Clean Air for Kids Everywhere

Childcare Provider Training

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Overview

• Tobacco Use in the U.S.

• Passive Tobacco Exposure:
  – Second- & Third-hand Smoke
  – Nicotine Poisoning
  – Preventing Passive Exposure

• Active Tobacco Exposure:
  – First-hand Tobacco Use by Youth
  – Preventing Youth Tobacco Initiation

• Tobacco Cessation Resources
“Cigarette smoking is the chief, single, avoidable cause of death in our society and the most important public health issue of our time.”

~C. Everett Koop, M.D. former U.S. Surgeon General
The Big Picture: U.S. Tobacco Use

• According to most recent estimates*, 18.1% of all adults in the United States currently smoke cigarettes.

• This equates to 42.1 million people who smoke today.

*Estimates based on 2012 National Health Interview Survey (NHIS) data

(CDC, 2014)
Annual U.S. Deaths Attributable to Smoking

About 480,000 U.S. Deaths Attributable Each Year to Cigarette Smoking
(DHHS, 2014)

- Lung Cancer: 130,659
- COPD: 100,600
- Coronary Heart Disease: 99,300
- Other Cancers: 36,000
- Other Heart Disease: 25,500
- Other Vascular Diseases: 11,500
- Cerebrovascular Disease (Stroke): 15,300
- Other Diagnoses: 61,141

For every 1 person who dies from tobacco use, another 20 suffer from one or more serious smoking-related illness — more than 8.6 million in the U.S.

(CDC, 2013)
Effects of Smoking

Cancers
- Oropharynx
- Larynx
- Esophagus
- Trachea, bronchus, and lung
- Acute myeloid leukemia
- Stomach
- Liver

Chronic Diseases
- Stroke
- Blindness, cataracts, age-related macular degeneration
- Congenital defects—maternal smoking: orofacial clefts
- Periodontitis
- Aortic aneurysm, early abdominal aortic atherosclerosis in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, tuberculosis, asthma, and other respiratory effects

Diabetes
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy
- Male sexual function—erectile dysfunction
- Rheumatoid arthritis

Immune function
- Overall diminished health

(DHHS, 2014)
Let’s Test Your Knowledge about Second- and Third-Hand Smoke
Clicker Lessons

- Immediate Audience Response Device
- Anonymous
- Radio Frequency - you don’t have to point it at anything
- Just hit the number / letter you choose & it will appear in the LCD screen
- You can change your response by just hitting a different number…but only one response will record per person!
Practice: What letters are missing?

T_B_C_O

1. U R A
2. A E R
3. O A C ✔
4. T U A

MARYLAND RESOURCE CENTER
FOR QUITTING USE & INITIATION OF TOBACCO

Maryland's
1-800 QUIT NOW
Smoking Stops Here.com
What percentage of children regularly breathe air polluted by tobacco smoke?

1. 10%
2. 20%
3. 30%
4. 50%

(WHO, 2013)
Secondhand smoke contains ______ chemicals.

1. 1,000
2. 3,000
3. 5,000
4. Over 7,000

(DHHS, 2010)
Tobacco smoke pollutants can remain in the environment for ____after the act of smoking occurs.

1. A Few Hours
2. One Day
3. A Few Days
4. Months

(Drehmer et al., 2012; Slieman et al., 2010)
Who is impacted by the negative health effects of second- and third-hand smoke?

1. Adults & youth who smoke
2. Adults & youth who do not smoke
3. Pets
4. All of the above

(DHHS, 2014; Drehmer et al., 2012; Bertone et al., 2002; Reif et al., 1998)
Passive Tobacco Exposure
What is Secondhand Smoke?

• Inhalation of smoke from tobacco products by people other than the intended user

• Contains at least **7,000** chemicals

• Can occur in two forms:
  • Side stream smoke – smoke burning from cigarette
  • Exhaled mainstream smoke – smoke exhaled from lungs

(CTFK, 2011; DHHS, 2010; DHHS, 2006)
“Secondhand smoke causes premature death and disease in children and in adults who do not smoke.”

~U.S. Surgeon General’s Report
(DHHS, 2006; 2014)
Effects of Secondhand Smoke Exposure

Children
- Middle ear disease
- Respiratory symptoms, impaired lung function
- Lower respiratory illness
- Sudden infant death syndrome

Adults
- Stroke
- Nasal irritation
- Lung cancer
- Coronary heart disease
- Reproductive effects in women: low birth weight

(DHHS, 2014)
Exposure and Health Effects: Adults

- **Any** amount of exposure to tobacco smoke is harmful

- Secondhand smoke has been found to cause heart and lung disease in *non-smoking* adults.

**Annually:**

- **33,950** deaths due to heart disease
- **7,330** deaths due to lung cancer

(DHHS, 2014)
Exposure and Health Effects: Children

- Secondhand smoke is a common asthma attack trigger
  - \( \sim 7 \text{ million} \) children had asthma (1 in 11 kids) in 2010
  - \( 10.5 \text{ million} \) school days were missed due to asthma in 2008

- Each year, secondhand smoke contributes to:
  - 150,000–300,000 new cases of pneumonia and bronchitis in children 18 months or younger
  - 7,500-15,000 hospitalizations among children

(CDC, 2014a; CDC, 2014b)
Preventing Exposure to Secondhand Smoke

• In 2007, the World Health Organization suggested that a 100% smoke-free environment should be implemented to prevent effects of secondhand smoke.

• Implementation of smoke-free policies can decrease the risk for many negative health outcomes and reduce hospitalizations.

(CDC, 2012; Burke et al., 2009; WHO, 2007)
Preventing Exposure to Secondhand Smoke

• According to WHO (2013), an estimated
  – 40% of children have at least one parent who smokes
  – 50% of children regularly breathe air polluted by tobacco smoke in public places

• To reduce the effects of secondhand smoke exposure, there are several options to consider:
  – Keep the household or workplace smoke-free
  – Prohibit smoking in vehicles that transport children
  – Do not smoke in the child’s room or any room with a child present

(WHO, 2013; CDC, 2012)
What is Third-hand Smoke?

• The persistence of tobacco smoke pollutants in dust and on surfaces after tobacco has been smoked.
  – The residues of third-hand smoke can linger on the skin, clothes, and furniture of individuals who smoke.

• Pollutants can remain in the environment for weeks to months after the act of smoking occurs.

• Three main exposure routes to Third-hand smoke:
  – Involuntary inhalation
  – Ingestion
  – Dermal uptake

(Singer et al., 2002; Singer et al., 2004)
Exposure to Third-hand Smoke

• Children are at most risk for exposure:
  – Spend more time indoors
  – Ingest more dust
  – Are closer to the floor
  – Tend to place objects in their mouth
  – Breathe faster
  – Less-developed immune system

  (Drehmer et al., 2012)

• Pets are also affected by second & third-hand smoke

  (Bertone et al., 2002; Reif et al., 1998)
Other Harmful Exposures to Watch Out For: Nicotine Poisoning

• Acute nicotine poisoning among children can occur if they ingest...
  – Cigarette butts
  – Chewing tobacco
  – Nicotine gum or patches
  – Electronic cigarette liquid

• Poisoning can also occur if children absorb nicotine through the skin or eyes (nicotine patches or liquid from electronic cigarettes)

(NIH, 2014; CDC, 2014)
Other Harmful Exposures to Watch Out For: Nicotine Poisoning

- Between 2010 - 2014, U.S. poison control centers reported:
  - 16,248 cigarette exposure calls
  - 2,405 e-cigarette exposure calls

- In February 2014:
  - E-cigarettes accounted for 41.7% of all e-cigarette / cigarette exposure calls to poison control (cigarettes accounted for 58.3%)

- Cigarette exposures occurred primarily among young children, with 94.9% of calls for cigarette exposure occurring among children aged 0-5 years.
  - In contrast, 51.1% of all e-cigarette calls reported exposure among young children (0-5 years)

(CDC, 2014)
Other Harmful Exposures to Watch Out For: Nicotine Poisoning

- Symptoms of nicotine poisoning include:
  - Agitation, restlessness, or excitement
  - Muscular twitching
  - Burning sensation in the mouth
  - Drooling
  - Palpitations
  - Sweating
  - Confusion
  - Convulsions
  - Fainting
  - Weakness
  - Rapid heartbeat, followed by slow heartbeat
  - Elevated blood pressure, followed by low blood pressure
  - Abdominal cramping
  - Diarrhea
  - Vomiting
  - Difficulty breathing
  - Coma

(NIH, 2014; CDC, 2013)
Preventing Exposure: Third-hand Smoke & Nicotine Poisoning

• Third-Hand Smoke:
  – Efforts should be taken to enforce strict smoking bans within households, vehicles, and in the proximity of indoor areas.
  – Research has demonstrated that well-ventilated indoor spaces have been shown to reduce long-term tobacco smoke residue contamination.
  – Cleaning helps, but cleaning alone may not be enough to eliminate the tobacco smoke residue. (Drehmer et al., 2012)

• Nicotine Poisoning:
  – Keep all products containing nicotine (tobacco products, NRT) out of the reach of children.
Treating Nicotine Poisoning

If a child is believed to have nicotine poisoning caretakers should:

• Seek immediate medical help

• Contact Poison Control at 1-800-222-1222

(NIH, 2014; CDC, 2013)
Discussion Question:

What **barriers** do you anticipate with regard to talking to parents or other individuals who may be exposing children to second- or third-hand smoke?
When Talking to Those Who May be Exposing Children to Second- or Third-hand Smoke…

• **DON’T Confront**
  
  • **Challenging:** “What do you think you are doing?”
  
  • **Warning:** “You will damage your child’s lungs if you don’t stop smoking.”
  
  • **Finger-wagging:** “You should know better than to smoke around children!”

• **DO Engage & Empathize**
  
  • **Engage:** Start a caring and respectful conversation to express your concerns for their health (or children’s health) and how it may be affected by their smoking.
  
  • **Empathize:** Try to imagine the magnitude of the challenge facing the smoker, and be patient with them as they struggle to address their smoking.

(Miller & Rollnick, 2013; MDQuit, 2013)
Discussion Question:

What rules/policies are currently in place in your home or workplace to prevent second- or third-hand smoke exposure among children?
Benefits of Smoke-Free Policies/Rules
Clinical Impact of Smoke-Free Policies/Rules

• **Smoking Behaviors:**
  – Implementation of a smoke free policy in subsidized multiunit housing has been linked to increased cessation-related behavior among smokers—including decreased cigarette consumption and increased quit rate.

  • This study also found that self-reported indoor smoking decreased significantly from 59% pre-policy to 17% post-policy. (Pizacani et al., 2012)

• **Secondhand Smoke (SHS) Exposure:**
  – Implementation of such policies also shown to reduce SHS exposure among nonsmokers in the unit.

  • Specifically, the same study found that SHS exposure was reduced from 41% pre-policy to 17% post-policy.
Environmental Impact of Smoke-Free Policies in Multi-Unit Housing

- One study examined the level of SHS transfer between smoke-permitted and smoke-free living units within the same multiunit housing building. This study showed that a significant proportion of SHS found in smoke-permitted units was transmitted to the building’s hallways and to smoke-free units.

  - Specifically:
    - 29.4 μg/m³ found in smoke-permitted units
    - 18.9 μg/m³ found in hallways
      - 64.3% of levels found in smoke-permitted units
    - 10.2 μg/m³ found in smoke-free units
      - 34.9% of levels found in smoke-permitted units

(King et al., 2010)
Additional Benefits of Smoke-Free Policies/Rules

• **Safety Impact**
  — Reduce risk of residential fire
  — **620 people die annually** from smoking-related residential fires
    (DHHS, 2014)

• **Economic Impact**
  — Reduce property owners/managers maintenance costs
  — Reduce health care and loss of life costs
  — Reduce insurance premiums
  — Limit liability for property owners/managers
  — Increasing demand for smoke-free housing
    (LRC, 2012)
Discussion Question:

Considering what you have just learned, what more can be done to prevent exposure to second- and third-hand smoke among the children you work with?
1st Hand Smoking Among Youth
Let’s Test Your Knowledge About Underage Tobacco Use
In the U.S., what percentage of current adult smokers began at or before the age of 18?

1. 70%
2. 80%
3. 90% **(Correct answer)**
4. 100%

(CTFK, 2013)
90% of all adult smokers began at or before the age of 18.

(CTFK, 2013)
In 2012, how many underage U.S. high school youth reported any* past month tobacco use?

1. 10%
2. 16.7%
3. 23.3%
4. 33%

* Includes cigarettes, cigars, bidis, kreteks, pipes, smokeless

(CDC, 2014)
Almost 1 in 4 high school youth reported any tobacco use in 2012

- Across the U.S., 23.3% of underage high school youth used some form of tobacco in the past month

- Any tobacco use includes
  - Cigarettes
  - Cigars
  - Bidis
  - Kreteks
  - Pipes
  - Smokeless Tobacco

(CDC, 2014; Data Source: National Youth Tobacco Survey)
Maryland Youth Tobacco Use

• In 2011, 17.9% of Maryland underage high school youth reported current (past month) tobacco use.

  (CDC, 2014; Data Source: Youth Risk Behavior Survey, 2011)

• Each Year…
  - 4,200 Maryland youth become new daily smokers

  (CTFK, 2014)
What **immediate** health consequences do youth who use tobacco experience?

1. Elevated blood pressure
2. Respiratory problems
3. Reduced immune functioning & increased illness
4. Tooth decay, gum disease, & bad breath
5. All of the above

(CTFK, 2014)
Short-Term Consequences of Youth Tobacco Use

• Immediate Health Costs:
  – Irritated eyes & throat
  – Elevated blood pressure
  – Respiratory problems
  – Reduced immune functioning & increased illness
  – Tooth decay, gum disease, & bad breath
  – Poorer physical performance & endurance
  – Pre-cancerous gene mutations

• Associated with an increased likelihood of using other drugs (e.g., alcohol & marijuana)

(CTFK, 2014)
Discussion Questions

What are your impressions about youth smoking in your community?

• What percentage of youth would you say use tobacco?

• What products are they using?
Long-Term Consequences

Unless smoking rates decline...

- **Over 6 million** U.S. youth alive today, including
- **92,000** Maryland youth alive today will die prematurely from smoking

(CTFK, 2013; 2014)
Now Let’s Test Your Tobacco & Cigar Knowledge
True or False: These are cigarettes.

1. True
2. False

(Legacy, 2010; Cigar Trap, 2014)
FALSE!

• Only the one wrapped in white paper is a cigarette.

• The other wrapped in brown paper includes tobacco in the paper and is a little cigar.

(Legacy, 2010; Cigar Trap, 2014)
Little Cigars & Cigarillos

- How are Little Cigars Different from Cigarettes?
  - Cigarettes are wrapped in white paper, while little cigars are wrapped in brown paper that contains some tobacco leaf.
  - Unlike cigarettes, little cigars are widely available in a variety of kid-friendly flavors.

*See Cigar Trap Handout for more details!
Similar Packaging…Dissimilar Taxes

- Little Cigars most often sold in packs of 20, but also sold in packs of 10 & “loosies”
True or False: In 2012, underage high school youth in Maryland smoked cigarettes and cigars at similar rates.

1. True
2. False

Source: 2013 Maryland Youth Tobacco & Risk Behavior Survey
TRUE

Percent of High School Students < 18 Years Smoking Cigarettes and Cigars in Last 30 Days

Discussion Questions

Have you seen little cigar or cigarillo products in your community?

• Where have you noticed these products?

• Who is using them?
Process of Tobacco Use Initiation
Process of Tobacco Use Initiation

- According to the Transtheoretical Model (TTM) youth move through five Stages of Smoking Initiation on the road to developing a regular pattern of tobacco use:
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

(DiClemente, 2003)
<table>
<thead>
<tr>
<th>Stage of Smoking Initiation (SOSI)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>• Adolescents who are not currently smoking and who are not thinking about smoking any time in the foreseeable future.</td>
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</tbody>
</table>
| **Contemplation**                 | • Adolescents who are not currently smoking but are open to considering smoking, and/or experience a desire to experiment with cigarettes.  
• This stage describes a large number of adolescents who think about trying smoking, may have experimented, but are undecided and lack a commitment to adopt cigarette smoking. |
| **Preparation**                   | • Adolescents who not only are interested in smoking, but also have some intention to smoke in the near future.  
• Youth in this stage might seek out others who smoke and may begin to experiment more regularly with cigarette smoking. |
| **Action**                        | • Adolescents who have been engaging in regular smoking for up to six months.  
• If smoking is not considered rewarding or causes too many problems, adolescents in this stage may move back into one of the earlier stages of smoking initiation. |
| **Maintenance**                   | • Adolescents who have incorporated cigarette smoking into their daily lives.  
• Adolescents in this stage have an established pattern of regular smoking that has lasted for more than six months and would be considered dependent on tobacco. |

(DiClemente, 2003)
Risk & Protective Factors from a Developmental Perspective

• The etiology of tobacco initiation among youth varies depending on developmental stage
  – Young children rarely initiate tobacco use, although there are exceptions

• Can begin immunizing young children against tobacco initiation by:
  – *Promoting* developmentally-relevant protective factors
  – *Preventing* exposure to developmentally-relevant risk factors

(Sussman, 2013)
Discussion Question:

From a developmental perspective, what kinds of tobacco risk and protective factors are critical among the children you work with?
Protective Factors

• Young Children (0-5yrs):
  – Consistent, firm, and kind parenting
  – Non-smoking parents
  – Bonding with parents & school authorities (teachers)

• Older Children (6-11yrs):
  – Same protective factors as with young children
  – Positive peer social influences (peers who do not use tobacco)*

*Note: Older children are still more influenced by family than friends.
(Sussman, 2013)
Protective Factors

• Adolescents (12-17 years):
  – Non-smoking parents
  – Engagement in pro-social activities (volunteering, sports, clubs, religious participation, etc.)
  – Racial/ethnic pride and strong racial identity
  – Higher academic achievement and aspirations
  – Positive peer social influences (peers who do not use tobacco)
  – Holding anti-tobacco attitudes and beliefs

(DiClemente, 2003; CDC, 2014)
Discussion Question:

What role can you play in promoting protective factors among the children you work with?
Risk Factors

• Young Children (0-5 years):
  – Parental tobacco use
  – Tendency toward “acting out” behaviors
  – Exposure to tobacco advertising
    • Recent international study found that 68% of 5 and 6 year olds could identify at least 1 cigarette brand logo (Borzekowski & Cohen, 2013)

• Older Children (6-11 years):
  – Same risk factors as with young children
  – Peer tobacco use, particularly use among older schoolmates

(Sussman, 2013)
Risk Factors

- Adolescents (12-17 years):
  - Parental tobacco use
  - Peer tobacco use
  - Holding the perception that tobacco use is acceptable or normative among peers
  - Expectations of positive outcomes from smoking
  - Exposure to tobacco advertising and portrayal of tobacco use on TV and in movies

(DiClemente, 2003; CDC, 2014)
Risk Factors: Tobacco Industry Marketing Strategies

“Among all US manufacturers, the tobacco industry is one of the most intense in marketing its products (CDC, 2000).”

- Major tobacco companies now spend $8.8 billion per year ($24 million daily) in the U.S. to promote their products.

- $120.2 million is spent annually in Maryland (CTFK, 2014)
Marketing of Cigar Products

- Cigar makers have been marketing a variety of products—called little cigars and cigarillos (small cigars)—that have **sweet flavors, cheap prices** and **colorful packaging**.

  — “Sweet, cheap and colorful lures kids (CTFK, 2012).”
Sweet Flavors

• Little and small cigars come in a variety of sweet flavors, which may be especially appealing to youth.  

(Legacy, June 2012)
Cheap Prices

- Small cigars can be purchased individually, sometimes for less than 70 cents, making them very affordable to youth with limited budgets.

- In contrast, cigarettes must be sold in packs of 20, which have an average retail price of $5.98 per pack (CTFK, 2012).
Colorful Packaging

- Many smaller cigars come in bright, attractive packaging similar to candy and gum packages.

- This tactic makes cigars appear fun and harmless.

(CTFK, 2012)
Point-of-Purchase Marketing Aimed at Youth

• In 2000, 80% of retail outlets had interior tobacco advertising, 60% had exterior advertising, and over 70% had functional items depicting tobacco branding (Wakefield et al., 2000).

• Such marketing easily reaches youth—as two-thirds of youth visit a convenience store at least once per week (Henriksen et al., 2004).
Point-of-Purchase Marketing Aimed at Youth

- One survey of retail outlets found that nearly 50% of retailers had tobacco ads at young children’s eye level (3 ft. or lower), and 23% had tobacco product displays within 6 inches of candy.

(Feighery et al., 2001)
Impact of Point-of-Purchase Marketing Aimed at Youth

- One study of middle-school students (6th-8th graders) concluded that youth who visited a convenience, liquor or small grocery store at least weekly, and therefore were more exposed to retail tobacco marketing, had a **50% greater odds** of ever smoking.

  - This effect on youth tobacco use initiation is similar to that of a tobacco-using parent or household member.

(Henriksen et al., 2002)
Discussion Question:

What role can you play in reducing exposure to risk factors among the children you work with?
Prevention Strategies
Children & Youth

• Model anti-smoking values & encourage parents not to smoke around their children

• Talk to youth in a developmentally sensitive manner
  – **Young Children (0-5 years)**
    • Focus on general concepts pertaining to being healthy
    • *Possibly* provide very simple information about tobacco being “bad”

  – **Older Children (6-11 years)**
    • Short-term & long-term consequences of tobacco use
    • Attribute-based similarity rather than more abstract material
      (e.g., drawing similarity between smelly socks & cigarette butts)

(Sussman, 2013)
Prevention Strategies
Children & Youth

• Talk to youth in a developmentally sensitive manner
  – Adolescents (12-17 years)
    • Discuss negative impact smoking can have on your health, athletic performance, & looks
    • Address tobacco myths
    • Inform youth that the tobacco industry lies to them!
    • Tobacco counter-advertising (e.g., truth® campaign) largely aimed at adolescents

(CTFK, 2013)
Your Experience – Discussion

• What are some high risk behaviors (smoking or otherwise) you have observed?
  – How did you identify these high risk behaviors?
  – What did you do?

• Are there high risk behaviors where you feel you have the ability to assert a positive influence?

• Building relationships & breaking down barriers
  – What strategies do you use to talk to parents about their children?
  – How will you talk to parents about their risk factors affecting their children?
Your Experience – Discussion

Keeping in mind what we’ve covered, let’s explore ways you can limit and prevent passive and active tobacco exposure

- In your childcare facilities
  - Policy, awareness, and approaches & resources to address staff and parental smoking
  - Means to limit tobacco product and smoke exposure to children and youth
    - Creative activities that focus on
      - Healthy habits
      - Making good decisions
        » Take this time to brainstorm and share ideas
Cessation Resources:
The Maryland Tobacco Quitline
Maryland residents can receive FREE and confidential smoking cessation phone counseling by:

- Calling the State Quitline at 1-800-Quit Now (1-800-784-8669)
- Visiting www.smokingstopshere.com
The Maryland Tobacco Quitline

• Free reactive and proactive phone coaching calls (4 calls)

• Web Coach® and Text-2-Quit® services also available

• Certified Quit Coaches® provide individually-tailored quit plans

• Provides referrals to local county resources – cessation classes, in-person counseling and free medication

• Operates 24 hours a day / 7 days a week

• Free NRT (patch or gum) 4 week supply

• Service provided by Alere Wellbeing
The Maryland Tobacco Quitline

- Extended services for pregnant women
  - 10 sessions
  - Pre- & Post-Partum

- Adolescent quit coaching
  - Now serves 13 to 17 years
  - 5 sessions
For Maryland Cessation Resources Visit www.smokingstopshere.com
Order FREE Materials from DHMH!

You may order Quitline or secondhand smoke materials to use at your events and to giveaway at your office. Please indicate which quantity you would like below. Or you can download a pdf and print from your computer.

Our new Quitline Services Brochures are in— Order them for FREE.

- English Quitline Brochure
- Spanish Quitline Brochure

Posters you can order for FREE!

- "Looking for a Sign? - Pregnancy Poster" (Pregnancy Poster)
- "Is something inside telling you to quit?" (Pregnancy Poster)
- "Your smoke, his lungs" (2900 children die each year from secondhand smoke)
- "Su humo en sus pulmones" (cada año hasta 28,000 niños desarrollan por el humo de segunda mano)
- Ready to Quit Poster

Other free materials you can order:

- Quitline Laminated Wallet Cards (English on front and Spanish on back)
- English Secondhand Smoke Brochure
- Spanish Secondhand Smoke Brochure
- Maryland Smoke Free Apartment Magnets

Here are our printable fact sheets:

- Pregnancy Fact Sheet
- Text & Web Services Fact Sheet
- Youth Services Fact Sheet

Request for Materials Order Form

New Posters (Multi selection option)

- Pregnancy Poster
- Mental Illness Poster
- Bipolar Poster
- Drug Abuse Poster
- Depression Poster

View New Posters

- 25 Maryland Smoke Free Apartment magnets
- 50 English Quitline Brochures
- 50 Quitline Laminated Wallet Cards
- 50 Secondhand Smoke Brochures (English)
- 50 Secondhand Smoke Brochures (Spanish)
- 1 Secondhand Smoke Brochure (English)
- 1 Secondhand Smoke Brochure (Spanish)
- 1 Looking for a Sign- Pregnancy Poster
- 1 Ready to Quit Poster
- 1 Is Something Inside Telling You It's Time to Stop Smoking (Pregnant Women Poster)
Additional Resources
Youth Tobacco Use Resources
(Free handouts, data, programs, etc.)

• Centers for Disease Control and Prevention (CDC)
  – www.cdc.gov/tobacco
  – www.cdc.gov/tobacco/youth/index.htm

• Substance Abuse & Mental Health Services Administration (SAMHSA)
  – http://www.samhsa.gov/data/tobacco.htm
Youth Tobacco Use Resources
(Free handouts, data, programs, etc.)

• Campaign for Tobacco Free Kids (CTFK)

• Maryland DHMH “Cigar Trap” Campaign

• Legacy for Health
Youth Tobacco Use Resources
(Free handouts, data, programs, etc.)

• The Real Cost (FDA)
  – http://therealcost.betobaccofree.hhs.gov/

• Smokefree Teen (NCI)
  – http://teen.smokefree.gov/

• Tar Wars
  – http://www.tarwars.org
  – Supported by the American Academy of Family Physicians, Tar Wars targets 4th and 5th graders with an award-winning education program. Classroom presentations and program guides are available for teachers and presenters to use within their classroom and community settings to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth.
Contact Us

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