

# *Promising Practices and Ideas for Cancer Plan Implementation*

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**DEPARTMENT OF  
HEALTH & MENTAL HYGIENE**

# Tobacco use damages virtually every part of the body

## Smoking

### CANCERS

Larynx

Oropharynx

Oesophagus

Trachea, bronchus or lung

Acute myeloid leukemia

Stomach

Pancreas

Kidney and Ureter

Colon

Cervix

Bladder

### CHRONIC DISEASES

Stroke

Blindness, Cataracts

Periodontitis

Aortic aneurysm

Coronary heart disease

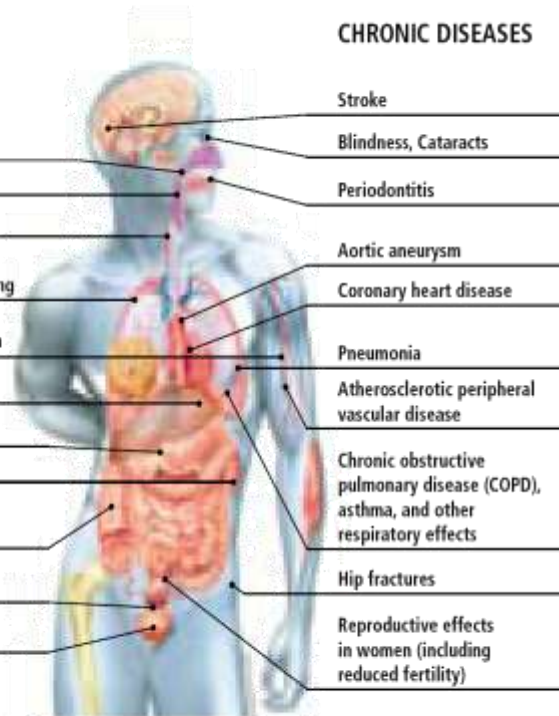
Pneumonia

Atherosclerotic peripheral vascular disease

Chronic obstructive pulmonary disease (COPD), asthma, and other respiratory effects

Hip fractures

Reproductive effects in women (including reduced fertility)



## Secondhand Smoke

### CHILDREN

Brain tumours\*

Middle ear disease

Lymphoma\*

Respiratory symptoms, Impaired lung function

Asthma\*

Sudden Infant Death Syndrome (SIDS)

Leukemia\*

Lower respiratory illness

### ADULTS

Stroke\*

Nasal irritation, Nasal sinus cancer\*

Breast cancer\*

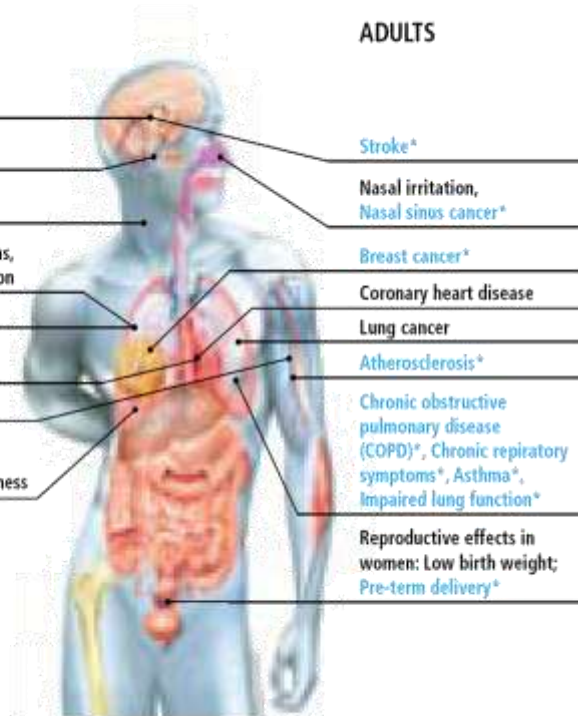
Coronary heart disease

Lung cancer

Atherosclerosis\*

Chronic obstructive pulmonary disease (COPD)\*, Chronic respiratory symptoms\*, Asthma\*, Impaired lung function\*

Reproductive effects in women: Low birth weight; Pre-term delivery\*



\* Evidence of causation: suggestive  
Evidence of causation: sufficient

# **Tobacco use is still the leading cause of preventable death in Maryland**

- **Smoking kills an average of 6,861 Marylanders' every year**
- **Another 145,000 suffer from a smoking-related illness**
- **\$2 billion in annual medical expenses**
- **\$1.8 billion in lost productivity**

# Smoking-Attributable Health Care Expenditures: Maryland

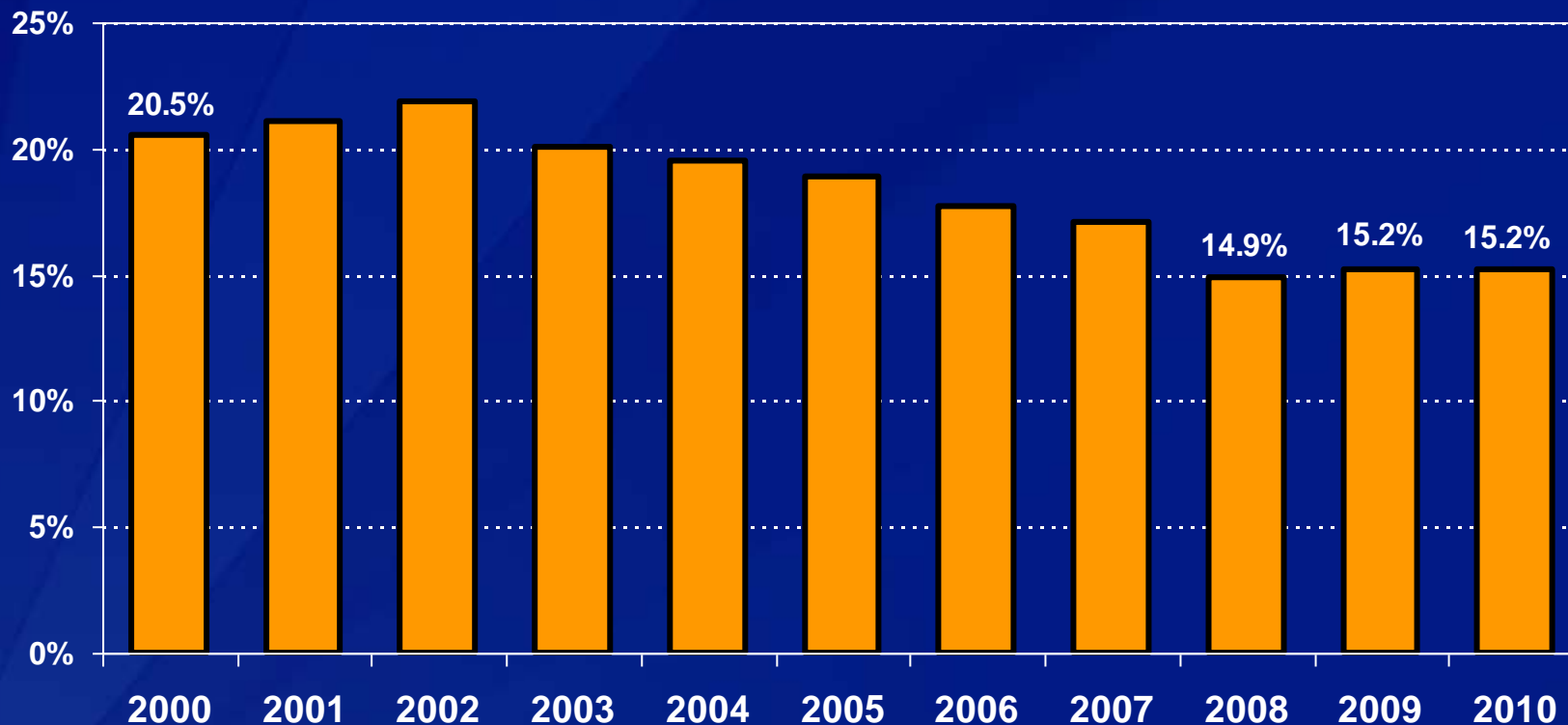
## % of Health Care Expenditures - Smoking

- *Hospitalization*                      10.28%
- *Prescription Drugs*                      9.10%
- *Nursing Home*                      7.45%
- *Ambulatory Care*                      4.58%
- *Other Expenses*                      3.26%

## *Recent Literature*

- *“Seven-Year Patterns in US Cigar Use Epidemiology Among Young Adults Aged 19-25 Years: A Focus on Race/Ethnicity and Brand” - AJPH October 2011*
  - *Top five smoked brands are cigarillos/little cigars*
  - *Higher prevalence in younger, male, Black-NH*
  - *Propensity for risk behavior*
  - *Current cigarette, marijuana and blunt use*

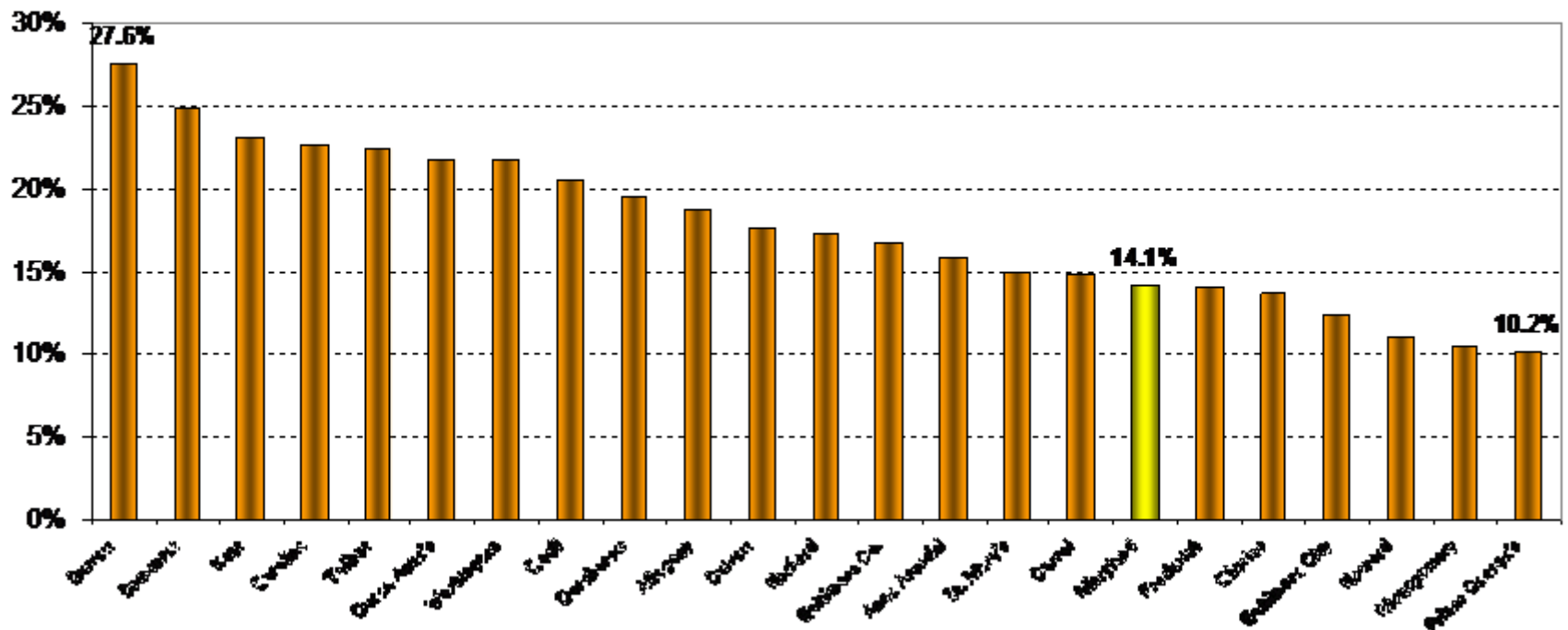
# The decline in adult cigarette smoking in Maryland has stalled



*Civilian, non-institutionalized adults, aged 18 years of age and over, who currently smoked cigarettes.  
Source: CDC-Maryland Behavioral Risk Factor Surveillance System Surveys, 2000-2010.*

# Local Variation in Tobacco Use Suggests Need for Action Tailored to Community Needs

**% High School Youth Smoking Cigarettes (2010)**



Maryland public high school youth less than eighteen years of age.

Source: Maryland Youth Tobacco Survey, 2010 – "Monitoring Changing Tobacco Use Behaviors: 2000-2010," Maryland Department of Health and Mental Hygiene (November, 2011).

# We know what works

- Sustained funding of comprehensive programs
- Excise tax increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation access
- Comprehensive advertising restrictions
- Restricted access to tobacco products  
(time, place, and manner)





## Recent policy activities

- *Increased cigarette excise tax to \$2 per pack*
- *Comprehensive clean indoor air legislation*
- *1-800-QUIT-NOW and Local Cessation Programs*
- *Federal 'Family Smoking Prevention and Tobacco Control Act'*
  - *FDA/Maryland (ADAA) to enforce youth access restrictions*
    - *Process – random inspections, coordinated with SYNAR*
    - *Inspection results forwarded to FDA for action*
    - *May issue citations for observed violations of State/Local laws*
  - *No state/local preemption with respect to restrictions on time/manner/place of tobacco sales or advertising*
- *Federal 'Prevent All Cigarette Trafficking (PACT) Act'*

# **Moving Maryland Forward**

***State Health Improvement Plan  
and the  
Comprehensive Cancer Control Plan***

# State Health Improvement Plan (SHIP)

- *Vision Area: Preventing Chronic Disease*
  - *Objective 32: Reduce Adult Cigarette Smoking*
  - *Objective 33: Reduce Youth Tobacco Use*

# Comprehensive Cancer Control Plan (CCCP)

## - Lung Cancer and Tobacco Use -

### Goals

- *Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.*
- *Implement the CDC's "Best Practice" recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.*

# Cancer Plan Objectives

- ✔ *Adopt and implement statewide and local policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.*
- ✔ *Reduce current use of tobacco among Maryland high school youth and high-risk adults who do not have a four-year college degree.*
- ✔ *Increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles.*
- ✔ *Focus Tobacco Program efforts on the most impactful, evidence-based programs and strategies.*

## GOALS • OBJECTIVES • STRATEGIES

## GOAL 1

Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

## OBJECTIVE 1

By 2015, adopt and implement statewide and local public policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

## STRATEGIES

1. **AMEND MARYLAND'S DEFINITION OF "CIGARETTES"** to include so-called "brown cigarettes" now classified as little cigars.
2. **REQUIRE THAT LICENSED TOBACCO RETAILERS** (a) display effective health warnings about the use of tobacco products; (b) display information on where to get help if you want to quit using tobacco; (c) ban so-called "power walls" (large display of tobacco products and ads) at all licensed tobacco outlets; and (d) ban the distribution of "free samples" of all tobacco products.
3. **ESTABLISH A STATEWIDE CIVIL FRAMEWORK** that does not pre-empt existing local civil frameworks that are at least as stringent for the purpose of enforcing Maryland's restrictions on the sale and distribution of tobacco products to minors, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that does not pre-empt local civil frameworks.
4. **STRENGTHEN TOBACCO-LICENSE LAWS** so repeated violations on the sale of tobacco to minors result in mandatory suspension/revocation of licenses to sell tobacco products.
5. **ADOPT STATE AND LOCAL POLICIES** that restrict the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) require sale of non-premium cigars in packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

## OBJECTIVE 2

By 2015, reduce current tobacco use by 10%\* among:

- Maryland adults who do not have a four-year college degree to 14.5% (2008 Baseline: 16.1%)  
Source: Maryland Adult Tobacco Survey.
- Maryland high school youth to 21.8% (2008 Baseline: 24.2%)  
Source: Maryland Youth Tobacco Survey.

## STRATEGIES

1. **EXPLORE AN INCREASE OF THE EXCISE TAX ON CIGARETTES** and all other tobacco products by an amount that corresponds to a 10% reduction in tobacco use by 2015, based on evidence cited in the Community Guide to Preventive Services. It is recommended that:
  - Each increase is in an amount of no less than the equivalent of \$1.00 per pack of 20 cigarettes.
  - All other tobacco products are taxed at an equivalent rate.
  - No discounts on excise tax rates are available for any reason.
2. **IMPLEMENT AND SUSTAIN EVIDENCE-BASED HEALTH COMMUNICATION INTERVENTIONS** through the Counter-Marketing and Media Component of the Tobacco Program in accordance with CDC recommendations, targeting high-risk youth and adult populations.
3. **ENSURE MEANINGFUL ONGOING ACCESS** to the Maryland Tobacco Quitline and other tobacco-use cessation counseling and widely promote such services. Support services through nicotine replacement therapy and/or pharmacotherapy. Provide coverage of services and therapies for all Maryland tobacco users through privately and publicly sponsored health insurance and direct provision of services for those without health insurance.
4. **ENGAGE WITH COLLEGE AND UNIVERSITY** administrators to ensure that all school campuses are tobacco-free at all times and that tobacco use by youth or adults is prohibited while engaged with all school-related activities.
5. **ADOPT POLICIES IN MARYLAND HOSPITALS** to provide inpatient counseling and treatment for patients that use tobacco.

\*This target was developed based upon the recommendations by the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention/Cessation and Lung Cancer committee.

## GOALS • OBJECTIVES • STRATEGIES

## GOAL 2

Implement the CDC's Best Practice recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.

## OBJECTIVE 1

If funding for Maryland's Tobacco Comprehensive Control Program remains at FY 2011 levels, focus efforts on the most impactful, evidence-based programs.

## STRATEGIES

1. **INCREASE REIMBURSEMENT** from insurance providers and third party payers to ensure ongoing access to services provided by Maryland Tobacco Quitline (1-800-QUIT-NOW).
2. **IMPLEMENT A SUSTAINED**, effective statewide health communication Counter-Marketing and Media Component intervention.
3. **BROADEN THE SCOPE** of Maryland's youth and adult surveys beyond tobacco to include physical activity, nutrition, obesity, and use of other substances such as alcohol and drugs in order to maximize resources and integrate surveillance efforts of risk factors for cancer and other chronic diseases. Accurate and reliable county-level data should be available to local health departments for use in community health indicator reports.
4. **AWARD COMPETITIVE GRANTS** to organizations and local health departments that use best practices to target high-risk populations and educate physicians and other healthcare providers.
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6. **PROMOTE AND ENHANCE THE STATEWIDE AND LOCAL ENFORCEMENT** of Maryland's restrictions on the sale of tobacco products to youth under 18 years of age.
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# **Policy Opportunities**



# EXCISE TAXES

CCCP Goal 1, Objective 2, Strategy 1

- *“Other Tobacco Products” (OTP) Excise Tax*
  - *OTP = any tobacco product other than cigarettes*
  - *Increase so have tax parity with cigarettes*
  - *Little cigars (brown cigarettes) treated as cigarettes*
  - *Currently 15% of wholesale, increase to 70%*
  - *Create linkage so will move in step with changes in cigarette excise tax*
- *Cigarette Excise Tax Increase*



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# *Policy Opportunities*

- *U.S. District Court Ruling in favor of the tobacco industry on FDA graphic warning labels November 2011*
  - *Tobacco industry First Amendment rights violated*
  - *Images were “unquestionably designed to evoke emotion...provoke the viewer to quit, or never to start smoking”*

# *Policy Opportunities*

- *Altria Suit to Block NYC Flavored Ban on Sale of Flavored Smokeless Tobacco Products Except in Tobacco Bars - Dismissed*
  - *Tobacco industry argued that the NYC law was preempted by federal law that gave the FDA authority to regulate tobacco*
  - *Imposed manufacturing standards on products*
  - *The ruling... "simply prohibits plaintiffs from selling those products in NYC anyplace except a tobacco bar."*

# OTHER TOBACCO PRODUCTS

CCCP Goal 1, Objective 1, Strategies 1 and 5

- OTP Flavor Ban
  - Prohibit the sale of flavored cigars
  - Prohibit the sale of flavored smokeless tobacco
- Minimum Cigar Package Size
  - Applies only to non-premium cigars (<\$2/cigar)
  - Minimum package of 5 cigars, no single sales
- “Little” Cigars (brown cigarettes)
  - Defined as cigarettes
  - Minimum package size of 20



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# RESPONSIBLE TOBACCO RETAILING

CCCP Goal 1, Objective 1, Strategies 2, 3, 4, and 5

- *Promote/support local jurisdiction policies*
- *Statewide civil enforcement framework*
- *Enhanced retail licensure responsibilities*
  - *Point of sale health warnings & Quitline number*
  - *Power-walls prohibited*
  - *Explicit retailer responsibilities as condition of license*

# RESPONSIBLE TOBACCO RETAILING

CCCP Goal 1, Objective 1, Strategies 2, 3, 4, and 5

## – *Community-centered retail activities*

- *Jurisdictions may limit time, place, manner of sales*

## – *Increased tobacco license fees*

- *Separate state and local license fees*
- *Fully support state and local enforcement programs*
- *Partial support of Quitline costs*



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2. **IMPLEMENT AND SUSTAIN EVIDENCE-BASED HEALTH COMMUNICATION INTERVENTIONS** through the Counter-Marketing and Media Component of the Tobacco Program in accordance with CDC recommendations, targeting high-risk youth and adult populations.
3. **ENSURE MEANINGFUL ONGOING ACCESS** to the Maryland Tobacco Quitline and other tobacco-use cessation counseling and widely promote such services. Support services through nicotine replacement therapy and/or pharmacotherapy. Provide coverage of services and therapies for all Maryland tobacco users through privately and publicly sponsored health insurance and direct provision of services for those without health insurance.
4. **ENGAGE WITH COLLEGE AND UNIVERSITY** administrators to ensure that all school campuses are tobacco-free at all times and that tobacco use by youth or adults is prohibited while engaged with all school-related activities.
5. **ADOPT POLICIES IN MARYLAND HOSPITALS** to provide inpatient counseling and treatment for patients that use tobacco.

\*This target was developed based upon the recommendations by the Governor's Task Force to End Smoking in Maryland (1999) and updated by the Tobacco-Use Prevention/Cessation and Lung Cancer committee.

## GOALS • OBJECTIVES • STRATEGIES

## GOAL 2

Implement the CDC's Best Practice recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.

## OBJECTIVE 1

If funding for Maryland's Tobacco Comprehensive Control Program remains at FY 2011 levels, focus efforts on the most impactful, evidence-based programs.

## STRATEGIES

1. **INCREASE REIMBURSEMENT** from insurance providers and third party payers to ensure ongoing access to services provided by Maryland Tobacco Quitline (1-800-QUIT-NOW).
2. **IMPLEMENT A SUSTAINED**, effective statewide health communication Counter-Marketing and Media Component intervention.
3. **BROADEN THE SCOPE** of Maryland's youth and adult surveys beyond tobacco to include physical activity, nutrition, obesity, and use of other substances such as alcohol and drugs in order to maximize resources and integrate surveillance efforts of risk factors for cancer and other chronic diseases. Accurate and reliable county-level data should be available to local health departments for use in community health indicator reports.
4. **AWARD COMPETITIVE GRANTS** to organizations and local health departments that use best practices to target high-risk populations and educate physicians and other healthcare providers.
5. **ENSURE THAT GRANTS** targeting high-risk youth and young adults include only evidence-based or Centers for Disease Control and Prevention recommended interventions.

6. **PROMOTE AND ENHANCE THE STATEWIDE AND LOCAL ENFORCEMENT** of Maryland's restrictions on the sale of tobacco products to youth under 18 years of age.
7. **IMPLEMENT EVIDENCE-BASED PUBLIC HEALTH MESSAGING** that increases the demand for tobacco cessation and promotes awareness of the availability of cessation services.

## OBJECTIVE 3

By 2015, increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles by 10%\* from 2008 rates to reach the following targets:

- Indoors: 77.6% (2008 Baseline: 70.6%)
  - Motor vehicles: 79.6% (2008 Baseline: 72.4%)
- Source: Maryland Adult Tobacco Survey.

## STRATEGIES

1. **ADOPT STATE AND LOCAL POLICIES** that prohibit the smoking of tobacco products inside multi-unit housing (including townhouses and rowhouses sharing common walls) in Maryland.
2. **ADOPT STATE POLICIES** that prohibit the smoking of tobacco products inside motor vehicles when young children who are required by state law to be in child-safety restraint seats are present in the vehicle.
3. **ADOPT STATE AND LOCAL POLICIES** that prohibit the smoking of tobacco products inside of any daycare facility (including private homes licensed as such) at all times, and regardless of whether children are present.
4. **INCREASE AWARENESS** of the health dangers from secondhand and third-hand smoke, and encourage voluntary adoption of smoke-free rules in all households.
5. **PROMOTE THE CESSATION OF TOBACCO USE**, ensure access to the Maryland Tobacco Quitline and other cessation services, and promote awareness of the dangers of secondhand smoke and available cessation services.

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## Menu of Local Policy Objectives

- Robust enforcement of existing/future tobacco control measures
- Control location, density, or number of tobacco retailers
- Control placement/display of retail tobacco products
- Control time/place/manner of local tobacco advertising
- Restrict advertising (content-neutral)

## Menu of Local Policy Objectives (Con't)

*Restrict content, message, imagery of local tobacco advertising*

*\*\* Most likely to result in litigation, First Amendment challenges\*\**

- Prohibit non-adult images in advertising*
- Prohibit advertising that targets minor youth*
- Prohibit images/statements that associate tobacco use with athletic achievement*
- Prohibit images/statements that associate tobacco use with healthy living*
- Prohibit images/statements of tobacco use associated with consumption of alcohol*

# REDUCED EXPOSURE TO SECONDHAND SMOKE

CCCP Goal 1, Objective 3, Strategies 1, 2, and 3

- *Promote/support local jurisdiction adoption of restrictions on smoking inside multi-unit housing.*
- *Implement a ban on smoking at state office campuses.*
- *Prohibition on smoking in vehicles when child present who is required by law to be in a safety seat.*
- *Prohibit smoking in licensed daycare facilities, even when children are not present. No exception for private residences used as daycare facility.*

## GOALS • OBJECTIVES • STRATEGIES

## GOAL 1

Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

## OBJECTIVE 1

By 2015, adopt and implement statewide and local public policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

## STRATEGIES

1. **AMEND MARYLAND DEFINITION OF "CIGARETTES"** to include so-called "loose" cigarettes now classified as little cigars.
2. **REQUIRE THAT LICENSED TOBACCO RETAILERS** (a) display effective health warnings about the use of tobacco products; (b) display information on where to get help if you want to quit using tobacco; (c) ban so-called "power" displays of tobacco products and advertisements at licensed tobacco outlets; and (d) ban the distribution of "free samples" of all tobacco products.
3. **ESTABLISH A STATEWIDE CIVIL FRAMEWORK** that does not pre-empt existing local civil frameworks that are at least as stringent for the purpose of enforcing Maryland's restrictions on the sale and distribution of tobacco products, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that does not pre-empt local civil frameworks.
4. **STRENGTHEN TOBACCO-USE LAWS** so repeated violations on the sale of tobacco to minors result in mandatory suspension and revocation of licenses to sell tobacco products.
5. **ADOPT STATE AND LOCAL POLICIES** that restrict the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) require sale of non-premium cigarette packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

## OBJECTIVE 2

By 2015, reduce current tobacco use by 10%\* among:

- Maryland adults who do not have a four-year college degree to 14.5% (2008 Baseline: 16.1%)  
Source: Maryland Adult Tobacco Survey.
- Maryland high school youth to 21.8% (2008 Baseline: 24.2%)  
Source: Maryland Youth Tobacco Survey.

## STRATEGIES

1. **EXPLORE AN INCREASE OF THE EXCISE TAX ON CIGARETTES** and other tobacco products by an amount that corresponds to a 10% reduction in tobacco use by 2015, based on evidence cited in the Community Guide to Preventive Services. It is recommended that:
  - Each increase is in an amount of no less than the equivalent of \$1.00 per pack of 20 cigarettes.
  - All other tobacco products are taxed at an equivalent rate.
  - No discounts on excise tax rates are available for any reason.
2. **IMPLEMENT AND SUSTAIN EVIDENCE-BASED HEALTH COMMUNICATION INTERVENTIONS** through the Counter-Marketing and Media Component of the Tobacco Program in accordance with CDC recommendations, targeting high-risk youth and adult populations.
3. **ENSURE MEANINGFUL ONGOING ACCESS** to the Maryland Tobacco Quitline and other tobacco-use cessation counseling and widely promote such services. Support services through nicotine replacement therapy and/or pharmacotherapy. Provide coverage of services and therapies for all Maryland tobacco users through privately and publicly sponsored health insurance and direct provision of services for those without health insurance.
4. **ENGAGE WITH COLLEGE AND UNIVERSITY** administrators to ensure that all school campuses are tobacco-free at all times and that tobacco use by youth or adults is prohibited while engaged with all school-related activities.
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## GOALS • OBJECTIVES • STRATEGIES

## GOAL 2

Implement the CDC's Best Practice recommendations (2007) for Maryland's Comprehensive Tobacco Control Program.

## OBJECTIVE 1

If funding for Maryland's Tobacco Comprehensive Control Program remains at FY 2011 levels, focus efforts on the most impactful, evidence-based programs.

## STRATEGIES

1. **INCREASE REIMBURSEMENT** from insurance providers and third party payers to ensure ongoing access to services provided by Maryland Tobacco Quitline (1-800-QUIT-NOW).
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# **Programmatic Initiatives**





**WARNING.** CIGARS ARE SOLD IN THE SAME  
FLAVORS & PRICES AS ICE CREAM.  
NO MATTER HOW THEY SUGARCOAT IT ... CIGARS KILL.

**IT'S A TRAP ...** Cigars in any flavor are  
addictive and as toxic as cigarettes.

- ★ All flavored cigars, like chocolate and strawberry, contain Nicotine, Cyanide and Arsenic.
- ★ Children are smoking cigars at the same rate as cigarettes.
- ★ Little cigars and cigarillos are attractive to children because
  - They come in fruit and candy flavors
  - They're cheap, often sold one at a time for under 70¢, less than an ice cream cone!
  - They're taxed lower than cigarettes, making them affordable.



Visit [www.TheCigarTrap.com](http://www.TheCigarTrap.com) for more information.



Maryland Department of  
Health and Mental Hygiene

# Currently Being Implemented

CCCP Goal 2, Objective 1, Strategies 1, 2, and 3

- *Media campaign educating public about cigar package size and flavored cigars.*
- *Working with Medicaid to provide coverage for cessation counseling/NRT through the Quitline.*
- *Combining the Youth Tobacco Survey and the Youth Risk Behavior Survey into single questionnaire, to be administered at county-level beginning fall 2012.*

## GOALS • OBJECTIVES • STRATEGIES

## GOAL 1

Substantially reduce tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth.

## OBJECTIVE 1

By 2015, adopt and implement statewide and local public policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

## STRATEGIES

1. **AMEND MARYLAND DEFINITION OF "CIGARETTES"** to include so-called "loose" cigarettes now classified as little cigars.
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3. **ESTABLISH A STATEWIDE CIVIL FRAMEWORK** that does not pre-empt existing local civil frameworks that are at least as stringent for the purpose of enforcing Maryland's restrictions on the sale and distribution of tobacco products, and require a photo identification check consistent with existing Food and Drug Administration (FDA) requirements that does not pre-empt local civil frameworks.
4. **STRENGTHEN TOBACCO-USE LAWS** so repeated violations on the sale of tobacco to minors result in mandatory suspension or revocation of licenses to sell tobacco products.
5. **ADOPT STATE AND LOCAL POLICIES** that restrict the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) require sale of non-premium cigarettes in packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

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By 2015, reduce current tobacco use by 10%\* among:

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Source: Maryland Adult Tobacco Survey.
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2. **IMPLEMENT A SUSTAINED, effective statewide health communication Campaign** targeting and Media Component interventions.
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# Currently Under Active Review

**CCCP Goal 2, Objective 1, Strategies 3, 4, and 5 + Objective 3, Strategies 4 and 5**

- *Investigating additional resource opportunities to ensure ongoing access to the Maryland Tobacco Quitline and other cessation interventions.*
- *Ongoing media interventions in support of CCCP Lung-Tobacco goals and objectives.*
- *Using evidence-based strategies and practices when implementing activities and mechanisms for awarding competitive grants to organizations and local health departments.*

# Currently Under Active Review

CCCP Goal 2, Objective 1, Strategies 3, 4, and 5 + Objective 3, Strategies 4 and 5

*Targeting interventions at high-risk populations with emphasis on health disparities. Promoting tobacco-free college campuses. Engaging Maryland hospitals regarding inpatient counseling and cessation treatment.*

*Exploring the feasibility of combining the Adult Tobacco Survey and the Behavioral Risk Factor Surveillance System (BRFSS) survey, with increased BRFSS sample size and number of questions in support of enhanced data availability at the county level beginning with calendar year 2014.*

## GOALS • OBJECTIVES • STRATEGIES

### GOAL 1

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#### OBJECTIVE 1

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# CONTACT INFORMATION

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