A Strategic Tobacco Plan

Michigan Department of Community Health
Office of Recovery Oriented Systems of Care

Developed by the Youth Access to Tobacco Workgroup
2013

Foreword

Tobacco problems are national in scope and have been documented in a publication printed by the U.S. Department of Health and Human Services (HHS), entitled *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services*.[1] The HHS compilation has become a blueprint for the country and has spawned strategic planning in several states. As a result of HHS research, we know that:

- Cigarette smoking and exposure to secondhand smoke annually kills an estimated 443,000 people in the United States.[2]
- For each smoker who dies from a smoking-attributable disease, another 20 live with a serious smoking-related disease.[3]
- The economic toll of smoking is $96 billion in medical costs and $97 billion in lost productivity each year.[4]
- The estimated overall burden on Michigan is $3.4 billion.
- Although we have made progress in reducing tobacco use, the unfortunate reality is that one in five U.S. high school students and adults still smoke.[5,6]

These data reflect a legacy of millions of lives prematurely lost from tobacco use. Before the mass marketing of cigarettes in the late 1800s, lung cancer was rare. Now lung cancer is this nation's leading cause of cancer death among both men and women, killing an estimated 160,000 people in the United States each year.[7] The dramatic rise in smoking in the 20th century prompted a prominent historian to refer to that period as "The Cigarette Century."[8]

The Institute of Medicine's (IOM's) 2007 *Ending the Tobacco Problem: A Blueprint for the Nation* concluded that the ultimate goal of ending the tobacco problem in the United States could be achieved with a two-pronged strategy:[9]

1. Strengthening and fully implementing traditional tobacco control measures
2. Changing the regulatory landscape to permit policy innovations

This tobacco strategic plan is intended to serve as a guidance document from the Michigan Department of Community Health (MDCH), Office of Recovery Oriented Systems of Care (OROSC) to help the state and stakeholders identify general goals, specific objectives, and detailed plans relevant to reducing underage access to tobacco products.

In 2006, a think tank called the Youth Access To Tobacco Workgroup (YATTW) was formed as an arm of the state. It is a collaborative group comprised of business people, coordinating agencies (CAs), and human service organizations, which reviews data and makes recommendations about tobacco issues to the state. This plan is largely the result of their input.

This plan's primary components include provisions that:

- Provide insight as to why the underage smoking issue is important.
- Summarize current statewide efforts.
- Define expectations of professional organizations and Michigan communities.

It will facilitate communities in building infrastructure, encourage focused tasking, and enhance the chances for successful implementation.

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Vision Statement

Michigan's goal is to deter underage access to tobacco products and to prevent use that subsequently leads to addiction, health problems, and attendant fiscal and societal ills.

Mission Statement

Healthier populations free of tobacco addiction and residual health issues will be achieved by:

- Raising the knowledge and skill levels of youth and adults.
- Incentivizing the business community to promote retailer education.
- Changing the cultural acceptability of tobacco use for adults and teens.
- Supporting enforcement of laws concerning underage sales of tobacco to youth.
- Reducing health disparities related to tobacco use by minorities, pregnant women, and other at-risk populations.
- Providing health education and technical support.
- Maintaining a process-based and outcomes-based evaluation of tobacco programs.
- Working with existing partnerships and possibly creating new ones.

Priority Problems

The YATTW conducted a data analysis of the 2011 Michigan Youth Risk Behavior Survey (YRBS) /Trend Results and the 2011 Youth Tobacco Survey (YTS) to determine priority youth smoking and access to tobacco issues confronting Michigan communities. The focus was on:

- Early initiation to smoking (prior to age 13).
- Percentage of students who smoked within 30 days of the survey (recent use).
- Percentage of students who smoked 20 or more cigarettes within 30 days of the survey (frequent users).
- Heavy daily smokers (10 or more per day).
- Cigarettes on school property.
- Trends for cigarettes, chewing tobacco, snuff, dip, cigars, and other emerging tobacco products.

While retailer cigarette sales to minors are gradually declining, many other concerns are on the rise. These issues include the use of other forms of tobacco products, smoking during pregnancy, tobacco-linked health problems, fire damage, society's economic costs, and other ongoing and emerging issues that need to be considered.

The data also shows that binge drinkers were almost six times more likely to start smoking before the age of 13 than non-binge drinkers and non-drinkers. The link between the two addictions reinforces the need for prevention programs to discourage underage use of tobacco products.

The YATTW considered the referenced data as well as a statewide survey of substance abuse Coordinating Agencies and coalitions to gain an anecdotal perspective. Consistent with the data, the survey identified the following priority goals:

- Reduction in the initiation of tobacco use among children, adolescents, and young adults.
- Reduction of tobacco use by adults and adolescents.
- Increased retailer education.

In Summary: The case for awareness, education, and support services will ultimately lead to positive changes in behavior as spoken of in the mission statement. Tobacco use is the single most preventable cause of death; each year smoking and exposure to secondhand smoke causes 443,000 or one in five deaths; and the fact that health care costs total $96 billion annually is only the tip of the iceberg.

More specifically, some of the health issues are commonly known; however, the list of diseases caused by smoking is expansive and includes abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer. These are in addition to previously known diseases, including bladder, esophageal, laryngeal, lung, oral, and throat cancers; chronic lung diseases; coronary heart and cardiovascular diseases; adverse reproductive effects; and sudden infant death syndrome (SIDS).[10] Tobacco use causes more deaths than HIV/AIDS, alcohol use, cocaine use, heroin use, homicides, suicides, motor vehicle crashes, and fires combined.[11] Secondhand smoke exposure also causes serious disease and death in adults and children, including heart disease, lung cancer, SIDS, acute respiratory infections, ear problems, and asthma attacks.[12] Approximately 8,600,000 people in the United States have chronic illnesses related to smoking.[13] Cigarette smoking also costs the nation $193 billion in health care and lost productivity each year. Of those costs, private and public health care expenditures for smoking-related health conditions are estimated at $96 billion.[14]

The YATTW conclusions mirror those of a HHS working committee and the U.S. Center for Disease Control publication entitled, *Best Practices for Comprehensive Tobacco Control Programs*.[15] The combined data and survey results led to creation of a strategic plan approach that includes the following priorities:

1. **Crosscutting Issues –** Sensitivity to cultural diversity, full-service and engagement of underserved populations, constant evaluation of processes and outcomes, and program modification when necessary for effectiveness, will be the cyclical yardstick used to ensure success at all stages of implementation.

2. **Business Support** – Goals are to: improve merchant curriculum content; expand dissemination of educational tools; and evaluate the quality of retailer education.

3. **Environmental Issues** – Environmental efforts should employ strategies that promote awareness, limit access, educate the high-risk (HR) public, engage public partners, reduce consequences, and mainstream the idea that smoking is a negative.

4. **Education** – Education is linked to environmental efforts. Evidence-based substance use disorder prevention and mental health promotion programs will be used to: address priority tobacco health issues, provide resource information about existing programs, and provide training or technical support for priorities as identified by coalitions and CAs (to become Community Mental Health Entities [CMHEs]/Prepaid Inpatient Health Plans [PIHPs] in 2014).

5. **Marketing –** Marketing will support cultural change by alerting the public to industry marketing strategies, identifying top nicotine products being marketed, and providing insight into the media's role in encouraging or deterring use.

Strategic Goals and Key Activities Necessary to Achieve each Priority

I. Cross Cutting Issues – Enhance the overall effectiveness of Needs Assessment, Evaluation, Cultural Competency, and Sustainability (includes capacity assessment and building).

a. Needs Assessment: Analyze and provide timely and accurate data regarding use trends and progress toward goals. Highlight progress and challenges based on key indicators. Provide routine bi-annual reports, at minimal, based on YRBS and YTS publications.
b. Evaluation: Some actions will occur quickly and demonstrate almost immediate results; others will take more time. As a whole, all actions are meant to serve as a guideline for future development, are conditional, and are subject to the availability of resources.
c. Cultural Competency: In IOM's *Ending the Tobacco Problem: A Blueprint for the Nation*, HHS reported that 100 million Americans are still unprotected by comprehensive laws.[16] Populations disproportionately affected include those in blue-collar jobs, hospitality workers such as bar and casino employees, and individuals with lower socioeconomic status. There are certain groups that exhibit disproportionately high morbidity and mortality rates associated with tobacco use. Factors including, but not limited to, an individual's age, race/ethnicity, educational attainment, income, sexual orientation, mental illness and substance abuse disorders (adults and youth), incarceration, and homelessness contribute to health disparities within a given population. Tobacco-related disparities are demonstrated by an increased prevalence of tobacco use, targeted marketing, greater exposure to secondhand smoke, and limited access to educational information and prevention/cessation programming, among other considerations. Therefore, reducing smoking prevalence will require greater attention and targeted interventions to populations carrying a disproportionate burden of use and dependence. A way to reach such groups is through efforts that directly affect the scope of services and facilities serving those populations.
d. Sustainability will require capacity building and community empowerment. Both short and long-term achievement will continuously build on the existing infrastructure already acquired through utilization of the 5-step Strategic Planning Framework (SPF), which has been incorporated into Michigan's substance abuse service delivery system.

OBJECTIVES

***Objective 1*:** Assess the capacity of communities to provide culturally relevant, evidence-based services, including their ability to cultivate the resources necessary to offer such services.

Tactic/Deliverable: All regional CA (or CMHE/PIHP) Youth Access to Tobacco Plans will be reviewed to verify that they are aligned with OROSC guidelines, are being implemented with fidelity, and are reaching prescribed goals – Federal retailer violation rate of 20% or less; State 10% by 2015 Annual Synar Report (ASR).

Timeline: Annual plan reviews (October), desk audit assessments, technical assistance prescribed or provided as needed.

Objective 2: Expand research and surveillance related to HR populations (e.g., American Indians and other minority racial/ethnic groups; lesbian, Gay, Bi-Sexual and Transgendered populations; individuals with mental disorders; those of low socioeconomic status) to identify effective approaches to prevention and cessation.

Tactic/Deliverable: Aggregate information regarding targeted HR populations from annual plans. Review best practice evidence-based interventions for specific populations. Set minimum state goal that 20% of the Master Retail List (MRL) must include retailers in HR population areas.

Timeline: Annual review concurrent with MRL update. [Note: these updates have traditionally occurred during March, however, they are being moved to November to adapt to federal block grant joint application submission deadline].

***Objective 3*:** Develop a state-level logic model that factors in process, short-term and long-term goals (sales to minors).
Tactic/Deliverable: Aggregate from Youth Access to Tobacco Reviews (YATR) to show incremental gains and troubleshooting.
Timeline: Annual assessment and update to reach 2015 ASR goal.

***Objective 4*:** Establish partnerships within the statewide tobacco control network that foster cultural competency, the provision of culturally relevant services and the elimination of tobacco-related disparities.
Tactic/Deliverable: Through Youth Access to Tobacco Workgroup (YATTW) increase number of stakeholders by four persons and/or proactively assess results of involvement of current membership.
Timeline: Quarterly stakeholder analysis and ongoing recruitment as gaps are identified. Semi-annual assessment of deliverables per OROSC assignment(s)

***Objective 5*:** Ensure that services in all goal areas (prevention, cessation, secondhand smoke, chronic disease, communications, surveillance, evaluation, and public policy) are offered in a manner that demonstrates ongoing commitment. Provide outreach support in specific locations, such as those known to serve HR populations (e.g., public housing, substance abuse treatment facilities, mental health facilities, correctional institutions, community health centers, Ryan White clinics, rural health clinics, and critical access hospitals).
Tactic/Deliverable: Aggregate from YATR to show 1% incremental gains in delayed use, 1% increase in persons seeking Quitline assistance or treatment, and maintain a 20% outreach to minority and/or HR communities.
Timeline: Annual review by November 30.

Objective 6: Support tobacco-free policies, Quitline promotion, and counseling and cessation services in sites such as public housing, substance abuse treatment, medical clinics, and mental health agencies; and encourage health insurance coverage of tobacco addiction treatment services and medications.
Tactic/Deliverable: Participate in Tobacco Free Michigan (TFM) coalition meetings (quarterly), YATR for all CA (or CMHE/PIHP) regions, and inter-agency collaboration with mental health to track community collaborative (CC) engagement.
Timeline: Annual report YATR by November 30. Quarterly report of TFM and CC per meeting attendance.

II. Business Support: Impact of Merchant Education – Merchant education has multiple facets and can be implemented in many ways. It is important to diversify the approach because work culture and community activism varies.

a. Utilizing community support to educate retailers
b. Soliciting voluntary policies from retailers to reduce, rearrange, and/or eliminate tobacco ads
c. Collaborating with local health departments (LHDs)
d. Using media to build support
e. Obtaining municipality and community-based resolutions
f. Enforcing local signage laws

OBJECTIVES

Objective 1: YATTW Handbook Guidelines to be placed online; includes a quiz and answer key. Provide means to submit quiz results online.
Tactic/Deliverable: Handbook and quiz already developed and online. Next step is to review and refine quiz as needed and provide means for online certification.
Timeline: By March 31, 2014.

Objective 2: Merchant training – Create a published resource list of evidence-based practices and available merchant training with a hyperlink to other resources.
Tactic/Deliverable: Initial resource list is included with this YATTW Strategic Plan
Timeline: By October 30, 2013.

Objective 3: Master Retail List (MRL) - Maintain a constantly updated MRL. Expand possible sources for merchant lists: Michigan Liquor Control Commission, Department of Agriculture/Retail Gasoline List, Weights and Measures, retailer associations, and others who will be identified on an ongoing basis.
Tactic/Deliverable: Cross-reference list with the named agencies annually.
Timeline: Annual review by March 30.

Objective 4: Incentivize Merchants – A) Acquire departmental approval for development and process for publishing promulgated rule that requires that cashier and managers receive training; B) Institute promulgated ruling requiring at minimal manager and cashier training plus certification; and C) Disseminate information to field, (i.e., trade and stakeholder organizations to name a few).
Tactic/Deliverable: Published promulgated rule.
Timeline: By January 15, 2014.

Objective 5: Evaluation – Develop a process for evaluating participation in education and an analytical process for linking education to Retailer Violation Rates (RVRs).
Tactic/Deliverable: Review and revise existing exam, develop online testing, and consult with epidemiologist regarding indicators that link increased education to improved RVRs.
Timeline: By November 30, 2013.

Objective 6: Collaborative efforts – Identify stakeholders and resources through YATTW brainstorming; Link stakeholders through face-to-face meetings; telephone conferencing or e-communication; Purposefully strengthen relationships with all current YATTW members, plus possible new partners, the Departments of Agriculture, Treasury, Michigan State Police, and others to be identified on an ongoing basis. Find out more about FDA's "Break the Chain" campaign and possible grant opportunities.
Tactic/Deliverable: A) Reconvene YATTW; B) Establish FY2014 meeting calendar; C) Strategically recruit new members; and D) Research "Break the Chain" opportunities and report to YATTW.
Timeline: A and B by October 2013. C and D by November 2013.

Objective 7: Monitor enforcement of local and state youth tobacco access laws; Support local communities as they maintain and manage law enforcement tobacco compliance check enforcement data, report violations to proper authorities and manage this data in a coordinated and comprehensive manner.

Tactic/Deliverable: A) Coordinate Synar program printing and mailing for educational materials, implementation, and outcome reports; B) Review enforcement goals in YATR planning charts; and C) Prepare Synar activity plan/timelines.
Timeline: September – December 2013.

III. Environmental Issues and General Population Education – Mobilize Against Tobacco for Connecticut's Health (MATCH) is a coalition of organizations and individual's fighting to reduce tobacco use in the state of Connecticut – the prelude to this section borrows data from some of their findings. Though Michigan's assessment has led to setting different goals and objectives, the premise is the same.

Billions of dollars are spent annually by tobacco companies to make tobacco use appear attractive, as well as to be an accepted and established part of American culture. These tobacco advertising and promotion activities do much more—substantial evidence indicates that the tobacco manufacturers compete vigorously with each other for a share of the youth market. According to a 2012 report, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised.[17]

Social norms play a significant role in shaping beliefs and behaviors in healthy and unhealthy ways. For example, survey data from California indicates that adult smokers with strong attitudes about the health effects and restriction of secondhand smoke are more than twice as likely to have made a recent quit attempt and to have the intention to quit in the next six months. Adolescents and young adults are very sensitive to perceived social norms and media presentations of smoking behavior. Nonsmoking adolescents exposed to tobacco advertising and promotional campaigns are significantly more likely to become young adult smokers. Because adolescents and young adults have been and continue to be so heavily exposed to images of smoking in the media, tobacco advertising, and promotional campaigns, public health counter-marketing campaigns are needed to focus on preventing initiation and promoting cessation.[18]

OBJECTIVES

Objective 1: Identify community social norms and the influence of families and peers in reinforcing trends.
Tactic/Deliverable: Review Michigan Profile for Healthy Youth (MiPHY), YRBS, Behavioral Risk Factor Survey (BRFSS), and other relevant data and analyze in terms of domains of influence.
Timeline: 2013 get baseline data. Annual review as new data becomes available.

Objective 2: Provide education and technical support to promote positive health, deter use, and counter negative trends.
Tactic/Deliverable: Aggregate YAT results and identified technical assistance needs. Make training plan recommendations.
Timeline: October – December 2013

IV. Marketing - Utilizing both community and professional support to educate retailers and the general population is a way to normalize messaging.

OBJECTIVES

Objective 1: Solicit voluntary policies from retailers to reduce, rearrange, and/or eliminate tobacco ads.
Tactic/Deliverable: Work in collaboration with Associated Food and Petroleum Dealers (AFPD), Designated Youth Tobacco Use Representatives (DYTUR), and other professional associations.
Timeline: January – March 2014.

Objective 2: Collaborate with LHDs and educators (kindergarten to college).
Tactic/Deliverable: Compile list of tobacco education interventions used in schools and LHDs.
Timeline: January – March 2014.

Objective 3: Utilize media to build support.
Tactic/Deliverable: AFPD professional publication (article series).
Timeline: January – March 2014.

Objective 4: Obtain municipality and community-based resolutions.
Tactic/Deliverable: Work through community collaboratives and CAs (or CMHEs/PIHPs).
Timeline: April – June 2014.

In Closing

If we can help mitigate the problems, expensive post-measures, and loss of life associated with smoking, our society would be well served. A number of authoritative scientific publications have identified interventions that are effective in reducing tobacco use and, when fully implemented, will dramatically reduce tobacco use. Four publications in particular form the central foundation for understanding and executing the most effective tobacco control interventions:

Best Practices for Comprehensive Tobacco Control Programs.[19]
Guide to Community Preventive Services.[20]
Treating Tobacco Use and Dependence: 2008 Update.[21]
Report on the Global Tobacco Epidemic, 2008: The MPOWER Package.[22]

All four publications conclude that tobacco control programs that are *comprehensive, sustained,* and *accountable* are far more effective in reducing tobacco use and tobacco-attributable death and disease than piecemeal efforts. These publications also provide the evidence base for the IOM's *Ending the Tobacco Problem: A Blueprint for the Nation* and its call for the implementation and intensification of effective tobacco control interventions that have proven to be effective.[23] In collaboration with state and community tobacco control programs and partners, these will provide technical assistance and promote the public health benefits and effectiveness of comprehensive tobacco-free laws.

Planning Tips

To help ensure that activities are sufficient to achieve the strategic goals:

Select an owner for each activity - Each major activity should have an individual person accountable for its accomplishment. This person does not necessarily have to be the person who does the work, but is the person that will make sure that the work is done. DO NOT list a function, or team as the owner, this must be an individual, single name.

Assign completion dates and timelines for implementation - Be sure to not assign more to any person than that person will be able to accomplish. Figure out how to provide more resources, extend the timeline, or reduce the activities, but do not create an action plan that cannot realistically be accomplished.

Schedule monitoring - Meet regularly to review the progress on the action plan. The meetings should be frequent enough to be able to catch problems and correct them before they become too large. These meetings should be brief and exceptions based – skip an item if it is on time and going well. Only discuss problem items, and develop counter-measures for those problems.

Michigan Resources to Support Youth Access to Tobacco Reduction

The state of Michigan has several tobacco use prevention programs in place. The resource list below is a living document and not intended to be all-inclusive; however, it is offered as an example of steps other agencies and/or community coalitions are taking to reduce youth access to tobacco.

Link to OROSC Tobacco webpage:
http://michigan.gov/mdch/0,4612,7-132-2941_4871_29888_48562-150144--,00.html

Link to the Michigan Secretary of State (SOS) *We Check to Protect* webpage:
http://www.michigan.gov/sos/0,1607,7-127--71151--,00.html (brochure included below)

Link to Macomb County Tobacco Prevention Coalition website for contact information to obtain their bookmarks:
http://www.macombtobaccoprevention.com (bookmarks included below)

Link to the Michigan Liquor Control Commission (MLCC) website:
http://www2.dleg.state.mi.us/llist Database to be used as a tool for planning and to find out compliance check results and other violations related to YTA (identifies retailers, violations by county, year).

In addition, the sample materials listed below are included as attachments that can be downloaded separately from the OROSC Tobacco webpage:

Attachment #1 *Tobacco Vendor Education Best Practice Recommendations from CEI CMHA Region County Prevention Coalitions* Community Mental Health Board of Clinton-Eaton-Ingham Counties (CEI CMHA) uses this to train new DYTUR and volunteers.

Attachment #2 *No Cigs for Our Kids, LCC Tobacco Campaign Protocol* from Lakeshore Coordinating Council.

Attachment #3 *We Check to Protect*.

Attachment #4 Macomb's bookmark examples.

Attachment #5 *Read the Red* cards that were distributed in the Riverhaven Region; developed by Tobacco Free Montcalm. Provided to coalitions in Microsoft Word format so they could personalize. Printed two-sided, four cards to a sheet. DYTUR staff laminated and distributed to vendors for placement on their cash registers.

Endnotes

[1] U.S. Department of Health and Human Services (HHS). (November 10, 2010). *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services.*

[2] Centers for Disease Control and Prevention. (2008). Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008; 57(45):1226–1228.

[3] Centers for Disease Control and Prevention. (2003). Cigarette smoking-attributable morbidity—United States, 2000. *Morbidity and Mortality Weekly Report* 2003; 52(35):842–844.

[4] See note 2 above.

[5] Centers for Disease Control and Prevention. (2008). Youth Risk Behavior Surveillance—United States, 2007. *Morbidity and Mortality Weekly Report Surveillance Summaries* 2008; 57(SS-4):1–136.

[6] Centers for Disease Control and Prevention. (2009). Cigarette smoking among adults and trends in smoking cessation—United States, 2008. *Morbidity and Mortality Weekly Report* 2009; 58(44):1227–1232.

[7] Mobilize Against Tobacco for Connecticut's Health. (n.d.). Counter-Marketing. Retrieved July 2, 2013, from http://c-hit.org/tag/mobilize-against-tobacco-for-connecticuts-health-coalition-match/.

[8] U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[9] Institute of Medicine. (2007). *Ending the Tobacco Problem: A Blueprint for the Nation.* Washington: National Academies Press.

[10] See note 8 above.

[11] See note 9 above.

[12] U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[13] See note 3 above.

[14] See note 2 above.

[15] U.S. Center for Disease Control. (2007). *Best Practices for Comprehensive Tobacco Control Programs.*

[16] See note 9 above.

[17] U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General.*

[18] See note 7 above.

[19] Centers for Disease Control and Prevention. (2007). *Best Practices for Comprehensive Tobacco Control Programs.*

[20] Centers for Disease Control and Prevention. (2000). *The Guide to Community Preventive Services: Tobacco Use Prevention and Control.*

[21] U.S. Department of Health and Human Services. (2008).*Treating Tobacco Use and Dependence: 2008 Update*. U.S. Department of Health and Human Services, Public Health Service.

[22] World Health Organization. (2008).*Report on the Global Tobacco Epidemic, 2008: The MPOWER Package.* Retrieved from http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf.

[23] See note 9 above.