Maryland's Newsletter for Healthcare Professionals Interested in Tobacco Cessation and Prevention

MARYLAND RESOURCE CENTER FOR QUITTING USE & INITIATION OF TOBACCO

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MDQuit NEWSLETTER

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Inside this issue:

MDQuit is reaching out to **Maryland Colleges and Universities** to help with prevention and cessation efforts! For information, email collegeoutreach@mdquit.org

Priority Populations in Tobacco Control: LGBT Community

Recent research indicates that lesbian, gay, bisexual, and transgender (LGBT) individuals may smoke at rates up to twice the national average. The American Lung Association (ALA) reviewed 42 studies in 2009 that measured smoking prevalence in the LGBT population and found by and large an increased risk of smoking. Although the research to date is limited, LGBT adults and youth are considered a priority population for tobacco control as they are disproportionately affected by smoking. Factors associated with an increased risk of smoking for the LGBT population include those similar to the general population (i.e., stress, depression, social and cultural factors) but at higher rates, as well as actual and perceived stigma and discrimination, lack of access to healthcare, discriminatory healthcare practices, delays in seeking treatment, and targeted marketing by the tobacco industry. Although the stress of stigma may be ameliorated by increased social acceptance, the environment in which LGBT individuals live can significantly impact health outcomes and morbidity.

LGBT Smoking: By the Numbers

- Gay men smoke at about 1.1 - 2.4 times the rate of heterosexual men.
- Lesbians smoke at about 1.2 - 2.0 times the rate of heterosexual women.
- Bisexual men and women smoke at a rate of 30% - 39.1%.
- Transgender individuals smoke at a rate close to that of the overall LGBT population rate of 30.4%.
- LGBT youth, especially bisexual youth, experience a higher risk of smoking.

For more information, see ALA citation below.

To address this health disparity, the ALA recommends:

* Improvement and expansion of reporting and data collection by the federal and state governments to better assess sexual orientation and gender identity
* Engagement with the LGBT community to promote collaboration in prevention and cessation program development by state and local organizations
* Promotion of the recognition of tobacco use as a public health priority by LGBT organizations

MDQuit recommends a comprehensive approach, combining policy change, prevention messaging campaigns, and tobacco cessation services that are sensitive to the unique stressors and experiences of priority populations.

Source: American Lung Association. (2010). *Smoking out a deadly threat: Tobacco use in the LGBT community. Disparities in Lung Health Series*. Retrieved from http://www.lungusa.org/about-us/publications/

UMBC AN HONORS UNIVERSITY IN MARYLAND

Maryland's 1-800 QUIT NOW SmokingStopsHere.com

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

Ban on "Light" and "Low": Tobacco Companies Switch to Color-Coded Labels

Effective July 22, 2010, the Family Smoking Prevention and Tobacco Control Act[1] prohibits manufacturers from advertising tobacco products as "light," "low," or "mild." The rationale behind the new law is that many consumers mistakenly believe that these products cause fewer adverse health effects than other cigarettes. Currently more than half of daily American smokers report smoking brands labeled as "light" or "ultra-light," and a number of studies[3, 4] have found that smokers commonly endorse the belief that these products reduce the health effects associated with smoking without having to quit. The National Cancer Institute[2] found that "light" smokers are not at reduced risk for developing smoking-related cancers and other diseases. Additionally, switching to "light" cigarettes does not appear to help smokers quit and may actually decrease motivation to quit. The ban on the use of the "light" terms may represent progress in terms of education about the adverse health effects of any type of tobacco product.

Tobacco companies, however, are already introducing new marketing tactics in response to the regulations. These strategies include using colored-coded packaging for previously light brands and switching to terms such as "gold" and "silver" to replace "light" and "ultra-light." Philip Morris recently announced the switch to color-coded products: Marlboro Lights, for years packaged with gold labels, will be renamed Marlboro Gold, and Marlboro Ultra Lights, for years packaged with silver labels, will become Marlboro Silver.

Internationally, these strategies are not new; more than 70 countries have already banned "light" terms. Initial studies have found that consumers in countries where color-coding has taken place continue to perceive such brands as being less harmful, or making smoking easier to quit, than "regular" brands[5,6]. MDQuit encourages health promotion researchers and clinicians to be aware of these challenges in their efforts to distribute accurate information to consumers.

Sources:
[1]Family Smoking Prevention and Tobacco Control Act. http://www.govtrack.us/congress/bill.xpd?bill=h111-1256.
[2]National Cancer Institute. *Smoking and Tobacco Control Monograph 13: Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Bethesda, MD: National Cancer Institute, 2001.
[3]*Cummings, K.M., Hyland, A., Bansal, M.A. & Giovino, G.A. (2004). What do Marlboro Lights smokers know about low-tar cigarettes? Nicotine Tob Res, 6, 323-332.*
[4]*Wilson, N., Weeraserka, D., Peace, J., Edwards, R., Thomson,G., & Devlin, M. (2009). Misperceptions of "light" cigarettes abound: National survey data. BMC Public Health, 9, 126-137.*
[5]*Hammond, D., Dockrell, M., Arnott, D., Lee, A., & McNeill, A. (2009). Cigarette pack designs and perceptions of risk among UK adults and youth. European Journal of Public Health, 1-7, doi:10.1093/eurpub/ckp122.*
[6]*Hammond, D., & Parkinson, C. (2009). The impact of cigarette package design on perceptions of risk. Journal of Public Health, 1-9, doi:10.1093/pubmed/fdp066.*

New Toolkit for Tobacco Control Directors and Program Managers

A new toolkit on collaboration has been published by Legacy as a means of ensuring that collaborators are on the same page with effective strategies for achieving desired project outcomes. The toolkit is a supplement to their *"Building Effective Collaborations: Organizations Working Together in Tobacco Control"* and can be found online:

Legacyforhealth.org/PDF/Collaboration_Toolkit.pdf

Source: Legacy eNews—June 2010

New Legislation Targets Internet Tobacco Sales

The Prevent All Cigarette Trafficking (PACT) Act (S.1147) – legislation providing government officials with more effective enforcement tools to combat tobacco smuggling – became effective on June 29, 2010. One of the key aims of the PACT Act is to restrict youth access to low-cost tobacco through illegal Internet or contraband sales by requiring age verification at the points of purchase and delivery. And tobacco traffickers can no longer use the U.S. Postal Service as a means of delivery – any packages known or suspected to contain cigarettes or smokeless tobacco cannot be accepted for delivery or transmitted through the mails by the USPS. The PACT Act also intends to increase collections of Federal, State, and local excise taxes on cigarettes and smokeless tobacco – the tax evasion from Internet sales alone accounts for billions of dollars of lost tax revenue each year. These and other restrictions are meant to curtail the illegal activities of cigarette and smokeless tobacco traffickers and have a significant impact on their profits. To see the full text of the PACT Act, go to:
http://www.govtrack.us/congress/billtext.xpd?bill=s111-1147

Motivation and the 5 A's: Effective Brief Interventions with Tobacco Users

The "5 A's" of treating tobacco dependence (Ask, Advise, Assess, Assist, and Arrange follow-up) are considered among the most useful strategies for understanding tobacco dependence, talking with patients about their tobacco use, and planning for cessation during a brief clinical encounter. However, the 5 A's alone might not be enough—motivational considerations help clinicians tailor brief interventions for each unique patient. Here are a few motivational tips for each of the 5 A's to increase the likelihood of a patient's successful quit attempt:

Ask* – *Systematically identify all tobacco users at every visit
Use a set of standardized questions that clearly assess past and current use of tobacco, e.g., *"Have you ever smoked 100 cigarettes in your life?"* If yes, ask: *"Have you smoked even a puff of a cigarette in the past 30 days?"* If Yes, ask: *"On average, how many cigarettes do you smoker per day?"* and *"How long have you been smoking at that rate?"*
Motivational Tip: Have a non-judgmental approach. Ask open-ended questions that encourage patient collaboration, e.g., *"Tell me about your use of tobacco products." "Lifetime" & "Recent"*

Advise* – *Strongly urge all tobacco users to quit
Provide feedback based on patient's reported level of tobacco use, related health complaints, and expressed reasons for quitting, e.g., *"It seems that your smoking has increased over the past few years, your energy level has decreased. Right now, quitting smoking is the best thing you can do to improve your health."*
Motivational Tip: Expect ambivalence. Be open to discussing the patient's doubts about your advice and feedback or by subsequently asking questions like, *"What do you think about this advice?"*

Assess* – *Determine willingness to make a quit attempt
Assess patient readiness to quit tobacco use at every visit – readiness changes over time.
Motivational Tip: Use a readiness ruler or other strategies to help the patient identify existing motivation for change, e.g., *"On a scale of 1-10, with 10 being very ready, how ready are you to change your smoking?"... "What makes you a [4] and not a lower number?"*

Assist* – *Aid the patient in quitting
Negotiate an agreement for the patient's specific change plans, e.g., setting a quit date, starting a medication, or encourage calling 1-800-QUITNOW or offering to fax a note to the Quitline (i.e., MDQuit's Fax to Assist Program through www.mdquit.org).
Motivational Tip: Provide a menu of options for the patient's current level of readiness, and help the patient plan ways to overcome cravings and barriers based on past successes.

Arrange* – *Ensure follow-up contact
Arrange for follow-up contact with the patient (in-person or by telephone) within a few weeks of starting the change plan and again at the next clinical appointment.
Motivational Tip: At follow-up, evaluate the change plan, reinforce successes and address barriers. Some patients may need more intensive treatment, including a referral (e.g., the Quitline, a support group, or program). Repeated follow-ups will support change.

Sources:
Fiore, M. C., C. R. Jaen, et al. (2008). Treating Tobacco Use and Dependence 2008 Update. Clinical Practice Guideline. U.S. Department of Health and Human Services. Rockville, MD, U.S. Department of Health and Human Services. Retrieved from http://www.ahrq.gov/clinic/tobacco/tobaqrg.htm
Addiction Technology Transfer Center Network (Aug, 2010). SBIRT – Part 2: Breaking the Model Down. *Addiction Messenger.* Retrieved from: http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/aug2010article.asp

Medicare Expands Coverage for Smoking Cessation

Medicare will now cover smoking cessation counseling as a preventative measure against a variety of diseases, according to an announcement on Aug. 27 by the U.S. Dept. of Health & Human Services.

All smokers covered by Medicare will be able to receive counseling for tobacco cessation regardless of whether or not they suffer from a smoke-induced disease. The counseling must be provided by a qualified physician or other Medicare-recognized clinician.

The Medicare Prescription Drug Program (Part D) will continue to provide beneficiaries with access to smoking-cessation prescription drugs.

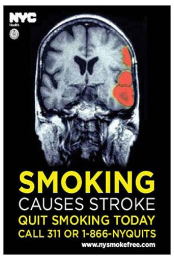
http://www.foodconsumer.org/newsite/Non-food/Healthcare/smoking-cessation_2808100151.html

Research Corner: Smoking & Perceived Stress

A common concern for individuals quitting smoking is, "How will I cope without it?" Many smokers hold the belief that cigarettes are a way to find relief from stressful situations, and unsurprisingly, stressful situations that provoke intense negative feelings (e.g., anxiety, agitation, or depressed mood) are among the most common situations in which smokers report relapsing or feeling most tempted to relapse. Yet new research is showing that the opposite of this common belief may instead be true—smoking may actually increase levels of perceived stress. A study conducted by Peter Hajek and colleagues at the London School of Medicine and Dentistry followed a sample of smokers who reported wanting to quit smoking while hospitalized following a heart attack or coronary artery bypass surgery. When later interviewed, smokers who had not quit or returned to smoking reported significantly greater perceived stress than those who had quit. In the short term, smoking may provide a brief relief, but in the long term, smoking may be related to greater stress, perhaps because smokers are continually going through a cycle of withdrawal and craving of nicotine. These findings can be useful when counseling smokers who often fear they will lose perhaps their best or only coping strategy if they quit when, in fact, quitting can promote a healthier, less stressful life.

Source: Hajek, P., Taylor, T., & McRobbie, H. (2010). The effect of stopping smoking on perceived stress levels. *Addiction, 105*(8), 1466-1471. doi:10.1111/j.1360-0443.2010.02979.x.

Signage Ruling in NYC Prompts Lawsuit



As part of its continuing efforts to reduce tobacco use and improve the health of its residents, New York City instituted a ruling in December of last year requiring all businesses selling tobacco products to post health warning signs describing the adverse effects of tobacco use. That ruling, the first of its kind in the U.S., is being challenged by a lawsuit filed by the three largest tobacco companies in the U.S., along with representatives of some retailers in the city. This litigation – which argues that New York does not have the authority to require the graphic signage – appears to demonstrate yet again that profits take priority over health issues for the tobacco companies, and the retailers involved seem motivated by financial concerns as well.

In response to the lawsuit, the city has agreed to delay enforcement of its ruling until either January 1st or 14 days after a court order, whichever comes first. A hearing in U.S. District Court in Manhattan is scheduled for October 14th. Massachusetts is one state waiting in the wings with a similar mandate of its own, delaying any action until the court's decision in the NYC case. Whatever the outcome of that hearing, tobacco companies will be forced to comply with the Family Smoking Prevention & Tobacco Control Act (H.R. 1256) that takes effect in 2012, which will require health warnings to cover at least 50 percent of cigarette packages, and the word "Warning" to be capitalized.

Source: Press Office Release, Campaign for Tobacco-Free Kids, June 8, 2010; "Tobacco companies sue NYC over signs, delay Mass. Effort," USA Today, 7/14/2010

MDQuit.org

Five States Increased Cigarette Taxes on July 1:

Hawaii
New Mexico
New York
South Carolina
Utah

New York now has the highest state cigarette tax at $4.35 per pack; the lowest — Missouri, at just $.17 per pack. Maryland ranks 11th at $2.00 (tied with AK, AZ, and ME).

Source: http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf

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