

Tobacco Control in NYC



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Burden of Tobacco – NYC

- Smoking is the leading cause of preventable death in New York City
- Smoking kills more New Yorkers than AIDS, drugs, homicide and suicide – combined
- 1 in 7 deaths overall are smoking-related
- 7,500 New Yorker die from a smoking-related illness every year
- One-third of New York City's smokers will die from a smoking-related illness

Overview of NYC Smokers

- Current Status:
 - Adult prevalence: 16.9% (2007 CHS); US: 19.8%
 - 1.006 million adult smokers
 - Teen prevalence: 8.5% (2007 YRBS); US: 20%
 - 20,000 public high school smokers
- Prevalence was 21.5% (1993-2002)
- Mayor Bloomberg and Commissioner Frieden made tobacco control public health priority No. 1 (2002)
- Implemented CTC program (as per 1999 CDC Best Practices)
- Prevalence decreased 21% (2002-2007)
- 300,000 fewer NYC smokers (2002-2007)

Making it Harder to Smoke

- Increased the price of cigarettes in NYC to about \$8.50 per pack
 - Two State excise tax increases (.39 cents to \$1.50, on April 2, 2002; and \$1.25 to \$2.75 on June 3, 2008)
 - One City excise tax increase (\$1.42 to \$1.50 on July 2, 2002)
- Implemented comprehensive indoor air laws, prohibiting smoking in almost all workplaces, including restaurant and bars
 - Smoke-Free Air Act of 2002 (NYC, effective March 30, 2003)
 - Clean Indoor Air Act (NYS, effective July 24, 2003)

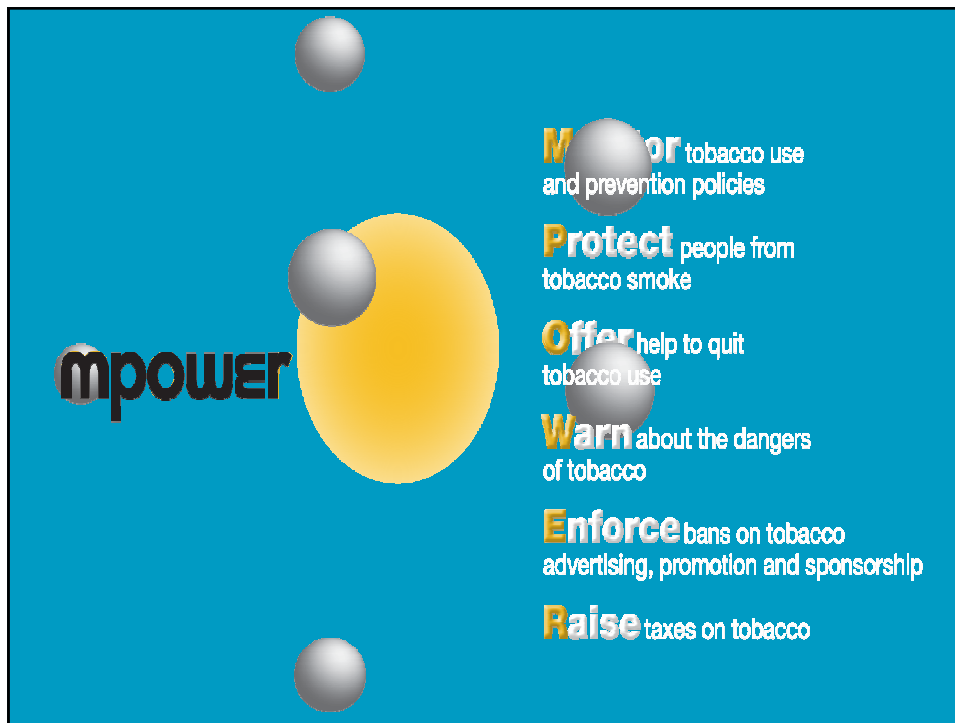
Making it Easier to Quit

- Motivate smokers through hard-hitting ads
- Increase access to and utilization of quit smoking treatment, services and medications
 - Give away NRT directly to the public (Nicotine Patch and Gum Program)
 - Increase utilization of cessation programs at public hospitals (Health and Hospitals Corp.)
 - Promote systematic screening for tobacco use and delivery of cessation services by providers through Public Health Detailing
 - Provide medication, technical assistance and support to community-based clinics and organizations to provide cessation services

NYC's Five-Point Plan for Tobacco Control

- **Taxation**
- **Legal action**
- **Cessation**
- **Education**
- **Evaluation**



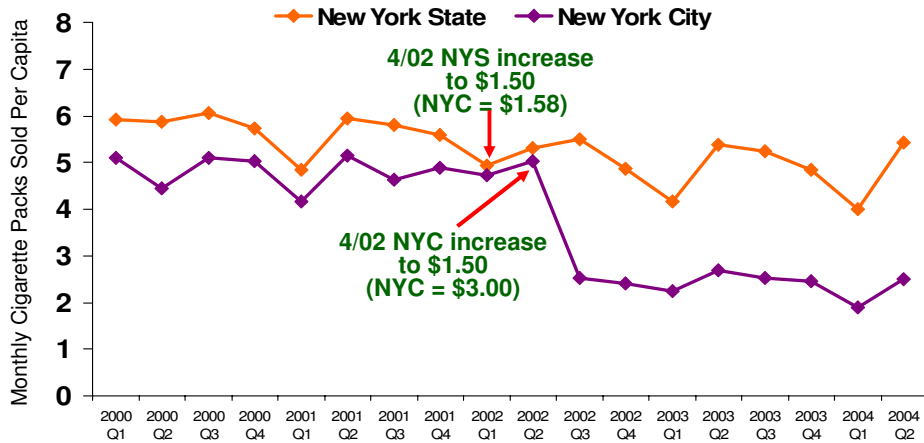


Taxation

- Most effective strategy to decrease tobacco use
- Influences current smokers and future initiators
- 2002 NYC/NYS tax increases to \$3 brought NYC price to about \$7 per pack – highest combined city/state cigarette tax and pack price nationally
- 2008 NYS tax increase of \$1.25 brought NYC price to about \$8.50 per pack – highest combined city/state cigarette tax and pack price nationally
- Tax accounts for 62% of NYC pack price (World Bank recommends two-thirds)
- Proportion of sales not taxed doubled after 2002 tax increases (31%) and continues to be a challenge (13%)

Higher NYC Taxes Significantly Reduced Cigarette Sales

NYC & NYS Avg. Monthly Cigarette Packs Sold Per Capita, Based on Tax Stamp Sales, Jan. 2000-June 2004, by Quarter



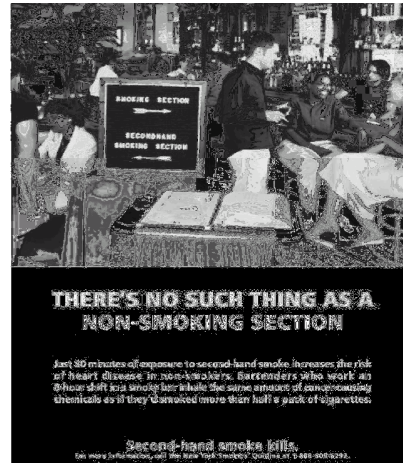
Where NYers Buy Cigarettes Sales with Known Place of Purchase 2002-2007

	2002	2003	2004	2005	2006	2007
NYC taxed sale	84%	69%	70%	78%	79%	87%
NYS (outside NYC)	5.2%	8.7%	7.9%	2.8%	2.3%	1.9%*
Internet/mail order	2.2%	4.3%	3.0%	1.3%*	0.5%*	0.9%*
Another person/ on the street	--	5.9%	7.8%	8.7%	9.4%	5.6%
Other (outside NYS, Indian reservation, etc.)	8.8%	11.0%	11.3%	8.8%	8.1%	4.4%
Non-taxed sale	16%	30%	30%	22%	20%	13%
Indeterminate taxed sale	--	1.0%*	0.4%*	0.6%*	1.1%*	0.6%*

NYC Community Health Surveys (CHS), 2002-07. All estimates are weighted to the NYC Census 2000. Prevalence estimates are age-adjusted to the US 2000 Standard Population. Adults 18 years or older. Totals may not equal 100% due to rounding.
*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.

Legal Action

Implemented comprehensive indoor air law, prohibiting smoking in almost all workplaces, including restaurants and bars



Framing the SHS Debate

- Second-hand smoke (SHS) kills
- Smoke-free workplace laws save lives – place workers front and center in debate
 - Worker health and safety issue – *not* “personal nuisance”
 - All workers, including bar and restaurant employees, deserve equal protection
- Smoke-free workplace laws don’t hurt business
 - Not a tradeoff between health and economics
 - Expansion of smoke-free public places

Smoke-Free Air Act: One-Year Report

- One-Year Report (March 2004)
 - Compliance rate 97%
 - Business in restaurants and bars increased 8.7%
 - Employment in restaurants and bars increased 7%
 - Air quality in restaurants and bars improved 6-fold
 - Levels of cotinine in non-smokers reduced 85%

Smoke-Free Air Act Updates

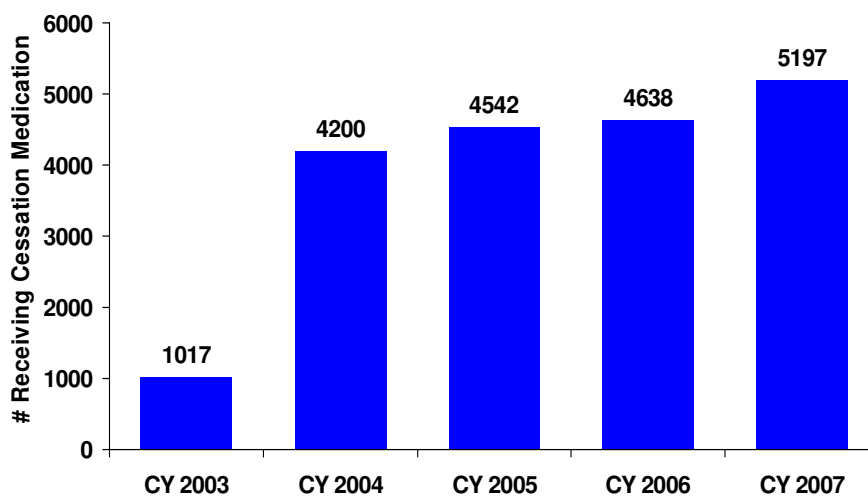
- SFAA compliance rate 95% (2008)
 - Increased off-hours inspections (11pm-8am)
 - Failure rate higher, but declining
- At-Home Smoking
 - SFAA increased New Yorkers' awareness of the dangers of exposure to SHS
 - Almost 70% of New Yorkers -- including almost 40% of smokers -- have smoke-free homes (2006)

Cessation

- Partnerships with NYC's public hospital system and with community- and clinic-based sites to promote and support pharmacology-based cessation
- Public Health Detailing to maximize the clinical encounter and promote systems change in provider practices
- Nicotine Patch and Gum Program to distribute barrier-free nicotine replacement therapy medications to NYC smokers
- Targeted local efforts to address need in high-prevalence neighborhoods

Cessation at NYC Public Hospitals

*Patients Who Received Cessation Medications
Quarterly Average for 2003 – 2007*

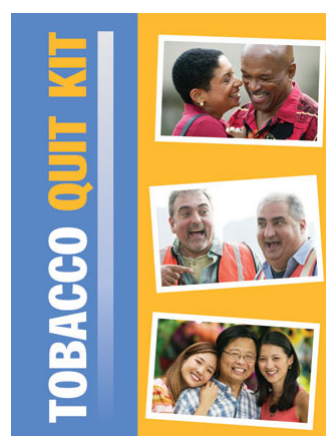


Partners Promote Cessation to Priority Populations

- Partners
 - Community-based organizations
 - Social service organizations
 - Faith-based organizations
 - Clinics
 - Private hospitals
 - City agencies
 - Colleges and universities
- Priority Populations
 - Uninsured
 - Underinsured
 - Substance Abuse
 - Mental Health
 - Lesbian, gay, bisexual
 - Staten Island
 - Asian and Eastern European men
 - HIV+
 - Prison inmates

Public Health Detailing

- Uses pharmaceutical sales approach
- “Sells” public health interventions
- Provides brief, one-on-one interactions with health care providers and staff
- Promotes use of clinical systems to ensure that opportunities for care are not missed



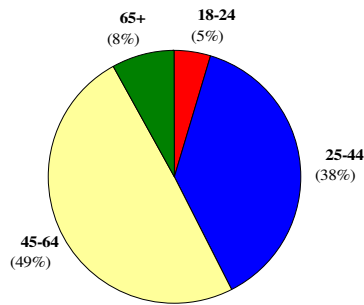
Detailing Campaigns

- 2004 Campaign
 - Three at-risk NYC communities
 - 5 detailing representatives visited 200 provider sites
 - 580 health care staff received one visit; 300 received second visit (57%)
- 2005 Campaign
 - New York City
 - 60 detailing reps visited 2,400 provider sites
 - 8,400 health care staff received one visit; 6,000 received second visit (71%)
 - At baseline: 64% of MDs screened for smoking at every visit; post detailing: 81% screened

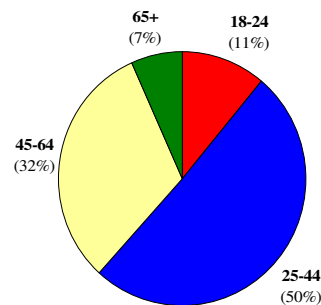
Nicotine Patch and Gum Programs

Year	Length of program (days)	Partner	NRT dosage and duration of treatment by smoker cigarettes per day (cpd)	Total NRT courses	Average NRT courses per day
2003	43	NYS Smokers' Quitline	10+: 6 wks patches	35,000	814
2005	36	NYC 311	10+: 6 wks patches	45,000	1250
2006	34	NYC 311	10+: 4 wks patches with option for 2 additional wks	35,000	1029
2007	21	NYC 311	1-9: box gum 10-20: 6 wks patches 21+: 8 wks patches	33,000	1571
2008	16	NYC 311	1-9: box gum 10-20: 6 wks patches and box gum 21+: 6 wks patches and box stronge gum	30,000	1875

Age Distribution of 2008 NPGP Enrolled Callers Compared to Smokers in NYC



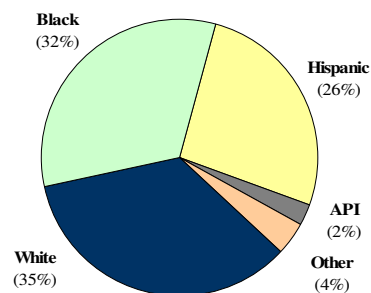
NPGP Enrolled Callers



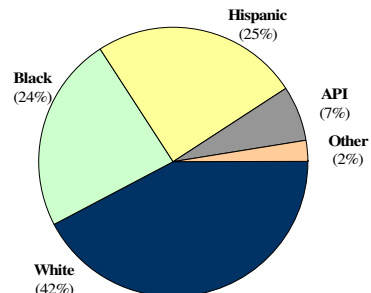
Smokers in NYC*

* 2007 Community Health Survey

Race/Ethnicity Distribution of NPGP 2008 Enrolled Callers Compared to Smokers in NYC



NPGP Enrolled Callers



Smokers in NYC*

* 2007 Community Health Survey

Targeted Efforts: Harlem

- Year-long initiative
- Focus: families, smoke-free homes and cessation
- Media: print (outdoor) and radio, Oct-Dec 2007
- Incentives: "Smoke-free home" kits distributed to residents, Jan-Aug 2008
- Education/Cessation: Workshops and outreach events with NRT distribution, June 2008 - present



Education

- Shift social norms
- Increase awareness of the dangers of smoking and exposure to second-hand smoke
- Promote the benefits of quitting and the availability of cessation services
- Launch targeted, hard-hitting counter-advertising campaigns
- Develop materials and resources for lay and provider audiences

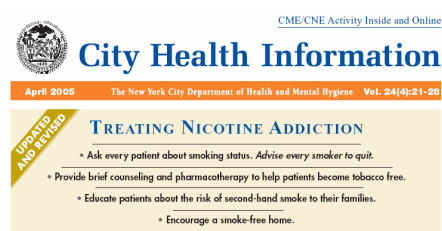
Public Education



Targeted Ad Campaigns



Provider Education

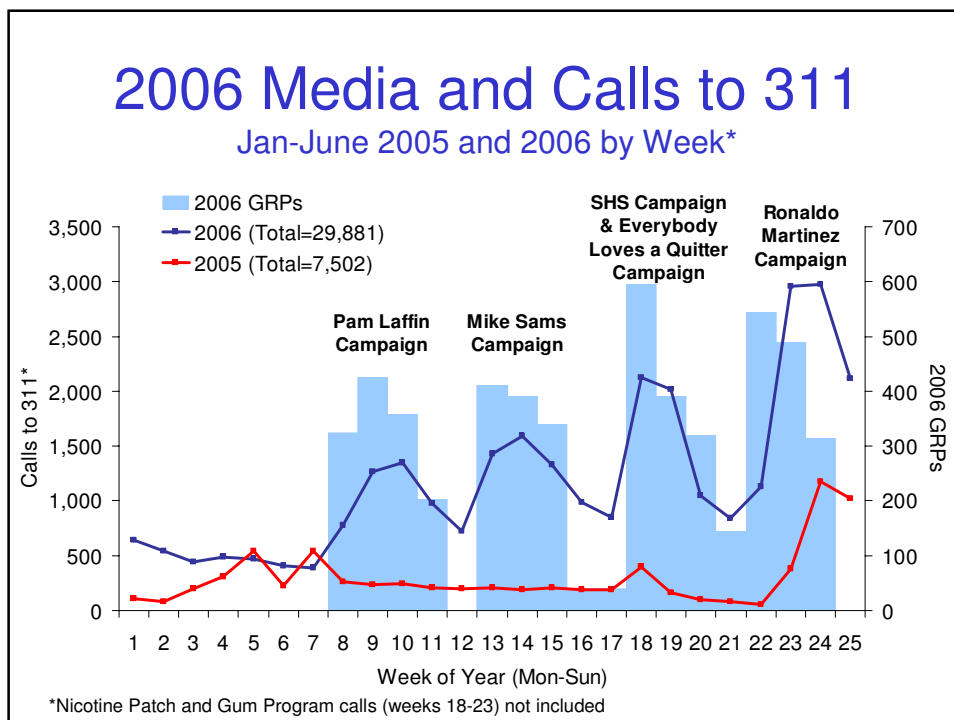
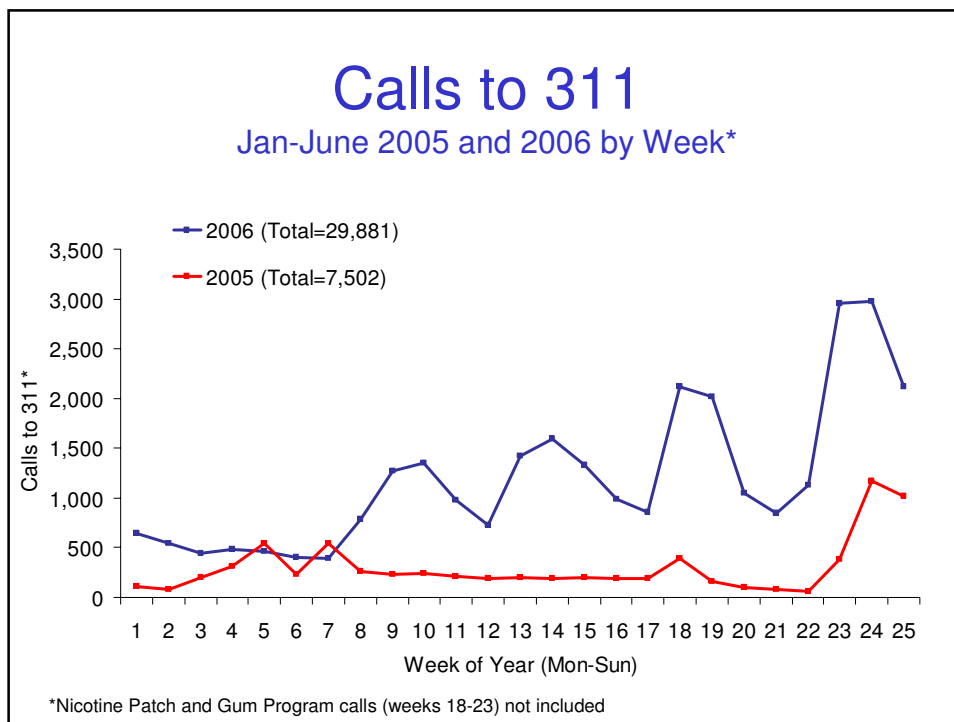


Campaigns

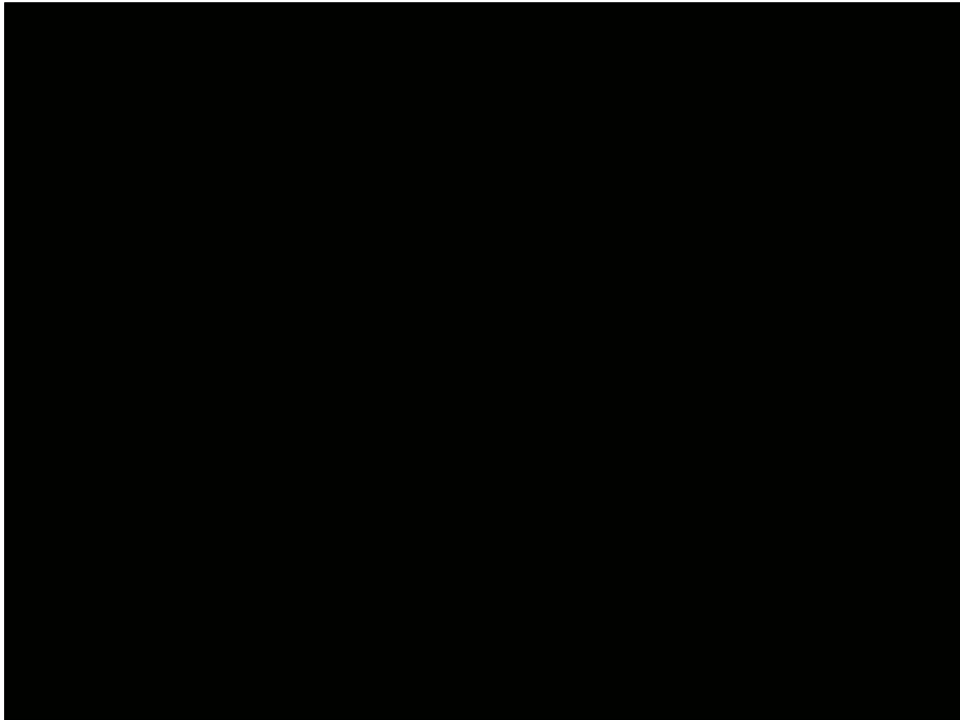
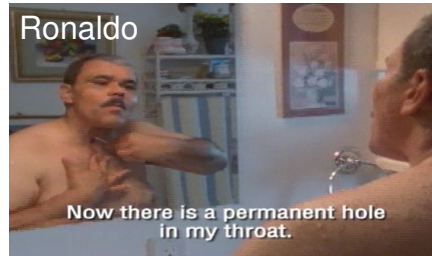


Aggressive Media Campaign (2006)

- Largest NYC campaign ever launched (Jan 06)
- “Every Cigarette is Doing You Damage” (AU)
- Testimonials of sick and dying smokers
 - Mike Sams (AL)
 - Pam Laffin (MA)
 - Ronaldo Martinez (MA)
- Calls to 311 for “quit smoking assistance” quadrupled to 30,000 (Jan-June 2006) from 7,500 (Jan-June 2005)
- Generated significant earned media



Media Now (2006 to present)

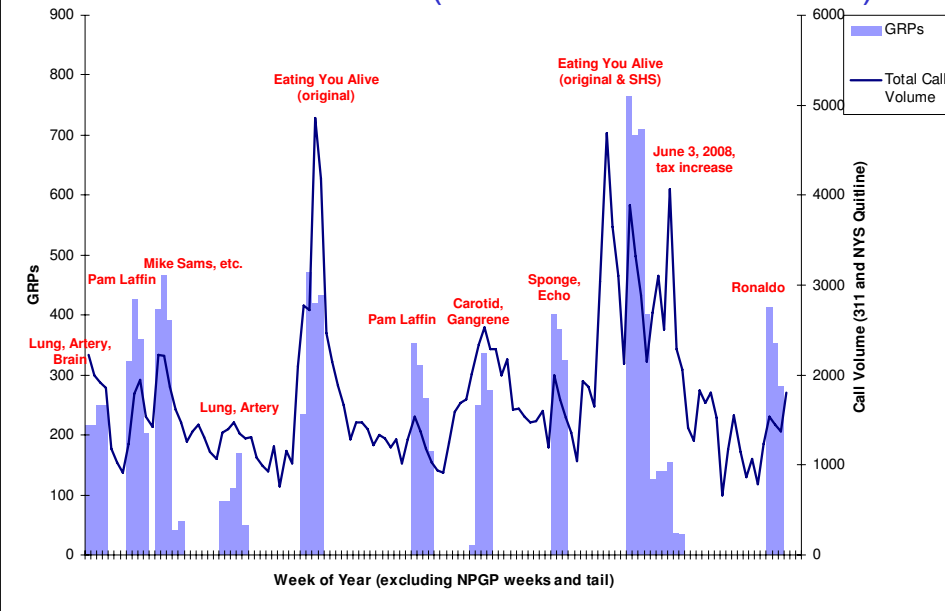


Testimonial Commercial

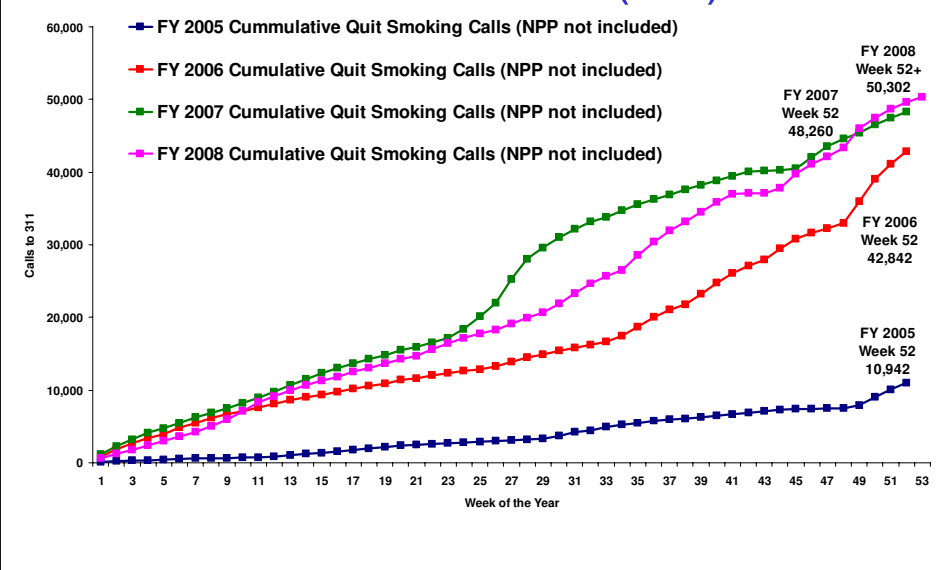
- 1st NYC-developed testimonial
- 2006 NRT program enrollee
- Multiple smoking-related amputations
- Ads focused on disease effects on family, relationships, life,
- Drove 30,000+ smokers to seek direct help (April 2008)
- Generated significant press



Anti-Smoking Campaign Gross Rating Points and Total Call Volume (Jan. 2006 – Oct. 2008)



Calls to 311 Increased ~ 5-Fold 2008 v. 2005 (FY)



NY1 News
NYC's 24-Hour Newschannel On The Web

Staten Island Advance

Earned Media

The New York Times

Herald Tribune
INTERNATIONAL

DAILY NEWS

- Critical component of media strategy
- Extends reach of paid media
- Generated through ad campaigns, cessation programs, stunts, special events, and releasing data
- Can create big impact for a low-cost project: June 3 NYS tax increase (free) and graphic matchbooks (\$25K)

Graphic Matchbooks

- Inspired by graphic pack warnings in Aust, Brazil, Canada
- Called attention to US law, which fails to require most effective health warnings
- Distributed 330,000 via 132 tobacco retailers (Sept 2008)
- Generated 100+ news articles worldwide
- Others jurisdictions adopting



Evaluation

- Collect, analyze and disseminate ongoing community-specific tobacco-related behaviors
- Use registries and other data to inform program implementation
- Track effectiveness of different interventions and adjust approaches
- Use qualitative data to enhance understanding of findings and inform decision-making

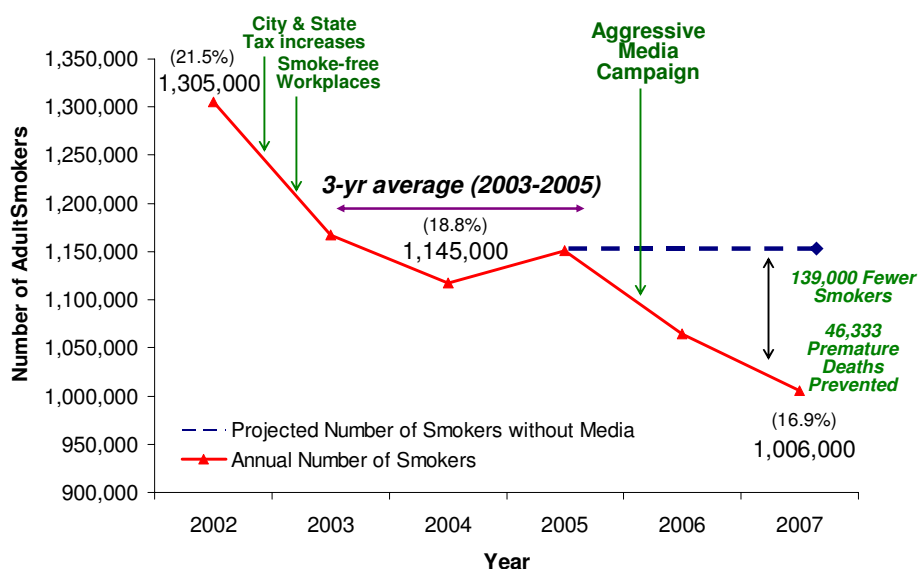
Cessation Population Reach

- The Health and Hospitals Corporation treats more than 20,000 smokers annually (2%)
- Community and clinic-based partners treat about 30,000 smokers annually (3%)
- Nicotine Patch and Gum Program treats 30,000 smokers annually (3%)
- Anti-tobacco media campaign generates 50,000 calls annually (5%) forwarded to NYS Smokers' Quitline
- Some smokers may be using multiple interventions
- Could be as high as 13% of NYC smokers receive cessation medications and counseling

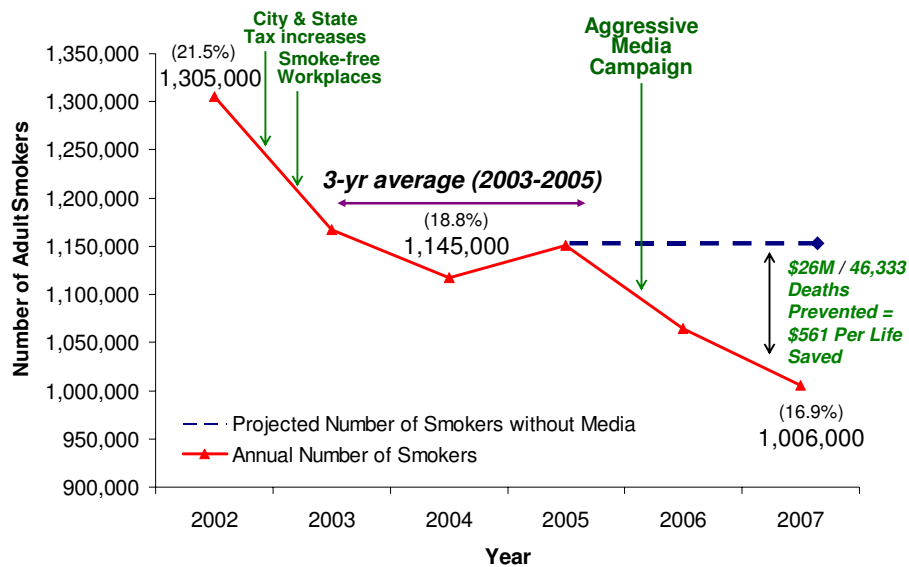
Media Impact: Longitudinal Survey

- Three waves: Aug. 2006, Feb 2007, Nov. 2007
- 1999 current smokers and 424 recent quitters
- Measured smoking status, media awareness and impact, cessation and smoking behaviors
- 92% saw at least 1 ad; 78% saw at least 2 ads
- Among smokers who saw at least 1 ad:
 - 94% reported it said “something important” to them
 - 57% reported it increased their motivation to quit

Media Impact: Public Health

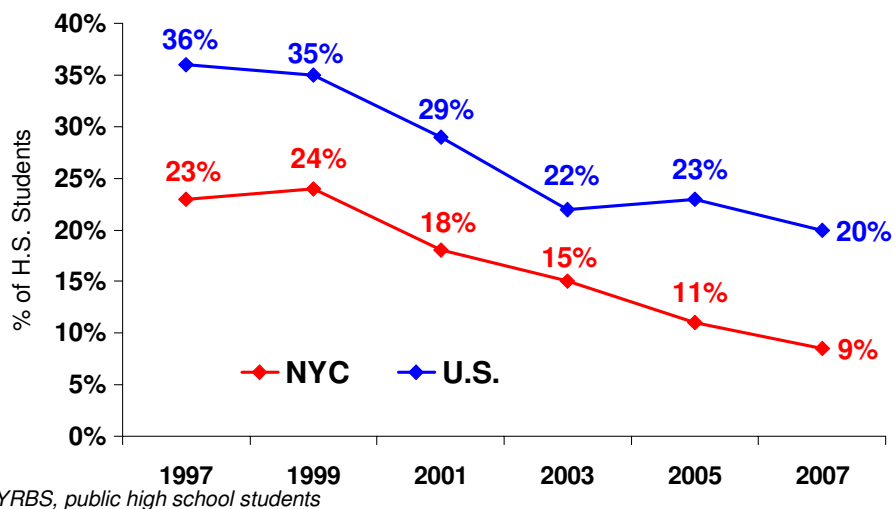


Media Impact: Cost Per Life Saved



NYC Youth Smoking Prevalence: 61% Decline in 10 Years

52% Decline Since 2001



NYC Adult Smoking Prevalence 1993-2007

21% Decline Since 2002
300,000 Fewer Smokers
100,000 Premature Deaths Prevented

