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Fax to Assist
and BH2

MDQuit NEWSLETTER

FALL/WINTER 2017

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Special Population: Latinx Smokers

Smoking Behavior in Youth and Adult Latinx Populations

The term "Latinx" (pronounced "La-teen-ex") is a gender-neutral term used to represent all people of Latin American heritage.

Tobacco use in the Latinx population is a bit confusing. Data from the Maryland 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) indicate that **only 12.1% report using tobacco products** — below the rates of use in all other race/ethnicity groups aside from Asian. However, when comparing tobacco use among Latinx men and women: **only 5% of women report use of tobacco products, versus 18.2% of the men.** This low rate of tobacco use for Latinx women reduces the overall prevalence in the Latinx population, as Latinx males use tobacco at the same rate as males of other races/ethnicities. Another interesting fact: only 11.2% of those with a high school diploma or less use tobacco compared to 16.4% of those with some college. Overall, smoking in the adult population is at 10.3%, with cigar use at 3.8%.

Before we begin to celebrate these lower rates of tobacco use, we need to look at the rates for adolescents. Data from the Maryland 2016 High School Youth Risk Behavior Survey (YRBS) show that **almost 1 in 8 high school youth used a tobacco product in the past month**, with:

- 7.5% using cigarettes,
- 6.2% using cigars, and
- **11.8% using e-cigarettes.**

Both adult and youth Latinx tobacco use rates are lower than all other racial/ethnic groups, with the exception of Asians. However, as with other subpopulations, e-cigarettes are the most popular product of choice for Latinx youth, who are using at higher rates than both Black and Asian youth.

Although there is much to appreciate about the lower rates of tobacco use among Latinx adults and youth, 10-12% of a population of over 600,000 — about 10% of Maryland's population and growing — is a significant challenge to tobacco control in our state. Focusing on male smoking among adults, and e-cigarette use among youth, seems particularly important. On the journey to eliminate smoking and tobacco use in Maryland we must continue to focus cessation and prevention efforts on the growing Latinx population, especially in light of the targeting of this and other vulnerable populations by tobacco companies.

From all of us
to all of you ~
warm wishes
for the
holidays!

E-cigarette Corner

a regular feature in MDQuit newsletters



Important Factors to Consider Among Teens Who Vape

Last year's report from the U.S. Surgeon General summarized the negative impact e-cigarettes can have on youth and young adults.¹ Despite a recent decline between 2015 and 2016, e-cigarette use continues to be the most prevalent form of nicotine use among adolescents, and has the lowest perceived risk.² Exposure to nicotine in any form, including e-cigarettes, can harm brain development.

Using data from the 2015 *Monitoring the Future* study, a nationally representative sample of high school seniors, researchers in October 2017² considered the probability of future cigarette smoking and substance use based on the age of initial use of e-cigarettes. They concluded that a higher percentage of high school seniors who had early-onset e-cigarette use (defined as 9th grade or younger) reported current or lifetime cigarette smoking, and other substance use, compared to seniors who never used e-cigarettes, or who began using them in the 12th grade. This effect of early-onset e-cigarette use was also stronger among teens who used e-cigarettes more frequently.²

Interestingly, among 12th graders who reported lifetime e-cigarette use, and engaged in other substance use, initial e-cigarette use was more likely to have occurred after initial cigarette smoking, alcohol use, marijuana, and non-medical use of prescription drugs. Additionally, students who used these four most commonly used substances accounted for over 80% of the e-cigarette users in the 12th grade.³

Given the increased risk of early-onset e-cigarette use found in the 2017 study, it is suggested that middle school, or even earlier, is the optimal time for delivering preventative interventions for reducing substance use behaviors, including e-cigarette use, among youth.²

¹U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016. ²McCabe, S. E., West, B. T., & McCabe, V. V. (2017). *Associations between Early Onset of E-Cigarette Use and Cigarette Smoking and Other Substance Use among US Adolescents: A National Study*. *Nicotine & Tobacco Research*. ntx231. ³Miech, R.A., O'Malley, P.M., Johnston, L.D., & Patrick, M.E. *E-cigarettes and the drug use patterns of adolescents*. *Nicotine Tobacco Research*. 2016; 18(5): 654–659.

CTPC MEDIA UPDATES



Maryland Tobacco Quitline

The Center for Tobacco Prevention & Control (CTPC) is airing New Year's Resolutions ads to promote the Maryland Tobacco Quitline and encourage Maryland residents to quit tobacco in the New Year. Media will run from November 2017 through March 2018 in various mediums, such as: TV ads (WJZ in the Baltimore metro region, WBOC in Salisbury, and local cable networks in Prince George's and Montgomery Counties); transit ads in the Baltimore metro region; print media in health care provider offices across the state; Google Adwords and Google Video Network; and JukeBox Advertising platforms at restaurants and bars across Maryland in which residents can play a game testing their tobacco knowledge. New Year's is a great time to encourage residents to help them quit tobacco. CTPC encourages everyone to build on media efforts, let us know about your local classes, and order materials to help residents quit. Free materials are available at www.smokingstopshere.com.

Retailers

CTPC is mailing 2018 calendars, quick reference guides, and window clings to licensed tobacco retailers and vape shops in late December. Quick reference guides and window clings are available for order on the campaign website, www.notobaccosalestominors.com. Calendars are also available, while supplies last — to order calendars, please send an email to mdh.notobaccosalestominors@maryland.gov.

The Menthol Boost: Combined Effects of Menthol and Nicotine on the Brain



Menthol crystals

Menthol cigarettes make up about 25% of the U.S. cigarette market, and are mostly used by adolescents and African Americans.^{1,2} Research has demonstrated that people who smoke menthol cigarettes tend to inhale more deeply and to be more dependent on nicotine.² A recent animal study supported by the National Institute on Drug Abuse investigated the combined effects of nicotine and menthol on the brains of adolescent rats by injecting them with a combination of either 1) nicotine and menthol, 2) nicotine only, or 3) menthol only. Rats receiving a high dose of menthol combined with nicotine had higher locomotor activity compared to those receiving nicotine only or menthol only, suggesting that menthol may intensify the rewarding effect of nicotine in the brain. Furthermore, functional Magnetic Resonance Imaging (fMRI) suggests that menthol and nicotine together enhance the connection between an area of the brain that controls reward and an area of the brain associated with memory, compared to nicotine alone. Therefore, the combination of menthol with nicotine can have a higher addictive potential. This research suggests some potential mechanisms for greater dependency and greater difficulty with quitting in menthol smokers. More research is needed with human subjects to confirm these findings.

¹African Americans and tobacco use. <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>. ²Menthol Boosts Nicotine's Effects. <https://www.drugabuse.gov/news-events/latest-science/menthol-boosts-nicotines-effects>.

³Thompson, M. F., Poirier, G. L., Dávila-García, M. I., ... & DiFranza, J. R. (2017). Menthol enhances nicotine-induced locomotor sensitization and in vivo functional connectivity in adolescence. *J. of Psychopharmacology*, doi: 10.1177/0269881117719265.

MDQuit Announces New Online Trainings

WHO:

For Administrators and Staff in Behavioral Health Treatment Settings.

WHAT:

These trainings are designed to support administrators and staff in behavioral health settings to address smoking cessation within their clinic or agency site.

HOW TO ACCESS:

Visit our trainings webpage at <https://mdquit.org/tobacco-information/mdquit-trainings> for details on accessing the appropriate training.

“Tobacco 21”

TOBACCO
eighteen twenty-one

The Tobacco 21 Act — which would raise the minimum legal age of tobacco sales from 18 to 21 — was introduced into the U.S. Congress in November 2017. “Tobacco 21” may help to reduce nicotine dependency and its associated risks in much the same way that raising the legal drinking age to 21 has affected alcohol dependency.

Considering that about 90% of smokers begin the habit before the age of 18, raising the legal age for tobacco purchases could help to prevent older high school students from buying tobacco products for younger friends and peers. Enacting Tobacco 21, according to the Institute of Medicine at the National Academy of Medicine, would also result in:

- * 223,000 fewer premature deaths,
- * 50,000 fewer deaths from lung cancer,
- * 4.2 million fewer years of life lost (for those born between 2000 and 2019), and
- * a 12 percent decrease in smoking prevalence.

The proposed law is popular with many Americans: 75% are in favor of raising the tobacco sale age to 21, including 70% of current smokers. Additionally, close to 260 localities in the U.S. have already raised the legal tobacco purchasing age to 21 — including five states (HI, CA, NJ; OR, ME^{*}). Multiple national organizations have also advocated for a Tobacco 21 law, including *Campaign for Tobacco-Free Kids*, *American Cancer Society Cancer Action Network*, *American Heart Association*, *American Lung Association*, and *American Academy of Pediatrics*.

This is not the first time legislation has been introduced at the federal level, but there appears to be more momentum this year given the expanding legislation occurring at state and local levels.

Source: <https://www.schatz.senate.gov/imo/media/doc/Tobacco%20to%2021.pdf>

^{*}Tobacco 21 laws go into effect in 2018 for Oregon and Maine.

FYI from LRC

Noteworthy news from our partners at the Legal Resource Center for Public Health Policy

Increasing Access to Tobacco Cessation Through Pharmacists

In Maryland, state statute (Md. Code Ann., Health Occ. § 12-101) establishes the scope of pharmacy practice. During the 2017 legislative session, the Maryland General Assembly, in an effort to increase access to care, added to the definition of the practice of pharmacy, giving pharmacists the authority to prescribe contraceptives. This same statute mandates insurance coverage for pharmacist-prescribed contraceptive medication. The Board of Pharmacy, in consultation with other stakeholders, is required to develop prescribing regulations by September 1, 2018, with pharmacists authorized to prescribe contraceptives beginning in 2019. This is the first time pharmacists in Maryland will be authorized to engage in prescribing.

Other states (CA, ID, AZ, OR) have used this approach to expand access to care in a variety of areas, including tobacco cessation, granting pharmacists the authority to furnish or prescribe tobacco cessation medications. While Maryland does require insurance companies to provide coverage for certain tobacco cessation medications, the State does not yet permit pharmacists to prescribe these medications. Additionally, pre-authorization requirements and access to primary care providers exist as barriers to these prescription medications. The expansion of authority for pharmacists to include the ability to prescribe tobacco cessation medications has the potential to increase access to these valuable cessation tools, as pharmacies are prevalent throughout communities and accessible during extended hours.

~~ NOTICE FROM LRC: SAVE THE DATE ~~

Maryland Tobacco Control Conference

Wednesday, May 9, 2018 — 8:30 am - 3:00 pm (Location TBA)

ANNOUNCING BH2 TRAINING DATES FOR SPRING 2018

FEBRUARY 16th APRIL 6th JUNE 1st

We'll send an email blast when registration goes live, and post registration links on our website. *Not on our email list but would like to be? Send a note to info@mdquit.org.*

MDQuit Advisory Board

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MDQuit's 12th Best Practices Conference

January 18, 2018
 Turf Valley Resort

"New and Innovative Practices and Treatments for Tobacco Cessation"

KEYNOTE SPEAKERS

Katie Witkiewitz

University of New Mexico

Amanda Graham

Georgetown University
 Medical Center

Kathleen Hoke

Legal Resource Center for
 Public Health Policy

Online registration going LIVE in mid-December — keep an eye on your inbox!

For more conference details, visit

www.mdquit.org



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