

## GILCHRIST COUNTY TOBACCO PREVENTION NEWSLETTER

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# When is Your Quit Date?

By Tracy DeCubellis, Gilchrist County Tobacco Prevention Specialist

The Gilchrist County 4-H SWAT commemorated the American Cancer Society's 34<sup>th</sup> annual Great American Smoke Out on November 19<sup>th</sup> this year by setting the scene of the crime. SWAT members drew chalk body outlines on the sidewalk in front of the Quit Doc office on Main Street in Trenton and invited community members to write the names of loved ones touched by tobacco. By the end of the afternoon, chalk bodies covered the pavement as representation of friends and family members who have been harmed by tobacco use. Several of the people remembered died of cancer and heart disease.

SWAT members made signs encouraging the community to be tobacco free. Gilchrist County residents were very supportive of the Great American Smoke Out activities. SWAT club president, Chandler Ash, said of the reaction, "I thought the event was great and a lot of people were supportive about the SWAT club providing cessation information and being tobacco free." Trenton residents encouraged the SWAT club in their mission to spread the tobacco free message.

The group also provided cessation information from the Florida Quitline and the Suwannee River Area Health

Education Center (AHEC) to community members who indicated an interest in quitting tobacco. SWAT club secretary, Emily Padot, feels very strongly about the groups' efforts to encourage people to quit using tobacco products. She has personal reasons for getting the message out.

"Both of my parents are smokers," said Miss Padot. "They have a hard time breathing. I pray almost every night for them to stop smoking. I have given them [cessation brochures] and facts about smoking. My mom just had a stroke from smoking. The doctors say she'll be okay. But smoking is serious and it can ruin a life - not only your life, but your loved ones' lives too."

The 4-H SWAT club has chosen secondhand smoke and cessation promotion as their key goals for the year. At their first meeting of the year, the club decided to take on the challenge of encouraging cessation in the community. Chandler

Ash explained his reason for choosing cessation promotion as a goal, "My great-grandmother died from cancer caused by smoking. The way she died made me really upset. I don't want other people to get sick, or see their family members feel as sad as I was."

Gilchrist SWAT members want to encourage all tobacco users to plan to quit. The Florida Quitline is available to help tobacco users stop smoking cigarettes and cigars, dipping, and chewing. Quitline offers free phone counseling services as well as free nicotine replacement therapy such as gum, lozenges and patches. Call 1-800-U-CAN-NOW to reach a Quitline counselor. Suwannee River AHEC also sponsors cessation support classes in Trenton and provides nicotine replacement therapy. **For more information on AHEC support classes call Tobacco Cessation Specialist, Manette Cheshareck, at (386) 462-1551.**



# Portrait of a Servant, Legislator, and Former Smoker: An Interview with North Florida’s Rep. Charles Van Zant

By T.J. Harrington, Tobacco Free Partnership of Gilchrist County

Quit Doc Policy Manager T.J. Harrington interviewed one of North Florida’s most exciting state legislators, Representative Charles Van Zant, about his background and legislative work and his role in the healthcare debate. Unbeknownst to Harrington prior to the interview was the fact that Rep. Van Zant had a special story to share about his time as a smoker and how he eventually was able to quit. The following article includes their dialogue and Rep. Van Zant’s amazing story about how he quit smoking.



Representative Charles Van Zant currently represents the 21st Legislative District in Florida.

Rep. Van Zant is a native Floridian, raised on the Westside of Jacksonville in a tough, poor area where he lived close to the prison, railroad station, and naval yards. When he went to college he started smoking which during this time a big controversy was brewing about whether tobacco smoke caused lung cancer. He smoked for nine years, a period of time where he describes it as smoking any and all kinds of cigarettes, even those that were like a “rubber hose”! Van Zant smoked everything from 1-2 packs of cigarettes a day as well as smoking cigars by the box along with smoking pipes. “I looked like an old time coal-fired train”, says Van Zant about his past as a smoker.

Being a Christian by faith he started wrestling with how he would quit smoking but did not know exactly how. Van Zant recalls, “I finally came to the conviction I should quit even though nothing is defined about tobacco in the Bible”, the

primary source of inspiration and guidance for the Christian believer. He goes on to say that he knew inherently he had to quit but couldn’t do it on his own. On one particular Sunday at his church service however, all he could think about was quitting the habit of smoking. Van Zant went home after the service, felt inclined to smoke (especially after a nice big meal his wife had made him) but this time left to a quiet place outside, got on knees and prayed instead. “In an instant after praying I realized that I was playing with death and I asked the Lord to show me how to quit,” says Van Zant. He then made an agreement with God that every time he would want to smoke a cigarette, he would stop what he was doing and pray until the urge for tobacco had passed; the urge began tapering off after the first 5-6 days of what Van Zant describes as a time of much prayer and trust in God.

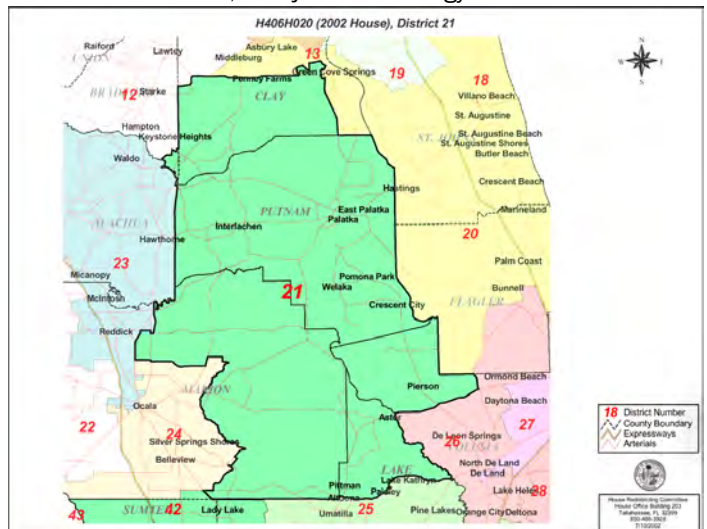
It is this same faith that enables Van Zant to have the heart to accomplish so

much for others. Rep. Van Zant received a Bachelor’s in Architecture, a Master’s of Divinity, and then earned a Doctorate in Theology while ministering in Cuba. If one looks at his record of achievements one will quickly notice how his whole life has been used to serve others. Even his business has been used for ministry purposes. He owns Van Zant Associates, a architectural design firm, that he has been able to use to help design charities, orphanages, churches, seminaries, and homeless shelters over the last 40 years. “Proverbs 22:4 is one of my key verses to walk with,” mentions Van Zant. It says, “By humility and the fear of the LORD are riches, and honour, and life.” This verse seems to sum up Van Zant’s career and life of service.

Van Zant, a pastor, architect, and businessman, now is a state legislator from North Florida and serves as Vice-Chair on the Health Care Regulation Policy Committee. The decisions that he and the committee make affect all Floridians, not just

voters from his district. The Health Care Regulation Policy Committee establishes policy of which he explains there are a few parts to a law: making a statute then statutes contain regulatory criteria and the regulatory criteria must take effect through the form of policy. Last year healthy seniors and childrens’ issues were at the forefront of the committee’s agenda. Of course the committee’s special concern always involves how to care for the developmentally disabled and the elderly who might find themselves in a situation whereby they need help.

When asked if there was anything of particular interest that the public should be aware of for the upcoming legislative session, Van Zant emphasizes that they are looking very carefully at whatever health regulations and requirements are handed down to Florida from Washington, what they are, how they will affect Florida citizens, and what we must do and can do to help our citizens. He makes a great analogy of how if the refe-



## Rep. Charles Van Zant

*Continued*

rees in a football conference suddenly changed the play-off rules while asking the football team to go ahead and do practice and run the plays it would be very challenging for anybody to operate. Similarly he likens the process to when Washington gives the state of Florida new policy guidelines. According to Van Zant, some on the Health Care committee are skeptical of the outcome from Washington no matter what side of the aisle one sits on. "Some of us don't understand what Washington is doing because Washington doesn't understand what they themselves are doing," retorts Van Zant. It's plainly obvious Washington is going to regulate healthcare and how specifically it will affect Floridians is what the committee is looking at. Van Zant's personal fear is that legislation will come after the session instead of during session in a timely manner; if Washington is going to pass something they basically would need to know now in an ideal world.

When it comes to service for Floridians however, healthcare is dispensed through the state for those in need and Van Zant believes the committee and legislature is doing the best to care for the needs of those citizens who especially can't get to healthcare providers due to low income, transportation, and other factors. A very key issue for Rep. Van Zant is access to healthcare because so many don't have the proper access, primarily because of their socioeconomic condition. He would personally like to see more open policy regarding access to healthcare.

Given the latest recent issue of new smokeless products, their placement and advertising geared towards kids and youth, Rep. Van Zant seemed disturbed that the tobacco companies would be marketing to such a degree. "Smoking has come to a place in society where it's not acceptable as it once was so tobacco companies are looking for new ways to market tobacco; if they can market a product that doesn't enact that particular image or vision as smoking then it's more saleable," comments Van Zant. He goes on to say, "the tragedy is that it's just as damaging to the body and health as smoking products, as it just may be another form of cancer or other ailment." Van Zant as a pastor and minister for 37 years, certainly not only contains a wealth of wisdom and knowledge about the human spirit but that of the human mind and body. According to Van Zant one "can't keep on taking foreign chemistry into body—it's not food, water, or air and those are the three primary agents our body is designed to live by and anything else is foreign and tobacco isn't any of those." Rep. Van Zant definitely captures the basic essence of why one should try to quit using tobacco whether it's smoking or smokeless because no matter what form it comes in, it acts as an invasion into the natural functionality of how we operate as humans. No matter how steeped one seems to be in their habit of using tobacco products, one thing is for sure that Rep. Van Zant can attest to, "all things are possible with God" and anything that seems to be impossible

## Quit for Good!

*By Kirk G. Voelker, MD, Quit Doc Research and Education Foundation*

I would like to share what I have learned about quitting smoking over the last 15 years of being a lung specialist. First of all, for most people there is no perfect time to quit smoking; so don't wait around until the timing is "just right". Instead, start working on changing your attitude toward those cigarettes right now. Like most things in life, quitting smoking is all about how you look at it. First of all, acknowledge your addiction to nicotine. "I'm not addicted!" you say. Well then, try this little experiment; quit smoking for 4 days. Not one puff over that time. If you are not addicted, you will have a few of those habit type urges but you really won't miss it. On the other hand if you feel that you are crawling out of your skin by day 4, you are addicted my friend!

If you made it to day 4 without a problem, well, why not just choose not to pick it up again. It is expensive, smelly, it makes you look weak and it has a one out of three chance of killing you. Oh yeah, it also has a chance of making those around you sick or even killing them (this is true proven data, secondhand smoke kills! Don't even try to argue this one with me). On the other hand, if you are crawling out of your skin by day four, then you need help.

What is the best way to quit? Well, probably the worst way to quit is the way most people try. They decide to quit smoking, go to the pharmacy and get nicotine patches ('cause that is what the commercials say you should do). Though nicotine replacement therapy is useful WHEN USED CORRECTLY, most

such as kicking a bad habit to the curb, can be changed if one is just willing to make the first step.



people do not use it correctly. You are embarking on a lifelong battle with that little nicotine devil. It is like sending you into battle totally unprepared with only false confidence and a water pistol. The little devil just looks and laughs. You don't have much of a chance. No wonder quit rates using this method are less than 5% at one year.

So what should you do? Humble yourself enough to seek help. You don't need to face this on your own! The road you are about to travel has been traveled successfully by thousands of ex-smokers each year. Why not rely on someone who has helped hundreds or thousands of successful ex-smokers travel that road to being smoke free. Today we have good medications that minimize the physical withdrawal from nicotine. However these medications are only partially effective unless you prepare for your quit, get support, follow through with the process. Most importantly, you must respect the addiction, realizing that you will always be "one puff away from a pack a day."

The following resources provide FREE COUNSELING and FREE NICOTINE REPLACEMENT therapy

- FLORIDA QUITLINE  
1-877-U-CAN-NOW
- FLORIDA AHEC  
1-877-QUIT-NOW-6

Take advantage of these resources and make the decision to quit for good!

# Spotlight on Health: Smoking Bans Reduce the Risk of Heart Attacks Associated with Secondhand Smoke

Christine Stencel, Media Relations Officer, Institute of Medicine

Smoking bans are effective at reducing the risk of heart attacks and heart disease associated with exposure to secondhand smoke, says a new report from the Institute of Medicine (IOM). The report also confirms there is sufficient evidence that breathing secondhand smoke boosts nonsmokers' risk for heart problems, adding that indirect evidence indicating that even relatively brief exposures could lead to a heart attack is compelling.

"It's clear that smoking bans work," said Lynn Goldman, professor of environmental health sciences, Johns Hopkins Bloomberg School of Public Health, Baltimore, and chair of the committee of experts that wrote the report. "Bans reduce the risks of heart attack in nonsmokers as well as smokers. Further research could explain in greater detail how great the effect is for each of these groups and how secondhand smoke produces its toxic effects. However, there is no question that smoking bans have a positive health effect."

About 43 percent of non-smoking children and 37 percent of nonsmoking adults are exposed to secondhand smoke in the United States, according to public health data. Despite significant reductions in the percentages of Americans breathing environmental tobacco smoke over the past several years, roughly 126 million nonsmokers were still being exposed in 2000.



A 2006 report from the U.S. Surgeon General's office, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concluded that exposure to secondhand smoke causes heart disease and indicated that smoke-free policies are the most economical and effective way to reduce exposure. However, the effectiveness of smoking bans in reducing heart problems has continued to be a source of debate.

The IOM committee conducted a comprehensive review of published and unpublished data and testimony on the relationship between secondhand smoke and short-term and



long-term heart problems. Eleven key studies that evaluated the effects of smoking bans on heart attack rates informed the committee's conclusions about the positive effects of smoke-free policies. The studies calculated that reductions in the incidence of heart attacks range from 6 percent to 47 percent. Given the variations in how the studies were conducted and what they measured, the committee could not determine more precisely how great the effect is. Only two of the studies distinguished between reductions in heart attacks suffered by smokers versus nonsmokers. However, the repeated finding of decreased heart attack rates overall after bans were implemented conclusively demonstrates that smoke-free policies help protect people from the cardiovascular effects of tobacco smoke, the committee said.

The report also provides a detailed discussion of the evidence from animal research and epidemiological studies showing a cause-

and-effect relationship between secondhand smoke exposure and heart problems. The committee was not able to determine the exact magnitude of the increased risk presented by breathing environmental tobacco smoke, but noted that studies consistently indicate it increases the risks by 25 percent to 30 percent. Although there is no direct evidence that a relatively brief exposure to secondhand smoke could precipitate a heart attack, the committee found the indirect evidence compelling. Data on particulate matter in smoke from other pollution sources suggest that a relatively brief exposure to such substances can initiate a heart attack, and particulate matter is a major component of secondhand smoke.

The report was sponsored by the U.S. Centers for Disease Control and Prevention. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies.

Additional information on the report can be found at: [HTTP://WWW.IOM.EDU/SECONDHANDSMOKEEFFECTS](http://www.iom.edu/secondhandsmokeeffects).

## Spotlight on Youth: New Study Measures Hookah Use Among Florida Teens

Jill Pease, University of Florida Health Science Center News

Hookah pipe smoking has gained a foothold with Florida teens, according to a new University of Florida study, which shows 11 percent of high school students and 4 percent of middle school students have tried it.

The findings were presented on November 9, 2009, at the American Public Health Association's annual meeting in Philadelphia and appear in the November issue of the American Journal of Public Health. The study was conducted in collaboration with the Florida Department of Health.

Rooted in Middle Eastern culture, hookah pipes burn charcoal and tobacco, also known as shisha. Air is drawn through the tobacco and into the pipe, where it passes through water.

Hookah smokers widely but mistakenly believe that the pipe is a harmless alternative to other forms of tobacco smoking, said lead researcher Tracey Barnett, Ph.D., an assistant professor in the UF College of Public Health and Health Professions' department of behav-

ioral science and community health.

"Users tend to think smoking with a hookah is safe because they believe the water in the pipe acts as a filter," Barnett said. "Many actually don't think that shisha has tobacco, while others feel it's a more pure form of tobacco that doesn't have as many chemicals, although there's really no reason to believe this."

In fact, during a typical 20- to 80-minute hookah session, users may smoke the equivalent of 100 or more cigarettes, according to the World Health Organization. Hookah smoking can deliver 11 times more carbon monoxide than a cigarette, in addition to high levels of other carcinogenic toxins and heavy metals found in cigarettes. While the water in the hookah pipes does absorb some nicotine, researchers believe smokers are exposed to enough to cause addiction.

The UF researchers' findings are based on data from the 2007 Florida Youth Tobacco Survey, an anonymous, annual survey administered by the Florida Department of Health to a random sample of public middle and high schools. The 2007 survey, completed by 9,000 students, was the first to include questions about hookah use.

There are at least 100 hookah lounges in Florida and most have opened in the past few years, Barnett said. Hookah is typically shared in groups and smoked with sweetened, flavored tobacco.

"The social nature of hookah smoking appeals to

young people," Barnett said. "An 18-year-old high school senior can't get into clubs where alcohol is served, but he or she can legally smoke."

The state of Florida's minimum smoking age is 18.

While a few previous studies have estimated hookah use among college students, the UF study is only the second population-based study to examine hookah use in middle and high school students. A University of Pittsburgh study of Arizona students found that 10 percent of high school students and 2 percent of middle school students had smoked a hookah, according to data from a 2005 survey.

In addition to overall prevalence of hookah smoking, the UF researchers found that hookah usage rates were higher among boys, students who reported a history of cigarette smoking, and those who believe that cigarette smoking can relieve stress and help people feel more comfortable in social situations. Rates also increased with each advancing grade. Twelfth-graders were eight times more likely to have used a hookah than sixth-graders.

"Beliefs about the relative lack of harm associated with hookah use may also be held by policymakers, scientists and the general public. This could explain the slow response to both restricting hookah use in public settings and mounting a full-scale research effort to understand its health effects," said Barbara Curbow, Ph.D., one of the study's co-authors and chair



of the UF department of behavioral science and community health. "We hope that our work encourages policymakers and researchers to become more involved in understanding the phenomenon."

The new UF study team adds considerably to the emerging evidence of the widespread use of water pipe smoking among youth in the United States, said Wasim Maziak, M.D., Ph.D., an associate professor at the University of Memphis and the director of the Syrian Center for Tobacco Studies.

"Just a decade ago questions about water pipe use were not even considered in most youth tobacco surveys, and evidence suggests that water pipe smoking is no less harmful or addictive than cigarettes," Maziak said. "In fact, water pipe smoking can be the first means for introducing nicotine to tobacco-naïve adolescents. All this calls for concerted efforts to continue active surveillance of this emerging tobacco-use method among U.S. youths, and to invest in research aimed at developing effective means to curb its spread."



Tracey Barnett, Ph.D., Assistant Professor in the UF College of Public Health and Health Professions' Department of Behavioral Science and Community Health. (Photo by Sarah Kiewel, University of Florida)

# Florida Tobacco News: Increased Florida Tobacco Tax Reduces Tobacco Use

By Barry Hummel, Jr., MD

Last spring, as the Florida Legislature debated raising the cigarette tax by \$1.00 per pack, opponents argued that such a tax increase hit those who could least afford it. Meanwhile supporters, including Governor Charlie Crist, pointed out that increases in tobacco taxes actually helped to reduce consumption.

Ultimately, the Florida Legislature voted to increase the cigarette tax as a way to cover a ballooning budget deficit.

Less than six months after the tax increase took effect, the results are in: cigarette sales have fallen sharply throughout Florida. In some counties, the drop in sales has fallen by almost half.

Prior to the tax increase, cigarette sales in Florida regularly topped 100 million packs per month. In July 2009, the first full month of the tax increase, sales

dropped to 73 million packs statewide. Since then, sales have remained well below prior levels, averaging 78 million packs per month.

The most dramatic decline in cigarette sales was in Miami-Dade County. In June, the month before the higher tax took effect, retailers and convenience stores sold 8.9 million packs; one month later, after the \$1.00 per pack tax increase, those same stores sold 4.4 million packs. Since July, sales have risen to 6 million packs as of September, the latest month for which county-by-county information is available.

The sagging sales seem to provide evidence that the tax is meeting the public health objective of getting smokers to quit, the very position which many supporters argued during the legislative session.

"It's working exactly the way it was designed to work.

People are quitting," said Rep. Jim Waldman (D-Coconut Creek), a cigarette tax

champion. "If I could, I'd raise it another dollar."

Critics, however, say many people are cleverly avoiding the tax. Barney Bishop, president of the Associated Industries of Florida, which fought the cigarette tax increase, conceded the tax might persuade some smokers to quit, but he said many more will simply get creative. Smokers will stock up during trips to low-cost states, he said, or buy cigarettes tax-free over the Internet. Border counties have seen some of the sharpest declines in cigarette sales. Others may be switching to items that aren't subject to the higher tax, like small cigars.

"People aren't buying fewer cigarettes, they're just not paying taxes," Bishop said.

Despite the sharp drop in cigarette sales, the new tax is bringing in as much revenue as expected. Anticipating a drop in smoking rates, state economists predicted that the extra \$1 per-pack tax would generate \$958 million this year. At 78 million packs per month, the new tax generates an additional 78 million dollars in revenue per month, or \$936 million annually... only 2.3% below the estimate.

Florida is a national leader in job loss and home foreclosures. The poor economy in Florida may also be contributing to a reduction in tobacco sales. This may reflect a number of factors, including reduced income and population loss as Floridians relocate to states with

lower unemployment rates.

Rep. Waldman said there's been a "perfect storm" in Florida to get smokers to kick the habit. "The recession, the increase in the cigarette tax — it came together at the right time," Waldman said.

Dramatically lower cigarette sales should contribute to a drop in the state's smoking rate, which is currently 20 percent for adults. But by how much is not clear.

There were 7,900 calls to the Florida Quitline in the three months after the new tax took effect, which represents a 25 percent increase over the same period in 2008.

However, it may be hard to determine how a single factor, such as the Florida cigarette tax increase, contributes to a drop in smoking rates in the state. The state tax isn't the only factor influencing sales.

For example, an additional 62 cent federal cigarette tax increase went into effect last April. Florida also increased its *Tobacco Free Florida* anti-smoking media campaign over the summer, using a combination of radio, television, and billboard ads. These changes, coupled with the increase in the Florida cigarette tax, are likely account for part of the higher call volume.

One thing is clear: the increase in the cigarette tax has been a win-win for Florida, accounting for both a revenue increase and a drop in cigarette sales... exactly as predicted when the issue was debated last spring.



# National Tobacco News: Update on FDA Regulation of Tobacco

By Barry Hummel, Jr., MD

On June 22, 2009, President Barack Obama signed landmark legislation giving the Food and Drug Administration (FDA) new power to regulate the manufacturing, marketing and sale of tobacco.

The new law "represents change that's been decades in the making," President Obama said during the bill-signing ceremony in the White House Rose Garden.

The new law was structured to slowly implement the new regulations explicitly outlined in the bill over three years. Many of these regulations focus on the production and marketing of cigarettes. However, the new law also provides the flexibility to add additional regulations in the future, including additional restrictions on other products such as cigars and smokeless tobacco.

The first new regulation to take effect prohibits the sale of flavored cigarettes. According to the new law, "...a cigarette or any of its component parts (including the tobacco, filter, or paper) shall not contain, as a constituent (including a smoke constituent) or additive, an artificial or natural flavor (other than tobacco or menthol) or an herb or spice, including strawberry, grape, orange, clove, cinnamon, pineapple, vanilla, coconut, licorice, cocoa, chocolate, cherry, or coffee, that is a characterizing flavor of the tobacco product or tobacco smoke."

This regulation took effect on September 22, 2009. As of that date, it is now illegal to sell flavored cigarettes anywhere in the United States. Based on the lan-

guage of the new law, it is unclear how the FDA will handle cigarettes that are sold with flavors such as "frost" or "spice"; these terms are not specifically listed in the law, and there is some fear that the use of those terms may be a loophole.

As you can imagine, it is virtually impossible for the FDA to visit every convenience store in the United States to check for compliance. As a result, the FDA has created a new reporting system. Anyone who sees any business selling flavored cigarettes can file a report, and FDA regulators will investigate these reports individually. If you see a violation of the new flavored cigarette ban, and you wish to report the violation to the FDA, you can call 1-877-CTP-1373, or visit [www.fda.gov/flavoredtobacco](http://www.fda.gov/flavoredtobacco).

Please remember that flavored cigars and smokeless products do NOT fall under these new regulations at this time. As a result, the FDA is not currently monitoring the sale of these flavored products, and there is no need to report businesses that are currently selling those products.

Two other key provisions of the FDA legislation will take place in the near future.

By July 2010, tobacco manufacturers may no longer use the terms "light," "low tar," and "mild" on tobacco products without an



Canadian cigarettes currently have much more graphic warning labels; look for similar warning labels to appear on products in the United States by July, 2012

FDA order in effect. The reason for this is that most of the products listed as "light" or "low tar" are no different from their regular counterparts. The designations are based on data collected by tobacco companies using standardized "smoking machines". These machines do not "smoke" the cigarettes in the same way as people, and tobacco companies were able to design cigarettes that produced a lower concentration of toxic chemicals when smoked by these machines. The FDA will be now be testing cigarettes with methods that reflect the use of the products by real smokers, and the FDA will determine if a cigarette can be sold as a "light" or "low tar" product.

Also by July 2010, warning labels for smokeless tobacco products will be revised and strengthened. The current warning labels on smokeless products are smaller and less conspicuous than the warning labels present on cigarettes. Worse still, some of the newer smokeless tobacco products, such as snus,

have created so much confusion that standard warning labels are not required on the package. The FDA is evaluating the type and size of the new warning labels that will be required in the future.

One other key provision of the new law that does not take effect until October 2012, is worth mentioning. At that time, warning labels for cigarettes will be revised and strengthened. The current law calls for warning labels that fill the top half of both the front and rear panels of each cigarette pack. The new law does not state explicitly what the warning labels will look like, but they will likely use pictures to show the serious health consequences of tobacco use; such warning labels have been placed on cigarette packs in many foreign countries as a way to reduce tobacco use.

For additional information on the FDA regulation of tobacco products, visit the FDA website at [www.fda.gov/TobaccoProducts](http://www.fda.gov/TobaccoProducts).

# Opinion: It's Time to Make All Workplaces and Public Places Smoke-Free

Statement of Matthew L. Myers, President, Campaign for Tobacco-Free Kids

A landmark report released today by the Institute of Medicine provides powerful new evidence that elected officials have no excuse for failing to enact comprehensive smoke-free workplace laws. The IOM report concludes smoke-free laws reduce the number of heart attacks and save lives. The report also confirms that there is conclusive scientific evidence that secondhand smoke causes heart disease, including heart attacks, and finds there is compelling evidence that even relatively brief exposure to secondhand smoke can lead to a heart attack.

These powerful conclusions, reached by one of the most prestigious scientific authorities in the United States, send a loud and clear message to elected officials across the U.S. and worldwide: No excuses, no half-measures. It's time to protect everyone's right to breathe clean air by enacting comprehensive smoke-free laws that include all workplaces and public places, including restaurants and bars. There should be no exceptions or loopholes. No one should have to put themselves at risk of a heart attack, lung cancer or the other serious diseases caused by secondhand smoke in order to earn a paycheck or enjoy a night out.

In the United States, 27 states, the District of Columbia and Puerto Rico have enacted smoke-free laws that include restaurants and bars. The new report should spur the remaining 23 states to enact comprehensive laws that include all workplaces, restaurants and bars (and all states to eliminate any exceptions that remain in their laws). This report should also spur countries around the world to enact comprehensive smoke-

free laws in compliance with the Framework Convention on Tobacco Control, the international tobacco control treaty ratified by 167 countries.

Even before this IOM report, there was already conclusive evidence that secondhand smoke causes death and disease, while smoke-free laws protect health and save lives. As the U.S. Surgeon General stated in issuing a groundbreaking report on secondhand smoke in June 2006, "The debate is over. The science is clear: Secondhand smoke is not a mere annoyance but a serious health hazard that causes premature death and disease in children and nonsmoking adults."

Secondhand smoke contains more than 4,000 chemicals, including at least 69 carcinogens. The Surgeon General found that secondhand smoke is a proven cause of lung cancer, heart disease, serious respiratory illnesses such as bronchitis, low birth weight and sudden infant death syndrome. The Surgeon General also found that secondhand smoke is responsible for tens of thousands of deaths in the U.S. each year, there is no safe level of exposure and smoke-free laws protect health without harming business.

The IOM's conclusions that smoke-free laws prevent heart attacks and that even short-term exposure to secondhand smoke can lead to a heart attack add significantly to the Surgeon General's report. The IOM report was requested by the Centers for Disease Control and Prevention (CDC) in the wake of a growing number of studies in smoke-free localities, states and countries that found reductions in heart attack rates after smoke-free laws are implemented. After

reviewing 11 such studies in the United States, Canada, Scotland and Italy and a multitude of other scientific studies examining the relationship between secondhand smoke and cardiovascular disease, an IOM committee of scientific experts reached the following conclusions:

- "The committee concludes that there is a causal relationship between smoking bans and decreases in acute coronary events."
- "The evidence reviewed by the committee is consistent with a causal relationship between secondhand smoke exposure and acute coronary events, such as acute MI (myocardial infarction)."
- "The committee concludes that it is biologically plausible for a relatively brief exposure to secondhand smoke to precipitate an acute coronary event." According to the report, experimental studies have found that secondhand smoke exposure causes adverse changes in the cardiovascular system that increase the risk of a heart attack.

In the U.S., 27 states, Washington, D.C., and Puerto Rico have passed smoke-free laws that cover restaurants and bars. The states are: Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina (Jan. 2, 2010), Ohio, Oregon, Rhode Island, South Dakota (on hold pending resolution of litigation), Utah, Vermont, Washington, and Wisconsin (July 5, 2010).



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