

PREVENTING CANCER BEFORE IT STARTS

VISION: All Connecticut residents will be engaged in the support and practice of individual and community risk reduction behaviors and practices to reduce cancer incidence

Cancer is the second leading cause of death in Connecticut. That could be changed if people modified their lifestyles. About a third of cancers are related to the use of tobacco. Another third are associated with diet. Certain other cancers are caused by infections, such as cervical cancer and human papilloma virus, that could be prevented through changing behaviors. Many skin cancers result from exposure to the sun and to ultraviolet rays in tanning salons. However, changing behaviors is not an easy task.

The Prevention Committee studied data on the causes of the most common types of cancer, determined the critical areas of burden and of high-risk populations and assessed gaps in present programming to determine its goals and objectives for the Connecticut Comprehensive Cancer Control Plan.

GOAL: Reduce cancer risk through the promotion of healthy lifestyle and risk reduction behaviors among children and adults

WHY THIS GOAL IS IMPORTANT

- 1. Tobacco.** About 5,000 Connecticut persons die each year from smoking related illnesses -- about 2,000 of which are cancers.
- 2. Nutrition and physical activity.** Higher consumption of fruits and vegetables has been shown to be associated with a lower risk of some cancers. Physical activity may reduce the risk of certain cancers. Obesity is associated with increased risk for several cancers.
- 3. Environmental exposure, especially sun.** Exposure to ultra-violet radiation from the sun and artificial tanning devices is associated with an increase in both melanoma and the more common non-melanoma skin cancers.
- 4. Excessive alcohol use.** Excessive consumption of alcoholic drinks is associated with oral, laryngeal, pharyngeal, liver, esophageal and possibly other cancers.
- 5. Unprotected sex.** Human papilloma virus (HPV), which is transmitted by sexual intercourse, is an established cause of cervical cancer in women. It is the cause of the increase of cancer of the cervix in young women.

TOBACCO

About a third of all cancer deaths are due to tobacco use. Although smoking rates are declining in Connecticut, about 550,000 adults (19.4%) smoke.¹ Data from recent surveys show disparities in current smoking in adults by race (Hispanics - 22%; Whites –

19%; Blacks – 18%), by education (did not graduate from high school -30%) and income (households where income is below \$15,000 - 40%).ⁱ

In addition to adult smokers, 60,000 middle and high school students report smoking; the latter number does not include high school dropouts, who are known to have higher smoking rates compared to students their ages who remain in school.ⁱⁱ Over 70% of middle and high schoolers who currently smoke reported they could quit smoking now if they wanted to, but only slightly over half said they want to quit.ⁱⁱ However, one half of current smokers in middle school and two-thirds of those in high school were unable to stay off cigarettes for at least 30 days during their last quit attempt.ⁱⁱ Every year, 48,000 Connecticut students reach the age of 11, which is the current average age of smoking initiation among eighth graders. If this trend continues, 56,000 Connecticut youth will eventually die prematurely from smoking.ⁱⁱⁱ

There is evidence that strong community -based programs can change tobacco use and save lives. California has one of the nation’s most active tobacco control programs, which was begun in 1988 after passage of Proposition 99. Its award-winning smoke-free advertising campaigns and smoke-free workplace initiatives are paid for by taxes on tobacco products. A recent report showed that in California, tobacco-caused cancers fell 12% among men and 8% among women between 1988 and 1999.^{iv} Lung cancer, the disease most associated with smoking fell 9.5%.

Annual health expenses in Connecticut directly related to tobacco use total \$1.2 billion.ⁱⁱⁱ In 2002, Connecticut added \$0.61 to its excise tax, more than doubling the rate from its previous \$0.50. Connecticut’s tax of \$1.51 now ranks it fourth in the country, far exceeding the federal level of \$0.39.

The *Connecticut Tobacco Use Prevention and Control Plan*, produced in 2002 by the Connecticut State Department of Public Health and the Department of Mental Health and Addiction Services with funding from the State Legislature, is a comprehensive, sustainable, evidence-based, and data-driven plan. Its recommendations, closely following *CDC Best Practices for Tobacco Control Programs*, call for comprehensive state and local action directed at social and environmental changes. It includes examples of some unique and effective programs, such as regional coalitions. It addresses the important target groups whose rates are the highest.

Objective 1

Decrease proportion of adults (≥ 18 years) and youth (high school and middle students) who currently smoke cigarettes, paying special attention to underserved populations

Baseline

Adults: 19.4% (Behavioral Risk Factor Surveillance System [BRFSS], 2002)

High school: 25.6% (30-day prevalence, Connecticut Youth Tobacco Survey [CTYS) 1999)

Middle school: 9.8 % (30-day prevalence, CYTS 1999)

Targets for 2007

Adults: 18.0% (BRFSS)

High school: 20.0% (30-day prevalence, CYTS)

Middle school: 5.0 % (30-day prevalence, CYTS)

Strategies

1. Support implementation of State Tobacco Prevention and Control Plan, through advocating a combination of federal, state and local funding
2. Advocate for implementation of local tobacco prevention; and control plans
3. Advocate for Coordinated School Health Councils throughout the state
4. Develop a forum for pharmaceutical, managed care and industry (employers) to discuss pilot smoking cessation programs for employees
5. Secure funding for Quitline to continue
6. Increase Smoke-Free College and University programs; identify effective programs and provide a forum and communications link for sharing effective programs

How results will be evaluated

1. Funding allocated to support implementation of total State Tobacco Prevention and Control Plan
2. Funding allocated to support implementation of local plans
3. Coordinated School Health Councils established throughout state
4. Forum conducted, policy change language developed; pilot programs identified
5. Funding achieved for Quitline to 2007
6. Smoke Free College and University programs increased; resource list of effective programs and communications links produced

ⁱ State of Connecticut Department of Public Health. *BRFSS*. Hartford, CT, 2002

ⁱⁱ State of Connecticut Department of Public Health. *CYTS*. Hartford, CT. 2000

ⁱⁱⁱ State of Connecticut Department of Public Health. *Connecticut Tobacco Use Prevention and Control Plan*. Hartford, CT 2002.

^{iv} State of California Department of Health Services. *Update on Results of Tobacco Control Plan, 1988-1999*. Sacramento, 2003