

Rhode Island

MEDICINE

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Smoking in Rhode Island

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Tobacco Use Control in Rhode Island: The Project ASSIST Blueprint for the 1990s

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Rhode Island is well on the way to becoming a smoke-free society.

Twenty-nine years after the publication of the Surgeon General's landmark report on the health hazards of smoking, Rhode Island is still beset by tobacco use and its sequelae. Twenty-three percent of Rhode Islanders smoke, including more than 25% of high school seniors. Tobacco use accounts for about 15% of all deaths in the state (roughly 1500 each year). A third of residential fire deaths are smoking related. The per capita cost of illness and death from tobacco use in Rhode Island is the highest in the country: \$284 per person (a staggering \$284 million annually).

These problems have not been ignored. Many organizations have worked persistently to reduce the prevalence of tobacco use in the state. Foremost is the Coalition on Smoking OR Health, which includes the Rhode Island Lung Association, the Rhode Island Division of the American Cancer Society, and the Rhode

Island Affiliate of the American Heart Association. The RI Department of Health and the Cancer Control Research Consortium, including the University of Rhode Island, the Miriam Hospital, and Brown University, have also played important roles, as have the RI General Assembly, many employers, and local drug abuse prevention task forces.

Through the work of these organizations, public exposure to environmental tobacco smoke in public buildings and public conveyances has been limited and

access to tobacco among youth has been restricted. The media have promoted new policies and kept anti-smoking messages before the public. Smoking prevention modules have been incorporated in school health curricula. A solid infrastructure of alternative smoking cessation programs has been built throughout the state. Rhode Island's tobacco use is monitored regularly with telephone surveys sponsored by the Centers for Disease Control and the National Cancer Institute. Finally, basic research has been conducted on

ABBREVIATIONS USED
ACS: American Cancer Society
EPA: Environmental Protection Agency
ETS: Environmental tobacco smoke
NCI: National Cancer Institute
PTA: Parent Teachers Association

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Table 1.—Draft objectives & strategies for the community environment channel

Objective 1

By 1998, cues and messages supporting non-smoking will have increased and pro-smoking cues and messages will have decreased in communities throughout Rhode Island.

Strategies:

- 1.1 Promote public actions supporting smoke-free environments.
- 1.2 Encourage media support for adoption of mandatory and voluntary smoke-free policies.
- 1.3 Increase the anti-smoking messages on radio, particularly messages that are targeted to ethnic and non-English speaking populations.
- 1.4 Increase the use of network and local cable TV for non-smoking messages.
- 1.5 Petition regulatory authorities to restrict or ban tobacco advertising within the scope of their authority.
- 1.6 Promote understanding of the EPA's designation of Environmental Tobacco Smoke as a cancer causing agent for humans.
- 1.7 Avoid tobacco advertising on government property.
- 1.8 Persuade sponsors of community events to reject cigarette advertising and tobacco promotion during the events.

Objective 2

By 1998, increase public support to enforce and enhance policies that mandate clean indoor air, restrict access to tobacco by minors, and increase economic incentives to discourage use of tobacco products and restrict advertising and promotion of tobacco.

Strategies:

- 2.1 Strengthen public awareness of tobacco as an addictive drug that requires appropriate public policy response.
- 2.2 Strengthen public awareness that environmental tobacco smoke is a human cancer causing agent.
- 2.3 Develop and implement meaningful enforcement of the Rhode Island Clean Indoor Air Act.
- 2.4 Increase the number of restaurants that are smoke free, especially those that cater to children and their families.
- 2.5 Prohibit youth access to tobacco from vending machines by limiting cigarette vending machines only to bars.
- 2.6 Require annual renewal of licenses to sell tobacco.
- 2.7 Increase the financial penalties for selling tobacco to persons under 18 years old and add license revocation for a fourth offense.
- 2.8 Promote understanding of the impact of tobacco price increases on use and health.
- 2.9 Increase the price of cigarettes.
- 2.10 Create zones surrounding schools and residential communities without tobacco advertising.
- 2.11 Publicize the organizations that have smoke free policies and activities.

Table 2.—Draft objectives and strategies for the community groups channel

Objective 3

By 1998, statewide community groups that serve or represent youth, women 18-35, men 40 and older, and minority groups will be involved in ASSIST activities.

Strategies:

- 3.1 Increase the number of youth, women and minority organizations that sponsor or participate in tobacco control activities.
- 3.2 Seek alternatives to tobacco sponsorship or support of events offered by community groups. Pay particular attention to community-sponsored sports events.
- 3.3 Increase the number of churches, social service agencies, community health centers and community mental health centers, senior centers, women's shelters, and group homes that offer smoking cessation programs and limit smoking to selected areas.

smoking cessation, most recently on programs for the workplace and the physician's office.

These efforts and the determination of many to lead healthier lives have led to a steady decline in smoking in Rhode Island, especially among the better educated. About half of smokers have quit.

Nonetheless, much needs to be done. More than 220,000 Rhode Islanders smoke, and many more breathe environmental tobacco smoke (ETS). We need to make tobacco use less acceptable, to enforce and strengthen existing restrictions on ETS exposure, and to make tobacco less accessible to minors. Smokers need persistent messages to quit and help in quitting. Cues to smoking, especially those which entice youth, must be restricted or eliminated. Finally, less educated smokers, unreached by messages aimed at the general public, require special interventions.

ASSIST: A New Resource

In 1991 the National Cancer Institute awarded a 7-year contract to the RI Department of Health to reduce the number of adults in the state who smoke to no more than 17% by 1998. The American Cancer Society is a partner in the project, providing a full-time staff person to work with ASSIST staff. The Rhode Island Lung Association and the Rhode Island Affiliate of the American Heart Associ-

Table 3.—Draft objectives and strategies for the worksites channel

Objective 4

Rhode Island will increase to 100% the employers of 100 workers or more who have smoke-free workplace policies, and increase the number of smaller companies that are smoke-free.

Strategies:

- 4.1 By 1998, solicit the support and cooperation of business groups and unions for smoke-free policies with special emphasis on health care, food service, retail and manufacturing worksites that employ the four ASSIST priority groups.
- 4.2 By 1998, encourage organizations that provide worksite health promotion to develop smoke-free policies, and promote those that offer policy advice.
- 4.3 By 1998, train employers and employees to enforce smoke-free policies.
- 4.4 By 1998, support employers who assist employees with smoking cessation, and encourage employers to identify a resource person in the company who can refer employees to smoking cessation services.

Table 4.—Draft objectives and strategies for the schools channel

Objective 5

Ensure enforcement of smoke-free schools legislation by 1994.

Strategies:

- 5.1 Develop and distribute a guide to enforcement of the smoke-free schools.
- 5.2 Organize a tobacco control committee of the state PTA to involve PTAs in community smoke-free activities and the importance of parent modeling of their children's smoking.

Objective 6

Amend the state health education law to increase the number of hours of health (independent of physical education) taught annually in each class K-12 by 1998.

Strategies:

- 6.1 Educate legislators to the need to change the law.

Objective 7

Increase the number of teachers who have received training in teaching health, including tobacco control.

Strategies:

- 7.1 In conjunction with the Department of Education, arrange and hold teacher training in health education.
- 7.2 Increase the number of teachers who teach health who have been certified in health education.

Objective 8

Support the provision of self-help materials and referral guidelines for students, teachers and staff who smoke.

Strategies:

- 8.1 Train Tobacco Free Teens facilitators for each high school.

ation also make significant contributions to ASSIST activities.

By the end of the project, Rhode Island should see a significant improvement in the quality of air in public buildings and public conveyances. There should be no places where minors can buy tobacco. Cigarettes will cost more. The public will know more about the ill effects of tobacco use and the value of limiting tobacco use. Any smoker who wants help with quitting will know where and how to get that help; ASSIST will promote cessation programs already in place and those developed in response to increased demand.

The Project ASSIST Organization

Rhode Island's ASSIST coalition includes health agencies, insurers, social and health service providers, businesses,

and local governments. Working in task forces, the coalition has drafted a statewide ASSIST plan and will participate in activities to reach the plan's objectives.

An executive committee, including representatives of the Cancer Society, the Lung Association, the Heart Association, and the health department, defines policy and assures proper execution of the ASSIST contract and the ASSIST plan. A steering committee, including the chairs of the four task forces and the co-chairs of the executive committee, will coordinate program activities as the ASSIST plan is implemented.

The ASSIST Plan

The ASSIST plan is a 5-year blueprint for Rhode Island's ASSIST program and is based on the NCI/ACS model for tobacco use prevention and cessation in the US, and contingent upon funding from

Rhode Island Medicine

Table 5.—Draft objectives and strategies for the health care settings channel

Objective 9

At least 75% of primary medical, dental, nursing, pharmacy, and other health care providers in Rhode Island will routinely advise patients to stop smoking and will provide assistance and followup so patients can do so.

Strategies:

- 9.1 Train primary care physicians, obstetricians, pediatricians, dentists, and their office staff members and pharmacists to ask patients if they smoke and to offer assistance to those who want to stop.
- 9.2 Increase the number of insurers offering materials, programs, and incentives for quitting to enrollees who smoke.
- 9.3 Reduce the number of pharmacies that display point of purchase cigarette advertisements.
- 9.4 Increase the number of pharmacies that distribute "no-smoking" literature, program lists, and smoking control products to customers who smoke.
- 9.5 Ensure that all clinics collaborating with the Rhode Island Department of Health provide access to smoking cessation, or direct services for smoking cessation.

Objective 10

All public health facilities will have enforced smoke-free policies.

Strategies:

- 10.1 Assure that clinics collaborating with the Rhode Island Department of Health have smoke-free policies and regulations.
- 10.2 Train administrators, staff and board members on how to enforce smoke-free policies in the clinics.

these two organizations. The following ASSIST plan is a draft, representing the collective ideas of the ASSIST coalition. Its final structure will evolve out of the perceived needs of the coalition over time.

The ASSIST plan is founded on 10 objectives to be achieved by reaching Rhode Islander through five channels:

- community environment;
- community groups;
- work sites;
- schools; and
- health care settings.

Additionally, the ASSIST coalition

has identified groups for whom special efforts will be made: youth, women ages 18 to 35, men ages 40 and over, and members of minority populations.

Youths were chosen as a special focus of prevention efforts because most smokers adopt the habit before adulthood. The other three groups were chosen for cessation efforts because each has been the target of tobacco industry advertising and includes a high proportion of Rhode Island's smokers.

Draft Assist Objectives

Community Environment (Table 1)

Recognizing that smoking is stimulated and reinforced by its acceptance in communities throughout Rhode Island, the objectives and strategies for this channel were selected by the ASSIST coal-

ition to counter the vision of smoking as a glamorous activity. Two types of cues are addressed, those that come from seeing people smoke in public places and those that come from advertising. Special emphasis will be placed on activities in minority communities, where some people have limited English language ability and outdoor tobacco advertising is especially focused. Enhancing the knowledge of state and local decision-makers about current tobacco control concerns will also receive special emphasis.

Community Groups (Table 2)

While the community environment is essential for controlling tobacco use, many smokers and potential smokers are members of groups that may adopt to-

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tobacco control policies and engage in tobacco control activities. Community groups may also organize community efforts to achieve tobacco use prevention and cessation objectives. Of all the organizations to which Rhode Islanders belong, sports teams, social clubs, churches, and social service providers will receive special attention, because they are especially useful in reaching the four priority groups.

Worksites (Table 3)

Because 90% of employers with 100 or more workers have smoking restriction policies in accordance with state law, they can serve as models to smaller companies. ASSIST will focus attention on certain industries, either because they employ large numbers of Rhode Islanders (health care, manufacturing, trades, crafts), or because they employ large numbers of people in the four priority groups (food service and retail).

Schools (Table 4)

The school channel, including all grades from kindergarten through high school, is most important for students, but messages about tobacco use are brought home to parents. Rhode Island is

one of seven states with laws requiring all schools to be smoke-free. ASSIST will work with school districts as they enforce the law. The state requires that health, including the health effects of tobacco use, be taught in all grades, and ASSIST will work to assure that sufficient time is spent teaching health to be effective and that teachers receive the appropriate training to teach health. ASSIST will work to make smoking cessation programs accessible to all youthful smokers.

Health Care (Table 5)

Health care was cited by coalition members as the most important channel for women ages 18 to 35, as a very important channel for members of minority populations, and of some importance for men ages 40 and over and youth. Rhode Island is the home of a research project entitled "Physicians Counseling Smokers," scheduled for completion at the end of 1993. ASSIST will help expand this successful project throughout Rhode Island. Pharmacies are a leading source of cigarette sales, even though the American Pharmaceutical Association's code of ethics discourages the practice. ASSIST will work with pharmacies to reduce the promotion of

tobacco use. Community clinics are an important source of health care to women ages 18 to 35 and members of minority populations, two of ASSIST's priority groups. The health department will work with its clinic partners to effect smoke-free policies and provide patients with smoking cessation services.

Conclusion

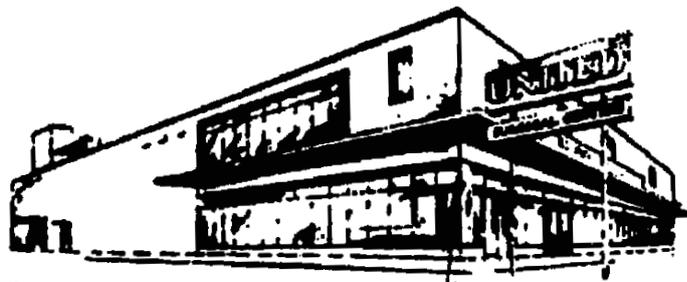
Rhode Island is well on the way to becoming a smoke-free society. The ASSIST plan is designed to facilitate this process. You can help by contacting Project ASSIST (277-3293) or the drug abuse prevention task force in your community (call 454-7210 for the number of your task force), and by supporting ASSIST activities as they are fielded. You can also encourage the organizations to which you belong to have smoke-free policies and to sponsor events that encourage not smoking.

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