

MDQuit presents our Spring/Summer 2016 e-newsletter!



In this issue:

UPDATE: Maryland's Cancer Control Plan

Team Approach Needed to Address Youth Smokeless Tobacco Use

As Temperatures Rise... What About Environmental Tobacco Smoke?

UPDATE: Smokefree O.C.

Smoking Persists in Youth-Rated Movies

Smoking: Its Effects on Re-employment

News From Our Partners at the Legal Resource Center



UPDATE: Maryland's Cancer Control Plan

The Maryland DHMH Center for Cancer Prevention and Control has released the *2016-2020 Maryland Comprehensive Cancer Control Plan*. The Cancer Plan serves as a guide to reduce the burden of cancer in Maryland -- which can only be accomplished through the efforts of individuals and organizations willing to implement the activities outlined in the Plan. Each section of the Plan includes comprehensive goals, data-driven objectives, and strategies to achieve objectives by 2020.

Representatives of the Maryland DHMH, Maryland Cancer Collaborative, Maryland State Council on Cancer Control, cancer survivors, and experts in the state contributed to the update of three sections of the Plan: *Primary Prevention of Cancer*, *High Burden Cancers in Maryland*, and *Cancer Survivorship, Palliative Care, and Hospice Care*.

Tobacco control is covered under the *Primary Prevention of Cancer* section and focuses on high risk populations, which includes:

- youth tobacco use and exposure
- youth perceptions of tobacco use
- underage tobacco purchasers
- adult tobacco use

Electronic nicotine devices (ENDs) are also covered as a focus of tobacco control and means of cancer prevention. As data emerge on use and potential harms, along with the policy avenues available given the FDA regulations for ENDs going into effect on August 8, 2016, Maryland's state and local tobacco efforts will take on new meaning.

Interested in implementing activities from The Cancer Plan?

You and/or your organization are invited to join the Maryland Cancer Collaborative.

For more information, visit the

[Maryland Comprehensive Cancer Control Plan website.](#)

We encourage you to look at [The Cancer Plan here.](#)

Team Approach Needed to Address Youth Smokeless Tobacco Use

In recent years numerous baseball players, including the late Hall of Famer Tony Gwynn, have publicized the health problems they have experienced as a result of chewing tobacco (e.g., oral, pancreatic and esophageal cancers).¹ Each year about half a million minors use smokeless tobacco for the first time, and while adolescent cigarette smoking has decreased nationwide, smokeless tobacco rates in this age group remain steady.² The problem is particularly troubling among student athletes, who chew at nearly twice the rate of non-athletes.³ Smokeless tobacco use by major league baseball (MLB) players models a dangerous habit to youth worldwide.

The creation of sustainable tobacco-free policies is an important first step in eliminating tobacco use in any organization. MLB has been active in addressing this issue, but the league cannot prohibit smokeless tobacco use among its players unilaterally across all settings.⁴ According to a local psychiatrist specializing in tobacco cessation, "MLB has been proactive for decades, including banning all tobacco use in minor league ballparks since 1993. But the problem is complex, and requires the help of many."

Chicago recently became the fifth city to ban smokeless tobacco use in its public baseball stadiums, joining San Francisco, New York, Boston, and Los Angeles. Additionally, organizations like [Campaign for Tobacco-Free Kids](#) have been instrumental in promoting public policy with campaigns like [Knock Tobacco Out of the Park](#).

You can support this important initiative and help decrease youth smokeless tobacco use - learn how [here](#).

¹IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, & World Health Organization (2007). *Smokeless tobacco and some tobacco-specific N-nitrosamines* (Vol. 89). International Agency for Research on Cancer (Ed.). World Health Organization. ²Center for Behavioral Health Statistics & Quality (2015). *2014 National Survey on Drug Use & Health: Detailed Tables*. Substance Abuse & Mental Health Services Administration, Rockville, MD. ³Agaku, I. T., Singh, T., Jones, S. E., King, B. A., Jamal, A., Neff, L., & Caraballo, R. S. (2015). *Combustible and Smokeless Tobacco Use Among High School Athletes-US, 2001-2013*. *Morbidity and Mortality Weekly Report*, 64(34), 935. ⁴Knock Tobacco Out of the Park (2016, July). Retrieved from <http://tobaccofreebaseball.org/content/>.

As Temperatures Rise... What About Environmental Tobacco Smoke?

A recent study found seasonal differences in environmental tobacco smoke (ETS) among public, multi-unit housing developments. The study examined indoor air quality in various public housing units in Boston and analyzed fine particulate matter (PM_{2.5}) and passive airborne nicotine concentrations. Approximately 20% of recordings from this study demonstrated levels above recommended air quality standards.

Comparisons were made between building types (low-, mid-, and high-rise buildings) and building occupancy (elderly/disabled and individual family). Some notable differences included:

- Overall, PM_{2.5} and airborne nicotine concentrations were higher across buildings during the winter compared with summer (though the difference was not considered statistically

significant)

- High-rise buildings, upper floors, and evening hours (between 6:00PM and midnight) were also associated with higher ratings
- There was seasonal variability in ratings by building occupancy:
 - elderly/disabled occupied buildings had significantly higher ratings during the winter
 - individual family occupied buildings had higher ratings during the summer

This study argues for the importance and necessity of universal smoke-free policies in public housing. Such policies can offer some protection when other precautions (e.g., going outdoors, opening windows) are less feasible during winter months.

Arku, R. E., Adamkiewics, G., Vallarino, J., Spengler, J. D., & Levy, D. E. (2015). Seasonal variability in environmental tobacco smoke exposure in public housing developments. Indoor Air, 25(1), 13-20.

Smoking Policy on the Beach and Boardwalk

Fresh Air. Clean Beach.



UPDATE: Smokefree O.C.

Educating the public about the smokefree policy on both the beach and the boardwalk -- now in its second season -- remains a priority for the Ocean City Police Department

(OCPD) in Maryland's seaside resort town. However, enforcement is slowly becoming a part of the picture as well, though not in a major way.

At the urging of the Mayor and City Council, enforcement efforts in the form of citations have increased -- somewhat -- this summer over last:

- Total citations issued on the Boardwalk
 - June + July 2015 = **3**
 - June 2016 = **12**

There are designated smoking areas on the beach at every street beginning at the Inlet and extending to the Delaware line. Smoking is not permitted beyond 15 feet of those areas. The Chief of the OCPD believes that the education and outreach efforts are having a positive effect on compliance. As the Mayor pointed out, however, violators of the smokefree policy on the 10-mile beach itself are harder to spot.

Read the full article in *The Dispatch* [here](#).

Smoking Persists in Youth-Rated Movies

August is the ideal time to escape the heat, gather up family or friends, and catch a summer blockbuster. Moviegoers typically rely on the rating system of the Motion Picture Association of America (MPAA) to disclose content that may be inappropriate or undesirable, either for themselves or their little ones. What these ratings don't take into account is the amount of cigarette smoking that is portrayed in movies, yet the [Surgeon General \(2012\) concluded that youth exposure to smoking in movies increases the risk of smoking initiation](#).¹ The MPAA does assign a separate "smoking label" for movies that contain smoking, but how consistently this label is used is unclear.

The Center for Tobacco Control Research and Education released a report in April of 2016² that provided details on the number of occurrences of smoking or other tobacco use in youth-rated (G, PG, PG-13) films from 2002-2015. Among the study's findings:

- the percentage of films with smoking occurrences decreased more than 25% (from 65% to

38%) between 2002-2015

- since 2010, that percentage has remained relatively stable
- despite the overall decline in smoking occurrences, nearly half of all PG-13 movies in 2015 still had tobacco-related imagery
- only 11% of top-grossing, youth-rated films with smoking occurrences released between 2007-2015 featured the corresponding MPAA “smoking label”

One proposed policy solution is to include smoking as a criterion for an R-rating. In the meantime, moviegoers have to rely on inconsistent “smoking labels” or find other resources to help them determine whether smoking is featured in the films they want to see.

¹US Dept. of Health & Human Services (2012). *Preventing tobacco use among youth and young adults: A report of the Surgeon General*. Atlanta, GA: US DHHS, Centers for Disease Control and Office on Smoking & Health. Available at <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/> ²Polansky, J., Titus, K., Atayeva, R., & Glantz, S. A. (2016). *Smoking in top-grossing US movies 2015*. UC San Francisco: Ctr. for Tobacco Control Research & Education.

Smoking: Its Effects on Re-employment

Always a hot button topic, unemployment is back in the spotlight, with recent research demonstrating that smoking has negative consequences on reemployment. Among the unemployed, those who smoke have a 24% lower chance of becoming reemployed when compared with nonsmokers. Additionally, nonsmokers earn on average \$5 an hour more than their smoking counterparts – which equates to a \$200 loss per week, or \$10,400 loss per year for a full-time employee who smokes.^{1,2}

From a business standpoint, studies are showing that hiring smokers can be costly:

- the annual cost of hiring a smoker compared with a nonsmoker is \$5,816 more per

person per year³

- *when considering such factors as medical expenses and absenteeism*
- the annual cost of lost productivity among current employees who smoke is \$4,430
 - *compared with \$3,245 and \$2,623 for former smokers and non-smokers, respectively*

These data could add to the stigma surrounding smokers, and potentially influence an employer to overlook or underpay a qualified candidate who smokes.

We live in an era characterized by highly competitive hiring processes, so what should an unemployed, job-seeking smoker do? Mitchell H. Katz, M.D. puts it rather simply: **quit smoking**.⁵ While quitting smoking is no small feat, perhaps these statistics will persuade someone to give it a try and put down their cigarette. Or, perhaps someone will be dissuaded from starting in the first place.

¹ Seaman, A. M. (2016, Apr 12). *For smokers, finding a job is harder*. Reuters. Retrieved from <http://in.reuters.com/article/us-health-smoking-employment-idINKCNOX82J2> ²Prochaska JJ, Michalek AK, Brown-Johnson C, et al. *Likelihood of Unemployed Smokers vs Nonsmokers Attaining Reemployment in a One-Year Observational Study*. *JAMA Intern Med*. 2016;176(5):662-670. doi:10.1001/jamainternmed.2016.0772. ³Berman, M., Crane, R., Seiber, E., & Munur, M. (2014). *Estimating the cost of a smoking employee*. *Tobacco Control: An International Journal*, 23(5), 428-433. doi:10.1136/tobaccocontrol-2012-050888 ⁴Bunn WB, 3., Stave, G., Downs, K., Alvir, J., & Dirani, R. (2006). *Effect of smoking status on productivity loss*. *Journal Of Occupational & Environmental Medicine*, 48(10), 1099-1108 10p. ⁵Katz MH. *Employment Advice for Job-Seeking Smokers: Quit*. *JAMA Intern Med*.2016;176(5):670. doi:10.1001/jamainternmed.2016.0997.



News From Our Partners at the Legal Resource Center

FDA Extends Authority to All Tobacco Products

In 2009, Congress passed the Family Smoking Prevention and Tobacco Control Act, giving the Food and Drug Administration (FDA) immediate authority to regulate tobacco products (i.e., cigarettes, roll-your-own tobacco, and smokeless tobacco). However, it required explicit rulemaking to regulate other tobacco products. In May 2016, the highly anticipated regulation, referred to as the “Deeming Rule,” was published. This rule “deems” all other present and future products derived from tobacco as subject to FDA authority, specifically including Electronic Nicotine Delivery Systems (ENDS), cigars, hookah tobacco, pipe tobacco, and nicotine gels. The rule became effective August 8, 2016 (although many of the provisions have staggered compliance dates).

Vital restrictions and requirements now apply to newly deemed tobacco products. For example:

- manufacturers are required to register with the FDA and disclose product ingredients
- newly deemed tobacco products are subject to premarket review (allowing the FDA to obtain critical information regarding health risks - particularly important for ENDS, which are still relatively new)
- the sale of newly deemed tobacco products with reduced risk claims or descriptors like “light,” “low,” or “mild” is now prohibited without FDA approval
- sale of any tobacco product to persons under 18 is prohibited (requires age verification by photo ID)
- vending machines are restricted to adult-only facilities
- free samples are banned

This historic rule is a milestone and an important step in the continuing efforts to protect the American public from the leading cause of preventable death.



New Hope For Clients Who Smoke

**BH2 MULTI-SESSION TRAINING SCHEDULE
FALL 2016**

FRIDAY, SEPTEMBER 30th - 8:30 am - 4 pm

THURSDAY, NOVEMBER 17th - 8:30 am - 4 pm

FRIDAY, DECEMBER 9th - 8:30 am - 4 pm

Trainings will take place on UMBC'S South Campus

To register, please send an email to
trainings@mdquit.org