

Working Together for a Healthier Tomorrow

SOUTHEASTERN MONTANA
TOBACCO USE PREVENTION PROGRAM

Southeastern Montana Tobacco Use Prevention Program Newsletter

August 2019

Big Horn, Custer, Rosebud and Treasure County Newsletter



Thursday August 15th, 2019

5 to 7 p.m. at Jaycee's Field

Bring the whole family to the field and join us!

Grounds for Change & Community partners will gather to bring you a fun, learning experience.

"Growing Brain, Healthy Body, Happy Heart"

Food will be provided and the evening will end with a drawing for prizes.



*Bring your lawn chairs
or picnic blanket and
enjoy the evening air!*



*This is an Alcohol &
Tobacco Free Event*



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in Miles City

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CIAA 10 year
anniversary

#TobaccoFree



***My Life, My Quit*™**

A Youth Tobacco and Vaping Cessation Program

Nearly 5 million U.S. teens use tobacco and few widely available and accessible resources designed for teens exist to help them stop. As a tobacco quitline provider helping thousands of people quit tobacco every year, National Jewish Health has launched an enhanced tobacco and vaping cessation program for teens under age 18 who want to stop using tobacco products, especially electronic cigarettes like JUUL. The *My Life, My Quit* program combines best practices for youth tobacco cessation adapted to include vaping and new ways to reach a coach using live text messaging or online chat. The program includes educational materials designed for teens created with youth input and through discussion with subject matter experts and community stakeholders. The *My Life, My Quit* specially trained coaches listen and understand teens, provide personalized support, and build relationships that promote quitting tobacco. Coaches emphasize that the decision to stop is personal, and provide information to help cope with stress, navigate social situations, and support developing a tobacco-free identity.

The *My Life, My Quit*, program provides youth access to tailored resources for quitting, including:

- Youth coaches who receive special training on the best ways to build relationships with youth
- Five coaching sessions by phone, live texting or chat with a coach who will listen and help teens navigate social situations while finding healthy ways to cope with stress
- Text or call a dedicated toll-free number (1-855-891-9989) for real-time coaching
- Additional text messages for support to quit vaping, smoking, or chewing tobacco
- Simplified program registration and enrollment process to get to coaching faster
- Website (mylifemyquit.com) with online enrollment, chat with a live coach, information about vaping and tobacco, and activities to support quitting
- Promotional and educational materials designed for youth with messages from youth about quitting tobacco and vaping, and how to ask for support
- A water-marked certificate of completion of the program

The program is supported and available in Colorado, Massachusetts, Michigan, Montana, Nevada, North Dakota, Ohio, Pennsylvania, and Utah. For media enquiries about the program, please contact William Allstetter at 303.398.1002 or AllstetterW@NJHealth.org.

Healthy People. Healthy Communities.



FREE SERVICES IN YOUR HOME FOR CHILDREN WITH ASTHMA

WE HELP YOU:

- Learn more about your child's asthma and prescribed asthma medications to help keep it well-controlled.
- Learn more about asthma triggers and ways to reduce or eliminate triggers in your child's environment.



WHAT YOU WILL RECEIVE:

- The **MONTANA ASTHMA HOME VISITING PROGRAM (MAP)** is one-year program and includes 4-6 in-home education visits with a home environment assessment **at no cost**, regardless of income.
- FREE** tools to help control your asthma
 - Educational materials to help you and your child learn how to live well with asthma.
 - Allergen bed and pillow covers to keep dust away while your child sleeps.

For more information
call oneHealth

406-874-8718

PLEASE CALL FOR MORE INFORMATION AND TO SEE IF YOUR CHILD IS ELIGIBLE

MT Asthma Control Program-oneHealth
Asthma Program- Home Visiting
406-874-8718

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MARIJUANA USE & EDUCATIONAL OUTCOMES

Studies show that marijuana interferes with attention, motivation, memory, and learning. Students who use marijuana regularly tend to get lower grades and are more likely to drop out of high school than those who don't use. Those who use it regularly may be functioning at a reduced intellectual level most or all of the time.

MOST MARIJUANA USE BEGINS IN ADOLESCENCE

78%
of the 2.4 million people who began using in the last year were aged 12 to 20.¹

As perception of harm decreases... Use increases.²

EVERY DAY, 3,287 TEENS USE MARIJUANA FOR THE FIRST TIME¹

MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is **still developing** and it is especially vulnerable to drug use.

IQ

Regular heavy marijuana use by teens can lead to an IQ drop of up to **8 points³**

HEAVY MARIJUANA USE BY TEENS IS LINKED TO⁴:

Educational Outcomes		Life Outcomes	
<p>lower grades and exam scores</p>	<p>less likely to graduate from HS or college</p>	<p>lower satisfaction with life</p>	<p>more likely to be unemployed</p>
<p>less likely to enroll in college</p>	<p>more likely to earn a lower income</p>		

RIVER VALLEY

FARMERS MARKET



Live Music
Local Artisans
Crafts
Fresh Produce
Baked Goods
Food Vendors

THURSDAYS

5:00 PM - 7:30 PM

AUG. 1 - SEPT. 12

THE PLAZA

200 N CENTER AVE
DOWNTOWN HARDIN



SNAP/EBT
Accepted at this
Farmers Market

*sponsored by the Healthy Hardin Community Development Partnership

FOR MORE INFORMATION OR TO REGISTER AS A VENDOR
| (406) 294-0047 | RVFM.HARDIN@GMAIL.COM |

Why We Must Turn Up the Heat on Tobacco Products

Jul 12, 2018, 2:00 PM, Posted by [Matt Pierce](#)

We've come a long way in reducing tobacco use, but we can save millions of lives and advance health equity by doing even more. [Apply for funding to build capacity to reduce tobacco inequities in the South and Midwest.](#)

Although smoking rates have dropped by more than half over the past 50-plus years, tobacco use remains the number one cause of preventable deaths in the United States.

And not everyone has benefited equally from reduced rates in smoking—there are deep disparities in tobacco use and quit rates, depending on where people live, how much money they make, and the color of their skin.

Tobacco products [disproportionately harm](#) people with lower incomes and less education; people with mental illness and substance use disorders; people who identify as lesbian, gay, bisexual, and/or transgender (LGBT); and racial and ethnic minorities.

What's causing these inequities? Part of it is marketing. Tobacco control efforts have not focused on closing racial, ethnic and socio-economic gaps. In fact, we know that the tobacco industry targets [certain populations—women](#), people who are black or Latino, and [members of the LGBT community](#)—with higher levels of marketing, exposing them to more tobacco product ads.

In addition, people in many of these groups are less likely to have health insurance—and, as a result, less likely to have access to smoking cessation products and services.

Tobacco use is a substantial barrier to our nation's collective efforts to build a Culture of Health. Tobacco products addict their users—often during their formative teen years, with lifelong consequences for health. The U.S. Centers for Disease Control and Prevention reported that, in 2015, [more than two-thirds of smokers wanted to quit and 55 percent had tried to quit](#) within the past year—but only 7 percent had succeeded in the previous 6 to 12 months. And even more telling is the fact that [9 in 10 smokers regret having started](#) in the first place.

Tobacco's enormous toll on our society underscores why it's so important to reduce its use in order to build a Culture of Health.

We have a unique opportunity now, as the federal Food and Drug Administration (FDA) considers making new rules on limiting nicotine in tobacco, further restricting flavored tobacco products, and exempting premium cigars from its authority to regulate tobacco. Here's what RWJF recommends:

Reduce Nicotine to Non-Addictive Levels

Nicotine is what makes tobacco products addictive—and it's a key factor in whether kids who try tobacco become regular smokers. Limiting nicotine to non-addictive levels in all combusted tobacco products can prevent kids from becoming addicted and help more smokers quit. This action might lower smoking rates across all groups and could be particularly beneficial for those with lower quit rates, including marginalized populations.

Further Restrict Flavored Tobacco Products

Although the [Tobacco Control Act](#) bans the sale of most flavored cigarettes, menthol cigarettes are still sold throughout most of the country and e-cigarettes and cigars are sold in flavors like cherry, vanilla, chocolate, and clove that appeal to young people. FDA has found that menthol cigarettes lead to increased smoking among young people, greater addiction, and reduced success in quitting smoking. They are also disproportionately used by and marketed to African-Americans, who are more likely than whites to die from a tobacco-related disease.

Continue FDA Oversight of Premium Cigars

There is no reason for FDA to loosen its regulation of cigars. They pose a significant public health risk since they are addictive, toxic, and both youth and adults smoke them. Tobacco is the only consumer product that leads to disease and death when used as intended.

For the past 27 years, [RWJF has played an important role in strengthening tobacco control policies, improving access to cessation supports, and reducing the burden of tobacco](#). As a nation, we've made significant progress in reducing tobacco use. Despite this, we simply can't let our guard down given persistent inequities in tobacco use and tobacco-related disease, disability, and death.

We have submitted statements on [nicotine](#), [flavored tobacco products](#), and [premium cigars](#) to FDA during its public comment period to urge strengthening tobacco control policies and encourage others to do the same.

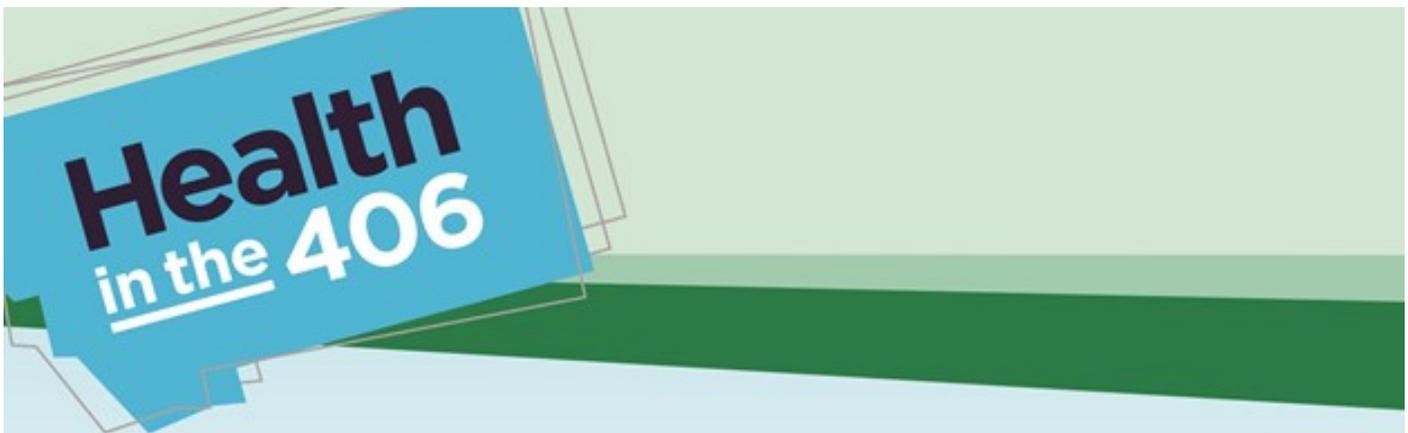


Did You Know?

New research about [environmental health professionals](#) shows that many work in more than one program area—areas that include food safety, emergency preparedness and response, and vector control.

In the next 5 years, [1 in 4](#) environmental health professionals plans to retire—underscoring the need for recruitment and workforce development.

Health departments can help improve the [performance](#) and quality of their [environmental health services](#) by using CDC's free [tools, guidance materials](#), and [training](#) resources.



Health in the 406: Focus on Vector-Borne Disease

In the U.S. between 2004-2016, the number of illnesses related to mosquito, tick, and flea bites tripled; [Montana](#) saw a similar increase.

[West Nile Virus](#) is the most commonly reported [mosquito-borne disease](#) and Rocky Mountain spotted fever is the most commonly reported [tick-borne disease](#).

Learn how to [protect](#) yourself from [vector-borne diseases](#) by preventing tick and mosquito bites and by using an Environmental Protection Agency [registered insect repellent](#).

Health in the 406: Focus on Boating Safety

Wear a lifejacket. Drowning is the fifth leading cause of unintentional injury death; drowning from [failure to wear a life jacket](#) was reported in 88% of boating deaths.

Enjoy being on the water while sober. In Montana it is against [the law](#) to operate or be in physical control of a motor boat, personal watercraft, sailboat, water skis, surfboard, or similar device while under the Influence of alcohol or drugs.

Plan ahead. [81% of kayaking fatalities and 46% of canoeing fatalities nationally](#) were because of hazardous weather/water, operator inexperience or error, or a combination of both. Research the venue, check the weather, and make sure your [skill level](#), [equipment](#) and provisions are adequate for the trip!



2019 MONTANA CLEAN INDOOR AIR ACT 10th ANNIVERSARY

CIGARETTE WASTE CAN LEACH TOXIC CHEMICALS INTO THE ENVIRONMENT
PROTECT MONTANA'S WATERS
PREVENT CIGARETTE LITTER & QUIT TOBACCO NOW



MONTANA TOBACCO



1-800-QUIT-NOW
1-800-784-8669

Contact Us:

QuitLine: 1-800-784-8669

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