

## Tips from Former Smokers II

CDC is building on the success of the *Tips* campaign by launching a new round of advertisements. The new campaign features additional health conditions including chronic obstructive pulmonary disease [COPD], asthma in adults, smoking-related complications in a person with diabetes and population groups including American Indian/Alaska Native and Lesbian, Gay, Bisexual, and Transgender that were not included in the first *Tips* campaign. The campaign also includes an ad focused on the effects of secondhand smoke exposure as well as an emotional cessation ad.



## Tobacco Use in Uniform

Tobacco use has a detrimental effect on our military. Tobacco affects military readiness and the health of their personnel and families, and places a huge burden on the Department of Defense (DoD) and the Veteran's Administration (VA) health care system. The DoD spends an average of \$1.6 billion dollars per year due to tobacco-related medical expenses.

There has been a long history of tobacco use in the military. Although smoking occurred in previous wars, tobacco companies really began targeting servicemen during World War I, stating that smoking was a way to deal with the situations occurring around them and to boost morale. Cigarettes were included in the rations given to servicemen in 1918 and remained a part of the rations until 1975.

Tobacco use among active duty U.S. service personnel is at a much higher rate than the general public. The smoking rate for active duty personnel is 30.6% versus 20.6% for the general public. The rate of use for smokeless tobacco is 13.6%. The smoking rate for veterans is lower at 19.7%, although 70% of veterans reported using tobacco at some time in their life. Smoking rates among deployed service members is the highest at more than 50%.

Tobacco use is correlated with pay grade and rank. Smoking is highest among enlisted members with lower pay grades and rates are lowest among officers. Tobacco use can cost as much as 10% of an enlisted member's salary.

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Many service members did not use tobacco until they entered the service. Over one third of current smokers in the military stated they started to smoke after joining. A DoD survey shows some of the reasons why service members stated they began smoking: cigarettes are available at many places on installations and that makes it easy to smoke, most of their friends smoke, to relax, and to relieve stress and boredom.

Tobacco use has detrimental effects on military personnel. Tobacco use reduces a service member's physical fitness and endurance. Service members who use tobacco have higher absenteeism rates, lower productivity, drop out of basic training, are more likely to sustain injuries and have poorer vision than non-tobacco users, all of which compromise troop readiness.

TRICARE (the health care system for military personnel and their families) now covers cessation services. These services include group and individual counseling, cessation medications and access to print and online cessation materials without a co-pay. TRICARE will cover two quit attempts per year with the option of a 3rd attempt with pre-authorization.

For more information, go to [TRICARE](#) or TRICARE's web-based cessation program: [Quit Tobacco, Make Everyone Proud](#). The website program includes online tools, personalized quit plans and live chat services. Services are available for both active military and veterans.

# The Impact of Point of Sale Ads

“To sell a product that kills up to half of all its users requires extraordinary marketing savvy. Tobacco manufacturers are some of the best marketers in the world – and increasingly aggressive at circumventing prohibitions on advertising, promotion and sponsorship that are designed to curb tobacco use”

-World Health Organization



## Trend to Watch

Although the number of cigarettes consumed in the United States has declined, there has been an increase in use of other tobacco products. These include chewing tobacco, moist snuff, e-cigarettes, cigars, and little cigars/cigarillos.

The CDC's Morbidity and Mortality 2012 Weekly Report indicates that from 2000 to 2011 cigarette consumption decreased by 32.8%, however, consumption of other tobacco products increased by 123.1% during the same period.

With the Master Settlement Agreement, the Tobacco Industry was left with fewer venues to advertise and promote their products. The Family Smoking Prevention and Tobacco Control Act further restricts advertising and placement of products. However, Point of Sale (POS) advertising is still a very large and powerful form of advertising for the Tobacco Industry.

Point-of-sale tobacco advertising consists of the displaying and advertising of tobacco products inside, outside, and on the property of retail sales outlets, including advertising on functional items such as counter mats and change cups.

Tobacco Companies spend \$1M per hour at POS to market, advertise and promote cigarettes and smokeless tobacco. Many products are placed at eye level and near products that youth are interested in purchasing. Studies have found an association between the exposure to POS tobacco promotion and smoking initiation.

Exposure to cigarette advertising increases the likelihood that youth will start to smoke.

The more promotions there are in stores, such as sales, the more likely that youth already occasionally smoking will increase their consumption level.

Studies have found that the higher the density of tobacco retailers near schools, the high-

er the youth prevalence rate. Schools that do not have any retailers within walking distance had an average 11.9% youth prevalence rate. Schools with one to five retailers within walking distance had a 13.6% prevalence rate. And, schools that had five or more retailers within walking distance of the school had a prevalence rate of 15.1%.

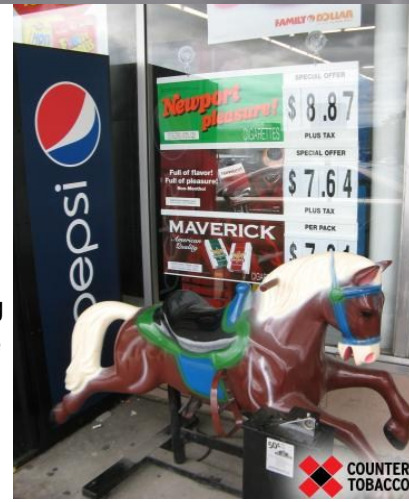
Tobacco POS advertising also increases craving among smokers and lowers the likelihood of successful quit attempts.

**Exposure to POS tobacco advertising, including product displays, influences youth smoking, increases impulse tobacco purchases and undermines quitting attempts.**

Tobacco displays cue cravings in current users. Studies have found that pictures of cigarettes increase the craving for nicotine among nicotine-

deprived smokers (those who have not smoked recently) and non-nicotine deprived smokers. Smokers also notice the display, which prompts an impulse buy even if they are trying to quit.

Studies have also found the closer someone who is trying to quit lives to a tobacco retailer, the lower the odds of their success in quitting.



POS advertising is big business for the tobacco companies and a powerful tool. It promotes initiation, promotes daily consumption and discourages quitting.

For more information on the effects of advertising, to conduct a store audit or to discuss tobacco advertising with store owners go to [CounterTobacco.org](http://CounterTobacco.org)

(information and data from “Retail Landscape for Tobacco Products” presentation, CDC Office on Smoking and Health Surveillance and Evalua-

**For every 1 person who dies from tobacco use, another 20 suffer from one or more serious illness.**



**CONNECTICUT QUITLINE**  
1-800-QUIT-NOW

## CT QUITLINE SUCCESS AT 7-MONTH FOLLOW-UP

**\* 83% of respondents had made at least one serious quit attempt since enrollment.**

- \* 27% had been quit for 30 days or more.
- \* 34% had been quit for 7 days or more.
- \* Of those with a reported history of mental health conditions, 26% had been quit for 30 days or more.
- \* 96% reported being satisfied or very satisfied with Quitline services.

# Spotlight on....

## DMHAS Tobacco Prevention and Enforcement Program

Virtually all new users of tobacco products are under 18, the minimum legal age to purchase tobacco products in Connecticut. Efforts to prevent tobacco use among minors across the state are implemented by the Department of Mental Health & Addiction Services (DMHAS) Tobacco Prevention and Enforcement Program (TPEP). The CT Synar Tobacco Compliance Program, CT FDA Tobacco Compliance Inspection Program, and the CT Tobacco Merchant and Community Education Initiative all function under the umbrella of TPEP.

### CT Synar Tobacco Compliance Program:

In July 1992, Congress enacted the Synar Amendment as part of the Alcohol and Drug Abuse and Mental Health Administration Reorganization Act (P.L. 103-321). The Synar Amendment is aimed at decreasing access to tobacco products

among individuals under the age of 18 by requiring states to enact and enforce laws prohibiting any manufacturer, retailer, or distributor from selling or distributing tobacco products to individuals under the age of 18. The ultimate goal of the amendment is to reduce the number of tobacco outlets selling to minors to no more than 20 percent.

Connecticut has enacted, and continues to enforce, laws that prohibit the sale and distribution of tobacco products to individuals under 18 years of age. The Department of Revenue Services (DRS) is the enforcement and licensing agency of tobacco products. Throughout the year, Synar Investigators conduct unannounced retailer inspections to ensure ongoing compliance with State laws. DMHAS then forwards retailer violation inspection data to DRS for administrative action. DRS civil penalties range from \$300 for the 1st violation, and up to \$750 and suspension of the dealer's license for a 3rd

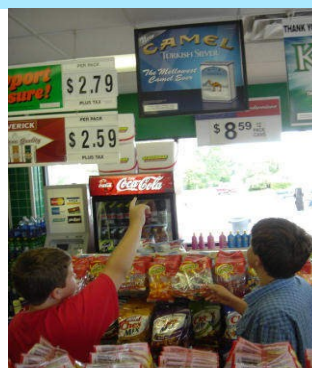
violation within an 18-month period.

Under the TPEP Police Partnership Program, Synar Investigators conduct unannounced inspections in collaboration with municipal and state law enforcement to ensure that criminal aspects of the law are enforced. A criminal violation of the law results in a fine imposed by a judge of not more than \$200 for the 1st offense and up to \$500 for any subsequent offenses within an 18-month period.

The Synar Amendment further requires that states conduct unannounced inspections of a random sample of tobacco vendors each year to assess the annual retailer violation rate and submit a report to the federal Secretary of Health and Human Services. Connecticut's retailer violation rate has dropped from 70% in 1997 to 12.1% in 2012.

### CT FDA Tobacco Compliance Inspection Program:

In June 2009, President Barack  
[continued on pg.5](#)



## Around the World



**Alabama** - The University of Alabama Medical Center, Alabama's largest employer, announced that all new hires will have to be tobacco free. [full article](#)

**North Dakota** — Voters approved a ballot measure to prohibit smoking in bars, restaurants, and other workplaces including motels, private nursing homes, cabs, and public transportation. [full article](#)

**Vermont** — A new law prohibits the sale of electronic cigarettes to persons under the age of 18, strengthens restrictions on the display of e-cigarettes, and requires that some little cigars be sold in packages of 20 or more. [full article](#)

**Brazil** — Brazil's smoking rate dropped by half due to the implementation of several strong tobacco control policies. [full article](#)

**Indonesia** — Regulations have been issued that will require cigarette packs to have graphic photographic warnings. [full article](#)

## Quick Facts & Stats

### Mental Illness and Smoking

- In the U.S., 1 in 3 adults with mental illness smoke cigarettes.
- Smoking among U.S. adults with mental illness is 70% higher than adults with no mental illness.
- 48% of adults with mental illness who



smoke live below the poverty line.

- In CT, 17.8% of adults have been diagnosed with a mental illness.
- In CT, 35% of adults with mental illness smoke cigarettes.
- Adults with mental illness smoke more cigarettes compared to adults without mental illness



1-855-DEJELO YA  
(1-855-335-3569)

The CT Quitline now has a dedicated telephone number for cessation services in Spanish.



A new free nationwide Asian-language quit smoking service. Speak with a bi-lingual/ bi-cultural counselor and receive culturally-tailored cessation resources and help with quitting.

**Chinese (Cantonese and Mandarin) :**  
1-800-838-8917

**Korean:** 1-800-556-5564

**Vietnamese:**  
1-800-778-8440

Hours of operation are Monday through Friday from 6 am to 6pm Eastern Standard Time.

## Protecting Our Pets

Secondhand and thirdhand smoke is just as dangerous to animals as it is to humans.

Exposure to tobacco smoke has been associated with certain cancers in dogs and cats; allergies in dogs; and eye and skin disease and respiratory problems in birds.

Animals lick and groom themselves often, causing the particles in thirdhand smoke to be ingested. Secondhand and thirdhand smoke is absorbed in the mucous membranes of the mouth and nose of pets causing illness and disease.

Pets are also in danger by drinking water that thirdhand smoke has settled into, drinking water that contains cigarette or cigar butts and by eating tobacco products and butts. Eating one to five cigarettes or 1/3 to one cigar can kill your pet.

Health effects in pets include, breathing problems, asthma



symptoms, diarrhea, vomiting, cardiac abnormalities, cancer, lymphoma, and death.

Cats that are diagnosed with lymphoma, even with aggressive chemotherapy, rarely survive more than six months.

Dogs are susceptible to nasal cancers especially long-nosed because they have a greater surface area in their nose which allows carcinogens to build up. Dogs who are diagnosed with nasal cancer usually do not survive more than one year after diagnosis.

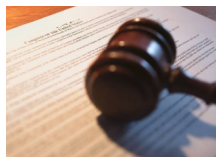
Some of the health effects of tobacco smoke exposure seen in birds are lung cancer, respiratory illnesses, pneumonia, eye and skin diseases, and heart disease.

Rabbits are susceptible to athero-

sclerosis (hardening arteries) from exposure. Guinea pigs, hamsters, mice and other rodents can suffer from wheezing, coughing, fatty liver disease, and heart disease.

### How to Protect Your Pet

- Don't allow smoking or use of tobacco products in your home.
- If someone is smoking ask that they smoke outside at least 50 feet from any door, window or vent.
- When not at home, do not allow anyone to smoke around your pet.
- Look for pet sitters, pet daycares and kennels with smoke free policies inside and outside of the building.
- Keep tobacco and nicotine products away and out of reach of curious pets.
- Don't leave butts where pets can find them.
- If you use tobacco, try to quit. 1-800-QUIT-NOW.



## Companies Ordered to Tell the Truth

In November 2012, US District Court Judge Gladys Kessler ordered tobacco companies to publicly advertise that they have been purposely deceiving the American public about their products. In 2006, Judge Kessler found the tobacco companies guilty of violating civil racketeering laws and defrauding the American public. This latest ruling details the corrective statements that the tobacco compa-

nies must use in an advertising campaign that was discussed in the 2006 ruling.

The campaign will be two years long and advertisements will be placed in newspapers, on television, on company websites, on cigarette packaging and in other media venues that the tobacco companies have used in the past to advertise their products. The companies must make corrective statements about the dangerous effects of

smoking and secondhand smoke, the addictive nature of nicotine, the lack of health benefits from 'light' and 'low-tar' cigarettes, and the companies' manipulation of cigarette design and composition to ensure peak nicotine delivery. Each corrective statement must include the words "*a Federal court has ruled that the Defendant tobacco companies deliberately deceived the American public*".



**Tobacco Times** is a publication of the Connecticut Department of Public Health

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**DMHAS Tobacco Prevention and Enforcement Program, Continued >>**

Obama signed the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) in to law. The law provides the authority to the Food and Drug Administration (FDA) to regulate the manufacture, distribution, and marketing of tobacco products in order to protect public health nationwide.

In July 2011, DMHAS entered into a partnership agreement with the FDA to enforce the Tobacco Control Act in CT. The goal is to prevent access to tobacco by persons under the age of 18 and to ensure compliance with the advertising and labeling regulations outlined in the Act.

Every tobacco retailer in the state will be inspected to verify compliance with the Tobacco Control Act. Should a retailer fail to comply, the FDA and Connecticut will work together to pursue civil money penalties ranging from \$250 for two violations within a 12

month period to \$10,000 for six violations within a 48 month period.

**CT Tobacco Merchant and Community Education Initiative:**

Wheeler Clinic’s Connecticut Clearinghouse is the DMHAS administrator for this initiative. The Connecticut Clearinghouse established the Tobacco Merchant & Community Education Steering Committee to implement the activities of the Initiative. The overall goal of the Steering Committee is to guide and inform the campaign process resulting in the most effective campaign materials and activities, leading to reductions in sales of tobacco products to youth under 18 throughout the state.

The Steering Committee is driven by a diverse of group of representatives from State agencies, community health agencies, tobacco merchants, prevention professionals, police agencies, youth and the convenience story industry. Their

tasks include proposing new campaign materials and designs, guiding the campaign dissemination process, recruiting youth and tobacco merchants for focus groups, guiding the development of merchant education trainings, and recommending other helpful strategies to reduce sales of tobacco products to minors.

To participate in the Tobacco Merchant & Community Education Steering Committee contact Aisha Hamid at Connecticut Clearinghouse [Ahamid@Wheelerclinic.org](mailto:Ahamid@Wheelerclinic.org).

For more information about the DMHAS Tobacco Prevention & Enforcement Program please contact Supervising Special Investigator Gregory Carver at 860-418-6702 or visit the TPEP website at [www.ct.gov/dmhas/tpep](http://www.ct.gov/dmhas/tpep).

**Sound Bite**  
Smoking results in a death every 6.5 seconds.

**Return on Investment**

The week of April 1, 2013 was National Public Health Week. In honor of their theme “Public Health is ROI: Save Lives, Save Money”, here is the Return on Investment for comprehensive tobacco use prevention and control:

- For every 1,000 youth that are kept from initiating smoking— future health care costs decline by approximately \$16 million dollars.
- For every 1,000 adults who are prompted to quit— future health care costs decline by approximately \$8.5 million.
- By following the CDC Best Practice funding guidelines— states can save 14-20 times the cost of the program implementation in reduced medical and productivity costs as well as reduced Medicaid costs.



Source: Campaign for Tobacco Free Kids

To submit articles, announcements and events contact  
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