

Tobacco Policy:

A Tool for Promoting Healthy Behavior & Preventing Cancer

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Tobacco Use & Cancer

- Tobacco use is the single most significant cause of cancer
- 30% of cancer deaths are due to tobacco use
- 80-90% of lung cancer is attributed to smoking
- Tobacco use is also associated with many other cancers: *oral, pharyngeal, laryngeal, esophageal, kidney, bladder, pancreatic, breast, colon, stomach, cervical, leukemia, prostate, liver*

Statistics

- In Maryland - 2,339 (34.1%) die prematurely as a result of cancers of the lung, bronchus, and trachea
- Lung cancer accounts for the highest percent (28%) of cancer deaths in Maryland; lung cancer is mainly caused by smoking.

TABLE 5.2

Cancers of the Lung, Bronchus, and Trachea, Maryland 2004

Proportion of Cases Attributable to Cigarette Smoking, by Gender and Age

MALE		FEMALE	
AGE 35-64	AGE 65+	AGE 35-64	AGE 65+
88%	86%	73%	71%

Source: Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), 2004.




Environmental Tobacco Exposure

- Exposure to ETS causes oxidative stress, resulting in DNA damage & is linked to increased risk of cancer
- In 2011–2012, a total of 41.3% of children aged 3–11 years were exposed to the harmful effects of secondhand smoke (compared to 53.6% in 2007/8)
- Since the 1964 Surgeon General's Report, 1.8 million people who were nonsmokers died because they breathed secondhand smoke.

After all these years...



- U.S. smoking-attributable mortality is currently estimated to be 480,000 annually
- 5.6 million youth currently 0-17 years of age are projected to die prematurely from a smoking-related disease.
- Economic health costs in the U.S. between 2009-2012 estimated to be \$289-332.5 billion



“...combatting cancer will never be fully achieved without addressing the tobacco problem.”

National Cancer Policy Forum



Directing Tobacco Control

- Federal & State Tobacco Policy
 - Affordable Care Act
 - Smoke free environments & taxes
- Education & Advocacy
 - Media Campaigns
 - Social Media
- Standard of Care
 - Tobacco cessation treatment in *every* health setting



Moving the Needle:



Reducing Tobacco-Related Cancers

- Workplace programs play a pivotal role in addressing disparities in health behavior
- Growing evidence of wide-ranging health benefits of smoke-free legislation
- Accelerating/Expanding Tobacco Control Interventions to prevent or stop tobacco use

Combination of strategies works best!



Effect of Smoke-free Workplaces on Smoking Behavior

- Totally smoke-free workplaces reduced smoking *consumption and prevalence* by 29% compared to partial smoke-free policies
- Smoke-free workplaces not only protect non-smokers from the dangers of passive smoking, they also encourage smokers to quit or reduce consumption.
- Teenagers who worked in totally smoke-free work sites were 68% *less likely to ever smoke*.



Public Health & Ethical Issues

- Shifting public health norms
 - Target “fundamental cause of disease”
- Shift could justify barring employment to other groups
- Comprehensive vs. restrictive approaches to disease management
- Reduce tobacco-related disparities in Individuals with:
 - Lower Socioeconomic status
 - Lower educational attainment
 - History of mental illness/substance abuse
 - Military personnel
 - African Americans & Native American Indians

The Process of Organizational Change



Definition of “Tobacco” Product

- Tobacco Products are defined as any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product, including, but not limited to, cigarettes; cigars; little cigars; brown cigarettes and other smoking tobacco; electronic smoking devices; hookahs; snuff; snus; dissolvables; orbs; chewing tobacco; and other kinds and forms of tobacco.
- Tobacco products excludes any tobacco product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

Action Plan:

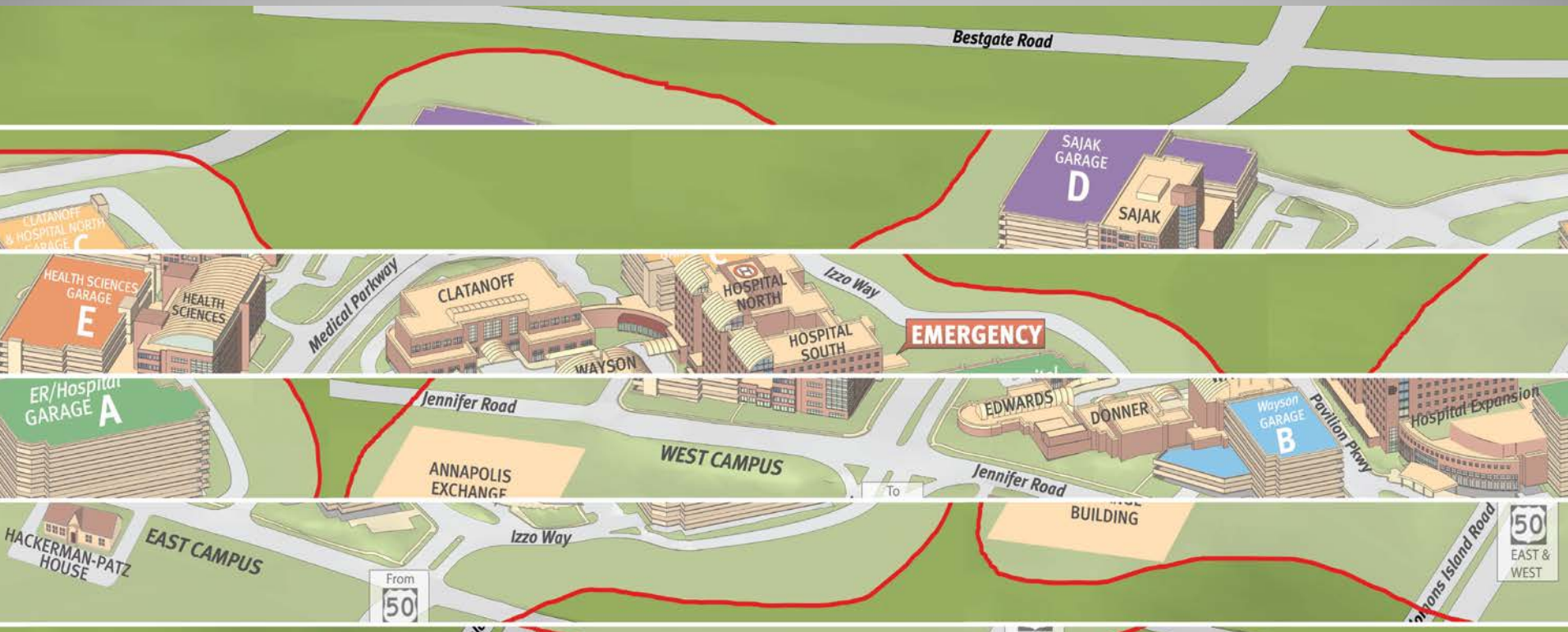
How did we get here?

Process & Policy Change

- Tobacco Policy Committee reviewed/updated current policy
- Best Practices and Current Industry Trends explored
- Legal opinion obtained – Univ. of MD Carey School of Law
 - Tobacco-free hiring practices is legal in Maryland
- Conducted employee focus group - including smokers, non-smokers & former smokers & Lead Academy participants
- Sought physician leadership
- Developed tobacco-free campus map, education materials and talking points



Medical Park map



Implementation: Integrated campaign

Audience	Tactic	Timeline
Leadership	Toolkit (posters, FAQs, policy), online resources webpage, meetings	June'14
Medical staff	Publications, meetings, thePulse	June-July'14
Employees	Together Forums (initial mention)	April'14
	Campus signage, including tobacco “hot spots”	July'14
	Announcement letter to employees from CEO; begin ongoing internal communication series in publications, online (Energize-Stop It); digital signage	June'14
	Promotion of cessation resources	Ongoing
Community	Media relations, outreach activities; e-cig messaging	Begin July'14



Controversial hiring policy is legal and growing in much of United States

By Lorraine Mirabella,

The Baltimore Sun 6:37 PM EDT, July 5, 2014

Anyone who wants a job next year at Anne Arundel Medical Center — whether as a surgeon or security guard — will have to prove they don't smoke or use tobacco.

Why Anne Arundel Medical Center will no longer hire smokers

By Steve Clarke | Aug 19, 2014

When CVS Caremark announced it would no longer sell tobacco products in its stores, it was a decision hailed by some as the most significant health care story of the year. Others called it a \$2 billion business gamble. Either way, it was a bold leadership decision by the retail pharmacy chain. No less significantly, but certainly receiving less national fanfare, was the decision by Annapolis, Maryland-based Anne Arundel Medical Center this June to beef up its own long-standing nonsmoking policy with the announcement that starting in 2015 it would no longer hire people using tobacco products.

Posted: Thursday, June 19, 2014 12:00 am | Updated: 10:30 am, Thu Jun 19, 2014.

By CATHERINE SHEFFO csheffo@capgaznews.com

Anne Arundel Medical Center will stop hiring workers who use tobacco and completely ban tobacco use on its campus. The hospital system, which employs more than 4,000 people, said the tobacco ban goes into effect July 1 and the ban on hiring tobacco users will begin in July 2015. and the ban on hiring tobacco users will begin in July 2015.

<http://www.msnbc.com/craig-melvin/watch/could-your-smoking-habit-cost-you-your-job--312664131862>



Workplace Policy & Health Promotion

- Profound influence on worker's health & well-being
- Physical & Social characteristics of the work environment
- Multifaceted approach
- Advance primary cancer prevention
- Target cancer risk factors
 - Facilities
 - Services
 - Policies

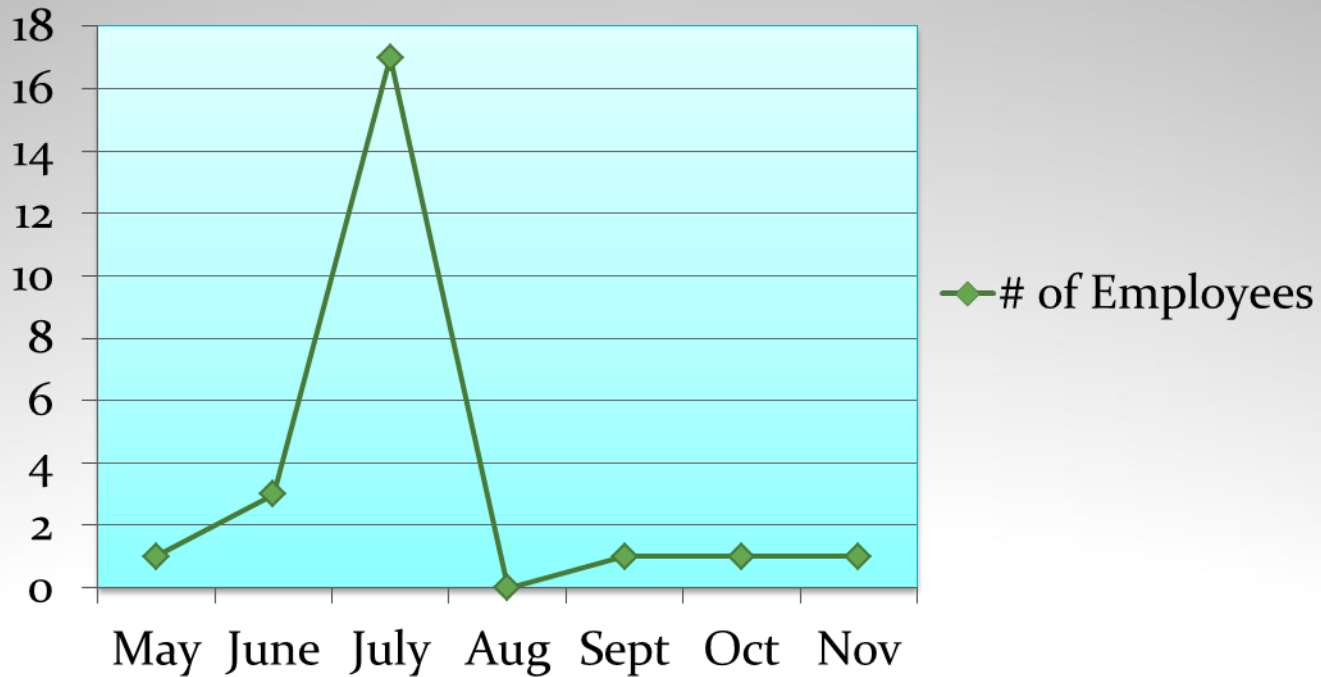
Implementation:

As Leaders: How Can YOU Support Staff?

- **Awareness**
 - Ensure workforce know about programs & resources available to them.
- **Education**
 - Support workforce through education regarding best practices and evidence-based interventions.
- **Support**
 - Our ultimate goal is to help the workforce quit. Demonstrate your support, encourage, and motivate.
- **Leadership**
 - Enforce the policy. **It's our job as leaders.** Share in the responsibility to lead the community towards a healthier lifestyle.

Changing “Hearts & Minds”

Employee participation in tobacco cessation programs

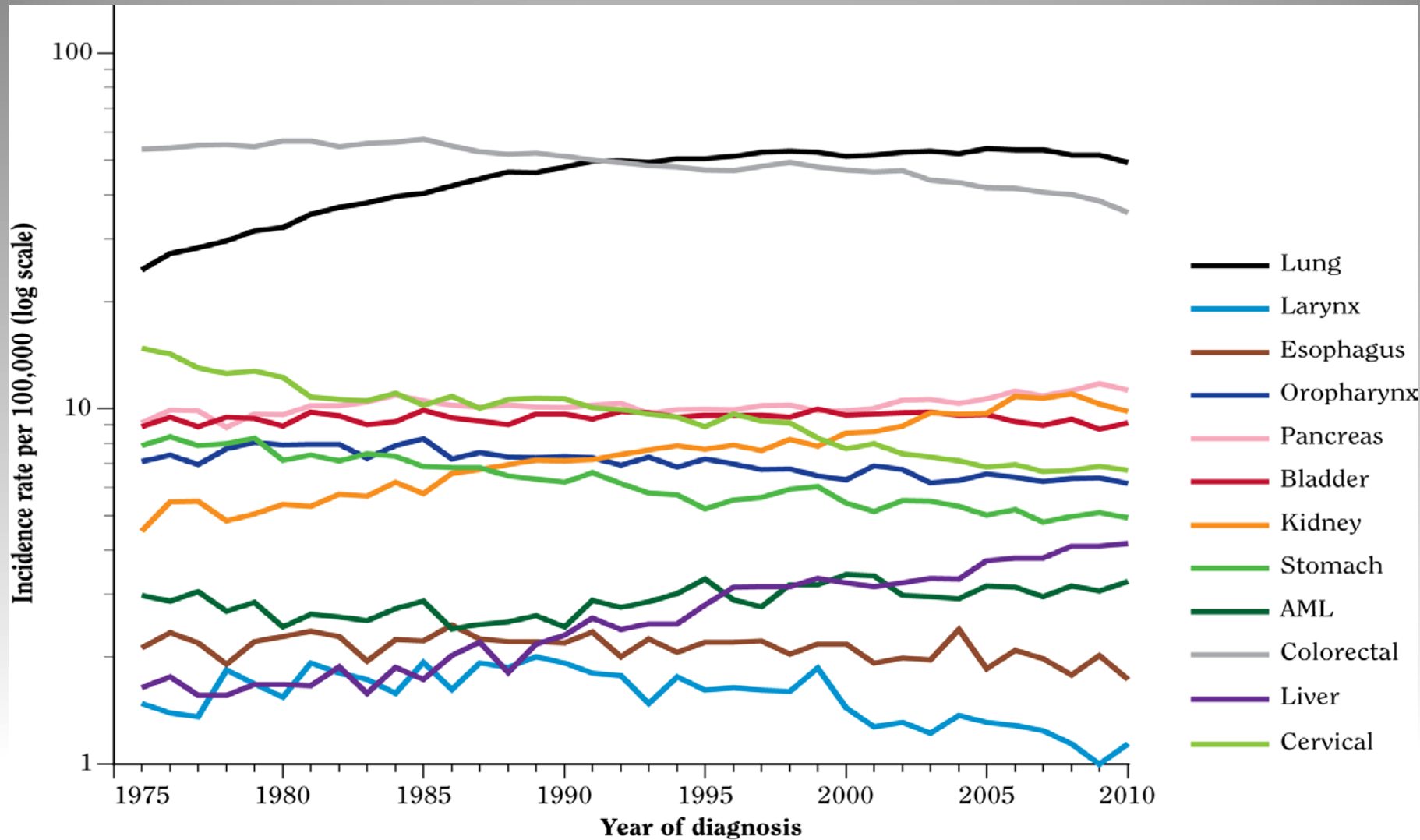


Cancer Prevention Goal #1:

Participate in Vision 20/20 *“Living Healthy Together”* by increasing employee participation in tobacco cessation & cancer prevention programs/educational activities, thus improving overall employee health.

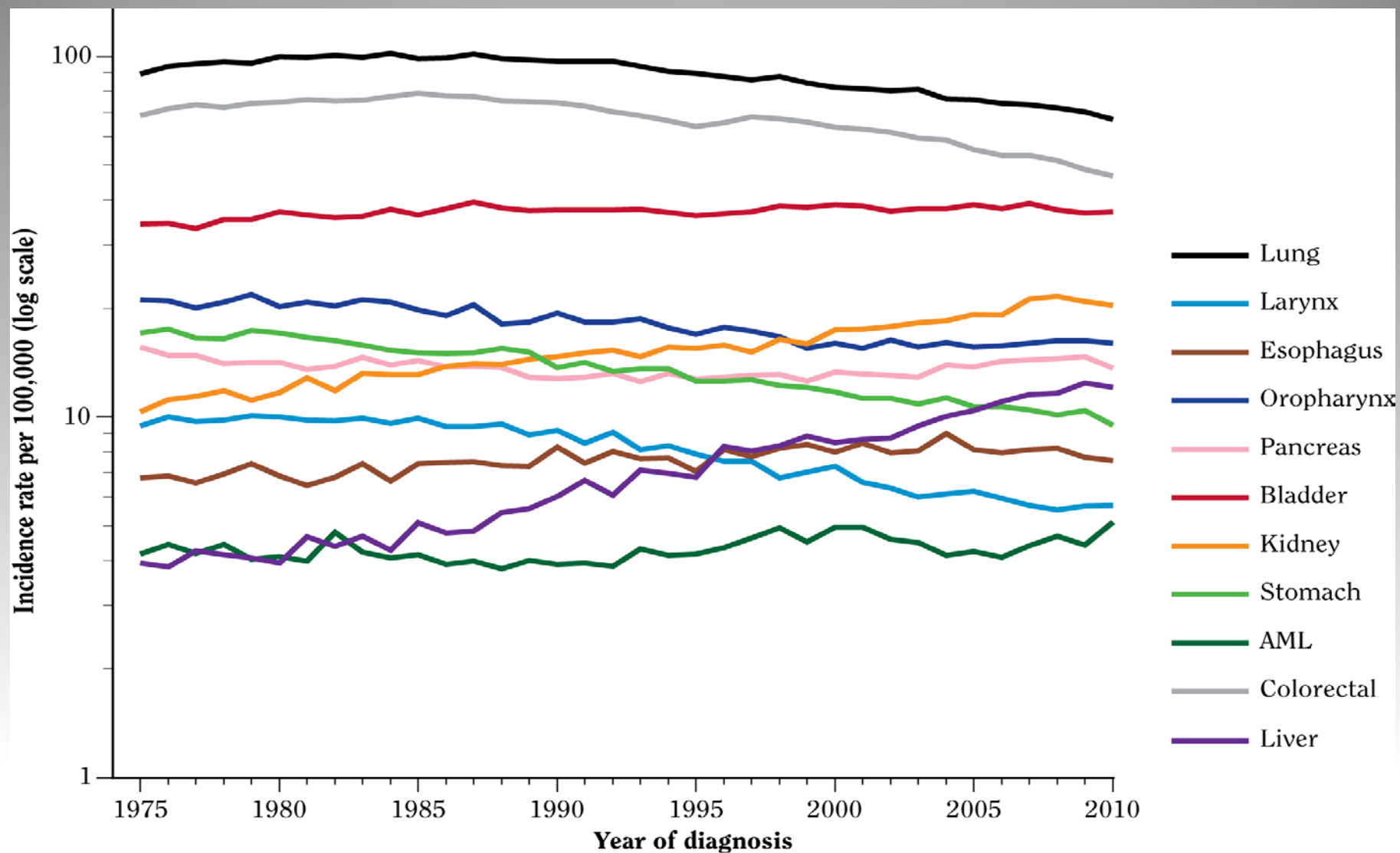
- Summary of Employee Participation in Nicotine Dependence Program
 - 2 “Become Smoke Free” employee classes to date
 - Total of 12 employees
 - Individually counseled – 5
 - Quit rate to date – 35%

Figure 6.3 Surveillance, Epidemiology, and End Results (SEER) age-adjusted incidence, selected sites, females, 1975-2010



Source: Howlander et al. 2013. Note: The data are for nine SEER areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta). Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25-1130). AML = acute myeloid leukemia

Figure 6.2 Surveillance, Epidemiology, and End Results (SEER) age-adjusted incidence, selected sites, males, 1975-2010



Howlander et al. 2013. *Note:* The data are for nine SEER areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta). Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25-1130). **AML** = acute myeloid leukemia

The Human Side

- Compassion, care & support for those *suffering* from nicotine addiction
- Exploration of the genetic influence on risk of nicotine dependence –
 - Genetic factors associated with smoking initiation/intensity & cessation
 - Targeted therapies for tobacco dependence



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