Promising Practices and Ideas for Cancer Plan Implementation

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Tobacco use damages virtually every part of the body.

**Smoking**

**Cancers**
- Larynx
- Oropharynx
- Oesophagus
- Trachea, bronchus or lung
- Acute myeloid leukemia
- Stomach
- Pancreas
- Kidney and Ureter
- Colon
- Cervix
- Bladder

**Chronic Diseases**
- Stroke
- Blindness, Cataracts
- Periodontitis
- Aortic aneurysm
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease (COPD), asthma, and other respiratory effects
- Hip fractures
- Reproductive effects in women (including reduced fertility)

**Secondhand Smoke**

**Children**
- Brain tumours
- Middle ear disease
- Lymphoma
- Respiratory symptoms, impaired lung function
- Asthma
- Sudden Infant Death Syndrome (SIDS)
- Leukemia
- Lower respiratory illness

**Adults**
- Stroke
- Nasal irritation, Nasal sinus cancer
- Breast cancer
- Coronary heart disease
- Lung cancer
- Atherosclerosis
- Chronic obstructive pulmonary disease (COPD), Chronic respiratory symptoms, Asthma, Impaired lung function
- Reproductive effects in women: Low birth weight; Pre-term delivery

* Evidence of causation: suggestive
Evidence of causation: sufficient
Tobacco use is still the leading cause of preventable death in Maryland

- Smoking kills an average of 6,861 Marylanders’ every year
- Another 145,000 suffer from a smoking-related illness
- $2 billion in annual medical expenses
- $1.8 billion in lost productivity
Smoking-Attributable Health Care Expenditures: Maryland

% of Health Care Expenditures - Smoking

- Hospitalization 10.28%
- Prescription Drugs 9.10%
- Nursing Home 7.45%
- Ambulatory Care 4.58%
- Other Expenses 3.26%
Recent Literature

• “Seven-Year Patterns in US Cigar Use Epidemiology Among Young Adults Aged 19-25 Years: A Focus on Race/Ethnicity and Brand” - AJPH October 2011
  – Top five smoked brands are cigarillos/little cigars
  – Higher prevalence in younger, male, Black-NH
  – Propensity for risk behavior
  – Current cigarette, marijuana and blunt use
The decline in adult cigarette smoking in Maryland has stalled

Civilian, non-institutionalized adults, aged 18 years of age and over, who currently smoked cigarettes.
Local Variation in Tobacco Use Suggests Need for Action Tailored to Community Needs

% High School Youth Smoking Cigarettes (2010)

Maryland public high school youth less than eighteen years of age.
We know what works

- Sustained funding of comprehensive programs
- Excise tax increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation access
- Comprehensive advertising restrictions
- Restricted access to tobacco products (time, place, and manner)
Recent policy activities

- Increased cigarette excise tax to $2 per pack
- Comprehensive clean indoor air legislation
  - 1-800-QUIT-NOW and Local Cessation Programs
- Federal ‘Family Smoking Prevention and Tobacco Control Act’
  - FDA/Maryland (ADAA) to enforce youth access restrictions
    - Process – random inspections, coordinated with SYNAR
    - Inspection results forwarded to FDA for action
    - May issue citations for observed violations of State/Local laws
- No state/local preemption with respect to restrictions on
time/manner/place of tobacco sales or advertising
- Federal ‘Prevent All Cigarette Trafficking (PACT) Act’
Moving Maryland Forward

State Health Improvement Plan
and the
Comprehensive Cancer Control Plan
State Health Improvement Plan (SHIP)

- Vision Area: Preventing Chronic Disease
  - Objective 32: Reduce Adult Cigarette Smoking
  - Objective 33: Reduce Youth Tobacco Use
Goals

• Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

• Implement the CDC’s “Best Practice” recommendations (2007) for Maryland’s Comprehensive Tobacco Control Program.
Cancer Plan Objectives

- Adopt and implement statewide and local policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

- Reduce current use of tobacco among Maryland high school youth and high-risk adults who do not have a four-year college degree.

- Increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles.

- Focus Tobacco Program efforts on the most impactful, evidence-based programs and strategies.
GOALS · OBJECTIVES · STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

STRATEGIES
1. AMEND MARYLAND’S DEFINITION OF “CIGARETTE” to include co-called “brown cigarettes” now classified as Little Cigars.
2. REQUIRE THAT LICENSED TOBACCO RETAILERS (a) display effective health warnings about the use of tobacco products, (b) display information on where to get help if you want to quit using tobacco, (c) ban so-called “power walks” (large display of tobacco products and ads) at all licensed tobacco outlets, and (d) ban the distribution of “free samples” of all tobacco products.
3. ESTABLISH A SYSTEMATIC CYCLE OF FRAMEWORKS that does not pre-empt existing local health frameworks that are at least as stringent for the purpose of enacting Maryland’s restrictions on the sale and distribution of tobacco products to minors, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that do not pre-empt local civil frameworks.
4. STRONGER CONSUMER LAWS that include corresponding violations on the sale of tobacco to minors result in mandatory suspension/oncancellation of licenses to sell tobacco products.
5. ADOPT STATE AND LOCAL POLICIES that protect the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) require sale of non-premium cigars in packages of at least ten cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

GOAL 2
Implement the CDC’s Best Practice Recommendations (2007) for Maryland’s Comprehensive Tobacco Control Program.

OBJECTIVE 1
If funding for Maryland’s Tobacco Comprehensive Control Program remains at FY 2011 levels, focus efforts on the most impactful, evidence-based programs.

STRATEGIES
1. INCREASE REIMBURSEMENT from insurance providers and third-party payers to ensure ongoing access to services provided by Maryland Tobacco Quinl and other tobacco-use cessation counseling and quit services. Support services through nicotine replacement therapy and/or pharmacotherapy. Provide coverage of services and therapies for all Maryland tobacco users through private and publicly supported health insurance and direct provision of services for those without health insurance.
2. ENGAGE WITH COLLEGE AND UNIVERSITY administrators to ensure that all school campuses are tobacco-free at all times and that tobacco use by youth adults is prohibited while engaged with all school-related activities.
3. ADOPT POLICIES IN MARYLAND and HOSPITALS to provide important counseling and treatment for patients that use tobacco.

*This target was developed based upon the recommendations by the Governor’s Task Force to End Smoking in Maryland (1999) and updated by the Tobacco Use Prevention/Cancer and Lung Cancer committee.
Policy Opportunities
“Other Tobacco Products” (OTP) Excise Tax
- OTP = any tobacco product other than cigarettes
- Increase so have tax parity with cigarettes
- Little cigars (brown cigarettes) treated as cigarettes
- Currently 15% of wholesale, increase to 70%
- Create linkage so will move in step with changes in cigarette excise tax

Cigarette Excise Tax Increase
GOALS • OBJECTIVES • STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

STRATEGIES
1. AMEND MARYLAND'S DEFINITION OF "CIGARETTE" to include so-called "brown cigarettes" now classified as little cigars.
2. REQUIRE THAT LICENSED TOBACCO RETAILERS (a) display effective health warnings about the use of tobacco products; (b) display information on where to get help if you want to quit using tobacco; and (c) ban so-called "power walls" (large display of tobacco products and ads) at all licensed tobacco outlets; and (d) ban the distribution of "free samples" of all tobacco products.
3. ESTABLISH A STATUTORY CIVIL SANCTIONS that do not pre-empt existing local civil frameworks that are at least as stringent for the purpose of enforcing Maryland's restrictions on the sale and distribution of tobacco products to minors, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that does not pre-empt local civil frameworks.
4. STRENGTHEN TOBACCO ADJUSTMENT LAWS as repeated violations on the sale of tobacco to minors result in mandatory suspension/revocation of licenses to sell tobacco products.
5. ADOPT STATE AND LOCAL POLICIES that protect the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) requiring sale of non-premium cigars in packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

OBJECTIVE 2
By 2015, reduce current tobacco use by 10% among:
- Maryland adults who do not have a four-year college degree to 14.9% (2008 Baseline: 16.3%)
- Maryland high school youth to 21.8% (2008 Baseline: 24.2%)

STRATEGIES
1. EXPLORE AN INCREASE IN THE EXCISE TAX ON CIGARETTES at the federal level, with designations for tobacco use by youth and tobacco product marketing targeted to children.
2. IMPLEMENT A STATEWIDE PROGRAMS that do not pre-empt existing local civil frameworks that are at least as stringent for the purpose of enforcing Maryland's restrictions on the sale and distribution of tobacco products to minors, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that do not pre-empt local civil frameworks.
3. STRENGTHEN TOBACCO ADJUSTMENT LAWS as repeated violations on the sale of tobacco to minors result in mandatory suspension/revocation of licenses to sell tobacco products.
4. ADOPT STATE AND LOCAL POLICIES that protect the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) requiring sale of non-premium cigars in packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

GOAL 2
Implement the CDC's Best Practice recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.

OBJECTIVE 1
If funding for Maryland's Tobacco Comprehensive Control Program remains at FY 2011 levels, focus efforts on the most impactful evidence-based interventions.

STRATEGIES
1. INCREASE REIMBURSEMENT to insurance providers and third-party payers to ensure ongoing access to services provided by Maryland Tobacco Quitline (1-800-QUIT-NOW).
2. IMPLEMENT AN EFFECTIVE STATEWIDE COMMUNICATIONS STRATEGY that includes both traditional and social media components.
3. INCREASE ACCESS TO MARYLAND'S YOUTH AND ADULT SURVEYS beyond tobacco to include physiological, nutrional, obesity, and the use of other substances such as alcohol and drugs in order to minimize resources and integrate surveillance efforts with tumor risk factors for cancer and other chronic diseases. Accessible and reliable county level data should be available to local health departments for use in community health indicator reports.
4. AMEND COMPETITIVE GRANTS to organizations and local health departments that use best practices targeted to high-risk populations and educate physicians and other healthcare providers.
5. ENFORCE THAT GRANTS targeting high-risk youth and young adults include only evidence-based or Centers for Disease Control and Prevention recommended interventions.
Policy Opportunities

- **U.S. District Court Ruling in favor of the tobacco industry on FDA graphic warning labels** November 2011
  - Tobacco industry First Amendment rights violated
  - Images were “unquestionably designed to evoke emotion…provoke the viewer to quit, or never to start smoking”
Policy Opportunities

• Altria Suit to Block NYC Flavored Ban on Sale of Flavored Smokeless Tobacco Products Except in Tobacco Bars - Dismissed
  – Tobacco industry argued that the NYC law was preempted by federal law that gave the FDA authority to regulate tobacco
  – Imposed manufacturing standards on products
  – The ruling…“simply prohibits plaintiffs from selling those products in NYC anyplace except a tobacco bar.”
OTHER TOBACCO PRODUCTS

CCCP Goal 1, Objective 1, Strategies 1 and 5

• **OTP Flavor Ban**
  – Prohibit the sale of flavored cigars
  – Prohibit the sale of flavored smokeless tobacco

• **Minimum Cigar Package Size**
  – Applies only to non-premium cigars (<$2/cigar)
  – Minimum package of 5 cigars, no single sales

• **“Little” Cigars (brown cigarettes)**
  – Defined as cigarettes
  – Minimum package size of 20
GOALS • OBJECTIVES • STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and subsidize the use of existing and emerging tobacco products.

STRATEGIES:
1. Amend Maryland definition of "cigarettes" to include all cigarettes, regardless of nicotine, new futures-like products.
2. Require that licensed tobacco retailers display effective health warnings about the use of tobacco products. (e.g., display information on where to get help if you want to quit using tobacco.)
3. Ban "light" and "lighter" products, which are advertised as lower-risk products.
4. Ban sales of tobacco products to minors; require a photo ID verification check, consistent with existing Food and Drug Administration (FDA) requirements.
5. Strengthen Tobacco Use-Fee Laws and associated enforcement activities, including fines for violations.
6. Adopt statewide and local policies that restrict the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and other flavored products, (b) requiring sale of non-premium products, and (c) prohibiting the sale of all tobacco products in areas that serve alcohol.
7. Engage in a tobacco control campaign to prevent the sale of all tobacco products at all times, and to place tobacco advertisements over the counter.
8. Provide education and counseling for patients who use tobacco.

*This target was developed based on the recommendations of the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention, Education, and Cancer Committee.

GOAL 2
Implement the CDC's Best Practice recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.

OBJECTIVE 2
By 2015, increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles by 10% from 2008 rates to reach the following targets:
- Indoor: 75.4% (2008 Baseline: 73.4%)
- Motor Vehicle: 70.6% (2008 Baseline: 72.4%)

STRATEGIES:
1. Increase reimbursement from insurance providers and third-party payers to increase ongoing access to services provided by Maryland Tobacco Quitters (1-800-QUIT-NOW).
2. Increase awareness of the health dangers from secondhand smoke and encourage voluntary adoption of tobacco-free policies in all workplace settings.
3. Increase awareness of the health dangers from secondhand smoke and encourage voluntary adoption of tobacco-free policies in all workplace settings.
4. Promote the cessation of tobacco use, ensure access to the Maryland Tobacco Quitters and other cessation services, and promote awareness of the dangers of secondhand smoke and available cessation services.

*This target was developed based on the recommendations of the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention, Education, and Cancer Committee.
RESPONSIBLE TOBACCO RETAILING

CCCP Goal 1, Objective 1, Strategies 2, 3, 4, and 5

– Promote/support local jurisdiction policies

– Statewide civil enforcement framework

– Enhanced retail licensure responsibilities
  • Point of sale health warnings & Quitline number
  • Power-walls prohibited
  • Explicit retailer responsibilities as condition of license
Community-centered retail activities
- Jurisdictions may limit time, place, manner of sales

Increased tobacco license fees
- Separate state and local license fees
- Fully support state and local enforcement programs
- Partial support of Quitline costs
GOALS • OBJECTIVES • STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youths.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

STRATEGIES
1. AMEND MARYLAND REGULATIONS TO PROHIBIT "CIGARETTES" to include co-caliber cylindrical cigarettes, now classified as "little cigars.
2. REQUIRE THAT LICENSED TOBACCO RETAILERS (a) display effective health warnings about the use of tobacco products, (b) display information where to get help if you want to quit smoking, (c) ban the sale of "juicy pride" to minors, (d) display tobacco products and advertise tobacco products, and (e) bar the distribution of "free samples" of all tobacco products.
3. REPEAL THE STATE'S CIGARETTE TAX, which is currently among the lowest in the country.
4. STRENGTHEN ENFORCEMENT OF THE LAW TO MAKE SURE SMOKE-FREE POLICIES ARE MAINTAINED.
5. ADAPT STATE AND LOCAL POLICIES TO PROHIBIT SELLING TOBACCO PRODUCTS TO MINORS.
6. ENGAGE WITH COLLEGE AND UNIVERSITY ADMINISTRATIONS TO ASSURE THAT ALL SCHOOLS CAMPUS ARE SMOKE-FREE AT ALL TIMES AND THAT TOBACCO USE BY NON-CAMPUS ADULTS IS PROHIBITED WHILE ENGAGED IN ANY SCHOOL-RELATED ACTIVITIES.
7. ADOPT POLICIES IN MARYLAND MATERIALS TO PROVIDE IMPARTIAL COUNSELING AND TREATMENT FOR PATIENTS THAT SMOKE TOBACCO.

OBJECTIVE 2
By 2015, reduce current tobacco use by 15% among:
• Maryland adults who do not have a four-year college degree to 14.5% (2008 Baseline: 18.3%)
• Maryland high school youth to 21.8% (2008 Baseline: 24.2%)

STRATEGIES
1. EXPLORE AN INCREASE IN THE EXCISE TAX ON CIGARETTES, and other tobacco products by an amount that corresponds to a 10% reduction in sales by 2015, based on evidence cited in the Community Guide to Preventive Services.
2. REQUIRE THAT LICENSED TOBACCO RETAILERS (a) display clear health warnings about the use of tobacco products, (b) display information where to get help if you want to quit smoking, (c) ban the sale of "juicy pride" to minors, (d) display tobacco products and advertise tobacco products, and (e) bar the distribution of "free samples" of all tobacco products.
3. REPEAL THE STATE'S CIGARETTE TAX, which is currently among the lowest in the country.
4. STRENGTHEN ENFORCEMENT OF THE LAW TO MAKE SURE SMOKE-FREE POLICIES ARE MAINTAINED.
5. ADAPT STATE AND LOCAL POLICIES TO PROHIBIT SELLING TOBACCO PRODUCTS TO MINORS.
6. ENGAGE WITH COLLEGE AND UNIVERSITY ADMINISTRATIONS TO ASSURE THAT ALL SCHOOLS CAMPUS ARE SMOKE-FREE AT ALL TIMES AND THAT TOBACCO USE BY NON-CAMPUS ADULTS IS PROHIBITED WHILE ENGAGED IN ANY SCHOOL-RELATED ACTIVITIES.
7. ADOPT POLICIES IN MARYLAND MATERIALS TO PROVIDE IMPARTIAL COUNSELING AND TREATMENT FOR PATIENTS THAT SMOKE TOBACCO.

GOAL 2
Implement the CDC's Best Practice recommendations to End Tobacco Use in Maryland.

OBJECTIVE 1
If funding for Maryland's Tobacco Prevention Control Program remains at FY 2011 levels, focus efforts on the most impactful, evidence-based interventions.

STRATEGIES
1. INCREASE REIMBURSEMENT from insurance providers and third-party payers to ensure ongoing access to services provided by Maryland Tobacco Quilts (1-800-QUIT-NOW).
2. IMPLANT ASSOCIATION, effective statewide health communication CounterMarketing and Media Component interventions.
3. INCREASE THE SCCY of Maryland's youth and adult surveys beyond tobacco to include physical activity, nutrition, obesity, and use of other substances such as alcohol and drug use in order to maximize resources and integrate strategies that will curb the tobacco use.
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20. INCREASE THE SCCY of Maryland's youth and adult surveys beyond tobacco to include physical activity, nutrition, obesity, and use of other substances such as alcohol and drug use in order to maximize resources and integrate strategies.
Menu of Local Policy Objectives

- Robust enforcement of existing/future tobacco control measures
- Control location, density, or number of tobacco retailers
- Control placement/display of retail tobacco products
- Control time/place/manner of local tobacco advertising
- Restrict advertising (content-neutral)
Menu of Local Policy Objectives (Con’t)

Restrict content, message, imagery of local tobacco advertising

** Most likely to result in litigation, First Amendment challenges**

– Prohibit non-adult images in advertising
– Prohibit advertising that targets minor youth
– Prohibit images/statements that associate tobacco use with athletic achievement
– Prohibit images/statements that associate tobacco use with healthy living
– Prohibit images/statements of tobacco use associated with consumption of alcohol
REDUCED EXPOSURE TO SECONDHAND SMOKE
CCCPC Goal 1, Objective 3, Strategies 1, 2, and 3

- Promote/support local jurisdiction adoption of restrictions on smoking inside multi-unit housing.

- Implement a ban on smoking at state office campuses.

- Prohibition on smoking in vehicles when child present who is required by law to be in a safety seat.

- Prohibit smoking in licensed daycare facilities, even when children are not present. No exception for private residences used as daycare facility.
GOALS • OBJECTIVES • STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and market the use of existing and emerging tobacco products.

STRATEGIES
1. Amend Maryland’s definition of “cigarettes” to include e-cigarettes and e-liquids, now classified as Little cigars.
2. Require that licensed tobacco retailers (a) display effective health warnings about the use of tobacco products, (b) display information where to get help if you want to quit smoking, (c) ban so-called “poison signs” on display of tobacco products and advertisements, (d) limit access to tobacco products and ads to minors, (e) restrict the distribution of “free samples” of all tobacco products.
3. Establish a statewide tobacco-free policy that does not pre-empt existing local tobacco-free policies that are at least as stringent as the policies of the Maryland Tobacco Quiltlines.
4. Strengthen enforcement of tobacco laws, promote and implement legal actions to minimize the negative impact of tobacco products by: (a) prohibiting the sale of Tobacco to minors and any other person under the age of 21, (b) requiring sale of non-premium cigarettes, (c) prohibiting the sale of any tobacco products to minors, and (d) adopting additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and to support this objective.
5. Adopt state and local policies that restrict the sale, advertising, and promotion of tobacco products by: (a) prohibiting the sale of tobacco to minors and any other person under the age of 21, (b) requiring sale of non-premium cigarettes, (c) regulating the sale of cigarettes, and (d) adopting additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and to support this objective.
6. Engage with colleagues and partners at the state, local, and federal levels to ensure that all tobacco laws are implemented and enforced.

GOAL 2
Implement the CDCs Best Practice recommendations for Tobacco Control.

OBJECTIVE 2
By 2015, increase the percentage of youth exposed to secondhand smoke indoors and in motor vehicles by 10% from 2008 rates to reach the following targets:
- Indoors: 77.6% (2008 Baseline: 72.4%)
- Motor vehicles: 79.5% (2008 Baseline: 72.4%)

STRATEGIES
1. Develop and enhance the policies and regulations in the area of tobacco control.
2. Implement evidence-based public health messaging that increases the demand for tobacco cessation and promotes awareness of the availability of cessation services.
3. Increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles by 10% from 2008 rates to reach the following targets:
   - Indoors: 77.6% (2008 Baseline: 72.4%)
   - Motor vehicles: 79.5% (2008 Baseline: 72.4%)

Source: Maryland Adult Tobacco Survey.
Programmatic Initiatives
WARNING: CIGARS ARE SOLD IN THE SAME FLAVORS & PRICES AS ICE CREAM. NO MATTER HOW THEY SUGARCOAT IT ... CIGARS KILL.

IT'S A TRAP ... Cigars in any flavor are addictive and as toxic as cigarettes.

★ All flavored cigars, like chocolate and strawberry, contain nicotine, cyanide and arsenic.
★ Children are smoking cigars at the same rate as cigarettes.
★ Little cigars and cigarillos are attractive to children because
   - They come in fruit and candy flavors
   - They're cheap, often sold one at a time for under 70¢, less than an ice cream cone!
   - They're taxed lower than cigarettes, making them affordable.

Visit www.TheCigarTrap.com for more information.
Currently Being Implemented

CCCP Goal 2, Objective 1, Strategies 1, 2, and 3

- Media campaign educating public about cigar package size and flavored cigars.

- Working with Medicaid to provide coverage for cessation counseling/NRT through the Quitline.

- Combining the Youth Tobacco Survey and the Youth Risk Behavior Survey into single questionnaire, to be administered at county-level beginning fall 2012.
GOALS - OBJECTIVES - STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youths.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry market strategies used to promote and sustain the use of existing and emerging tobacco products.

STRATEGIES
1. Amend Maryland's definition of "cigarette" to include all tobacco products, not just cigarettes.
2. Require that all tobacco retailers display effective health warnings about the use of tobacco products.
3. Provide information about where to get help quitting smoking.
4. Ban advertising and display of tobacco products and advertise sponsored tobacco outlets.
5. Ban the distribution of free samples of tobacco products.
6. Establish a statewide campaign that does not pre-empt existing local campaigns, targets at least one quarter of tobacco users, and includes the distribution of tobacco products.
7. Require that tobacco retailers provide a photo identification check system with existing Food and Drug Administration (FDA) requirements that do not pre-empt local civil rights protections.
8. Strengthen state laws to ensure that all tobacco laws are consistently enforced.
9. Adopt state and local policies that meet or exceed the minimum standards for tobacco control policies.
10. Ensure that all tobacco products, regardless of packaging or color, bear health warnings.
11. Engage with colleges and universities to ensure that all tobacco products are free and that tobacco use by youth and adults is prohibited while engaged in all school-related activities.
12. Adopt policies in force to support this objective.

*This target was developed based upon the recommendations by the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention, Education, and Care committees.

GOAL 2
Improve the MDH's Tobacco Control Program by FY 2011 levels, focus efforts on the most impactful, evidence-based programs.

OBJECTIVE 2
By 2015, increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles by 10% from 2008 rates to reach the following targets:
- Indoors: 71.4% (2008 Baseline: 66.0%)
- Motor vehicles: 79.0% (2008 Baseline: 72.4%)

STRATEGIES
1. Increase reimbursement for evidence-based services provided by the Tobacco Quilt (1-800-QUIKT).• Provide a comprehensive body of evidence to support the following strategies:
2. Implement and sustain evidence-based health communication interventions through the Counter Marketing and Media Component of the Tobacco Program.
3. In accordance with CDC recommendations, target high-risk youth and adult populations.
4. Ensure meaningful, ongoing access to the Maryland Tobacco Quitline and other tobacco-use cessation counseling, and provide additional services.
5. Support services through nicotine replacement therapy and pharmacotherapy.
6. Provide coverage of services and support for Maryland tobacco users through private and public-supported health insurance and direct provision of services for those without health insurance.
7. Engage with colleges and universities to ensure that all tobacco products are free and that tobacco use by youth and adults is prohibited while engaged in all school-related activities.
8. Adopt policies in force to support this objective.

*This target was developed based upon the recommendations by the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention, Education, and Care committees.
Currently Under Active Review

CCCP Goal 2, Objective 1, Strategies 3, 4, and 5 + Objective 3, Strategies 4 and 5

• Investigating additional resource opportunities to ensure ongoing access to the Maryland Tobacco Quitline and other cessation interventions.

• Ongoing media interventions in support of CCCP Lung-Tobacco goals and objectives.

• Using evidence-based strategies and practices when implementing activities and mechanisms for awarding competitive grants to organizations and local health departments.
Currently Under Active Review

CCCP Goal 2, Objective 1, Strategies 3, 4, and 5 + Objective 3, Strategies 4 and 5

Targeting interventions at high-risk populations with emphasis on health disparities. Promoting tobacco-free college campuses. Engaging Maryland hospitals regarding inpatient counseling and cessation treatment.

Exploring the feasibility of combining the Adult Tobacco Survey and the Behavioral Risk Factor Surveillance System (BRFSS) survey, with increased BRFSS sample size and number of questions in support of enhanced data availability at the county level beginning with calendar year 2014.
GOALS • OBJECTIVES • STRATEGIES

GOAL 1
Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youths.

OBJECTIVE 1
By 2015, adopt and implement statewide and local public policies that combat tobacco industry marketing strategies used to promote and subsidize the use of existing and emerging tobacco products.

STRATEGIES
1. AMEND MARYLAND PROHIBITION OF "CIGARETTE" TO INCLUDE CO-BrANDS AND PACKAGING new classified as light cigarettes.
2. REQUIRE THAT LICENSED TOBACCO RETAILERS (a) display effective health warnings about the use of tobacco products; (b) display information on where to get help if you want to quit smoking and (c) ban so-called "power displays" of tobacco products and advertise tobacco products online.
3. ESTABLISH A SYSTEM OF TOBACCO SMOKE-FREE ENVIRONMENTS that does not allow tobacco products in any public places, with certain exceptions for private clubs and private businesses.
4. STRENGTHEN AND ENFORCE LAWS as required to reduce the sale, advertising, and promotion of tobacco products by (a) requiring the labeling of all cigarettes with health warnings and (b) requiring the establishment of a comprehensive system for tracking the sale of tobacco products.
5. ADOPT STATE AND LOCAL POLICIES to address the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of tobacco products in schools and other public places and (b) restricting the sale of tobacco products to adults.
6. ENGAGE WITH COLLEGE AND UNIVERSITY administrators of all college campuses are tobacco-free at all times, (c) restrict the sale of tobacco products to adults, and (d) develop and promote effective anti-tobacco policies.
7. ADOPT PROJECT 20/20 AND PROJECT HOPE TO provide important research and treatment for patients that use tobacco and to develop successful programs to reduce tobacco use.

*This target was developed based on the recommendation of the Governor’s Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention/Cancer and Lung Cancer committees.

GOAL 2
Implement the CDC’s Best Practice recommendations for Tobacco Control Programs. 

OBJECTIVE 2
By 2015, increase the percentage of youth not exposed to secondhand smoke in indoor and motor vehicles through the following strategies:

• Indoor: 77.6% (2008 Baseline: 76.4%)
• Motor vehicles: 76.7% (2008 Baseline: 75.1%)

STATEGIES
1. PROMOTE AND ENFORCE THE STATE AND LOCAL ENFORCEMENT to enforcing Maryland’s restrictions on the sale of tobacco products to youth under 18 years of age.
2. IMPROVE EVIDENCE-BASED PUBLIC HEALTH MESSAGING that increases the demand for tobacco cessation and promotes awareness of the availability of cessation services.
CONTACT INFORMATION

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