

Tobacco Prevention & Control

ADVISORY REPORT



- Tobacco-free restaurants
- Tobacco-free airports
- Tobacco-free bowling alleys
- Tobacco-free playing fields
- Tobacco-free schools
- Tobacco-free work sites
- Tobacco-free BARS
- Tobacco-free bingo halls
- Tobacco-free day care
- Tobacco-free pool halls
- Tobacco-free malls
- Tobacco-free coffee shops
- Tobacco-free public spaces
- Tobacco-free Diners
- Tobacco-free Offices
- Tobacco-free factories
- Tobacco-free colleges
- Tobacco-free hospitals
- Tobacco-free mills
- Tobacco-free civic centers
- Tobacco-free dance clubs
- Tobacco-free work vehicles
- Tobacco-free concert halls
- Tobacco-free shopping centers
- Tobacco-free clinics
- Tobacco-free buses

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GOAL 1

Prevent Youth and Young Adults From Using Tobacco

Prevention

There is no one program, activity or action that will keep youth from trying tobacco. A problem this complex calls for the comprehensive approach proposed by the National Centers for Disease Control and Prevention (CDC). Maine continues to follow the CDC model, creating and implementing interventions and messages that reach youth in all environments where they live, work and play.

Our strategies for sustained progress include:

- Strengthening school and community policies that prohibit tobacco use in places where youth congregate.
- Creating tobacco-free prevention messages that resonate strongly with youth.
- Implementing age-appropriate, evidence-based prevention curriculum in grades K-12.
- Promoting parent education and support.
- Giving tobacco retailers the tools they need to assist them in avoiding selling tobacco to minors and to increase their compliance with tobacco sales laws.
- Creating statewide health communication messages that promote tobacco-free living as the cultural norm for all ages across the state.

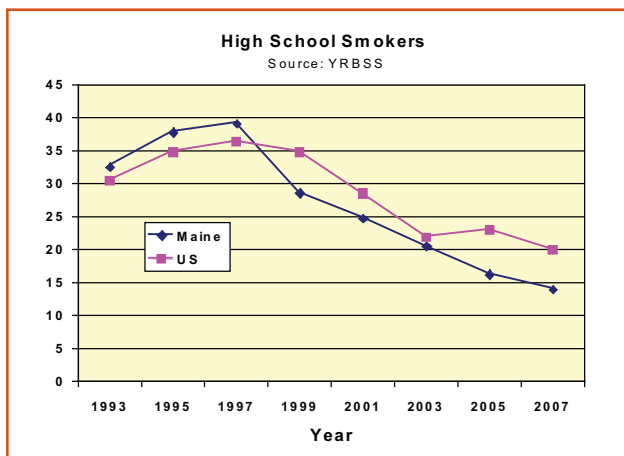
Youth Advocacy Program

Youth are creating a positive change in Maine communities. Experience and research in a variety of youth-related fields clearly demonstrate that youth-adult partnerships can increase the effectiveness of youth-focused initiatives. Youth involvement creates benefits for the youth involved, for the programs and those they serve, and for the adults involved. Meaningful opportunities to contribute help youth to gain skills, positive attitudes and confidence.

Additional research has found that many experimenters and occasional smokers either quit smoking or progress to confirmed addicted smokers during young adulthood. Strategies are in place to deter smoking uptake and progression as well as to encourage early and sustained cessation among young adults.

Youth participating in the Youth Advocacy Program (YAP) continue to take lead roles in making their community healthier places. Youth are often not treated as though they are valuable to their community or can assist in making healthy positive changes. YAP is a program offering an opportunity to youth to make those changes in their local communities around tobacco prevention and control. The youth develop skills that inspire them to advocate for changes that promote health, not only in their local communities but also state-wide and nationally.

Youth Advocacy Programs reach out to and engage high school and middle school students. Youth design and participate in a wide variety of activities including: advocating for policies to make their schools and communities healthier places to live, writing articles for school and community papers, creating presentations and performing for younger



students, planning and leading their schools in activities to coincide with the Great American Smoke-Out and Kick Butts Day, volunteering time and talents to projects that improve the lives of people in their communities.

YAP develops and supports an increasing number of youth-driven advocacy programs that position tobacco as dangerous, unattractive, and “uncool”. Peer pressure ranks high among influences affecting youth choices and behaviors. YAP groups leverage this powerful influence to help youth reduce and prevent tobacco use among their peers. Youth can help their peers to quit smoking and can educate parents about the importance of living smoke free.

PTM works with the Maine Youth Action Network (MYAN) to provide YAP groups and youth coordinators with ongoing training and technical assistance. In the past year, training sessions brought together nearly 400 youth and advisors. The 24th Annual Peer Leadership Conference was a venue in which MYAN brought together youth leadership programs from all across Maine to develop their skills in the areas of leadership, activism and advocacy, and adolescent health and development.

Maine Annual Anti-Tobacco Youth Summit

Maine Annual Anti-Tobacco Youth Summit has been held since 2005 and brings together approximately 250 youth ages 12-18 from across the state. The Summit is sponsored by the PTM. The “Stop. Quit. RESIST! Summit” focused on three goals: **STOP** tobacco companies' lies and manipulation; help people **QUIT** smoking and/or support others who want to quit smoking, and to **RESIST** the pressure to smoke and help your peers resist it, too! The Summit helps participants gain resources, connections and build skills from

various workshops, ultimately providing them with tools to make their communities healthier.

Maine Integrated Youth Health Survey

Monitoring the health of Maine's youth by collecting survey data on a regular basis is an important role for schools and state agencies. The data is used for improving health knowledge and skills, physical and behavioral health status, and program delivery in schools. Many state agencies and schools use the data for grant and other applications. However, as the demands for data, evaluation and accountability have increased, the number of state health and prevention programs that use student health surveys has also increased, putting a greater burden on schools. These concerns prompted the formation of the Maine Integrated Youth Health Survey (MIYHS). This survey will be given in May, 2009 and will replace the Maine Youth Drug and Alcohol Use Survey (MYDAUS) and Youth Risk Behavioral Surveillance System (YRBSS).

Survey Design includes four different age-appropriate levels:

- High school (99-110 questions).
- Middle school (seventh and eighth grades) (80 questions).
- Fifth/sixth grade (50 questions).
- Kindergarten/third grade PARENT survey (50 questions).

Benefits to Schools:

- Reduction of the burden imposed by multiple surveys.
- Predictability of request for surveys from state agencies.
- A wider range of data.

School Policies

During the 123rd legislative session, the Maine State Legislature passed a bill that strengthens the law regarding tobacco use on school grounds. School buildings and grounds are now 100% tobacco free at all times. The law applies to staff, students, and the public 24 hours a day, 365 days a year. All Healthy Maine Partnership (HMP) schools have already implemented a similar policy, and now public school students in Maine can be assured that their schools and grounds always offer a tobacco-free environment. PTM has promoted tobacco-free school environments since being established as a state program in 1997. PTM along with the Maine Department of Education, sent a letter of notification to all Maine school administrators updating them on the law as well as providing all school systems with a new tobacco-free school guide, "Creating & Maintaining A Tobacco-Free School Policy." PTM will continue to provide no cost signage for school systems that meet the PTM criteria for being a tobacco-free school based on the U.S. Centers for Disease Control and Prevention policy recommendations. Currently 117 schools meet PTM criteria by establishing a comprehensive policy that is more stringent and includes an enforcement component.

LifeSkills Training Program

The LifeSkills Training Program trains teachers on a school curriculum that is designed to prevent substance abuse, including tobacco, among middle school students. The program gives adolescents the knowledge and skills to make healthy choices, including the important decision of saying "no" to tobacco. PTM brought a national expert to Maine who led one technical assistance training workshop in central Maine to reinforce skills and update train-

ers and educators on the components of the program. This next year, PTM will be conducting an assessment throughout the state with our District Tobacco Coordinators to determine which schools continue to teach LifeSkills and how it is being implemented. It is very important to the effectiveness of this program that it is taught with fidelity. The results of this assessment will then help us to determine the needs of future trainings and how to approach promoting the program.

American Legacy Foundation

PTM was awarded a grant from the American Legacy Foundation, **truth[®] or Consequences Youth Tobacco Prevention Grants Program**.

The purpose of the grant program was to enhance the impact of the Legacy media campaign to support community-based tobacco use prevention efforts. The intent is to leverage the enhanced **truth[®]** media campaign in rural and smaller communities in Maine by developing a local tobacco use prevention project that is relevant to "open-to-smoking", 12-17 year old youth in the community.

PTM's proposal will assist youth to explore and present the principles of the **truth[®]** campaign through use of theater, specifically the process-drama method, in two rural counties in Maine. The two communities that PTM will be working with are the River Valley Healthy Communities Coalition in Rumford and Piscataquis Public Health Council in Dover-Foxcroft.

This is a unique opportunity to help embed youth involvement into Maine's new public-health infrastructure by demonstrating youth's enthusiasm, creativity and commitment to tobacco and community issues. Youth will be involved in all aspects of the program. Assisted by trained theater facilitators, these youth groups will develop and perform pro-

ductions that address tobacco issues that affect them and their communities. Through the stories, scripts and promotional materials developed by youth, the productions will truly take on their voices. The products developed will have applications that benefit other youth throughout the state.

Star Store Statewide Rollout Programs

The participation in the “NO BUTS!” retailer program to address underage tobacco sales has been encouraged by PTM and HMPs across Maine. A new training CD and DVD was created for retailers in an effort to encourage participation and provide tools to explain the program to their employees. There are currently over 700 participating stores in the program.

Based on the Star Store Pilot Initiative PTM conducted during the spring of 2007, which is an enhanced youth tobacco prevention component of the “NO BUTS!” program, it became clear that the first step in having this initiative succeed was to focus on increasing the number of “NO BUTS!” stores across the state. As a result, PTM encouraged HMPs to survey their local tobacco retailers and provide “NO BUTS!” training and resources to those who have not had the training. Recently, the Maine Attorney General, G. Steven Rowe, and PTM announced 41 Cumberland Farms stores in Maine have joined the “NO BUTS” responsible tobacco retailer program. The “NO BUTS!” program will complement Cumberland Farms’ existing tobacco training program. Since May of 2008, the efforts of the HMPs have resulted in 50 independent stores joining the “NO BUTS!” program. As a result, the Star Store Initiative is ready to roll out state-wide and trainings will begin in early 2009.

New Youth Website – UnleashYourC.com

PTM has developed a robust, interactive website that depicts the exaggerated health effects of smoking by using dark language and humor. Teens can navigate through the website using the UnleashYourC.com (UYC) interactive games, quizzes and photos to learn the truth about smoking, making good choices and learning how those choices affect them.

UYC features three interactive elements: The Great Elasto, an interactive game that bends characters to address the concept of peer pressure; C-Yourself, a viral element where users can upload their picture and change their physical appearance; and The Bodacious Balancer, a game which requires users to catch the falling objects. Each falling object depicts how choices that are made can affect others. All of the various components and games earn points throughout the site where users can cash in points for electronic giveaways.

While the interactive website is the cornerstone of the campaign, other components will assist in driving traffic to the site. One of the main drivers of the site will be original videos from youth that are related to the topic of choice and tobacco use. Other content will be added and updated on a regular basis, including viral stimulating components

American Lung Association “Not on Tobacco” Program

American Lung Association (ALA) invited PTM to participate in the development of an online cessation tool for teens being created at West Virginia University, which is based on the ALA “Not on Tobacco” program. PTM now has free, permanent access to and use of the final “Power Guide” to be

used as desired and appropriate to assist Maine youth in their cessation efforts. Maine will also receive program materials such as a DVD version of the Power Guide with manuals, and protocols. Maine's youth will participate in focus groups during development of the project.

Rescue Social Change Group – “Shenanigans”

A Formative Analysis for Cultural Interventions was completed in early spring of 2008 in Portland and Bangor to understand the function of young adult smoking. The study was commissioned by PTM to guide future efforts to deter young adult tobacco use. Two researchers and one brand manager from Rescue Social Change Group (RSCG) were present during the research period. Prior to completing the study, secondary research was conducted on young adult smoking and the impact of programs attempting to reduce it.

Young adults are a top priority for the tobacco industry. Tobacco companies have developed campaigns that are tailored to different groups of young adults that promote attractive smoker identities within social environments such as bars and night-clubs. These promotions are also used to build mailing lists to establish ongoing relationships with young adults, using the internet to distribute elaborate advertising, including tobacco industry produced lifestyle magazines, interactive websites and branded merchandise. This new line of research confirms that young adult smoking behavior can be addressed through social marketing and has shown that strategies can be developed to counter efforts made by the tobacco industry to influence young adults to smoke.

RSCG recommended the implementation of two separate Social Branding campaigns centered on event promotion and the establishment of social authority within each subculture. Both brands will establish social authority by hosting events and activities that create new experimental environments for their local community. Once social authority is established, the social brands will introduce and associate new behaviors with the population's desired identities through the introduction of anti-tobacco messaging.

Youth Prevention Next Steps

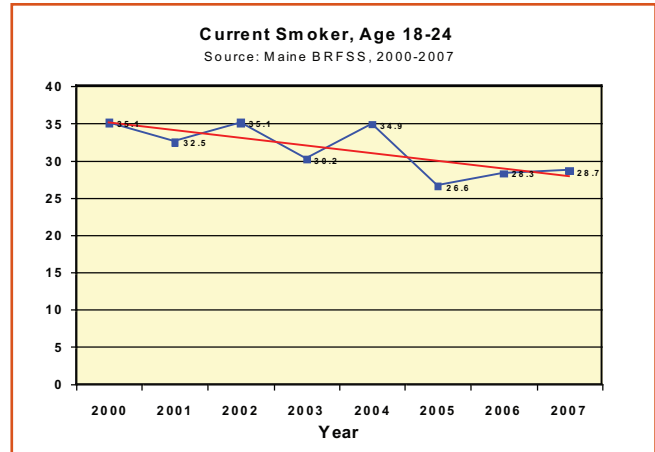
As part of PTM's continued outreach to middle school students, Billionaire Max Bernhard's associates will be entering into the schools and asking for assistance from the seventh grade students around the state in recovering something of great value. The Billionaire wants to be sure youth are provided with an awareness of tobacco, its health effects, and how the industry targets them. Through web-based resources such as PTM's redeveloped site, “Unleash Your C”, they can discover the dangers of tobacco use and how the tobacco industry targets them with advertising. These resources provide them with the skills and tools necessary to resist the temptation of using tobacco. The task of finding Max takes the students on a journey through tobacco-use prevention and control web sites and also tobacco company sites. By using current technology, Billionaire Vanishes promotes discussion, encourages advertising analysis and provides quitting tips for friends and family. It also helps students learn about the effects of secondhand smoke and the costs of tobacco use. PTM plans to introduce the program in schools across the state within the next year.

Youth Media Campaign

PTM will continue in its collaboration with youth from around the state to create a new multi-pronged multimedia campaign, including online video and television components developed and produced by and for youth. Based on original research conducted by PTM with Maine youth and research case studies produced by other states leading the way in tobacco prevention, the new campaign, entitled “Unleash Your C,” was launched in fall 2008 with an interactive, robust website. The first wave of the full promotional campaign and statewide grassroots initiatives will run through the end of spring 2009.

The campaign is designed to focus on three main subpopulations of youth that other segments tend to be influenced by and follow – “popular examples,” “edgers” and “out and about” youth. While the campaign will appeal to the majority of all youth, studies show that these three subpopulations are, albeit often unspoken, leaders in the teen culture in Maine. Campaign goals include engaging and educating teens on how to make healthy choices, and the ramifications of certain types of choices, promoting positive social norms and healthy self-identity formation among teens regarding tobacco use, and raising awareness among teens of the negative features and dangers of tobacco use. The long term goal of the youth media initiative is to contribute to PTM’s statewide goals of reducing tobacco among youth: initiation of tobacco use, increase quit attempts and cessation, and reduce tobacco-use consumption.

Young Adults and Smoking in Maine



The above graph shows results of the BRFSS from 2000-2007 for the age groups 18-24. None of the data is statistically different from one year to the next or even from the beginning of the cycle to the end. However, the straight trend line shows a downward slope, which is very encouraging as this group has, in the past, had the highest smoking rate in the state. One of the reasons that we surmise this happened is that people who are ages 18-24 today, left high school 1-6 years ago and were the group of youth who were responsible for Maine’s significant drop in youth smoking rates. Those in high school previous to our comprehensive efforts were part of the group who experienced some of Maine’s highest youth smoking rates. To reach this group, PTM has used education and media messages to counter tobacco industry advertising, support of existing tobacco laws and promoted policies that change the social norm of smoking, for example, policies that prevent smoking in recreational areas where youth will see it and model the behavior. Young parents, who are part of this age group, have been targeted with many messages to protect their children from tobacco smoke in utero as well as in cars and homes. Other PTM initiatives touch young people at work, in the community or on college campuses.

GOAL 2

Eliminating Involuntary Exposure to Secondhand Smoke

Collaborative efforts are making a difference by tackling secondhand smoke exposure in a variety of ways.

Maine's Smoke-Free Air Laws Continue to be Strengthened

Virtually all of Maine's indoor public places are now smoke-free. Maine is proud to have been among the first states to pass laws that protect the public and all workers from exposure to secondhand smoke in indoor public spaces.

However, according to the U.S. Surgeon General's Report on Secondhand Smoke "The home is the major setting where children are exposed to secondhand smoke. The dramatic strides that have been made over the past 20 years in reducing non-smokers' secondhand smoke exposure has to some extent left children behind."

<http://www.surgeongeneral.gov/library>

- Of Maine children in grades 6-12, 39% report being exposed to secondhand smoke in a car.
- Over half of high school youth have reported being in a room with someone who is smoking at some point during the past week.
- The smoke from one lit cigarette can go anywhere and no air filter or ventilation system can totally remove it.
- Smoking in a car when children are present exposes them to the pollutants present in secondhand smoke. Rolling down a window doesn't stop smoke from reaching everyone in the car.
- Children are in greater danger from the threats posed by secondhand smoke. Their organs are growing and developing. Exposure to secondhand smoke, in childhood, is known to permanently decrease lung efficiency and function.

- Children who are exposed to smoke in their homes are more likely to develop asthma, bronchitis, pneumonia, colds, sore throats, ear and eye infections, and allergies.

To address this gap in protection a significant new law (**Public Law, chapter 591**) was passed in the 123rd Maine State Legislature and went into effect September 1, 2008 which bans smoking in the car when children under age 16 are present. It addresses a significant gap in protection of the vulnerable from exposure to secondhand smoke.

Wherever You Live and Breathe, Go Smoke-Free

"**Wherever You Live and Breathe, Go Smoke-Free,**" is a campaign designed to educate Maine people about the dangers of secondhand smoke. The campaign emphasizes the serious effects of secondhand smoke exposure to children, in homes and in vehicles. The "Wherever You Live and Breathe, Go Smoke-Free" campaign included the following integrated components:

TV Messages: Three rotating TV messages were broadcasted statewide throughout the summer of 2008.

- "It's like they are smoking" – This television message was originally created for use by the Michigan Department of Community Health and has been adapted for use with Maine audiences. The spots aim to educate parents about their child's involuntary exposure to smoke, from the child's point of view.
- "Trapped" – The first of two animated smoke spots in which the camera follows the smoke as it clings to the interior of a car, including the baby's seat. The message increases awareness that although it cannot be seen, smoke's harmful effects are still present.

- “No Place to Hide” – This animated smoke spot focuses on secondhand smoke exposure in the home, again following the smoke as it seems to hunt its victim.

Radio Messages: Two rotating messages aired statewide throughout the summer of 2008:

- “Baby Jack” – This lighthearted spot helps raise awareness of Maine’s new secondhand smoke law and the importance of not smoking around children in a vehicle.
- “Some Kids” – This message is a straightforward look at the dangers children face whenever secondhand smoke enters the home.

Supporting Outreach Materials

- Over 10,000 outreach brochures cards—highlighting the dangers of secondhand smoke in the car and home—were placed in visitor’s centers across Maine.
- Thousands of “Smoke-Free” car decals have been distributed amongst the local HMP communities and at popular sporting events.
- Law cards have been made available to law officials in efforts to raise awareness of the new law. Thousands have been distributed through local community efforts and directly to the Maine Chiefs of Police Association.

Maine Tobacco-Free Hospital Network

PTM has partnered with the American Cancer Society and many of the state’s Healthy Maine Partnerships to promote the adoption of comprehensive tobacco-free policies in Maine’s medical centers and hospitals. A ten criteria system developed by the group serves as the basis for awards for progress. The awards are hand-delivered

annually in conjunction with the Great American Smoke Out each November. In November 2007, ten hospitals received awards for the first time, and in November of 2008, four hospitals received awards for their significant work in strengthening their policies. This year’s recipients included Central Maine Medical Center, Northern Maine Medical Center, Mercy Hospital, and Southern Maine Medical Center.

In April of 2008, the keynote speaker presented the work of the Maine Tobacco-Free Hospital Network at the request of the Massachusetts Hospital Association’s for its Forum on Smoke-Free Hospital policy.

Most of Maine’s hospitals, already smoke-free indoors, have now significantly improved their policies both indoors and out in their parking lots while improving the services available to assist patients, employees and visitors who wish to end their dependence on tobacco.

Smoke-Free Housing Coalition of Maine

PTM continues to provide the primary corefunding to support the ongoing development of the Smoke-Free Housing Coalition of Maine. The Smoke-Free Housing Coalition of Maine is comprised of over 50 public health advocates, tenants, landlords, property managers, environmental health professionals and many others. Its mission is to protect residents in multi-unit housing from involuntary exposure to secondhand smoke. Working with housing authorities, private landlords, developers, and tenants since 2004, this coalition has focused on the elimination of involuntary secondhand-smoke exposure in multi-unit housing. It has received a Robert Wood Johnson Foundation Tobacco Policy Change grant and an EPA grant to support its efforts.

The Smoke-Free Housing Coalition of Maine has implemented a statewide media campaign, including a website at www.smokefreeforme.org to educate landlords and tenants on the health and economic benefits of a smoke-free apartment. In addition, it has developed a strong relationship with Maine-Housing; and as a result, a development incentive is now in place in the Qualified Allocation Plan which grants tax credits for smoke-free buildings.

Among the coalition's many accomplishments:

- More than 17,000 landlord brochures have been distributed.
- 9,000 fact sheets have been disseminated to landlords who accept Section 8 vouchers.
- 18,000 fact sheets have been disseminated to tenants throughout the state.
- The web site, www.smokefreeforme.org with a free registry, was developed and expanded.
- A landlord video, which has been sent to over 150 organizations and individuals as well as streamed online to over 6,500 viewers, was produced.
- Two statewide conferences and six regional landlord trainings were organized and implemented.
- Eighteen of twenty-five public and tribal housing authorities in Maine have now implemented smoke-free or tobacco-free housing policies.
- Over 3,100 smoke-free units are currently listed on the online registry.

Secondhand Smoke Outcomes

There are more smoke-free places in Portland. Maine's tobacco laws are primarily designed to protect the public from involuntary exposure to secondhand smoke in the workplace and in places in which the public is invited or allowed. With a 7-to-1 vote, the City of Portland City Council passed an ordinance regulating no smoking at and within 20 feet of all playgrounds/athletic fields and beaches. In addition, this year the City of Portland passed a policy banning smoking on outdoor decks of restaurants and bars protecting patrons and wait staff from secondhand smoke before 10 p.m.

Secondhand Smoke Next Steps: The Healthy Maine Partnerships Worksite Framework

PTM has joined with all of the other affiliated state programs to design a comprehensive assessment tool and online program to encourage Maine employers to implement policies and practices that support healthy, tobacco-free living. This framework will be introduced to local employers through the HMPs.

GOAL 3

Motivate and Help Tobacco Users to Quit

Maine Tobacco HelpLine Statistics	
HelpLine Measures	July 2007 – June 2008
Callers Assisted	8,515
Tobacco Users Assisted	6,885
Callers Provided Counseling	6,783
Pregnant Women Callers	138
Medication Vouchers Program	
Number of voucher users	3,283
HelpLine callers receiving 1st Voucher	48%

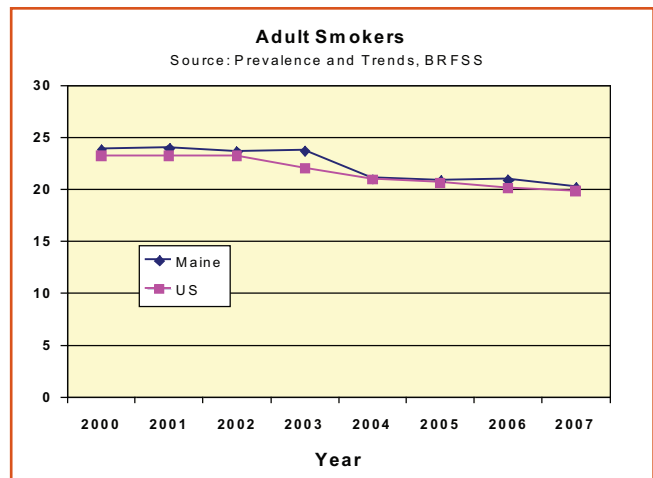
Winter HelpLine Media Blitz

Nearly 21% of people in Maine smoke, and 70% of those have stated that they would like to quit but find it difficult. Since 2001, the Maine Tobacco HelpLine has become widely known and respected for its success in helping people quit. Thanks to the HelpLine, many residents have been freed from tobacco addiction and have had long-term quitting success. However, many residents are still using tobacco and PTM continues to encourage them to utilize the HelpLine resources.

Each January, the Maine Tobacco HelpLine receives an increase in calls from smokers making resolutions to quit during the New Year. To encourage support, PTM launched a HelpLine holiday promotion blitz during the winter of 2008. Messages began running on the radio and were also printed in large daily newspapers. Focusing on the season of giving, New Year's resolutions, and winter weather, these new messages promoted the HelpLine throughout the state. PTM also increased its statewide television presence with a heavy rotation of existing HelpLine spots.

The combination of the promotional blitz with press outreach stories resulted in a media buzz around the state. Several news clips appeared in major newspapers, television spots and radio programs statewide, including interviews with Dr. Dora Anne Mills, Director of the Maine CDC, and HelpLine Director, Ken Lewis. News clips also featured testimonials from smokers who have successfully quit using the HelpLine.

Adult Smoking Trends 2000-2007



Basic Skills Training

The PTM “Tobacco Intervention: Basic Skills Training” teaches professionals how to incorporate tobacco treatment messages into their professional practices. The training took on a whole new look for the 2008-2009 season. For the first time the training was offered in two distinct parts: The first half of the training was an online training which participants could access and complete at their office or home computer; the second half of the training was the traditional in-person training which was held in half-day sessions several times throughout the state. The purpose of the new format was to make the program more accessible to a greater number of health care providers. Forty-three professionals and 30 student nurses were trained in the new Basic Skills Training format from October 1, 2008 through November 19.

Community-Based Treatment Initiative

PTM’s pilot program provides face-to-face support, counseling and treatment services. PTM has launched a pilot program to reach tobacco users who also have multiple medical conditions, behavioral health concerns and certain socioeconomic factors, all of which can heighten their struggle to break free of tobacco addiction and lessen the likelihood of calling the HelpLine for assistance in quitting.

The program, which includes a Portland-based clinic and rural health center counseling, complements existing HelpLine services to create a broad, coordinated tobacco treatment program for Maine residents. The pilot program was implemented across the state with locations in each of the eight DHHS districts. PTM’s treatment initiative contractor, CTI, is working closely with federally qualified health centers in each district to train staff, develop capacity

and provide ongoing technical assistance for the program. A tobacco treatment specialist will oversee the program in each location and will work under the medical direction of a nurse practitioner or physician.

Clinical Outreach Specialist Trainings

In addition to its other programs, PTM continues to offer help to those smokers who would like to quit their tobacco use, by instructing health care providers on interventions that are proven to increase success. In 2008, the *Treating Tobacco Use and Dependence Clinical Practice Guideline* was updated to include the newest evidence and “best practice” recommendations for treating tobacco use and dependence. CTI continues to provide this information through on-site trainings to health-care providers and their staff through the Clinical Outreach Program; presently seven Clinical Outreach Specialists (COS) have been hired, one for each of the eight DHHS districts (see map). The goal of the Clinical Outreach Program is to promote and facilitate the Public Health Service Guideline recommendation that patients’ tobacco use is addressed at each physician visit. The COS collaborate with the District Tobacco Coordinator to increase the number of providers trained to help smokers quit within their respective region. The trainings include instruction on how to:

- Create system changes within the office to ensure all patients who use tobacco are provided a brief intervention.
- Provide brief interventions, counseling, medication and social support for tobacco users, using the Five A’s model of **Ask – Advise – Assess – Assist – Arrange**.

- Address special populations who smoke.
- Utilize Maine and local resources to help patients quit their tobacco use.

Since October 2002, 827 physician offices and clinics have been trained by the Clinical Outreach Team. One hundred and fifty three have been completed in 2008.

Why It's So Hard to Quit

- Certain areas of the brain, called nicotinic acetylcholine receptors (nAChRs), are very sensitive to nicotine, and when those areas are deprived of it the cravings and withdrawal

symptoms begin. New research even shows that nicotine actually creates additional receptors in the brain of tobacco users. Simply put, more receptors means a higher intensity of addiction.

- In general, lower income smokers are not only more likely to start smoking, but are less likely to quit than higher-income smokers. Nationally, 32.9% of adults who are below the poverty level smoke, compared to the 22.2% of adults who are at or above the poverty level. In Maine, Medicaid recipients are twice as likely to smoke as the general population.

Visions of a Tobacco-Free Life

If you meet John Katkavich today with a cigarette in your hand, he'll be the first to tell you, "Smoking is simply not worth it." John was a routine smoker, but a frightening scare followed by the comforting words of complete strangers ended up saving his life. Strangers became his friends, and these friends helped him quit smoking, a daunting task he had wanted to achieve for many years. It was a long journey, but on this day, a certificate of achievement sent by The Maine Tobacco HelpLine is hanging on his fridge surrounded by pictures of John's grandchildren.

John, a retired resident of Charlotte, Maine, woke every morning in a search of a cigarette, a routine he was used to since the young age of 12. He was a truck driver, and coffee and cigarettes were the fuel to keep him moving. Day after day John's coughing got worse. His body began telling him to quit, saying that those two packs a day could no longer be his lifeblood. He tried to quit many times, but couldn't get past the first three months.

"It got to a point where I couldn't smoke a full cigarette without coughing so bad I had to stop," John remembers. John finally quit—the very day he was diagnosed with lung cancer.

Unlike other people John had known, his diagnosis came unexpectedly. One day, while getting out of his truck, John took a bad fall on an already hurt knee. His chest was hurting so badly that he thought he might have broken a rib and asked the doctors to X-ray his chest. What the doctors found was not a broken rib, it was lung cancer.

"God was watching over me," he said. Even though John was faced with the removal of his tumor and 16 weeks of intensive chemotherapy, John was relieved that the doctors caught it in time.

John's doctor gave him a prescription for Nicotine patches to help him fulfill a new promise to live a tobacco-free life. He went through the 21-milligram and 14-milligram cycles and discovered that he didn't experience many withdrawal symptoms with the patches. During his next 7-milligram cycle, a friendly, familiar face at the pharmacy suggested John call the HelpLine for assistance.

So that's just what the Katkavich's did. Not only did the HelpLine offer a warm and inviting voice of reason, but they sent John an extra package of Nicotine patches—free of charge. Every week the HelpLine called to get updates on John and offer advice. Though John was not well enough to speak directly to the HelpLine, his wife, Jeanne, of 45 years, was offered comfort and words of wisdom to pass along to her determined husband.

John and Jeanne knew that they weren't alone.

John's doctors at Maine Medical Center and Calais Regional Hospital treated John like family. They took a personal interest in John's life and treated him as if they've known him forever. During 16 weeks of chemo people in the hospital that weren't even on his case recognized him and took a personal interest in him. He never underestimated the healing powers of kind words.

John's doctors said that the cancer didn't spread and the tumor was completely removed. And, after all he has been through, John still considers himself, "one of the lucky ones." When John passes by a smoker today, in the hardware store, pumping gas, grocery shopping, he cannot resist the urge to ask, "Is smoking really worth taking that chance?"

GOAL 4

Identify & Eliminate Tobacco-Related Health Disparities

Creating policies and programs with the support of those affected in the design and implementation of the policies help to eliminate disparities.

Strategic Planning

PTM began a Strategic Planning process with a gathering of over 100 stakeholders in November 2007. The planning process was designed to include champions and representatives from populations in Maine disproportionately affected by tobacco to work along with program staff and collaborating partners to develop a plan that will reach those groups of people who are exposed to and use tobacco products the most.

PTM's strategic planning process brings together everyone's best and most reasoned efforts and ensures they have important value in building a consensus about where our organization is going. We also hope to facilitate bridge-building between leadership, program staff, key collaborators and new partners.

Reducing tobacco-related disparities through new, innovative interventions was considered within each of PTM's three goal areas: preventing new tobacco use, reducing secondhand smoke exposure, and helping smokers quit. The original Work Teams were charged with accomplishing five tasks which were to:

- (1) accomplish an environmental scan of the demographics and characteristics of the population;
- (2) identify the challenges and settings across three goal areas;

- (3) develop strategies for tobacco control and prevention within the populations for each of the three goal areas;
- (4) prioritize the strategies; and
- (5) develop action steps, timelines and assignments.

District Tobacco Coordinators

Beginning in January, 2008 with their orientation, new District Tobacco Coordinators (DTC) began their work at the local level in each of the eight new public health districts. Augmenting the staff at the local HMPs, this recently created position serves as an extension of the PTM staff and provides onsite technical assistance and support to local agencies, individuals and organizations on all aspects of tobacco policy development and implementation. Linking the local work to the district and the state work, the assistance that the DTCs provide is already expanding the infrastructure for tobacco prevention and control work statewide. (See map on page 16 for DTC breakouts.)

Priority Populations

Behavioral Health and Tobacco Addiction

Smoking affects people with mental illness more often and at an earlier age than other smokers. The newest data reveal that persons with serious and persistent mental illnesses have a 25-year lower life expectancy than that of the general population. More than half of that difference is related to conditions caused or worsened by smoking cigarettes. Two projects done with behavioral health populations are:

1. In 2008, PTM, as part of an effort known as "Healthy Amistad" provided funding to support

better access to tobacco treatment services through onsite training, health communication and support, based on a peer-to-peer model with members of Amistad, Inc., a non-profit community with its headquarter in Portland. Amistad is an exemplary and recognized non-judgmental peer-to-peer model that provides service by and for those by behavioral health and other health issues. The “Healthy Amistad” effort is also funded by a grant from the Health Access Foundation.

2. Riverview Hospital, one of two psychiatric hospitals in Maine, went smoke-free in April 2007 with the help of the Healthy Maine Partnership of the Capitol Area (a HMP), the Central Maine Behavioral Health Tobacco Treatment Collaborative (CMBHTTC) and CTI.

In addition, PTM partnered with the Smoke-Free Housing Coalition of Maine and the CMBHTTC to employ a conference regarding smoke-free housing for members of the behavioral health community. Held in May, 2008, the half day conference for professionals working with the behavioral health community was telecast to three sites from the originating site to assure that it was accessible to all parts of Maine. Fifty members of the housing, public health and behavioral health field attended.

As a direct result of the conference, Tedford Housing of Brunswick (which operates two homeless shelters and 21 units of permanent, supportive housing for formerly homeless adults and families) adopted a smoke-free policy. This will protect its transitional and permanent housing residents and staff from exposure to secondhand smoke, as well as reducing maintenance costs and eliminating the leading cause of home-based fire deaths.

Women

Cardiovascular disease (CVD) is the leading cause of death among Maine women. More people will learn this fact, as well as other important heart health information, thanks to a new DVD titled “Wisdom Gained from the Heart.”

The eleven-minute DVD, hosted by Kim Block of WGME, presents experts describing the signs and symptoms of CVD and its two major risk factors, smoking and diabetes. Also featured are Maine women who share their personal stories of surviving and coping with CVD.

The production is a collaboration of the Maine Center for Disease Control and Prevention, The Partnership For A Tobacco-Free Maine, the Maine Cardiovascular Health Program, and the Diabetes Prevention and Control Program.

WIC Trainings

The Maine Women, Infants and Children Nutrition Program (WIC) recently invited PTM to present at their mandatory Value Enhanced Nutrition Assessment (VENA) trainings. The purpose was to provide WIC staff with materials and brief techniques to help pregnant women, new mothers and parents of children who smoke quit tobacco. In their presentation, PTM and the district clinical outreach team from CTI included information on nicotine addiction, secondhand smoke issues, cessation treatment and specifics about the Maine Tobacco HelpLine.

Pregnant Women

PTM recently responded to a request for letters of interest from the New England Rural Health Round Table (NERHRT) to partner and help develop a proposal to address smoking among rural pregnant women in New England. PTM will be collaborating

with the other New England Tobacco Control Programs and the NERHRT to help identify current strategies and interventions. The collaboration will provide background information for a proposal. The NERHRT report (2007) “Rural Data for Action: A Comparative Analysis of Health Data for the New England Region” summarized various health statistics of rural and non-rural areas in New England and identified maternal smoking during pregnancy as an issue.

The report can be downloaded at www.newenglandruralhealth.org/policy/report.htm.

Native American/Tribal Outreach

For several years, PTM has partnered with the Cardiovascular Health Program to provide grant funding to Maine’s Native American tribes. Since an Office of Minority Health has been created for

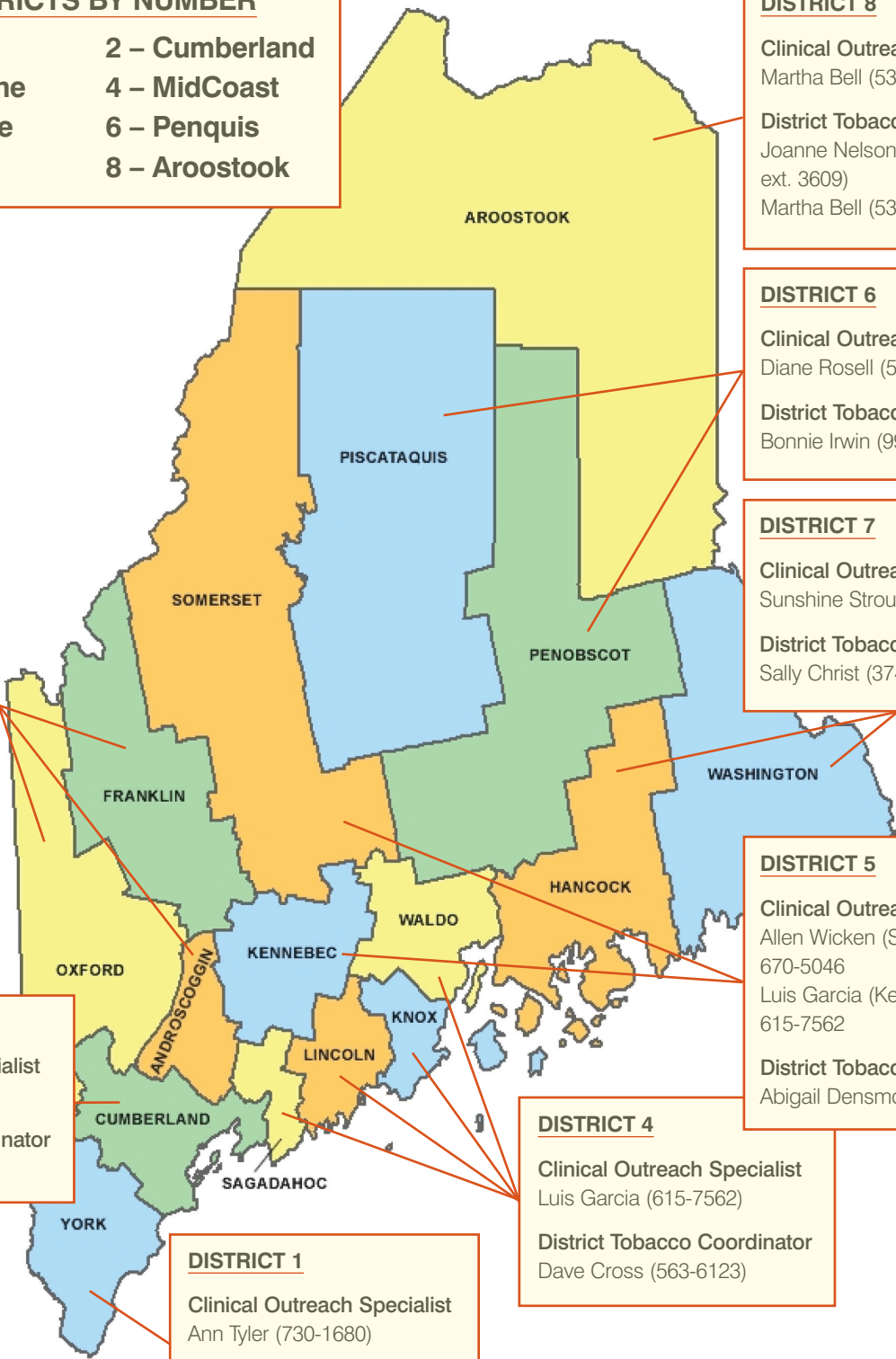
Maine, PTM will work directly with the Director, Lisa Sockabasin, to create new processes to create more effective programs. Many tribal leaders made time to participate in our Strategic Planning meetings and provided clear directives for new media efforts to benefit both youth and adults.

Ethnic Minorities

Newly arrived and newly resettled individuals, as well as existing minority populations in the greater Portland and greater Lewiston/Auburn area require special outreach efforts. Currently, the HMPs affiliated with the City of Portland have utilized community health workers to lead focus groups to design effective multi-language materials including tips to quit smoking, as well as the availability of smoke free apartments in the area.

DHHS DISTRICTS BY NUMBER

- | | |
|--------------------------|-----------------------|
| 1 – York | 2 – Cumberland |
| 3 – Western Maine | 4 – MidCoast |
| 5 – Central Maine | 6 – Penquis |
| 7 – DownEast | 8 – Aroostook |



DISTRICT 3

Clinical Outreach Specialist

Allen Wicken
(670-5046 cell)

District Tobacco Coordinator

Sarah Mayberry
(Androscoggin)
207-795-2504

Nate Morse
(Franklin) (645-3136,
ext5108)

Chris Davis
(Oxford County)
(743-1562, ext 771)

DISTRICT 8

Clinical Outreach Specialist
Martha Bell (532-5314)

District Tobacco Coordinator
Joanne Nelson (834-3195,
ext. 3609)
Martha Bell (532-5314)

DISTRICT 6

Clinical Outreach Specialist
Diane Rosell (564-4159)

District Tobacco Coordinator
Bonnie Irwin (992-4467)

DISTRICT 7

Clinical Outreach Specialist
Sunshine Strout (546-7677)

District Tobacco Coordinator
Sally Christ (374-3257)

DISTRICT 5

Clinical Outreach Specialist
Allen Wicken (Somerset)
670-5046
Luis Garcia (Kennebec)
615-7562

District Tobacco Coordinator
Abigail Densmore (621-3744)

DISTRICT 2

Clinical Outreach Specialist
Marice Tran (899-0179)

District Tobacco Coordinator
Toby Simon (541-6956)

DISTRICT 4

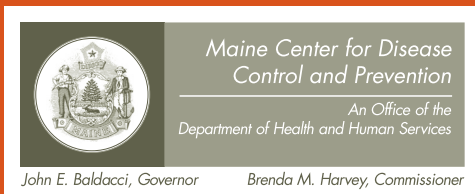
Clinical Outreach Specialist
Luis Garcia (615-7562)

District Tobacco Coordinator
Dave Cross (563-6123)

DISTRICT 1

Clinical Outreach Specialist
Ann Tyler (730-1680)

District Tobacco Coordinator
Mary Cook (351-7991)



Appropriation #014-10A-9922-022

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HMP is a collaborative effort of the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine and federal grants from the US CDC, Substance Abuse and Mental Health Services Administration, and DOE.