

MARTIN COUNTY TOBACCO PREVENTION NEWSLETTER

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“Healthy Choices – Healthy Lifestyles”

Quit Doc Research & Education Foundation founder, Dr. Barry Hummel knew that when the Department of Health renewed the Tobacco Prevention Grant in Martin County, hiring a Tobacco Prevention Specialist to work on the policy change issues would be his first priority. Valerie Graham, a long time resident of Martin County and well-known community activist, was hired in July 2009 and immediately began laying the groundwork towards building a healthier community by promoting tobacco prevention programs, educational resources, and cessation services in Martin County.

According to the 2008 Florida Tobacco Prevention and Control Report, tobacco-related chronic diseases, such as hospitalizations for stroke and the death rate for lung cancer, are much higher in Martin County than the state average. The percentage of adults and children exposed to second hand smoke is also significantly higher than comparable counties. The Florida Youth Tobacco Survey reported alarming statistics among Martin County youth and young adults. 6.5% of Martin County Middle School students have smoked cigarettes in the last 30 days (1.5% above Florida state average) 18.9% of MC High School Students have smoked cigarettes in the last 30 days (4.4% above Florida State average). Students reported cigarettes (34.4% lifetime and 15.1%

past-30-day) as the second most commonly used drug in Martin County.

“We will be successful in addressing these disparities”, stresses Valerie Graham, “through the Tobacco Free Partnership of Martin County (TFP) that mobilizes community partners focused around tobacco prevention efforts in order to establish long-lasting system and policy changes that promote tobacco-free social norms to prevent usage of tobacco products by youth/young adults, encourage and support tobacco cessation within all demographics, and eliminate the health hazards of second-hand smoke.”

Valerie goes on to state that “Martin County has been mobilized around the issues of youth substance abuse, truancy and other dangerous high-risk behaviors since 1999 through the Shared Services Network, which is a partnership between the School Board of Martin County, University of South Florida, the Florida Department of Education, and Martin County Agencies. By incorporating the Tobacco Free Partnership of Martin County into the Shared Services Network, as the only entity focused on youth tobacco usage - a known gateway drug leading to the usage of marijuana and other dangerous substances, we have the capacity to address youth prevention from every angle.” In August 2009 the TFP presented to the Shared Services Network and was successful in formally being incorporated into the Shared Services Network with a unanimous vote to

include the TFP as a recognized reporting committee to the Steering Committee and Executive Round Table.

Soon after that success a core group of community partners convened in September to identify three (3) key goals, with activities, to promote a tobacco free community:

- Prevent Initiation of Tobacco Use Among Young People:
- Reduce Tobacco Industry Influences, especially with respect to candy-flavored tobacco products.
- Eliminate Nonsmokers Exposure to Second hand Smoke.

The TFP has decided to meet each quarter in the months of September, December, March, and June to review the progress of these goals and activities essential towards promoting tobacco free social norms.

Membership in the TFP of Martin County is open to any health and human service, social service and governmental organizations, associations, businesses and agencies; persons representing minority or ethnic populations; youth (age 12-17) or young adult (age 18-24); and other individuals who support and are willing to work towards achieving a tobacco free community through education, advocacy, and system or policy change.

If you are interested in becoming a member of the Tobacco Free Partnership of Martin County, or want more information about the tobacco prevention resources available, contact Valerie Graham at vgraham@quitdoc.com or visit our website at www.qdref.org.



SWAT Clubs in Martin County Celebrate the Great American Smoke Out

By Barry Hummel, Jr., MD

November 19, 2009, marked the 34th Great American Smoke Out. Created by The American Cancer Society in 1976, this day is set aside each year to encourage the nation's tobacco users to try and quit for at least one day.

This year, several of Martin County's Students Working Against Tobacco (SWAT) Chapters held events to recognize the Great American Smoke Out. Each of the events touched on the health risks associated with smoking, and provided information on local tobacco cessation resources within Martin County.

The Boys and Girls Club in Palm City staged a "crime scene" in which several dead bodies were found in the parking lot. As the SWAT members investigated the scene of the crime, the youth discovered that each of the victims had one thing in common: all of the victims had been tobacco smokers. Further investigation uncovered the culprit: cigarettes. The police then

made an arrest, taking the cigarettes into custody. The drama unfolded as parents came to pick up their children from the after-school program. Interested adults were provided with information on how to quit smoking, including brochures for the Florida Quitline.

Similarly, the SWAT chapter sponsored by the Boys and Girls Club in Port Salerno created several



It's the scene of the crime near the Port Salerno Boys and Girls Club!



SWAT Youth at Indiantown Boys and Girls Club created a collage of anti-tobacco art to draw attention to tobacco addiction.

chalk outlines of bodies in the style of a crime scene. Youth and parents were encouraged to fill in the chalk outlines with the names of friends and family members who had a serious illness or died from their tobacco use. Port Salerno Boys and Girls Club Members also asked parents and adults if they smoked, and provided brochures for the Florida Quitline to adult smokers.

In Indiantown, the Boys and Girls Club SWAT Chapter also used sidewalk chalk to create anti-tobacco artwork. The drawings showed the harmful effects of tobacco, including the danger of secondhand smoke. The youth used the artwork to engage and encourage smoking adults to celebrate the Great American Smoke Out by quitting for the day.

The Great American Smoke Out helps emphasize the importance of trying to overcome tobacco addiction. Smoking is associated with increased risk for at least 16 types of cancer, including cancers of the

nasal cavity, lips, oral cavity, throat, lungs, esophagus, pancreas, uterus, cervix, kidneys, bladder, and stomach.

Among all forms of cancer, lung cancer is the leading cause of cancer-related death for both men and women. Cigarette smoking is by far the most important risk factor for lung cancer. Risk increases with quantity and duration of cigarette consumption. In 2009, there will be approximately 219,440 new cases of lung cancer in the US: 116,090 male, 103,350 female. 85% of these lung cancer cases are caused by smoking.

Sadly, each year approximately 3,000 nonsmoking adults die of lung cancer as a result of breathing secondhand smoke.

So, if you or a loved one missed The Great American Smoke Out, don't wait until next November to try and quit.

Given the choice, every day should be a great American smoke out!



SWAT Youth at Palm City Boys and Girls Club arrest cigarettes and charge them in connection with the deaths of 400,000 people each year.

Quitting 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 chose just 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, second hand 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 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."

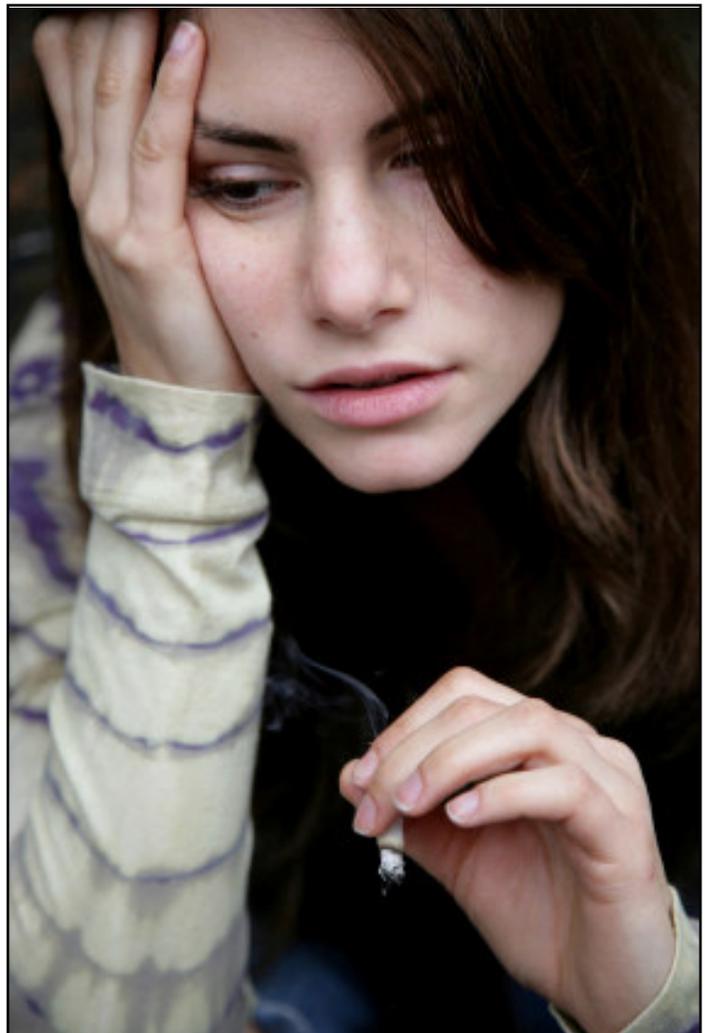
The following resources provide FREE COUNSELING and FREE NICOTINE REPLACEMENT therapy

- 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!



Kirk G. Voelker MD, Pulmonologist at Sarasota Memorial Hospital and the Co-Founder of the Quit Doc Research and Education Foundation, is an expert in the field of Tobacco Cessation.



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 Sara H 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.

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.

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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We're on the web!
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www.smokescreeners.org

Let us know what you think!

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