Primary Prevention of Cancer

Tobacco Use Prevention & Cessation
Overview

- POLICY OVERVIEW – Joan Stine
  - Introduction
  - Goals and strategies
  - Public policy

- PROGRESS REPORT – Bob Fiedler
  - Objectives
  - Progress Report - Data

- STATEWIDE INITIATIVES – Dawn Berkowitz
  - Quitline (1-800-QUIT-NOW)
  - Youth Initiatives
  - Counter-marketing and media

- COUNTY-LEVEL INITIATIVES – Lawrence Carter
  - Local Public Health Component initiatives
POLICY OVERVIEW
Goals

- Substantially reduce tobacco use by Maryland adults and youth.
- Substantially reduce Maryland youth and adult exposure to secondhand smoke.
Strategies

- Establish a public policy framework that:
  1. Consistently seeks to discourage the initiation of tobacco use;
  2. Encourages those who use tobacco to quit; and
  3. Complements and supports programmatic efforts to reduce the use of tobacco products.

- Implement and sustain a comprehensive programmatic framework that discourages the initiation of tobacco use and encourages cessation.
Creating/ Sustaining Programmatic Framework

- General Fund support for initial tobacco use prevention and cessation program (1993)
- ‘Cigarette Restitution Fund’ as recipient of all tobacco-related litigation proceeds
- ‘Minimum’ program funding for Governor’s annual budget of $21 million (subject to ‘holdbacks’ and budget cuts)
- Statutory CDC ‘Best Practices’ Program Structure
  - Statewide Public Health Component
  - Counter-marketing/Media Component
  - Local Public Health Component
  - Surveillance & Evaluation Component
  - Administrative Component
Maryland Policy Environment

Policy Framework Achievements - Cigarettes

Maryland, Pre-Settlement:
- Retailers must be licensed
- Sale of clove cigarettes banned
- Minimum age to purchase/possess tobacco products – 18 years old

Federal, Post-FDA Legislation:
- FDA ban on fruit, candy, or clove flavored cigarettes

Maryland, Post-Settlement:
- Cigarettes must be ‘fire-safe’
- Ban on the sale of single cigarettes
- Minimum package size, 20 cigarettes
- Ban on Internet/Telephone sales of cigarettes
- Ban on vending machine sales except at adult locations
- Maryland ban on ‘candy-like’ products containing tobacco
- Three (3) increases in excise tax since settlement, now $2 per pack
Maryland, Pre-Settlement:

- Minimum age to purchase or possess tobacco products – 18 years old

Maryland, Post-Settlement:

- One (1) increase in excise tax, now 15% of wholesale price (equivalent to $0.33 per pack of cigarettes)
**Maryland Policy Environment**

**Policy Framework Achievements – Secondhand Smoke**

**Maryland, Pre-Settlement:**
- Regulatory ban on smoking inside 85% of worksites
- Regulatory ban on smoking inside restaurants not possessing liquor license, designated smoking areas in remainder

**Maryland, Post-Settlement:**
- Statutory ban on smoking at all indoor worksites
- Statutory ban on smoking inside all restaurants
- Statutory ban on smoking inside all bars
- Provision for “waivers” expires 2011
Cancer Plan Policy Goals

- Enhanced access to cessation Services
- Comprehensive Clean Indoor Air Legislation
- Increase excise tax on cigarettes to $1.50
- Fund Program at least at minimum CDC recommended levels
- Enhance program activities
- Continuous Evaluation of State and local program
- Civil youth access enforcement legislation
Program Impact and Sustainability

Selected Costs and Expenditures
Calculated Per Pack of Cigarettes Sold in Maryland (FY 2009)

Per Pack of Cigarettes Sold in FY 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost (FY 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Costs</td>
<td>$13.79</td>
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<tr>
<td>MD Excise Tax</td>
<td>$2.00</td>
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<tr>
<td>Settlement Revenue</td>
<td>$0.89</td>
</tr>
<tr>
<td>CDC Minimum</td>
<td>$0.23</td>
</tr>
<tr>
<td>CDC Recommended</td>
<td>$0.31</td>
</tr>
<tr>
<td>CDC Upper</td>
<td>$0.49</td>
</tr>
<tr>
<td>MD Statutory Minimum</td>
<td>$0.10</td>
</tr>
<tr>
<td>Maryland’s FY2009 Investment in Tobacco Control</td>
<td>$0.02</td>
</tr>
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STATUS REPORT:
TOBACCO USE IN MARYLAND

Bob Fiedler
## Behavior Target:
Reduce Cigarette Smoking

### 2008 Objectives for Cigarette Smoking

<table>
<thead>
<tr>
<th>Objective</th>
<th>2008 Actual</th>
<th>Relative Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce Middle School smoking to less than 6.2%</strong></td>
<td>3.5%</td>
<td>- 52.1%</td>
</tr>
<tr>
<td>2000 MYTS Baseline - 7.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reduce High School smoking to less than 20.3%</strong></td>
<td>15.3%</td>
<td>- 35.4%</td>
</tr>
<tr>
<td>2000 MYTS Baseline - 23.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reduce Adult smoking to less than 15.0%</strong></td>
<td>14.9%</td>
<td>- 27.3%</td>
</tr>
<tr>
<td>2000 MATS Baseline - 16.9%, 2008 12.4%, - 26.6%</td>
<td>2000 BRFSS Baseline - 20.5%</td>
<td></td>
</tr>
</tbody>
</table>

Adult Use of Tobacco Products

Adult Cigarette Smoking
State Rankings Low to High, 2000 and 2008

Current Adult Cigarette Smoking by Jurisdiction & Region
Adult Cigarette Smoking
By Age Group - 2008

Adult Cigarette Smoking
By Race - 2008

Adult Cigarette Smoking
By Educational Attainment - 2008

Adult Cigarette Smoking
By Annual Income - 2008

Underage Use Of Tobacco Products
Current Cigarette Smoking

Current Cigarette Smoking by Underage HS Youth, by Jurisdiction & Region

Western Maryland: 23.4%
Upper Eastern Shore: 23.1%
Lower Eastern Shore: 19.9%
Southern Maryland: 16.7%
Metro Baltimore: 16.4%
Suburban Washington: 11.7%

Garrett: 25.8%
Kent: 25.2%
Caroline: 25.1%
Talbot: 23.9%
Queen Anne's: 23.5%
Worcester: 23.3%
Washington: 23.2%
Allegany: 22.8%
Cecil: 21.8%
Somerset: 21.5%
Dorchester: 19.7%
Baltimore Co.: 18.3%
Anne Arundel: 18.3%
Carroll: 17.8%
Wicomico: 17.8%
Harford: 17.3%
St. Mary's: 17.2%
Charles: 16.8%
Calvert: 16.2%
Frederick: 16.2%
Baltimore City: 12.1%
Howard: 12.1%
Montgomery: 11.1%
Prince George's: 10.9%

2008
Current Cigar Smoking

Current Use of Smokeless Tobacco

Underage Maryland Public Middle & High School Youth, By Grade

Current Cigarette Smoking

Sources: Maryland Youth Tobacco Survey (MYTS) 2000-2008.
Underage Maryland Public Middle & High School Youth, By Grade

Current Cigarette Smoking

<table>
<thead>
<tr>
<th>Grade</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td>1.5%</td>
<td>1.8%</td>
</tr>
<tr>
<td>7th</td>
<td>3.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>8th</td>
<td>5.7%</td>
<td>6.2%</td>
</tr>
<tr>
<td>9th</td>
<td>10.7%</td>
<td>11.6%</td>
</tr>
<tr>
<td>10th</td>
<td>13.2%</td>
<td>13.6%</td>
</tr>
<tr>
<td>11th</td>
<td>16.1%</td>
<td>17.8%</td>
</tr>
<tr>
<td>12th</td>
<td>20.6%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

Sources: Maryland Youth Tobacco Survey (MYTS) 2000-2008.
Current Use of ‘Flavored’ Cigar Product, 2008

Sources: Maryland Adult Tobacco Survey (MATS), 2008 and, Maryland Youth Tobacco Survey (MYTS), 2008.
Current Use of ‘Flavored’ Cigar Product
By Current Cigar Smokers, 2008

![Bar chart showing current use of flavored cigar products by current cigar smokers in 2008.](chart)

- High School Adult HS: 37.0% Unflavored Only, 63.0% Flavored
- Adult: 58.7% Unflavored Only, 41.3% Flavored
- HS Black/African-American: 40.7% Unflavored Only, 59.3% Flavored
- HS Hispanic: 46.9% Unflavored Only, 53.1% Flavored
- HS White: 28.7% Unflavored Only, 71.3% Flavored

Sources: Maryland Adult Tobacco Survey (MATS), 2008 and Maryland Youth Tobacco Survey (MYTS), 2008.
Underage Youth Reporting Current Alcohol Drinking by Smoking Status

Sources: Maryland Youth Tobacco Survey (MYTS) 2006 and 2008.
Statewide Initiatives

Dawn Berkowitz
Elements of Statewide Tobacco Program

- Maryland Tobacco Quitline: 1-800-QUIT-NOW
- Legal Resource Center for Tobacco Regulation, Litigation & Advocacy
- Maryland Resource Center for Quitting Use & Initiation of Tobacco
- Maryland Teens Rejecting Abusive Smoking Habits – TRASH
- Students Together Organizing Prevention Strategies – STOPS
- CRF – Counter-marketing and Media Component
1-800-QUIT-NOW

- Free to Maryland residents ages 18 and older
- Open from 8:00 a.m. until midnight 7 days a week
- Primarily English/Spanish, others available

Services Include:
- Referral to local health dept. cessation programs (2,207 referred in 2009)
- Brief counseling session at first call
- 4-session counseling upon enrollment
- Free NRT with 4-session counseling as available (6,067 shipments in 2009)
- Free Quit-Kit for smokers
- Information for non-smokers to assist smokers
- Fax referral system from health care providers (156 providers in 2009)

- 99% satisfaction rate (independent evaluation)
1-800-QUIT-NOW (FY 2009)

- 17,122 calls to Maryland quitline
- 9,176 registered for cessation services

Demographics of Callers
- 58.2% female, 41.8% male
- 47.5% White, 43.9% African-American, 3.1% Hispanic

Age Distribution
- 18 – 24: 9.7%
- 25 – 30: 11.3%
- 31 – 40: 19.2%
- 41 – 50: 30.7%
- 51 – 60: 21.3%
- 61 – 70: 6.1%
- 71 – 80: 1.6%
1-800-QUIT-NOW (FY 2009)

- Caller insurance status
  - Uninsured 36.3%
  - Commercial 28.6%
  - Medicaid 22.8%
  - Medicare 10.5%

- 38% reported having a chronic disease

- 91.8% were in “preparation” stage

- At 6 months post counseling, 41.9% reported that they had not used any tobacco products during the preceding 7 days.

- 39.4% reported no tobacco use within the preceding 30 days (as compared to typically 4 – 7% with no counseling).
Drafting ordinances to reduce smoking and smoking related injuries, with a particular emphasis on laws designed to reduce youth access to tobacco products.

Providing drafting and other technical support to state and local legislators interested in sponsoring tobacco control legislation.

Giving technical advice to community coalitions in advocating for ordinances before state and local legislative or regulatory bodies.

Evaluating alternative strategies for reducing tobacco use based on study of the experience of other states and localities.

Advising individuals or groups about their rights with respect to secondhand smoke in the workplace or in an apartment or condominium setting.

Delivering resources and advice to local governments when an ordinance is challenged.

Giving legal assistance to lawyers representing local governments.
MDQuit.org
Maryland Resource Center for Quitting Use and Initiation of Tobacco

- Linking professionals and providers to state tobacco initiatives, providing evidence-based, effective resources and tools to local programs
- Creating and supporting an extensive, collaborative network of tobacco prevention and cessation professionals, and providing a forum for sharing best practices throughout Maryland
- Conducts county needs assessments, best practices conferences, trainings and presentations, and holds regular advisory board meetings.
TRASH
Maryland Teens Rejecting Abusive Smoking Habits

- Statewide movement of youth-led coalitions
- Increase teen awareness of the negative health effects of using tobacco products
- Exposing the deceptive practices of the tobacco industry
Collaboration of Maryland college and university tobacco control coalitions

Working together to create tobacco-free campuses across the state

Student directed with formal advisor
Counter-marketing and Media Component

Saw NO Tobacco Prevention Ads in Past 30 Days

Middle School
- 2000: 27.8%
- 2002: 31.0%
- 2004: 42.4%
- 2006: 47.6%

High School
- 2000: 19.9%
- 2002: 21.6%
- 2004: 30.2%
- 2006: 35.8%
Local Public Health Component

Lawrence Carter
Elements of the Local Public Health Component

- Schoolbased
- Community
- Enforcement
- Cessation
Local Public Health Cessation Accomplishments FY06 - FY09
Comparison of Total CRFP Funding to Local Health Departments and Total Cessation Funding, FY06 – FY09
Cessation Funding

- Clear funding dedication to cessation services at the local level.
- Average of 2 million+ annually
- 24% of the overall LPHC budget in FY09
Number of Participants in Smoking Cessation Groups, FY06-FY09

- FY06: 5964
- FY07: 7216
- FY08: 7194
- FY09: 8348
Number of Participants Individually Counseled on Smoking Cessation, FY06-FY09

- FY06: 11328
- FY07: 14095
- FY08: 16652
- FY09: 23838
Ethnic Minorities in Cessation Groups, FY06 - FY09

- African American
- Hispanic/Latino
- Asian American
- Native American
Number of Participants Provided Pharmacotherapy, FY06-FY09

- Zyban
- Nicotine Patches
- Nicotine Gum
- Chantix
Other Key Cessation Accomplishments

FY09

- 32,186 participants counseled on smoking cessation (groups and individuals).
- 367 pregnant women counseled on smoking cessation.
- 7200 participants provided cessation aids.
- 1311 healthcare providers trained on Clinical Practice Guidelines.
- 29 community organizations funded for cessation activities.
Local Public Health
School based Accomplishments
FY02 - FY09
Chart A - Total Students Educated by Fiscal Year (PreK - College)
Chart B - FY02-FY09 Students Educated
(Pre-K through College)
### Students Educated (Pre-K through College)

<table>
<thead>
<tr>
<th></th>
<th>FY02</th>
<th>FY03</th>
<th>FY04</th>
<th>FY05</th>
<th>FY06</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K</td>
<td>-</td>
<td>12,693</td>
<td>12,915</td>
<td>13,508</td>
<td>10,546</td>
<td>13,362</td>
<td>13,358</td>
<td>16,952</td>
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<tr>
<td>K-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>104,606</td>
<td>152,423</td>
<td>287,296</td>
<td>259,502</td>
<td>216,795</td>
<td>301,759</td>
<td>398,546</td>
<td>335,330</td>
</tr>
<tr>
<td>Private</td>
<td>-</td>
<td>2,415</td>
<td>9,822</td>
<td>13,382</td>
<td>9,164</td>
<td>13,342</td>
<td>18,703</td>
<td>17,702</td>
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<tr>
<td>K-12</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative</td>
<td>-</td>
<td>260</td>
<td>2,750</td>
<td>3,895</td>
<td>2,181</td>
<td>2,471</td>
<td>3,875</td>
<td>8,741</td>
</tr>
<tr>
<td>College</td>
<td>39,820</td>
<td>37,803</td>
<td>39,843</td>
<td>19,008</td>
<td>19,232</td>
<td>20,410</td>
<td>16,490</td>
<td>10,838</td>
</tr>
</tbody>
</table>

The table above presents the number of students educated from Pre-K through College for different fiscal years (FY) from FY02 to FY09. The data is categorized by Pre-K, K-12 Public, K-12 Private, K-12 Alternative, and College.
Effective school programs that produce a reduction in tobacco use among youth have been inclusive of the CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

1. Tobacco free Policy
2. Evidence Based Curriculum
3. Teacher Training
4. Family Involvement
4. Tobacco Cessation
Other Key School based
Accomplishments FY09

- 1,655 students were counseled on smoking cessation.
- 76,074 students were reached in Peer Support programs.
- 18,023 private school children were educated on tobacco use prevention.
How do we move forward in a different economic environment?
Local Public Health Funding

FY02-FY10

in Million Dollars
Challenges as we move forward

- Maintaining commitment and passion
- Maintaining a comprehensive framework
- Maintaining partnerships and collaboration
- Performance/efficiency
- Program compliance
Keep Tobacco Control
Important