



**SHEDDING
LIGHT
ON NEW
THREATS**

**The five-year plan for a tobacco-free Delaware
2017-2022**

THIS UPDATED PLAN FOR A TOBACCO-FREE DELAWARE

is a coordinated effort between the IMPACT Delaware Tobacco Prevention Coalition (IMPACT) and others interested in tobacco prevention and control in Delaware. Our work has been instrumental in raising awareness, educating people on the dangers of tobacco, developing and implementing programs to help people stop using tobacco, measuring and analyzing data, and evaluating effectiveness to keep progress on course. This plan strengthens Delaware's efforts and renews our goals.

The IMPACT Tobacco Prevention Coalition (IMPACT) was formed in 1994 after Delaware received a Centers for Disease Control and Prevention (CDC) grant, which began as a planning agreement and grew to include funds for infrastructure and state tobacco programs. One of the requirements of the CDC grant was to develop a statewide tobacco prevention coalition.

IMPACT's mission is to improve the quality of life of all Delawareans by reducing health risks related to tobacco use and exposure. It is not a state agency. Coalition members are representatives of community service and health-related organizations that have an interest in tobacco prevention efforts.

IMPACT, in conjunction with the Division of Public Health (DPH), developed the first plan for a Tobacco-Free Delaware in 1999. Since then there have been several revisions. The main changes in this version address the emerging tobacco products, such as electronic cigarettes, that have burst on the scene since the last plan was published. Efforts have taken place to address this issue both via the state legislature and through community messaging. The Delaware Clean Indoor Air Act was amended to ban electronic cigarette use in public places and workplaces. The Youth Access to Tobacco Law was amended to ban the sale of electronic cigarettes to minors. DPH also launched a recent outreach campaign targeting youth on the dangers of vaping.

ENDING THE TOBACCO EPIDEMIC — NEW ENERGY AND A TIGHTER FOCUS

In the past 50 years, cigarette smoking rates in the United States have decreased by 50 percent. In Delaware, rates have fallen to an all-time low of 17.8 percent. Smoking is no longer socially acceptable. We've made progress by taking consistent, focused steps. We initiated policy changes like the Clean Indoor Air Act and prevented youth access to tobacco. We encouraged behavior change through marketing campaigns that made people aware of the health implications of tobacco use. We engaged youth through the Kicks Butts Generation and other youth programs to prevent initiation and educate on the dangers of tobacco. We continue to offer free tobacco cessation services in Delaware to help thousands of people stop using tobacco.

Nevertheless, tobacco use is still the leading cause of preventable death in our state. Although programs and policies are in place to help prevent people from starting and to help them stop using tobacco, new threats have emerged. The number of high school students who are using e-cigarettes — a product that vaporizes liquid nicotine — has more than doubled and continues to skyrocket. In less than five years, e-cigarettes and vape products have become the fastest-growing sector of the \$100 billion American tobacco industry. Vape shops have emerged near high schools and college campuses. Vape flavors like Captain Crunch and Strawberry Shortcake directly target youth.



Vape Pen

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Tobacco preys on the most vulnerable among us, not just youth. People who earn less and are less educated; some ethnic minority groups; the lesbian, gay, bisexual, and transgender (LGBT) community; and those with mental illness and substance abuse disorders smoke more.

Smoking affects every organ of the body. It's associated with the obvious — lung cancer and heart and respiratory diseases — and the obscure — ectopic pregnancies, erectile dysfunction, and rheumatoid arthritis. More than 20 million Americans have died of smoking-related illnesses in the past 52 years.

We've accomplished a lot. But funding of tobacco programs in Delaware now lags well behind the amount recommended by the Centers for Disease Control and Prevention (CDC). Prevention and cessation services have been affected because fewer resources are now available. We can't let up. And we can't ignore new threats. Our goals and objectives offer important ways to make tobacco use a thing of the past. Today, we must make it a priority to fund and implement tobacco prevention and cessation strategies.



Snus



Cigars and Cigarillos

MODELING OUR PRACTICES ON THOSE THAT WORK.

We looked at the CDC's best practices and other evidence-based strategies throughout the country that guided us and helped us implement our program and policies. Involving community resources as the foundation for sustained solutions to tobacco use is proven to effectively reduce tobacco use rates. The following five categories are based on the CDC's best practices.

STATE AND COMMUNITY INTERVENTIONS

Research has demonstrated the importance of community support and involvement at the grassroots level. Ours includes the following:

PROGRAMS

- **Delawareans Against Nicotine and Tobacco Exposure (DANTE):** A peer-to-peer approach to learning. DANTE leaders are college- and workforce-bound young adults ages 18 to 24 who work together to educate Delawareans about tobacco cessation. DANTE's mission is to reduce tobacco use among young adults through awareness, prevention, and cessation support.
- **Kick Butts Generation (KBG):** A student-run organization that educates Delaware youth about the dangers of tobacco products and secondhand smoke.
- **Merchant Education:** A packet with youth access to tobacco laws in six languages, distributed to every retailer with a license to sell tobacco products.
- **Mini-Grant:** Funds for local organizations to implement tobacco prevention and control programs.
- **Teens Against Tobacco Use (TATU):** Developed by the American Lung Association for 14- to 19-year-olds, TATU has significantly decreased smoking among teenagers.

POLICIES

- **Clean Indoor Air Act:** Creating 100 percent smoke-free workplaces, public places, restaurants, and bars, this legislation was passed in 2002 to protect non-smokers from involuntary exposure

to environmental tobacco smoke in most indoor areas. It was recently amended to include electronic cigarettes (e-cigarettes) and vape products.

- **Local Smoke-Free Policies:** There are now smoke-free beaches, parks, workplaces, and grounds of hospitals and colleges.
- **Youth Access:** The Delaware Youth Access law prohibits sale of tobacco products to anyone under the age of 18. Recently the law was updated to include e-cigarettes (vaping) products.

MASS-REACH HEALTH COMMUNICATION INTERVENTIONS

Our use of strategic, statewide communication interventions supports tobacco prevention goals by raising awareness about tobacco products and their dangers, promoting programs that can help people stop using tobacco, and more. Using culturally competent approaches, messages reach target audiences through local events, social media, public relations, and paid media. Materials are pretested to ensure appropriate messaging and whenever possible, measurable calls to action.

OVERARCHING INTERVENTIONS

- Preventing youth initiation.
- Cessation campaign for the Delaware Quitline (1-866-409-1858) and QuitSupport.com help Delawareans 18 years and older stop using tobacco. Options include in-person counseling, phone counseling, and online program support.
- Secondhand smoke exposure campaign educating people on the dangers of secondhand smoke.

PRIORITY POPULATION INTERVENTIONS

- Spanish-language campaign uses culturally competent messaging to inform Spanish-speaking people throughout the state of the importance of prevention and seeking help to stop using tobacco, and of the dangers of secondhand smoke.
- LGBT advertising reaches lesbian, gay, bisexual, and transgender audiences in an inclusive manner.
- Mental health outreach helps raise awareness of tobacco use among those facing behavioral health issues and of services provided to aid cessation.
- A pregnant-smoker quit kit is offered to women who become pregnant and need to understand the risks to both themselves and the child they are carrying.
- A campaign makes the African-American community aware of the dangers of menthol cigarettes.

OTHER TOBACCO PRODUCT INTERVENTIONS

- Cigar campaign targets young adults with the theme, “Don’t get played by the flavor of small cigars.” Messages were placed in buses, and banner ads were placed in social media.
- Smokeless tobacco campaign includes messages about health risks and tooth loss, bleeding lips and gums, and gum disease.
- Vaping campaign messages in places such as high school gyms target young adults, making them aware of the unknown risks of vaping and relating users to guinea pigs of “Big Tobacco.”
- Counter-marketing campaigns are aimed to lower the social acceptability of tobacco use.

CESSATION INTERVENTIONS

- Offering help to quit tobacco can maximize the effects of the interventions that IMPACT offers, as it supports behavior change. We encourage public and private employers, health care systems, and insurers to promote the cessation programs, dramatically expanding the outreach to Delawareans.
- The Delaware Quitline offers free in-person and phone counseling to adult Delaware residents and some transitory audiences, such as college

students and members of the armed forces stationed in Delaware. Free nicotine replacement therapy promotions offer nicotine replacement patches, pharmaceutical cessation aids, and gum to eligible participants.

- Health care providers outreach — including a toolkit of resource materials — reinforces the message that physician recommendations make a difference in persuading tobacco users to enter cessation counseling.
- QuitSupport.com offers online support to those who want to stop using tobacco. The site offers a Quit Coach® to help people live without tobacco.
- Not On Tobacco (NOT) is the American Lung Association’s high school 10-week cessation program for teens ages 14 to 19. NOT helps teens identify reasons for smoking and supports quitting efforts.

SURVEILLANCE AND EVALUATION

Staying informed about the effectiveness of our strategies improves our decision making. Monitoring attitudes through data collection allows us to determine the impact of what we are doing. It also gives us glimpses of specific populations to learn if there are more specific targets for our efforts.

Surveys we use to evaluate our work include (for a complete description, please see the Appendix):

- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- Tobacco Attitudes and Media Survey, also known as Adult Tobacco Survey (ATS)
- Youth Tobacco Survey (YTS)
- Delaware School Survey on Alcohol, Tobacco, and Other Drug Abuse (DSS/ATODA)

INFRASTRUCTURE ADMINISTRATION AND MANAGEMENT

The IMPACT Delaware Tobacco Prevention Coalition was formed in 1995. The coalition is made up of representatives of community service and health-related organizations, nonprofits, schools, and state agencies.

- Enhanced collaboration and dedicated leadership in the tobacco control area have helped to maintain IMPACT efforts.

CRITICAL ISSUES WE MUST ADDRESS

YOUTH AND YOUNG-ADULT SMOKING

The tobacco industry has stepped up its efforts to target young people. Youth and young adults need to become more aware of the hazards associated with the use of tobacco. Flavored cigars, vaping products, and smokeless tobacco are increasingly popular with young adults. In fact, cigar use has now surpassed cigarette use among youth and young adults. The tobacco industry is manufacturing these products to appeal to this demographic and even sponsoring concerts and other events to distribute samples.

E-CIGARETTES AND VAPE PRODUCTS

E-cigarettes and vape products are nicotine delivery systems that provide a way to inhale vaporized liquid nicotine. In less than five years, vape products and e-cigarettes have become the fastest-growing sector of the American tobacco industry. The FDA has recently adopted regulations to address the sale, distribution, and promotion of e-cigarettes and vape products. Currently there is no evidence of the effects of long-term use. We need to continue to monitor and gather evidence on the use of these products and any associated health impacts.

VULNERABLE POPULATIONS

Tobacco use is highest among the most vulnerable populations, and they are exposed to tobacco more often. Vulnerable populations include people with low incomes and disabilities, Hispanics, those with mental health conditions, substance abusers, and the LGBT community. To reach them, we need more targeted efforts. We also need to continue to collect data to identify the issues of these populations so that we can develop a strategic plan to address them.

FUNDING

Between FY11 & FY17, funding from the Delaware Health Fund to support tobacco prevention and control was drastically cut by 50 percent. Tobacco funding should be at a level consistent with CDC recommendations, which is \$13 million per year. As of FY17 we are at less than 50 percent of that level. Advocates need to be more effective in convincing policymakers of the need for funding. Funding programs for tobacco prevention can directly benefit the state by reducing Medicaid costs.

POLICIES

Tobacco products are still affordable in Delaware. The cost of cigarettes in our state is lower than in surrounding states — Delaware's excise tax is in the middle when compared with other states. We need to pursue policy that ensures adequate funding of prevention programs, regulation of e-cigarettes and vape products that mirrors the regulation of cigarettes, and tax equity on all tobacco products, including cigars. We need to enforce and expand policies that restrict the use of tobacco products in public places and the sale of tobacco products to youth.

PUBLIC AWARENESS

The public needs to have a greater understanding of the dangers of smoking and tobacco use as well as the true costs. The public health community needs more knowledge about e-cigarettes and other emerging tobacco products. We need more messages to reach youth and young adults — through social media and at venues where they spend their free time. And we need to incorporate more real-time, evidence-based data on tobacco use by consumers and vulnerable populations into prevention education and advertising.



DON'T BE AN E-CIG GUINEA PIG

SEE THROUGH BIG TOBACCO'S VAPORS.

Experimenting with e-cigs is just what tobacco companies want you to do. But they don't want you to know about the many chemical toxins you're breathing. Don't be their guinea pig.

thedirtytruth.com



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Tobacco Prevention and Control Program

MORE THAN AN INVESTMENT – A LIFESAVING NECESSITY

Funding from the Delaware Health Fund to support tobacco prevention and control has been drastically cut by 50 percent over the past few years. That reduction weakened our efforts to save lives. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, and murders and suicides combined — and thousands more die from other tobacco-related causes. In Delaware, we can attribute more than 1,400 deaths to tobacco each year alone. We estimate that 600 kids become new daily smokers each year in Delaware — reflecting the success of the tobacco industry’s efforts to replace the smokers they lose and maintain their profits. And it’s at our expense. The impact of tobacco on our economy is significant. Annually, approximately \$95 million in state Medicaid health care costs were smoking-related.



\$391 **MILLION**
Annual tobacco-related
workplace productivity
losses in Delaware

\$532

MILLION

Annual tobacco-related direct medical expenditures in Delaware

\$95

MILLION

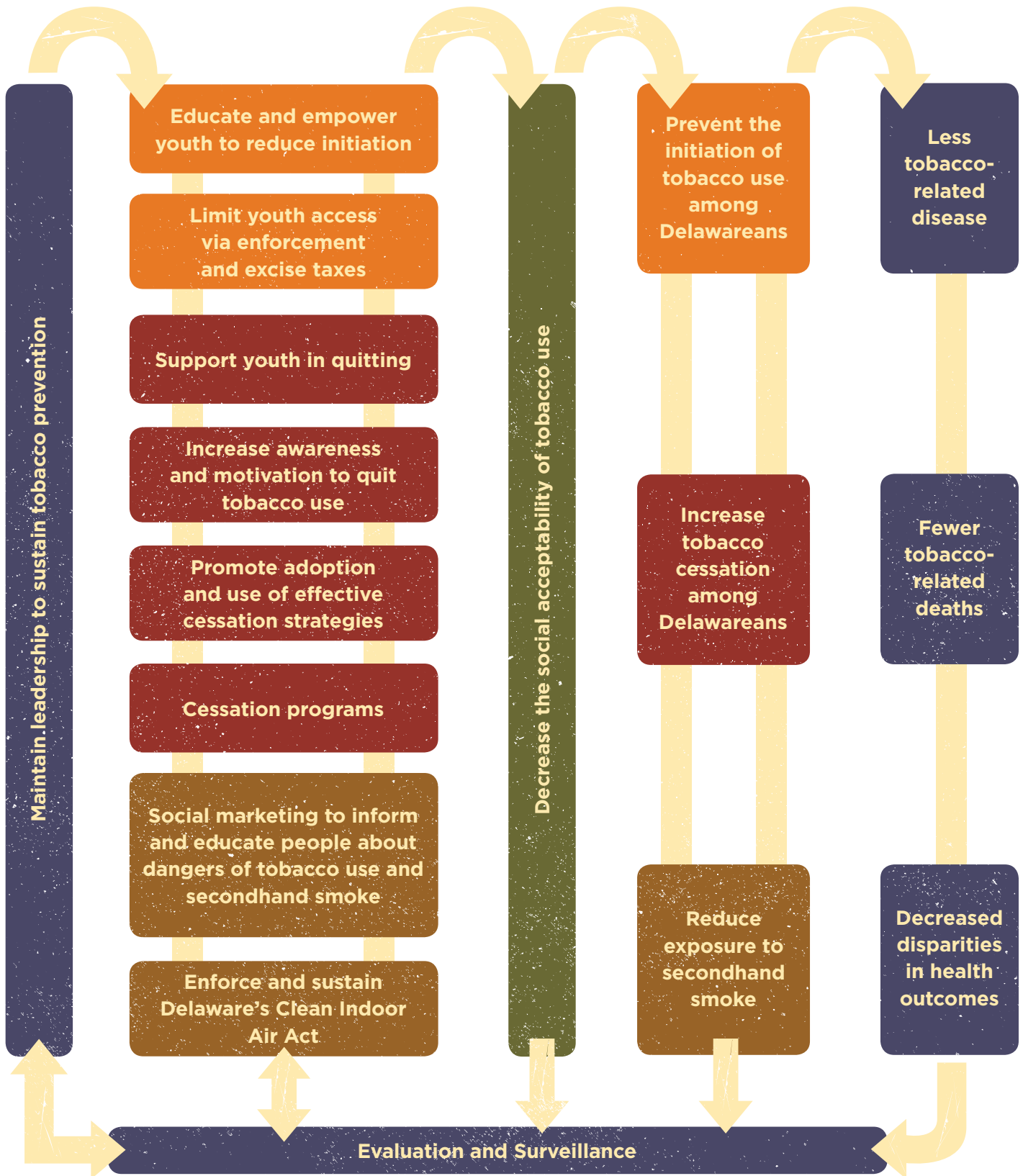
Annual tobacco-related medical expenditures covered by Medicaid



THAT'S 18% OF ALL TOBACCO-RELATED MEDICAL EXPENDITURES BEING COVERED BY MEDICAID



PLAN FOR A TOBACCO-FREE DELAWARE



GOALS, OBJECTIVES, AND ACTION STEPS

DELAWARE



GOAL 1: PREVENT THE INITIATION AND USE OF TOBACCO AND EMERGING PRODUCTS AMONG DELAWAREANS.



GOAL 2: INCREASE QUITTING AND QUIT ATTEMPTS AMONG DELAWAREANS WHO USE TOBACCO PRODUCTS.



GOAL 3: ELIMINATE EXPOSURE TO SECONDHAND SMOKE, VAPORS, AND OTHER EMISSIONS.



GOAL 4: DECREASE THE SOCIAL ACCEPTABILITY OF TOBACCO, E-CIGARETTES, AND EMERGING PRODUCTS.



GOAL 5: STRENGTHEN AND CULTIVATE DELAWARE'S LEADERSHIP IN ALL LEVELS OF COMPREHENSIVE TOBACCO PREVENTION AND CONTROL.

PREVENT THE INITIATION AND USE OF TOBACCO AND EMERGING PRODUCTS AMONG DELAWAREANS.



OBJECTIVES:

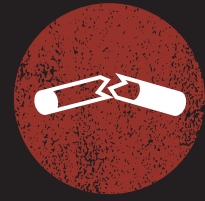
- 1 **Reduce the prevalence of tobacco use among young people by 2020.**
 - a. Reduce the initiation of tobacco use by young people.
- 2 **Increase the excise tax on cigarettes by at least \$1 by 2020.**
- 3 **Increase the tax on other tobacco products* to be comparable to the excise tax on cigarettes.**
- 4 **Maintain or implement evidence-based tobacco prevention programs for schools and communities.**
- 5 **Maintain or exceed the current level of law enforcement on the sale and access of tobacco products to minors through 2020.**

**E-cigarettes and other tobacco products, including but not limited to, cigars, snuff, smokeless products, and other emerging products.*

ACTIONS:

- Work with administration and legislature to increase understanding of the use of tobacco and emerging products among young people and the impact they have on health.
- Develop effective and innovative multimedia campaigns that address tobacco prevention and misinformation about e-cigarettes and emerging products.
- Engage all schools — including charter, private, parochial, alternative, and special needs schools — in evidence-based tobacco prevention programs and increase programs downstate in Delaware.
- Work with school districts to increase opportunities to collect data.
- Provide funding resources and technical assistance to communities for evidence-based tobacco prevention programs especially targeting vulnerable and disparate populations.
- Establish new policies restricting young people's access to retail establishments that sell cigarettes and other tobacco products.
- Review point-of-sale policies and restrictions.
- Enact legislation to increase the age to 21 to purchase cigarettes and other tobacco products.
- Increase the cost of a retail business license to sell tobacco from the current \$5.
- Enact legislation to require vapor establishments to have tobacco sale licenses.
- Increase collaboration with other states in enforcing laws against illegal activity.
- Reestablish funding for law enforcement assessments of retail establishments and seek new funding for law enforcement personnel.
- Monitor and address black market distribution of tobacco products to minors.
- Ensure evaluation is conducted on all tobacco programs and activities.
- Use evaluation and surveillance data to identify disparities and vulnerable populations so that we can develop targeted messages and programs to reduce those disparities.
- Fund tobacco prevention and control education and enforcement efforts at CDC-recommended levels.

INCREASE QUITTING AND QUIT ATTEMPTS AMONG DELAWAREANS WHO USE TOBACCO PRODUCTS.



OBJECTIVES:

- 1 Encourage health-system-based tobacco cessation interventions and practices.
- 2 Ensure that cessation promotions, interventions, and services are culturally appropriate and reach vulnerable and disparate populations.
- 3 Educate the public and promote services, resources, and the benefits of cessation to encourage quitting and improve access to available programs and services.
- 4 Increase the proportion of tobacco users who have insurance coverage that includes proven cessation treatments.

ACTIONS:

- Continue to assess the effectiveness of the Delaware Quitline and obtain a demographic breakdown of consumers who quit.
- Collaborate with hospitals and provide outreach to community health organizations to disseminate best practices on tobacco cessation.
- Provide health care providers with up-to-date materials on available cessation resources in Delaware.
- Provide training for health care providers on state-of-the-art cessation counseling and follow-up.
- Establish statewide certification and training for tobacco treatment specialists.
- Make information available on insurance plan cessation coverage options.
- Work with public (Medicaid) and private insurance, unions, and employers to cover cessation counseling and products.
- Understand the provider system referral and insurance system linkages and how they affect communication about the availability of quit programs and resources for vulnerable populations.
- Ensure evaluation is conducted on all programs and activities.
- Use evaluation and surveillance data to identify disparities and vulnerable populations so that we can develop targeted messages and programs to reduce those disparities.
- Fund tobacco prevention and control education efforts at CDC-recommended levels.

ELIMINATE EXPOSURE TO SECONDHAND SMOKE, VAPORS, AND OTHER EMISSIONS**.



OBJECTIVES:

1. Increase the number of indoor/outdoor locations and events declared and enforced as smoke-free zones.
2. Increase the number of people who do not allow smoking in their homes.
3. Increase the number of people who do not allow smoking in their vehicles.

ACTIONS:

- Research current data about the harmful effects of vapor products and emerging tobacco products.
- Identify vapor establishment locations and pursue a legislative approach for regulating and taxing them.
- Enforce laws pertaining to secondhand smoke from vape products.
- Sustain and enforce the Delaware Clean Indoor Air Act.
- Disseminate information about the harmful effects of tobacco and vape smoke to consumers and vulnerable populations through targeted multimedia campaigns.
- Educate health practitioners through professional associations on the value of preventing exposure to secondhand smoke, including vapor emissions.
- Increase the percentage of health care practitioners who inquire about secondhand smoke exposure in homes and vehicles and who counsel patients and their families.
- Identify new locations, including multi-housing units, that will adopt no-smoking policies.
- Monitor trends and existing policies to identify emerging needs.
- Ensure evaluation is conducted on all programs and activities.
- Use evaluation and surveillance data to identify disparities and vulnerable populations so that we can develop targeted messages and programs to reduce those disparities.
- Fund tobacco prevention and control efforts at CDC-recommended levels.

***For purposes of this goal, “smoke” includes smoke from combustible products as well as e-cigarettes and emerging products.*

DECREASE THE SOCIAL ACCEPTABILITY OF TOBACCO, E-CIGARETTES, AND EMERGING PRODUCTS.



OBJECTIVES:

- 1 Develop counter-marketing to address tobacco industry marketing.
- 2 Develop resources to be able to identify and access disparate and vulnerable populations.
- 3 Implement marketing campaigns that address the true impact of tobacco use.

ACTIONS:

- Assess social determinants of health and their influence on tobacco use.
- Obtain adequate funding to identify and reach disparate and vulnerable populations.
- Develop innovative multimedia campaigns using social media to reach vulnerable and disparate populations to decrease the social acceptability of tobacco and emerging products.
- Ensure messages are culturally competent and relevant to targeted audiences.
- Educate the public and community leaders on the deceptive marketing, misinformation, and promotional strategies of the tobacco industry, especially regarding emerging products.
- Monitor research and obtain findings on harmful effects of emerging tobacco products.
- Monitor changes in cultural norms and social media that influence consumer access and information related to emerging products.
- Ensure evaluation is conducted on all programs and activities.
- Use evaluation and surveillance data to identify disparities and vulnerable populations so that we can develop targeted messages and programs to reduce those disparities.
- Fund tobacco prevention and control efforts at CDC-recommended levels.

STRENGTHEN AND CULTIVATE DELAWARE'S LEADERSHIP IN ALL LEVELS OF COMPREHENSIVE TOBACCO PREVENTION AND CONTROL.



OBJECTIVES:

- 1 Fund comprehensive tobacco prevention and control efforts at CDC-recommended levels.
- 2 Ensure public and private resources and partnerships are available to provide and evaluate high-quality, innovative and evidence-based comprehensive approaches to tobacco control.
- 3 Provide leadership at all levels to leverage statewide coalitions aligned with disparate target groups to advocate and promote tobacco prevention efforts.
- 4 Establish Delaware as one of the top 10 states with the lowest tobacco use prevalence by 2020.
- 5 Provide and publicize evaluation of the Plan for a Tobacco-Free Delaware.

ACTIONS:

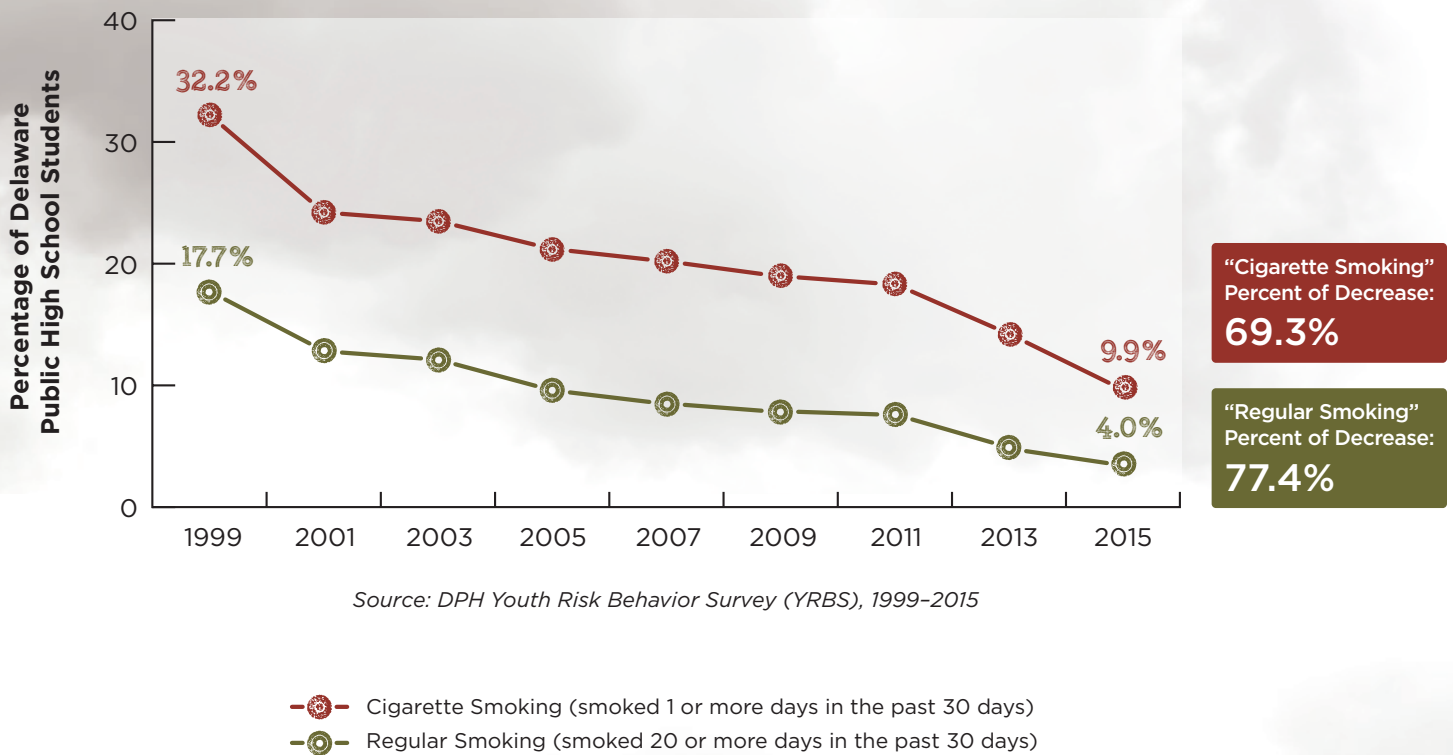
- Advocate for federal, state, and local funding to be restored to and maintained at CDC-recommended levels for comprehensive tobacco prevention and control programs, and counter tobacco industry's disproportionate spending on promotion to influence consumers.
- Provide information to policymakers and key stakeholders on the true social, economic, and human costs of tobacco use, including morbidity and mortality.
- Inform policymakers on the true costs/benefits of tobacco control and prevention.
- Provide information to policymakers that shows the costs/benefits of strong law enforcement and justification for increase in funding to address tobacco smuggling, assessment of retail establishments, and illegal distribution of tobacco products.
- Collaborate with other agencies that are making ongoing efforts to develop and lead comprehensive tobacco planning and prevention.
- Maintain strong partnerships between the Division of Public Health, the Department of Education, the Department of Children, Youth & Their Families, the Division of Alcohol and Tobacco Enforcement, and other state and community agencies to ensure broad representation, comprehensive programs, and adequate resources.
- Increase both the public's and policymakers' awareness of the importance of enforcement and compliance issues relating to retail establishments that sell tobacco products.
- Publish an annual progress report for key stakeholders and provide issue-oriented updates.
- Monitor and assess progress and ensure evaluation is conducted on all programs and activities.
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that we can develop targeted messages and interventions to reduce those disparities.

APPENDIX

DECREASE IN YOUTH SMOKING

According to the Delaware Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey (YRBS), 1999–2015*, smoking continues to decrease among high school students in Delaware.

**Prevalence of Current Smoking Decreased Steadily
Among Delaware High School Students from 1999 to 2015**

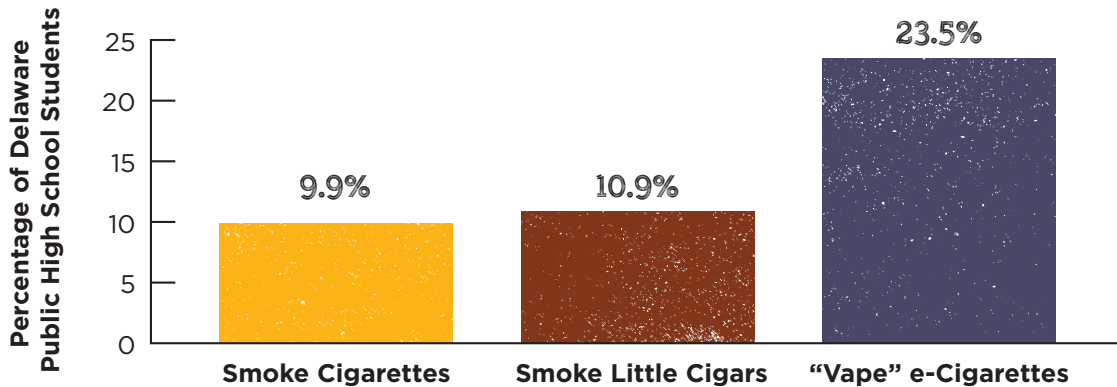


INCREASE IN USE OF OTHER TOBACCO PRODUCTS BY HIGH SCHOOL STUDENTS

According to Delaware Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey (YRBS), 2015*:

- Smoking cigarettes has declined among high school students, but the use of cigars and vaping products has increased significantly.
- 40.5 percent of public high school students have tried e-cigarettes.
- 23.5 percent of Delaware high school students used e-cigarettes during the past 30 days.
- 37 percent of high school e-cigarette users reported that they never smoked cigarettes.

Cigarette Smoking Prevalence Compared to Other Products Delaware High School Students, 2015



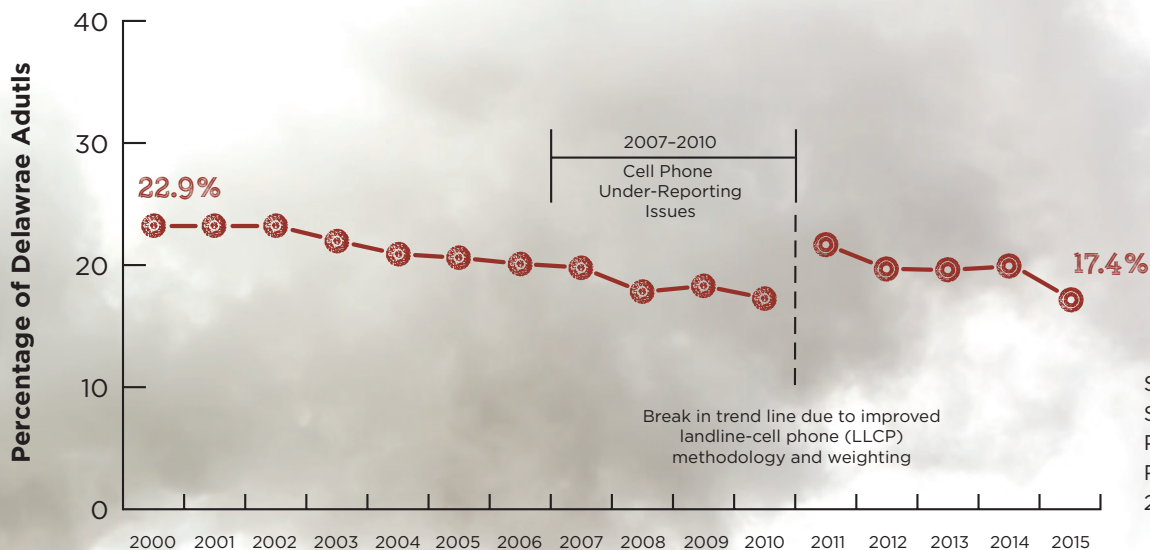
Source: DPH Youth Risk Behavior Survey (YRBS), 2015

DECREASE IN ADULT SMOKING

According to the Delaware Health and Social Services, Division of Public Health, *Behavioral Risk Factor Survey (BRFS), 2000-2015*, adult smoking is at an all-time low. When the survey began to include cell phone surveying along with landlines, a more comprehensive data collection allowed for a better understanding of the smoking rates.

Delaware Adult Cigarette Smoking: 2000-2015

Landline only 2000-10; Combined Landline-Cell Sample 2011-15



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2000-2015.

Source: DPH Behavioral Risk Factor Survey (BRFS), 2000-2015



TOBACCO PREVENTION DATA

Behavioral Risk Factor Survey (BRFS)

Description: The BRFS is a joint effort of the Division of Public Health (DPH) and the U.S. Centers for Disease Control and Prevention (CDC), and is funded by the CDC cooperative agreement. The BRFS is an annual survey of Delaware’s adult population about behaviors that affect risk of disease and disability. Delaware’s BRFS is conducted for DPH by Abt Associates, a national survey research organization. The BRFS is a random-sample survey of about 4,000 adults statewide, and has been administered in Delaware since 1990. The BRFS monitors health-risk behaviors among adults. It includes behaviors that are linked with the leading causes of death — heart disease, cancer, stroke, diabetes, and injury — and other important health issues. These behaviors include levels of physical activity, body weight, seat belt use, tobacco and alcohol use, and receiving preventive medical care, as well as preventive use of mammograms, Pap smears, colorectal cancer screening tests, and flu shots.

Tobacco-Related Data: The BRFS is the main source of tobacco-related data on prevalence of tobacco use among adults.

Web address: <http://dhss.delaware.gov/dph/dpc/brfsurveys.html>

Youth Risk Behavior Survey (YRBS)

Description: The YRBSS consists of a national school-based survey conducted by the CDC as well as a number of state-based school surveys conducted by state education or health agencies. Delaware’s Youth Risk Behavior Survey (YRBS) is coordinated by DPH and conducted by the University of Delaware’s Center for Drug and Health Studies for the Delaware Department of Education. The surveys have been administered to a sample of public and private school students in grades 9-12 every two years (odd years) since 1997.

The YRBS monitors six categories of priority health-risk behaviors among youth and young adults: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; unhealthy dietary behaviors; and physical activity, plus being overweight.

Tobacco-Related Data: The YRBS is the main source of tobacco-related data on the prevalence of tobacco use among high school students.

Web address: <https://nccd.cdc.gov/youthonline/App/Default.aspx>

Tobacco Attitudes and Media Survey, a.k.a. the Adult Tobacco Survey (ATS)

Description: The Tobacco Attitudes and Media Survey (ATS) was developed by DPH to assess public attitudes toward tobacco media campaigns and changes in public policy addressing tobacco use. The survey is conducted by the University of Delaware's Center for Applied Demography & Survey Research for DPH. Beginning in 2001, the random-sample telephone survey has been administered annually to 1,100–1,600 adults statewide. The survey provides information used by both public and private health providers on the use of tobacco products, knowledge and attitudes toward tobacco use, and attitudes about policies such as the Clean Indoor Air Act, and to gauge the success of anti-tobacco media campaigns.

Tobacco-Related Data: The ATS is the main source of data on public attitudes toward tobacco use and exposure to secondhand smoke, and their exposure to and attitudes toward tobacco company advertising and anti-tobacco public education and programming.

Web address: www.cadsr.udel.edu

Youth Tobacco Survey (YTS)

Description: The Youth Tobacco Survey is a nationally developed survey that is administered on a state-by-state basis. Delaware has participated in the YTS since 2000, with surveys conducted every two years (even years). The survey is conducted by the Center for Drug and Health Studies at the University of Delaware, and sponsored by DPH with CDC funding.

The surveys are administered to a sample of Delaware students in grades 9–12 and provide information on the use of tobacco products, students' attitudes toward tobacco use, and their exposure to media and programming related to tobacco use.

Tobacco-Related Data: The YTS is the main source of tobacco-related data on students' attitudes toward tobacco use and exposure to secondhand smoke, and their exposure and attitudes toward tobacco company advertising, and anti-tobacco media and programming.

Web address: <https://www.cdhs.udel.edu/seow/school-surveys/youth-risk-behavior-survey-%28yrbs%29>

Delaware School Survey on Alcohol, Tobacco and Other Drug Abuse (DSS/ATODA)

Description: The DSS/ATODA is conducted by the University of Delaware's Center for Drug and Alcohol Studies, and the Center for Community Development, in cooperation with the Department of Education and its participating middle and high schools within all 19 school districts. The Delaware School Survey has been conducted annually since 1989, with support from various state and federal agencies.

Since 1999, the survey sample has been expanded to include most 5th, 8th, and 11th graders in Delaware public schools.

The DSS/ATODA provides information on alcohol and other drug use incidence, prevalence, abuse, and dependence among Delaware students as well as attitudes toward the use of alcohol, tobacco, and other drugs.

Tobacco-Related Data: The DSS/ATODA provides trend data on tobacco use, perceived risk and access to cigarettes, and other risk and protective factors in the school and living environments of middle and high school students.

PROGRAM SOURCES

National Sources

American Cancer Society: www.cancer.org

American Heart Association: www.americanheart.org

American Legacy Foundation: <http://truthinitiative.org>

American Lung Association: www.lungusa.org

Campaign for Tobacco-Free Kids: www.tobaccofreekids.org

Center for Tobacco Cessation: <https://www.nobutts.org/free-training>

Centers for Disease Control and Prevention: www.cdc.gov/tobacco

Guide to Community Preventive Services: www.thecommunityguide.org

North American Quitline Consortium: www.naquitline.org

Tobacco Cessation Guidelines:

www.cdc.gov/tobacco/campaign/tips/quit-smoking/?gclid=Ci_c6s3TtdICFcalswod3mIJPA

Tobacco Control Archives (Tobacco Industry Documents): www.library.ucsf.edu/tobacco

Tobacco News and Information: www.tobacco.org

State and Local Sources

American Lung Association of Delaware: www.lung.org/about-us/local-associations/delaware.html

Delaware Association for Health, Physical Education, Recreation and Dance: <http://dahperd.org/>

Delaware Cancer Consortium: <https://www.healthydelaware.org/>

Delaware Health Fund Advisory Committee: <http://dhss.delaware.gov/dhss/healthfund/>

Delaware Kick Butts Generation: www.ysmoke.org

Division of Public Health, Tobacco Prevention and Control Program:

<http://www.dhss.delaware.gov/dhss/dph/dpc/tobacco.html>

<https://www.HealthyDelaware.org>

Phone Numbers

American Cancer Society (Delaware Office): 302-324-4227

American Heart Association: 302-454-0613

American Lung Association of Delaware: 302-737-6414 (1-800-LUNG-USA)

Clean Indoor Air Act Report Line: 1-800-297-5926

Delaware Department of Education: 302-739-4676

Delaware Alcohol and Tobacco Enforcement: 302-577-5210

Division of Public Health, Tobacco Prevention and Control Program: 302-744-1010

Delaware Quitline: 1-866-409-1858

IMPACT Coalition: 302-737-6414

Report sales of tobacco to minors: 1-800-EYES-EARS (393-7327)

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IMPACT!

Delaware Tobacco Prevention Coalition



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