

GILCHRIST COUNTY TOBACCO PREVENTION NEWSLETTER

Volume 1, Issue 1
Jan—Mar, 2011

INSIDE THIS ISSUE:

| | |
|--|----------|
| <i>The Gilchrist County 4-H SWAT Club Gains Statewide Recognition for Anti-Tobacco Initiatives</i> | 1 |
| <i>Our Partnership: Making a Difference Where Lives Matter</i> | 2 |
| <i>Spotlight on Youth: Secondhand Smoke Tied to Kids' Poor Mental Health</i> | 3 |
| <i>Spotlight on Florida: Florida Legislature Looks at the Issue of Returning Control of Outdoor Smoking to Local Governments</i> | 4 |
| <i>Spotlight on Florida: Florida Ruling That Big Tobacco Won't Come Back to Haunt the Tobacco Industry</i> | 5 |
| <i>Spotlight on Cessation: Massachusetts study reveals that paying smoking patients to quit smoking works!</i> | 6 |
| <i>National Tobacco News: FDA to require substantial equivalence reviews for new tobacco products</i> | 7 |
| <i>Opinion: FDA Requires Tobacco Companies to Disclose Changes to Products.</i> | 8 |

The Gilchrist County 4-H SWAT Club Gains Statewide Recognition for Anti-Tobacco Initiatives

By Tracy DeCubellis, Gilchrist County Tobacco Prevention Specialist

Gilchrist County 4-H SWAT (Students Working Against Tobacco) Clubs are busy working on several projects in 2011 in the county and beyond. On January 29, 2011, three SWAT members participated in Gilchrist County 4-H County Events by giving demonstrations on tobacco issues. SWAT members Spencer Hewitt and Emily Padot presented a team demonstration focusing on the dangers of tobacco use and secondhand smoke. Taking on the issue of tobacco marketing through candy flavored tobacco products in an individual demonstration was Chandler Ash. All three SWAT members earned blue ribbons, and won top honors in their respective categories. They will move on to 4-H District Events, and eventually present their demonstrations at the state level this summer during Florida 4-H Congress at the University of Florida. These SWAT members are to be commended for their hard work, dedication and willingness to reach out to others with these important issues.

During the months of February and March, SWAT clubs are also hard at work on the Store Alert project in Gilchrist County. Students view and summarize tobacco advertisements found in local convenience stores and groceries throughout the county. This is the third year that SWAT youth have spearheaded this project in Gilchrist County, and they will be adding some additional information to their surveys to join a statewide project to evaluate outdoor tobacco advertising. Store Alert results supply important data for

our county to determine if tobacco advertising is being targeted toward youth or is heavily concentrated around schools.

One of the most important events of the year for SWAT also occurs in March - Kick Butts Day. This year, Kick Butts Day will be observed on March 23rd and our clubs have designed an activity to involve all youth in Gilchrist County in grades 6-12. This year SWAT will be sponsoring an essay contest on the topic of candy flavored tobacco, and 30-second commercial contest on the topic of secondhand smoke. SWAT youth hope that by sponsoring this contest, they will encourage other youth in the community to think about, and discuss tobacco issues that are impacting them in their community every day. They look forward to providing an avenue for the voices of youth to be heard on these important topics. The Gilchrist County Journal has agreed to print the

top two winning essays on consecutive weeks in support of the contest.

Looking ahead to this summer, three of our SWAT youth have been sponsored by the Tobacco Free Partnership of Gilchrist County to attend Citizenship Washington Focus in Washington D.C. this July. The three youth, Chandler Ash, Spencer Hewitt and Allie Madlem are members of the county-wide 4-H SWAT Advisory Board, and look forward to meeting their elected representatives on Capitol Hill. This is a great opportunity for our 4-H SWAT members to represent the concerns of the youth of Gilchrist County on a national level.

The Gilchrist County 4-H SWAT youth are hard at work in 2011. These youth are dedicated to serving the community with positive messages and supporting others in choosing a tobacco free lifestyle



Gilchrist County 4-H SWAT members show off their Blue Ribbons!

Our Partnership: Making a Difference Where Lives Matter

By Thomas J. Harrington, Policy Manager, Quit Doc Research and Education Foundation

It is an exciting time to be involved with the Gilchrist County Tobacco-Free Partnership. Of the 67 Tobacco-Free Partnerships which were set up a few years ago in every county across Florida, Gilchrist County is leading the charge to protect youth and reduce harm in our community. Our partnership consists of concerned individuals from all walks of life. Business leaders, health professionals, youth, and even elected officials have been active over the last couple years as members of the partnership. They each bring their own individual talents and experiences to help implement positive changes for a more tobacco-free society, particularly keeping youth tobacco-free.

New ideas that are collected from different backgrounds are an incredible asset as the common goal is to change what has been seen as just the accepted norm for a very long time. People are increasingly finding that they don't have to accept norms at face-value as more information exists. The information is becoming ever more readily available, contradicting what was once viewed as merely acceptable. For instance, we know that there is something inherently wrong with the fact that 90% of all new tobacco users are between the ages of 12 and 19. There are certainly policy measures

that can be enacted to reduce this number. It starts at the schools but also includes what retailers sell, how tobacco products are advertised, and where they are placed for access.

Since the partnership's increased role in the community we have seen a tremendous decrease in youth tobacco use amongst nearly every category of tobacco use from smokeless tobacco to cigars. The work our partnership does in providing information to parents and the School Board district is pivotal in addressing tobacco issues related to youth. Through this increased awareness, support has grown and youth are now being impacted as an

alternative-to-suspension policy is being used for those students who are caught with tobacco on campus. The program teaches youth the harms of using tobacco and provides great incentive to have a second chance of quitting while not just kicking them to the curb for an infraction that would likely happen again. They now have an explanation as to why tobacco is bad, a chance to end being addicted to something the rest of their lives, to live longer, and not face inevitable tobacco-related disease.

Our partnership not only focuses on youth policy but it also focuses on providing cessation to adults and reducing the harm of secondhand smoke. Sometimes we just don't notice secondhand smoke as we might pass through entranceways of buildings but this effects nearly everyone who ever goes out in public. Most recently, local rehabilitation services have not only offered free cessation materials for their employees who want to quit tobacco use but there is a growing trend for health facilities to protect patients and visitors from second-hand smoke by implementing smoke-free entranceways. Having at least a 25 feet smoke-free area outside entranceways protects people walking in and out of building facilities. This may seem trivial but according to the 2006 Sur-

geon General's report, there is no safe amount of exposure to secondhand smoke. In addition, property managers are finding that it is smart business to have smoke-free units in landlord-leasing agreements as it significantly reduces the cost of restoring units that have been stained with third-hand smoke, the residue from cigarette smoke that settles on pretty much every tangible item in one's living area. The costs when totaling up housing units can be astronomical and in this economy it makes sense to attempt going smoke-free.

As one can see, there are many places and settings where peoples' lives can be positively impacted by tobacco policy change - schools, workplaces, rental properties, healthcare facilities, and even parks and recreation areas. The most important contribution we can make is to save lives through prevention of tobacco use in the first place and providing the right tools and incentive through policy initiatives for those who would like to quit. If you are interested in being a part of this effective change in our community and you have a heart to see policy even in the most seemingly inconsequential areas, then you probably should check out our partnership at <http://www.tfp-gilchrist.org> or email your questions to tharrington@quitdoc.com.



Quit Doc Research and Education Foundation Policy Manager, T.J. Harrington, points out the new smoke-free zones at the Gilchrist County Court House.

Secondhand Smoke Tied to Kids' Poor Mental Health

Published December 09, 2010 | Associated Press

Kids who breathe secondhand smoke are more likely to struggle with mental health problems, suggests a large new study of British children.

The findings add urgency in the push for parents to put away their cigarettes for good, or at least smoke outside of the home, researchers say. However, it's still unclear if tobacco fumes actually take a toll on children's brains, or if something else is at play.

"We know that exposure to secondhand smoke is associated with a lot of physical health problems in children, although the mental health side has not been explored," lead researcher Mark Hamer, of University College London, told Reuters Health in an e-mail.

Two of every three kids between the ages of three and 11 are exposed to secondhand smoke in the U.S. Meanwhile, of children aged nine to 17, one in five have been diagnosed with some kind of mental or addictive disorder, according to the U.S. Department of Health and Human Services.

To see if the two statistics are linked, Hamer and his colleagues studied 901 nonsmoking kids who were between four and eight years old. They measured levels of a byproduct of cigarette fumes in the kids' saliva to gauge smoke exposure and had parents fill out a questionnaire about the

kids' emotional, behavioral and social problems.

The more secondhand smoke a child took in, on average, the poorer his or her mental health. This was particularly true for hyperactivity and "bad" behavior, report the researchers in the Archives of Pediatrics and Adolescent Medicine.

Overall, about three percent of all kids received "abnormal" scores of 20 or more on the Strengths and Difficulties Questionnaire, a 40-point scale with the highest scores representing the poorest mental health.

Compared to the 101 kids who breathed in the least secondhand smoke, the 361 with the most exposure scored an average of 44 percent higher on the questionnaire, 9.2 versus 6.4.

The gap remained after the researchers accounted for other factors that could affect mental health such as asthma, physical activity and the families' income and housing situations. Still, it can't be ruled out that some unmeasured factor played a role.

Children were most likely to breathe secondhand smoke in their own homes.

It is not yet clear how secondhand smoke would trigger mental troubles. The researchers suggest it could be related to smoke's effects on chemicals in the brain such as dopamine. Genetics could also be at



play, or simply the knowledge that smoke is harmful could be a downer for kids forced to breathe a lot of it every day.

While Hamer noted that further research is needed to confirm the findings, Dr. Michael Weitzman of New York University Medical Center, who was not involved in the study, said the results strengthen the evidence that secondhand smoke, and possibly prenatal exposure to tobacco, causes mental health problems in children.

"Many people now recognize that children's secondhand smoke exposure increases their risk for Sudden Infant Death Syn-

drome, ear infections and asthma," Weitzman told Reuters Health in an e-mail. "But secondhand smoke also poses a huge burden on the quality of life of children, their families and the larger society due to increased child mental health problems."

He recommends public education about these consequences, as well as more efforts to help parents quit smoking.

Until they kick the habit, Hamer suggests parents should "try and avoid smoking in their home when children are around since it's harmful for them -- both physically and mentally."

Florida Legislature Looks at the Issue of Returning Control of Outdoor Smoking to Local Governments

By Barry Hummel, Jr., MD, Co-Founder, Quit Doc Research and Education Foundation

House and Senate Bills filed during the 2011 Florida Legislative Session would return control of outdoor smoking to local governments, paving the way for local municipalities to create smoke-free parks and beaches throughout the state.

The issue stems from the Preemption Clause contained within the current Florida Clean Indoor Air Act (F.S. Chapter 386, Section 386.209), which "expressly preempts regulation of smoking to the state and supersedes any municipal or county ordinance on the subject." As a result, the Florida Legislature has created a one-size-fits-all rule that prohibits cities and counties from using local community standards to reduce secondhand smoke exposure in certain public places.

For years, this has impacted the creation of smoke-free playgrounds, parks, beaches, and even public schools in concerned communities.

One such city is Naples, Florida, where Mayor Bill Barnett wants to create smoke-free beaches and use this as a marketing campaign to create a clean, family-friendly tourist destination. Mayor Barnett grew frustrated because the Preemption Clause in the Florida Clean Indoor Air Act basically restricted the citizens and local government in Naples from prohibiting smoking on their beaches.

Last November, Naples City Attorney Bob Pritt spoke on behalf of Mayor Barnett and the citizens of Naples at a local legislative delegation meeting. Mr. Pritt's impassioned plea did not fall on deaf ears; Florida Representative Kathleen Passidomo (R, Florida House District 76) heard the message and drafted a bill (HB 211) that would insert the word "indoor" into the preemption clause, returning control of *outdoor smoking* to local governments. HB 211 was filed on January 11, 2011. At this time, HB 211 has been co-sponsored by Representative Jimmie T. Smith (R, Florida



Rep. Kathleen Passidomo and Sen. T. Alan Hays have introduced legislation to alter the preemption clause in the Florida Clean Indoor Air Act.

House District 43).

In support, Florida Senator D. Alan Hays (R, Florida Senate District 20) filed an identical bill, SB 1070, in the Florida Senate on February 15, 2011. To date, there are no additional co-sponsors.

These bold steps by several forward thinking Florida Legislators have started the process of deregulating control of smoking

by the state, and giving each community the right to choose the approach that best meets their local needs.

Currently, HB 211 has been assigned to three committees for hearings: Health and Human Services Committee; Health and Human Services Quality Subcommittee; and Community & Military Affairs Committee. This bill needs to

clear each committee in order to be voted on by the full Florida House of Representatives.

Similarly; SB 1070 has been assigned to the following committees for hearings: Regulated Industries, Health Regulation, and Community Affairs. Likewise, this bill needs to clear each committee to go before the full Florida Senate.

A grass roots effort is underway to mobilize supporters of these bills. City and County Governments throughout the state of Florida have started passing resolutions in support of the two bills and their goal of returning local control of outdoor smoking rules. School Boards and School Administrators have been drafting letters of support as well, hoping to be able to finally create comprehensive smoke-free policies on public school campuses.

More importantly, an army of volunteers are waiting on the sidelines to call the members of the House and Senate Committees as the bills work their way through the legislature.

For additional information, visit the web site of The Tobacco Prevention Network of Florida (www.tpnf.net). This organization is closely tracking the legislation, and alerting interested citizens when the two bills come up for critical votes. The Tobacco Prevention Network has developed Facebook and Twitter pages to use social media to spread the word quickly.

As the bills gain momentum, the Tobacco Prevention Network is hopeful that other organizations with similar missions will lend their support as well, including The American Cancer Society, The American Heart Association, The American Lung Association, and the Florida League of Cities.

Regaining local control will require strong local support. You can be a part of that process, and make your voice heard in Tallahassee.

Florida Ruling That Big Tobacco Won Comes Back to Haunt the Tobacco Industry

By Curt Anderson, AP Legal Affairs Writer

MIAMI – A Florida Supreme Court ruling that threw out a \$145 billion award against cigarette makers is biting Big Tobacco back, making it dramatically easier for thousands of smokers to sue and turning the state into the nation's hot spot for damage awards.

The 2006 ruling has helped generate more than \$360 million in damage awards in only about two dozen cases. Thousands more cases are in the pipeline in Florida, which has far more smoking-related lawsuits pending than any other state.

Though the justices tossed the \$145 billion class-action damage award, they allowed about 8,000 individual members of that class to pursue their own lawsuits. And in a critical decision, they allowed those plaintiffs to use the original jury's findings from the class-action case.

That means the plaintiffs don't have to prove that cigarette makers sold a defective and dangerous product, were negligent, hid the risks of smoking and that cigarettes cause illnesses such as lung cancer and heart disease. The plaintiffs must mainly show they were addicted to smoking and could not quit, and that their illness – or a smoker's death – was caused by cigarettes.

Jurors have sided with smokers or their families in about two-thirds of the 34 cases tried since February 2009, when the first Florida lawsuit following the rules set by the Supreme Court decision went before a jury. Awards have ranged from \$2 million or less to \$80 million, though tobacco companies are appealing them all.

The successes by smokers or their survivors in Florida compares with just six wins between 1996 to 2006 in Florida. Before 1996, individual smokers won only a handful of cases nationwide.

Tobacco company lawyers insist the process is rigged.

"We believe the trial courts have used trial plans that are so fundamentally unfair they violate due process and Florida law," said

Murray Garnick of Altria Client Services, which represents Altria Group Inc. subsidiary Philip Morris USA. "Each case must be judged on its own facts."

The tobacco companies, however, have lost their first appeal over how Florida courts are handling the cases. The state's 1st District Court of Appeal ruled against R.J. Reynolds Tobacco Co. in December, upholding a \$28.3 million verdict for a dead smoker's wife and endorsing the way trial judges have interpreted the state Supreme Court's decision.

Steven J. Hammer, an attorney whose Fort Lauderdale firm is handling hundreds of smoker lawsuits, said the Florida cases have changed the balance of power in the courtroom because tobacco companies are prevented from arguing that their products aren't necessarily dangerous and addictive.

"As a result, the whole story is being told: how they lied to the public, all for the almighty dollar," he said.

One of Hammer's clients, 93-year-old Leon Barbanell, won a nearly \$2 million verdict against Philip Morris USA for the 1996 death of his wife of 56 years from lung cancer. Shirley Barbanell smoked up to two packs of Chesterfields, Marlboros and other cigarettes a day for 50 years and could not quit despite many efforts, her husband said. He's worried that, because of appeals, he may die before he ever sees a cent.

A jury in northern Florida's Levy County granted the largest award issued under the Supreme Court ruling, \$80 million, to the daughter of a man who died of lung cancer in 1996 after smoking for decades. Others awarded \$46.3 million for a widow in the Gainesville area who lost her husband to lung cancer; and almost \$39 million for a Fort Lauderdale woman suffering from advanced emphysema after smoking Philip Morris' Benson & Hedges brand for years.

The tobacco companies point out that during one stretch in 2010 they prevailed in eight of

nine cases, although the trend later was reversed. Attorneys said cigarette makers often win when it is difficult to prove that cigarettes caused a particular illness, or when jurors decide that people who smoke must take responsibility and assume the consequences.

"There are some jurors who are really opposed to the idea of someone who smoked bringing a case against the cigarette manufacturer," said Keith Mitnick, an Orlando attorney who won a multimillion-dollar verdict against R.J. Reynolds in April. "In jury selection, we target that very question. It doesn't take but one strong-willed juror to make the difference in the outcome."

If the losing trend and multimillion-dollar verdicts continue, some legal experts said the tobacco companies may rethink their long-standing policy against settling the smoker lawsuits.

"When we get to the point that plaintiff verdicts are upheld, with the industry looking at thousands of additional trials and expenses, they would weigh all of that together and possibly settle later down the road," said Edward Sweda, senior attorney for the Tobacco Products Liability Project at Northeastern University law school in Boston.

Lawsuits will likely end up

before the U.S. Supreme Court before that has a chance of happening.

"We have a strong legal and factual basis to fight each of these cases. We will fight every adverse decision against us," said Garnick, the Philip Morris attorney.

The tobacco companies have a long history of doing just that, but they have settled in the past. The biggest came in 1998, when four cigarette makers and 46 states settled for \$206 billion a series of lawsuits claiming that smoking drove up public health costs.

In 2006, a federal judge in Washington, D.C., found the six largest tobacco companies guilty of racketeering and fraud for deceiving the public about the dangers of smoking.

The ruling, upheld by an appeals court in May 2009, requires that cigarette manufacturers change the way they market cigarettes. The requirements, since adopted by the U.S. Food and Drug Administration, ban labels such as "low tar," "light," "ultra light" or "mild," since such cigarettes have been found no safer than others.

The ruling was appealed to the U.S. Supreme Court, but the justices declined to hear it.



In this photo from January 26, 2011, 93-year-old Leon Barbanell discusses the two million dollar verdict against Philip Morris for its role in the death of his late wife, Shirley Barbanell.

Massachusetts study reveals that paying smoking patients to quit smoking works!

Reuters, December 2010.

When Massachusetts started paying for stop-smoking treatments, people not only kicked the habit but also had fewer heart attacks, researchers reported in the first study to show a clear payoff from investing in smoking prevention efforts.

Smoking dropped by 10 percent among clients of Medicaid, the state health insurance plan for the poor, and nearly 40 percent of Medicaid patients who smoked used benefits to get nicotine patches or drugs to help them quit, the researchers said.

The study – which suggests states can save money from investing in efforts to cut smoking – found the yearly rate of hospital admissions for heart attacks fell by 46 percent for Medicaid clients and 49 percent fewer of them were hospitalized for clogged arteries.

"The dramatic decline in heart attack hospitalizations for smokers who used the benefit is stunning and demonstrates the effectiveness of tobacco treatment coverage that includes behavioral counseling and medicines approved by the Food and Drug Administration," American Heart Association CEO Nancy Brown, who was not involved in the research, said in a statement.

Thomas Land and colleagues at the Massachusetts Tobacco Cessation and Prevention Program, as well as the Harvard Medical School, looked at hospital records for the study, pub-

lished in the Public Library of Science journal *PLoS Medicine* at www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000375.

In July 2006, the Massachusetts Medicaid program, called MassHealth, began paying for drugs and other treatments to help smokers quit, including nicotine patches, gum and drugs.

"Over 75,000 Medicaid subscribers used the benefit

in the first 2.5 years," Land's team wrote.

Fewer Hospitalizations

Smoking among Medicaid clients fell an estimated 10 percent, from more than 38 percent – far above the national average – to less than 29 percent.

By 2008, Land's team found, 46 percent fewer Medicaid clients were treated in hospitals for heart attacks and 49 percent fewer for acute coronary heart

disease diagnoses, usually caused by clogged arteries.

The state also passed laws during this time aimed at reducing exposure to second-hand smoke, the researchers noted.

Most states do not pay for stop-smoking treatments in their insurance plans for the poor, Land's team said. About 45 percent have partial coverage, but only 12 percent offer comprehensive coverage.

"Without better evidence of health improvements or cost containment, it is difficult for policy makers to mandate benefits that will incur significant expenses," the researchers wrote.

State and federal health officials are looking for ways to cut healthcare costs in the United States, where people pay more per capita for healthcare than in any other similar developed country.

A second study in the same journal found that children exposed to second-hand smoke were twice as likely to get serious infections called invasive meningococcal disease than children not exposed.

Chien-Chang Lee of the Harvard School of Public Health in Boston reviewed other studies to find a clear dose relationship – the more tobacco smoke children breathed in, the more likely they were to develop a serious infection.

Children who breathed in smoke were also more likely to carry other bacteria such as *Streptococcus pneumoniae*, they found.



FDA to require substantial equivalence reviews for new tobacco products

Certain products introduced or changed in the United States since Feb. 15, 2007 to be reviewed

FDA News Release, January 5, 2011

The U.S. Food and Drug Administration announced today that certain tobacco products introduced or changed after Feb. 15, 2007 must be reviewed by the agency. In FDA guidance published today, the agency outlines a pathway for marketing a product whereby the company marketing the product must prove that it is "substantially equivalent" to products commercially available on Feb. 15, 2007.

"Substantially equivalent" means the products must be the same in terms of ingredients, design, composition, heating source and other characteristics to an existing, single predicate product or have different characteristics, but not raise different questions of public health.

"This specific part of the law is meant to ensure that new tobacco products are evaluated by the FDA before they are cleared to enter the marketplace. The law requires FDA to carefully examine the impact those products may have on the public health," said Lawrence R. Deyton, M.S.P.H., M.D., director of the agency's Center for Tobacco Products. "Products that are equivalent to those which were on the market on Feb. 15, 2007, may be cleared to go to market; those that are not may be prohibited from the market, or withdrawn if they are already available, if the changes raise different questions of public health."

"This piece of the Tobacco Control Act protects the



health of all Americans," said Health and Human Services Secretary Kathleen Sebelius. "It does this by setting a clear deadline for tobacco companies to provide important product information to the FDA so the agency can then begin evaluating tobacco products for any potential new risks to public health."

The Family Smoking Prevention and Tobacco Control Act, which became law June 22, 2009, granted the FDA regulatory authority over tobacco products. Generally, the law allows the FDA to deny applications for new products if marketing the product poses a harm to public health. FDA may deny applications for substantial equivalence if the marketing of that modified product would raise different questions of public health. An example would be a product that poses an increased health risk to users of the product or to nonusers by causing more of them to start smoking.

In general, in order to continue to market these products, manufacturers of tobacco products that were introduced or changed after Feb. 15, 2007, which include cigarettes, roll-your-own tobacco and all smoke-

less products must apply for equivalency by March 22, 2011. Manufacturers intending to introduce new products into the market after that date must submit an application for the new product and obtain a marketing order from the FDA before introducing the product to market.

"No known existing tobacco product is safe, and a market order issued by the FDA for these products should never be interpreted as such" said Deyton. "One of the FDA's missions required by this new law is to ensure new products do not pose an increased threat to the American public. These products will not be safer, but we are required by this law to not allow even more dangerous products to cause further harm to those Americans who use tobacco products."

FDA also intends to issue guidance on materials the agency believes would show that a tobacco product was on the market on Feb. 15, 2007, as well as hold a Webinar Series in order to provide more assistance to manufacturers.

The FDA welcomes public comment on this issue. Go to the website www.regulations.gov and insert docket number FDA-2010-N-0646 into the "search" box and follow the prompts.

"This piece of the Tobacco Control Act protects the health of all Americans. It does this by setting a clear deadline for tobacco companies to provide important product information to the FDA so the agency can then begin evaluating tobacco products for any potential new risks to public health."

***Kathleen Sebelius
Secretary,
Department of Health
and Human Services***

FDA Requires Tobacco Companies to Disclose Changes to Products, Providing Important New Information to Protect Public Health

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

Washington, D.C. - As required by the bipartisan new law granting it authority over tobacco products, the U.S. Food and Drug Administration today directed tobacco companies to disclose for the first time detailed information on any changes they make to tobacco products. We applaud the FDA for diligently implementing this important requirement of the new law. The agency has done exactly what the law requires.

Until now, tobacco companies have been able to secretly change their products in ways that make them even more harmful, addictive or appealing to children, and no government agency has had the information or authority to do anything about it. Now for the first time, tobacco companies will be required to disclose such changes to the FDA, and the FDA has the power to block product changes that harm public health, including changes that make it more difficult for current tobacco users to quit or increase the likelihood that new users will start. As a result of the bright spotlight of FDA scrutiny, tobacco companies will no longer be able to secretly manipulate their products in ways that make them more addictive and appealing.

The new disclosure requirement applies to all tobacco products introduced after February 15, 2007. As required by the law, tobacco companies must disclose to the FDA detailed information on any changes they make to the ingredients, harmful or potentially harmful constituents, design and other components of cigarettes, including an assessment of any such changes on the health effects of these products. For products introduced or changes made between February 15, 2007, and March 22, 2011, tobacco companies must submit this information by March 22, 2011. For new products or product changes introduced on or after March 22, 2011, the law requires tobacco companies to disclose the required information to the FDA at least 90 days before being allowed to introduce the product.

This new requirement is an important complement to other critical provisions of the new law. The law also requires tobacco manufacturers to disclose detailed information about all tobacco products to the FDA, including all ingredients and additives by brand and information about the health effects of the products. The FDA also

has authority to require changes in all tobacco products – both existing and new – to protect public health, such as reduction or elimination of harmful chemicals or changes in nicotine levels.

The FDA already has implemented many important provisions of the new law that crack down on tobacco marketing and sales to kids, ban candy and fruit-flavored cigarettes that appeal to kids, prohibit misleading cigarette descriptions such as "light" and "low-tar," and require larger warning labels on smokeless tobacco. The FDA is in the process of implementing large, graphic cigarette warnings that will cover half the front and back of cigarette packs.

We applaud the FDA for quickly and effectively implementing its new authority over tobacco products. The FDA has seized the opportunity presented by the new law to protect our children and reduce the death and disease caused by tobacco use, the nation's number one cause of preventable death. Tobacco use kills more than 400,000 Americans and costs the nation nearly \$100 billion in health care bills each year.



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