

SMOKE-FREE IN O.C.



A new smoking ban took effect in Ocean City, Maryland on May 1, 2015. The ban prohibits use of the following on both the beach and the boardwalk:

- cigarettes
- cigars
- pipes
- e-cigarettes/vaping devices
- other tobacco smoking devices (e.g., hookah)

The city council passed the law on March 16th, with a unanimous vote. The ban was established primarily to address public health concerns related to smoking, and cigarette-related clean-up costs in the resort town were also a concern. Similar bans had already been implemented on most Delaware/Maryland beaches: Rehoboth Beach, Bethany Beach, Fenwick Island Beach, Dewey Beach and beachfront Delaware State Parks. Thankfully, Ocean City is also now on board.

After some debate, city council members determined that the ban in Ocean City would allow for designated smoking areas. Council members made this decision as a compromise, citing that 17% of Ocean City tourists smoke. Therefore, 153 designated smoking areas now lie along Ocean City's beach -- about 15 feet from the boardwalk, and even further away from the water. While Mayor Richard W. Meehan and city council members hope that this ban will be self-enforced by beach-goers, there is an enforceable fine of up to \$500 that can be imposed on violators as a last resort by employees of the Department of Recreation and Parks.

Visitors to Ocean City's beaches who want to light up this summer will have to make the trek through the sand and away from the waves to the designated smoking areas, with the anticipated benefit of preventing secondhand smoke from affecting fellow beach-

goers.



More information and a copy of the ordinance can be found [here](#).

References:

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MARYLAND SHIP:

PROGRESS TOWARDS A HEALTHIER STATE

The Maryland State Health Improvement Process (SHIP) is a DHMH initiative in which health related goals are determined for the state of Maryland. State- and county-wide health data are tracked and then compared to the SHIP goals, which were designed to be in line with the goals of the Healthy People 2020 (HP 2020) initiative -- a nationwide program that has also set goals for health related indicators. Not surprisingly, tobacco use is implicated in several of these health goals.

In Maryland, approximately 6,800 deaths per year are caused by cigarette smoking, and another 150,000 people suffer from smoking-related diseases. In 2013, 16.4% of adults in Maryland were smokers, down from 19.1% in 2011. **For 2017, Maryland has a goal of reducing cigarette smoking to 15.5% of adults; the HP 2020 goal for adults is 12%.** Some racial/ethnic groups are smoking at rates below both SHIP and HP goals: the Asian/Pacific Islander and Hispanic populations are smoking at rates of 9.5% and 11%, respectively. In 2013, Montgomery County had the lowest adult smoking rate (8.2%), and St. Mary's County had the highest (25.9%).¹

The state has also set goals for tobacco use during adolescence – the period during which a majority of those who smoke become addicted to nicotine.² In 2013, 16.9% of adolescents were using tobacco products. **Maryland's 2017 goal for current tobacco use among adolescents is 15.2% -- more ambitious than the HP 2020 goal of 21%.** In 2013, Howard County had the lowest rate for adolescent tobacco use at 11.5%, and Garrett County had the highest at 34.3%.¹

Other SHIP measures/goals refer to diseases that are often smoking-related.^{3,4,5} For example, **Maryland has a goal of reducing annual asthma-related emergency room visits to 62.5 per 10,000 people.** In 2013, the rate was 69.4 per 10,000 people -- with highest rates found among Black/African Americans (123.5 per 10,000 people).¹ Additionally, Baltimore City had the highest rates of asthma-related ER visits at 223.5 per 10,000 people -- likely due to limited access to preventative health care and environmental irritants in addition to tobacco.

With regard to cancer, from 2011-2013 the age-adjusted mortality rate for cancer in Maryland was 163.8 per 100,000 people -- higher than the national rate. **The 2017 goal for Maryland's age-adjusted mortality rate for cancer is 147.4 per 100,000 people.** Only Howard and Montgomery counties have already met this goal.¹

Overall, Maryland is close to meeting its 2017 goals, but there is still work to be done in order to get there. Goal cutoffs have been reached and exceeded in some counties, while others still have progress to make.

¹Maryland Department of Health and Mental Hygiene. *Maryland's State Health Improvement Process (SHIP)*.

Retrieved May 27, 2015 from <http://ship.md.networkofcare.org/ph/ship.aspx>

² Substance Abuse and Mental Health Services Administration. Results from the 2005 National Survey on Drug Use and Health. Office of Applied Studies, NSDUH Series H-27, DHHS Publication No. SMA -5-4061. Rockville, MD, 2005

³Das, S. (2003). Harmful health effects of cigarette smoking. *Molecular And Cellular Biochemistry*, 253(1-2), 159-165.

⁴U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁵ American Cancer Society. *Cigarette smoking*. Retrieved October 11, 2012 from <http://www.cancer.org/Cancer/CancerCauses/TobaccoCancer/CigaretteSmoking/cigarette-smoking-who-and-how-affects-health>

MARYLAND CANCER COLLABORATIVE EXAMINES TOBACCO-FREE COLLEGE CAMPUSES

The Maryland Cancer Collaborative (MCC) is a statewide partnership of individuals and organizations working to implement the Maryland Comprehensive Cancer Control Plan (MCCCP) and to develop strategies to reduce the burden of cancer in Maryland. In order to focus and guide the efforts of the MCC, committees have been established for each chapter of the MCCCP.

The Tobacco Workgroup, combining members from the Primary Prevention and Policy Committees, is charged with addressing tobacco use prevention/cessation and lung cancer. MDQuit serves on this workgroup and is proud to be contributing to the goals of the MCCCP.

The current focus of the Tobacco Workgroup is on tobacco-free college campus initiatives in Maryland. In early June, we initiated a survey into the field to collect information on smoke-free campus policies and available cessation services at 45 colleges in Maryland.

The purposes of the survey are to:

- understand existing tobacco use policies on college campuses,
- determine enforcement strategies of those policies, and
- compile data on prevention and cessation services being offered.

Data collected from this survey will be kept confidential, and school-level data will only be reported in aggregate form.

Moving forward with this tobacco-free college campus initiative, the Tobacco Workgroup hopes to examine tobacco use in the young adult population, and to disseminate

appropriate prevention and cessation messaging that targets the needs identified by the survey participants.



TACKLING TOBACCO LITTER

Over 300 billion cigarettes are smoked annually in the U.S., resulting in millions of pounds of tobacco litter being discarded into the environment. Research indicates that although 86% of smokers consider cigarette butts to be litter, 75% of them also report disposing of them on the ground or out of a car window – usually when no ash receptacle is available. Perhaps the new smoking ban in Ocean City, MD will also have an impact on the amount of tobacco litter on the beaches and boardwalk of the resort town.

Tobacco litter pollutes drinking water and other sources of water typically used recreationally – affecting not only human beings, but terrestrial and marine wildlife as well who can mistake tobacco litter for food and suffer serious health complications and/or death as a result. In the Chesapeake Bay region, the continual pollution of outdoor areas with tobacco litter threatens key wildlife including crabs, rockfish, and oysters. Tobacco litter can also release chemicals into the surrounding environment that can upset the delicate balance of the ecosystem. Combusted (or "lit") tobacco products and the associated litter also contribute to dozens of public park and recreation area fires annually in Maryland.

A number of interest groups, committees, and agencies in Maryland are dedicated to eradicating the effects of tobacco litter in our state. The Department of Health and Mental Hygiene recently launched a statewide campaign, <http://notobaccolitter.com/>, to increase awareness of the effects of tobacco litter not only on the environment, but on adults, children, and animals as well. Children tend to actively explore their environments, and often put things into their mouths -- cigarette butts can be swallowed and cause choking, burns, nicotine poisoning, vomiting, irregular heartbeat, and seizures. The Legal Resource Center for Public Health Policy (at the University of Maryland Francis King Carey School of Law) has made consistent efforts to assist municipalities and counties across the state to establish effective policies to reduce tobacco litter in public places.

For more information on how to begin addressing tobacco litter in your community, [Keeping America Beautiful](#) has an excellent step-by-step guide to cigarette litter prevention.

Resources:

American Legacy Foundation (2014). Tobacco fact sheet, the impact of tobacco on the environment. Retrieved from http://www.legacyforhealth.org/content/download/583/6932/version/2/file/Fact_Sheet-The_Impact_of_Tobacco_on_the_Environment.pdf.

The Legal Resource Center of Maryland (2007, 2013). Smoke free parks and recreation areas: A strategy for improving Maryland's public health and environment. Retrieved from https://www.law.umaryland.edu/programs/tobacco/documents/Smokefree_Parks_White_Paper.pdf.

Department of Health and Mental Hygiene (2015). Toxicity of tobacco use and litter. Retrieved from <http://smokingstopshere.com/wp-content/uploads/2015/03/letter1.pdf>.



MDQUIT HOSTS FIRST SPRING MEETING OF ADVISORY BOARD

MDQuit is fortunate to have a dedicated and enthusiastic group of individuals serving on its Advisory Board. At our annual meetings held each Fall they have shared with us so many thoughtful ideas and helpful suggestions that we realized we would like the opportunity to interact with them more often than once a year. At our annual meeting this past October, we proposed the addition of a second Advisory Board meeting in the Spring of every year -- and our members loved the idea!

Our first Spring Advisory Board meeting was held on May 13th at UMBC's South Campus. As expected, our Board members -- new and old -- came prepared to offer us feedback on our current initiatives and activities, as well as suggestions for expanding our reach and achieving our desired outcomes. We come away from each meeting with our Board with a renewed sense of purpose and



CVS FUNDS TOBACCO CESSATION AND PREVENTION EFFORTS

Following their initiative to stop selling tobacco products in Fall 2014, CVS Health announced they would be funding over \$1 million in grants to support tobacco cessation and prevention.¹ One of the programs supported by the CVS initiative is the Baltimore program, [B'More for Healthy Babies](#). Along with their partners, CareFirst BlueCross BlueShield, B'More for Healthy Babies aims to help pregnant women and new mothers quit smoking in an effort to reduce infant mortality. With this grant, B'More for Healthy Babies will target their efforts to focus primarily on high risk populations with limited access to health care services. MDQuit will provide support to this grant through the development of training videos for CVS clinical and non-clinical staff that will demonstrate how to conduct brief motivation-enhancing tobacco

fresh ideas to implement!

We extend a sincere "thank you" to all of our Board members for their service to MDQuit - we are grateful for their time, energy, and valuable contributions to our shared mission!

cessation interventions with patients. We plan to roll out these training videos at up to 15 local Baltimore City CVS pharmacies beginning this year.

¹ *CVS Health (20 November 2014). CVS Health and its foundation commit more than \$1 million in grants to support tobacco cessation programs. CSRwire. Retrieved from <http://www.csrwire.com/press-releases/37534-CVS-Health-and-its-Foundation-Commit-More-Than-1-Million-in-Grants-to-Support-Tobacco-Cessation-Programs>.*

ADOLESCENT PREVENTION STRATEGIES ADJUST TO THE RISE IN E-CIGARETTE AND HOOKAH USE

The Centers for Disease Control and Prevention (CDC) recently reported that e-cigarette and hookah use by teens in the U.S. has grown exponentially from 2011 to 2014.¹ (Canadian teens are also experimenting with these new tobacco products, as 1 in 5 have experimented with e-cigarettes by the time they graduate from high school.²) While the overall youth tobacco use rate has remained steady over the past three years, the types of products used by teenagers are changing. Consumption of any nicotine product during adolescence has the potential to negatively affect brain development and lead to addiction.³ With 75% of teen cigarette smokers continuing to smoke into adulthood, experts are concerned that early e-cigarette and hookah use will lead to adulthood cigarette use.⁴ The increased use of e-cigarettes and hookahs by adolescents invites us to consider prevention efforts for all tobacco products.

The Food and Drug Administration (FDA) held its final workshop for scientific information gathering on June 1st and 2nd to discuss the proposed rule that would deem all tobacco products, including e-cigarettes and hookahs, under the FDA's jurisdiction to control. If and when implemented, this rule would allow the FDA to:

- disclose the harmful toxins in e-cigarettes,
- develop product standards,
- add warning labels, and
- prohibit sales to minors.

The U.S. Surgeon General has already recommended a number of strategies for reducing cigarette use among youth that could be extended to emerging tobacco products.⁴ These include:

- increasing the price of all tobacco products, as youth are particularly sensitive to price increases;
- extending smoke-free indoor air policies to e-cigarettes, especially in restaurants and other businesses where adolescents often work; and
- restricting sales on all tobacco products (42 states now have legislation banning the sales of e-cigarettes to minors).⁵

While tobacco product regulation is important, targeted education to adolescents is also essential. Enforcement of policies is also a crucial element -- one recent study found that 94% of online e-cigarette sellers did not verify the age of their customers.⁶ Parents and teachers can also assist teens by shifting the perception of e-cigarettes from that of being harmless to one of an addictive drug with negative consequences. Increasing discussion around wellness with teens is also important, especially considering that most adolescents who want to quit smoking are motivated to prevent long-term health consequences.⁷ Initiating an honest dialogue with teens who are at risk of regularly using e-cigarettes and hookahs can help to prevent the next generation from becoming dependent on nicotine.

References:

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