

DIXIE COUNTY TOBACCO PREVENTION NEWSLETTER

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Quit Doc Research and Education Foundation Receives Additional Funding for Local Tobacco Prevention Efforts.

The Quit Doc Research and Education Foundation (QDREF) has been awarded a grant from the State of Florida Department of Health to provide free tobacco awareness and prevention programs throughout Dixie County. The focus of the new grant is to reduce the number of teenagers who start smoking each year, to decrease the number of tobacco related deaths, and to provide information on appropriate methods to quit smoking.

"Tobacco use is the single biggest public health problem in the United States," reports Dr. Barry Hummel, a Pediatrician who co-founded the non-profit foundation. "We lose over 400,000 people every year to diseases caused by tobacco. Sadly, they are replaced by over one million children and teenagers who are lured into smoking by the predatory marketing practices of the Tobacco Industry."

Tracy DeCubellis, the Tobacco Prevention Specialist for Dixie County, points out that the educational programs provided by the Quit Doc Research and Education Foundation are designed to make children, teens, and their

caregivers aware of how the Tobacco Industry targets America's youth. Each age-appropriate program provides powerful information to disarm the tobacco related messages, ranging from tobacco-flavored products marketed as candy to false promises in advertising and onscreen tobacco glamorization, which are bombarding our youth everyday.

One of the most important projects in the county is the support of area Students Working Against Tobacco (SWAT) clubs. Dixie County High School and Ruth Rains Middle School both started clubs during the 2008-2009 school year. This year, QDREF hopes to start an additional club in a church or community group as well. QDREF has set aside funds to support the activities of these local clubs.

In addition, a portion of the award will be used to expand the reach and mission of the Dixie County Tobacco Free Partnership. "The CDC recently updated their recommendations on tobacco prevention," reported Dr. Hummel, adding that "the recommendations now

include a new focus on local policy changes designed to have a broader impact on decreasing tobacco use in the community." Examples include policy changes that will restrict youth access to tobacco, limit the influence of the tobacco industry, and expand tobacco-free areas within the county.

T.J. Harrington, formerly of the American Heart Association, has joined QDREF as the new Policy Manager for Dixie County. Mr. Harrington will coordinate the efforts of the Tobacco Free Partnership as the group begins to pursue changes in local tobacco policies.

All of these programs and resources are provided free-of-charge to schools, youth organizations, adult groups, non-profit agencies, and businesses. Information on programs and resources to help tobacco users overcome their nicotine addiction are also available.

Interested groups or individuals can obtain more information, or schedule a program, by calling 352-463-7006 or emailing Tracy DeCubellis at tracyd@quitdoc.com.

Spotlight on Dixie County: Local Trends on Youth Tobacco Use and Exposure

By Barry Hummel, Jr., MD

The Florida Tobacco Prevention and Control Program has administered the Florida Youth Tobacco Survey (FYTS) annually since settling with the tobacco industry in March 1998. The FYTS tracks tobacco use and exposure to second-hand smoke among Florida's public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the state of Florida.

The following topics are tracked in this survey.

- Demographic information (age, gender, grade, race/ethnicity, weight, and height).
- Tobacco use (cigarette, smokeless tobacco, cigar, bidis, and kreteks), tobacco sources, quitting attempts.
- Secondhand smoke exposure.
- Tobacco use prevention education.
- Students' thoughts about tobacco use (tendency to use in the future, health attitudes to-

ward tobacco use, social attitudes toward tobacco use).

- Awareness of anti-tobacco media and influence from tobacco companies.
- Perceptions of tobacco laws in Florida.

As part of the FYTS, county specific data has been collected every other year. This data helps to point out unique trends within individual counties. The data also allows for comparisons to be made among counties, as well as comparisons to statewide statistics and trends. The most recent county data was collected in 2008.

So, how did Dixie county compare in 2008?

It turns out that the use of all forms of tobacco by Dixie County youth is significantly higher than the state averages (see Figure 1). In 2008, 29.5% of Dixie County middle school students reported using any form of tobacco, compared to just 9.0% of middle

school students statewide. Similarly, 42.1% of Dixie County high school students admitted using tobacco, compared to 22.4% of all Florida high school students. Sadly, this also represents a steady increase in tobacco use among Dixie County high school students since the year 2000, whereas there has been a steady decrease statewide over the same period of time.

Individually, the rates of cigarette, cigar, and smokeless tobacco use by Dixie County youth were all significantly higher when compared to statewide rates (See Figures 2, 3, and 4).

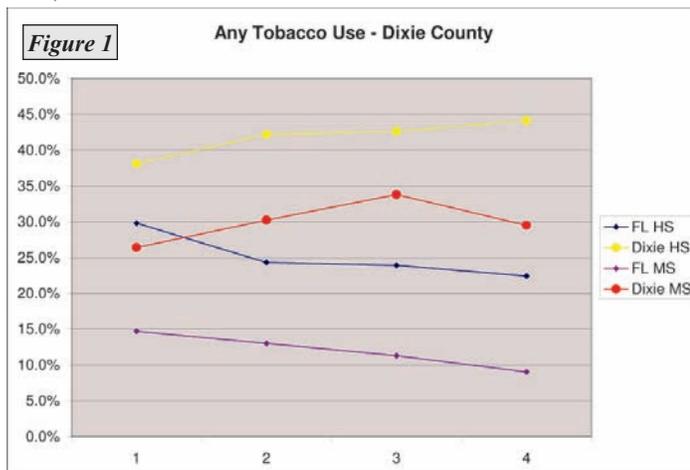
Dixie County middle school students smoke cigarettes at rates three times higher than the statewide average (16.3% in Dixie County versus to 5.0% statewide in Florida). That trend spills over to high school, where Dixie County high school students continue to smoke cigarettes at rates twice as high as their peers statewide (29.3% in Dixie County versus 14.5% statewide in Florida).

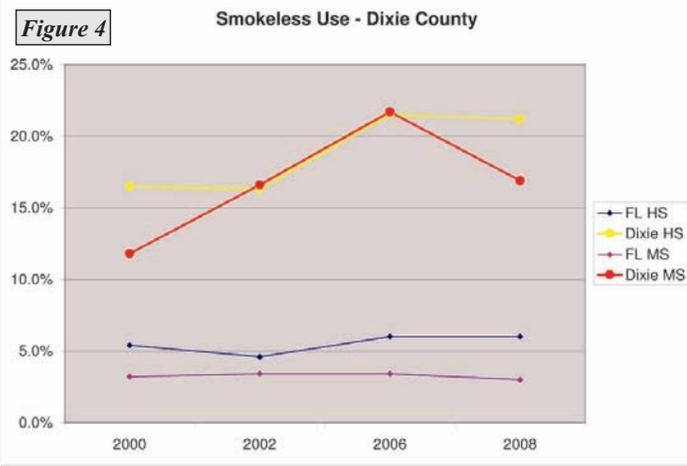
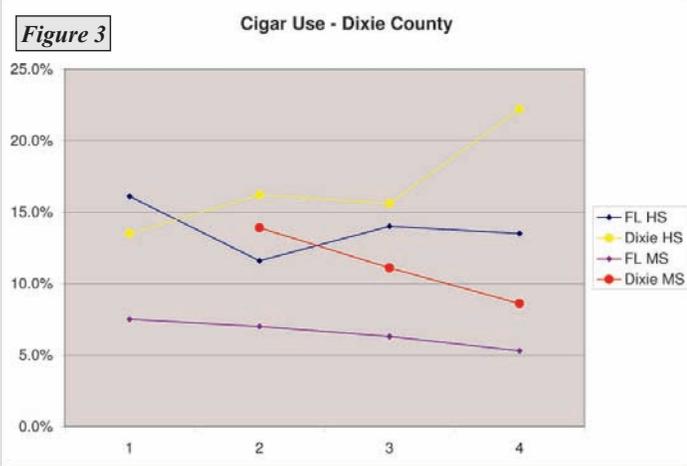
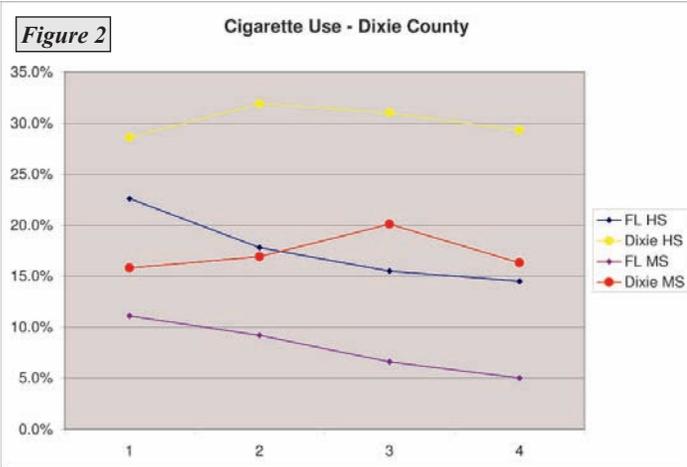
Dixie County youth also smoke cigars at higher rates. Middle school students in Dixie County smoke cigars at rates 62% higher than their peers in Florida (8.6% in Dixie County versus 5.3% statewide). That trend continues among Dixie County high school, students, where students report rates

of cigar smoking 64% higher than the state average (22.2% in Martin County versus 13.5% statewide). This also represents a sharp increase in cigar smoking among high school students since the last survey in 2006.

Dixie County youth also report dramatically higher than average rates of smokeless tobacco use when compared to statewide averages. Just 3.0% of middle school students in Florida report using smokeless products; in **Dixie County, an astounding 16.9% of middle school students report regular use of smokeless tobacco products, over five times the state average.** Similarly, 6.0% of Florida high school students report use of smokeless products, compared to 21.2% among Dixie County high school students. This makes smokeless tobacco use among Dixie County youth a high priority for some form of intervention.

One problem inherent in the reporting of smokeless tobacco use statewide is the introduction of *snus*, finely ground smokeless tobacco products. Deceptive marketing practices claim that *snus* is not tobacco; as a result, there is a great deal of confusion among adults and youth regarding *snus*. Many people who use *snus* do not understand that they are, in fact, using tobacco. This may lead to under-reporting





in the category of smokeless tobaccos. The FYTS also looked at rates of youth secondhand smoke exposure in Dixie County during 2008, and studied trends when compared to previous years. Once again, Dixie had significantly higher rates of secondhand smoke expo-

sure when compared to the entire state of Florida (see Figure 5). Among middle school students in Dixie County, 77.7% reported exposure to secondhand smoke, compared to 50.3% statewide. Similarly, 76.9% of high school students in Dixie County reported secondhand smoke exposure,

compared to 58.8% statewide. This means that **Dixie County youth are being exposed to secondhand smoke at rates 31-54% above the state average.**

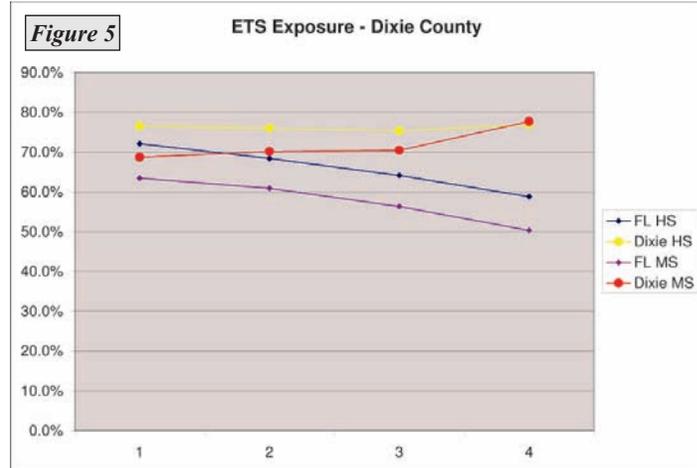
The other fascinating thing to note about secondhand smoke exposure is the impact being made by a small minority of individuals. Nationally, the rate of smoking among adults has dropped to 19.7%. Smoking among adults in Florida is actually lower than the national average at 19.3%. Yet, the smoke generated by that minority creates exposure to secondhand smoke among Dixie County youth in rates nearly **four times higher.** That means people who choose NOT to use tobacco are actually “smoking” at a significantly higher rate than those who chose to smoke in the first place!

As the 2008 FYTS demonstrates, Dixie County has significantly higher rates of tobacco use and secondhand smoke exposure when compared to the entire state of Florida. In order to fight this trend, it is important to reinforce the harmful effects of tobacco use and secondhand smoke exposure among youth and their family members. Given the higher

level of youth tobacco use in Dixie County, as well as the higher rates of secondhand smoke exposure, reaching out to families will be a critical step in reducing the rates of tobacco use and secondhand smoke exposure.

However, educational efforts can only go so far. A more significant impact has been made by creating tobacco-free policies both locally and at the state level. For example, The Florida Clean Indoor Air Act has helped reduce the rates of secondhand smoke exposure in workplaces, including restaurants. However, more needs to be done locally to reduce the high rates of secondhand smoke exposure in Dixie County.

For more information on the Florida Youth Tobacco Survey, visit the Florida Department of Health web site at www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Reports.htm. For educational materials on youth tobacco use and secondhand smoke exposure in Dixie County, contact the Quit Doc Research and Education Foundation at 352-463-7006.



Free Tobacco Cessation Services are Available in Dixie County

By Barry Hummel, Jr., MD

At some point, 70% of all smokers will make the decision to try and quit.

When they finally make that decision, it is critical that they have somewhere to turn for the support that they need as they undertake the difficult challenge of overcoming nicotine addiction.

Fortunately, the state of Florida has funded two free tobacco cessation programs for individuals seeking additional help and resources as they work towards a healthier, tobacco-free life.

The first program is the **Florida Quitline (877-U-CAN-NOW or 877-822-6669)**. This toll-free telephone support system was established in 2001. The Florida Quitline is available 24 hours-a-day, 7 days-a-week. Direct services are available in both English and Spanish; there is also TDD service for the hearing impaired. Translation services are available for other languages.

When patients call the Florida Quitline, they speak directly with counselors who are specially trained to help them quit using tobacco. The counselors ask several questions, such as how much the patient smokes or chews, what is motivating the patient to quit, and when the patient wants to quit. Research

shows that it's often helpful to set a quit date a few days or weeks in the future, rather than trying to quit right away. This allows the patient to have the time to fully prepare for quitting.

During the initial session and a series of follow-up sessions, the counselors help prepare the patients, set a quit date, and provide tips on how to avoid a relapse. Patients also receive a free "quit kit" by mail.

In addition, patients who qualify medically will receive free nicotine replacement therapy in the form of patches. Intake counselors ask a brief medical history to make sure that there are no medical reasons to avoid nicotine replacement therapy. If the patient is cleared, the patches are mailed directly to the patient prior to the patient's quit date.

More information on the Florida Quitline is available at www.flquitline.com.

The Florida Quitline provides convenient telephone services and medication that can improve a person's chance of quitting by as much as 20%. However, some people feel that they need a little more help.

As a result, the state of Florida has funded a sec-

ond, face-to-face program called *Quit Smoking Now*.

This program is administered in local communities through the Florida Area Health Education Centers (AHEC) Network. There are ten regional AHECs that cover the entire state of Florida. Each of these regional centers is supported by one of the state's medical schools. Dixie County is part of the Suwannee River AHEC region, which provides services for ten counties.

Suwannee River AHEC provides the *Quit Smoking Now* program free of charge. The program involves a series of 6 weekly, face-to-face counseling sessions, run by a facilitator from the community who has undergone tobacco cessation training. Nicotine replacement therapy is provided free-of-charge to patients who have been cleared medically. The sessions are held on a rotating basis within Dixie County.

For more information on the Quit Smoking Now program in Dixie County, call 866-341-2730. There is also a toll-free number for statewide information at 1-877-QUIT-NOW-6 (or 1-877-848-6696). Information is also available at <http://ahectobacco.com>.

Because these two programs are funded by the State of Florida, they do not compete with each other. In fact, the Florida Quitline (877-822-6669) has been updated so that patients can select telephone counseling or face-to-face counseling. Once



the patient has made the choice, they are then connected to either the telephone services of the Florida Quitline, or the appropriate regional AHEC office to schedule face-to-face counseling.

To promote both of these programs within Martin County, the Quit Doc Research and Education Program is taking advantage of another service provided by the Florida Quitline: Fax-to-Quit.

Fax-to-Quit is a system to help health care providers and other agencies refer patients to these free services. Fax-to-Quit allows health care and other service providers to complete a brief patient referral form and fax it toll-free to a centralized location. Once the fax is received, the appropriate smoking cessation program (Florida Quitline or local AHEC Quit Smoking Now program) will contact the patients directly.

If your agency or health care group would like to take advantage of these two programs, the Quit Doc Research and Education Foundation will provide Quitline materials and the Fax-to-Quit forms free-of-charge. For more information, contact Tracy DeCubellis, Tobacco Prevention Specialist for Dixie County, at 352-463-7006.



Legislation Grants FDA Regulatory Control Over 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 Family Smoking Prevention and Tobacco Control Act includes a specific timetable for many of the new regulations. Some of the highlights include:

- By October 2009, cigarettes will be prohibited from having candy, fruit, and spice flavors as their characterizing flavors.
- By January 2010, tobacco manufacturers and importers will submit information to FDA about ingredients and additives in tobacco products.
- By April 2010, FDA will reissue the 1996 regulation aimed at reducing young people's access to tobacco products and curbing the appeal of tobacco to the young.
- By July 2010, tobacco manufacturers may no longer use the terms "light," "low," and "mild" on tobacco products without an FDA order in effect.
- By July 2010, warning labels for smokeless tobacco products will be revised and strengthened.
- By October 2012, warning labels for cigarettes will be revised and

strengthened.

The FDA is looking forward to the challenge. Administrators at the FDA are committed to using the best available science to guide the development and implementation of effective public health strategies to reduce the burden of illness and death caused by tobacco products. The FDA is hoping to partner with public health agencies at the Federal and State level, as well as localities throughout the country.

To oversee this process, the FDA launched a new Center for Tobacco products in August, 2009. Lawrence Deyton, M.D. M.S.P.H., an expert on veterans' health issues, public health, tobacco use, and a clinical professor of medicine and health policy at George Washington Univer-

sity School of Medicine and Health Sciences, will serve as the Center's first director.

"We are thrilled to announce Dr. Deyton's appointment as director of the Center for Tobacco Products and look forward to him joining the agency," said FDA Commissioner Margaret A. Hamburg, M.D. "He is the rare combination of public health expert, administrative leader, scientist, and clinician."

Before coming to the FDA, Deyton was Chief Public Health and Environmental Hazards Officer for the U.S. Department of Veterans Affairs. His responsibilities there included oversight of the VA's public health programs including tobacco use, the health of women veterans, the long-term

health consequences of military service, and the VA's emergency preparation and response. He was selected after a national search.

The FDA's Center for Tobacco Products will be located on the FDA's White Oak Campus in Silver Spring, MD.

To implement the program, the FDA will start with \$5 million from the fiscal year 2009 budget to establish the necessary administrative functions for the Center. As set forth in the Family Smoking Prevention and Tobacco Control Act, funding for the Center and other activities related to the regulation of tobacco will come from user fees paid by manufacturers and importers of tobacco products.



President Barack Obama signs the Family Smoking Prevention and Tobacco Control Act in June, 2009. (Getty Images)

Opinion: If You Snus, You Lose!

By Barry Hummel, Jr., MD

When is a tobacco product *not* a tobacco product? Apparently, when the tobacco companies say so!

Confused? You are not alone.

Recently, R.J. Reynolds (Camel brands) and Philip Morris USA (Marlboro brands) have started to infiltrate the market place with a new product: *snus*. Snus is, by definition, a finely-milled tobacco product. The tobacco is packaged in individual, single-use pouches. Snus is being marketed as a “smokeless” alternative to cigarettes, and a “spitless” alternative to chewing tobacco, dip, and snuff. It is all very clean and neat.

Apparently, it is also tasty! The Camel Snus products come in flavored varieties such as “frost” and “spice”. Not to be outdone, Marlboro Snus comes in “peppermint” and “spearmint”... just like gum.

Here’s the problem. If

you search online, visit one of the age-restricted web sites used to promote snus, or find one of the rare magazine ads for these products, snus is identified as tobacco. However, if you were solely making the decision to buy this product based on point-of-purchase advertising or packaging, you would have no idea what you were purchasing.

Seriously. It is that deceptive.

Sadly, this is also how most teenagers are being exposed to, and targeted by, these products.

Let’s start by looking at the signs in most of your local convenience stores. I am sure you have seen them... whether you recall it or not.

Camel advertises snus using the “Sold Cold” ad campaign. Most of the signs simply contain the words “sold cold”, show splashy pictures of the packaging, and contain

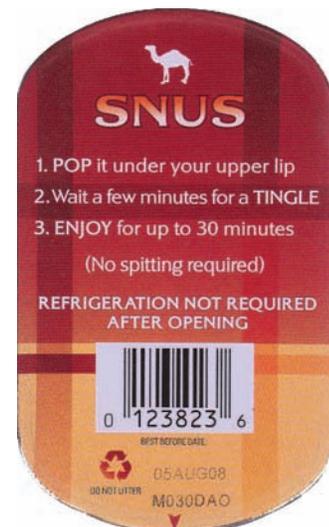
the standardized smokeless tobacco warning label. Occasionally, the larger signs will contain the words “a new way to Camel”. Suddenly, *Camel* is a verb, vaguely replacing the actual words used to describe what you do with the product. In other words, the signs do not say “a new way to dip” or “a new way to get hooked on nicotine”. You could argue that *Camel* itself implies tobacco. So, why not just say that it is tobacco?

This may seem like paranoia on my part, until you look at the cans used to hold Camel Snus. These cans are the size and shape of a small cell phone; they also look and feel just like candy or mint tins. The lids are brightly colored, containing only the words “Camel Snus”, the flavor, and “15 pouches.” The back contains the following information:

Snus

1. POP it under your upper lip.
 2. Wait a few minutes for a TINGLE
 3. ENJOY for up to 30 minutes
- (No spitting required)

On one side of the can, in fine print, are the words “Warning: This product is not a safe alternative to cigarettes.”



The back of this Camel Snus can does little to explain what is inside!

On the other side, in even smaller print, one can find the words “© 2008 RJ Reynolds Tobacco Company”. The only appearance of the word tobacco anywhere on the can is found in the name of the company.

Fortunately, R.J. Reynolds has published a “Guide to Snusing” to clear up any confusion. Although, I find that the title already makes me *more* confused. There is another new verb: *snusing*. Am I going to be *cameling* or *snusing*? Hopefully, my new “Guide to Snusing” will provide me with the answer.

I read on.

On the back cover, I learn that it is “Sold cold for freshness.” But wait, there’s more. “When you get it cold, you know



you are getting it fresh, and after you stash your SNUS it'll stay tasty without refrigeration."

Why, I ask myself, do I have to "stash it"? Am I doing something illegal?

Finally, the inside of my new "Guide to Snusing" states the obvious: "Snus is a tasty style of tobacco that originated in Sweden, where everything is cold, fresh, and... well, Swedish."

So, it is tobacco.

Or is it? What does this mean? "Snus isn't dip. It goes in your mouth, but it's definitely not dip. Did we mention that it's not dip? 'Cause it's not."

So snus, which is a smokeless tobacco (like dip) that goes into your mouth (like dip), suddenly is "not dip". Repeating the statement three times in an advertising flyer must make it so, correct?

At this point, you may be asking yourself why this is important. It is important because all of this clever language exists to hide the truth: snus is tobacco, another form of dip aimed at children and teenagers. It is sold in candy-tins that do NOT clearly state that snus is tobacco. As a result, reports have surfaced regarding access to these products by minors, including:

- Sales of the products to middle school students in which the clerks admitting selling the products because "they knew the kids."
- Clerks in convenience



stores who are unable to identify snus as a tobacco product; as a result, they did not think it necessary to get proof of age for purchase of snus products.

- Strangers (who are, presumably, tobacco company marketers) handing out samples to teenagers

while stating plainly that "it is not tobacco."

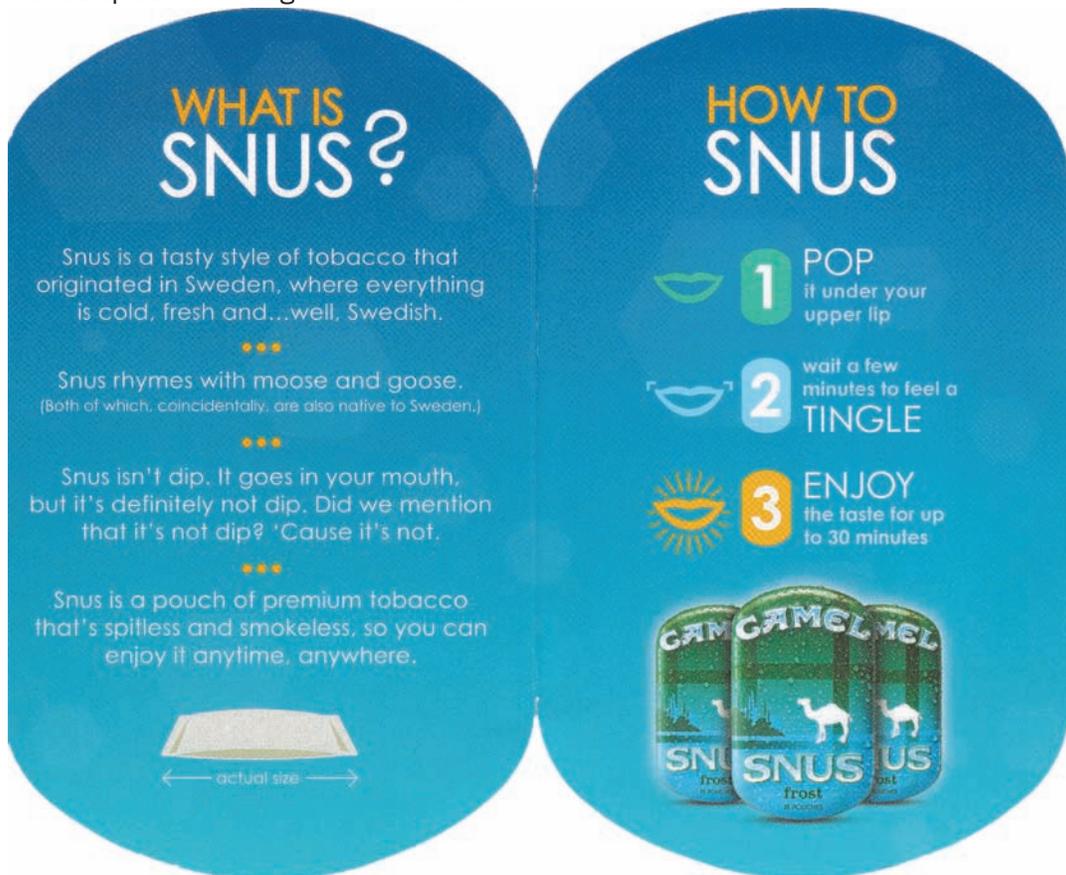
Snus is tobacco. The companies that manufacture it are tobacco companies. The web sites and literature state that it is tobacco. So, why is that not plainly stated on the package? And why does

the literature try to have it both ways?

You already know the answer. This is a bait and switch tactic to get these products in the hands of children and teens. It is a ploy to get these same children and teens addicted to tobacco before they realize what is happening.

Tobacco companies like to claim that they provide a legal substance to adults who choose to use their products. Fair enough. Instead, tobacco companies practice indefensible deception at the expense of our children.

It is time for sanity to prevail. **It is time for a common sense requirement that all tobacco products are clearly identified as tobacco.**



Opinion: Tobacco-Free Kids Welcomes Formation of FDA's Center for Tobacco Products

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

The U.S. Food and Drug Administration announcement that it is establishing the Center for Tobacco Products and has selected Lawrence Deyton, MSPH, MD, a highly respected and experienced public health leader, as the Center Director is a demonstration of its commitment to moving quickly and vigorously to implement its new authority to regulate tobacco products, the leading preventable cause of death in the United States. This announcement comes just two months after Congress approved and President Obama signed into law historic legislation giving the FDA authority over tobacco products.

Dr. Deyton is a highly respected public health leader, an experienced administrator with a track record of success and a long standing appreciation of the importance of tobacco. He possesses precisely the type of leadership skills and commitment to public health that will be needed to build the new Center for Tobacco Products. At the Veterans Administration he dramatically increased the percentage of veterans offered assistance in quitting, eliminated

the sale of tobacco products at VA facilities, and played a key role in commissioning a study by the Institute of Medicine to identify opportunities for both the VA and the Department of Defense to reduce tobacco use and improve access to effective tobacco cessation programs

The FDA's rapid action indicates that President Obama, Health and Human Services Secretary Kathleen Sebelius, FDA Commissioner Margaret Hamburg and Principal Deputy Commissioner Joshua Sharfstein intend to do whatever is necessary to seize the historic opportunity presented by the new law to significantly reduce tobacco use and the death and disease it causes. Tobacco use kills more than 400,000 Americans each year, sickens millions more and costs the nation \$96 billion annually in health care bills. The new law grants the FDA the authority and resources to regulate the manufacturing, marketing and sale of tobacco products. Among other things, it will:

- Restrict tobacco advertising and promotions, especially to children.

- Stop illegal sales of tobacco products to children.
- Ban candy and fruit-flavored cigarettes.
- Require large, graphic health warnings that cover the top half of the front and back of cigarette packs.
- Ban misleading health claims such as "light" and "low-tar."
- Strictly regulate health claims about tobacco products to ensure they are scientifically proven and do not discourage current tobacco users from quitting or encourage new users to start.
- Require tobacco companies to disclose the contents of tobacco products, as well as changes in products and research about their health effects.
- Empower the FDA to require changes in tobacco products, such as the removal or reduction of harmful ingredients or the reduction of nicotine levels.
- Fully fund the FDA's new tobacco-related responsibilities with a user fee on tobacco companies so no resources are taken from the FDA's current work.



Research and Education Foundation

219 N. Main Street., PO Box 75
Trenton, FL 32693
Phone: (352) 463-7006
Fax: (877) 803-2694
tracyd@quitdoc.com



Health Access and Tobacco
4052 Bald Cypress Way, Bin C#23
Tallahassee, FL 32399-1744
Phone: 850-245-4144
Fax: 850-414-6470

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Please call us at 866-355-7848, or via e-mail at

bhummel@quitdoc.com

with your comments and suggestions, or to volunteer for one of our many projects.

