Communicating Challenging Tobacco Control Policies with Executive Leadership

April 25, 2016
3:00-4:30 PM ET
Webinar Logistics

• Two ways to listen to audio
  • Through your computer speakers (preferred)
  • Via telephone: (888) 233-0996, passcode 83048371
  • Do not use both methods

• This webinar is being recorded and the recording will be shared with you via email

• Any time during the webinar, submit discussion questions in the chat box for the Q&A session
Our Agenda

• Welcome
• Minnesota and Menthol Tobacco Policy
• Raising the Tobacco Purchase Age to 21
• Texas and LGBT Tobacco Cessation Outreach
• Oregon and Integrating Tobacco and Marijuana Policy
• Questions and Answers
• Wrap Up and Adjourn
Webinar Objectives

1) Identify best practices to address emerging and challenging areas in tobacco control policy implementation.

2) Understand how to engage state health department executive leadership to address challenges in tobacco control and cessation.

3) Share resources that can be used by other health departments and stakeholders interested in implementing challenging tobacco control policies and measures.
ASTHO Support Staff

- Elizabeth Walker Romero, Senior Director Health Improvement
- Alicia Smith, Director Chronic Disease Prevention
- Talyah Sands, Senior Analyst Tobacco & Chronic Disease Prevention
- Joshua Berry, Analyst Health Promotion & Disease Prevention
- Mary McGroarty, Intern Health Promotion & Disease Prevention
TCN Mission

To improve the public’s health by providing education and state-based expertise for tobacco prevention and control at the state/territory and national levels.
TCN Executive Committee

- **Chair**: Barry Sharp (TX)
- **Chair-Elect**: Andrea Mowery (MN)
- **Immediate Past Chair**: Miranda Spitznagle (IN)
- **Policy Chair**: Andrea Mowery (MN)
- **Secretary/Treasurer**: Erin Boles Welsh (RI)
- **Funders Alliance Representative**: Tracey Strader (OK)

**Regional Representatives**

- **Region 1-3**: Erin Boles Welsh (RI), Lisa Brown (VA)
- **Region 4**: Kenny Ray (GA), Andrew Waters (KY)
- **Region 5**: Katelin Ryan (IN), Christina Thill (MN)
- **Region 6-8**: Adrienne Rollins (OK), Terry Rousey (CO)
- **Region 9-10**: Luci Longoria (OR), Elizabeth Guerrero (Guam)
Building the Case for Advanced Tobacco Prevention Strategies

LAURA OLIVEN, MPP
Tobacco Control Manager
Minnesota Department of Health
Persisting disparities

Percent of MN adults who are current cigarette smokers, 2013

Overall percent of adults who smoke is 18%

All rates are from 2013 BRFSS, except that American Indian, Asian, Black and Hispanic rates are from combined 2011-2013 BRFSS data.
Advancing health equity

Triple Aim of Health Equity

- Implement Health in All Policies
- Strengthen Community Capacity
- Expand Understanding of Health

- Implement a Health in All Policies Approach with Health Equity as the Goal
- Expand our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future
Community voices
A statewide vision
Progress in the Twin Cities
Wide menthol use disparities

Percent of Minnesota Smokers who use menthol

- High School Student Smokers*: 44%
- Adult African American Smokers**: 74%
- Overall Adult Smokers**: 25%

* Minnesota Youth Tobacco Survey, 2014
** Minnesota Adult Tobacco Survey, 2014
Disseminating the research

Shared widely

Reviewed literature

Compiled factsheet

WWW.HEALTH.MN.GOV/MENTHOL
Menthol makes quitting harder

A higher nicotine dependence and smoking urge

A harder time quitting
African Americans are a target market

Published in Ebony magazine, June 1977, Vol 32, No. 8

From the collection of Stanford Research Into the Impact of Tobacco Advertising (tobacco.stanford.edu)
Menthol Cigarette Intervention Grant

MDH
Award Grant to Community Health Board (CHB)

CHB
Partner with Community-Based Organization (CBO)

CBO
Engage Community
Education efforts underway

MENTHOL.
NOTHING COOL ABOUT INCREASING YOUTH SMOKING.
stillaproblem.com

Increasing the Tobacco Sale Age to 21

An emerging policy strategy to reduce youth tobacco use

Beverly J. May, MPA
Advocacy Director and
Project Manager - Tobacco 21
Why Raise The Age?
Most Smokers Start Before Age 21

- 95% of adult smokers begin smoking before they turn 21
- Many smokers transition to regular use during the ages of 18-21
- Nationally, 18-20 year olds are twice as likely as 16-17 year olds to be current smokers

“Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70 percent market share.”

—Philip Morris report, January 21, 1986
Why Raise The Age?

Nicotine Is Addictive

• Nicotine is addictive, and adolescents and young adults are more susceptible to its effects because they are still going through critical periods of growth and development

• Symptoms of dependence—withdrawal, tolerance—can occur after just minimal exposure to nicotine

• As a result of nicotine addiction, about 3 out of 4 teen smokers end up smoking into adulthood, even if they intend to quit after a few years
Why Raise The Age?

Older Kids Are A Source of Cigarettes

• Two-thirds of 10\textsuperscript{th} grade students and nearly half of 8\textsuperscript{th} grade students say it’s easy to get cigarettes

• Older youth smokers (18-19 years) are a major supplier of cigarettes for younger kids who rely on friends and classmates to buy them

• More 18-19 year olds in high school means younger kids have daily contact with students who can legally purchase tobacco

• Retailer violation rate is low (9.6%) – kids are getting cigarettes from other sources
Why Raise The Age?
Tobacco Companies Target Young Adults

100% ADDITIVE-FREE NATURAL TOBACCO

100% ADDITIVE-FREE NATURAL TOBACCO

ROLLING STONE
Sports Illustrated

Point of Sale

Magazine Ads

Parties & Bar Nights

Internships

Social media
Key Messages

• Tobacco kills more than 480,000 Americans each year. Virtually all of them started using tobacco before age 21.

• Since tobacco is so harmful, we should do everything we can to prevent tobacco use among young people. Increasing the legal sale age of tobacco products will help reduce smoking and save lives.

• Tobacco companies target kids and young adults because they know that’s when most users become addicted. Increasing the sale age will help counter tobacco company efforts to target young adults at a critical time when many move from experimenting with tobacco to regular smoking.
What Is the Science Base On Tobacco 21?

• The Institute of Medicine released a national report in 2015.

• Data predict substantial improvements in public health.

• Specific impacts over the long run:
  ✓ reduce the smoking rate by 12 percent
  ✓ reduce smoking-related deaths by 10 percent
  • 223,000 fewer premature deaths
  • 50,000 fewer deaths from lung cancer
  • 4.2 million fewer years of life lost
Benefits of Increasing the Sale Age

- Delay the age when people first use tobacco and reduce risk of becoming a regular smoker
- Help keep tobacco out of schools
- Younger adolescents would have a harder time passing themselves off as 21 year olds
- Simplify ID checks for retailers

Reduce smoking and save lives
Enforcement elements to consider in the drafting phase:

- Review current laws to identify weaknesses
- Focus on the seller
- Designate an enforcement agency & funding for 21 (vs 18)
- Require a specified number of enforcement checks
- Consider the role of licensing in enforcement
- Require appropriate signage
- Provide for retailer education
The Military and Tobacco Prevention

• The minimum age of military service does not equal readiness to enlist in a lifetime of nicotine addiction. Tobacco use is not a right or a privilege; it is an addictive and deadly activity.

• Tobacco companies target young people before they can fully appreciate the consequences of becoming addicted to the nicotine in tobacco.

• Once they are addicted to nicotine, it is difficult to stop, and the health consequences begin immediately and accumulate over a lifetime.
The Military and Tobacco Prevention

• Tobacco is bad for military preparedness. The military recognizes the negative impact of tobacco on troop readiness and soldiers’ health and has actively taken steps to reduce tobacco use.

• Tobacco use reduces soldiers’ physical fitness and endurance and is linked to higher rates of absenteeism and lost productivity.

• In 2013, the Department of Defense issued rules to expand smoking cessation coverage for military personnel.

• The Department of Defense and each of the armed services has a stated goal of a tobacco-free military.
Marines: General Robert Magnus
Assistant Commandant of the Marine Corps

TOBACCO IMPAIRS
reaction time and judgment.
IT STANDS IN THE WAY
OF A MARINE’S NUMBER ONE
PRIORITY: TO BE IN TOP PHYSICAL
AND MENTAL SHAPE—
combat ready.

— General Robert Magnus
Assistant Commandant of the Marine Corps

QUIT TOBACCO.
make everyone proud
www.ucanquit2.org
Will Tobacco 21 Hurt the Economy and Retailers?

• Little short-term effect on tobacco sales revenue is expected because:
  ✓ Tobacco consumption by 18-20 year olds is a very small share of total consumption in a state
  ✓ Reductions in smoking initiation and smoking prevalence will be small initially and will grow over time

• Money spent on tobacco in retail stores will not disappear from the economy

• Reduced tobacco use reduces health care costs
Resources

Fact sheets on:
- Increasing the sale age to 21
- Marketing to kids
- Harms of tobacco use
- Toll of tobacco use (e.g. smoking rates)

Talking points

Policy analysis

http://www.tobaccofreekids.org/what_we_do/state_local/sales_21
California Moves to Adopt Tobacco 21

• March 11: San Francisco raises the minimum legal sale age for tobacco products to 21

• Statewide:
  • March 3: California’s Assembly passes Tobacco 21 & bill to define e-cigarettes as a tobacco product
  • March 10: California’s Senate concurs. Bill contains an exemption for active military

• Next up for California: Governor Brown
Make Texas Tobacco Free. Everybody, Everywhere.

Jessica R. Hyde, MS, CHES
Special Populations Coordinator, Tobacco Prevention & Control Branch
LGBTQ+ Communities – Texas

- Home to the 2nd largest LGBTQ+ population in the U.S.
- Major metropolitan areas have largest number of same-sex households
  - Harris County (Houston), Dallas County (Dallas), Travis County (Austin), Bexar County (San Antonio), Tarrant County (Fort Worth)
- Dispersed throughout state – only 4 counties have 0 same-sex households
## Prevalence of Tobacco Use – Texas

<table>
<thead>
<tr>
<th>Population</th>
<th>Current Cigarette Smoking</th>
<th>Current Tobacco Use</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Females</td>
<td>14.9%</td>
<td>17.6%</td>
<td>2014</td>
</tr>
<tr>
<td><strong>Same-sex/bisexual behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Females</td>
<td>25.7%</td>
<td>29.4%</td>
<td>2013</td>
</tr>
<tr>
<td>- Ages 18-44</td>
<td>27.5%</td>
<td>32.7%</td>
<td></td>
</tr>
<tr>
<td>- Ages 18-44</td>
<td>34.5%</td>
<td>41.4%</td>
<td></td>
</tr>
<tr>
<td><strong>People living with HIV</strong></td>
<td>33.0%</td>
<td>- - -</td>
<td>2015</td>
</tr>
</tbody>
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Risks of Tobacco Use for People Living with HIV

- **PLWH who smoke lose more years of life to tobacco use than to HIV infection**
  - HIV infection: 5.1 years
  - Smoking: 8.6 years
  - HIV + smoking: 20.9 years

- **Smoking is an immunosuppressant**

- **Smoking can decrease effectiveness of ART and exacerbate side effects**

- **HIV+ smokers are**
  - More likely to develop chronic diseases, including cancer
  - Less likely to adhere to treatment plans

*when controlling for access to treatment*
Same Goal – Different Approach

- **Partnered with other DSHS programs:**
  - Texas Comprehensive Cancer Control Program
  - TB/HIV/STD/Viral Hepatitis Unit

- **HIV care provider outreach**
  - Ask, Advise, Refer toolkit mailout
  - Live webinar training
  - Online needs assessment

- **Public Outreach**
  - “My Greatest Enemy” media flight
  - D/FW, Houston, San Antonio, Austin
Preliminary Results

- **Quit Line activity:**
  - 41% increase in LGBT registrants > average of previous 3 months
  - 175% increase in June 2015 > June 2014

- **Sustainable change:**
  - AIDS Arms, Inc. in Dallas, TX adopted eTobacco Protocol
  - Went live in December and have been steadily making referrals
  - Champion for change

- **Established working relationships**

- **Increased visibility in the community**
References


Contact Information

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Division for Disease Control & Prevention Services
Texas Department of State Health Services

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Supporting LGBT Communities To Become Smoke Free

By Donna Solomon-Carter
LGBT HealthLink Social Media & Project Specialist

TCN Webinar: Communicating Challenging Tobacco Control Policies with Executive Leadership

April 25, 2016
Engage LGBT Communities Locally

**Where are the queers in your community?**

- LGBT Community Centers
- Social and support organizations
- Open door churches
- Bars and clubs
- Health groups
- University groups and programs
- Pride events
- Print media and social media outlets (print and online)
What We Offer Your Programs

› Trainings, webinars, and TA
› Current LGBT health news and awareness
› Needs assessment model
› Sample non discrimination policies
› LGBT educational posters and for cobranding
› Best and promising practices for tobacco and cancer control
› Link with local LGBT experts and communities
› A blog to share your local story!  Checkout what other state programs are doing to reach out to LGBT communities!
Supporting the Texas Tobacco Prevention & Control Branch Engage LGBT Communities

› Invited Texas Comprehensive Cancer Control Program to present on the *Cancer Burden in the LGBT Community* during LGBT HealthLink Steering Committee E-Summit
› Sent HL educational materials for distribution and education
› Use of best and promising practices for LGBT communities

**Future engagement:**
› Shadow the work regarding LGBT communities using our social media platforms
› Connect with local LGBT community centers and other LGBT leadership
Resources – Order materials & co-brand

www.LGBTHealthlink.org
<table>
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<tr>
<th><strong>Link with Us</strong></th>
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<tr>
<td><strong>Web:</strong> <a href="http://www.lgbthealthlink.org/">http://www.lgbthealthlink.org/</a></td>
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<td><strong>Blog:</strong> <a href="http://blog.lgbthealthlink.org/">http://blog.lgbthealthlink.org/</a></td>
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<td><strong>Facebook:</strong> LGBT HealthLink</td>
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<td><strong>Twitter:</strong> @LGBTHealthLink</td>
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<td><strong>E-mail:</strong> <a href="mailto:healthlink@lgbtcenters.org">healthlink@lgbtcenters.org</a></td>
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<td><strong>Phone:</strong> (954) 765-6024</td>
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</table>
| **Contact:** Donna Solomon-Carter  
Social Media & Project Specialist |
Marijuana and Tobacco
Overlap in program, policy, communications, and data

Karen Girard
Health Promotion and Chronic Disease Prevention
Oregon Health Authority
karen.e.Girard@state.or.us
Retail marijuana regulation timeline

November 4, 2014
Ballot Measure 91 legalizing retail marijuana passed by Oregon voters

May 26, 2015
HB 2546, expanding Indoor Clean Air Act to include all inhalants (herbal hookah, marijuana, e-cigarettes), and requiring packaging and labeling restrictions on e-cigarettes becomes law

July 1, 2015
Retail marijuana legalized for possession

October 1, 2015
Medical marijuana dispensaries able to sell retail marijuana

January 1, 2016
Indoor Clean Air Act provisions of HB 2546 go into effect
Now what?
We know what works for tobacco prevention

Sustained funding
We know what works for tobacco prevention

*Increasing the price of tobacco*
We know what works for tobacco prevention

100% smoke-free policies
We know what works for tobacco prevention
We know what works for tobacco prevention

Hard-hitting media campaigns
Policy, systems and environment change
NO SMOKING OR VAPING WITHIN 10 FEET

Under Oregon’s Indoor Clean Air Act this business is smoke, aerosol and vapor free (ORS 433.835-870, effective January 1, 2016). Smoking, aerosolizing or vaporizing of inhalants is not allowed within 10 feet of building entrances, exits, windows, accessibility ramps and air intake vents.

For information and complaints:
1-866-621-6107 or http://healthoregon.org/morefreshair

Want to quit smoking?
1-800-QUIT-NOW (800-784-8669)
or 1-855-DEJELO-YA (Espanol).
• Flavors

• Packaging & labeling

• Youth access
Marketing
KEEP IT OUT OF REACH.

Marijuana can make children very sick. You can keep the kids in your life safe and healthy by storing all marijuana in a locked area that children cannot see or reach.

If your child eats or drinks marijuana products, call the Poison Center Hotline as soon as possible: 1-800-222-1222.

The call is free and you will be helped quickly.
If the symptoms seem bad, call 911 or go to an emergency room right away.
Symptoms can include your child having trouble walking or sitting up, starting to be sleepy or having a hard time breathing.
DON’T PASS IT ON.

You can keep your child safe and healthy by not using marijuana while you are pregnant or breastfeeding.

WHEN YOU’RE PREGNANT:
It may harm your baby if you use marijuana in any form and at any time during your pregnancy. This includes smoking, eating and vaping marijuana.

There is no known safe amount of marijuana use during pregnancy.

IF YOU’RE BREASTFEEDING:
The THC in marijuana can get into breast milk and may harm your baby.

THC is another name for Tetrahydrocannabinol (THC), the chemical in marijuana that makes you feel high.

TALK TO YOUR DOCTOR:
If you’re pregnant or thinking about becoming pregnant, or if you’re breastfeeding, and you need help to stop using marijuana.

If you’re using marijuana as a medicine and want to talk about choices that do not risk harming your baby.

If your child eats or drinks marijuana products, call the Poison Center Hotline as soon as possible: 1-800-222-1222.
MARIJUANA CAN MAKE KIDS VERY SICK.

You can keep the children in your life safe and healthy by storing all marijuana products in a locked area that children cannot see or reach.

Children want to be like their parents and the other adults in their lives. When you use marijuana in front of them, they may want to use it, too. You can keep them safe and healthy by not using marijuana when kids are around.
IT MAY HARM YOUR BABY
if you use marijuana in any form and at any time during your pregnancy,
or while you are breastfeeding.

If your child eats or drinks marijuana products, call the
Poison Center Hotline as soon as possible: 1-800-222-1222.
Symptoms can include your child having trouble walking or sitting up, starting to be sleepy or having a hard time breathing.

Oregon Health Authority

OAR 333-008-1500
Data
Past 30 day marijuana use among Oregon 8th and 11th graders over time

Method of marijuana use in past 30 days among Oregon youth in 2015

- **8th grade**
  - Smoked it: 82%
  - Ate it: 6%
  - Vaporized it: 4%
  - Dabbed it: 4%
  - Another way: 3%
  - Drank it: 1%

- **11th grade**
  - Smoked it: 89%
  - Ate it: 4%
  - Vaporized it: 2%
  - Dabbed it: 4%
  - Another way: 1%
  - Drank it: 0.4%
Questions and Answers

Submit your questions through the Chat Box on your screen.
Visit the Redesigned TCN Website!

www.tobaccocontrolnetwork.org/
TCN Resources

• Help Your Peers Requests
  • http://tobaccocontrolnetwork.org/helpyourpeers/

• Newsletter
  • http://tobaccocontrolnetwork.org/tcnnews/

• Member Directory
  • http://tobaccocontrolnetwork.org/tcn-members/

• Any TCN inquiries can be directed to tcn@astho.org
Tobacco Success Stories

Tobacco Case Studies
Case studies and factsheets about efforts in tobacco prevention and control are provided below. The collection includes items developed by ASTHO staff or in collaboration with partners in tobacco control.

Comprehensive Systems Change Strategies

Michigan Smoke-Free Law Implementation
Michigan's implementation plan maximized resources and used evidence-based strategies to create a successful model for smoke-free law implementation, evaluation, and enforcement that improved air quality in workplaces and food service establishments.

Minnesota Increased Tobacco Taxes to Reduce Smoking
With support from the Minnesota Department of Health and Raise It for Health Coalition, the Minnesota state legislature passed a $1.60 per-pack tax increase for cigarettes and increased taxes on other tobacco products, including e-cigarettes.

Expanding Comprehensive Coverage for Tobacco Cessation: A Collaborative Summit
The American Heart Association shares the success story from the North Carolina Division of Public Health, Tobacco Prevention and Control Branch on expanding comprehensive coverage for tobacco cessation. With assistance from ASTHO, NC hosted a collaborative summit in May 2014 with key stakeholders.

Cessation
Stand-Up Insurance Coverage of Tobacco Cessation Programs Starts with Oregon
Oregon was the first state to extend insurance coverage to tobacco cessation programs.
Save the Date: TCN Webinar

• May 25th: Examining Education Disparities and Tobacco Use
Please complete your evaluations following the webinar – we value your feedback!

WHAT DO YOU THINK?
Thank You for Joining Us!

• Joshua Berry, ASTHO – jberry@astho.org
• Laura Oliven, MN – laura.oliven@state.mn.us
• Beverly May, Campaign for Tobacco-Free Kids – bmay@tobaccofreekids.org
• Jessica Hyde, TX – jessicar.hyde@dshs.state.tx.us
• Donna Solomon-Carter, LGBT HealthLink – donna@lgbtcenters.org
• Karen Girard, OR – karen.e.girard@state.or.us