

Implementing MAPPS Strategies at the State Level

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What is MAPPS?

- 5 evidence-based policy domains
- Taken together, these interventions improve individual health behaviors by changing the community environment
- Employ a social norms approach

What is MAPPS?

- Media
- Access
- Point of purchase/promotion
- Price
- Social support and services

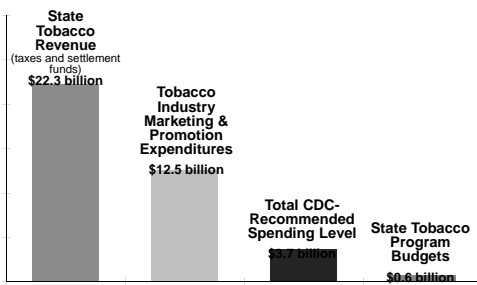
MAPPS Strategy #1
Media

- Aggressive, hard-hitting media campaigns
- Restrictions on tobacco advertising
- Bans on brand-name sponsorships
- Bans on promotional items
- Graphic warning labels

Aggressive Media Campaigns

- Media campaigns
 - Reduce youth initiation
 - Encourage cessation
 - Increase negative attitudes toward tobacco use

Tobacco Industry is Outspending Prevention Efforts 20:1 — 2007



Sources: Campaign for Tobacco Free Kids, American Heart Ass'n, American Cancer Soc., American Lung Ass'n, SmokeLess States National Tobacco Policy Initiative

Aggressive Media Campaigns

- ❑ To be effective, media campaigns must have sufficient reach, frequency, and duration
- ❑ CDC recommends 1,200 gross rating points (GRPs) (80% of audience, 15 exposures each) for state ad campaigns
- ❑ Median U.S. GRP is only 135 GRPs



Aggressive Media Campaigns

- ❑ “advertising carrying strong negative messages about health consequences performs better”
- ❑ “Some of these negative advertisements also portray deception on the part of the tobacco industry.”



Source: 2008 NCI monograph on *The Role of the Media in Promoting and Reducing Tobacco Use*

Aggressive Media Campaigns



Australia/New York "Separation" ad

Aggressive Media Campaigns



Health Canada "Heather Crowe" ad

Warning Labels—Uruguay



Current Cigarette Warning Label



New Warning Labels Post-FDA Legislation

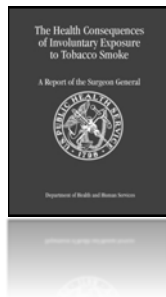


**MAPPS Strategy #2
Access**

- Smoke-free/tobacco-free policies
- Zoning restrictions
- Restrictions on tobacco sales
- Bans on self-service displays and vending machines

Access: Implement Smoke-free Policies

- Only eliminating smoking indoors fully protects nonsmokers
- Smoking areas and ventilation cannot eliminate exposure
- Worker safety issue
- Changes norms
- Helps smokers quit
- Doesn't hurt business



Benefits of Smoke-free Policies

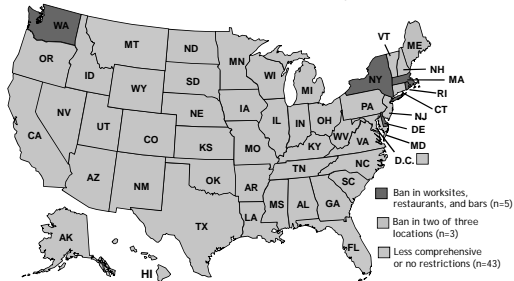
- Reduced secondhand smoke exposure
- Reduced respiratory symptoms
- Reduced heart attack hospitalizations
- Increased cessation



IARC Handbooks of Cancer Prevention, Tobacco Control, Vol. 13: Evaluating the effectiveness of smoke-free policies. Lyon, France: IARC, 2009.

State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

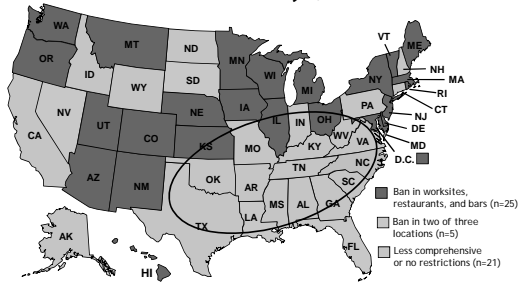
Laws in effect as of December 31, 2005



Source: CDC, Office on Smoking and Health, State Tobacco Activities Tracking and Evaluation (STATE) System.

State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

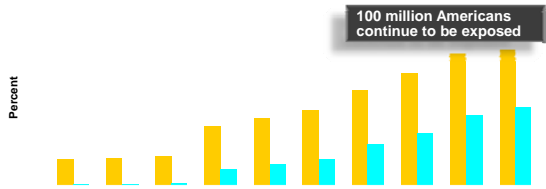
Laws in effect as of July 5, 2010



Source: CDC, Office on Smoking and Health, State Tobacco Activities Tracking and Evaluation (STATE) System.

Proportion of U.S. Population Covered by Local and State Smoke-Free Laws, 2000-2009

- Workplaces and/or Restaurants and/or Bars
- Workplaces and Restaurants and Bars



Population figures are as of December 31 of each given year, and October for 2009. All population figures are from the United States Census. Source: American Nonsmokers' Rights Foundation.

**MAPPS Strategy #3
Point of Purchase/Promotion**

- Restrict retail advertising
- Restrict product placement

The Retail Setting

The retail setting impacts:

- Access, availability, and convenience
- Product placement/display
- Price (through price promotions)
- Advertising and promotion
- Impulse purchases

**Point of Purchase/Promotion:
A New Policy Frontier**



**MAPPS Strategy #4
Price**

- Evidence-based pricing strategies
- Ban free samples and price discounts

Price: Increase the Price of Tobacco

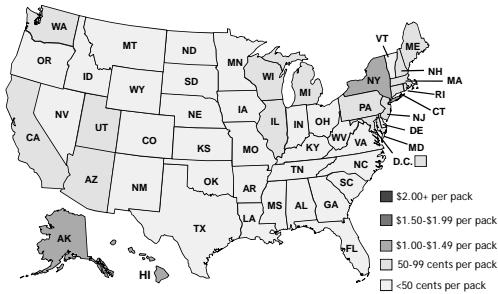
- Most effective single intervention
- Impacts both youth initiation and adult cessation
- 10% increase in cigarette prices = 4% drop in consumption
- Larger impact on more price-sensitive populations
 - Youth
 - Low-Income Americans
- Even more effective if some revenue dedicated to tobacco control & cessation

Cigarette Sales and Cigarette Prices United States, 1970-2007



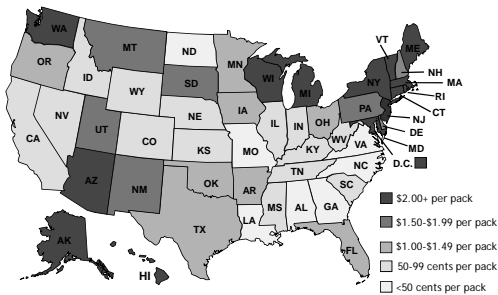
Source: ImpactTeen Charbook: Cigarette Smoking Prevalence and Policies in the 50 States.

State Cigarette Excise Tax Rates – 2000



Source: CDC, Office on Smoking and Health, State Tobacco Activities Tracking and Evaluation (STATE) System.

State Cigarette Excise Tax Rates – 2010

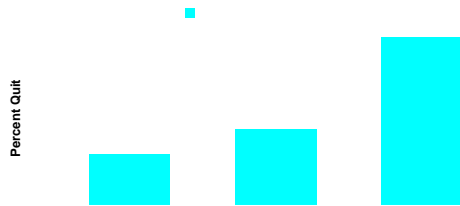


Source: CDC, Office on Smoking and Health, State Tobacco Activities Tracking and Evaluation (STATE) System.

**MAPPS Strategy #5
Support and Services**

- ❑ **Quitline and other cessation services**
- ❑ **46 million U.S. smokers**
 - 70% want to quit
 - 40% try to quit each year
 - Only 2% call state or national quitlines

**Quitline Counseling Alone or with Medication
Significantly Increases 6-Month Abstinence Rates**

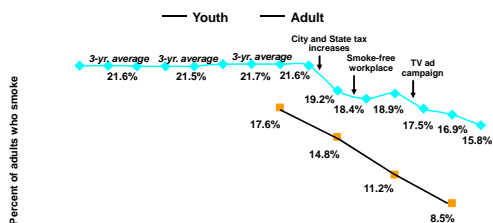


Source: Clinical Practice Guideline Meta-Analysis Results. *Treating tobacco use and dependence: 2008 update*.
Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2008 May.

Social Support and Services

- ❑ **Policy drives quit attempts/success**
 - Aggressive counter-advertising
 - Comprehensive smoke-free policies
 - Significant price increases
 - Advertising, promotion, and sponsorship bans

Impact of a Comprehensive Approach: Youth and Adult Smoking Rates in NYC



Source: CDC. Decline in Smoking Prevalence -- New York City, 2002--2006. MMWR. 2007. 56(24):604-608; and New York City Department of Health and Mental Hygiene.

Recovery Act Funding

State and Territory Initiative

- Nutrition, Physical Activity & Tobacco
 - \$44.6 million in non-competitive funds for nutrition, physical activity, and tobacco
 - \$44.4 million for quit line expansion and cessation media
 - \$9.7 million in competitive funds for 5 states



Communities Putting Prevention to Work

- \$142 million in competitive funds for tobacco control
- 21 tobacco control communities in 19 states

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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