

TCN Strategies for Smoke-Free Air Policy Implementation

Teleconference 3: Integrating Cessation with Smoke-Free Policy Implementation

June 11, 2008



ttac

Tobacco Technical
Assistance Consortium



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

TCN Teleconference 3

Presentations

- **Building Consumer Demand for Proven Cessation Treatments and Services - Todd Phillips, NTCC**
- **NAQC Policy Playbook Overview – Randi Lachter, NAQC**
- **Maryland - Integrating Cessation with Smoke-free Policy Implementation - Dawn Berkowitz**
- **Illinois - Integrating Cessation with Smoke-free Policy Implementation - Julie Doetsch**

Building Consumer Demand for Proven Cessation Treatments and Services

TCN Teleconference: *Integrating Cessation with
Smoke-free Policy Implementation*
June 11, 2008

Todd Phillips, MA
Senior Marketing and Communications Manager

National Tobacco Cessation Collaborative/Consumer Demand Initiative

STRATEGY 4: Seizing policy changes as opportunities for “breakthrough” increases in treatment use and quit rates

“Pairing...public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates.”

Along with effective cessation media campaigns and treatment promotions, the *CDC Guide for Community Preventive Services* recommends two tobacco control policy interventions that increase cessation and treatment use and demand at the population level.³ They are:

- Increasing tobacco prices/taxes.
- Reducing out-of-pocket cessation treatment costs through coverage expansions.

In addition, there is growing evidence that smoking bans and restrictions may increase quit attempts, quitting and treatment use. Pairing these public health policy changes with efforts to improve treatment access holds

great promise for major breakthroughs in treatment use and quit rates.

STIMULATING AND HARNESSING THE TREATMENT DEMAND THAT IS GENERATED BY TOBACCO CONTROL POLICY CHANGES

Increasing Tobacco Prices/Taxes

Higher cigarette prices induce smokers to quit, with the greatest effects on smokers in low-income and blue-collar populations where smoking rates are highest and treatment use is lowest.¹⁸

A 10 percent increase in cigarette prices reduces adult smoking prevalence by 2 percent, and it increases the probability of a quit attempt by 10-12 percent and of a

successful quit by 1-2 percent.^{3, 19} More than 43 states and several cities (e.g., New York City, Chicago) have raised their tobacco taxes in the last five years, and there are signs that this trend will continue. Cost and tax increases also can boost treatment use when treatment options are widely available.

For instance, Frank Chaloupka and colleagues found that a 40-cent per pack increase in Illinois' state cigarette excise tax in 2002 more than doubled state quitline call volumes. Other studies have linked cigarette price increases to higher NRT sales.²⁰ Providing and promoting barrier-free cessation treatments at the time when tobacco prices or taxes take effect could help to convert more smokers to successful quitters.

Reducing Out-of-Pocket Treatment Costs

Reducing treatment costs by increasing insurance coverage and reimbursement also boosts the

population quit rate.³ The marked increases in public and private tobacco cessation treatment coverage over the past decade provide another key venue for boosting treatment use and quitting.

In 1995, only one state Medicaid program covered any tobacco dependence treatments. In 2005, 42 state Medicaid programs and 96 percent of U.S. health plans provided coverage for some form of evidence-based counseling or pharmacotherapy.^{21, 22}

There is still much progress to be made in the number and type of treatments covered, and the extent of coverage. There is also a great need to promote these benefits.

One study found that only about 1/3 of smokers, and fewer than 2/3 of providers, in two states with generous Medicaid benefits were aware of these benefits.²³ There are similar findings for health plans.²⁴

Several studies have now shown that smokers who are unaware of their treatment benefits are, not surprisingly, unlikely to use them!

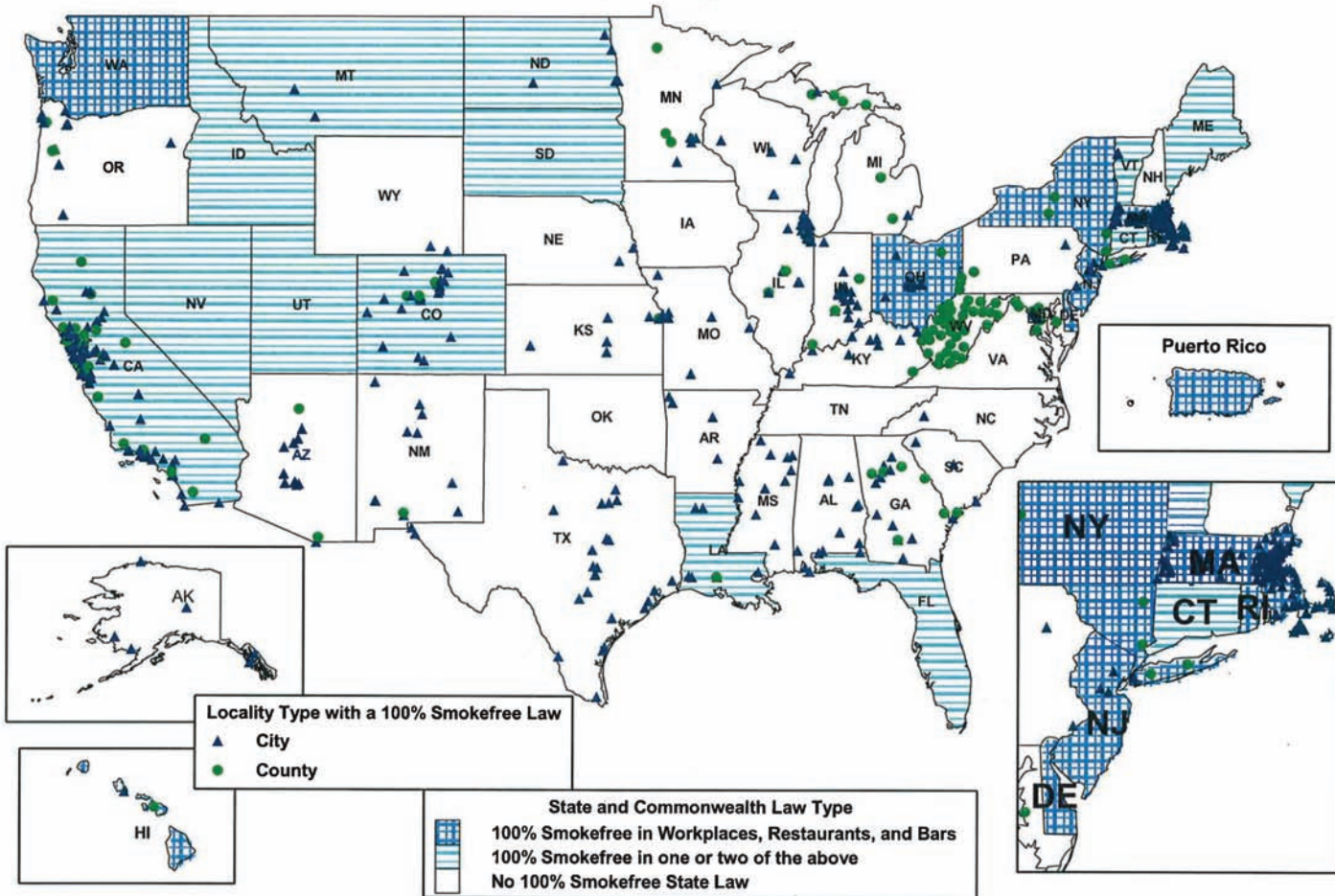
Reaping the full quitting and health benefits of expanded coverage requires promoting the coverage and reducing non-financial treatment access barriers.

Free quitlines have gone a long way towards eliminating such barriers. An increasing number of quitlines are even mailing free NRT samples to quitline callers, following strategies pioneered by Michael Cummings and colleagues throughout New York State.²⁵

United States 100% Smokefree Laws

American Nonsmokers' Rights Foundation

In effect as of April 2, 2007



Smoke-Free Air Laws

As of April 2007, 35 states, Washington D.C., Puerto Rico and hundreds of municipalities had implemented or enacted 100 percent smoke-free provisions in workplaces and/or restaurants and/or bars – representing 54.8 percent of the U.S. population.

There is growing evidence that smoking bans and restrictions not only reduce harmful secondhand smoke exposure but also consistently improve revenue streams for bars and restaurants by attracting more business from nonsmokers. And they appear to significantly boost quitting motivation, quit attempts and treatment use.

For instance, quitline calls increased significantly following the implementation of New Zealand’s 2004 expanded smoke-free legislation – without any increase in quitline advertising.²⁶

Fully seizing these policy “pushes” requires being proactive – getting out ahead of the policy implementation to anticipate and accommodate increases in treatment demand.

For instance, in preparing for January 1, 2008, when Baltimore’s new comprehensive smoking ban will take effect, Mayor Sheila Dixon has organized an NRT Initiative through which smokers can qualify for free nicotine patches or gum.

Similarly, several national groups and organizations – the National Tobacco Cessation Collaborative, North American Quitline Consortium, and Campaign for Tobacco-Free Kids – are working to develop policy “playbooks” to guide states/cities that pass smoke-free policies in ways to expand treatment access, capacity and promotion so they can take full advantage of the increase in quitting efforts and demand for treatment.

“There is growing evidence that smoking bans and restrictions not only reduce harmful secondhand smoke exposure but also consistently improve revenue streams for bars and restaurants by attracting more business from nonsmokers.”



With a new understanding of the business and human tolls of tobacco use from Oregon's "Make it Your Business" campaign, Ed Wallace Jr. decided to invest in tobacco cessation after a mechanic suffered a heart attack while fixing a motorcycle at his Harley dealership.

CLARIFYING AND HEIGHTENING THE INCENTIVES FOR PURCHASERS, HEALTH INSURERS, AND BUSINESSES TO EXPAND TOBACCO CESSATION TREATMENT ACCESS AND COVERAGE

So called "meta-consumers" — health plans, employers and the government — have a tremendous influence on which products and services are offered to smokers and which are covered in part or in full.

Making the business case for tobacco dependence treatment is important. In addition to improving the health of employees, tobacco cessation products and services can improve employee productivity and performance. Good examples discussed at the Consumer Demand Roundtable meetings include:

- Oregon's "Make it Your Business Campaign," led by Dawn Robbins, starts by clarifying the true business costs of tobacco use, including the costs related to reduced smoker productivity. This campaign helped drive the

Public Employees Benefits Board, the state's largest health care purchaser, to offer a barrier-free tobacco cessation benefit.

- *Partnership for Prevention*, based in Washington, D.C., is developing a Workplace Program Guide as a tool to provide employers with guidance to implement the most effective and cost-effective health promotion interventions. Tobacco use screening and treatment top the list. The Guide will educate employers about the total costs of tobacco use, the total value of tobacco cessation activities (policies and treatments) and their impact on business success.
- Beginning in 1996, the National Committee on Quality Assurance (NCQA) added measures of tobacco cessation advice and assistance to its core HEDIS "report card" for managed care plans, and has promoted the use

of these measures in federal (Medicare) pay-for-quality initiatives (e.g., the Doctors Office Quality initiative). Including tobacco cessation treatment metrics in new pay-for-performance initiatives will provide enduring incentives for their delivery.

- Similarly, the *CEO Roundtable on Cancer* has developed employer guidelines for companies to be Gold Standard-certified. Requirements for promoting healthy lifestyles and cancer prevention include implementing a full indoor and outdoor smoking ban at the workplace, and providing evidence-based counseling and prescription and non-prescription medications for smoking cessation at no cost to employees. The CEO Roundtable on Cancer was convened to support a C-Change initiative, which is focused on demonstrating the

value and ultimate cost-savings associated with cancer prevention and early detection services and increasing coverage through employee benefit programs.

- The Healthy Workforce Act of 2007 proposed by Senator Tom Harkin (D-Iowa) and his staff includes a tax credit of \$200.00 per employee to businesses that offer comprehensive health promotion programs, including evidence-based preventive screenings, behavior change programs (including tobacco cessation treatments) and work environment and policy changes. To boost employee participation, companies would be encouraged to offer meaningful incentives, like reduced health insurance premiums.

COVERAGE FOR TOBACCO USE CESSATION TREATMENTS

Why,

What,

and

How

Why Is Health Insurance Coverage for Tobacco Use Treatments So Important?

- Smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity.
 - Ten percent of smokers alive today are living with a smoking-related illness.¹
 - Men who smoke incur \$15,800² (in 2002 dollars) more in lifetime medical expenses and are absent from work 4 days more per year than men who do not smoke.²
 - Women who smoke incur \$17,500² (in 2002 dollars) more in lifetime medical expenses and are absent from work 2 days more each year than nonsmoking women.¹
 - In 1999, each adult smoker cost employers \$1,760 in lost productivity and \$1,623 in excess medical expenditures.³
 - Smoking causes heart disease, stroke, multiple cancers, respiratory diseases, and other costly illnesses. Secondhand smoke causes lung disease and lung cancer.^{4,5}
 - Smoking increases costly complications of pregnancy, such as pre-term delivery and low birth-weight infants.⁶
- Smoking is the leading preventable cause of death in the United States.^{4,5} Smokers who quit will, on average, live longer and have fewer years living with disability.⁷
- About 23% of American adults and 28% of teens smoke.^{11,12} More than 70% want to quit, but few succeed without help.¹¹ Tobacco use treatment *doubles* quitting success rates.⁷

Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees.^{15, 16, 17}

What Treatments Are Available? How Effective Are They?

Smoking cessation treatments have been found to be safe and effective. These include counseling and medications, or a combination of both.⁸

- Face-to-face counseling and interactive telephone counseling are more effective than services that only provide educational or self-help materials.^{9,10}
- The effectiveness of counseling services increases as their intensity (the number and length of sessions) increases.⁷
- Smokers are more likely to use telephone counseling than to participate in individual or group counseling sessions.^{10,17}



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



- America's Health Insurance Plans (AHIP), the advocacy organization for U.S. health plans and insurers, promotes findings from health economists at the Center for Health Research at Kaiser Permanente Northwest. The research shows that the return on investment (ROI) for tobacco cessation services yields savings in as little as two years, and sooner for pregnant smokers. In addition to providing details on the business case, the website (<http://www.businesscaseroi.org/roi/default.aspx>) includes an interactive online "ROI calculator" that health plans can use to estimate their own cost savings.²⁷
- Many employers cite the lack of information about the cost of cessation benefits as a barrier to coverage. Now that quitlines provide free counseling to smokers across the U.S., their concerns focus increasingly on pharmacotherapy. Marguerite Burns and colleagues examined

To encourage businesses to offer cessation coverage, this guide provides information for businesses and government agencies on health insurance coverage for tobacco use cessation treatments.

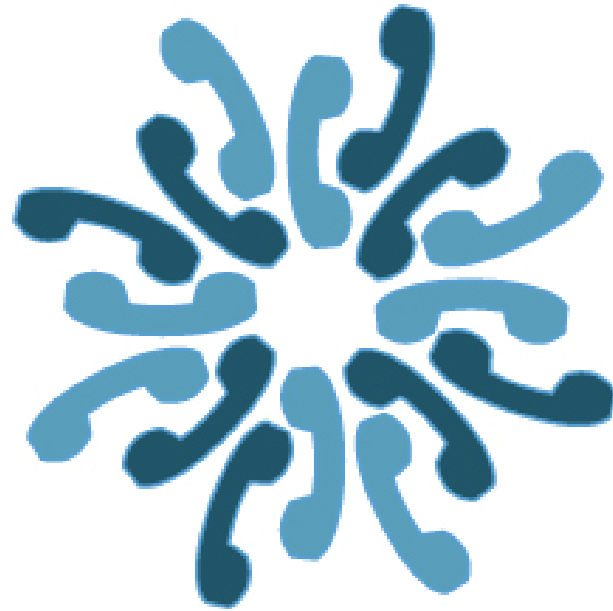
pharmacotherapy costs among Wisconsin state employees and found that they averaged only 13-cents per member per month.²⁸

- To encourage businesses to offer cessation coverage, the CDC created “Coverage for Tobacco Use Cessation Treatments,” a guide that provides information for businesses and government agencies on health insurance coverage for tobacco use cessation treatments. This document explains why insurance coverage for tobacco cessation is important, what treatments are available to help employees, and how to design the treatment benefits. It is available online at www.cdc.gov/tobacco/quit_smoking/cessation/00_pdfs/ReimbursementBrochureFull.pdf.

ALLOCATING MSA BONUS FUNDS FOR TOBACCO CONTROL: A “TWICE IN A LIFETIME” OPPORTUNITY

Unfortunately, less than 4 percent of the original Master Settlement Agreement (MSA) funds awarded to the states have been allocated for tobacco control. However, beginning in 2008, the states that have not securitized their MSA funds will have a second chance as MSA bonus funds become available. In the coming year, efforts to help states allocate sufficient dollars for comprehensive tobacco control from the final 2008-2018 MSA bonus payments represent a critical policy lever, and one with enormous potential impact on tobacco cessation treatment access, use and demand. In addition, creating business incentives for corporate investment in publicly funded services, such as quitlines, also holds promise. For more information on the use of MSA funds by states, visit the Campaign for Tobacco-Free Kids’ website at <http://tobaccofreekids.org/reports/settlements>.

“Efforts to help states allocate sufficient dollars for effective comprehensive tobacco control... represent a critical policy lever, and one with enormous potential impact on tobacco cessation treatment access, use and demand.”



NORTH AMERICAN
QUITLINE
CONSORTIUM



Promoting Quitlines During Smokefree Policy Implementation

Randi Lachter
Manager, Policy Initiatives

*Integrating Cessation with Smoke-Free
Policy Implementation*

June 11, 2008

North American Quitline Consortium

*Promoting evidence based quitline
services across diverse communities in
North America.*



NAQC Critical Programs

- Improve the access, use and effectiveness of quitlines
 - Annual survey of quitlines
 - Minimal data set for evaluating quitlines
 - Share research findings with members
 - Quality initiative
- Strategic Partnerships and Communications
 - Fact sheets, Case Studies and Reports
 - Strengthening linkages of quitlines and tobacco control policy efforts
- Forum for networking and learning
 - Web site, conference calls, and meetings



Background

- Funding from Robert Wood Johnson Foundation (RWJF) to strengthen the linkages of quitlines and other tobacco control policy efforts.
- This funding allowed NAQC to launch the project, *Maximizing the Cessation Benefit from Policy Changes*.



Playbook Purpose

- Focus on promoting the availability of quitline services following the passage of smokefree policies and tobacco tax increases.



ABOUT THE CONSORTIUM
ANNUAL MEETING
POLICY

QUITLINE MAP & FACTS
OPERATIONS & SERVICES
RESEARCH & EVALUATION

COMMUNICATIONS
PROMOTIONS

[Member Login](#)

NAQC Policy Playbook

A Guide to Promoting Quitlines During Policy Change

This NAQC Playbook focuses on promoting the availability of quitline services following the passage of smokefree policies and tobacco excise tax increases. The North American Quitline Consortium (NAQC) promotes evidence based quitline services across diverse communities in North America. As part of NAQC's work to strengthen the linkages of quitlines and other tobacco control policy efforts, NAQC members, which include quitline funders, service providers, evaluators, researchers and national organizations, have contributed to this compilation of strategies and ideas to demonstrate the benefits of actively promoting quitlines during policy change.

The *Toolkit for Implementing Smokefree Laws* (www.GoingSmokeFree.org) developed by the Robert Wood Johnson Foundation (RWJF), the Campaign for Tobacco Free Kids (CTFK) and Americans for Nonsmokers' Rights (ANR) includes a comprehensive set of tools, tips and resources to help with implementing smokefree laws. This NAQC playbook complements the information provided on www.GoingSmokeFree.org in three important ways:

1. Increases awareness among policy advocates and those responsible for policy implementation of the supportive role quitlines can play as new smokefree policies are implemented.
2. Increases the quitline community's awareness of the comprehensive implementation tools available in the toolkit and the steps required for effective policy implementation.
3. Focuses on strategies and factors to consider when linking quitline promotions to policy implementation and the impact of promoting quitlines in the wake of policy change, including tobacco tax increases.

[Table of Contents](#)



Why Link Policy and Cessation?

- Tobacco users are motivated to quit by policy changes, so demand for cessation services increases when smokefree laws are implemented and tobacco taxes increase.
- Quitlines and other evidence-based cessation services increase the success of those trying to quit.



Why Quitlines?

- Quitlines provide evidence-based counseling services in all states and territories.
- Quitlines reach a broad and diverse group of people in a cost-effective, easily accessible way.
- Coordination between policy advocates and quitlines benefits the goals of both groups.



Playbook Contents

I. Background

Information about a) the importance of linking policy and cessation; b) the basics of quitlines; and c) the benefit of involving quitlines in policy implementation.

II. Collaboration Strategies

Information about approaches and partnering ideas.

III. Framing the Cessation Message

A range of options for how to frame the cessation message once a policy has passed.



Playbook Contents (continued)

IV. Preparing for Implementation

Information to guide the decision about how to integrate cessation in a policy implementation effort, options to help prepare for increased demand and a brief discussion about funding needs.

V. Timing

Focuses on opportunities to integrate quitlines before and after policy implementation. Complements the GoingSmokeFree.org timelines.

NAQC Policy Playbook

A Guide to Promoting Quitlines During Policy Change

- Home
- Background
- Collaboration Strategies for Quitline Promotion
- Framing the Cessation Message
- Preparing for Implementation
- Timing
- Ideas and Strategies for Promoting Quitlines: Examples
- Paid Media
- Public Relations & Earned Media
- Online Strategies
- Promotional Items
- Outreach Materials & Education
- Targeted Approaches
- Quitline Materials & Staff Training
- Free or Reduced Cost NRT or Medication
- Implementation Tools & Services
- Local Approaches
- Quit and Win
- Integrate with Tax Increase

IDEAS AND STRATEGIES FOR PROMOTING QUITLINES: EXAMPLES

This section includes a comprehensive list of strategies successfully used by states and municipalities and some new ideas. These examples were selected because they demonstrate the many options available to integrate quitline promotion with policy implementation efforts. The list includes approaches that can be easily adapted by others depending on available resources. It is not likely that all of these strategies will be appropriate for all policy implementation efforts. This section is intended to offer a variety of ideas ranging from no-cost options to approaches requiring a sizable budget. Although the quitline phone number is not included on every example provided, the number could be easily integrated into the examples selected for inclusion in this playbook.

For more information on the examples listed here, please contact Randi Lachter at rlachter@naquitline.org.

- [Paid Media](#)
- [Public Relations & Earned Media](#)
- [Online Strategies](#)



Playbook Contents (continued)

VI. Ideas and Strategies for Promoting Quitlines: Examples

- Paid Media
- Public Relations & Earned Media
- Online Strategies
- Promotional Items
- Outreach Materials & Education
- Targeted Approaches
- Quitline Materials & Staff Training
- Free or Reduced-Cost NRT or Medication
- Implementation Tools & Services
- Local Approaches
- Quit and Win
- Integrate with Tax Increase
- Polling



Playbook Contents (continued)

VII. Tracking Success

Information about the different approaches used to track the impact of policy changes on quitlines.

VIII. Lessons Learned and Challenges

VIII. Resource List and Links

Minnesota Web Banner Ad

MINNESOTA WENT SMOKE FREE ON

OCT. 1, 2007

How about you?

Get free help to quit smoking.



QUITPLAN

Anchorage Interior Bus Ad



Secondhand Smoke Kills

Think only smokers are harmed by tobacco? Think again.

Smoke from a burning cigarette and exhaled smoke cause:

- Heart disease
- Lung cancer
- Stroke
- Asthma
- Sudden Infant Death Syndrome (SIDS)
- Low birth weight babies
- Pneumonia
- Bronchitis
- High blood pressure

"Secondhand smoke exposure causes heart disease, lung cancer and sudden infant death syndrom in children."

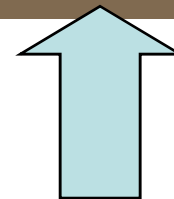
Richard Carmona, MD, MPH, FACS
U.S. Surgeon General (2006)

For more information on the **dangers** of secondhand smoke visit:

www.smokefreeanchorage.org



For help quitting call:
1-800-842-QUIT



How do I deal with people who want to smoke?

You or your staff must remind them of the Act and politely explain that they must step outside to smoke.

What do I do about a customer who refuses to comply?

Use common sense. The purpose of the Act is to protect others from the harmful effects of secondhand smoke. Use your normal protocol for removing a customer from the premises.

What if I choose not to ask customers to stop smoking?

If you fail to comply with the Act, an employee or member of the public may contact your local health department to file a complaint.

What are the penalties?

A person who smokes in violation of the Act is subject to a fine of not less than \$500 for the first offense, \$500 for the second offense and \$1,000 for each subsequent offense.

A person in charge of an indoor public place or workplace who refuses or fails to comply with the Act is subject to a fine of not less than \$250 for the first offense, \$500 for the second offense and \$1,000 for each subsequent offense.

How will the Act be enforced?

Compliance is the responsibility of the person having control of an indoor public place or place of employment under this Act.

Enforcement of the Act also will be achieved by a complaint system. Employees and the public may report violations of the Act to their local health departments.

How can I find more information?

For more information about the Act visit www.smokefree.nj.gov.

How can I file a complaint?

To file a complaint, contact your local health department whose telephone number is in the government section of your telephone book.

How can I support my employees and patrons if they want to quit smoking?

If you smoke and want to quit, or you want to support your employees or patrons who want to quit, New Jersey provides the following free services:

- NJ Quitline at 1-866-NJ-STOPS (1-866-657-8677)
- NJ QuitNet® at www.nj.quitnet.com

Both services provide personal, professional counseling and support.

Or you can visit www.njquit2win.com for free materials that you can copy and give away or use to create a “quit smoking program” in your workplace.



Preparing for a Smoke-Free New Jersey.

Understanding the Smoke-Free Air Act

A Guide for Restaurants and Bars



New York Print Ad



IT'S HERE!

I LOVE
SMOKEFREE
NY!



Get a **FREE Voucher**
for a 2 week supply of
nicotine patches or gum
call **1-866-NY QUILTS**
1-866-697-8487
Join the **Smoke-Free NY party!**

**Breathe
Easy**



Acknowledgments and Contributors

- NAQC members and partners which includes quitline funders, service providers, evaluators, researchers and national organizations.
- Robert Wood Johnson Foundation
- Partners and reviewers

For Additional Information

Contact Randi Lachter at:
rlachter@NAQuitline.org

View the Playbook starting June 11 at:
www.naquitline.org/playbook



Questions & Answers

Maryland's Experience: Integrating Cessation with Smoke-Free Policy Implementation



Dawn S. Berkowitz, MPH, CHES
Chief, Division of Federal and Special Tobacco
Control Initiatives
June 11, 2008

Maryland's Clean Indoor Air Act of 2007

The Act took effect on February 1, 2008,
eliminating smoking in virtually all indoor places
including:

- An indoor area open to the public
- An indoor place in which meetings are open to the public
- A government-owned or government-operated means of mass transportation including buses, vans, trains, taxicabs, and limousines
- An indoor place of employment



100% SMOKE FREE

The Maryland Tobacco Quitline

1-800-QUIT NOW

- Launched in June 2006
- Offers both basic and comprehensive cessation counseling
- Up to four sessions to all Maryland residents 18 years of age and older
- Contractor is Free & Clear
- Added four week supply of Nicotine Replacement Therapy (either the patch or gum) to all Maryland residents 18 years of age and older September 2007
- Continued to offer all services to residents during \$1.00 tax increase (effec. 1/1/08) and the implementation of the Clean Indoor Air Act (effec. 2/1/08)
- Currently, all Maryland Residents are still eligible for all services and medications



Clean Indoor Air Act Logo and Toolkit

Fact Sheets

- Overview of Clean Indoor Air Act (Gen Public)
- Bars and Restaurants
- Hotels
- Economic Impact
- Local Resources
- Sample Signage



The Maryland State Clean Indoor Air Act: A Guide for the Public



WHAT IS THE CLEAN INDOOR AIR ACT OF 2007?

The Clean Indoor Air Act of 2007 prohibits smoking in virtually all indoor workplaces in order to “preserve and improve the health, comfort, and environment of the people of Maryland by limiting exposure to environmental tobacco smoke.” The law provides for fair and consistent statewide protection from exposure to secondhand smoke in indoor settings. People in Maryland will now have clean, smoke-free air while working, dining, shopping, or relaxing throughout the state.

WHAT IS COVERED UNDER THE ACT?

As of *February 1, 2008*, there will be smoke-free air in almost all indoor places open to the public, including bars and restaurants. The Act prohibits smoking in the following facilities:

- Indoor areas open to the public
- Indoor meeting places open to the public
- Indoor places of employment
- Mass transit vehicles
- Private homes or residences being used by a licensed day care or child care provider
- Private vehicles used for the public transportation of children or as part of health care or day care transportation
- Clubs with alcohol licenses (under Article 2B, §1-102(a)(4), Annotated Code of Maryland)

WHAT IS REQUIRED OF BUSINESSES?

- All of the businesses listed above must prohibit smoking
- Signs stating that smoking is prohibited must be posted in the following facilities:

- | | | |
|----------------------------------|----------------------------|---|
| ✓ Retail stores | ✓ Government buildings | ✓ Hotels and motels |
| ✓ Theaters | ✓ Educational institutions | ✓ Clubs as defined in Article 2B §1-102(a)(4), Annotated Code of Maryland |
| ✓ Concert halls | ✓ Museums | |
| ✓ Athletic facilities | ✓ Libraries | |
| ✓ Financial service institutions | | |

Signs must be conspicuously posted at each entrance and in prominent locations inside the establishment.

Some jurisdictions may have local ordinances with additional requirements. Check with your local health department or the Clean Indoor Air Act Help Line, 1-866-703-3266 for further information.

The Maryland State Clean Indoor Air Act: A Guide for Bars and Restaurants



WHAT IS THE CLEAN INDOOR AIR ACT OF 2007?

The Clean Indoor Air Act of 2007 prohibits smoking in virtually all indoor workplaces, including restaurants and bars. The law provides for fair and consistent statewide protection from exposure to secondhand smoke in indoor settings. Workers in the retail and hospitality industries will now have healthier workplaces and Marylanders will be able to breathe clean, smoke-free air when eating out or spending a night out on the town.

WHAT DO I HAVE TO DO TO COMPLY WITH THE LAW?

Effective *February 1, 2008* at 12:00 a.m., smoking is prohibited in all bars, restaurants, pubs, taverns, and most other businesses with indoor areas open to the public in Maryland. If you own or operate one of these establishments, you must do two things:

- Prohibit smoking in your establishment
- Post “NO SMOKING” signs conspicuously at each entrance and in prominent locations inside your establishment

Some jurisdictions may have local ordinances with additional requirements. Check with your local health department, the Clean Indoor Air Act Help Line at 1-866-703-3266, or www.mdcleanair.org for further information.

WHAT KINDS OF SIGNS HAVE TO BE POSTED, AND WHERE MUST THEY BE POSTED?

Starting on February 1, 2008, all indoor areas open to the public and every public entrance to an indoor area open to the public where smoking is prohibited in a bar or restaurant must display conspicuously a “NO SMOKING” sign, either in words or the international symbol for no smoking consisting of a burning cigarette enclosed in a circle with a bar across it.

Posting signs before the law’s effective date of February 1, 2008 will help make the change to smoke-free air smooth for both employees and customers – businesses are free to do this at any time prior to this date. You may also want to use special smoke-free coasters, napkins or buttons to help get the word out. Free, downloadable signs and materials are available at www.mdcleanair.org or may be purchased from local office supply, hardware and home improvement stores.

CAN EMPLOYEES SMOKE ANYWHERE INDOORS?

No. Smoking is not permitted anywhere inside the premises, including private offices and break rooms. Businesses that currently have a separate room for smoking can no longer allow smoking in these rooms or anywhere else inside. You must simply inform your employees who smoke that they must go outside to smoke. Be sure to communicate early and clearly with your employees to ensure they understand how the new smoke-free workplace law applies to both them and your customers.

IS SMOKING OUTSIDE PROHIBITED?

Smoking outside of bars and restaurants is not prohibited under the Clean Indoor Air Act. However, some jurisdictions may limit smoking outside these establishments. In addition, while smoking is not prohibited on uncovered decks and patios, you should look carefully at the regulation to see whether a covered deck or patio is considered indoors or not. Structures with a ceiling that are enclosed by any combination of permanent or temporary walls, windows, or doorways, whether open or closed, or other physical barriers that go from the floor to the ceiling, are considered as indoor areas and subject to regulation [(COMAR 10.19.04.02(B)(9)].

Key Partners

- CDC
- American Cancer Society
- Robert Wood Johnson Foundation
- Campaign for Tobacco Free Kids
- Local Advocates
- Local Health Departments
- Other Health Dept. Administrations
- TCP-funded Partners

Promotions

- Logo Development
- Restaurant and Bar Items
- Clean Indoor Air Act Toolkits
- Mass Media (taxi, bus, radio)
- Search Engine Marketing
- Mobile Marketing Unit



Media Promotions

Bea Story Campaign -
www.smokingstopshere.com

- TV
- Taxi Tops/Bus Shelters
- Mobile Marketing
- Search Engine Marketing
- Radio



SSH 69310 • New Truck Wrap (longer truck) • Editable Illustrator file (mostly vector format) • 4 Color • 1/10th scale (?)

“Bea” – Taxi Top Ad



“A smoke-free life was just a phone call away.”
Bea – Smoke-free and loving it.

Free!!
-call
-support
-medicines

Maryland's
1-800  **QUIT NOW**
1-800-784-8669 SmokingStopsHere.com



This is a FREE service sponsored by the Maryland Department of Health and Mental Hygiene.

Quitline Call Volumes

- 116% increase in call volume during February 2008 compared to February 2007
- Over 100% increase in January 2008 as compared to December 2007, with call volumes remaining nearly as high in February and March



Integrating Cessation with Smoke-free Policy Implementation

Julie B. Doetsch, MA
Tobacco Program Manager
Illinois Department of Public Health
Office of Health Promotion

Presentation Outline

1. Describe Smoke-free Illinois Act (SFI)
2. Describe Quitline and cessation in Illinois
3. Explain factors influencing integration of Quitline and cessation with SFI
4. Materials integrating Quitline and cessation with SFI
5. Anticipated outcomes
6. Recommendations

1. Smoke-free Illinois Act Description

- Senate Bill 500 was passed by both houses on May 1, 2007
- Sent to Governor for signature on May 30, 2007
- Governor signed the bill in July 25, 2007
- The effective date of the law [PA 95-0017] was January 1, 2008
- Just over 5 months for implementation activities:
 - drafting the rules, posting rules for public comment and trying to get them adopted
 - building IL Dept. of Public Health (IDPH) infrastructure
 - conducting education for local health departments, businesses and general public

1. Smoke-free Illinois Act Description

- Prior to passage of SFI over 50% of Illinois' population was covered by some type of smoke-free ordinance
- SFI prohibits smoking in all indoor public places and workplaces (e.g., bars, restaurants, gaming facilities, including casinos, and private clubs)
- Exemptions are few:
 - Retail tobacco stores that derive over 80% of their profits from the sale of tobacco and tobacco products and that do not have a restaurant, food or liquor license
 - private homes, not used for licensed child care
 - nursing homes and long-term care facilities
 - and up to 25% of hotel and motel sleeping rooms

1. Smoke-free Illinois Act Description

- Enforcing agencies:
 - IDPH
 - State-certified local health departments (LHD)
 - Local law enforcement

1. Smoke-free Illinois Act Description

- No additional funding for SFI implementation activities
- Implementation conducted with:
 - existing MSA funds
 - existing staff expertise internal and external to IDPH (database & Web site development)
 - efforts and expertise from, and funds of, voluntary organization partners to conduct statewide media and educational activities

2. Quitline and Cessation Efforts in Illinois

- IDPH Tobacco-Free Communities (ITFC) program cessation efforts:
 - Fund 95 local health departments to conduct tobacco prevention & cessation
 - Live Free-Tobacco Free college policy focused initiative to reduce secondhand smoke exposure, promote cessation and change social norms
 - Break the Habit program
 - Illinois Tobacco Quitline
- Within existing funding determined that Quitline would be best option to meet increased cessation interest

2. Quitline and Cessation Efforts in Illinois

- Illinois Tobacco Quitline:
 - Toll-free service available at **866-QUIT-YES (866-784-8937)**.
 - Funded by state appropriation of \$1M annually
 - Operated by the American Lung Association of Illinois/Iowa
 - Staffed by certified cessation counselors
 - Free service
 - Proactive calls from counselors
- Callers receive:
 - On-going counseling through the Quitline counselors, and/or
 - Referrals from Quitline counselors to quit programs available at local health departments, hospitals or health centers in the caller's area

2. Quitline and Cessation Efforts in Illinois

- Quitline promoted statewide by:
 - Print ads, promotional materials and some radio and television
 - Local health departments
 - must promote the Quitline within their jurisdiction (n=95)
 - Break the Habit program (n=53)
 - Coordinated approaches include
 - HFS mailings to public aid recipients and providers
 - DHS referrals from Family Case Management/WIC clinics
 - fax referral system in local health departments, health care provider systems, private physicians' offices
 - Quitline Web site available at www.quityes.org that provides information to people interested in quitting smoking

3. Factors influencing integration of Quitline and cessation with SFI

- Recognized that SFI would increase cessation interest
- Have existing Quitline service and statewide promotion activities
- Focus of IDPH and partners was to build SFI infrastructure and conduct education campaigns
- Quitline operated by American Lung Association of IL/IA; easy coordination/integration with SFI
- SFI education included promoting Quitline services

3. Factors influencing integration of Quitline and cessation with SFI

- Partners involved in SFI planning and implementation:
 - American Cancer Society (ACS)
 - American Heart Association (AHA)
 - American Lung Association Illinois/Iowa (ALA)
 - IL Assoc. of Public Health Administrators (IAPHA)
 - Illinois Coalition Against Tobacco (ICAT)
 - Respiratory Health Association (RHA)

3. Factors influencing integration of Quitline and cessation with SFI

- Capitalized on Quitline services that offered greatest capacity to handle increased cessation interest
- Existing Quitline capacity increased in summer 2007:
 - Added 2.5 FTE telephone counseling staff
 - Increased hours of operation (+two hours) 7:00 a.m. to 9:00 p.m.
 - Voice message back-up system for after hours calls
 - Quitline Web site launched December 2007 to provide cessation information at any time

4. Smoke-free Integration with Quitline

- ALA integrated Quitline promotion with SFI education tool kits:
 - Business forum targeted Chicago-area business executives, health and wellness directors and human resources directors
 - Public education through integration with asthma awareness campaigns
- ACS, AHA, ALA, ICAT, RHA developed and mailed SFI tool kit to businesses

4. Smoke-free Integration with Quitline

- Web sites include SFI business and hospitality education guides and Quitline info
 - IDPH:
http://www.smoke-free.illinois.gov/sf_info.htm
 - Partner organizations:
www.smokefreeillinois.org/impres/SFGuide.pdf
 - ACS:
<http://www.smokefreeillinois.net/>

4. Smoke-free Integration with Quitline

- Iterative links between smoke-free Web sites and cessation resources:
 - www.smoke-free.illinois.gov IDPH's site
 - www.smokefreeillinois.org/ IL partners: ALA, IL Coalition Against Tob., AHA, IL Acad. of Fam. Phys., IL Public Hlth. Assoc.
 - www.smokefreeillinois.net/ ACS's site
 - www.lungil.org/tobacco/ ALA's site

4. Smoke-free Illinois Act Integration with Quitline

- ALA produced television ad promoting SFI as an opportunity to consider quitting smoking available at:
www.lungil.org/tobacco/sfi.cfm
 - Outlet: WBBM television in Chicago
 - Duration: November 2007 – January 2008
 - Length: 29 seconds
 - Content:
 - Describes SFI Act prohibition on smoking in indoor public places and workplaces
 - “So let today be the day you quit smoking...”
 - Provides information about Quitline services
 - Toll-free Quitline phone number posted as banner throughout ad

4. Smoke-free Integration with Quitline

- Additional SFI awareness activities:
 - ACS television campaign about law going into effect
 - Illinois Liquor Control Commission education to liquor control agents and businesses
 - Illinois Retail Merchants Association mailing to members
 - LHDs efforts (e.g., business forums, mailings, information kits)
 - Earned and paid print media throughout state

5. SFI and Quitline Anticipated Outcomes

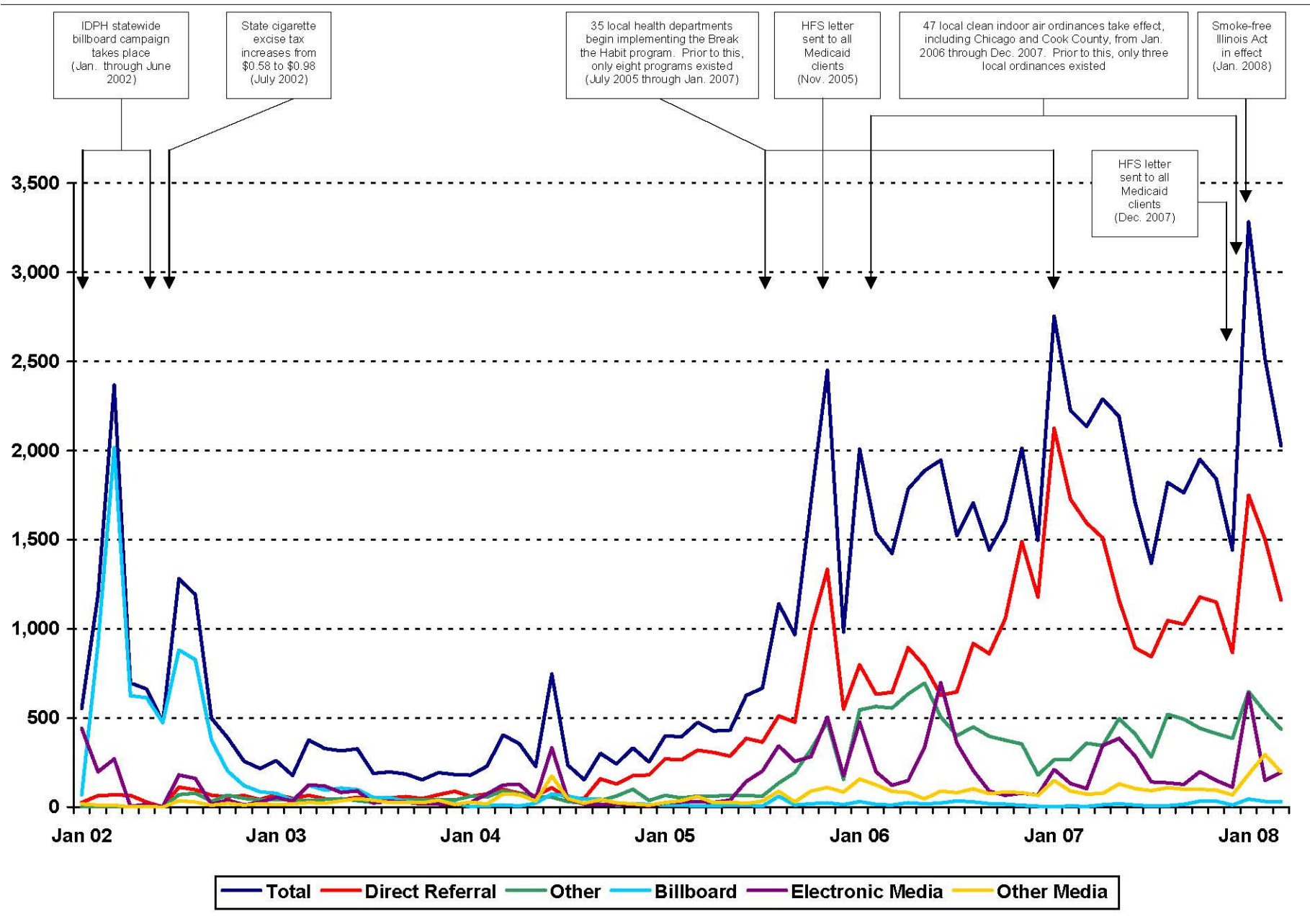
- Calls to the Quitline increased after SFI

	January	February	March
2008	3,284	2,518	2,026
2007	2,755	2,225	2,136
% Change	19.2%	13.2%	-5.1%

5. SFI and Quitline Anticipated Outcomes

- Quitline calls tracked by detailed call source and grouped into distinct categories
- Spikes in call volume can be analyzed by detailed or grouped call source
- Events tracked to determine if other factors prompt calls (e.g., excise tax increase)

Illinois Tobacco Quitline Number of Calls by Source and Month January 2002 through March 2008



5. SFI and Quitline Anticipated Outcomes

- March 2008 fewer Quitline calls compared to March 2007:
 - Enforcement
 - Amendments pending SB 2707
 - Provides that enforcement agencies can issue citations and that IDPH can conduct hearings
 - Further defines exemptions

6. Recommendations

- Coordinate with partner organizations for mutually beneficial delegation of duties based on organization resources and target audiences:
 - Media = ACS (general public) and ALA (business/Quitline)
 - General public/business education = all Partners
 - Training enforcement agencies = IDPH
 - Building SFI enforcement infrastructure = IDPH
- Avoid duplicating efforts to maximize limited resources (see point above)
- Communicate
- Web sites for education information and “No Smoking” signs
- Database development to track public complaints and provide tracking tools for enforcing agencies

Smoke-free Illinois Information

- Contact:

Julie Doetsch

(217) 785-1054

Julie.Doetsch@illinois.gov

Contact Information

Tobacco Control Network

- Website: www.ttac.org/TCN
- Email: tcn@sph.emory.edu
- Telephone: 404-712-8474

North American Quitline Consortium

- Website: www.naquitline.org
- Telephone: 602-279-2719