

# Worcester Flavored Tobacco Survey 2017:

## Understanding tobacco regulation, prevention, and cessation techniques

Meghan Chenausky, Angelina Coco, Kevin Gao, Grace Hewett and Tina Grosowsky MA

### Description

- While tobacco use has decreased dramatically throughout the past fifty years, tobacco remains the “leading cause of preventable disease” and a prominent public health concern in the United States (Smoking & Tobacco Use, 2017). Worcester has an adult smoking rate of 19.6% as compared to the statewide rate of 15.5% (Tobacco Community Fact Sheet, 2016). In an effort to decrease smoking rates, many towns in Massachusetts are using regulation to restrict where tobacco products are sold and to whom. Currently, Worcester has passed regulations prohibiting the sale of e-cigarettes to minors, elevating the minimum age to buy tobacco products to 21, and banning tobacco product sales in pharmacies (Tobacco Community Fact Sheet, 2017). 97 Massachusetts towns and cities have also adopted a restriction on the sales of flavored tobacco products, which are commonly accepted as a marketing tactic by the tobacco industry to target youths and make tobacco use more appealing to young people (Benes, 2016). Restricting flavored tobacco products to 21+ establishments has been shown to decrease the sale of flavored tobacco products among adults and youths and significantly decrease the odds of youths using any type of tobacco product (Farley & Johns, 2017).

### Greater Worcester Community Health Improvement Plan (CHIP)

- CHIP is an effort by the Worcester Department of Public Health to improve the health of the Greater Worcester community and includes goals to decrease nicotine usage over the next five years.
- Our survey focuses on the proposed restriction of flavored tobacco products to 21-only establishments such as tobacconists and vape shops.

### Service Project Summary

#### Goals

- The goal of our project was to carry out a voluntary, anonymous survey of a representative group of Worcester residents, in which we sought to determine their views on the sale of flavored tobacco products (such as small flavored cigars and e-cigarettes) in stores frequented by youths under 21. Our survey also gauged support for restriction of the sale of flavored tobacco products to 21-and-over establishments such as tobacconists.

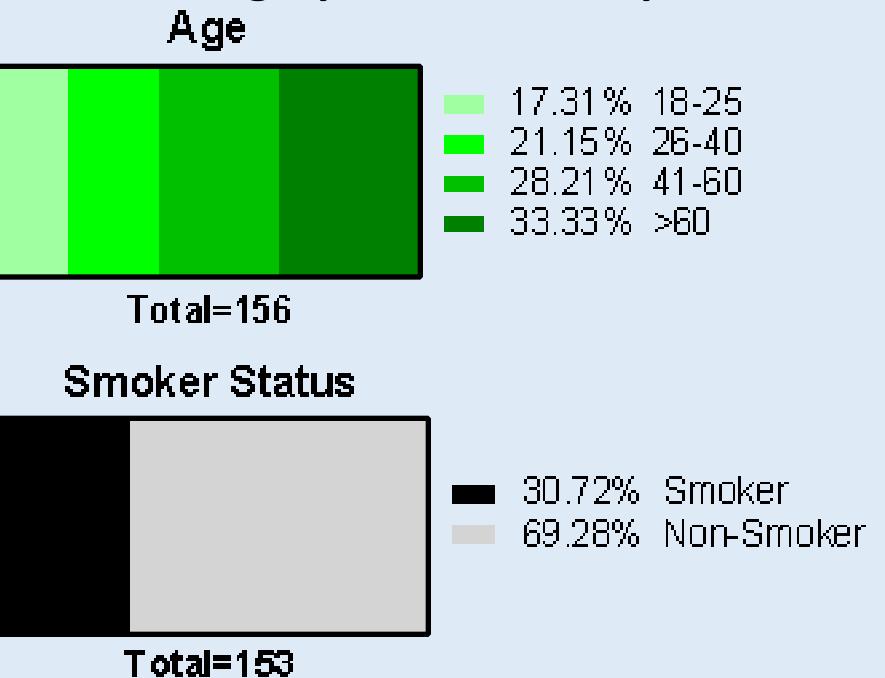
#### Progress and Method

- A 7-question voluntary, anonymous survey was developed, which received UMASS Medical School IRB approval.
- From 10/17/17 to 10/27/17 we gathered survey data at the locations noted in **Figure 2** between the hours of 10 A.M. and 5 P.M.
- A total of 169 participants were surveyed, and a total of 156 participants were included in the data analysis after excluding non-Worcester residents.
- Participants' rationales for their responses were then analyzed and coded (**Figure 5**.)
- Using our survey data we were able to assess demographics, participant rationale, and the level of support for the proposed regulation.

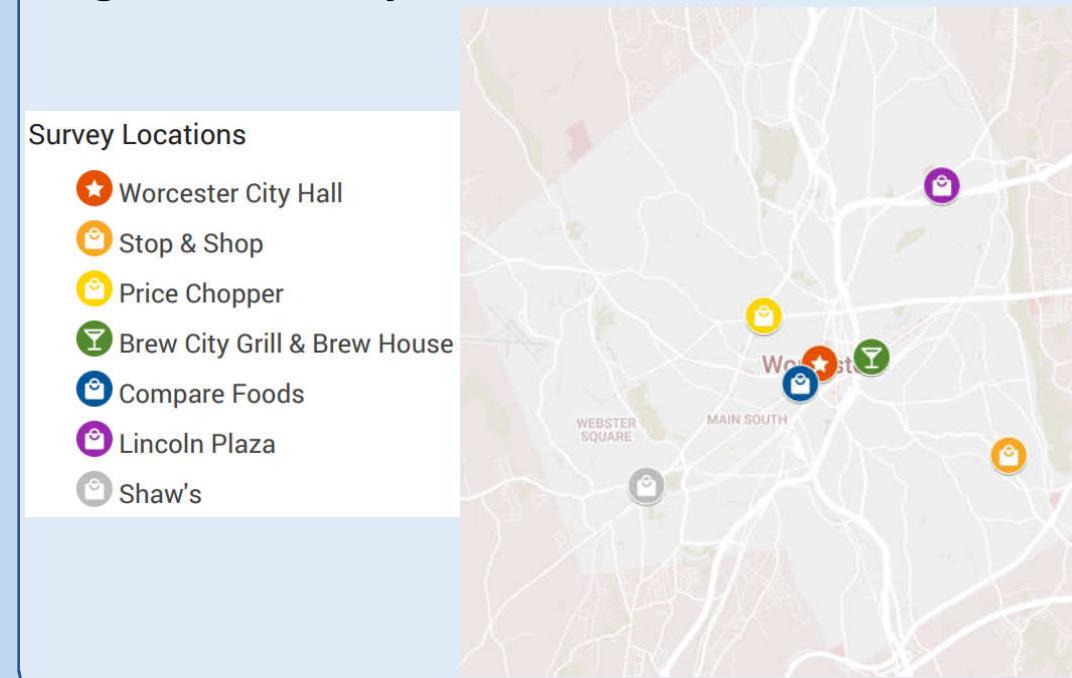
#### Outcomes

- Our demographics data shows we surveyed a diverse segment of Worcester's populace that included a wide range of age groups and occupations (**Figure 1**.)
- In addition, our results indicate an overwhelming 85% support for the regulation among the general Worcester population (**Figure 3**.)
- Surprisingly, a 72% majority of smokers in Worcester were also in support of our regulation (**Figure 4**.)
- The rationales we received helped us to understand this surprising trend, as many smokers shared their personal struggles with tobacco addiction.
  - Overall, “Tobacco is unhealthy” and concern for “Youth-well being” were the most common reasons that participants provided for supporting the regulation.
  - “Personal Rights” and “Business Rights” were the most common reasons provided by participants who were against the regulation (**Figure 5**.)

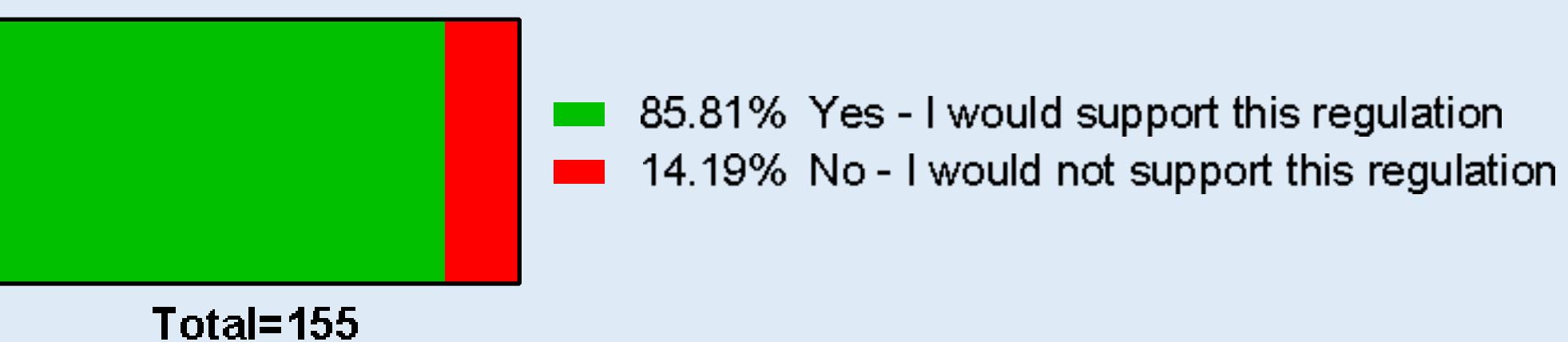
**Figure 1. Demographics of Participants**



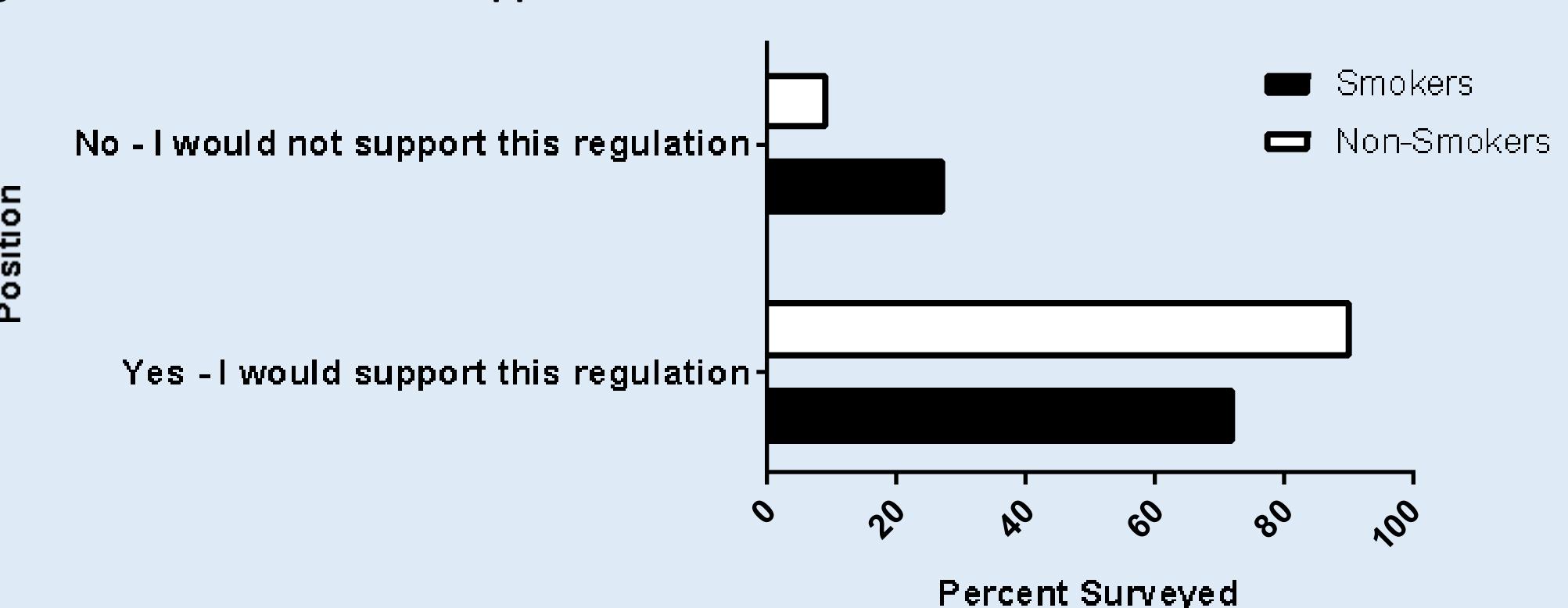
**Figure 2. Survey Locations**



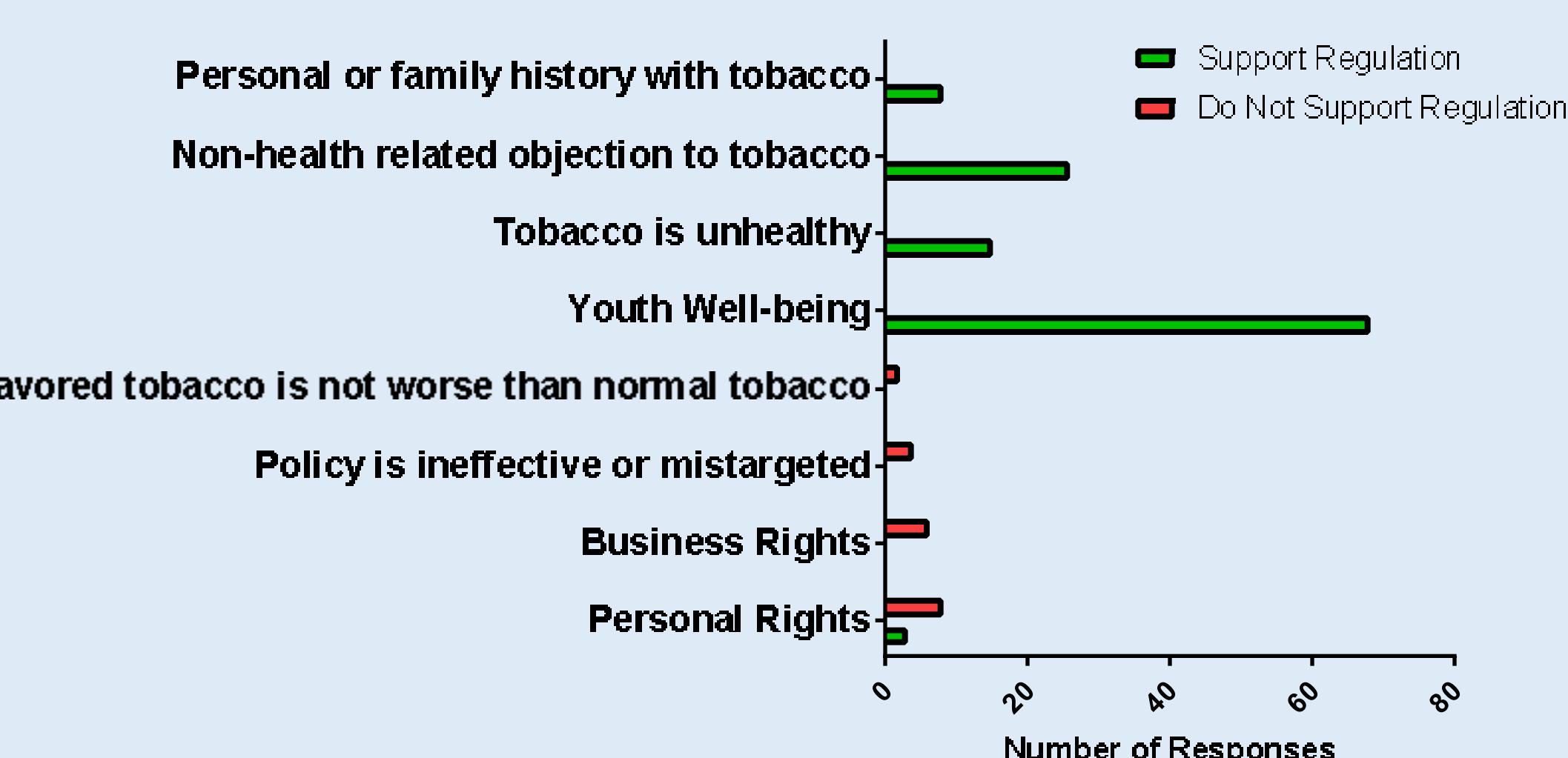
**Figure 3. Regulation Responses**



**Figure 4. Smoker Status and Support**



**Figure 5. Response Rationale**



### Discussion and Next Steps

- The vast majority (85.81%) of a representative sample of Worcester's population (including 72% of current smokers) endorse restricting the sales of flavored tobacco products to 21+ establishments.
- This data will be presented to Worcester's Board of Health. The resounding support from Worcester's population will be an asset in the passing of this regulation.
- Local health policy often lays the foundation for a statewide policy. If Worcester successfully passes this regulation, it is likely that surrounding communities will follow.
- Boards of Health have the authority to enact regulations that can protect thousands of people. This data will inform the Board of Health as well as encourage them to enact this regulation.

### Limitations of our Survey

- Surveys were conducted primarily on weekdays between 10 A.M. and 5 P.M., which may have excluded a segment of the Worcester population who work during standard business hours.

### Lessons Learned and Key Takeaways

- We must shift the paradigm from treating tobacco addiction, to preventing tobacco addiction.
- Regulation is a large part of prevention.
- Tobacco with flavors such as bubble gum, cherry, and pina colada are attractive to teenagers.
- Tobacco cessation contributes greatly to overall wellness.

### Resources for Smokers

- Center for Mindfulness at UMass Medical School
- Craving to Quit App
- Wellness Initiative for Mental Health Recovery
- Tobacco Cessation, Counseling and Support

### Inter-professional network

- Judson Brewer, MD, PhD Director of Research, UMass Medical School Center for Mindfulness
- Barbara Grimes-Smith, MPH Program Director, UMass Psychiatry Wellness Initiative
- Nicole Day, MEd, CTTS-M Substance Use Disorder Specialist, UMass Memorial Medical Center
- Tina Grosowsky, MA, Project Coordinator, Central MA Tobacco Free Community Partnership, UMass Medical School
- Lori Pbert, PhD Director, Center for Tobacco Treatment Research and Training, UMass Medical School

### Acknowledgements

- We would like to thank Tina Grosowsky, MA for her mentorship on this project, as well as Judson Brewer, MD, PhD, Barbara Grimes-Smith, MPH, Nicole Day, MEd, CTTS-M, and Lori Pbert, PhD for sharing their expertise.

### References

- Benes, M. (2016). Tobacco Maps of Massachusetts. <http://www.mahb.org/tobacmaps/>.
- Central MA Regional Public Health Alliance. (2016). Greater Worcester Community Health Improvement Plan. [www.worcesterma.gov/ocm/public-health/community-health/chip-cha](http://www.worcesterma.gov/ocm/public-health/community-health/chip-cha). Retrieved October 27, 2017.
- Farley, S., Johns, M. (2017). New York City flavored tobacco product sales ban evaluation. Tobacco control. <http://tobaccocontrol.bmjjournals.org/content/26/1/78>.
- Fiore, M. C., et. al., (2008). Treating tobacco use and dependence: clinical practice guideline. Rockville, MD: US Department of Health and Human Services. Retrieved from: <https://bphc.hrsa.gov/buckets/treatingtobacco.pdf%5C>
- The Massachusetts Association of Health Boards. (1997). Massachusetts Association of Health Boards website. <http://www.mahb.org/wp-content/uploads/2016/01/gbook01.pdf>. Retrieved October 27, 2017.
- Massachusetts Tobacco Cessation and Prevention Program. (2017). Massachusetts Department of Health and Human Services. <http://www.mass.gov/eohhs/gov/departments/dph/programs/mtcp>
- Smoking & Tobacco Use. (2017). Center for Disease Control and Prevention. Retrieved from: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm).
- Tobacco Community Fact Sheet, Worcester, MA. (2016). Make Smoking History. Retrieved from: <http://makesmokinghistory.org/my-community/>.