

New CPHTP Website Is Now Live

The [redesigned website](#) for the Center for Public Health & Tobacco Policy is now available. The new site has been designed to be seamlessly integrated into the [New England Law | Boston website](#), while allowing the Center the full flexibility of an independent website to deliver dynamic and frequent content. Although the website has been completely redesigned, it can still be found at www.tobaccopolicycenter.org.

The website features many different sections that will we hope will be very useful to New York Tobacco Control Program (NYTCP) staff, contractors, and advocates, as well as others working to reduce tobacco use. Features of the new website include:

- A topic areas landing page with links to all of the topic area sub-pages (Tobacco-Free Outdoor Areas, Taxation, Smoke-Free Housing, New York State Law, Retail Environment, Recent Cases);
- A database which enables users to search all CPHTP documents by keywords, month of publication, year of publication, or document type;

- An RSS feed that enables users to be notified of CPHTP news or updates to the website;
- A Twitter feed that enables users to stay updated on relevant local, national, and international news stories (you can follow us on Twitter at www.twitter.com/cphtp);
- A hidden password protected page for sensitive documents addressed specifically to NYTCP staff, contractors, and advocates; and

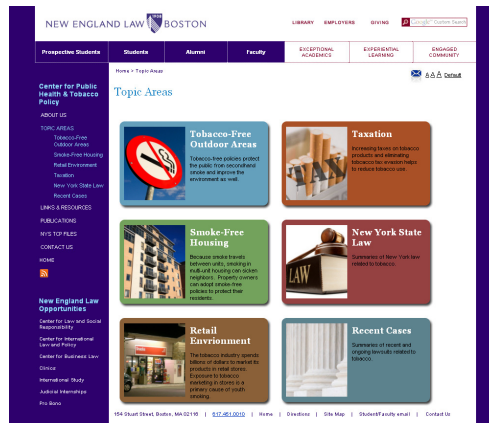
- A page with useful outside resources and links.

Many new and recently released documents are available on the new site, including:

- The NY Tobacco-Free Outdoor Areas Toolkit;
- A Map and List of NY Tobacco-Free Outdoor Areas;
- A Tobacco-Free Outdoor Air Model Ordinance;
- The Tobacco Product Display Bans Technical Report; and
- The Tobacco Retail Licensing Technical Report

We will continue to add new content, so make sure to check the site frequently or subscribe to our RSS news feed to stay updated on new content.

www.tobaccopolicycenter.org



[Click here for the new NY Tobacco-Free Outdoor Areas Toolkit \(PDF\)](#)

Inside this issue:

- FDA Releases Proposed Graphic Warnings for Cigarette Packs and Ads 2
- Smoking Cessation Coverage for Medicaid Falls Short 2
- Smokeless Tobacco Use Widespread in Some States 3
- State Tobacco Prevention Funding Facing Cuts Nationwide 3
- New Research Finds Link Between Smoking and Dementia 4

Smoking Rate and Related Deaths Fall in NYC

According to the New York City Health Department, smoking-related deaths in New York City have fallen 17% in the last eight years. Additionally, the number of New York City smokers has dropped by almost one-third. The Health Department reported that that approximately 7,200 New York City residents died from smoking-related illnesses in 2009, down from 8,700 smoking-related deaths in 2002. The department also estimates that since 2003, the city has reduced the number of smokers in the city by 350,000 people, due to such measures as prohibiting smoking in bars and restaurants and providing free nicotine patches and gum to 250,000 citizens.

FDA Releases Proposed Graphic Warnings for Cigarette Packs and Ads

As a result of new authority to regulate tobacco granted by the Family Smoking Prevention and Tobacco Control Act, the U.S. Food and Drug Administration (FDA) recently announced plans to replace the current Surgeon General's warnings on cigarette packs and advertisements with new graphic warnings. The hope is that new graphic warnings will do more to remind smokers and nonsmokers alike of the deadly consequences of cigarette use. "We want to make sure every person who picks up a pack of cigarettes knows exactly what the risk is they are taking," said Health and Human Services Secretary Kathleen Sebelius.

The FDA unveiled 36 proposed graphic warnings which include images of a man suffering a heart attack, diseased lungs and mouth, a man smoking through a tracheotomy hole, a man with a scar running up his chest, a mother blowing smoke into the face of her baby, and a corpse in a coffin at the morgue. The graphic warnings will cover half of both the front and back of cigarette packs, and will cover 20 percent of all cigarette advertisements.

The FDA will collect feedback from the public on the images until January 9, then review

the comments, the scientific literature, and an ongoing study of the effectiveness of different types of graphic cigarette warnings. The FDA will select 9 of the images for use by June 22, cigarette makers must begin placing the warnings on cigarettes by September 22, and cigarettes without the warnings will not be permitted for sale after October 22.

The U.S. was the first country to require written health warnings on cigarette packs 25 years ago, but in recent years other countries have gone further. Canada was the first country to introduce graphic warning labels on cigarettes back in 2000, and it has seen a significant drop in cigarette use since. 39 countries around the world now have graphic cigarette warning labels, including some like Brazil which are more eye-opening than those being proposed in the U.S.

David Hammond, a researcher who worked with the FDA on this developing the graphics, says of the proposed warnings, "about one-third of smokers say this increases their motivation to quit, and about the same proportion of former smokers say they remind them why they quit." The FDA

is also aware that whichever images are initially selected can lose impact over time, and it will be able to rotate the pictures used as needed.

Tobacco retailers will need to figure out how to display the cigarette packaging, since very often the top half of the package where the warnings will be located is the only part showing while on display racks. Additionally, many high-end cigar shops have expressed that they may choose to no longer carry cigarettes so that customers are not put off by the graphic warnings. It is likely that the cigarette companies will try to distribute sleeves, cases, or other means to diminish the impact of the graphic warnings, and the FDA will need to be responsive in order to maintain the effectiveness of the warnings.



www.fda.gov/tobaccoproducts

Smoking Cessation Coverage for Medicaid Falls Short

Many state Medicaid programs are providing less than optimal smoking cessation coverage. A recent [study](#) by the Centers for Disease Control and Prevention shows that states have been deciding coverage based on short-term budgets, but this may exacerbate long-term medical and financial problems.

Smoking is a huge problem for Medicaid. Medicaid beneficiaries smoke at a significantly higher rate (37%) than the general population (21%). The disparity is even more dramatic when considering that 46% of Medicaid recipients are children. 11% of Medicaid costs are from smoking-related illnesses.

This problem can be reduced through existing techniques. For example, counseling and medication can significantly increase

the success rate of quit attempts. A recent [study](#) at Mass General Hospital in Boston found that heavy smokers who attempted to quit using a combination of counseling and Varenicline were almost three times more likely to be successful than smokers who tried without either.

Despite this knowledge, state Medicaid programs are not adequately providing coverage for smoking cessation. Although the number of state Medicaid programs that cover smoking cessation is growing, many cover incomplete or limited services. Since 2007, two additional states began to cover smoking cessation, bringing the total to 47. Arkansas, Tennessee and Connecticut still do not cover any cessation. Even among those that do, many limit medications to pregnant women and limit the

number of medications available. Only 18 states cover counseling and many have restrictions on group counseling, even though it is more cost effective.

Smoking cessation coverage for Medicaid recipients contrasts sharply with that of Medicare recipients. Medicare recently announced that it will begin covering up to 8 intensive counseling sessions per year, which should reduce mortality and save money in the long term. Any similar action by Medicaid programs would also reduce mortality and offer a much more pronounced financial savings since Medicaid recipients tend to be younger.

Smokeless Tobacco Use Widespread in Some States

A [new study](#) issued by the Centers for Disease Control and Prevention (CDC) reveals disturbing trends in the use of smokeless tobacco in the U.S. and its territories. Compiled by the 2009 Behavioral Risk Factor Surveillance System and analyzed by the CDC, this study shows that the prevalence of smokeless tobacco use was highest in Wyoming (9.1%), West Virginia (8.5%), Mississippi (7.5%), and Guam (4.1%). In all 50 states, smokeless tobacco use was higher among men than among women. The rate of smokeless tobacco use was higher among those with no greater than a high school degree, while the rate of use declined among those with a college degree or higher. Among the 50 states and Washington, D.C., smokeless tobacco use was most common among persons aged 18 to 24. In Wyoming, 17.4% of persons in this age group used smokeless tobacco products.

The report also acknowledges a correlation between smokers and users of smokeless tobacco products. Among the thirteen states where cigarette smoking prevalence was greatest, seven of these states had the highest prevalence of smokeless tobacco use: Alabama, Alaska, Arkansas, Kentucky, Mississippi, Oklahoma, and West Virginia. In these states, at least one out of every nine men who smoked cigarettes also reported

using smokeless tobacco. Although Wyoming is not a state with one of the highest smoking rates, nearly one quarter of Wyoming men who reported using smokeless tobacco products also smoked cigarettes. The prevalence of men using smokeless tobacco products is so high in states such as West Virginia and Wyoming that it nearly reaches the national level of smoking prevalence among all adults.

But the study was not all bad news. It showed some states having very low prevalence of smokeless tobacco use, including California (1.3%), Washington, D.C. (1.5%), Massachusetts (1.5%), and Rhode Island (1.5%). Nonetheless, the CDC has called these new figures concerning. CDC Director Dr. Tom Frieden said, "Tobacco use is the leading preventable cause of death in this country and unfortunately smokers are also using smokeless tobacco. Use of smokeless tobacco may keep some people from quitting tobacco altogether."

Using smokeless tobacco products has been known to cause heart attacks, stroke, and certain types of cancers. The American Heart Association recommends avoiding the use of smokeless tobacco products as a method to quit smoking. "The war against tobacco has taken on a new dimen-

sion as parts of the country report high rates of cigarette smoking and smokeless tobacco use among adults," American Heart Association CEO Nancy Brown said. "No tobacco product is safe to consume. The health hazards associated with tobacco use are well-documented."

Moreover, tobacco companies are expanding their marketing and promotional efforts to sell smokeless tobacco products. These products contain additives for flavor, such as sugar, nuts, and spices, and some tobacco companies are test marketing a dissolvable product that resembles a Tic-Tac. These products are candy-like, made of finely ground tobacco, and are available in mint or cinnamon flavors.

"But progress is possible," director of the CDC Office on Smoking and Health Dr. Tim McAfee said, in terms of reducing the prevalence of smoking and smokeless tobacco use. "We need to fully put into practice effective strategies such as strong state laws that protect nonsmokers from secondhand smoke, higher tobacco prices, aggressive ad campaigns that show the human impact of tobacco use, and well-funded tobacco control programs, while stepping up our work to help people quit using all forms of tobacco."

State Tobacco Prevention Funding Facing Cuts Nationwide

Smoking prevention funds across the country are being cut to their lowest level in ten years, and diverted to fill holes in state budgets. Nationwide, spending on tobacco prevention has been reduced 28% in the last three years from \$718 million to \$517 million. The \$517 million now being spent on tobacco prevention is only 2% of the \$25.3 billion in annual state revenues generated from tobacco taxes and settlement payments from tobacco companies. Public health officials are concerned that these cuts will neutralize efforts to deter youth smoking and help smokers quit in the face of the over \$12 billion spent annually on marketing by tobacco companies.

As a consequence of these cuts, reductions in adult and youth smoking rates have virtu-

ally come to a halt since 2006. In Ohio, smoking rates fell 5% between 2001 and 2005, when prevention funding was as much as \$60 million per year. Despite the enactment of a smoke-free law in 2006, over the next four years the decline was only 2% with prevention funding as low as \$6 million a year.

The economic and public health consequences of prevention cuts are likely to be significant. Wisconsin's program suffered a 55% cut to \$6.9 million, its lowest level ever. Yet smoking costs taxpayers in Wisconsin approximately \$480 million dollars in Medicaid expenditures and a total of over \$2 billion for tobacco illness related medical costs every year.

In California, prevention funding remains relatively unchanged for 2011 at \$75 million. Steady prevention funding is ensured by a law that earmarks California cigarette tax revenue for tobacco prevention programs. Consistent anti-smoking advertising and toll-free quit lines have enabled California to reduce its adult smoking from 22.8% in 1988 to 12.9% in 2009, which is the second lowest rate in the nation.

Federal stimulus dollars and short-term grants from the Centers for Disease Control have added \$191 million to the 2011-2012 nationwide prevention spending pool. However without renewed commitment to significant anti-tobacco prevention funding, tobacco use will continue to cost taxpayers and the public nearly \$200 billion annually

New Research Finds Link Between Smoking and Dementia

A long-term study by researchers from Finland, Sweden, and California's Kaiser Permanente Division of Research found that patients more than doubled their risk of suffering from dementia later on in life by smoking heavily in middle age. The study, published in October of 2010 in the Archives of Internal Medicine, was the first study to look at this issue.

Researchers first obtained data from health surveys completed by 21,123 ethnically diverse men and women in their 50's and 60's, between 1978 and 1985. A follow-up study was conducted on those participants approximately 23 years later – between 1994 and 2008 – to determine whether there was an association between midlife smoking and risk of dementia, Alzheimer's disease, and vascular dementia.

Dementia is an umbrella term describing a serious deterioration in mental functions, including memory, language, orientation, and judgment. Alzheimer's is the most common form of dementia, a fatal brain disease in which brain cells die and millions of cell connections deteriorate, causing loss of memory, reasoning, and ability to care for one's self. Vascular dementia, the second most common form of dementia after Alzheimer's, is a condition which reduces blood flow to the brain, triggering strokes that steadily erode memory.

The study found that 5,367 participants – over 25% – suffered from some form of dementia, including 1,136 cases of Alzheimer's disease and 416 cases of vascular dementia. The majority of the cases were diagnosed simply as dementia. Compared with nonsmokers, those who smoked more than two packs of cigarettes a day had more than a 114% increased risk of dementia, a 157% increased risk of Alzheimer's, and a 172% increased risk of vascular dementia. The study controlled other factors that also contribute to dementia, such as race, age, diabetes, heart disease, stroke, hypertension, and alcohol use, in order to isolate the effects of heavy smoking on dementia over a long period of time.

Smoking may increase the risk of dementia through the narrowing of blood vessels in the brain, a process that leads to an increased risk of stroke. Even people who smoked heavily in midlife and did not have any subsequent strokes were at higher risks for dementia. "Stroke is certainly one of the pathways that smoking causes dementia, but it's not the only pathway," said Dr. Rachel Whitmer, Ph.D., co-author of the study and research scientist at Kaiser Permanente. "Oxidative stress and inflammation caused by smoking may also damage the brain and lead to dementia."

This study is considered the first in its kind. One reason why a comprehensive long-term study like this had not been done was because heavy smokers often died from other conditions first. It also shows that the brain is not immune to the long-term consequences of heavy smoking. "We've known for some time that smoking is bad for your respective health. This really adds to our understanding that the brain is also susceptible," said Whitmer.

Dementia is one of the most feared diseases because there is no cure and no effective treatment to slow its course. "People know that smoking is bad for them," said Gloria Soliz, a smoking-cessation trainer for the American Lung Association. However, "that is not necessarily what motivates them to quit or work on staying quit," she said. "One of the reasons why smoking is very insidious is that you don't see the effects until years in the future."

Dr. Whitmer also acknowledges that one strategy to prompt more people to quit smoking would be to focus on having them confront the risk of dementia sooner. "We know dementia has a 10- to 15-year process before people become really demented," she said. "People have to understand that it's not a disease of old age. We need to think about risk factors early on."

CENTER FOR PUBLIC HEALTH AND TOBACCO POLICY

New England Law | Boston
154 Stuart St.
Boston, MA 02116

Phone: 617-368-1465
Fax: 617-368-1368
E-mail: tobacco@nesl.edu
Web: www.tobaccopolicycenter.org

The Center for Public Health and Tobacco Policy (Center) is a resource for the New York tobacco control community. The Center is funded by the New York State Department of Health and works with the New York State Tobacco Control Program and its contractors to develop and support policy initiatives that reduce tobacco-related morbidity and mortality in New York.

The Center is located at New England Law | Boston and is a project of the Center for Law and Social Responsibility. The Center is also affiliated with the Tobacco Control Legal Consortium.

The Center works with tobacco control advocates in New York to support the adoption of evidence-based policies that reduce the availability of tobacco products, protect non-smokers from secondhand smoke, and minimize tobacco advertising and promotion.

Please Note: The Center is funded to provide assistance to the New York State Tobacco Control Program and its contractors. At this time, the Center is unable to provide assistance to individuals or groups who are not funded by the New York State Tobacco Control Program.