

Indiana's Tobacco Burden

Strategies to Reduce Smoking among Pregnant Women



Indiana State
Department of Health
Tobacco Prevention and Cessation

Presentation Overview

- Burden of tobacco use
 - Poor health outcomes due to smoking
 - Tobacco control strategies to reducing smoking among women and improve infant mortality
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Tobacco Use Burden on Indiana

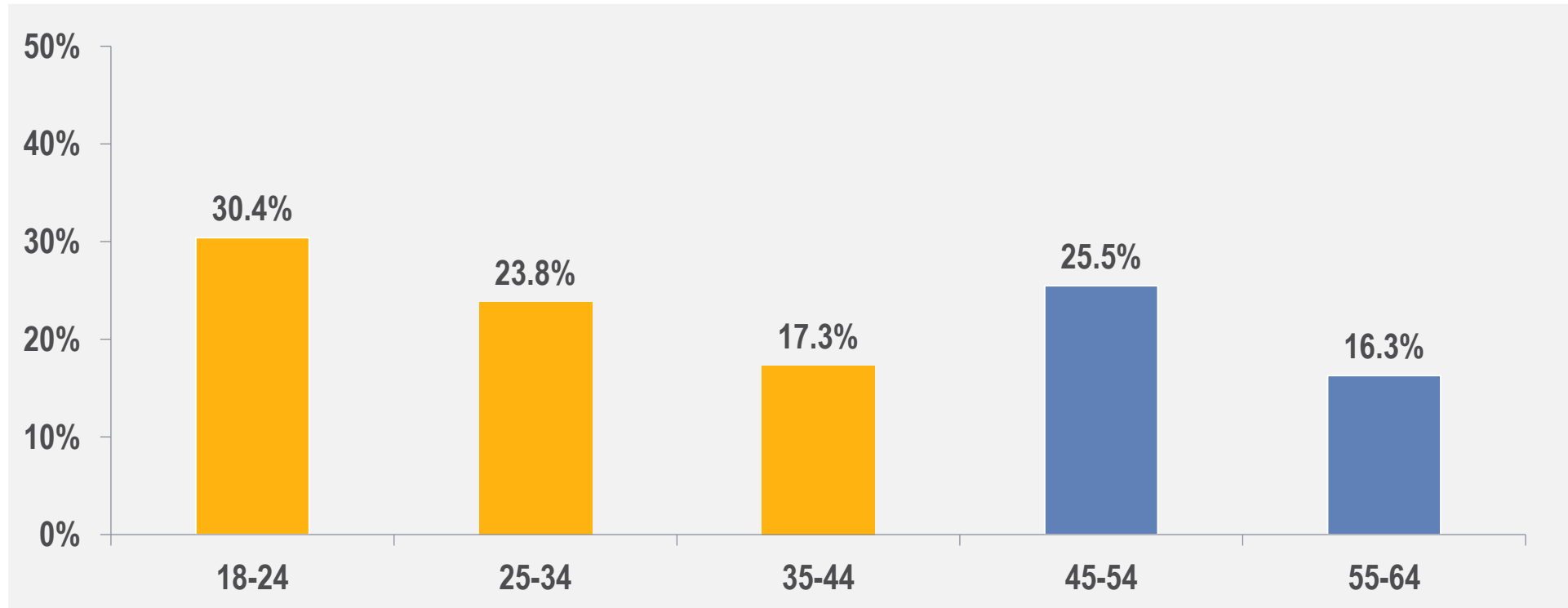


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\$15.90

For every pack of cigarettes sold in Indiana, it spends \$15.90 in health care costs, lost productivity and premature death.

Smoking by Indiana Women



Current smoking rate – women ages 18-44 = 23.5%

Economic burden of smoking during pregnancy

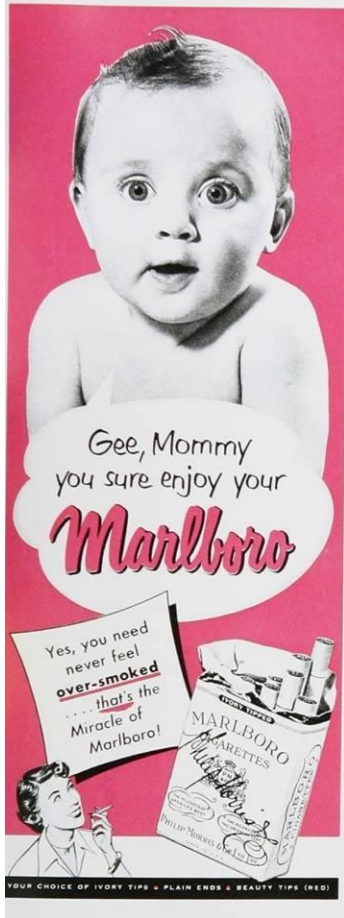
- U.S. smoking-attributable neonatal health care costs total nearly \$150 million annually, or \$353 per pregnant smoker.
- For Indiana, that is estimated to be \$4.8 million annually.
- 12,000 smoking affected births in Indiana.

32nd Surgeon General's Report: The Health Consequences of Smoking – 50 years of progress



- Smoking is now causally associated with ectopic pregnancy and orofacial clefts in infants.
- 108,000 premature deaths from conditions related to infant death were caused by smoking and SHS exposure from 1965-2014.

Tobacco marketing to women and girls



- By the 1930s tobacco companies had developed campaigns to target women
- Each decade tapped into the values of women at the time
- Developed women specific cigarettes

Rewrite The Rules.™

FIN

Electronic Cigarettes



REDEEM YOUR \$5 OFF COUPON AT FINCIGS.COM/MENSJOU



Vapor COUTURE

THE WORLD'S ONLY ELECTRONIC CIGARETTE FOR WOMEN



[SEE MORE](#)



blu™ electronic cigarettes...

freedom to have a cigarette without the guilt.

— Jenny McCarthy

Click Here To  Watch The Video

Helping Pregnant Smokers Quit



1.800.QUIT.NOW

Indiana's Tobacco Quitline
QuitNowIndiana.com

Indiana Tobacco Quitline Offers Special Help for Pregnant Women

- Woman-centered approach: emphasizing benefits of quitting to mother and fetus
 - 10 calls, 2 calls scheduled postpartum
 - Encourages smoking partners to quit as well
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Indiana Tobacco Quitline reaches women

- Approximately 60% of callers are women
 - More than 2,600 women of child bearing age enrolled in Quitline services in SFY 14
 - 8% pregnant; 3% planning; 1% breastfeeding
 - 300 pregnant women enrolled in services
 - 150 women enrolled in the 10-call program
-



Yep, there's never been a better time to quit smoking.

QUITTING TOBACCO before or during pregnancy is an important step as a mother. No matter how far along you are in your pregnancy, you and your baby will be healthier if you quit now.

Breaking your tobacco addiction is hard, but you can succeed. Go ahead, quit now! Your baby is worth it.

Call **1-800-Quit-Now** (784-8669); it's Free and it's Confidential.



Mother's Day Has a New Meaning

Depending on the outcome, this little stick will change your life. Hopefully, that includes living tobacco-free. Smoking while pregnant may cause many negative complications with your baby's health. Now is the perfect time to quit.



The Indiana Tobacco Quitline can help you quit successfully.

Quitting tobacco is hard, but there is help. Call the Indiana Tobacco Quitline at 1.800.Quit.Now (1.800.784.8669). It's free, it's confidential and it works.

Love Your Body. Love Your Baby.





Talk with Your Doctor



Discuss the truth about tobacco.



1.800.QUIT.NOW

Indiana's Tobacco Quitline
QuitNowIndiana.com

A TIP FROM A
**FORMER
SMOKER**

**Some of the reasons to
quit smoking are very small.**

Amanda, age 30, Wisconsin



*Amanda smoked while she was pregnant.
Her baby was born 2 months early and weighed
only 3 pounds. She was put in an incubator and
fed through a tube. Amanda could only hold her
twice a day. If you're pregnant or thinking about
having a baby and you smoke, please call*

1-800-QUIT-NOW.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/tips](https://www.cdc.gov/tips)

Brief Intervention

ASK → Do you use tobacco?

ADVISE → Quit tobacco products!

REFER → 1-800-QUIT-NOW (**1-800-784-8669**)

Recommend a Medication, If Appropriate

Methods of Referral to Indiana Tobacco Quitline

- **Brief Intervention**
 - Ask, Advise, Refer
 - **Fax Referral Form**
 - Enroll in Preferred Network at QuitNowIndiana.com
 - **Online Referral Portal**
 - QuitNowReferral.com
 - **Electronic Referral**
 - SFTP or HL7
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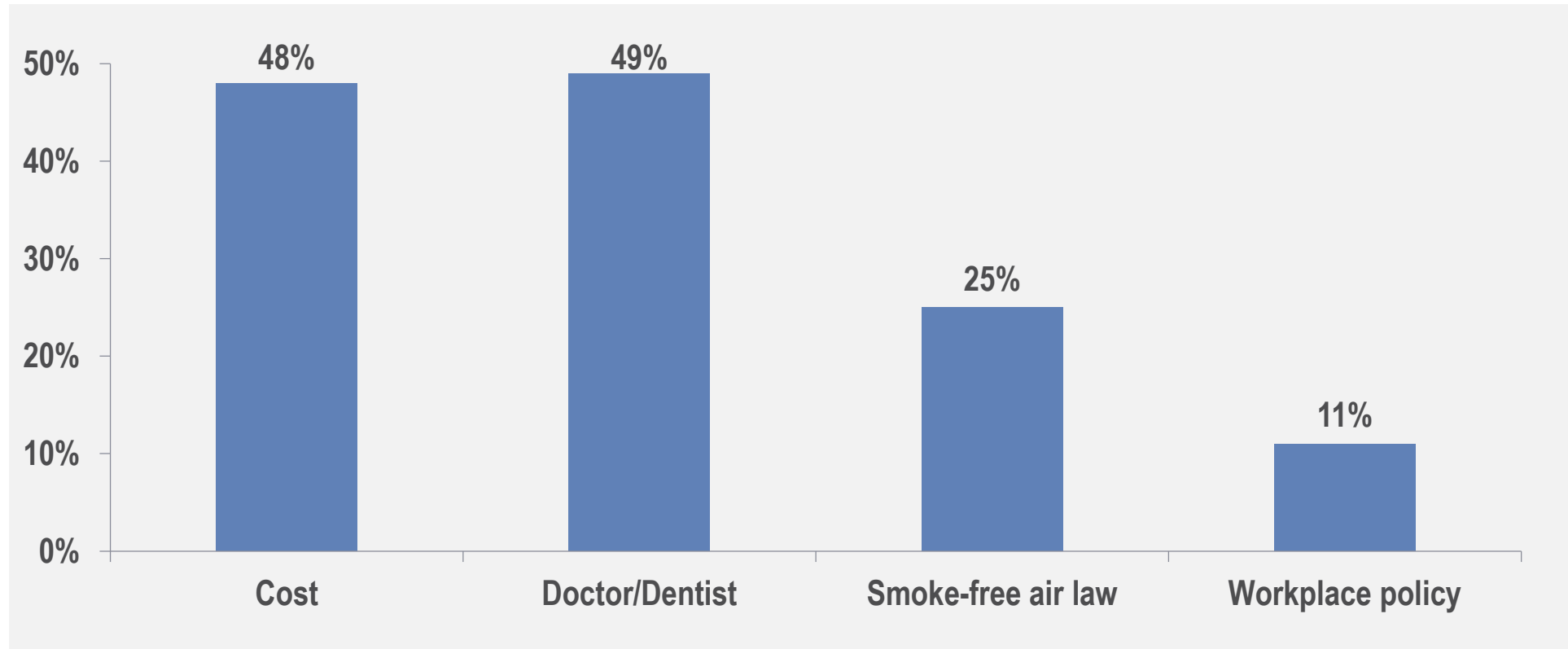
Quitlines are Effective among Priority Populations

- Telephone counseling increases cessation rates among young adult smokers age 18-25 (*Raibus et al. 2004*).
 - Abstinence rates were higher among pregnant women who received telephone counseling, when compared to pregnant women who only received self-help materials (*Bombard et al. 2012*).
 - Quitline utilization rates are higher among African Americans than non-Hispanic Whites (*Zhu et al. 2011; Raibus et al. 2012*).
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Strategies for helping women become tobacco free

- Increase Quitline promotion to women of childbearing age
 - Increase awareness of health care providers about available resources to help pregnant women become tobacco free
 - Increase training of health care providers to address tobacco use with their patients-what to say, and other cessation resources to refer them
 - Focus on young women before they are pregnant
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Important Reasons to Quit Smoking



Impact of \$1.50 increase on cigarettes

- Smoking-affected births avoided over next five years: 13,400
 - 5-Year health care cost savings from fewer smoking-caused lung cancer cases:
\$10 million
 - Current adult smokers in the state who would quit: 58,500
 - Long-term health care costs savings for the state from smoking declines: \$2.1 billion
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Smoke-free air policy change encourages quitting

- Adults cut back and may quit as result of workplace policies
 - Youth have fewer places to experiment in their community when a comprehensive smoke free law exists
 - Helps with relapse prevention
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Smoke-free air policy improves infant health

A meta-analysis in *The Lancet* (2014) finds a significant improvement in perinatal and child health after smoke-free laws were introduced.

Following adoption of smoke-free legislation:

- 10.4% reduction in preterm births
 - 10.1% reduction in child hospital admissions for asthma.
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Evidence based tobacco control strategies that include:

State and local programs

High price on tobacco products

Smoke-free environments in all places

Mass media campaigns

Barrier free tobacco treatment

are needed to prevent women and girls from starting tobacco use and helping them quit early before pregnancy.

Questions

Thank you for your participation!

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