



*...effective tobacco control would, “improve the world in a permanent way, offering every future generation the perpetual gift of freedom from major diseases.”*

Dr. Margaret Chan

*Director-General of the World Health Organization*

**Louisiana Tobacco  
Control Program**

*Annual Report 2012-13*





## A Report Prepared by

**Dodie Arnold, PhD**

*Pennington Biomedical Research Center*

and

**Brandi Bourgeois, MPH**

**Brendetta Age, BA**

**Ashley McGowan, JD**

*Louisiana Department of Health and Hospitals*

**Iben Rickett, MPH**

*Louisiana State University Health Science Center*

**Alex Hurst, MHA**

**Amy Nolan, BA, APR**

*Louisiana Public Health Institute*

**René Stansbury, BS**

*Southwest Louisiana Area Health  
Education Center*

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# Executive Summary

## Global Context

On September 11, 2013, Director-General of the World Health Organization (WHO), Dr. Margaret Chan, presented the keynote address at the International Conference on Public Health Priorities in the 21<sup>st</sup> Century. The focus of the conference was “The Endgame for Tobacco” (Chan, 2013). **Her address stressed that tobacco is designated as a top priority within the United States and global health communities.** Typically, the U.S. and global communities have different public health priorities due to the differing distributions of infectious and chronic disease and the varying and complex economic, social, and political realities that exist between the U.S. and other countries.

The Director-General’s address detailed the current and projected global impact of tobacco use: “Tobacco use claimed an estimated 100 million lives during the previous century. On current trends, tobacco use is projected to cause a billion deaths during the 21<sup>st</sup> century. Think of all the lives saved, the suffering avoided and the costs averted if the tobacco industry simply ceased to exist.” She argues, “If all the harms caused by tobacco were known earlier on, tobacco products would never have been approved as safe for human consumption, could never have been marketed and sold like any other consumer product.” **Dr. Chan provided a vision and context for tobacco control, stating: “Public health has very few opportunities to end threats to health in a definitive way. Most**

**of our work is never-ending. Every new wave of babies needs to be immunized. Bednets wear out. Mainstay medicines develop resistance. One generation learns the importance of safe sex. The next generation forgets.” A diverse menu of strategic and policy options for effective tobacco control would, “improve the world in a permanent way, offering every future generation the perpetual gift of freedom from major diseases.”**

## State of Louisiana

The *State of Tobacco Control 2013* Report by the American Lung Association graded Louisiana’s Tobacco Prevention and Control Program as “F” overall (ALA, 2013). This overall score is a composite of the grades from four categories: (1) Tobacco Prevention and Control Funding, (2) Cigarette Tax, (3) Cessation Coverage, (4) Smoke-free Air Policies. Below, the specific categories are explored individually.

Looking at each category, Louisiana received the following grades:

### (1) Tobacco Prevention and Control Funding – “F”

- a. Louisiana’s Tobacco Prevention and Control Program is underfunded. The CDC Tobacco Control Best Practices Guide (CDC, 2007) estimates that the state would need to spend a minimum of \$53,500,000 to implement the best practices. However, FY 2013 was only funded at 17.3 percent of the recommendation, a shortfall of \$44,250,007 (ALA, 2010).

- b. Federal funding for Tobacco Prevention and Control increased over this period, but could not overcome the reductions in state funding (ALA, 2010; ALA, 2013).

### c. Consider the Tobacco-Related Monetary Costs in Louisiana (CFTFK, 2010).

- i. Annual health care expenditures in the state directly caused by tobacco use: \$1.47 billion
- ii. Annual health care expenditures in Louisiana from secondhand smoke exposure: \$76.5 million
- iii. State Medicaid program’s total





health expenditures caused by tobacco use: \$663.0 million

- iv. Smoking-caused productivity losses in Louisiana: \$2.05 billion
- v. Smoking-caused health costs and productivity losses per pack sold in Louisiana: \$8.82

#### **(2) Cigarette Tax – “F”**

- a. Louisiana’s cigarette tax is only \$0.36 per pack, the third lowest in the U.S. (ALA, 2013; CFTFK, 2010).
- b. The national average for state cigarette tax is \$1.45 per pack (CFTFK, 2010).

#### **(3) Cessation Coverage – “F”**

- a. While state employee health plans include tobacco cessation provisions, there is no mandate for private insurance (ALA, 2013).
- b. The Louisiana Tobacco Quitline spends \$0.51 per smoker which is only 4.8% of the \$10.53 per smoker investment recommended by the CDC best practices (CDC, 2007).

#### **(4) Smoke-free Air Policies – “B”**

- a. The State of Louisiana prohibits smoking (with enforcement and penalties) at government and private worksites, schools, child care facilities, restaurants, retail stores and recreational facilities.
- b. Tobacco smoking is permitted in bars and casinos.

As funding for the Tobacco Control Program was reduced, the prevalence of tobacco smoking among adults remained nearly the same while high school students increased. In 2012, 24.8 percent of adults smoked tobacco compared to 25.7 percent in 2011 (BRFSS 2011, 2012). Among high school students in 2011, 24.0 percent smoked tobacco compared to 19.4 percent in 2009 (NYTS 2011, 2009). Yet, among middle school students there was a 37 percent reduction in the prevalence of tobacco smoking (6.4 percent in 2011 compared to 10.2 percent in 2009) (NYTS 2011, 2009). It is important to note that this does not necessarily indicate a trend toward increased usage; only data from two periods are examined here. However, the observed change in the prevalence among smokers is a reminder to remain vigilant and comprehensive in the state’s tobacco prevention and control efforts.

## **The Louisiana Tobacco Control Program**

The staff at the Louisiana Tobacco Control Program and partners have been working hard to maintain and

expand past success in a challenging environment. The program focuses on four goal areas as directed by the Centers for Disease Control’s Office on Smoking and Health: (1) Prevent initiation of tobacco use among young people, (2) Eliminate nonsmokers’ exposure to secondhand smoke, (3) Promote quitting among adults and young people, (4) Eliminate health disparities related to tobacco use. This *Louisiana Tobacco Control Program Biennial Report 2012-2013* details the administration and management of the program, provides an overview of tobacco use and its burden in the state, and details descriptions of the efforts, challenges, and successes, by goal, since the last report in 2010 (LTCP, 2010). This report also outlines some of the new tobacco products on the market, and anticipated future directions.

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## Administration

The Louisiana Tobacco Control Program (LTCP) is a state program within the Louisiana Department of Health and Hospitals (DHH) Office of Public Health's (OPH) Health Promotion Team. LTCP's mission is to utilize evidence-based strategies in tobacco control surveillance, evaluation, program management, communication and resource development to advance policies and services that promote a tobacco-free Louisiana. LTCP follows the Centers for Disease Control and Prevention Office of Smoking and Health (CDC-OSH) *Best Practices* recommendations for program implementation by simultaneously focusing efforts on: administration and management, community interventions, cessation interventions, health communications and surveillance and evaluation (CDC, 2007).



**DEPARTMENT OF HEALTH**  
AND HOSPITALS  
*Tobacco Control Program*

### Staffing

The LTCP is administered within the Health Promotion Team under the Louisiana Department of Health and Hospitals (DHH) and the Office of Public Health (OPH). At full staff capacity, the LTCP operates with seven staff members and includes a program manager, epidemiologist, external evaluator, media coordinator, policy analyst, cessation program monitor and a youth and community programs monitor. In addition, LTCP also shares a registered nurse clinical

advisor with the other Health Promotion Team programs. This staff person's responsibility for the LTCP is to serve as a clinical advisor for cessation programming. The LTCP also shares a cessation coordinator with the Louisiana Campaign for Tobacco-Free Living (TFL), a Louisiana Public Health Institute (LPHI) program. This cessation coordinator serves as a liaison for major partners and is charged with the daily monitoring of the Quitline vendor contract. To further expand the presence in the community, LTCP contracts with the Southwest Louisiana Area Health Education Center (SWLAHEC) to operate the Tobacco-Free Health Care Project (TFHP). SWLAHEC serves as the grant administrator of the TFHP, which consists of four local hospital systems that are funded to increase tobacco-free policies primarily in schools and health care settings within the local community.

### Funding

The LTCP 2012-2013 fiscal year operated with a \$2,051,351 budget, most of which was funded by the CDC-OSH, in addition to a small portion of the state's Master Settlement Agreement funds (NAAG, 1998). Under this five-year cooperative agreement, which began in 2009 and will conclude in 2014, LTCP receives \$1,101,612 annually. During this period, LTCP also received \$500,000 from the Louisiana Master Settlement Agreement. An additional \$395,273 was received from CDC's State Public Health Approaches for Ensuring Quitline Capacity. This grant provided additional funds to accommodate an increase in Quitline call volume due to the CDC *Tips from Former Smokers* 2012 national media campaign and the anticipated increase from the *Tips* 2013 campaign. Figure 1, summarizes the distribution of all of these funds.

**Figure 1. Budget allocation by categories, fiscal year 2012-2013**

Categories	% Budget	Funding
Community Interventions	18%	\$365,768
Cessation	29%	\$650,295
Media and Counter – Marketing	10%	\$208,498
Surveillance and Evaluation	10%	\$213,070
Administration and Management	33%	\$668,186
<b>Total Budget</b>	<b>100%</b>	<b>\$2,105,817</b>

## Strategic Program Alignment

The LTCP actively participates in both traditional and non-traditional partnerships in order to better serve Louisiana's tobacco-using population. It is through these relationships that LTCP is able to achieve outlined objectives and play a vital role in fighting chronic disease within Louisiana. Profiles of LTCP affiliated partners and programs are listed below.


- ▶ **The Coordinated Chronic Disease Prevention and Health Promotion Program (CCDP)** is funded through a grant from the CDC, which began in Sept. 2011. The purpose of the funding is to establish or strengthen chronic disease prevention and health promotion programs within state health departments, focusing on the top five leading causes of death and disability (heart disease, cancer, stroke, diabetes, arthritis) resulting from chronic disease and their associated risk factors, such as tobacco use. The funding provided support to strengthen expertise in and coordination of chronic disease prevention and health promotion activities. A strategic planning process took place in 2011 and resulted in the development of policy, communications, epidemiology and evaluation teams. Support staff of the Health Promotion Team (i.e. evaluators, media coordinators, epidemiologists, and policy analysts) has transitioned to this new approach, which has led to streamlined processes and a stronger and more cross-trained workforce. The Health Promotion Team also facilitated the creation of the Chronic Disease Prevention Action Alliance to enhance coordination among providers, stakeholders and disease-specific programs to promote appropriate chronic disease strategies. This alliance includes representatives from previously established disease-specific coalitions. Staff and partners collaborated on the development of a coordinated state plan with cross-cutting, place-based objectives in schools, worksites, community and health care settings to improve policies, environments, programs and infrastructure in order to achieve measureable improvements across the leading causes of chronic disease deaths and their associated risk factors. The LTCP served as a key partner for the school-based strategies due to the program's history in assisting school districts in their tobacco-free efforts. Established relationships through the LTCP proved to be an asset to this grant.
- ▶ **The Coalition for Tobacco-Free Louisiana (CTFLA)** serves as the statewide political advocate for tobacco-free policies. Members of this coalition

provide consultation on the implementation of action plans for policy development. This group provides technical assistance to community coalitions to strengthen local laws and generate support for statewide policy changes. Coalition members also educate the state's policy makers on best policy practices to reduce the tobacco burden. Due to the nature of this coalition and the political focus, LTCP has not played an active role, but LTCP remains in contact with CTFLA in order to keep abreast of the political movement during each legislative session.

- ▶ **The Louisiana Campaign for Tobacco-Free Living (TFL)** is a program of the Louisiana Cancer Research Center and the Louisiana Public Health Institute (LPHI) and has been an important strategic partner to LTCP since 2007 via a formal alignment process facilitated by the Tobacco Technical Assistance Consortium (TTAC). Throughout the last six years of this alignment process, comprehensive and integrated tobacco control plans and programs have been developed to assist with eliminating duplications. As a statewide program, TFL provides coordination of existing tobacco control initiatives; funding for innovative community-based tobacco control programming; statewide media campaigns; administration of a state hospital system cessation program; and monitoring and evaluation of program impacts and outcomes. TFL is funded by the state excise tax (two cents of every cigarette pack sold in Louisiana). The program is population-level focused and promotes collaborative leadership, community mobilization, and policy and environmental change as a means to a healthier, 100 percent tobacco-free Louisiana.
- ▶ **The Louisiana Department of Education (DOE)** collaborates with LTCP to implement the Louisiana Tobacco-Free Schools Program; co-administers the Youth Tobacco Survey and the Youth Risk Behavior Survey; and assists with letters of support for participation in CDC's School Health Profiles.
- ▶ **Healthy Communities Coalition (HCC)** is a partnership of DHH/Health Promotion Team, LPHI/TFL, the American Cancer Society, and the Louisiana Comprehensive Cancer Control Program (LCCCP). Through the work of this partnership, Regional Healthy Communities Coalitions have







been established in all nine public health regions of the state. The vision of these coalitions is “Healthy Communities, Healthy Louisiana,” which speaks to the mission “To improve the health and quality of life of Louisianans by mobilizing communities through implementing policy, systems and environmental changes in order to build healthy communities.” These coalitions are comprised of community, regional and multi-sectorial partnerships that have a vested interest in creating healthy communities in Louisiana to help improve health outcomes in the state. The strategies of HCC are guided by best-practices and evidence-based environmental, policy, programmatic and infrastructure changes to improve Louisiana’s standing in America’s Health Rankings. These coalitions will work to develop comprehensive action plans to address their communities’ needs in order to impact their overall health and associated risk factors.

- ▶ **The Smoking Cessation Trust (SCT)** is a newly formed organization that is funded by the 14-year-old class action lawsuit entitled *Scott v. American Tobacco Company*. That judgment ordered certain tobacco companies to fund a statewide ten-year smoking cessation program to benefit more than 200,000 Louisiana smokers who are members of the plaintiff class (or the “Scott Class”). This trust was created to provide cessation programs for Louisiana residents who began smoking prior to Sept. 1, 1988. The Court indicated in *Scott II* that more than 30 percent of all Louisiana smokers could be covered by their services. Through this court decision SCT has the ability to 1) locate and certify Louisiana residents who are part of the Scott Class and 2) make available to all class members cessation services including individual and group cessation counseling (at no cost to class members) as well as nicotine replacement therapies via the Louisiana Tobacco Quitline. Through this partnership, LTCP is able to service all Louisiana residents 13 years old and older in need of cessation assistance.
- ▶ **Community Interventions (CI)** are an integral component of successful comprehensive tobacco control programs. These local level interventions are effective modes of reaching a variety of different populations with targeted messages and actions that support tobacco prevention, control, cessation, and the creation of tobacco-free environments, which creates social norm changes.

The LTCP recognizes the value of these approaches to assist with educating and influencing policy change within school districts, hospitals, community organizations and with policy makers.

- ▶ **Tobacco-Free Health Care Project (TFHCP)** funds four health care facilities via a competitive grant process. The grantees must show a commitment to use research-based strategies for tobacco prevention, control, and awareness in order to empower citizens to make healthy lifestyle choices and reduce tobacco use and its burden in Louisiana. This is a three year project and in fiscal year 2012-2013 the grantees entered their second year of project implementation. Current grantees include Ochsner Health System (Southeast LA), Women and Children’s Hospital (Southwest LA), CHRISTUS Health Shreveport-Bossier (Northwest LA) and St. Francis Medical Center (Northeast LA). Grantees are tasked with carrying out deliverables to address the four main goal areas of CDC’s Office on Smoking and Health. Two specific focus areas include implementation of tobacco-free school policies and tobacco-free health care facilities policies. This project has proven to be an effective move for LTCP. Some successes that should be noted include a revised reporting system, which reduced reporting burden and interpretation by three days per reporting period and led to a revised statement of work for hospital partners. Hospital partners established and maintained new relationships and collaborative partnerships in the community, which led to successful cessation educational outreach, brief tobacco intervention trainings and the implementation of smoke-free/tobacco-free policies and local ordinances. Regular meetings are held with hospital partners to discuss successes and develop solutions for challenges experienced in the community with tobacco control and prevention work.
- ▶ **Tobacco-Free Schools (TFS)** is a comprehensive approach to eliminate tobacco use on school campuses in Louisiana. This is accomplished through a variety of programs and policies based on CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. These recommendations emphasize the effectiveness of a seven-component approach to impact school health. These elements include policy, instruction, curriculum, training, family involvement, cessation and evaluation. In order to assist school districts in their attempt to change their smoking/tobacco

policies, LTCP has developed a manual to assist administration in understanding the positive impact this policy can have on students, parents, faculty, staff, administration and visitors. The LTCP implements tobacco-free school policies through education and community engagement by hospital grantees, and partnerships with the Louisiana Department of Education and other organizations. Currently 53 of the 70 school districts in Louisiana have comprehensive tobacco-free policies, and the remaining 17 school districts are targeted for completion by March 2015. As a measure to increase the number of tobacco-free schools in the state, LTCP and contractor Southwest Louisiana Area Health Education Center gave presentations on the health effects of tobacco products, tobacco-free school policies, and the importance of comprehensive tobacco policies at the Coordinated School Health Summit and the conference for Louisiana Child Welfare. The program has built a relationship with key education partners such as Forethought Consulting, the Department of Education and the Board of Elementary and Secondary Education, providing a more efficient and trustful pipeline between local school districts and the program.

- ▶ **Tobacco-Free Health Care Facilities** is the LTCP's comprehensive approach to eliminate tobacco use in health care settings in Louisiana. Hospitals and clinics are ideal role models of healthy environments within the community. This initiative for health care facilities to become 100 percent tobacco-free campuses supports this goal by protecting patients, employees and visitors from any exposure to secondhand smoke. According to a recent U.S. Surgeon General's Report, there is no safe level of exposure to tobacco smoke. Therefore, a 100 percent tobacco-free campus-wide policy is the only option to protect individuals from the harm caused by smoke. Currently 58 health care facilities in Louisiana have comprehensive tobacco-free policies.

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## Statement of the Problem and the Challenges Ahead

The burden of tobacco use in Louisiana is evaluated based on tobacco-related mortality and morbidity. Mortality describes the number of deaths each year due to smoking-related illness. Morbidity describes both the incidence and prevalence of smoking-related illnesses. Incidence is the number of new cases of a particular smoking-related illness, and prevalence is a measure of the total number of cases of a particular smoking-related illness. The sections that follow describe smoking-related mortality and morbidity for the State of Louisiana.

### Mortality

#### ALL DISEASES

Tobacco use is the leading cause of preventable death in the United States. It is responsible for approximately 443,000 deaths each year (USDHHS, 2012; CDC, 2013). Cigarette smoking and tobacco use are known risk factors for many diseases, including (but not limited to):

- ▶ Cancer of the lung, lip, mouth, larynx, esophagus or oral cavity
- ▶ Respiratory disease
- ▶ Cardiovascular disease
- ▶ Stroke
- ▶ Decay of exposed tooth roots
- ▶ White patches or red sores in the mouth that can turn into cancer

Tobacco use causes more deaths each year than all deaths from HIV, illegal drug use, motor vehicle injuries, suicides and murders combined. Moreover, adult smokers on average have a life expectancy 14 years shorter than non-smokers. Nearly 25 million Americans alive today will die prematurely as a result of smoking (CDC, 2013).

In Louisiana, about 6,500 die each year due to tobacco use, yielding a smoking-attributable mortality rate of 299.8/100,000. Smoking-attributable deaths are computed by multiplying the total number of deaths in adults  $\geq 35$  years from 19 smoking-related diseases known to cause death by estimates of the smoking attributable fraction (SAF) of preventable deaths (CDC, 2008). The SAF provides a quantifiable value for each risk factor (CDC, 2008). The national median for smoking-

attributable adult mortality is 263.3/100,000, placing Louisiana at 41st among other states (CDC, 2008).

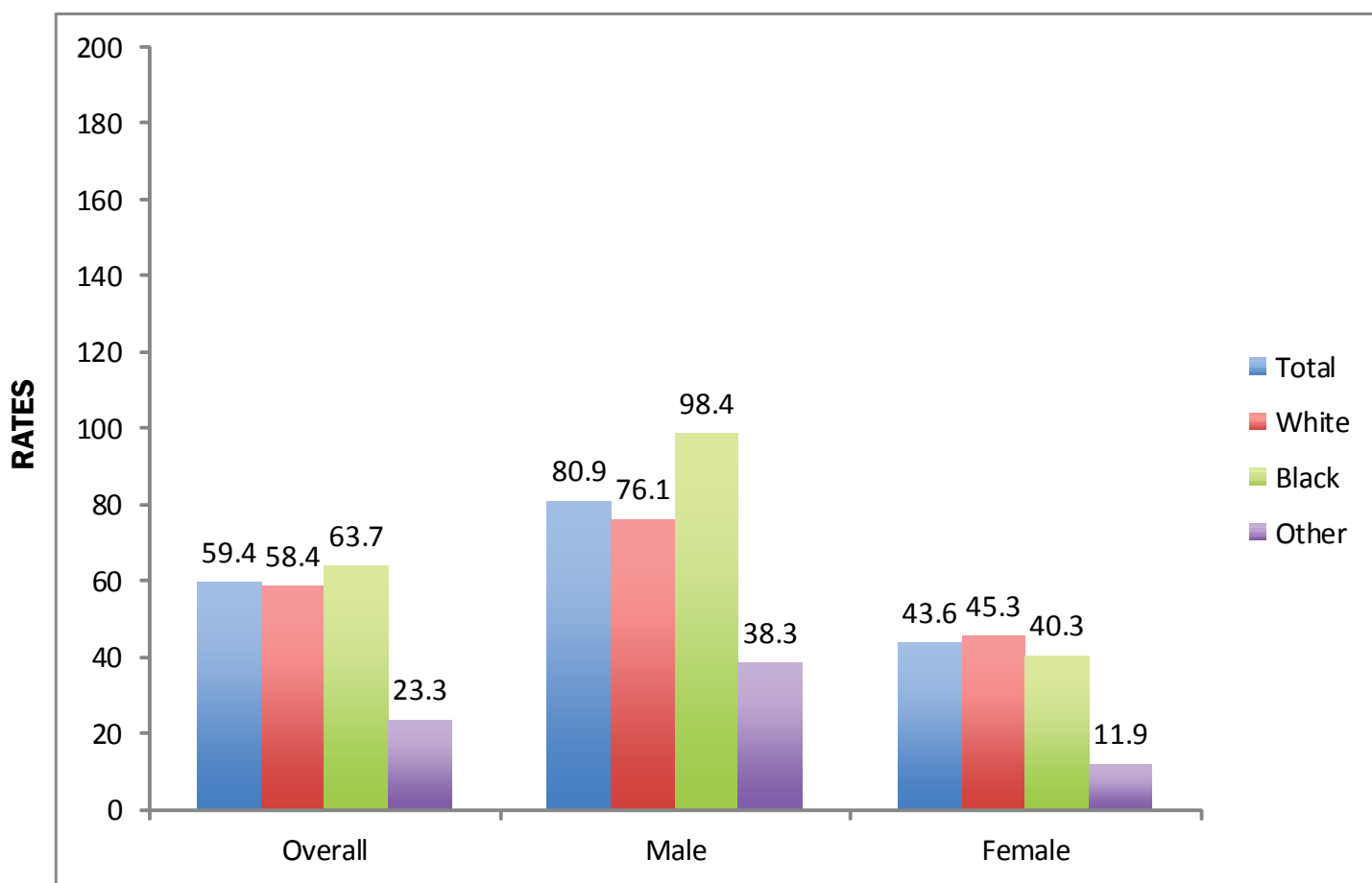
Smoking-attributable years of potential life lost (YPLL) quantifies the years of life lost due to smoking-related mortality. Smoking-attributable YPLL are calculated by multiplying sex and age-specific smoking-attributable mortality (SAM) by remaining life expectancy at the time of death. In Louisiana, the YPLL attributable to smoking between 2000 and 2004 is 95,770; 59,497 for males and 36,273 for females (CDC, 2009).

### LUNG CANCER

Cigarette smoking is unequivocally linked to lung

cancer (CDC, 2013). Lung cancer mortality rates are the deaths attributable to lung cancer. Figure 2 below presents age-adjusted mortality rates from lung cancer among demographic groups in Louisiana. All figures in the graph are age-adjusted lung cancer mortality rates between 2006 and 2010. The graph is broken down by race and gender. Males experience higher lung cancer mortality compared to their female counterparts; this is consistent across races. Black males experience the highest lung cancer mortality rates compared to the overall population and their racial and gender counterparts.

**Figure 2. Average annual lung cancer mortality rates per 100,000 by race and gender, 2006-2010**



- Age adjusted to U.S. 2000 standard-LA tumor registry

*“Tobacco use causes more deaths each year than all deaths from HIV, illegal drug use, motor vehicle injuries, suicides and murders combined.”*



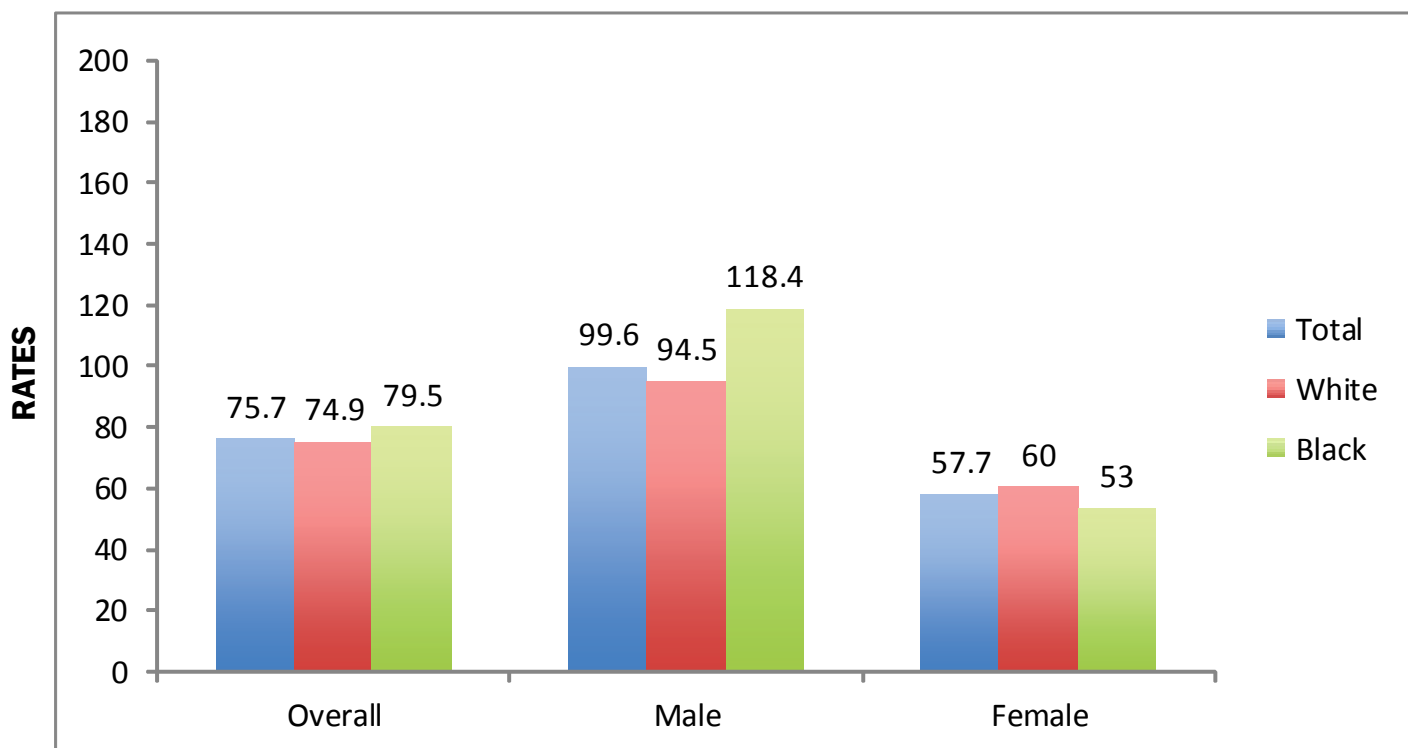
## Morbidity

Lung cancer morbidity is evaluated in the number of new cases of lung cancer. Figure 3 presented below illustrates age-standardized lung cancer incidence rates per 100,000 from 2006-2010. The graph is broken down by race and gender. Males experience higher incidence of lung cancer than female counterparts. This trend is seen across for both White and Black residents. Black males experience the highest lung cancer incidence compared to the overall population and their racial and gender counterparts.

## CARDIOVASCULAR DISEASE AND STROKE

Beyond lung cancer, smoking is also associated with cardiovascular disease and stroke (CDC, 2013 c). While smoking is only a single risk factor for heart disease, stroke and myocardial infarction, it is still important to acknowledge the burden of these diseases in Louisiana. Figure 4 shows that Heart disease and stroke in Louisiana remained relatively stable between 2009 and 2010. Prevalence of heart disease, stroke and myocardial infarction are all higher in Louisiana compared to national estimates.

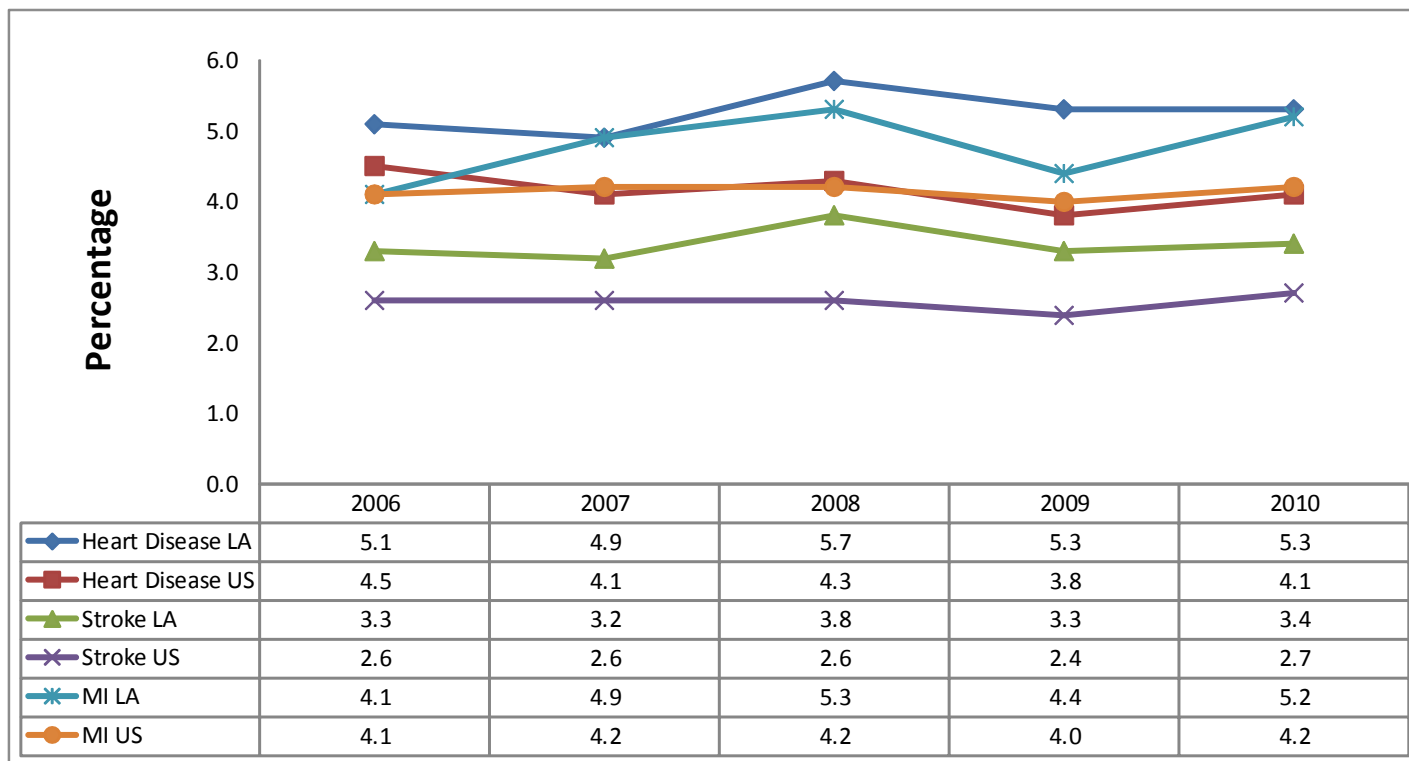
**Figure 3. Average annual lung cancer incidence rates per 100,000 by race and gender, 2006-2010**



- Age adjusted to U.S. 2000 standard-LA tumor registry



**Figure 4. Prevalence of heart disease, stroke, myocardial infarction in Louisiana and the United States, BRFSS 2006-2010**



MI = myocardial infarction

## Economic Impact

Beyond the adverse health consequences, smoking also has dire economic effects. Each year, smoking costs the United States \$96 billion in direct medical costs and another \$97 billion in lost productivity (CDC, 2013). In Louisiana about \$1.5 billion is spent annually on health care costs caused by smoking (CFTFK, 2012). Smoking related productivity losses contributes another \$2.05 billion each year (CFTFK, 2012).

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# Goal 1: Prevention of Initiation of Tobacco Use Among Young People

## Overview

Approximately 4,000 youth attempt to smoke their first cigarette each day; therefore, it is important to prevent initiation and encourage cessation among young people (CTFK, 2005). A key goal area for the Louisiana Tobacco Control Program (LTCP) is the prevention of youth initiation of tobacco use; Louisiana currently has a youth smoking prevalence greater than the national average (16.2 percent). The LTCP utilizes evidence-based practices recommended by the Centers for Disease Control and other national tobacco control organizations to help with the prevention of tobacco use by young people. Like many other tobacco control programs nationwide, LTCP addresses youth tobacco use through the comprehensive tobacco-free schools initiative and active youth engagement in community interventions such as youth summits and national tobacco observance days. Specifically, LTCP attended 60 community events to promote messages about living a tobacco-free lifestyle and provided materials to more than 20,000 school age children and families and provided 26 tobacco prevention and cessation presentations for school district leaders, parents and youth.

The tobacco-free school initiative is a seven component program that seeks to eliminate tobacco in Louisiana public schools. Currently, 53 school districts within Louisiana have adopted a 100 percent comprehensive tobacco-free policy, leaving only 17 districts within the state that do not have comprehensive tobacco-free policies. Each district is required to implement all seven components of the tobacco-free school initiative before receiving certification as a Tobacco-Free School of Excellence by the Louisiana Department of Health and Hospital's Tobacco Control Program. The program's staff and hospital grantees continue to work with local school districts to educate them on the dangers of secondhand smoke and the benefits of adopting a 100 percent tobacco-free policy.

The Louisiana Tobacco Control Program worked closely with the Louisiana Campaign for Tobacco-Free Living to host an annual youth summit in 2011 and 2012. The summits empowered youth leaders statewide to become a part of the tobacco control movement,

and equipped them with tools necessary to be champions for tobacco-related issues within their communities.

Summit participants were educated on tobacco industry youth marketing tactics, youth access to tobacco products (point of sale), and tobacco-related policy. The summits included panel discussions, presentations by nationally recognized speakers and breakout sessions to facilitate discussions about tobacco-related issues.

In 2012, the summit was held at Dillard University in New Orleans, La., and an estimated 400 middle school, high school and college students from across the state registered to attend the event. Summit participants were educated on the tobacco industry's predatory marketing tactics toward youth and learned how to become involved in the policy making process at both the state and local levels. The summit included presentations and interactive workshops to educate and empower students to become champions in tobacco control advocacy. Some of the presentations and workshops were led by nationally recognized speakers, including the following:

- ▶ Yes Duffy, from MTV's Road Rules—"Taking to the streets" using visual arts and graffiti to promote tobacco-free messages
- ▶ Chris Blackburn, former Biggest Loser Contestant—"The Size of Addiction-How Smoking and Obesity Go Hand in Hand"
- ▶ Chad Bullock of MTV fame, "Igniting Initiative"—exploring tobacco's impact and how taking initiative is the only way to change it.

In its continued efforts to counter the marketing tactics of the tobacco industry, LTCP engages youth through hosting events for national tobacco observance days. The program, along with Tobacco-Free Health Care Project grantees across the state, have sponsored community events in the observance of World No Tobacco Day, Kick Butts Day and the Great American Smokeout.

**Kick Butts Day**—Each year in March, the Campaign for Tobacco-Free Kids sponsors Kick Butts Day, a day in which activism is encouraged among young people. In March 2012, Women and Children's Hospital in Lake Charles held a Public Service Announcement (PSA)





contest with local middle and high school students. The winning PSA ran on local television for six months and received billboard placement. The local police department also got involved by conducting educational stops with motorists to promote the state law that makes smoking in a car with children under the age 13 illegal (ACT 838).

**World No Tobacco Day**—Sponsored by The World Health Organization, World No Tobacco Day brings awareness to the adverse health effects of tobacco use globally while encouraging users to quit. Hospital partners held events to raise awareness in the community about Big Tobacco around the world and in Louisiana. Large displays were set up in hospital lobbies to promote cessation and provide education about cigarette packaging graphic images around the world. Social media campaigns were aimed at countering the tobacco industry interference in the community. In addition, parents and youth signed a petition for a local school district to implement a 100 percent tobacco-free policy

**Great American Smokeout**—The Great American Smokeout (GASO) is an American Cancer Society-sponsored observance day that encourages tobacco cessation. In 2012, GASO events focused on hospital cessation for staff, patients and visitors. The Louisiana Tobacco Quitline and website were displayed around campus on banners, flyers, cafeteria tables and patient trays. Self-help quit kits were made available to anyone who was interested in quitting. Presentations were given to school administration and youth on the harmful effects of tobacco use and the dangers of secondhand smoke exposure. These events also provide an opportunity to encourage and empower youth and young adults to become leaders in the tobacco control movement.



Comprehensive tobacco control programs nationwide work endlessly to counter tobacco industry tactics to market their products to young people. Reports show that comprehensive school health policies, combined with mass media campaigns are evidence-based strategies that can offset youth initiation of tobacco (USDHHS, 2012). Although Louisiana remains above the national average for overall youth smoking prevalence, the middle school smoking prevalence in 2011 dropped to an all-time low of 6.4 percent. Within the past year, the program has seen an increase in youth engagement for community intervention; the 2012 youth summit had over 400 registrants; and grantees engaged and had active youth participation in activities for national tobacco observance days. Most significantly, the program saw a great interest in the tobacco-free schools movement. DHH leadership, educational leaders and local districts statewide amplified efforts to promote healthier lifestyle choices for youth in schools, resulting in 53 tobacco-free school districts statewide.

## Evaluation and Surveillance

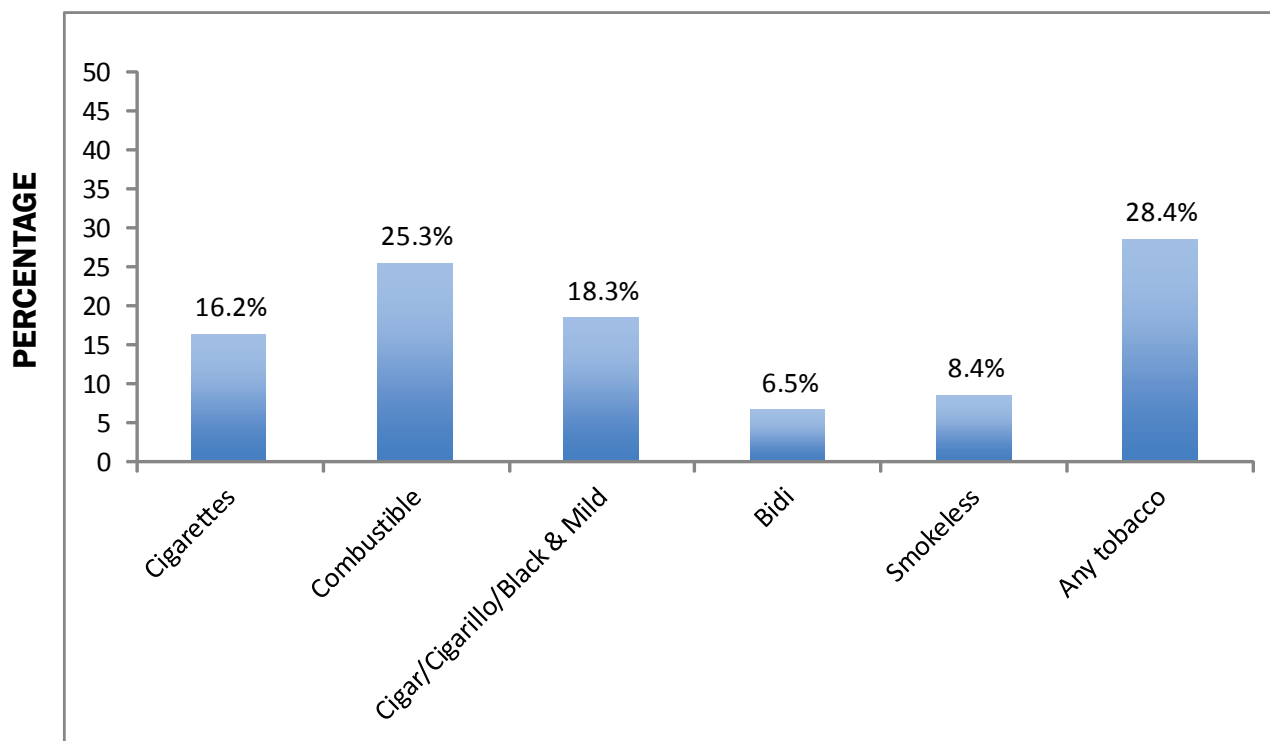
Compared to national and other state estimates, Louisiana has the sixth-highest smoking rate for high school students (YRBS, 2011). Moreover, Louisiana consistently ranks above national estimates for all types of tobacco use (YRBS & NYTS, 2011). In 2011, the national smoking prevalence for middle school and high school students was 4.3 percent and 15.8 percent, respectively. Louisiana smoking rates during 2011 were 6.21 percent and 24.03 percent for these respective groups. Similar trends were seen in Louisiana across all tobacco types. Figure 5 provides prevalence for different tobacco product usage among youth in 2011. Figure 6 illustrates the trend in tobacco consumption between 2008 and 2011. Of particular note, cigarette consumption among youth (middle and high school students) increased between 2008 (14.7 percent), 2009, (16.0 percent) and 2011 (16.2 percent).

Middle school students experienced a decrease in cigarette prevalence between 2009 (10.9 percent) and 2011 (6.4 percent). Conversely, high school students experienced a steady increase in cigarette consumption between 2008 (18.8 percent), 2009 (19.4 percent) and 2011 (24 percent). Moreover, high school students in Louisiana consume combustible tobacco (any tobacco product that requires a lighter) at a higher rate than the national average; 35.2 percent (Louisiana) compared to 21 percent (national). Since approximately 90 percent of all current adult smokers begin before the age of 18, these youth smokers are likely to continue the habit into adulthood.

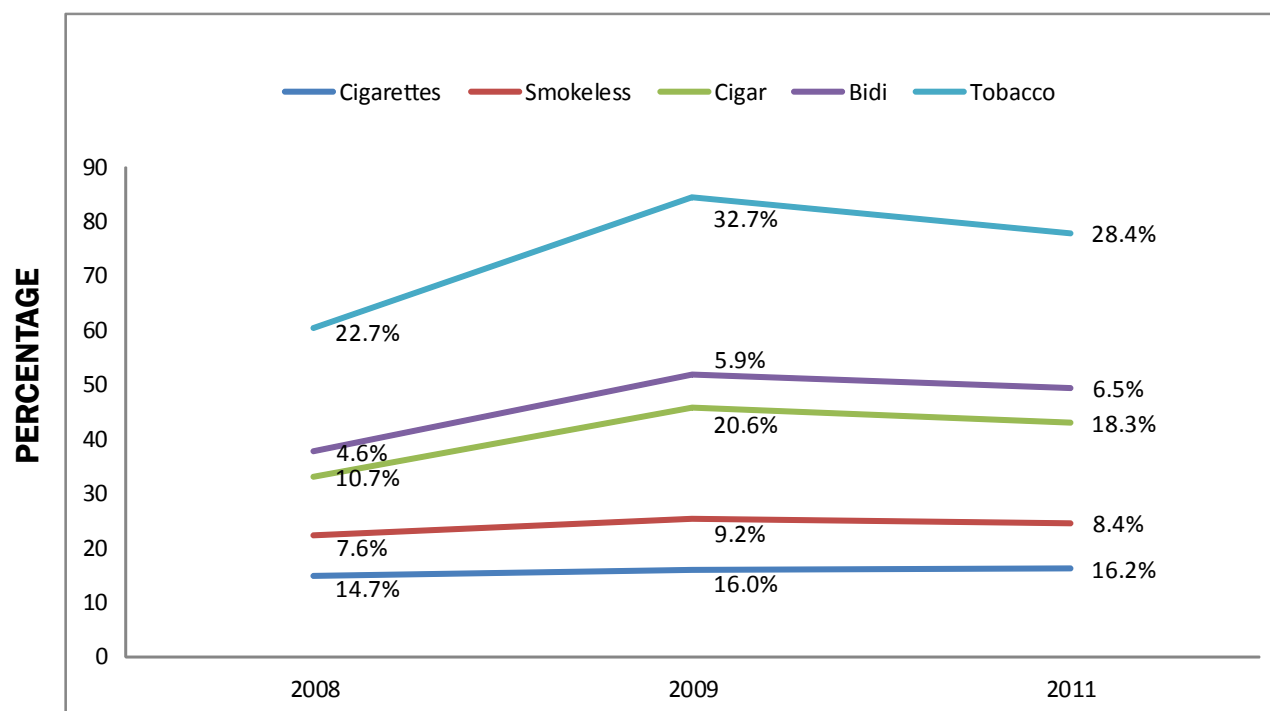
Figure 7 illustrates the trends in initiation age between 2008 and 2011. Smoking initiation has remained similar over time. Between 2008 and 2011, the majority of students in Louisiana smoked their first whole cigarette between 13 and 14 years of age. The similarity in initiation age over time suggests established social norms exist for smoking initiation among youth. If students can delay initiation beyond the age of 16, it

is likely that they will not become tobacco users. With nearly all tobacco use beginning in young populations, it is imperative to prevent tobacco initiation among this group. Preventing initiation of tobacco use among youth requires a comprehensive understanding of the social, environmental, advertising and marketing influences that youth encounter.

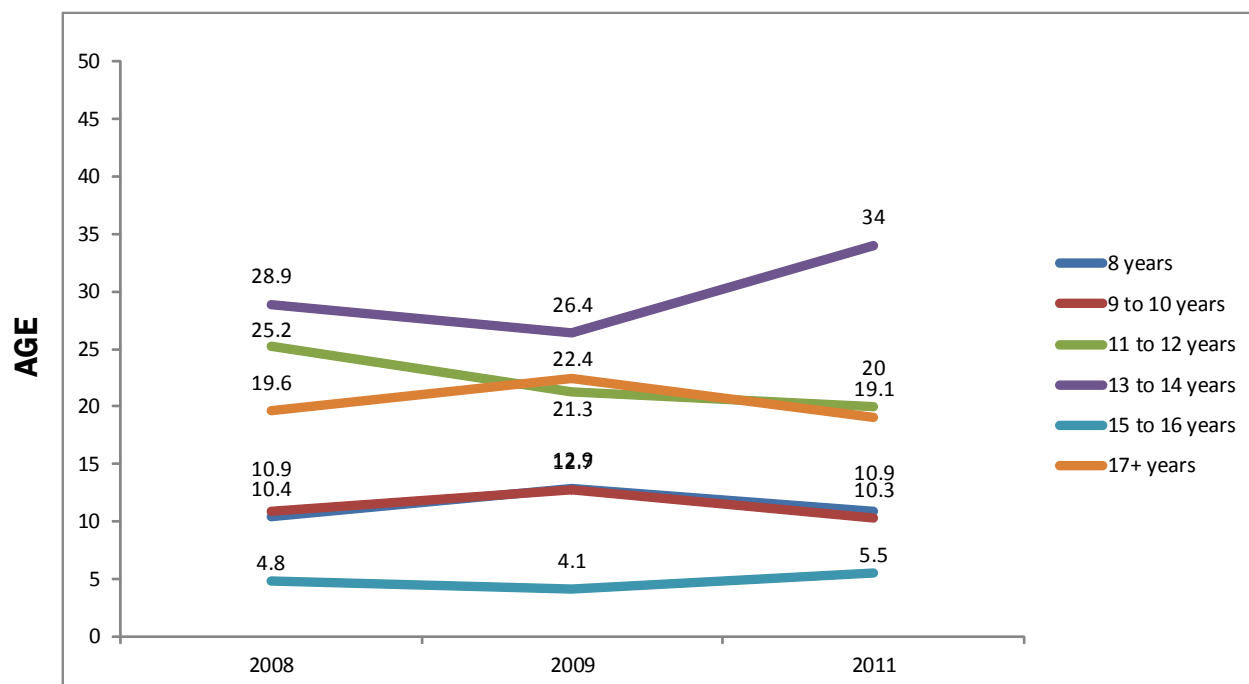
**Figure 5. Prevalence of tobacco use by youth (11-17 years) in Louisiana (YTS, 2011)**



**Figure 6. Trends in tobacco consumption among youth in 2008, 2009 and 2011 (YTS)**



**Figure 7. Age at first cigarette in 2008, 2009 and 2011 (YTS)**



## Media & Promotion

The Louisiana Tobacco Control Program (LTCP) recognizes that health communication and promotion are essential to reaching the program goals of youth prevention, elimination of secondhand smoke exposure, reduction of tobacco-related health disparities and providing smoking cessation services to those who want to quit. LTCP partners with its media contractor, the Louisiana Public Health Institute, and its program, The Louisiana Campaign for Tobacco-Free Living (TFL), to utilize a variety of media strategies that support program goals and desired health outcomes for the state of Louisiana as it relates to tobacco efforts.

In 2013, LTCP launched a media campaign aimed at youth and young adults. The campaign aired in 14 movie theaters across the state and featured “Tiffany’s Tip” – an ad from the CDC’s 2013 *Tips from Former Smokers*

campaign. The ad featured Louisiana resident Tiffany, who at the age of 16 lost her mother to lung cancer caused by smoking. Despite losing her mother, Tiffany herself became a smoker, and when her own daughter turned 16, she decided to quit smoking so that her daughter would not have to experience the same loss.

LTCP utilizes social media to engage the community on a variety of tobacco-related topics, including youth prevention. Each year when children go back to school, LTCP implements a social media campaign aimed at those in leadership positions who work with youth. Topics include youth prevention, facts about tobacco industry marketing and tips for families to prevent exposure to secondhand smoke.

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## Goal 2: Eliminate Nonsmokers' Exposure To Secondhand Smoke

### Overview

Secondhand smoke (SHS) is the combination of smoke from the burning end of a cigarette and the smoke exhaled from the smoker's mouth (CDC, 2013). SHS is composed of several thousand chemicals, 70 of which are known carcinogens and hundreds that are toxic to human health (CDC, 2013). Research has shown that even small amounts of SHS exposure are detrimental to health. Approximately 410 to 1,140 of Louisiana's nonsmokers die each year from SHS exposure (CTFK, 2007). SHS is linked to premature death and disease in nonsmoking adults, including but not limited to cardiovascular disease and lung cancer. Utilizing evidence-based practices, the Louisiana Tobacco Control Program (LTCP) works to reduce exposure to SHS across the state; the program has many initiatives such as the Tobacco-Free Schools initiative and the Tobacco-Free Health Care Facilities initiative to decrease involuntary exposure to SHS.

Tobacco-free and smoke-free policy components are key features in both the Tobacco-Free Schools and Health Care Facilities initiatives. Smoke-free policies prohibit (partially or fully) smoking tobacco products (i.e. cigarettes, cigars, cigarillos, etc.) while tobacco free policies prohibit tobacco use (which includes smokeless tobacco products such as chewing tobacco). Interest in tobacco/smoke-free air policies has grown significantly over time, which has opened the door for more opportunities to educate local municipalities, communities, school districts, health care facilities and businesses on the benefits of tobacco-free and smoke-free policies. Moreover, the recent introduction of electronic cigarettes, or e-cigarettes, has prompted the re-evaluation of tobacco-free and smoke-free policies, as e-cigarettes do not contain tobacco nor produce smoke, but contain many of the same carcinogens and toxic chemicals as regular cigarettes (SOC, 2013).

The LTCP provides technical assistance and cessation resources to entities interested in developing and implementing tobacco-free and smoke-free policies. Efforts by the LTCP have been instrumental in 53 of Louisiana's 70 school districts implementing comprehensive tobacco-free district policies and 60 health care facilities (hospitals, clinics, and surgical centers)



implementing smoke-free and/or tobacco-free policies. As promoters of healthy lifestyle choices, Department of Health and Hospitals (DHH) is leading the tobacco control movement by example. In 2012, DHH became the first state agency to enact a 100 percent tobacco-free workplace policy. DHH has also encouraged and engaged other state agencies to adopt similar policy measures through relationship building and education; currently state law only mandates smoke-free state agencies.

Environmental changes such as tobacco-free and smoke-free policies are important for reducing secondhand smoke exposure. In 2006, the Louisiana state legislature passed the Louisiana Smoke-Free Air Act (LSL, 2006), prohibiting smoking in most public places; however, the act exempted certain facilities from regulation, such as bars and gaming facilities. In 2012, the legislature removed exemptions for psychiatric facilities managed by the Department of Health and Hospitals with Act 373 (LSL, 2011), now prohibiting smoking in those facilities. Recently, Louisiana passed House Bill 111 (LSL, 2013), which requires state-funded post-secondary institutions to adopt and implement smoke-free policies prior to August 2014.

Since the passage of the Louisiana Smoke-Free Air Act, the state has seen minimal movement on tobacco-related issues; therefore, local municipalities began to enact more stringent tobacco-free and smoke-free policies. In 2012, the city of Alexandria became the first local municipality to enact a comprehensive smoke-free air ordinance that includes facilities excluded in the state law. The city ordinance prohibits smoking in all enclosed public places, gaming facilities, common and outdoor areas of multi-unit housing facilities, retail tobacco businesses, public transportation vehicles, city-owned public transportation stations, platforms, and shelters, outdoor playgrounds, and within 25 feet of all public places. Some other ordinance passes include:

- **The City of Oakdale** (Allen Parish) passed an ordinance that prohibits tobacco use at public

parks and 25 feet from building entrances and operable windows. The ordinance also provides restrictions of tobacco retailers to advertise, promote, or distribute tobacco products within 300 feet of any playground, church, public library, school or childcare facility where youth frequent.

- ▶ **The City of Monroe** council passed a comprehensive indoor smoke-free workplace ordinance on September 24, 2013 that will be stronger than the state's Smoke-Free Air Act (Act 815) to include bars and gaming facilities.
- ▶ **The City of West Monroe** aldermen passed a comprehensive indoor smoke-free workplace ordinance on October 8, 2013 that will be stronger than the state's Smoke-Free Air Act (Act 815) to include bars and gaming facilities.
- ▶ **Ouachita Parish** passed a comprehensive indoor smoke-free workplace ordinance on October 7, 2013 that will be stronger than the state's Smoke-Free Air Act (Act 815) to include bars and gaming facilities.

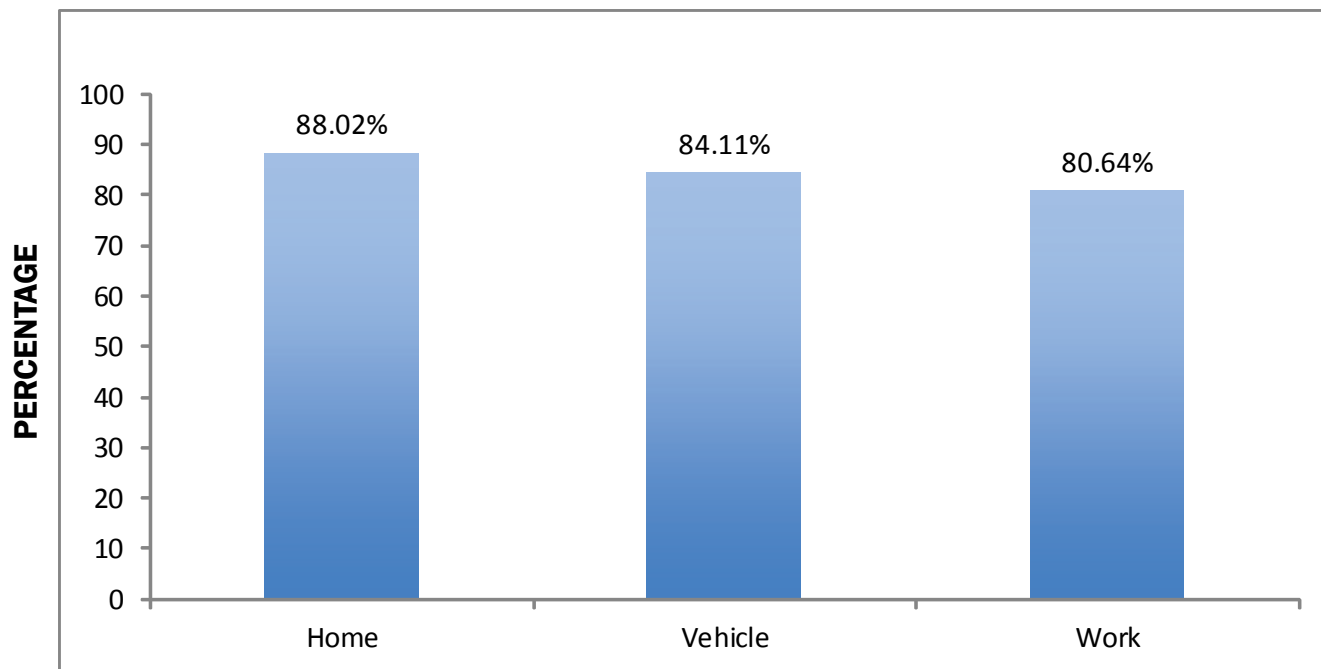
- ▶ **Seventeen** parks and recreation departments have implemented smoke-free or tobacco-free policies.

## Evaluation and Surveillance

Secondhand smoke, or environmental tobacco smoke, is the product of combustible tobacco smoke. Secondhand smoke is composed of 4,000 chemicals, 250 of which are toxic or carcinogenic in nature. Inhalation of secondhand smoke is known to have adverse health effects and its exposure is responsible for about 50,000 deaths each year. It is known to cause ear infections, respiratory infections and trigger asthma attacks in children. Further, it also increases the rate of cardiovascular disease and lung cancer among adults.

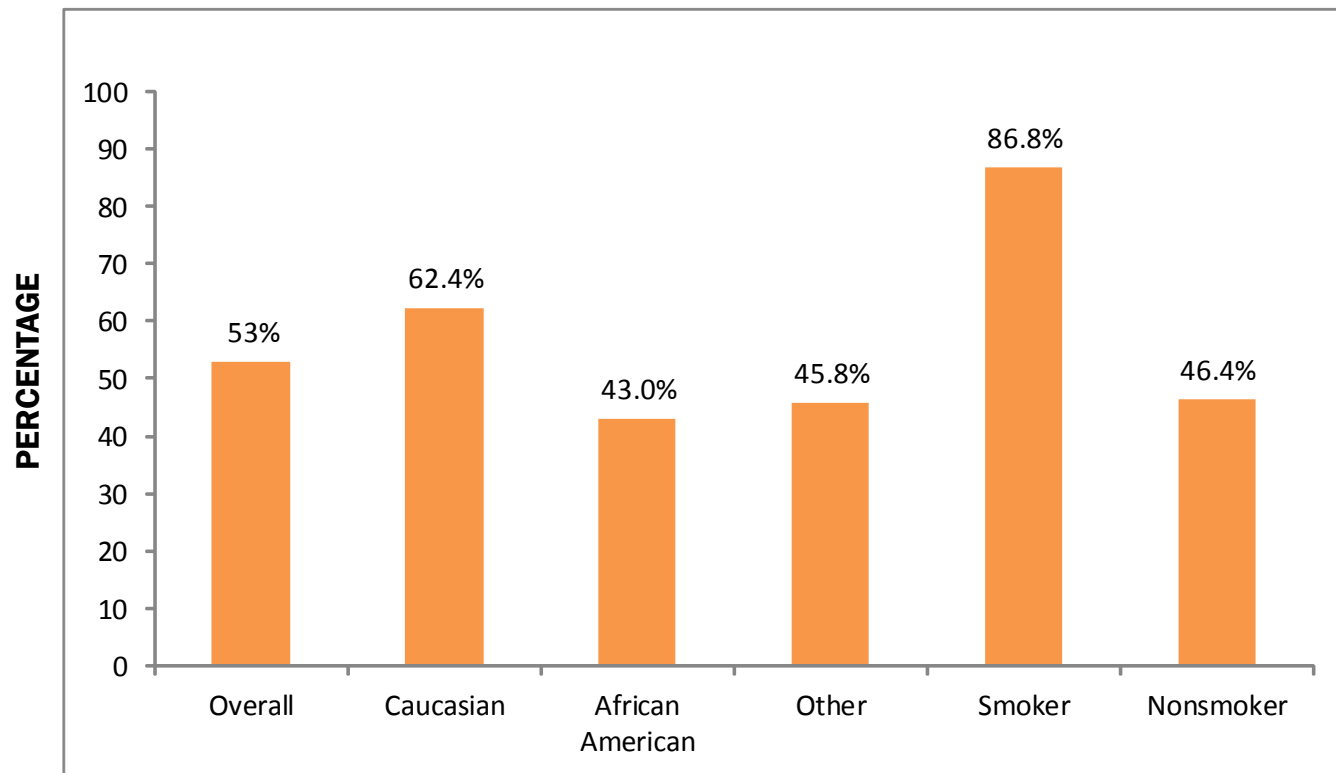
Among the adult population in Louisiana, exposure to secondhand smoke is limited to a small proportion of the population. Figure 8 displays the percentage of adults in Louisiana who were not exposed to secondhand smoke in their home, vehicle and workplace. Since there is no risk-free level of secondhand smoke, continued efforts are needed to remove all exposure.

**Figure 8. Adults with zero exposure to SHS in a given week in their home, vehicle and at work (BRFSS, 2011)**



In 2011, nearly 53 percent of youth in Louisiana reported having been in a room with a smoker at least once in the past seven days. However, almost 20 percent of youth reported being in the same room with a smoker for all seven days of a week. About 41 percent of students were exposed to secondhand smoke in a car, and nearly 44 percent of smoking students said they were in the same room with another smoker all seven days in a given week. Figure 9 displays the percentage of youth who have been exposed to secondhand smoke among race and smoking status.

**Figure 9: Percent of Louisiana youth who were in the same room as a smoker, by race (YTS, 2011)**



## Media & Promotion

The key strategy for eliminating secondhand smoke exposure has been modifying the behavior of smokers. Notably, LTCP has partnered with community-based hospitals to reach tobacco users in clinical settings throughout the state. In 2012, LTCP developed a series of publications, including *Get Ready to Quit*, *Benefits of a Smoke-Free Pregnancy*, *The Truth About Secondhand Smoke* and *Thirdhand Smoke: Another Reason to Quit*. These publications are published in English and Spanish and are distributed to hospitals and clinics to share with patients.

Partnering with hospital grantees provided LTCP with the opportunity to reach out to tobacco users in a clinical setting and provide them with tools and resources to help them quit. A primary focus of the hospital partnership program has been to assist health care facilities in becoming 100 percent tobacco-free. In 2013 LTCP and TFL published the *Helping Empower All of Louisiana (H.E.A.L.) Tobacco-Free Health Care*

*Facilities Policy Development ToolKit: Clinic Version* as a resource for health clinics. The toolkit is modeled after the Project H.E.A.L. pilot program that began in 2008 to aid hospitals in developing tobacco-free campus policies. Both the hospital and clinic versions of the toolkit are available for download on [www.QuitWithUsLA.org](http://www.QuitWithUsLA.org).

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## Goal 3: Promote Quitting Among Adults and Young People

### Overview

The Louisiana Tobacco Control Program's cessation initiatives use the recommendations of the U.S. Public Health Service (USDHH, 2008), to increase access to cessation services through: (1) health care provider outreach to increase adherence to public health service clinical practice guidelines in treating tobacco dependence; (2) tobacco Quitline services; and (3) policies that promote cessation services. The LTCP is currently promoting cessation through a range of projects and services targeting groups and individuals throughout the state.



**The Louisiana Tobacco Quitline:** The Louisiana Tobacco Quitline, 1-800-QUIT-NOW, is a free, confidential, 24-hour helpline that links individuals who want to quit using tobacco with trained Quit Coaches®. The Quitline is primarily funded by the LTCP and The Louisiana Campaign for Tobacco-Free Living; it is administered by Alere Wellbeing, Inc. Louisiana's Quitline services are available to all residents, 13 years and older, who are ready to quit using tobacco within the next 30 days. Callers to the Quitline receive an individualized Quit Plan that includes telephone coaching sessions, self-help materials, and unlimited access to Web Coach®, an interactive online community that offers e-learning tools, social support and information about quitting. When budgets allow, the Louisiana Tobacco Quitline offers nicotine replacement therapy to callers. Telephone services are available in 150 languages and to the hearing impaired (TTY and TDD accommodations are available). Family, friends, and health care providers of a tobacco user can receive self-help/support materials by calling the Quitline. The Quitline provides specialized materials for adolescents between the ages of 13 and 17, pregnant women, spit tobacco users and for those with chronic medical conditions.

**Fax-To-Quit Louisiana Program (FQL)** The Fax-To-Quit Louisiana program sponsored by the Louisiana Tobacco Control Program and the Louisiana Campaign for Tobacco-Free Living is a health systems approach to cessation promotion, designed to manageably incorporate the *Public Health Service Clinical Practice Guidelines in*



*Treating Tobacco Use* into clinical practice. The program assists the healthcare providers in providing a brief intervention through the 5A's, (Ask, Advise, Assess, Assist, and Arrange) for their patients who are trying to quit tobacco use and referring them to the Louisiana Tobacco Quitline for evidence-based tobacco cessation counseling. Fax-To-Quit works by directly linking the individuals trying to quit tobacco use to the Quitline services with help of the health care providers. After the patient gives consent by signing the fax referral form, the clinician faxes the patient information to a Quitline registration intake specialist who then contacts the individual to schedule a counseling session with a Certified Quit Coach. Tobacco users no longer have to take the first step in calling the Quitline.

Clinician intervention and counseling to treat tobacco dependence increases the patients' tobacco quit rates by four times when clinicians provide counseling and pharmacotherapy. Healthcare providers can become certified Fax-To-Quit Louisiana providers by completing a brief online training at [www.QuitWithUsLA.org](http://www.QuitWithUsLA.org). Trained providers then receive a tool kit with all the necessary materials to begin connecting their patients to the Louisiana Tobacco Quitline.

Through a partnership with the Tobacco Control Initiative (TCI) within the LSU Health Systems, the Fax-To-Quit program has effectively reached Louisiana's low Social economic status and rural populations. Monthly Quitline reports indicate TCI as the top Fax-To-Quit referrer. Recent changes to the LSU public hospital system have created new private health system contracts for TCI. The LTCP is working with them to enhance Quitline cessation services using Interactive Voice Response (IVR) technology. Through this project, the LTCP and TCI will integrate the state Quitline system with IVR/electronic medical records system at two LSU Health facilities (Lallie Kemp and the Interim Louisiana Hospital New Orleans) and provide delivery of extended follow-up using IVR based on smoker readiness to quit.

Improvements in the Quitline monitoring and reporting system have allowed LTCP and TFL to track use by individuals with chronic diseases and develop initiatives that integrate tobacco cessation with diabetes, asthma, and heart disease programs. Currently, the DHH Health Promotion Team is working on a comprehensive strategy that will increase awareness as well as educate individuals affected by these chronic diseases. The Healthy Communities Coalitions were recently established and officially launched in September 2013 to address many of these needs.

**Tobacco-Free Health Care Facilities** is LTCP's comprehensive approach to eliminate tobacco use in

health care settings in Louisiana. Hospitals and clinics are ideal role models of healthy environments within the community. This initiative for health care facilities to become 100 percent tobacco-free supports this goal by protecting patients, employees and visitors from any exposure to secondhand smoke. According to the U.S. Surgeon General's Report, there is no safe level of exposure to tobacco smoke. Adopting a 100 percent tobacco-free campus-wide policy is necessary to protect individuals from the harm caused by smoke.

A comprehensive tobacco-free campus establishes a strong policy, which has support of the administrator and all staff at the facility. However, it does not end there; it incorporates excellent communication strategies including campaigns to educate internally as well as externally the new 100 percent tobacco-free policy. Cessation resources are readily available to patients, staff, and visitors identified as tobacco users. Providers are trained in cessation techniques such as referring individuals to the LA Tobacco Quitline for free counseling. Security and staff members are equipped with proper talking points to address any patient, visitor, or other staff member on the 100 percent tobacco-free campus-wide policy.

The LTCP has updated the proven success model of Project H.E.A.L. (Help Empower All of Louisiana) into the *HEAL Manual* and new *Tobacco-Free Policy Development Toolkit Clinic Version*. These resources are available online, free of cost, to assist health care administrators and providers with systematic changes to eliminate the lethal effects of tobacco use in Louisiana.

HEAL is an effective tool for hospital policy implementation and systems interventions and has been adapted for use by clinics. The *HEAL Manual* and *Clinic Version* provide step-by-step technical assistance and instructions for developing a 100 percent tobacco-free campus policy for healthcare facilities. The goal is to ease the transition for hospitals as they go 100 percent tobacco-free and to create a comprehensive in-house cessation program for patients and hospital employees. Currently, 60 healthcare facilities in Louisiana have comprehensive tobacco-free policies and more are receiving assistance with implementing policies.

The benefits of a 100 percent tobacco-free campus-wide policy include:

- ▶ Showcasing hospital or clinic's role as a community leader in protecting the health of the public and motivate others to do likewise.
- ▶ Reducing health care costs due to illness caused by tobacco use and exposure, and reduce expenses incurred by loss of productivity and absenteeism.

- Supporting people in quitting tobacco by enhancing cessation benefits and resources offered to employees and patients.

### Health care Provider Outreach

Health care providers have a unique opportunity to influence tobacco cessation. Smokers cite a doctor's advice to quit as an important motivator; in conjunction with counseling and pharmacotherapy, quit rates greatly improve; 70 percent of smokers visit a primary care setting each year (USDHH, 2008). The Tobacco-Free Health Care Project hospital grantees conduct continuous outreach to health care providers, medical staff, and community partners to improve their capacity in promoting evidence-based cessation messages and services. Through in-services and community education events, the hospital grantees have trained more than 150 health professionals on the 5A's Intervention and Fax-To-Quit Louisiana program. Women and Children's Hospital trained hospital staff in all departments to conduct Brief Interventions utilizing the 5A's with a follow up FQL referral to the Louisiana Tobacco Quitline. The Louisiana Campaign for Tobacco-Free Living regional managers have an established statewide presence, which they use to educate health professionals as well on the Fax-To-Quit program.

In January 2013, the Louisiana Hospital Association (LHA) launched a statewide Smoking Cessation Initiative. The *Smart Choices, Better Health* Hospital Campaign is a three-year workplace wellness initiative. The first phase focused on healthy eating, exercise and weight loss, and the second phase focused on smoking cessation. Hospitals in Louisiana, regardless of size or type, can participate in the campaign at various levels, from implementing one or two small changes to sponsoring major staff/community challenges or health events. The LTCP and the Louisiana Campaign for Tobacco-Free Living provided resources for hospitals to use in the planning and implementation of their programs. This new partnership with the LHA ensures that health care providers have the resources and tools needed to help their patients be successful at quitting smoking for good. More than 60 hospitals were represented at the LHA's *Smart Choices Better Health Orientation*.

Dr. Thomas Payne with the University of Mississippi Medical Center, ACT Center for Tobacco Treatment, Education and Research conducted the *Brief Treatment of the Tobacco Dependent Patient* workshops in Feb. 2013 in Monroe, Shreveport, Lake Charles, and New Orleans at each of the **TFHCP** hospital grantee sites. Health care professionals received training on tobacco products, factors influencing their use and

health impact. In addition, the participants learned to the skills necessary to deliver an effective, brief, evidence-based treatment to facilitate their patients' efforts to permanently quit the use of tobacco products. This provider outreach specifically targeted mental health staff at DHH psychiatric facilities to support the transition to smoke-free campuses and the tobacco cessation needs of patients per Act 373. A total of 106 healthcare professionals were trained. St. Francis Medical Center sent select providers and staff to Mississippi to participate in a five-day Certified Tobacco Treatment Specialist workshop to provide in-house cessation counseling to patients and staff. The trained staff will also be charged with the task of training others on tobacco cessation.

**The Smoking Cessation Trust:** In late 2011, the final judgment in a 14-year-old class action lawsuit (*Scott v. American Tobacco Company*) ordered certain tobacco companies to fund a 10-year statewide smoking cessation program. The new program will benefit more than 200,000 Louisiana smokers.

In 2012, the court-established and court-supervised Smoking Cessation Trust (SCT) began work to set up the cessation program as planned, using funds provided by those tobacco companies. Any current Louisiana resident who was a smoker prior to Sept. 1, 1988, and wants to stop smoking cigarettes can apply for Scott Class membership. Each person who is approved by the Smoking Cessation Trust as a member of the Scott Class is eligible to receive cessation medications, individual/group cessation counseling, telephone Quitline support and/or intensive cessation support services at no cost.

The Smoking Cessation Trust Management Services' (SCTMS) relationship with the LTCP is for administration of cessation services of the Louisiana Tobacco Quitline. A memorandum of understanding was executed in September 2012 between the Department of Health and Hospitals, Louisiana Public Health Institute and SCTMS to provide access to the Quitline for members of the Scott Class. Callers to the Quitline, who began smoking prior to 1988 and consent to be contacted by SCTMS are eligible for additional cessation services. Through this agreement, the LTCP is authorized to receive 100 percent reimbursement for approved class members serviced by the Quitline.

SCT Management Services was created by the Smoking Cessation Trust to manage the daily activities necessary to execute the Trust's mission. SCTMS' mission includes the following:

- Deliver the highest level of smoking cessation services to the greatest number of Scott Class Members

- ▶ Increase the number of ex-smokers (smokers who quit) in Louisiana
- ▶ Make significant and positive contributions to improving Louisiana's smoking cessation services

The SCT reached out to Ochsner Health System, which is a TFHP hospital grantee, to provide free counseling and medications for anyone wanting to make a healthy lifestyle change. Ochsner's health care providers and staff were trained by Dr. Thomas Payne with the University of Mississippi Medical Center, ACT Center for Tobacco Treatment, Education and Research to gain the expertise and skills to accomplish this request. Initially, a pilot was established for hospital employees to receive cessation services through the SCT. After a few months of successful operation, the cessation services were ready to be offered to patients, visitors and the surrounding communities. Ochsner accepted the invitation from the SCT and now has the first of its kind in Louisiana, Smoking Cessation Clinic. Once individuals have been approved as Scott Class members and receive their identification cards, a consultation appointment can be scheduled to receive free cessation services covered by the SCT. Ochsner Health System is providing technical assistance to other health systems and hospitals to ensure this model is available throughout Louisiana.

### **CDC *Tips from Former Smokers* Campaign**

#### **TIPS 2012**

The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) launched a groundbreaking campaign on March 15, 2012, to increase awareness about the human suffering caused by smoking and to encourage smokers to quit. The campaign, called *Tips From Former Smokers* (Tips 2012), underscored the immediate damage that smoking can cause to the body and featured real people who experienced smoking-related diseases at a relatively young age. The paid media placement ended on June 10, 2012, but the public service announcement (PSA) portion of the campaign continued through the end of the year.

The Tips national media campaign included additional placement in 49 local designated market areas (DMAs) with high smoking prevalence (CDC, 2012). Local DMA's accounted for 26 percent of the U.S. Population. Ads were featured in 41 national cable TV media outlets that reached smokers, ages 18-54, including but not limited to: A&E, BET, Comedy Channel, Discovery, ESPN, FX, TBS, TNT and USA.

A total of 10,712 national network cable TV airings were forecasted. Nationally, a total of 10,712 network

cable TV aired the spots. Tips 2012 ads reached 84 percent of the target adult audience (18-54). Over the course of the 12-week campaign, the target audience was exposed to the campaign spots 26 times.

Strategies such as digital video, display banners, search and mobile ads drove traffic to the Tips website at rates well above the industry standard rates. On June 3, 2012, the campaign eclipsed 3.6 billion impressions, 4,000+ media stories, and a publicity value exceeding \$10.5 million. The CDC knew the impact from the first national tobacco education campaign launch was a success.

The success of the national media campaign affected the Louisiana Tobacco Quitline drastically. The Quitline had to reduce services to all multi-call program (5-calls) participants, in order to sustain services throughout the campaign. Due to this hardship experienced by Louisiana and many other states, the CDC announced a Quitline Supplementary Funding FOA to help sustain Quitline capacity.

In Aug. 2012, the LTCP was awarded Quitline Supplementary funds to sustain the Louisiana Quitline's capacity due to increased call volume following the 2012 CDC national media campaign and to ensure support for the 2013 CDC national media campaign.

#### **TIPS 2013**

On Mar. 4, 2013, the CDC launched a continuation of its national tobacco education campaign to increase awareness about the negative health effects caused by smoking and secondhand smoke exposure and to encourage smokers to quit. The first four weeks of the campaign featured the ads, which aired in 2012. On Apr. 1, 2013, the CDC released the second version of their national *Tips from Former Smokers* campaign, known as Tips 2013 (also known as Tips II). Tips 2013 continued the diverse set of ads profiling people living with the effects of smoking-related diseases. The campaign featured a Louisiana former smoker, Tiffany, 35 years-old, who tells the story about how she lost her mother to lung cancer, and how she herself quit smoking so that her own daughter would not have to suffer the that same kind of loss one day. During the Tips 2013 campaign, LTCP worked with Tiffany to promote her story through local media. She was featured on two local news programs, several print stories featuring her participation in the campaign as well as her experience with quitting tobacco. Tiffany's personal connection to the state helped to boost calls to the Quitline by more than 200 percent.

As part of this year's Tips campaign (TIPS 2013), a health care provider component was added as an

enhanced piece. The Louisiana Department of Health and Hospitals partnered with the CDC to support a new initiative called “Talk With Your Doctor,” (TWYD) which encouraged smokers to talk with their health care providers about quitting. From May 27, 2013 through June 2, 2013, select TIPS 2013 television ads as well as digital and online ads featured the following tagline: “You Can Quit. Talk With Your Doctor for Help.” The CDC hoped that this call to action would empower patients to ask their doctors and other health care providers to help them quit. The goal was to engage health care providers and encourage them to use Tips as an opportunity to start a dialogue with their smoking patients about quitting. The following organizations collaborated with the CDC to develop the TWYD initiative:

- American Medical Association
- American Academy of Pediatrics
- American Academy of Physicians
- American College of Physicians
- American Congress of Obstetricians and Gynecologists

These primary partners developed a wide range of resources for the medical community, such as waiting room posters, a pocket-scripting card, a Medscape Expert Commentary, a one-page fact sheet, and frequently asked questions about tobacco quitlines. Visit the Health Care Provider section of the Tips Website at [www.cdc.gov/tips/hcp](http://www.cdc.gov/tips/hcp) to view and download.

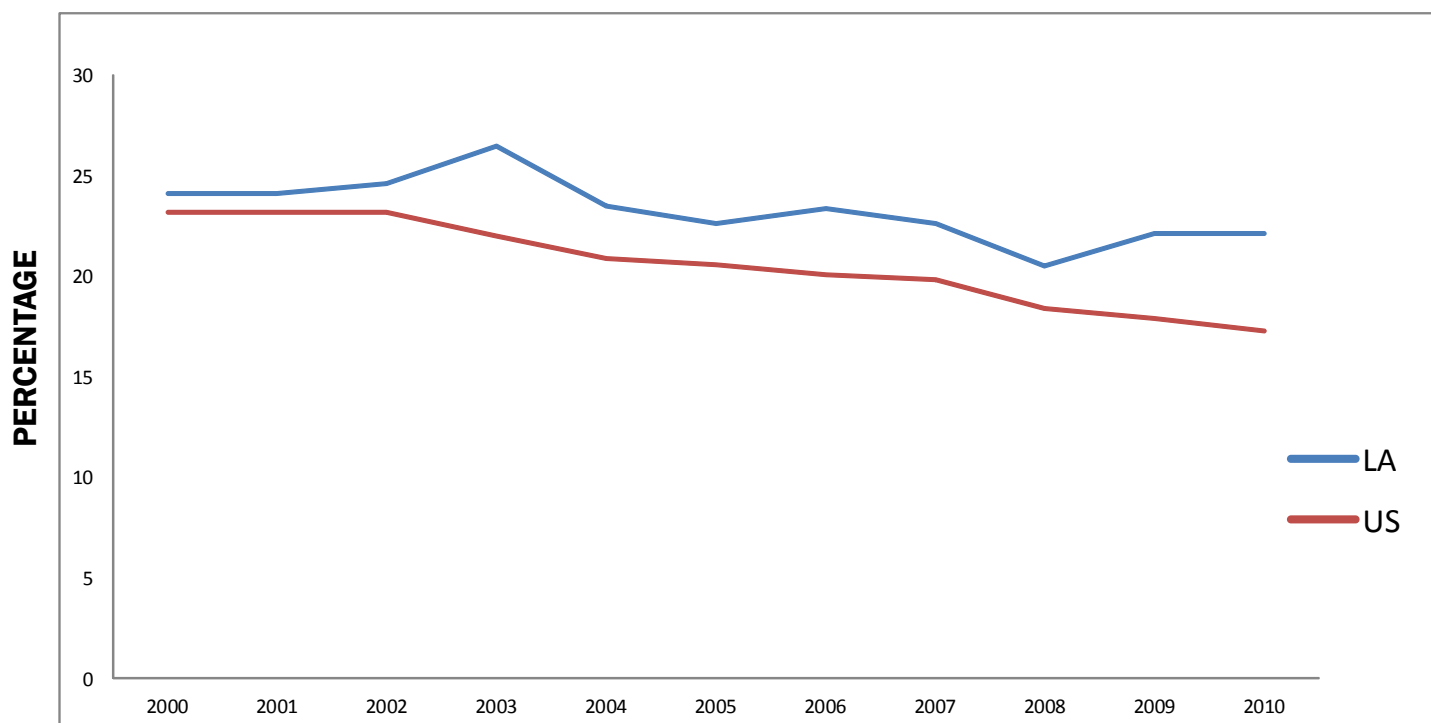
At the beginning of the Tips 2013 campaign, Louisiana experienced a 300 percent increase in the call volume during the first week of the media launch, which was higher than that experienced during the Tips 2012 campaign in which calls increased by 248 percent. During this period, all eligible residents who called the Quitline were able to receive services immediately. The Quitline Supplemental funds awarded in 2012 proved to be invaluable in sustaining the Louisiana Tobacco Quitline during this campaign.

## Evaluation and Surveillance

### Adults

In the previous decade, smoking rates in the United States have steadily declined among the adult population. Louisiana, unfortunately, has not experienced this trend. Instead, Louisiana saw a slight increase in smoking between 2008 (20.5 percent) and 2009 (22.1 percent) and the smoking prevalence remained at 22.1 percent in 2010. LTCP is currently unable to comment on trends between 2010 and 2011 due to major changes in BRFSS methodology (the state’s major source for smoking information). While we are unable to comment on adult smoking trends, Louisiana has experienced high adult smoking rates for the last five years. This is especially true when Louisiana is compared to national smoking trends. Figure 10 below provides prevalence data on smoking between 2000-2010 for Louisiana and the United States.

**Figure 10. Smoking Prevalence (LA vs. US)**



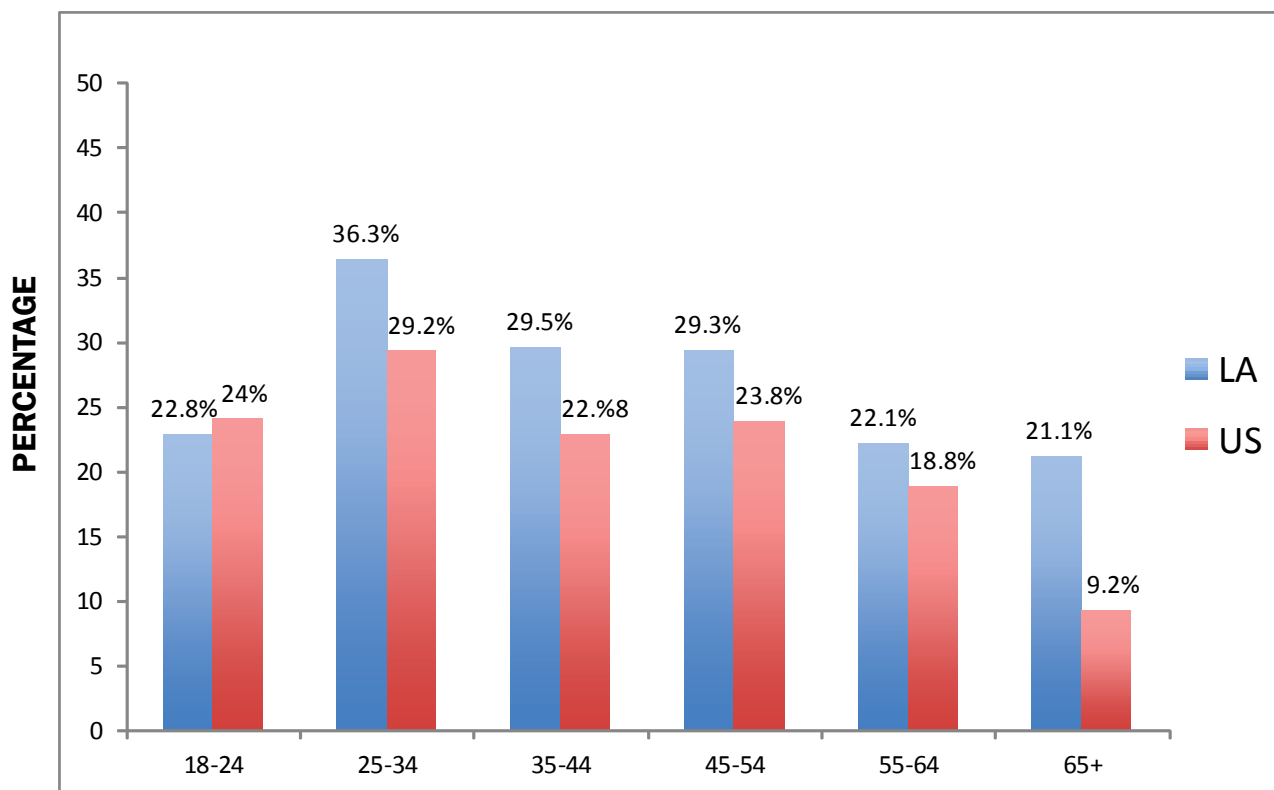


Discernible trends in smoking are seen among age groups, income and education. Figure 11 describes the differences in smoking prevalence by age among Louisiana and national estimates. The highest smoking prevalence, both in Louisiana and nationally, is seen among the 25-34 age group. In every age group, with the exception of the 18 - 24-year-olds, Louisiana experiences higher smoking prevalence compared to

national estimates. Smoking prevalence is similar for 35-44 and 45-54 age groups. This trend is seen both locally and nationally.

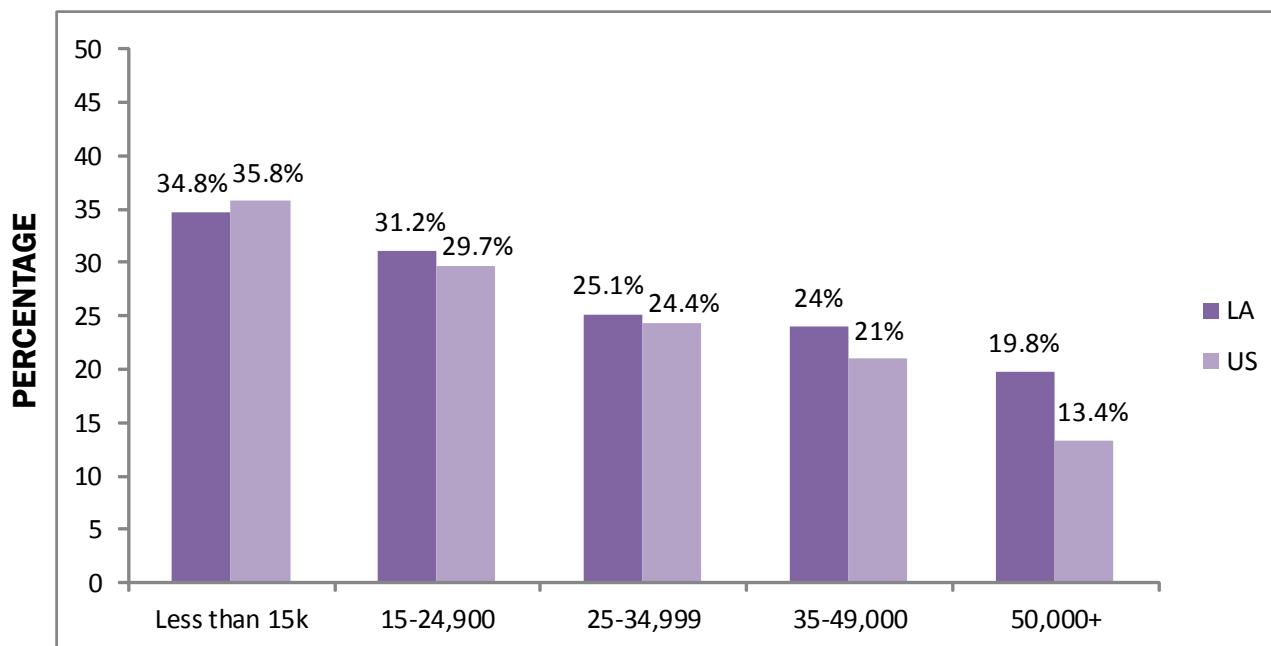
Smoking prevalence is highest among those earning less than \$15,000 per year and those with less than a high school diploma. Figure 11 and 12 display smoking prevalence by income and education.

**Figure 11. Smoking prevalence in Louisiana and United States by age group (BRFSS 2011)**

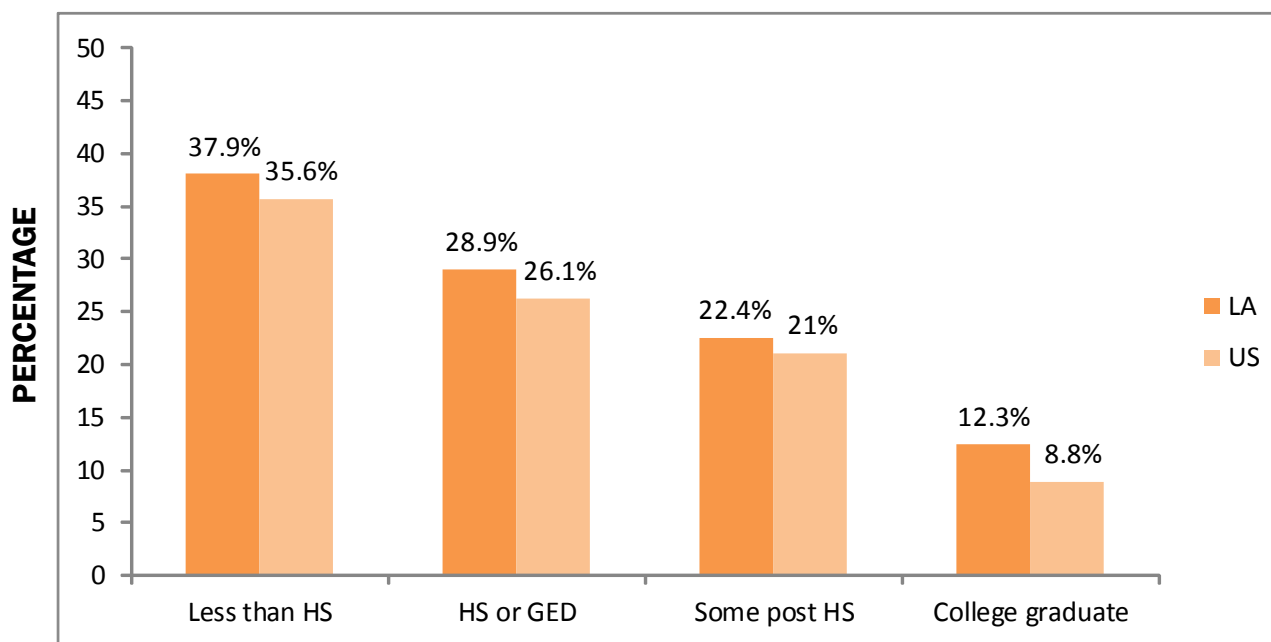


Approximately 35 percent of Louisiana residents and nearly 36 percent of the United States population making less than \$15,000/year are smokers. Smoking prevalence is inversely proportional to income earned per year. In other words, as income increases, the percentage of smokers in the population (Louisiana and nationally) decreases. Smoking prevalence in Louisiana is similar to national estimates for every income group except \$50,000+.

**Figure 12: Smoking prevalence in Louisiana and US by income (BRFSS, 2011)**



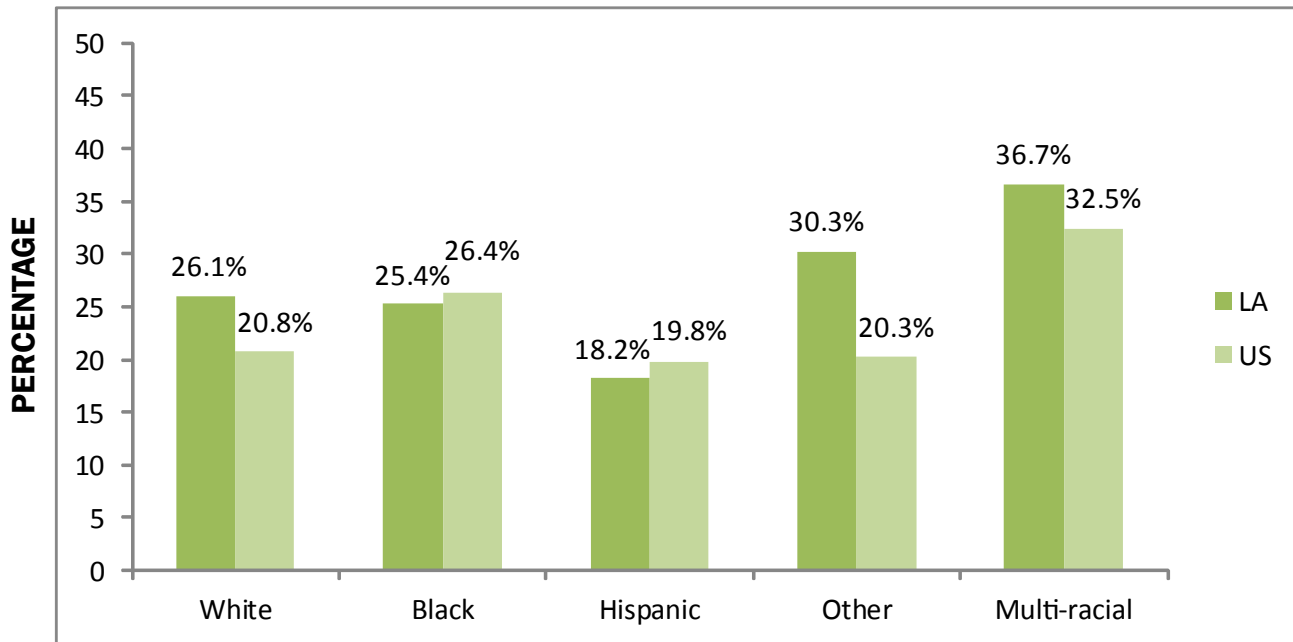
**Figure 13: Smoking prevalence in Louisiana and U.S. by education (BRFSS, 2011)**



Smoking prevalence in Louisiana also varies by race (Figure 14). Similar to national trends, smoking prevalence is highest in people who self-identify as multi-racial (36.7 percent) or other (30.3 percent). Blacks (25.4 percent) and Hispanics (18.2 percent) in Louisiana have lower prevalence compared to their counterparts nationally (26.4 percent and 19.8 percent, respectively).



**Figure 14: Smoking prevalence by racial groups in Louisiana and the U.S. (BRFSS, 2011)**



## Media & Promotion

In 2007, LTCP and TFL jointly launched the brand name Quit With Us, LA to promote tobacco cessation and the Louisiana Tobacco Quitline (1-800-QUIT-NOW). The campaign includes a website ([www.quitwithusla.org](http://www.quitwithusla.org)) as well as Facebook, Twitter and Pinterest pages to promote and encourage tobacco cessation. In 2012, the website was redesigned and now offers a more user-friendly, interactive site where visitors can share their success stories, receive training and register to become certified in the Fax-to-Quit Louisiana program, and link to a variety of state and national tobacco cessation resources. Social media campaigns focus on cessation advice, tips for staying quit, and the health consequences of tobacco use.

## References

1. *United States Health and Human Services. Treating Tobacco Use and Dependence: 2008 Update. 2008. Available online at: [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf)*
2. *Centers for Disease Control and Prevention. National Tobacco Education Campaign Overview. 2012. Available online at: <http://www.cdc.gov/quitting/tips>*
3. *Behavioral Risk Factor Surveillance System. 2011. Available online at: <http://www.cdc.gov/brfss/>*

## Goal 4: Eliminate Disparities Related To Tobacco Use

### Overview

#### PREGNANT WOMEN

According to the latest Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) 2004 Report, 17.7 percent of women reported smoking during the last trimester of pregnancy and 19.6 percent of the infants were born with low birth weight. Of these low birth weight infants, 51.8 percent were admitted to an intensive care unit compared to 7.2 percent of normal birth weight infants. These smoking-related adverse effects are associated with substantial economic and societal costs.

The Louisiana Tobacco Quitline provides expanded services to pregnant callers. Typically, the Quitline provides five free counseling sessions with a tobacco cessation specialist in which the specialist calls the tobacco user at set appointment times to counsel them through quitting smoking and possible relapse. Once a Quitline user has completed the five counseling sessions, they are eligible to receive specialized booster sessions, which target those in need of additional behavior therapy. Pregnant callers to the Quitline receive three additional counseling sessions, a total of eight, using a specialized counseling protocol for pregnant mothers.

## RURAL AND LOW SOCIOECONOMIC STATUS

Similar to national trends, Louisiana's data show that as income levels increase, the smoking prevalence of adults tends to decrease. When looking at geographic areas, rural populations have the higher prevalence at 25.1 percent, while urban populations are at 21.7 percent. According to smoking prevalence among minorities, the Hispanic population has the highest prevalence at 27.7 percent. Both Whites and Blacks have a prevalence of 22 percent.

Project H.E.A.L. (Helping to Empower All of Louisiana) is a systems level program which promoted cessation among adults and youth. The pilot phase of Project H.E.A.L. focused on seven Critical Access Hospitals (CAHs) statewide. CAHs are small rural hospitals with 25 beds or less and receive a higher Medicare reimbursement rate than larger hospitals. CAHs are

usually the only source of medical care in many rural-underserved communities in Louisiana.

## Evaluation and Surveillance

Data specific to pregnant women, minority, rural, and low socioeconomic status (SES) populations was available through several different sources: the 2012 National Adult Tobacco Survey, LaPRAMS 2009, and the 2012 Quitlines Minimal Data Set (MDS) Report (NATS, 2012; LaPRAMS. 2009; MDS, 2012). Key indicators of services and attitudes of these special populations are described in the tables below and include targets for 2012-2013. Tables one and two show Quitline data statistics among pregnant women and those populations of low social economic status and rural locations.

**Table 1. Key indicators of services to pregnant women, 2011-2012 baseline and 2012-2013 target**

Indicator	Baseline 2011-2012	Target 2012-2013
Number of pregnant callers to telephone quitlines	35	42
Proportion of pregnant women who report that healthcare providers advised them to quit smoking during a prenatal visit	29.0%	30.4%

\*Data compiled from the 2012 Quitline MDS Report & LAPrams 2009

**Table 2. Key indicators of services and attitudes among rural and low SES population, 2011-2012 baseline and 2012-2013 target**

Indicator	Baseline 2011-2012	Target 2012-2013
Number of calls to telephone quitlines	Low SES: 905 Rural: 986	Low SES: 995 Rural: 1084
Number of calls to the quitline from users who heard about the quitline through a source other than media campaign	Low SES: 49 Rural: 240	Low SES: 53 Rural: 264
Proportion of smokers who intend to quit	Low SES: 69.3% Rural: 56.8%	Low SES: 71.4% Rural: 58.5%
Proportion of the population that thinks secondhand smoke is harmful	Low SES: 93.4% Rural: 91.2%	Low SES: 96.2% Rural: 93.0%
Proportion of the population willing to ask someone not to smoke in their presence	Low SES: 43.8% Rural: 20.2%	Low SES: 45.1% Rural: 20.8%

\*Data compiled from the 2012 Quitline MDS Report & 2012 National Adult Tobacco Survey



## Media and Promotion

In 2011, Quit With Us, LA launched a paid media campaign through funds received from the American Recovery and Reinvestment Act (ARRA). The campaign featured a radio spot aimed at pregnant smokers, as well as a community-based statewide series of “Mom and Baby” events that garnered earned media in several markets. The radio campaign was successful in reaching its Quitline goal, with more than 100 pregnant women calling to register for counseling services during the seven-week campaign. Evaluation results show that compared to the same period a year prior to the radio campaign, there was an 8.2-fold increase in the number of pregnant callers to the Quitline. Furthermore, 93 percent of all pregnant women who called during this period were satisfied with the Quitline services they received with an overall quit rate of 21 percent. In Louisiana, pregnant smokers are a priority population and the Quitline offers an expanded counseling program that includes a series of support calls both during and after pregnancy. As a result of this focus, all pregnant women in Louisiana are able to utilize an enhanced-call program, which allows a pregnant woman to spread out her 10 counseling sessions over the course of her pregnancy and beyond. LTCP will continue to educate pregnant women on this initiative due to the need to increase the utilization of completing all 10 counseling sessions.

LTCP hospital grantee, Women and Children’s Hospital in Lafayette, Louisiana, developed a 5A’s brochure (Ask, Advise, Assess, Assist, and Arrange) and badge sheets for nursing staff to utilize with patients. They also conducted three hospital postpartum unit trainings to review “Brief Tobacco interventions for Maternal/Child Health” with staff and distribute developed materials mentioned in the report. They also had a poster presentation at the La. Association of Nurse Practitioners Conference in Sept. 2012. The poster included the following components: Supporting Tobacco Prevention Policy, Participating in Community Initiatives, and Implementing Evidence-Based Practices. Ochsner gave presentations and distributed cessation materials at outreach events that focused on Black and Hispanic communities. Other hospitals participated in community Safe Sleep Summit- baby showers,

which include a tobacco cessation component, in collaboration with local partners.

## References

1. LaPRAMS. 2004. *Centers for Disease Control and Prevention*
2. MDS Quitline Report. 2012. *North American Quitline Services*.
3. LaPRAMS. 2009. *Centers for Disease Control and Prevention*



By quitting now and staying smoke-free after pregnancy, you can reduce your baby’s risk of dying from Sudden Infant Death Syndrome (SIDS).

Help is free, caring and confidential. Call now  
**1-800-QUIT-NOW (800-784-8669)**

To learn more about SIDS visit [www.giveyourbabyspace.com](http://www.giveyourbabyspace.com)



# Emerging Products And Future Directions

## Emerging Products

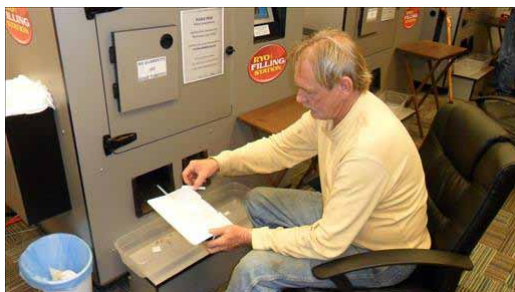
The diversity of tobacco products includes more than cigarettes and chewing tobacco. In order to attract and addict a new generation of customers, the

tobacco industry is actively promoting and developing new tobacco products, many of which are packaged in smaller, more affordable packs or individually wrapped and described in detail in Table 3.

**Table 3: Emerging tobacco products, descriptions, and regulatory gaps**

Name of Tobacco Products & Strategies	Product Description
<b>Cigars</b> 	<p>A cigar is a large, tightly rolled bundle of tobacco wrapped in leaf tobacco (or another substance containing tobacco) that is smoked. Cigars contain the same carcinogens as cigarettes, so that even if cigar smoke is not inhaled, cigar smokers are still at risk from the carcinogens in the smoke they produce. The U.S. Food and Drug Administration (FDA) does not yet regulate cigars (AAP, 2013).</p>
<b>Cigarillos/Little Cigars</b> 	<p>Little cigars are sold in larger packs, and typically come with filtered tips, indicating that they are meant to be inhaled like cigarettes. Little cigars usually contain one gram of tobacco, whereas cigarillos are a little larger than little cigars, and typically contain three grams of tobacco. The FDA does not yet regulate cigars (AAP, 2013).</p>
<b>Menthol Cigarettes</b> 	<p>Providing a cool, minty sensation, menthol cigarettes mask the harshness of smoking. Menthol's cooling, numbing properties may permit larger puffs, deeper inhalation or allow smoke to stay in the lungs for a longer period of time, and is used as a local anesthetic to relieve throat irritation. Menthol cigarettes are popular with Black smokers- 83 percent of Black smokers smoke mentholated cigarettes, compared to only 24 percent of White smokers. The FDA's Tobacco Products Scientific Advisory Committee has concluded that removing menthol cigarettes from the market will improve the public health of the U.S., and the FDA is determining whether regulatory actions should be taken (AAP, 2013).</p>
<b>E cigarettes (electronic cigarettes)</b> 	<p>Also called Electronic Nicotine Delivery Systems (ENDS), these devices are battery-powered and provide nicotine through use of a cartridge. A nicotine vapor is exhaled from the end, mimicking the behavior of a regular cigarette. E-cigarettes are available in many flavors. The FDA intends to develop regulation for these devices (AAP, 2013).</p>

### Roll your own cigarettes Businesses



The Food and Drug Administration has taken important steps to protect public health and fight tax evasion by initiating enforcement action against several online tobacco sellers who are illegally misbranding roll-your-own (RYO) cigarette tobacco as pipe tobacco. This misbranding is aimed at evading higher federal taxes imposed on RYO tobacco in 2009 and FDA tobacco regulations, which currently apply to RYO tobacco but not pipe tobacco. These blatant efforts to evade the law increase smoking by reducing the price of RYO tobacco and cost the government significant revenue (CFTFK, 2013).

### Snus



A spitless tobacco contained in small, teabag-like pouches, snus is a type of moist snuff. Snus is designed so that there's no need to spit the juices out, as is the case with traditional smokeless tobacco products.

### Snuff



Also known as pinch, or dip, snuff is a loose, finely-ground form of tobacco that can be dry or moist, and can be placed between gum and cheek (AAP, 2013). Snuff is becoming attractive to those who are in smoke-free settings.

### Hookah



Hookahs or waterpipes, are largely a social use for tobacco. Groups of people sit around a hookah, and tobacco (usually flavored) is heated, filtered by water, and passed through a hose to a mouthpiece, where it is inhaled, then passed to the next person in the group. Hookah use carries the same health risks for tobacco use and SHS exposure, and additionally carries a risk of communicable disease (herpes, tuberculosis, etc.) through use of the shared mouthpiece, which may not be properly sterilized between uses. Hookah use is especially popular with younger populations and hookah bars can often be found near college campuses (AAP, 2013).

### Dissolvables (i.e. orbs, lozenges, strips, cigafizz)



Tobacco that is meant to dissolve in the user's mouth is given the broad term 'dissolvable tobacco.' This incorporates the orbs (which resemble tic tac candies), strips (resembling breath strips that you place on your tongue to freshen your breath), and sticks (resembling slightly larger toothpicks) that are currently in some markets around the U.S. These items resemble candy or mints and are easy to mistake for candy or mint packaging, making it a danger to children. These dissolvable forms of tobacco typically dissolve anywhere from three minutes for a strip to 30 minutes for a stick, and the nicotine content in each differs. Some forms contain more nicotine than a typical cigarette, while some contain less (AAP, 2013).



Moreover, many of the newly developed/emerging products, such as e-cigarettes, were designed to skirt current tobacco control/smoke-free air policies. Table 4 describes the existing regulatory gaps which motivate tobacco companies to develop and promote these products.

**Table 4: Tobacco Industry Regulatory Gaps**

- ▶ Many state tax laws define “tobacco products” in a way that excludes many emerging products from being taxed in the same way as cigarettes.
- ▶ Tobacco manufacturers are restricted from giving out free samples of “cigarettes, smokeless tobacco, or other tobacco products.” Currently, it appears the FDA has taken the position that the law applies only to cigarettes and smokeless tobacco products, which would exclude many of the new tobacco products.
- ▶ Federal law states that retailers cannot “sell cigarettes or smokeless tobacco to any person younger than 18 years of age.” E-cigarettes, little cigars, and hookahs are currently excluded from this. Also, the FDA has yet to exercise jurisdiction over SNUS.
- ▶ The Federal Cigarette Labeling and Advertising Act limits the authority of state and local governments to regulate the advertising and promotion of cigarettes, but not of non-cigarette tobacco products. State and local governments are able to warn consumers of the dangers of emerging products, regulate the advertising or promotion of emerging products, and regulate the sale of emerging products without risking federal preemption concerns.

\* Adapted from TFLC, 2013

## Future Directions

The LTCP will continue to increase staff capacity to address tobacco control issues and maintain its status as a nationally recognized state tobacco control program through the use of its effective partnerships, experienced staff, and system and environmental changes. The LTCP will continue to update educational information to keep pace with emerging products, trends, and research. This will include the use of e-cigarettes, which are often marketed as a cessation device; developments in new smokeless tobacco products; and recognition of third-hand smoke as an additional public health threat. Now and in the future, the LTCP will use cutting edge information, evidence-based practices, energy and creativity to promote health and well-being to each Louisiana resident by advocating and directing the tobacco-free movement to all communities within the state.

In addition, the LTCP is preparing for another five-year cooperative agreement cycle with CDC beginning in 2015. Some of the topics that maybe considered in this grant opportunity include 1) point-of-sale strategies with youth, 2) Multi-unit housing smoke-free and tobacco-free policies, 3) Continuing to promote adoption of

the Tobacco-Free School of Excellence program, 4) expanding the Tobacco-Free Health Care Project to have more of a statewide reach, 5) collaborating with other Health Promotion Team programs in order to increase impact and positive outcomes, 6) continuing to be open to non-traditional and traditional partnerships that may not already exist, and 7) incorporating tobacco messages within more comprehensive approaches that include nutrition, physical activity and obesity.

## References

1. *American Academy of Pediatrics. Emerging and Alternative Products. 2013. Available online at: <http://www2.aap.org/richmondcenter/EmergingAltProducts.html>*
2. *Tobacco-Free Larimer County. Emerging Tobacco Products. 2013. Available online at: <http://www.larimer.org/tobacco/EmergingProducts.pdf>*
3. *Campaign for Tobacco-Free Kids. FDA Acts to Stop Misbranding of Roll-Your-Own Cigarette Tobacco as Pipe Tobacco. 2012. Available online at: [http://www.tobaccofreekids.org/press\\_releases/post/2013\\_08\\_12\\_fda\\_ryo](http://www.tobaccofreekids.org/press_releases/post/2013_08_12_fda_ryo)*



## APPENDIX

**Table A. Abbreviations, alphabetical order**

<b>Abbreviation</b>	<b>Definition</b>
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CCDP</b>	Coordinated Chronic Disease Prevention and Health Promotion Program
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CTFLA</b>	Coalition for Tobacco-Free Louisiana
<b>DHH</b>	Department of Health and Hospitals
<b>DOE</b>	Louisiana Department of Education
<b>H.E.A.L.</b>	Helping Empower All of Louisiana
<b>HCC</b>	Healthy Communities Coalition
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>LCCCP</b>	Louisiana Comprehensive Cancer Control Program
<b>LPHI</b>	Louisiana Public Health Institute
<b>LTCP</b>	Louisiana Tobacco Control Program
<b>MDS</b>	Minimal Data Set
<b>OPH</b>	Office of Public Health
<b>Project H.E.A.L</b>	Project Helping Empower All of Louisiana
<b>RFP</b>	Request for Proposals
<b>SAF</b>	Smoking-Attributable Fraction
<b>SAM</b>	Smoking-Attributable Mortality
<b>SCT</b>	Smoking Cessation Trust
<b>SCTMS</b>	Smoking Cessation Trust Management Services
<b>SES</b>	Socioeconomic Status
<b>SHS</b>	Secondhand Smoke
<b>SWLAHEC</b>	Southwest Louisiana Area Health Education Center
<b>TFHP</b>	Tobacco -Free Healthcare Project
<b>TFL</b>	The Louisiana Campaign for Tobacco-Free Living
<b>TFSI</b>	Tobacco-Free Schools Initiative
<b>TTAC</b>	Tobacco Technical Assistance Consortium
<b>YPLL</b>	Years of Potential Life Lost
<b>YTS</b>	Youth Tobacco Survey

**Table B. Resources for Cessation**

Service	Target Audience	Point of Access
Louisiana Tobacco Quitline	Telephone counseling for all smokers, help developing a customized quit plan	1-800-QUIT-NOW
Smoking Cessation Trust	Free cessation medications and counseling for people who have smoked since Sept. 1, 1988	<a href="https://www.smokingcessationtrust.org/">https://www.smokingcessationtrust.org/</a>
Fax-to-Quit	A fax service for health care providers to refer patients to cessation services	<a href="http://www.quitwithusla.org/pages/detail/24/">http://www.quitwithusla.org/pages/detail/24/</a>

- To Report suspected violations of 100% tobacco-free campus violations  
**Call: 225-342-9307**

**Table C. Louisiana Public School Districts, Contacts, Tobacco-free Status as of October 31, 2013**

School Districts	100% Tobacco-free?
Acadia Parish School District	NO
Allen Parish School Board	YES
Ascension Parish School District	NO
Assumption Parish School District	YES
Avoyelles Parish School District	NO
Beauregard Parish School Board	YES
Bienville Parish Schools	YES
Bossier Parish Schools	YES
Caddo Parish Public Schools	YES
Calcasieu Parish School District	YES
Caldwell Parish School District	YES
Cameron Parish School District	YES
Catahoula Parish School District	NO
Central Community School District	NO
City of Baker School District	YES
City of Bogalusa School District	YES
City of Monroe School District	YES
Claiborne Parish School District	YES
Concordia Parish School District	NO
Desoto Parish School System	YES
East Baton Rouge Parish School District	YES
East Carroll Parish School District	NO
East Feliciana Parish School District	YES
Evangeline Parish School District	NO
Franklin Parish School District	NO
Grant Parish School District	YES
Iberia Parish School District	YES

Iberville Parish School District	YES
Jackson Parish School District	YES
Jefferson Davis Parish School District	YES
Jefferson Parish School District	YES
Lafayette Parish School District	YES
Lafourche Parish School District	YES
LaSalle Parish School District	No
Lincoln Parish School District	YES
Livingston Parish School District	YES
Louisiana Recovery School District	YES
Madison Parish School District	YES
Morehouse Parish School District	No
Natchitoches Parish School District	YES
Ouachita Parish School District	YES
Plaquemines Parish School Board	YES
Pointe Coupee Parish School District	YES
Rapides Parish School Districts	YES
Red River Parish School District	YES
Richland Parish School District	YES
Sabine Parish School District	YES
Southern University Lab School	YES
St. Bernard Parish School District	NO
St. Charles Parish School District	YES
St. Helena Parish School District	YES
St. James Parish School District	NO
St. John the Baptist Parish School District	YES
St. Landry Parish School District	YES
St. Martin Parish School District	YES
St. Mary Parish School District	YES
St. Tammany Parish School District	YES
Tangipahoa Parish School District	YES
Tensas Parish School District	NO
Terrebonne Parish School District	YES
Union Parish School District	YES
Vermillion Parish School District	YES
Vernon Parish School District	YES
Washington Parish School District	YES
Webster Parish School District	YES
West Baton Rouge Parish School District	YES
West Carroll Parish School District	NO
West Feliciana Parish School District	NO
Winn Parish School District	YES
Zachary Community School District	NO

**Table D: List of Tobacco-Free Colleges and Universities in Louisiana**

School Name
Grambling State University
Louisiana Delta Community College
Louisiana State University Health Sciences Center
Nicholls State University
Our Lady of the Lake College
Southern University System (5 campuses)
Sowela Technical College
Tulane University
University of Louisiana Monroe

**Table E: List of Social Media Resources and Outreach**

Platform	Address
Facebook	Facebook.com/QuitWithUsLA
Twitter	Twitter.com/QuitWithUsLA
Pinterest	Pinterest.com/QuitWithUsLA

**Table F: List of Printed Materials available from LTCP**

Title	Format	Available for Download
Get Ready to Quit	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Get Ready to Quit (Spanish)	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Benefits of Smoke-Free Pregnancy	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Benefits of Smoke-Free Pregnancy (Spanish)	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
The Truth About Secondhand Smoke	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
The Truth About Secondhand Smoke (Spanish)	Brochure	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Thirdhand Smoke: Another Reason to Quit	Flyer	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Thirdhand Smoke: Another Reason to Quit (Spanish)	Flyer	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Quit Cards	Business Cards	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>
Youth Tobacco Survey (2011)	Report	From <a href="http://www.QuitWithUsLA.org">www.QuitWithUsLA.org</a>



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