale, and consumption of tobacco*, 1997, City of Corvallis: Corvallis, OR.
107. *Corvallis cracks down on smoking*, in *Statesman Journal*. 1997: Corvallis, OR.
108. Loew, T., *Alliance wants ban snuffed*, in *Gazette-Times*. 1997: Corvallis, OR. p. A1.
109. Morain, D., *Behind Fuming Bar Owners is Savvy, Well-Heeled Group*, in *Los Angeles Times*. 1998: Los Angeles.
110. Stauber, J. and S. Rampton, *Toxic Sludge is Good for You*. 1995, Monroe, ME: Common Courage Press.
111. Loew, T., *Area smokers fired up*, in *Gazette-Times*. 1997: Corvallis, OR. p. A1.
112. Samuels, B. and S.A. Glantz, *The Politics of Local Tobacco Control*. JAMA, 1991. **266**(15): p. 2110-2117.
113. Corvin, A., *Petitions face lengthy road*, in *Gazette-Times*. 1997: Corvallis, OR. p. A1.
114. Engle, T., *Benton County Health Department Communicable and Chronic Diseases*, . 1998.
115. Fox, B.J., J.M. Lightwood, and S.A. Glantz, *A Public Health Analysis of the Proposed Resolution of Tobacco Litigation*, 1998, Institute for Health Policy Studies, University of California, San Francisco: San Francisco, CA.
116. Lianopoulos, D.A., *Office of the Attorney General, Oregon Department of Justice*, 1998, Office of the Attorney General, Oregon Department of Justice.

## APPENDIX TABLES