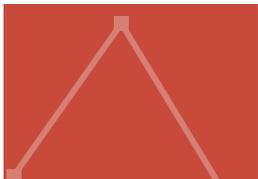


Fiscal Year 2008 and 2009 Progress Report

Arkansans Tell Their Story



OCT	NOV	DEC	JAN	FEB	MAR	APR
1215	1090	910	1306	3655	6731	3159



IT IS WORKING

Since the inception of the Master Settlement Funding of the Arkansas Department of Health's Tobacco Prevention and Cessation Program, approximately 92,400 fewer adults smoke – a reduction of almost 20 percent. Similarly, there are approximately 21,500 fewer high school students who smoke since 2000.

THE CLEAN INDOOR AIR ACT IS A SUCCESS

The number of Arkansans who are exposed to secondhand smoke has dropped dramatically with the implementation of policies, such as the Clean Indoor Air Act (2006); eliminating smoking in a car with a young child (2006); Smoke-free Hospital Campuses (2005) and Smoke-free University Campuses (2009).

GROWING RETURN ON INVESTMENT

Since the inception of the program, just under \$100 million has been spent to drive the adult and youth smoking prevalence down, which will result in more than \$1 billion in healthcare savings over their lifetimes.



Arkansas Department of Health

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

GREETINGS,

On behalf of the Arkansas Department of Health, I welcome and encourage you to review our Fiscal Year 2008 and 2009 Tobacco Prevention and Cessation Progress Report. The Tobacco Prevention and Cessation Program within the Arkansas Department of Health is a vital contribution to our overall goal of protecting and improving the health of all Arkansans.

I am thrilled with the progress that Arkansas's Tobacco Prevention and Cessation Program has made. In collaboration with many partners, such as local health agencies, schools, community organizations, and Arkansas's business community, our fight against the negative effects of tobacco use is showing remarkable results. Since the inception of the Tobacco Prevention and Cessation Program, approximately 92,000 fewer adult Arkansans and 21,500 fewer Arkansas high school students are smokers. In addition, the number of Arkansans who are exposed to secondhand smoke has dropped dramatically with the implementation of policies such as the Clean Indoor Air Act.

Our work is not finished. Despite our successes, tobacco use is the greatest public health problem in Arkansas. Tobacco-related diseases, such as lung cancer and heart disease, continue to be the number one killer of Arkansans. Arkansas must continue to be persistent in delivering a tobacco-free message to all Arkansans, in encouraging the cessation of tobacco use, and in preventing tobacco use initiation.

It is my hope that your review of this report will provide you with a snapshot of successes from Arkansans who have used Arkansas's Prevention and Cessation Program to help them live tobacco-free, healthier lives. In addition, this report will detail that tobacco prevention and cessation is a great investment and one that is crucial for future generations - in quality of life, in lowered health-care costs, in better academic capability and achievement, and in enriched economic opportunities for Arkansans.

I encourage you to join in our fight against tobacco and to be involved in making our state a healthier state.

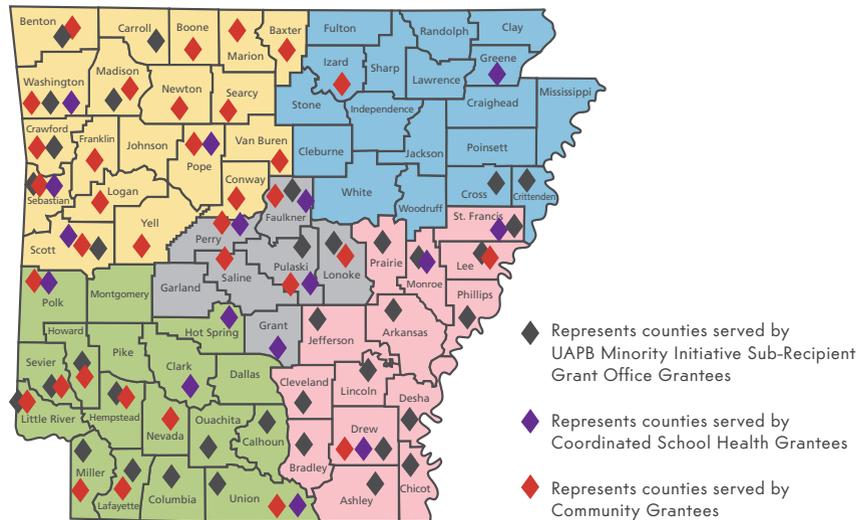
Sincerely,

Paul K. Halverson, DrPH
Director and State Health Officer

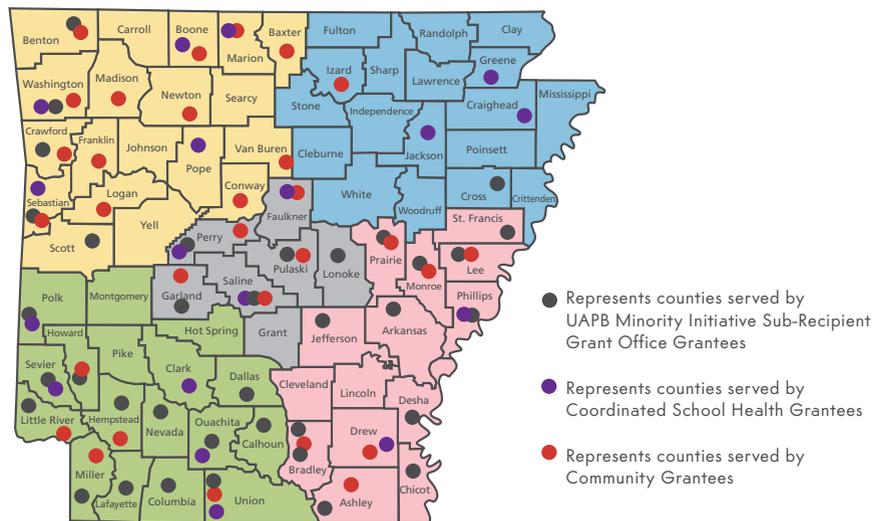
4815 West Markham Street • Little Rock, Arkansas 72205-3867
Telephone (501) 661-2000

The Tobacco Prevention and Cessation Program works with partners across the state to provide technical information on tobacco prevention and cessation.

AR Tobacco Prevention and Cessation Program
FY 2009 Grantee Coverage Area by County



AR Tobacco Prevention and Cessation Program
FY 2010 Grantee Coverage Area by County



Since 2001, 200 grantees in all Arkansas counties have received funding to establish local prevention initiatives.

Marian Evans, Pine Bluff

Program Coordinator, Minority Initiative Sub-Recipient Grant Office

*Our state's health problems didn't happen overnight,
so the decreases aren't going to happen that quickly either.*



The Minority Initiative Sub-Recipient Grant Office was set up through Act 1, and we focus on tobacco prevention in minority populations. The funding provides the opportunity to target specific populations and provide materials to those areas that help deliver a change in behavior. Grants distributed in 2008 and 2009 totaled \$1,758,098.

The University of Arkansas at Pine Bluff also offers the Master of Science Degree in Addiction Studies Program, the only graduate-level program of its kind in Arkansas. Since its inception in May 2004, sixty-four students have graduated from the program, with most choosing to live and work in Arkansas.



Arkansas's Tobacco Settlement Proceeds Act requires that 15 percent of the MSA revenue be directed to tobacco prevention and cessation in minority communities. TPCP has partnered with UAPB to assure compliance with this requirement. In fiscal year 2008, MISRGO funding reached 38 counties. In fiscal year 2009, funding reached 33 counties, and in fiscal year 2010, it will reach 36 counties.

Lizette Castillo Freshman, University of Arkansas at Fayetteville Y.E.S. Team Advisor

This is the path I have chosen
- to be smoke-free - and I couldn't be more proud.

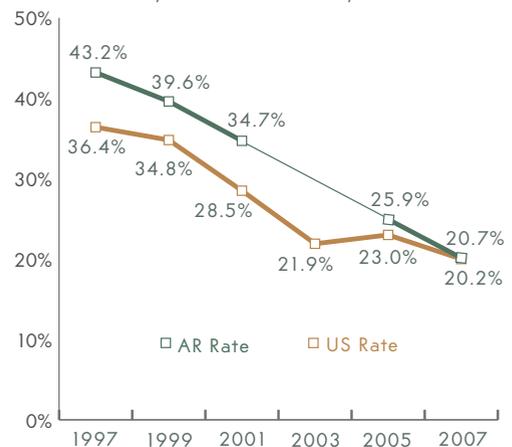


GROWING UP, I NEVER EVEN THOUGHT ABOUT SMOKING. My dad said he decided a long time ago he could be athletic or smoke. He chose to be athletic, and that's the path I took, too.

Education is the key to prevention. That's why I joined the Youth Extinguishing Smoking (Y.E.S!) team when I was in high school. And that's why I continue to work with the program as an advisor. The Y.E.S! Team is part of Arkansas's statewide anti-tobacco youth movement. Team members are committed to reaching each young Arkansan and educating them about the dangers of tobacco and secondhand smoke. I feel that educating the young before they become teens is easier than trying to get them to quit.

Since 2000, 21,500 fewer Arkansas high school students are smokers.

Current Cigarette Smoking* among High School Students, Arkansas & the U.S., 1997-2007



* Students in grades 9-12 who report having smoked cigarettes on one or more days during the previous 30 days

Katherine Donald Director, Coalition for a Tobacco Free Arkansas

I work directly with groups around the state and help them increase awareness of the dangers of tobacco use, secondhand smoke and the health implications on families and children. The groups range anywhere from entire cities to community groups and church groups. The funding we have helps these communities succeed.

OUR WORK HAS HELPED CONTRIBUTE TO A NUMBER OF POSITIVE SMOKE-FREE LAWS AND REGULATIONS ALL ACROSS THE STATE. After working with Fairfield Bay, city leaders created a comprehensive smoke-free law; the first in the state. We have also worked with El Dorado, Pine Bluff, and even the city of Little Rock recently banned smoking in all city parks.

We should not cut back. In fact, we need more funding to increase our successes.



Cornelya Dorbin Director, Arkansas Cancer Coalition



*We have the opportunity to save lives;
you can't put a dollar amount on a life.*

The Arkansas Cancer Coalition is a statewide program that brings together other cancer-related organizations throughout the state. Whether it's an individual or organization, we provide the forum so that they can dialogue, they can determine ways to collaborate, they can piggyback off each others' information.

When you're sitting around the table with partners who would have never talked if it hadn't been for your organization, helping them connect the dots, and it's solely because you brought them together and that's the mission of your group, I call that success.

Every time we educate someone about cancer or provide a resource or tool, it's an opportunity to save a life.



Cancers Caused by Tobacco

- Lung Cancer
- Mouth and Throat Cancer
- Cancer of the Esophagus
- Bladder Cancer
- Cervical Cancer
- Pancreatic Cancer

Karen Davis, Walnut Ridge Community School Health Nurse Specialist



*If we get kids to stop, that's amazing,
but this program is all about prevention.*



I work with a school program that is funded through the Tobacco Prevention and Cessation Program. The funding allows me to work with 14 school districts. I HAVE ALWAYS BEEN A FIRM BELIEVER IN PREVENTION PROGRAMS WITH THE YOUTH, SO I TRY MY HARDEST TO HAVE A BIG IMPACT ON THE FIRST THROUGH SIXTH GRADERS, BEFORE THEY REALLY GET A CHANCE TO START.

I can see when the kids get something out of my presentations. They listen, and they ask questions. They're paying attention, and they want to learn. Hopefully I'm keeping kids from ever picking up a cigarette or a dip.

Greg Sled Arkansas Tobacco Control

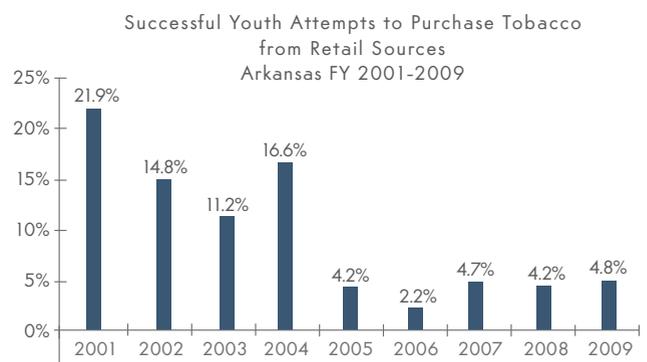
Since 2005, we've been ranked #1 or #2 in the nation for lowest sales to minors.

My job is to ensure that merchants around the state comply with the laws regulating the sale of tobacco to minors. It's had a big impact on the public. It's getting harder and harder for minors to purchase tobacco products. I THINK THE PURPOSE OF ARKANSAS TOBACCO CONTROL IS TWO-FOLD: WE ARE ABLE TO BOTH ENFORCE TOBACCO LAWS AS WELL AS EDUCATE MERCHANTS. Many merchants are proactive and attend our training programs. We ensure they don't sell to minors.



Arkansas is the only state in the country to have a dedicated agency for tobacco enforcement. Efforts to prevent youth from successfully purchasing tobacco products include:

- Performing an average of 400 youth compliance checks per month.
- Performing retailer trainings to educate employers and employees on laws concerning legal tobacco sales.
- Compliance with laws on youth enforcement remain below 10 percent.



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Compliance Checks

Arkansas continues to have success in preventing the initiation of tobacco use among teens.

Joey Reed, Little Rock

Manager, Juanita's Café and Bar

*All around, this has been a positive change
for both the customers and us.*



INITIALLY, WE WERE MET WITH A BIT OF HOSTILITY ABOUT THE PASSAGE OF THE CLEAN INDOOR AIR ACT, BUT ONCE EVERYONE KNEW IT WAS A STATE LAW, THINGS IMPROVED. Most people, especially non-smokers and those with kids, prefer not to have smoke present while they are eating. From a business standpoint, it helps us to serve and seat customers quicker, not having to segregate smokers from non-smokers. And the waiters have actually been able to make more money because the flow is more predictable now.

LAWS PASSED TO PROTECT ARKANSANS AGAINST THE DANGERS OF TOBACCO AND SECONDHAND SMOKE.

Clean Indoor Air Act - 2006 • Act 13 - 2006 • Tobacco Excise Tax - 2003 and 2009

Arkansas Clean Air on Campus Act - 2009

Arkansas Cigarette Fire Safety Standard Act (RIP Cigarettes) - 2009

Arkansas has decreased the number of Arkansans exposed to secondhand smoke.

Chris Thomason Chancellor, University of Arkansas Community College at Hope

There has been an overwhelmingly positive response from the community.

The passage of the smoke-free campus law stated that all state-supported college campuses must become smoke free by August 1, 2010. We began our transition in the summer of 2009, leaving a single designated smoking area, and will be completely smoke free by January 1, 2010. We started by educating the faculty, staff, and students of the benefits and requirements. THEN, WE CREATED AN IMPLEMENTATION PROGRAM, AND WE PROVIDED OPPORTUNITIES TO SMOKERS TO HELP THEM QUIT, IF THEY SO CHOSE.

The change has been well-received, with almost universal compliance. We have received positive comments from non-smokers and a great deal of understanding by smokers.

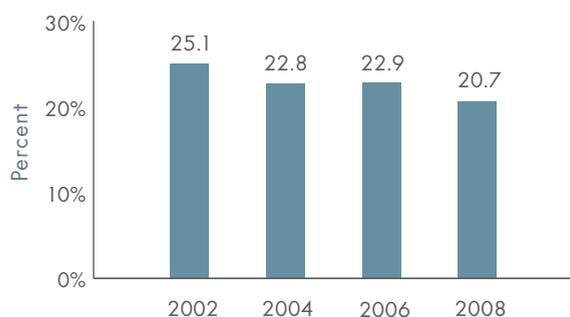


Alberta Faye Powell, Maumelle Quitline Graduate, 2008

*With this addiction, it's both
mind and body. You have to treat both.*



Percentage of adults who were
current cigarette smokers,
AR ATS 2002, 2004, 2006, & 2008



I started smoking at a young age. I wanted to feel like I had some kind of control over my life. It took 37 years, but I finally realized that I didn't have control; the tobacco addiction did. I had tried to quit several times, but it never worked. CALLING THE QUITLINE WORKED FOR ME BECAUSE IT WAS A COMBINATION OF FREE MEDICATION AND THE HELP OF THE QUIT COACHES. Now I'm running marathons - something I never thought I could do, and I couldn't have done it without the help of the Quitline.

Since 2002, there are 92,400 fewer adult Arkansans who smoke.

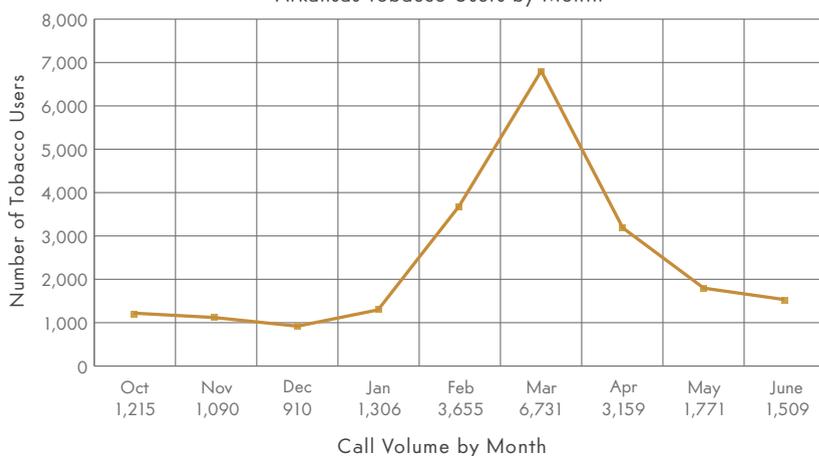
Dustin Canady, Conway

Quitline Graduate, 2008

The lozenges helped with the cravings, and I was mentally set with the coach's help.



Arkansas Tobacco Quitline Fiscal Year 2009
Arkansas Tobacco-Users by Month



Smoking was just something I did. I started around age 16. Then I started to realize that it was harder to be physically active, and financially, it was expensive. My wife is a non-smoker, and she has always wanted me to quit. I HEARD ABOUT THE QUITLINE FROM A RADIO SPOT. THE COUNSELING WAS VERY HELPFUL; THEY TALKED TO ME ABOUT MY REASONS AND MOTIVATIONS. THEY ALSO SENT FREE LOZENGES. I COULDN'T HAVE DONE IT WITHOUT THEM. I'm doing mixed martial arts, and I feel 10 times healthier. My senses have improved, plus I'm able to do more, and I have more money. I always tell people how the Quitline helped me.

From October 2008 through June 2009, 21,346 tobacco users in Arkansas called the Quitline for help with their tobacco use.

ARKANSAS TOBACCO QUITLINE REACH

From October 2008 through October 2009, Arkansas's new Quitline vendor, Free & Clear, received more than 30,000 calls from tobacco-users wanting to utilize the free motivational counseling and medications, such as patches and lozenges. More than 26,000, approximately 88 percent, of callers were tobacco users requesting an intervention. Callers to the Quitline are offered a single-call counseling session or the more intensive five-call program. Approximately 60 percent of callers enroll in the more intensive program, which doubles their chances at staying quit.

ARKANSAS'S QUIT RATE

Thirty percent of callers enrolled in the intensive program remain successfully quit when measured at seven months.

ARKANSAS SATISFACTION RATES

Across all tobacco users who received either the single or multiple call intervention, 55 percent reported being very satisfied overall with Quitline services, 15 percent were mostly satisfied and 16 percent were somewhat satisfied. Satisfaction varied by intervention received by Quitline participants. Multiple call recipients expressed much higher overall satisfaction rates as compared to single call participants.

ARKANSAS TOBACCO PREVENTION AND CESSATION PROGRAM SUBSTANCE ABUSE INITIATIVES

The substance abuse focus of TPCP is a new direction that seeks to integrate tobacco cessation with the practice of substance abuse counseling. In fiscal year 2010, TPCP partnered with the Department of Community Correction, the Department of Human Services' Division of Behavioral Health Services' Office of Alcohol and Drug Abuse Prevention and the University of Arkansas at Pine Bluff to provide intensive tobacco training to 77 substance abuse counselors. TPCP has helped support the counseling programs with both adult and juvenile drug court substance abuse treatment programs. In addition, TPCP will work with the Department of Community Correction to grow the number of trained tobacco cessation counselors throughout Arkansas.

Jessica Smith-Ellis Section Chief

Health Communications/Cessation Interventions, Tobacco Prevention and Cessation Program

Our advertising and grassroots programs work hand-in-hand allowing us to reach all of our audiences. Each program has a purpose.



Stamp Out Smoking works to deliver a tobacco-free message across Arkansas. MEDIA PLACEMENT, INCLUDING PRINT, BROADCAST, ONLINE AND BILLBOARDS, HELPS US TO REACH THE BULK OF ARKANSANS. First, we get to know our target audience through formative research. Then we develop a creative theme and find the best way to reach that audience with our message. Everything we create is tested to ensure that the message resonates with our audience. These efforts ensure that each message becomes more and more targeted and that we are spending funds efficiently.

We also rely on grassroots programs to reach ages and groups that may not be reached by traditional advertising. A few examples are our coloring, drama and essay contests, which target school-aged kids with a prevention message. With these programs, we provide the tools to empower people to deliver the message in their communities. It becomes personal to them, and they help us spread the message.

The tobacco industry spends more than \$12.8 billion per year marketing its harmful products nationwide with an estimated \$155.7 million spent in Arkansas, 10.9 times what the state spends on tobacco prevention and cessation.

Chip McAfee, Texarkana Teacher, Arkansas High School

Through their research for The Big Pitch, the students have been educated on the dangers of smoking.



In 2008, my drama class came across The Big Pitch Drama Contest, and we ended up winning second place. Then some of the returning students were determined to get first place the next year, and they did!

The students got together and actually gave up a day of their spring break to film in the park. They all had fun, but they also knew it was something they had to be serious about. IT HAS GIVEN THEM A REAL SENSE OF ACCOMPLISHMENT. It's a great activity and really gets the students involved. Based on the increase in entries, we're going to have to come up with something even more amazing next year!

ARKANSAS CONTINUES TO UTILIZE THE CENTERS FOR DISEASE CONTROL'S BEST PRACTICES OF INTEGRATING PROGRAMS THAT INVOLVE LOCAL HEALTH AGENCIES, SCHOOLS, COMMUNITIES AND CORPORATIONS.

The Centers for Disease Control Best Practices Are:

- State and Community Interventions
- Cessation Interventions
- Health Communications Interventions
- Administration and Management
- Surveillance and Evaluation

Kevin Goggans, Altheimer Quitline Graduate, 2008

*The price of the program was the best part - it was free.
I would have spent \$50 on cigarettes, but not on patches.*

When I heard about the impending tax increase, I knew that smoking was becoming more and more expensive. I thought I could save that money for something else. I started putting the money I would have spent on cigarettes in a cookie jar. It added up quickly.

AFTER SEVERAL MONTHS, I PULLED THE JAR DOWN AND REALIZED I HAD ENOUGH TO BUY A FOUR-WHEELER. I had tried to quit smoking before - cold turkey, but it only lasted a month or so. I called the Quitline because I knew it had a good success rate and that other people have been able to quit with the program. Some people who try to quit alone just pick them back up. Now I'm more active and I can get out and hunt with my dog, Sky, and my new four-wheeler.



The Arkansas Tobacco Quitline provides free medications to Arkansans wanting to stop their tobacco use.

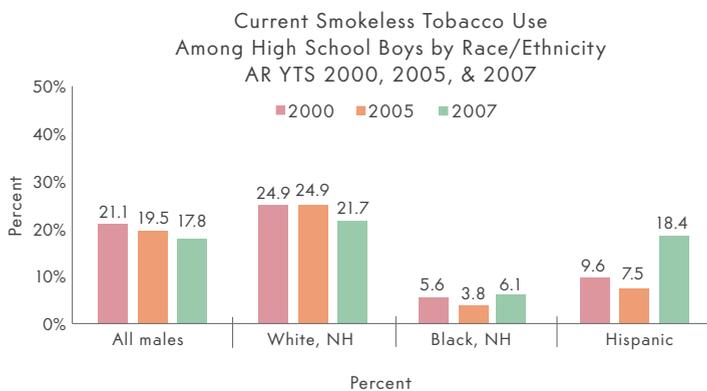
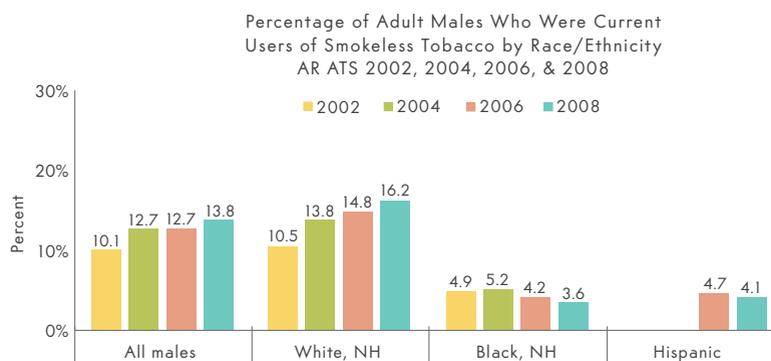
Dovie Wolf, Hughes Former Smokeless Tobacco User

I needed the coach more than the patches.

I grew up on a farm, around a bunch of guys, and I chewed tobacco. I can't really remember exactly when I started. I think I was around 5. For me, it was just a way of life. Most people think only men chew tobacco, but there are a few women.

Eventually, I needed extensive dental work from all the damage the spit tobacco caused. At the same time, my husband got sick and it scared me. ALTHOUGH I WAS EMBARRASSED TO ADMIT I CHEWED, I CALLED THE QUITLINE AND THEY HELPED ME THROUGH IT. Overall, it was great! I never ran out of patches and the Quit Coaches always called when they said they would.

My life turned upside down and I lost two close family members. I remember the Quit Coach asking me to imagine the worst thing that could happen and would that make me want to start again. I knew the worst had happened and I made it through with their help.



Although more common in males, sometimes women also need help with their smokeless tobacco use. Recent national data suggests substantial increases in smokeless tobacco use, particularly in young men.

Dr. Michael Johnson Battelle Centers for Public Health, Research and Evaluation

Having ample funds available for this program is key to its success.

Battelle has a contract to evaluate the effectiveness of the Tobacco Prevention and Cessation Program. We look to see if tobacco control is contributing to the reduction in smoking and health problems. Our evaluations help to determine what works, and more importantly, what doesn't work.

I've worked with more than 30 states, and Arkansas has taken several steps, all of which were the correct steps to take. First of all, there are substantial funds allocated to this program. Secondly, Arkansas has followed the CDC's best practices for tobacco control, having a number of strategies and targeting a number of populations. One of the best indicators of social change is when individuals bring regulations into unregulated areas, like their homes and cars. IN ARKANSAS, MORE PEOPLE ARE REPORTING THAT THEIR HOMES AND VEHICLES ARE SMOKE-FREE. THEY HAVE GOTTEN THE MESSAGE THAT SMOKING AROUND OTHERS IS DANGEROUS. THIS MARKS TREMENDOUS PROGRESS.



Centers for Disease Control Recommended Spending on Tobacco Prevention and Cessation for Arkansas	Arkansas's Tobacco Prevention and Cessation Budget For FY09
\$36.4 million	\$17.3 million

The Tobacco Prevention and Cessation Program performs or collaborates with multiple data resources to accurately monitor the program's effectiveness. This surveillance and evaluation aspect of the program provides data that monitors tobacco use among youth and adults, as well as the effectiveness of TPCP-funded statewide and local programs' educational and outreach efforts. The surveillance and evaluation tools used include: Behavior Risk Factor Surveillance Survey, Youth Risk Behavior Survey, Arkansas Pregnancy Risk Assessment Monitoring Survey, National Health Interview Survey, Youth Tobacco Survey, Adult Tobacco Survey, School Health Policies and Programs Studies, Current Population Survey, Synar Amendment Data, SOS Media Tracking Survey and Arkansas Prevention Needs Assessment.

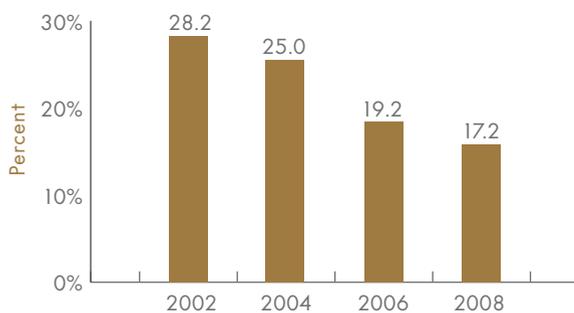
Arkansas spends 54.4 percent of the CDC's recommended expenditure on tobacco prevention and cessation programs. Arkansas currently ranks ninth in funding of tobacco prevention and cessation.

Chris Broadway, Forrest City Quitline Graduate, 2008

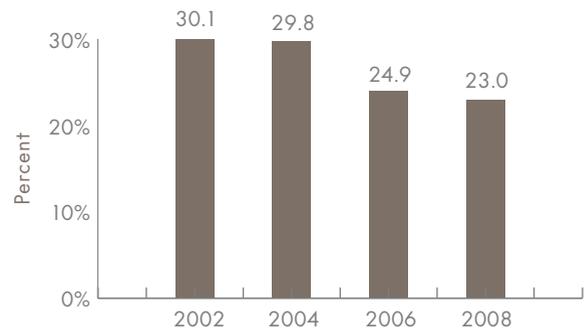
Now, maybe I will be around to see my great-grandkids.

I had tried to quit smoking several times, but it never seemed to work. I got stressed and just fell back on it. I remember seeing a TV spot about the Quitline, but I didn't call. It wasn't until my daughter brought home a pamphlet from Stamp Out Smoking that she got at school. She always stayed on me about my smoking. So I called for her. THE QUITLINE WAS GREAT. THEY WERE ALWAYS THERE WHEN I NEEDED THEM; THEY EVEN SENT ME FREE MEDICATION. I liked having someone able to help talk me through the urges. It's a great thing. And I'm glad I did it - for my daughter and myself.

Percentage of adults who reported exposure to secondhand smoke in the home, AR ATS 2002, 2004, 2006, & 2008



Percentage of adults who reported exposure to secondhand smoke in the vehicle, AR ATS 2002, 2004, 2006, & 2008



The Adult Tobacco Survey monitors and evaluates Arkansans' responses to many tobacco control topics, such as, public knowledge, attitudes and behaviors with respect to tobacco use, anti-tobacco media and advertising, secondhand smoke exposure reduction and public support for smoking bans.

Valli Hall, Conway

Quitline Graduate, 2008

*I was hospitalized for coughing up blood.
That was a wake-up call.*

I started smoking when I was only 16. Recently, my father got sick; he had heart problems, and it really forced me to take a hard look at myself. I thought, "That's going to happen to me." One day I was driving down I-40 and heard a radio spot with a woman talking about not being able to smoke around her new niece. I called from my cell phone almost immediately. They were very patient with me and were so generous. I couldn't afford the lozenges, so having them free was helpful. BEING A QUITTER HAS BEEN THE BEST THING FOR ME: I FEEL BETTER, FOOD TASTES BETTER AND I'VE SAVED MONEY - AND I COULDN'T HAVE DONE IT WITHOUT THE QUITLINE.



Estimated Hospital-Related Cost Savings: Arkansas 2002-2008

	Heart Disease	Stroke	Emphysema, Chronic Bronchitis	Totals
Smoking Attributable Hospital Admissions Averted	4,249	2,395	2,930	9,574
Hospital Costs and Hospital-related Professional Costs	\$119.4 M	\$33.8 M	\$28.3 M	\$181.5M

All costs are adjusted for inflation to 2008 constant dollars

Totals

Since 2001, Arkansas has realized an estimated \$181.5 million savings in hospital costs.

The Arkansas Department of Health, Tobacco Prevention and Cessation Program was established in 1993 through a federal grant from the U.S. Department of Health & Human Services, Centers for Disease Control and Prevention (CDC). In July 2001 the program was significantly enhanced with the receipt of funding from the Master Settlement Agreement (MSA). The Arkansas Department of Health receives 31.6 percent of the annual payment into the Tobacco Settlement Program fund. The purpose of the program is to reduce mortality and morbidity associated with tobacco use among Arkansans. Using the CDC's guidelines (Best Practices for Comprehensive Tobacco Control Programs 2007) and other recommended strategies from the CDC, a science-based approach to tobacco prevention and cessation was implemented to support the program's goal.

THE GOALS OF THE PROGRAM INCLUDE:

- 1) Preventing initiation among youth and young adults;
- 2) Eliminating exposure to secondhand smoke;
- 3) Promoting quitting among adults and youth; and
- 4) Identifying and eliminating tobacco-related disparities among population groups.

Since receiving MSA funding in 2001, research-based comprehensive tobacco control programs have been implemented that include the five CDC recommended components: state and community interventions (which includes statewide and community programs); health communication interventions; cessation interventions; surveillance and evaluation; and an effective administrative and management structure to facilitate the coordination and implementation of best practice components.

ACTIONS OF THE ARKANSAS STATE LEGISLATURE HAVE ALSO BEEN VERY EFFECTIVE ON TOBACCO CONTROL EFFORTS IN THE STATE:

During the Extraordinary Session of 2006, the Arkansas Legislature passed the Clean Indoor Act (Act 8) making workplaces smoke-free. Although there are exemptions allowed for specific businesses (e.g., night clubs allowing patrons/workers over the age of 21 only), this was a step in the right direction. The law was implemented on July 21, 2006. There remains the opportunity to strengthen the law either locally or statewide into a comprehensive ban. During this same session the Arkansas Legislature passed an act (Act 13) to protect children restrained in child passenger safety seats from secondhand smoke. Act 13 made it illegal to smoke in a vehicle when children under 6 years of age and weighing less than 60 pounds are present. During the Regular Session of the Arkansas Legislature in 2009, an act (Act 180) was passed to increase the tax on cigarettes and certain tobacco products. The tax on cigarettes was increased \$.56/pack making the total state tax per pack \$1.15. During this same session, the Arkansas Legislature passed the Clean Air on Campus Act (Act 734) which bans smoking on the grounds of all Higher Education Institutions supported by the state. This Act will be implemented on August 1, 2010. Also, during this same session, the Arkansas Legislature passed the Arkansas Cigarette Fire Safety Standards Act 697 that requires the selling of Reduced Ignition Propensity (RIP) cigarettes.

TPCP has implemented the following CDC Best Practice Intervention Areas:

STATE AND COMMUNITY INTERVENTIONS through community and school-based programs, statewide programs and enforcement of tobacco sales to minors. Each year 35-40 grants are provided throughout the state to schools or communities to provide local outreach (see page 2). The Arkansas Tobacco Control Board is funded to provide education to retailers to prevent tobacco sales to youth and performance of youth compliance checks. TPCP also funds the 15 percent Minority Initiative Program delivered through the University of Arkansas at Pine Bluff. With these funds, the Minority Initiative Sub-recipient Grant Office (MISRGO) supports grantees across the state reaching minority populations. In addition, a Master's Degree program is supported in Addiction Studies. Efforts are underway to grow and strengthen the program to support treatment of all drugs of abuse, including tobacco.

HEALTH COMMUNICATION INTERVENTIONS are provided through a contract with the marketing firm of Cranford Johnson Robinson Woods. In conjunction with TPCP, educational messaging for tobacco prevention, cessation and elimination of secondhand smoke is provided throughout the state.

CESSATION INTERVENTIONS through a contract with Free & Clear®, Inc. for the Arkansas Tobacco Quitline that started October 1, 2008. Currently Arkansas Quitline services can be accessed by calling 1-800-QUIT-NOW. Free & Clear®, Inc. has 20 years of experience providing phone-based tobacco cessation services, including 10 years providing state Quitline services. Free & Clear®, Inc. is a founding member of the North American Quitline Consortium (NAQC), operates quitlines for 16 states and one territory and serves participants from 180 employers and 39 health plans. TPCP became an organizational member of NAQC in 2008. The Arkansas Quitline is available seven days a week, from 7 a.m. to 2 a.m. Central Time. Services are available in English, Spanish and additional languages as needed, including Marshallese. When tobacco users call the Arkansas Tobacco Quitline, they receive:

- Free, confidential, non-judgmental expert support from a Quit Coach® to help make a plan to quit tobacco.
- Help with identifying the best cessation aid, as well as dose and duration. Some aids can be mailed directly to the tobacco user's home, including free patches and lozenges (while supplies last).
- Ongoing Quit Coach® support via phone or online, tailored to the specific needs of each tobacco user, including smokeless tobacco use. Women who are pregnant are eligible for a specialized cessation program with additional benefits.
- Printed Quit Guides – a series of workbooks that offers guidance and support throughout the quitting process.
- Referrals to local community resources and/or benefits offered through employers or health plans.
- Unlimited access to an interactive, online resource called Web Coach™ that offers tools to quit, social support and information about quitting.
- Customized, motivational e-mails sent throughout the quitting process.

In addition to Quitline services, ADH is a founding member of the American Legacy Foundation's National Alliance for Tobacco Cessation (NATC), a national public education campaign designed to motivate adult smokers and connect them with the information and resources that will help them quit. Since April 2008, NATC has been promoting a free web-based tobacco cessation tool, becomeanex.org. EX[®] is a multi-component smoking cessation campaign targeting adult smokers. It promotes the idea of cessation through "relearning life without cigarettes." As part of a comprehensive approach to quitting, it encourages smokers to identify their triggers and assures them that it is possible to relearn how to deal with these triggers without smoking. Success in overcoming one trigger can be a building block for success overcoming others, which in turn can help smokers to relearn how to live their entire lives without cigarettes.

SURVEILLANCE AND EVALUATION INTERVENTIONS involve numerous tools to provide a comprehensive review of TPCP. Through a contract with Battelle Centers for Public Health Research and Evaluation, TPCP obtains an external evaluation. Battelle has identified the following key performance indicators for tracking the effectiveness of TPCP programs:

- Increase anti-tobacco policies and programs to reduce youth access to tobacco products
- Maintain restriction and enforcement of tobacco sales to minors
- Decrease youth tobacco use prevalence (also by vulnerable populations)
- Decrease adult tobacco use prevalence (also by vulnerable populations)
- Increase quit attempts among youth and adults (cigarettes and smokeless)
- Increase cessation among youth and adults
- Decrease per capita consumption of cigarette smoking and smokeless tobacco
- Increase smoke-free policies
- Decrease exposure to secondhand smoke at homes and in vehicles
- Show a progressive decline in lung cancer death rates when comparing Arkansas rates vs. other states' rates across the country
- Show a progressive decline in heart disease death rates when comparing Arkansas rates vs. average U.S. rates

TPCP has demonstrated significant effort and progress in each of these areas. In addition, a Quality Management and Improvement program has been added to review all grants funded through TPCP. It remains in an initial stage, but the process has been very rewarding. Through this project, there will be direct review and recommendations provided back to the grantees to improve their efforts.



Arkansas Department of Health

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Tobacco Prevention and Cessation Program

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