IMPACT
Delaware Tobacco Prevention Coalition

A NEW ROUND IN THE FIGHT AGAINST TOBACCO.

KEEPING DELAWARE'S TOBACCO EFFORTS ON COURSE.

This updated Plan for a Tobacco-Free Delaware is a coordinated effort between the IMPACT Delaware Tobacco Prevention Coalition (IMPACT) and others interested in tobacco prevention and control in Delaware. Our vision is to become the state with the lowest prevalence of tobacco use in the country. In achieving our goals and objectives we realize the importance of leveraging our resources through collaboration across programs and organizations.

IMPACT was formed in 1994 after Delaware received a Centers for Disease Control and Prevention (CDC) grant, which began as a planning agreement and grew to include funds for infrastructure and state tobacco programs. One of the requirements of the CDC grant was to develop a statewide tobacco prevention coalition.

IMPACT is not a state agency. Its mission is to improve the quality of life of all Delawareans by reducing health risks related to tobacco use and exposure. Coalition members are representatives of community service and health related organizations who have an interest in tobacco prevention efforts.

IMPACT, in conjunction with Division of Public Health, developed the first Plan for a Tobacco-Free Delaware in 1999. It was updated in 2005. During this time, we have helped raise awareness, educated people on the dangers of tobacco, developed and implemented programs, and measured and analyzed data to evaluate the effectiveness of our efforts. In developing the new plan, we reviewed our accomplishments, looked at areas that need improvement, considered emerging issues such as Health Care Reform and the new Food and Drug Administration (FDA) regulations related to tobacco prevention, and focused on some critical issues to shape our strategies for this new round in the fight against tobacco.

BEST PRACTICES GUIDE US.

We've patterned our program efforts after CDC Best Practices—methods and processes that have been determined to be the most effective way to help people stop using tobacco. With CDC guidance and our own vigilance, we have generated significant results.

Since 1999, we have seen a 28 percent decrease in adult smoking and a 54 percent decrease in youth smoking. Because of our continued efforts, smoking rates continue to decline.

Ways we are implementing best practices—

State and Community Interventions:

Youth programs such as Delaware Kick Butts Generation, Smoke Screamers and Teens Against Tobacco Use (TATU), awarding mini-grants to community organizations statewide and enforcement of policies regarding youth access and secondhand smoke.

Health Communication Interventions:

Social marketing activities such as promoting the Delaware Quitline and educating the public on the dangers of tobacco use through various channels.

Cessation Interventions:

Delaware Quitline.

Surveillance and Evaluation:

Administration and analysis of the Delaware Adult Tobacco Survey and Youth Tobacco Survey.

Administration and Management:

Collaboration with partners (IMPACT), coordination of efforts, and leveraging of resources (federal grants and state funds).

What we've accomplished since 2005—

Our goals from the *2005 Plan for a Tobacco-Free Delaware* were:

1. Prevent tobacco use among young Delawareans through age 24.
2. Increase tobacco cessation among Delawareans.
3. Reduce routine exposure to environmental tobacco smoke.
4. Decrease the social acceptability of tobacco use.
5. Maintain leadership position to sustain progress of tobacco prevention.

We've made significant progress since the *2005 Plan for a Tobacco-Free Delaware*.

- High school student smoking prevalence reached an all-time low of 14.9 percent in 2010.
- The excise tax on cigarettes increased 60 cents in 2007 and 45 cents in 2009, to total $1.60 per pack.
- The Youth Access Law was amended in 2009 to require clerk-assisted sales and an ID check of anyone 27 and younger.
- More than 5,500 registered for Delaware QuitNet, a web-based cessation resource that became available in 2006.
- All of Delaware hospitals have smoke-free campuses and even some beaches are now smoke-free.
- Delaware was one of only a few states to meet CDC's minimum spending levels on tobacco.

As important as our progress is, we won't be satisfied until our tobacco rate is among the lowest in the nation. Moving forward, we have identified critical issues, tweaked our goals and developed new objectives to guide us over the next few years.

We are making progress toward our goals.

Prevent Initiation

12,272

students have been members of Delaware Kick Butts Generation since its inception in 1999, with 8,672 current active members.

Increase Cessation

34,000+

have enrolled in the Delaware Quitline since its inception in 2001.

Reduce Exposure to Secondhand Smoke

79 percent

of Delawareans do not allow smoking anywhere inside their homes (up from 59% in 2001).

Decrease Social Acceptability

60+

diverse organizations have been awarded mini-grants since 2001.

Maintain Leadership

25

other states have adopted smoke-free laws that cover bars and restaurants since Delaware went smoke-free in 2002.

CRITICAL ISSUES THAT WE ARE FACING.

Our first job is prevention.

Most adults who smoke started as kids. Persuading people not to start using tobacco to begin with is our number-one goal. The challenge is daunting. Nicotine is more addicting than heroin or cocaine. Kids are being lured into trying cigarettes every day. Even with smoking on the decline, tobacco use is still the number-one preventable cause of death in the United States. In addition to cancer and heart and lung disease, it has been proven to cause impotence, depression, infertility, preterm births, sudden infant death syndrome and acute respiratory infections in children. It is important for us to continue our efforts to convince people not to start and provide resources to help them quit.

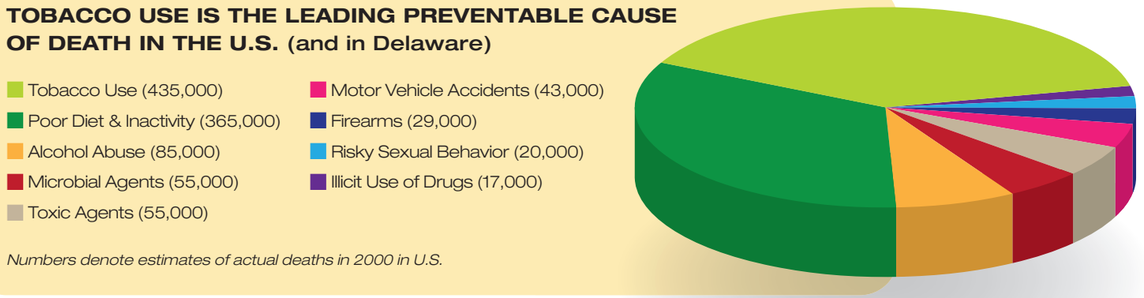
The tobacco industry is more aggressive than ever.

Through targeted websites and other technology-driven methods, the tobacco industry is moving into new channels to market its products to younger and newer audiences. Marketing in the digital space offers tobacco companies a way to take advantage of a loophole in the rules that limit tobacco advertising. Even vintage cigarette commercials that are banned on TV are now available for viewing on YouTube. Prevention and cessation efforts, to be successful, have to go where the audiences are and operate more routinely in the online space. It's important for us to counter the enormous marketing efforts of big tobacco companies and make sure people understand the substantial health risks associated with tobacco products.

Populations in Delaware are disproportionately affected by tobacco.

Tobacco use is not the same in every county in Delaware and among all ages. More people use tobacco in Kent and Sussex counties and there is more tobacco use among 18- to 24-year-olds statewide. We must reach these populations, so they are exposed to tobacco prevention messages where they are most effective. We also have to ensure that when targeting diverse audiences, messages are culturally competent and relevant.

TOBACCO USE IS THE LEADING PREVENTABLE CAUSE OF DEATH IN THE U.S. (and in Delaware)



Numbers denote estimates of actual deaths in 2000 in U.S.

Other tobacco products have become new threats.

While cigarette use has significantly declined among youth, overall tobacco use prevalence rates have remained level and are in danger of increasing. This is due in part to the growing popularity of cigars and cigarillos. There is a mentality that smoking cigars or cigarillos is "not really smoking." There are also various forms of smokeless tobacco flooding the market. A product called snus—small pouches of tobacco that can be placed between the teeth and cheek—are now available and are being marketed locally and nationally as a way to use tobacco without the constraints of actually smoking. In some cases, these tobacco products deliver more nicotine than cigarettes. For example, cigarillos have 8.4 mg of nicotine where cigarette smokers typically inhale about 1 mg of nicotine. Snus contains 8 mg of nicotine. All of these products are nicotine delivery systems that could result in long-term health problems. We must communicate the harm these products pose to those who use them or consider using them.

Funding must be sustained.

We have accomplished a great deal in regards to tobacco prevention, making many people believe the problem is solved. However, tobacco use continues to be the number-one cause of preventable death in this country and in Delaware. We must continue to support this effort, which has great implications for the health of many Delawareans—not just now, but for years to come. Delaware was one of only a few states to meet CDC's minimum recommended spending levels on tobacco prevention and control. This is no longer true since recently Delaware's CDC-recommended annual investment for tobacco intervention was increased to $13.9 million from $8.6 million per year. We are now investing just 70 percent of that recommended annual investment. (Our funding comes from CDC and the Delaware Health Fund—a repository for the Master Settlement Agreement allotment to Delaware.) Funding for our tobacco prevention efforts has been reduced over the last two years. To continue to make progress in the fight against the marketing and proliferation of tobacco inducements being offered by the tobacco industry—which now total more than $105.5 million a year in Delaware alone—we must step up our investment to the current recommended minimums.

Cigarillos

Snus

AN INVESTMENT THAT IMPROVES & SAVES LIVES.

A study conducted by Penn State University and released in 2010 by the American Lung Association revealed that smoking costs the state of Delaware more than $1 billion annually. Workplace productivity losses amount to $204 million. Costs of premature death are $417 million. And direct medical expenditures amount to $430 million.

Taking into account these combined costs and productivity losses, the real price of a package of cigarettes (current average retail price of $6.05) to the Delaware economy is $9.87.

Smoking cessation benefits, on the other hand, deliver an average 13 percent return on investment. For every dollar spent to help a smoker quit, Delaware sees an average return of $1.13. In total, the state can save $1.5 million annually in direct health care expenditures and workplace productivity losses by continuing to provide smoking cessation treatments.

Helping smokers quit is important. Not just to save lives, but to save Delaware money.

We also must not lose sight of the fact that more lives and dollars will be saved if people never start using tobacco. As Ben Franklin once said, “an ounce of prevention is worth a pound of cure.”

$204 MILLION

Annual tobacco-related workplace productivity losses in Delaware

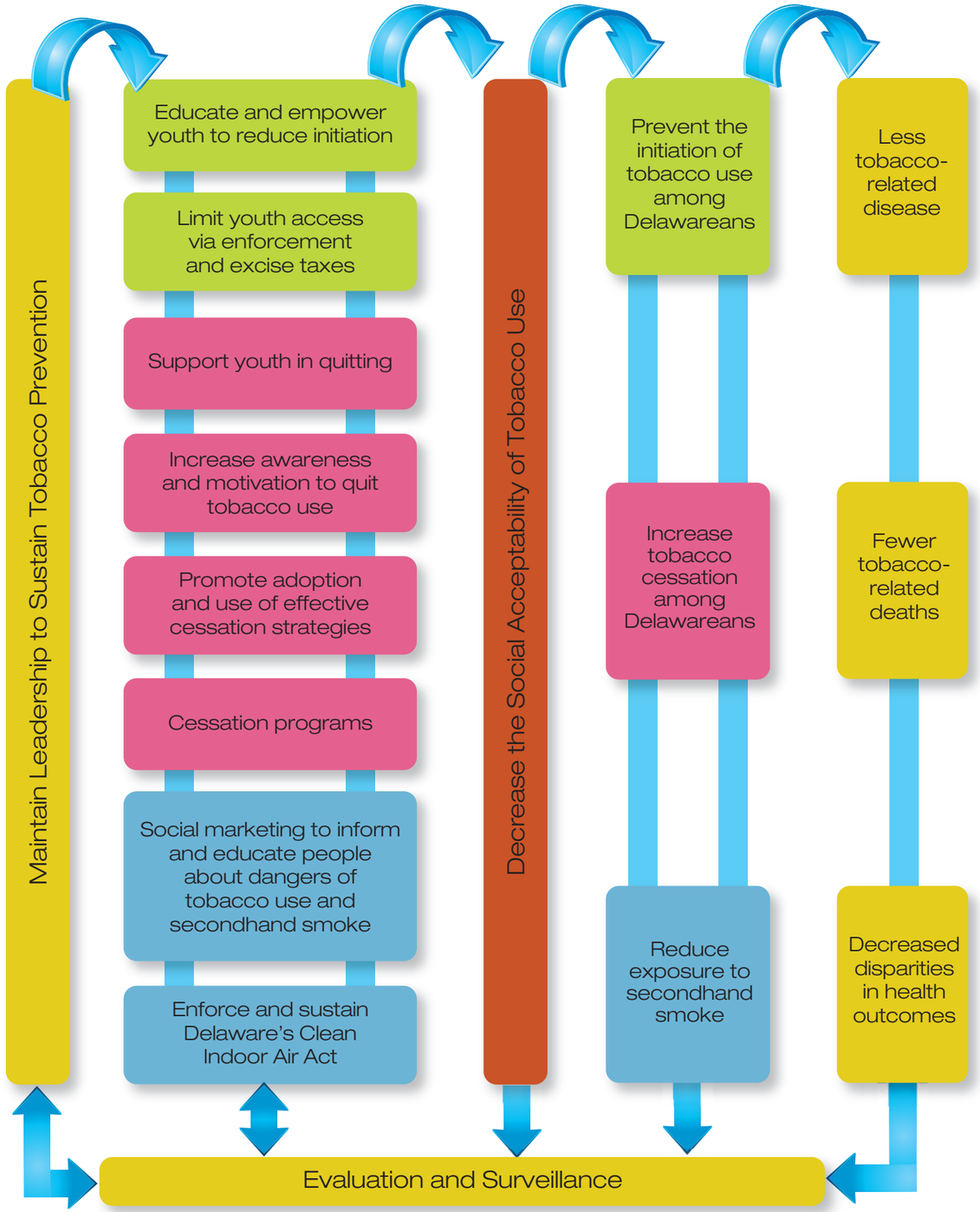
$417 MILLION

Annual costs of tobacco-related premature death in Delaware

$430 MILLION

Annual tobacco-related direct medical expenditures in Delaware

PLAN FOR A TOBACCO-FREE DELAWARE



GOALS, OBJECTIVES & ACTION STEPS

2011

GOAL 1: Prevent the initiation of tobacco use among Delawareans.

GOAL 2: Increase quitting and quit attempts among Delawareans who use tobacco products.

GOAL 3: Reduce exposure to secondhand smoke.

GOAL 4: Decrease the social acceptability of tobacco use.

GOAL 5: Enhance Delaware's position of leadership in comprehensive tobacco prevention and control.

GOAL 1: Prevent the initiation of tobacco use among Delawareans.

Objective 1:
Maintain or exceed the current level of law enforcement on the sale of tobacco to minors through 2015.

[As evidenced by the Department of Safety and Homeland Security compliance check data. Current baseline: 97 percent compliance.]

Objective 2:
Monitor the number of judgments against owners of retail establishments found to be selling tobacco to minors.

[As evidenced by review of the Department of Public Safety DELJIS records for arrests since the enactment of HB440; July 1996–December 1998; baseline: 11 judgments at or above minimum penalty.]

Objective 3:
Increase the number of schools, K–12, that implement an evidence-based substance use prevention program that includes tobacco.

[As evidenced by review by the Department of Education; baseline: to be determined.]

Objective 4:
Reduce the prevalence of cigarette smoking among young people by 2015.

A. Reduce past month cigarette use by middle school aged children from 6.4 percent to 3.8 percent. *[Baseline: 2010 YTS.]*

B. Reduce past month cigarette use by high school aged youth from 14.9 percent to 11.3 percent. *[Baseline: 2010 YTS.]*

C. Reduce past month cigarette use by young adults age 18–24. Currently, smoking prevalence among this population is projected to increase from 24.2 percent to 27.5 percent* *[Baseline: 2009 BRFSS.]*

*We anticipate that this rate will rise even more beginning with the 2010 BRFSS survey, when the new weighting system takes effect and cell phone only households are included in the survey.

Objective 4a:
Reduce the prevalence of overall tobacco use among young people by 2015.

A. Reduce past month use of any tobacco products among middle school aged youth from 9.1 percent to 6.6 percent in 2015. *[Baseline: 2010 YTS.]*

B. Reduce past month use of any tobacco products among high school aged youth from 22.9 percent to 18.7 percent in 2015. *[Baseline: 2010 YTS.]*

C. Reduce past month use of any tobacco products among young adults age 18–24 to below 30 percent. Currently tobacco use rate among this population is 31.5 percent. *[Baseline: 2009 BRFSS.]*

Objective 4b:
Reduce the initiation of smoking and tobacco use by young people.

A. Reduce lifetime tobacco use among middle school aged youth from 23.3 percent to 15.7 percent in 2015. *[Baseline: 2010 YTS.]*

B. Reduce lifetime cigarette use by middle school aged children from 21 percent to 14 percent. *[Baseline: 2010 YTS.]*

C. Reduce lifetime tobacco use among high school aged youth from 50 percent to 49 percent. Current projections indicate that lifetime use among HS students is expected to increase for all categories of tobacco. Cigarettes from 25 percent to 47 percent, Cigars from 28 percent to 36 percent and smokeless from 12 percent to 25 percent. *[Baseline: 2010 YTS.]*

Objective 5:
Increase the number of community agencies faithfully implementing evidence-based prevention programs that include tobacco.

[As evidenced by survey; baseline: to be determined.]

Objective 6:
Increase excise tax on cigarettes to be comparable to bordering states by 2015.

[As of December 2010, Delaware's excise tax is $1.60. The average tax of the three surrounding states is $2.02 per pack: Maryland, $2.00; Pennsylvania, $1.35; and New Jersey, $2.70.]

Objective 7:
Increase the tax on other tobacco products to be comparable to the excise tax on cigarettes.

Objective 8:
Increase fees by at least 300 percent for retail, wholesale and vending machine licenses.

[2009 baseline: retail licenses $5, wholesale licenses $200, vending machines $3.]

Action Steps:

- Consider enforcement of law that requires carding adults aged 27 and younger
- Provide grants to communities to do evidence-based programs
- Create a repository of resources for communities to access
- Reestablish a staff position within DOE responsible for tobacco education
- Educate and inform legislators, decision makers and the general public on the health and economic benefits of increasing the state excise tax on tobacco
- Develop specialized program to target signage for tobacco outlets
- Ensure evaluation is conducted on all programs and activities
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities

GOAL 2: Increase quitting and quit attempts among Delawareans who use tobacco products.

Objective 1:
Increase the percentage of tobacco-using patients who are routinely advised about cessation by their health care providers.
[BRFSS 2002: 79% of respondents indicated that their health care provider advised them to quit smoking.]

Objective 1A:
Increase percentage of users who receive assistance and follow-up about cessation.

Objective 2:
Increase the number of tobacco users who receive or use cessation services.
[Delaware Quitline Fiscal Year 2004: July 1, 2003–June 30, 2004: 2,111 people enrolled in cessation services.]

Objective 3:
Increase the number of health care providers and institutions that adopt and follow the U.S. Public Health Service's Treating Tobacco Use and Dependence Clinical Practice Guideline.

Objective 4:
Increase insurance coverage for comprehensive tobacco cessation programs as set forth by the U.S. Public Health Service's Treating Tobacco Use and Dependence Clinical Practice Guideline.

Objective 5: Increase support for individuals who want to quit using tobacco without participating in formal cessation programming.

Action Steps:

- Provide health care providers with up-to-date materials on available cessation resources in DE
- Train more DE health care providers as Quitline counselors
- Continue to provide free state-of-the-art cessation counseling
- Ensure that youth who are referred to school wellness centers are referred to cessation programs
- Work with private insurance, unions and employers to cover cessation counseling and products
- Work with government insurance plans (such as Medicaid) to cover cessation counseling and products
- Educate and inform (social marketing on the dangers of smoking and the resources available to help people quit)
- Ensure evaluation is conducted on all programs and activities
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities

GOAL 3: Reduce exposure to secondhand smoke.

Objective 1:
Enforce existing policies prohibiting tobacco use on school property and at school-related events.

Objective 2:
Sustain and enforce the Delaware Clean Indoor Air Act.
[Baseline: Number of complaints; number and dollar amount of fines.]

Objective 3:
Increase the number of indoor/outdoor locations and events* that are declared and enforced as tobacco-free zones.
[Baseline: Number of policies; number of signage applications.]

*Examples include public parks, playgrounds, beaches, large outdoor concerts, within 20 feet of public buildings, college campuses and organizations such as private clubs that are exempt from the current Clean Indoor Air Act law.

Objective 4:
Increase the number of individuals who do not allow smoking in their homes or vehicles.

Action Steps:

- Encourage enforcement of policies prohibiting use of tobacco in public schools
- Encourage adoption and enforcement of policies prohibiting use of tobacco in private schools
- Encourage adoption and enforcement of policies prohibiting use of tobacco in institutions of higher education
- Create uniform tobacco-free signage
- Implement a recognition program for organizations going smoke-free
- Educate health care practitioners through professional associations on the value of preventing exposure to secondhand smoke
- Increase the percentage of health care practitioners who inquire about secondhand smoke exposure in the home and counsel patients and their families *[Baseline: Survey of Health Care Providers: 2004 Delaware Physicians' Survey.]*
- Educate and inform (social marketing on the dangers of secondhand smoke and the Clean Indoor Air Act)
- Ensure evaluation is conducted on all programs and activities
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities

GOAL 4: Decrease the social acceptability of tobacco use.

Objective 1:
Develop resources to be able to assess disparate populations* and identify new disparate populations.

*Potential disparate populations in Delaware include the following: Young adults ages 18–24; college students; youth who attend alternative schools; restaurant workers; pregnant teens; chronically ill; individuals with disabilities; mental health community; low socioeconomic status; Hispanics; and the gay, lesbian and transgender community.

Objective 2:
Create marketing campaigns geared toward disparate populations.

[Baseline: Adult Tobacco Survey; Youth Tobacco Survey.]

Objective 3:
Increase the proportion of people who correctly estimate the percentage of their peers who do not smoke.

[Baseline from ATS and YTS.]

Action Steps:

- Ensure messages are culturally competent and relevant to target audiences
- Educate the public and community leaders on the deceptive marketing and promotional strategies of the tobacco industry
- Ensure evaluation is conducted on all programs and activities
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities

GOAL 5: Enhance Delaware's position of leadership in comprehensive tobacco prevention and control.

Objective 1:
Ensure public and private resources are available to provide quality, innovative and comprehensive approaches to tobacco control.

[New baseline data needed: on states that meet or exceed CDC's guidelines for funding tobacco prevention and control programs.]

Objective 2:
Delaware will be one of the top ten states with the lowest tobacco use prevalence.

Objective 3:
Provide leadership to leverage statewide coalitions that are aligned with disparate target groups to advocate and promote tobacco prevention programs.

Objective 4:
Provide and publicize evaluation of the Plan for a Tobacco-Free Delaware.

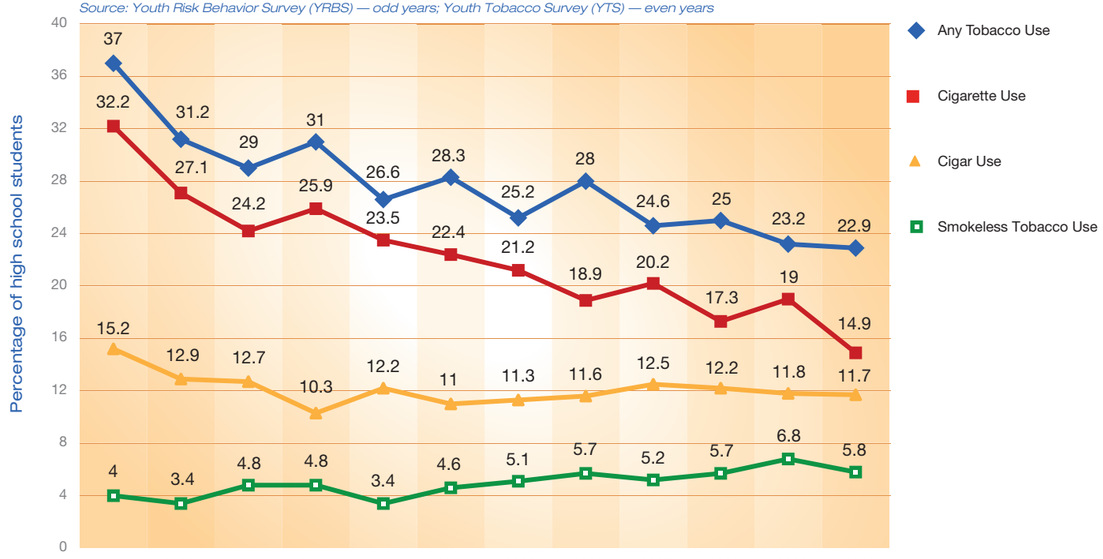
Action Steps:

- Maintain the strong partnerships between public health, DOE and community agencies and resources
- Lobby for adequate funding
- Increase public awareness
- Continue to implement programs with funding
- Identify and engage target groups for potential collaborations and leveraging of efforts
- Define current benchmarks
- Tobacco Planning group will monitor plan performance
- Annually assess the progress
- Distribute annual progress report to key stakeholders
- Ensure evaluation is conducted on all programs and activities
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities

APPENDIX

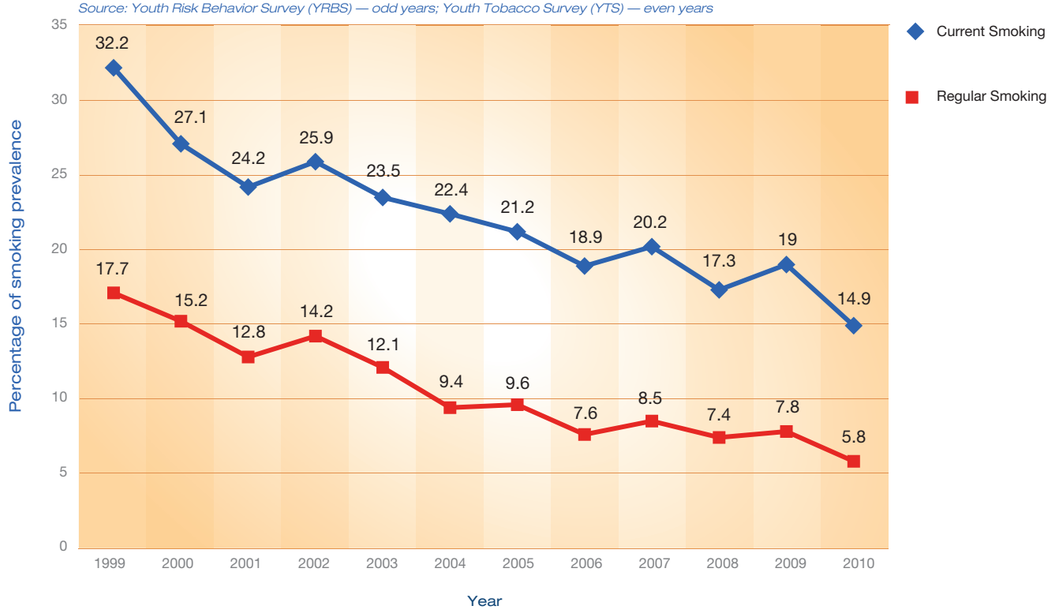
Past Month Tobacco Use Among Delaware Public High School Youth, 1999–2010

Source: Youth Risk Behavior Survey (YRBS) — odd years; Youth Tobacco Survey (YTS) — even years



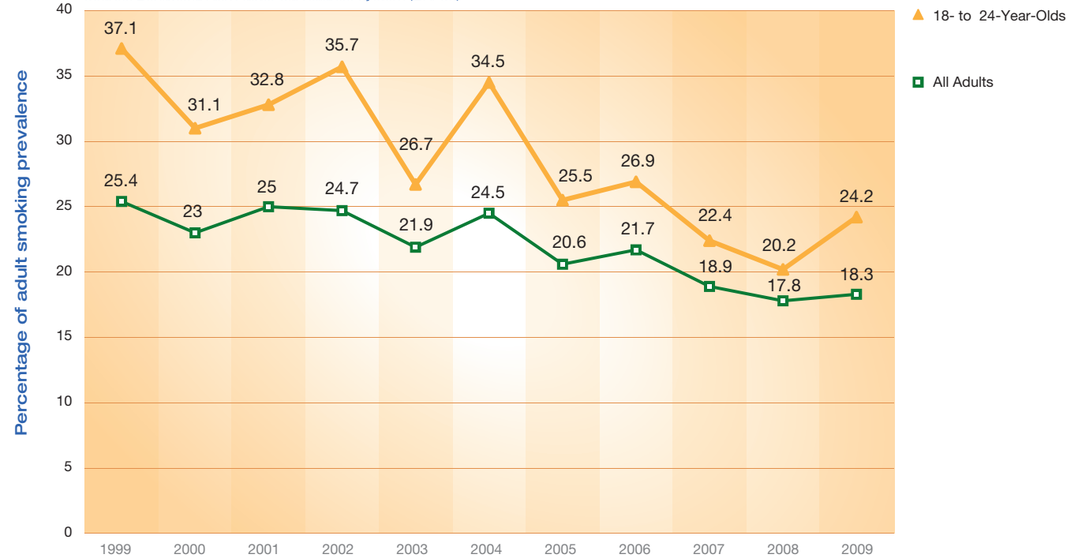
High School Youth, 1999–2010

Source: Youth Risk Behavior Survey (YRBS) — odd years; Youth Tobacco Survey (YTS) — even years



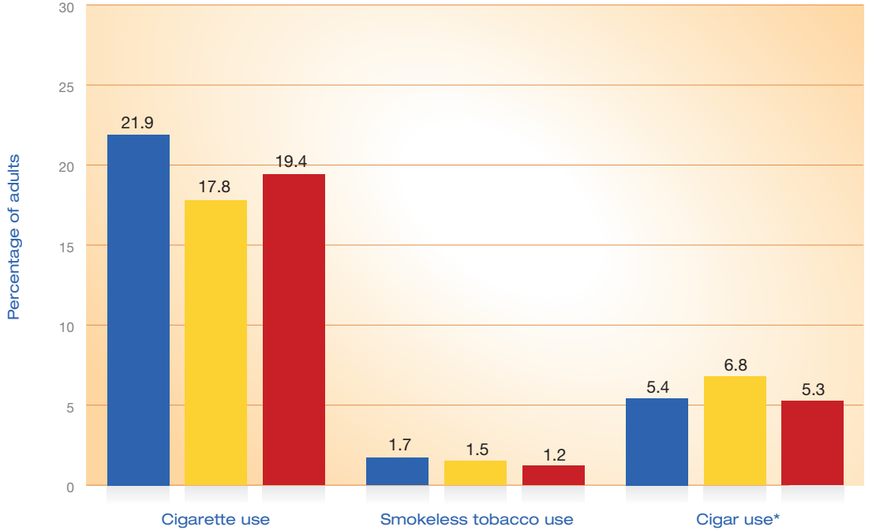
Smoking Rates Among Young Adults in Comparison with Overall Adult Smoking Prevalence, 1999–2009

Source: Behavioral Risk Factor Surveillance System (BRFSS)



Prevalence of Tobacco Use Among Delaware Adults, 5-year Comparison

Source: Behavioral Risk Factor Surveillance System (BRFSS)



*In 2010, this figure includes cigars, cigarillos, bidis, kreteks, pipe

APPENDIX (CONTINUED)

Tobacco Prevention Data

Behavioral Risk Factor Surveillance System (BRFSS)

Description: The BRFSS is a joint effort of the Delaware Division of Public Health and the U.S. Centers for Disease Control and Prevention (CDC), and is funded by the CDC cooperative agreement. The BRFSS is an annual survey of Delaware's adult population about behaviors that affect risk of disease and disability. Delaware's BRFSS is conducted by the University of Delaware's Center for Applied Demography & Survey Research for the Delaware Division of Public Health. The BRFSS is a random-sample telephone survey of adults statewide, and has been administered in Delaware since 1990. The Behavioral Risk Factor Surveillance System monitors health-risk behaviors among adults. It includes behaviors that are linked with the leading causes of death—heart disease, cancer, stroke, diabetes and injury—and other important health issues. These behaviors include level of physical activity, body weight, seatbelt use, tobacco and alcohol use, and receiving preventive medical care—as well as preventive use of mammograms, Pap smears, colorectal cancer screening tests and flu shots—known to save lives.

Tobacco-Related Data: The BRFSS is the main source of tobacco-related data on prevalence of tobacco use among adults.

Web address: www.state.de.us/dhss/dph/dpc/brfsurveys.html

Youth Risk Behavior Survey (YRBS)

Description: The YRBS consists of a national school-based survey (all 50 states and DC) conducted by the Centers for Disease Control and Prevention as well as state and local school surveys conducted by education and health agencies. Delaware's YRBS is conducted by the University of Delaware's Center for Alcohol and Drug Studies for the Delaware Department of Education. The surveys have been administered to a sample of public and private school students in grades 9–12 every two years (odd years) since 1997.

The YRBS monitors six categories of priority health-risk behaviors among youth and young adults: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; unhealthy dietary behaviors; and physical activity, plus being overweight.

Tobacco-Related Data: The YRBS is the main source of tobacco-related data on prevalence of tobacco use among high school students.

Web address: www.cdc.gov/healthyyouth/yrbs

Tobacco Attitudes and Media Survey a.k.a. the Adult Tobacco Survey (ATS)

Description: The Tobacco Attitudes and Media Survey (ATS) was developed by the Division of Public Health to assess public attitudes toward tobacco media campaigns and changes in public policy addressing tobacco use. The survey is conducted by the University of Delaware's Center for Applied Demography & Survey Research for Delaware's Division of Public Health. Beginning in 2001, the random-sample telephone survey has been administered annually to 1,100–1,600 adults statewide. The survey provides information used by both public and private health providers on use of tobacco products, knowledge and attitudes toward tobacco use, and attitudes about policies such as the Clean Indoor Air Act, and to gauge the success of anti-tobacco media campaigns.

Tobacco-Related Data: The ATS is the main source of data on public attitudes toward tobacco use, exposure to secondhand smoke, and their exposure to and attitudes toward tobacco company advertising and anti-tobacco public education and programming.

Web address: www.cadsr.udel.edu

Youth Tobacco Survey (YTS)

Description: The Youth Tobacco Survey is a nationally developed survey that is administered on a state-by-state basis. Delaware has participated in the YTS since 2000, with surveys conducted every two years (even years). The survey is conducted by the Center for Drug and Alcohol Studies at the University of Delaware, and sponsored by Delaware's Division of Public Health with funding from the Centers for Disease Control and Prevention.

The surveys have been administered to a sample of Delaware students in grades 9–12 and provide information on the use of tobacco products, students' attitudes toward tobacco use, and their exposure to media and programming related to tobacco use.

Tobacco-Related Data: The YTS is the main source of tobacco-related data on students' attitudes toward tobacco use, exposure to secondhand smoke, and their exposure and attitudes toward tobacco company advertising and anti-tobacco media and programming.

Web address: www.udel.edu/delawaredata

Delaware School Survey on Alcohol, Tobacco and Other Drugs (DSS/ATODA)

Description: The DSS/ATODA is conducted by the University of Delaware's Center for Drug and Alcohol Studies, and The Center for Community Development, in cooperation with the Department of Education, all 19 school districts, and participating middle and high schools. The Delaware School Survey has been conducted annually since 1989, with support from various state and federal agencies.

Since 1999, the survey sample has been expanded to include most 5th, 8th and 11th graders in the Delaware public schools.

The DSS/ATODA provides information on alcohol and other drug use incidence, prevalence, abuse and dependence among Delaware students as well as attitudes toward the use of alcohol, tobacco and other drugs.

Tobacco-Related Data: The DSS/ATODA provides trend data on tobacco use, perceived risk and access to cigarettes, and other risk and protective factors in the school and living environments of middle and high school students.

APPENDIX (CONTINUED)

Program Sources

National Sources

American Cancer Society: www.cancer.org
American Heart Association: www.americanheart.org
American Legacy Foundation: www.americanlegacy.org
American Lung Association: www.lungusa.org
Campaign for Tobacco-Free Kids: www.tobaccofreekids.org
Center for Tobacco Cessation: www.ctcinfo.org
Centers for Disease Control and Prevention: www.cdc.gov/tobacco
Guide to Community Preventive Services: www.thecommunityguide.org
North American Quitline Consortium: www.naquitline.org
Tobacco Cessation Guidelines: www.surgeongeneral.gov/tobacco
Tobacco Control Archives (Tobacco Industry Documents): www.library.ucsf.edu/tobacco
Tobacco News and Information: www.tobacco.org

State and Local Sources

American Lung Association of Delaware: www.alade.org
Delaware Association for Health, Physical Education, Recreation and Dance: www.dahperd.com
Delaware Cancer Consortium: www.delawarecancerconsortium.org/
Delaware Health Fund Advisory Committee: www.state.de.us/dhss/healthfund
Delaware Kick Butts Generation: www.ysmoke.org
Delaware's Division of Public Health Tobacco Prevention and Control Program: www.state.de.us/dhss/dph/dpc/tobacco.html
Healthy Delaware 2010: www.healthydelaware.com

Phone Numbers

American Cancer Society (Delaware Office): 302-324-4227
American Heart Association: 302-454-0613
American Lung Association of Delaware: 302-737-6414 (1-800-LUNG-USA)
Clean Indoor Air Act Report Line: 1-800-297-5926
Delaware Department of Education: 302-739-4676
Delaware Division of Alcoholic Beverage Control & Tobacco Enforcement: 302-577-5210
Delaware Division of Public Health: 302-744-4700
Delaware Quitline: 1-866-409-1858
IMPACT Coalition: 302-737-6414
Report sales of tobacco to minors: 1-800-EYES-EARS (393-7327)
Tobacco Prevention and Control Program: 302-744-1010

THANKS TO THE FOLLOWING PEOPLE FOR THEIR CONTRIBUTIONS

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Division of Alcohol and Tobacco Enforcement

Jerry Valentine
IMPACT Coalition

Jo Wardell
American Cancer Society

Devona Williams *(facilitator)*
Goeins-Williams Associates, Inc.

The people and affiliated organizations above represent a list compiled at the time of the planning meetings.