

## **Integrating tobacco cessation and tobacco control policy initiatives: How we can all work together.**

*Overview by Peter Fisher from the Campaign for Tobacco-Free Kids*

### **Why is it important to integrate tobacco cessation and tobacco control policy initiatives?**

- The policy successes in tobacco control are increasing demands for cessation services. We typically see an increase in calls to quit lines when smoke free laws go into effect and when tobacco taxes are increased. For example, calls to the quit line jumped 100% in Maine after the most recent \$1.00 increase in the cigarette tax.
- Many states have initiatives underway in 2006 that will create new demands for services:
  - New York, Iowa and New Mexico have proposals to increase funding for cessation programs.
  - Mississippi, Indiana, Texas, Missouri, Iowa and California have recently increased their cigarette tax or are currently working towards an increase.
  - Arizona, Ohio, Colorado, Minneapolis, and the District of Columbia are working towards more effective smoke free laws.
  - California, Florida, Texas, Mississippi are working to increase tobacco education funding.
  - New Jersey has recently become the 10<sup>th</sup> state to become smoke free.

### **What are some of the ways that state can work towards integrating policy initiatives?**

- Incorporate assistance to smokers who want to quit into tax and ETS policy campaigns.
- Advocate for additional funding for statewide comprehensive tobacco prevention programs and promote the inclusion of cessation programs as part of any tobacco program.
- Advocate for Medicaid cessation coverage (as recently proposed in Kentucky).
- Collaborate on bills to mandate private and government insurance plans for cessation (as recently proposed in California.)
- Look for ways for pharmaceutical companies can advocate for these state programs to be funded especially for cessation services and assistance.

### **State Examples**

**Oklahoma:** *Tracey Strader and Linda Wright-Eakers*

Oklahoma has systematically integrated tobacco cessation with second-hand smoking policy initiatives.

- The first leadership for integrating tobacco cessation with second-hand smoking policies was provided by State Department of Health in 2000. When implementing a tobacco-free campus policy, cessation services were also provided to employees.
- State Helpline was timed to be in place just prior to enactment of state Clean Indoor Air law in September 2003. Helpline information was sent to all employers in advance of the law taking effect to help them prepare for implementation.
- Department of Corrections instituted a tobacco-free campus policy and included cessation

services in 2004.

- In 2004, Oklahoma City area hospitals implemented joint tobacco-free campus policies and instituted a cessation benefit that included Helpline services, pharmacotherapy and on-site counseling. Many school districts also instituted smoke-free campus policies.

Oklahoma has also integrated tobacco cessation with tobacco tax increases. In November 2004, voters approved a tax increase. At the same time, Helpline and quitting promotion increased and free NRT was provided for the uninsured.

### **Questions for Oklahoma program:**

*Q: Is the tribal community on board with implementing these policies?*

A: The Health Advocates are on board; the Government Tribal Officials are not always on board because tobacco sales are a revenue source for them. Plan of action would be to get support from the health advocates to get the government advocates on board.

*Q: How are treatment programs that may be funded by Mental Health and Substance Abuse Services affected by going smoke free?*

A: The Mental Health Program provides NRT for participants. However the Substance Abuse Services Program is looking for a staff member to help implement a cessation program and services

*Q: When Clean Indoor Advocates are working on ordinances, they feel that having any kind of cessation message dilutes what they are trying to accomplish. Do you have any advice on ways to overcome this?*

A: Clean Indoor Air could promote your helpline. It could go into their existing message, hand-in-hand fashion. (Additional from Peter Fisher) There is a distinct policy on Clean Indoor Air. CTFK has found that using a message to promote Clean Indoor Air will lead to and help people to quit smoking. During the implementation of Clean Indoor Air policies is an opportunity to get these messages added via media that assistance will be provided and to urge people to quit.

### **New York: Ursula Bauer**

New York has an integrated approach to tobacco control policies so that “all policy roads lead to cessation.” Policy approaches are designed to apply pressure to the tobacco user, to raise the discomfort level they have with their addiction. Included are:

- Increase prices, strong media messages, smoking bans, health care provider reminders to quit.
- Provide significant support through quit line, NRT starter kit, Medicaid coverage of cessation medication

Present gaps are:

- Tobacco dependence is not uniformly covered by health plans or purchased by employers
- Medicaid does not cover behavioral counseling
- Uninsured lack access to services.

Ongoing efforts in New York are to:

- Increase pressure on smokers by expanding smoking bans and increasing taxes.
  - Pass tobacco-free campus policies for hospitals and health care facilities, for businesses, and for alcohol and substance abuser treatment facilities. There is an initiative in New York through the state alcohol and substance abuse agency.
  - Create smoke free apartment restrictions.

- Raise cigarette and tobacco taxes.
- Increase support for quitting
  - Build the business case for tobacco dependence treatment through a partnership with the ACS.
  - Provide cessation services support for employees through local initiatives.
- Address gaps
  - Increase program funding to provide direct cessation services.
  - Work with Medicaid to provide behavioral counseling especially for pregnant women.
- Strong messaging
  - High prices + effective media + strong policies + full funding for tobacco control = One million more smoke free New Yorkers by 2010!

### Questions for New York program

*Q: What do you mean when you say you need more funding to get direct cessation services?*

A: Although we have a quitline, which some people would call a direct cessation service, what I am referring to is the in-person, one-on-one, cessation support that community programs provide or services people might get in a health care or alcohol and other substance use facility.

*Q: Are you looking to use tobacco control funding to pay for these services? What about the implication of creating a disincentive to those who should be providing these services?*

A: It is currently a gap in our program, so if we had funding available, we would try to provide these services for those who don't have access to them (disparate populations, underserved, etc.). If we were able to provide direct services, the effort would be part of an overall comprehensive program, which includes working on projects to encourage health systems, etc. to provide cessation services.

*Q: Do you have a particular message that goes out to your tobacco control advocates that brings this together?*

A: Messages are specific to each initiative. We strive for a strong comprehensive message.

### General Discussion/Questions

*Q: In a comprehensive program has anyone considered that a lot of healthcare professionals don't feel comfortable doing tobacco prevention intervention? Is anyone working with Universities, MPH programs, Nursing, Medical School etc to give them basic tobacco use intervention training/ skills in their curriculum?*

A: Wendy Bjornson - There are different initiatives around the country. For example, CME program in Wisconsin.

A. Lezli Redmond (Wisconsin) – we work with medical school, nursing school, dental to provide CME programs.

*Q: How do we deal with the large budget deficit?*

A: Tracey Strader - Print out cost savings sheets to legislators showing them how much these cessation programs have saved them in excess medical costs and loss of productivity.

*Q: Does the Medicaid contact in Oklahoma pay for quit line services? Have you ever had a discussion with Medicaid about including second hand smoking messages with the quitting messages?*

A: The way we have been negotiating our contract with Medicaid is through their administrative rather than their clinical budget. In this way we can get the dollar for dollar match. What that means is that we are negotiating what services are provided by the quitline that go beyond

quitting counseling and are more about outreach such as using the quitline to help explain what benefits they may be eligible for and where they can find more resources. It is more roundabout this way but helps us in our contract negotiation. We have not discussed second hand smoking messages with Medicaid, but we could include it.

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