

-CESSATION-

Goal: Promote quitting among adults and youth.

Justification: The Public Health Service guidelines stress that system changes are critical to the broad-based success of cessation interventions. Programs that successfully assist youth and adult smokers in quitting can produce quicker and larger short-term public health benefits than any other component of a comprehensive tobacco control program. In addition, the cost savings from reduced tobacco use resulting from the implementation of moderately priced, effective smoking cessation interventions would more than pay for these interventions within 3-4 years.

Cessation Healthy People 2010 Objectives

West Virginia Healthy People 2010 Objective		Baseline
27.1.a	Reduce the prevalence of cigarette smoking among adults aged 18+ to 20% or lower.	28% in 1998 27% in 1999 26% in 2000 28% in 2001
27.1.b	Reduce the prevalence of cigarette smoking among adults aged 18+ in the lower socioeconomic level (12 years or less of education and a household income of less than \$25,000) to 28% or lower.	36% in 1998 35% in 1999 35% in 2000 35% in 2001
27.4.	Increase to at least 60% the proportion of adult tobacco users who have been advised to quit using tobacco products in the past 12 months by a doctor, nurse or other health professional.	48.6% in 2000 50.2% in 2001
27.6.	Increase to 80% the proportion of health plans that offer treatment of nicotine addiction.	2 Health Plans in 2002
27.7.	Reduce smokeless tobacco use among adult men aged 18+ to 13% or lower.	18% in 1998 18% in 1999 18% in 2000 17% in 2001
27.9.	Increase state excise taxes on cigarettes so state excise tax is at least 30% of retail price.	7% in 1999 6% in 2002*
27.10.	Increase state excise taxes on non-cigarette tobacco products so state excise tax is at least 25% of retail price.	0% in 1999 5% in 2002
27.11.a	(Developmental) Increase to 85% the percentage of students in grades 6-8 attempting smoking cessation.	66% in 2000 63% in 2002
27.11.b	(Developmental) Increase to 85% the percentage of students in grades 9-12 attempting smoking cessation.	62% in 2000 62% in 2002

* The state excise tax on cigarettes increased from 17 cents to 55 cents per pack in 2003, but the retail price of cigarettes decreased. Therefore, in the state excise tax is estimated to be over 15% of retail price.

Cessation Intermediate Objectives

	Data Source
By June 2008, 30 primary care centers, hospitals, or primary care physician offices will implement an office-wide system that ensures that at every clinic visit tobacco use status is queried and documented.	DTP Program Monitoring Forms
By June 2008, 40% of high schools will implement an active science-based youth cessation program.	DTP Program Monitoring Forms

Cessation Short-term Objectives

	Data Source
By June 2006, 10 primary care centers, hospitals, or primary care physician offices will implement an office-wide system that ensures that at every clinic visit tobacco use status is queried and documented.	DTP Program Monitoring Forms
By June 2006, a science-based youth cessation program will be implemented in 30% of high schools at least one time each year.	DTP Program Monitoring Forms

Cessation Strategies

Channels	Strategies
<p>Community Interventions: Programmatic interventions to enable individuals to make behavior consistent with being tobacco free. Provide access to effective cessation services.</p>	<p>Provide local cessation clinics.</p> <p>Maintain telephone quit line.</p> <p>Provide provider education.</p> <p>Provide middle and high school student education.</p> <p>Implement provider reminder systems.</p> <p>Provide primary care provider education.</p> <p>Offer cessation in public high schools.</p>
<p>Counter-Marketing: Countering pro-tobacco influences and increasing pro-health messages throughout a state, region or community. Includes media advocacy, media relations, counter-advertising, reducing tobacco industry sponsorships and promotions and exposing tobacco industry tactics.</p>	<p>Collect earned media.</p> <p>Participate in health fairs and other public venues with displays.</p> <p>Implement grassroots marketing.</p> <p>Develop and implement paid media.</p>
<p>Program Policy/Regulation: Conducting policy analysis and education for decision-makers and the public on the importance and benefit of public health policies.</p>	<p>Increase cessation coverage.</p> <p>Increase smoke-free policies.</p> <p>Increase taxation.</p> <p>Implement health science policies (provider education as part of the curriculum).</p> <p>Provide incentives/disincentives.</p> <p>Further develop the working relationship of the cessation advisory group.</p>
<p>Surveillance and Evaluation: Surveillance - Continuous monitoring of measure over time to inform program and policy direction and interventions. Evaluation - Point-in-time assessment to measure effectiveness of programmatic, policy and media efforts.</p>	<p>Continue to implement statewide adult and youth survey instruments.</p> <p>Collect program data.</p> <p>Document policy passage and implementation.</p>