

TOBACCO:

A Global, Legal, Profitable,
Preventable, Curable,
Addictive Public Health Issue

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CRAVEN

"A"

Will not affect your throat

KING SIZE and REGULAR...

Old Gold promises just the relaxing pleasure of fine and friendly tobaccos!

To keep a slender figure
No one can deny...

Babe Ruth says...
CHEW
PINCH-HIT
TOBACCO

HIT OF THE DAY

Reach for a
LUCKY
instead of a
sweet

"It's toasted"

2 ways to say:
"Merry Christmas..."
pleasant smoking!

Camel
Cigarettes

Prince Albert
Cigarettes

Luckies - a light smoke
OF RICH, RIPE-BODIED TOBACCO - "IT'S TOASTED"

Smile Please

Gee, Mommy
you sure enjoy your
Marlboro

Yes, you need
never feel
over-smoked
... that's the
Miracle of
Marlboro!

Happy Birthday Dad
We Know Your
ABC

A ALWAYS Milder
B BETTER TASTING
C COOLER SMOKING

All the Benefits of Smoking Pleasure

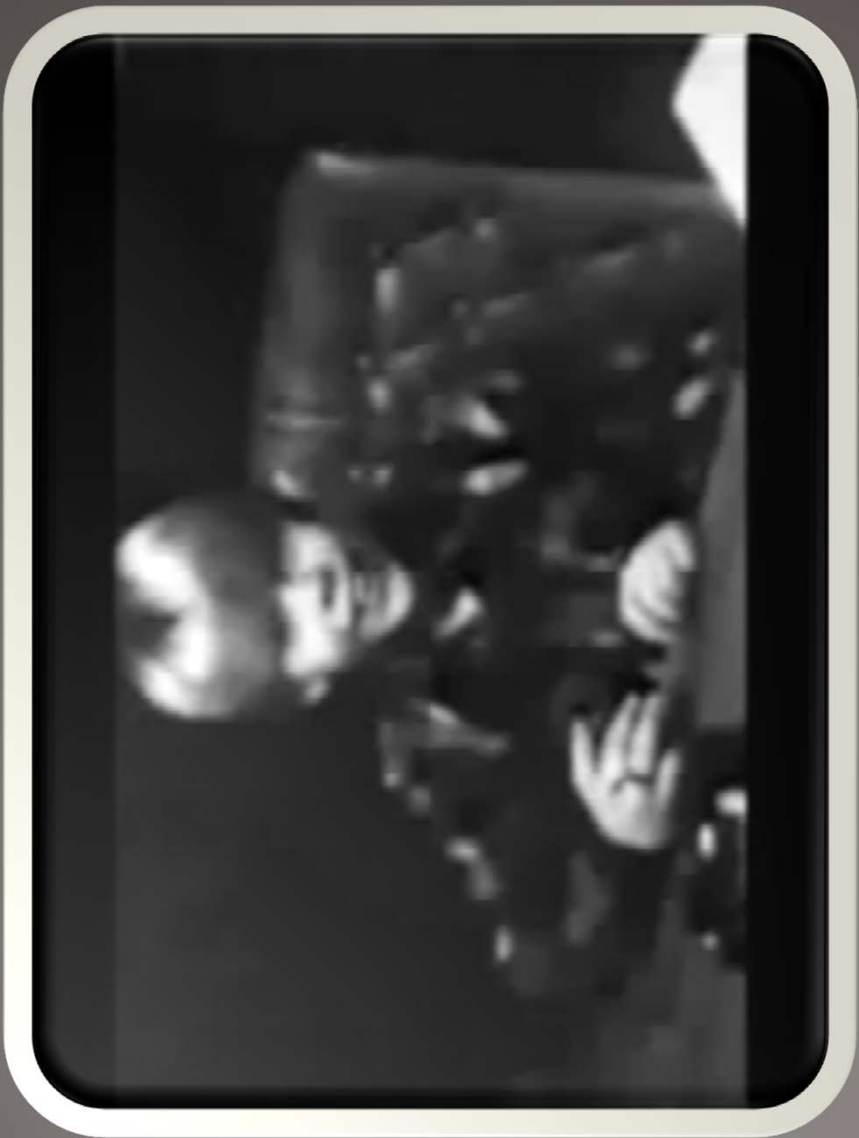
THE RIGHT COMBINATION OF THE
WORLD'S BEST TOBACCO *Properly Cured*

ALWAYS BUY CHESTERFIELD

Tobacco Industry Marketing

- Cigarette and smokeless tobacco companies spend **billions** of dollars each year to market their products
 - In 2006, cigarette companies spent **\$12.4 billion** on advertising and promotional expenses in the United States alone, down from \$13.1 billion in 2005, but more than double what was spent in 1997.
 - The five major U.S. smokeless tobacco manufacturers spent **\$354 million** on smokeless tobacco advertising and promotion in 2006
- The money cigarette companies spent in 2006 on U.S. marketing amounted to approximately—
 - \$34 million per day
 - \$42 for every person in the United States, and
 - More than \$275 for each U.S. smoker aged 18 years or older.











Debi Austin on Tobacco



GLOBAL

Tobacco FACTS

- Tobacco is the only **legal drug** that kills many of its users when *used exactly as intended by manufacturers*
- Direct tobacco smoking is currently responsible for the death of about **5 million people** across the world each year
 - With many of the deaths occurring prematurely
- An additional **600,000 people** are also estimated to die from the effects of second-hand smoke
- Tobacco kills more than tuberculosis, HIV/AIDS, and malaria combined
- In the next 2 decades, the annual death toll from tobacco is expected to rise to over 8 million, with more than **80%** of those deaths projected to occur *in low- and middle-income countries*

IF EFFECTIVE MEASURES ARE
NOT TAKEN, TOBACCO COULD,
IN THE 21ST CENTURY, KILL
OVER 1 BILLION PEOPLE!



Timeline of Tobacco Use

Timeline of Tobacco Use

Pleistocene Era

2.5 millions years ago, it is believed tobacco was created in Northeastern Peru.

6000 B.C.E.

It is expected that the tobacco plant began growing in the United States.

1 B.C.E.

The inhabitants, most of which were the 1st people in the United States began finding recreational and different uses for tobacco.

630 C.E. – 630 C.E.

Tobacco became a widespread sensation. Additionally, "The Court of Montezuma" smoked pipes after meals while the "lesser" 1st people began producing present-day cigars.

1000 C.E.

The FIRST pictorial record of smoking. The Mayans were depicted on smoking a roll of tobacco leaves tied with a string.

Timeline of Tobacco Use

October 10th, 1492

Christopher Columbus "discovers" tobacco for the first time. He threw away the tobacco leaves that were given as gifts.

1493

During second voyage to the Americas, Columbus once again "discovers" snuff and observed the high value the 1st people put on tobacco.

1497

The first accounted use of tobacco in Europe occurred during 1497. It was referred to as "De Insularium Ribitus"

1498

Columbus names Trinidad and Tobago based on the tobacco and pipe they used.

1499

Amerigo Vespucci witnessed the first combination of chewing tobacco among the 1st people.

1571

The popularity of tobacco rapidly spreads and Monardes, a doctor in Spain states that there are 36 maladies tobacco cures.

Timeline of Tobacco Use

1605

King James of England increases the importation of tobacco by 4000%.

1619

First shipment of wives for settlers arrive in Jamestown. Future husbands had to pay 120 pounds.

1665

The Great Plague is spreads through Europe and it is thought that tobacco would produce a protective effect.

1701

Nicholas Andryde Boisregard first brings to light the health concerns of abusing tobacco.

1713

Legislation begins in the United States towards inspection regulations in order to uphold the export value.

1761

Dr. John Hill performs the first clinical trial on tobacco users and discovers an incidence of nose cancer with many tobacco abusers.

1794

The United States passes its first tax on tobacco.

Timeline of Tobacco Use

1826

The first purified form of Nicotine is obtained.

1880

Bonsack machine receives first cigarette machine patent.

1881

James Buchannan Duke creates first cigarette brand "Duke of Durham".

1890

Pure Nicotine is FIRST synthesized.

1890

Over 4.4 billions cigarettes are sold.

1905

Lucky Strike Cigarettes are created from the chewing tobacco brand.

1906

Federal Foods and Drugs Act publishes first list of banned drugs and Nicotine was on the original list.

Timeline of Tobacco Use

1911

Chesterfield Cigarette brand is released.

1913

Camel Turkish & American Blend Cigarettes are released.

1924

Marlboro brand cigarettes were released in the United States.

1933

Kool cigarettes were released in the United States.

1938

Old Gold Regulars brand was created and released in the United States.

1947

Over 45% of all Americans smoke or use some form of tobacco.

1950

Ernst L. Wynder conducts a study on 684 patients and observed that 96.5% that had lung cancer were heavy smokers.

Timeline of Tobacco Use

1953

Ernst L. Wynder concludes for the first time that there is a correlation between smoking and cancer.

1957

FIRST time PUBLIC HEALTH took a stand on the correlation of smoking and cancer.

1985

Lung cancer surpasses breast cancer as leading killer in women.

Late 1985

United States Surgeon General produces his report stating the health consequences of smoking, cancer and chronic lung disease.

1989

Legislation requires that cigarette producers place all additives on the label.

1992

Nicotine patch is first introduced.

1999

United States tobacco industry admits for the first time that smoking poses a human health risk.

Timeline of Tobacco Use

2000

FDA lost case to reduce appeal of tobacco products to younger individuals

2007

The United States announced that the legal age for purchasing and using tobacco to be raised to 18.

2012

Costa Rica passed one of the strictest smoking regulations

2013

Consumers are misled about the use of e-cigarettes as a new form of smoking tobacco.

Mortality Attributable to Tobacco (2004)

Proportion of Deaths Attributable to Tobacco (%)

<u>Country</u>	<u>Total for ages 30 & over</u>
China	12
Colombia	8
Costa Rica	6
Cuba	20
United States	23

Economic Costs of Tobacco

- Direct Costs
 - Purchase of products (revenue)
 - Healthcare expenditures for smoking related illnesses
- Indirect Costs
 - Value of lost productivity
 - Cost of premature deaths
- Each of these approximate *100 Billion annually* in the United States alone
- The other Direct, Indirect cost twice as much revenue

Economic Costs Associated with Smoking

- During 2000–2004, cigarette smoking was estimated to be responsible for \$193 billion in annual health-related economic losses in the United States
 - nearly \$96 billion in direct medical costs and an additional \$97 billion in lost productivity
- Cigarette smoking results in 5.1 million years of potential life lost in the United States annually

A Global Tobacco Epidemic

- Tobacco use is the world's leading cause of preventable death, according to the World Health Organization.
- Increasingly, the burden of tobacco use is greatest in low- and middle-income countries that have been targeted by the tobacco industry with its deadly products and deceptive marketing practices.
- The result: A global tobacco epidemic of preventable death, disease and economic harm to countries and families.

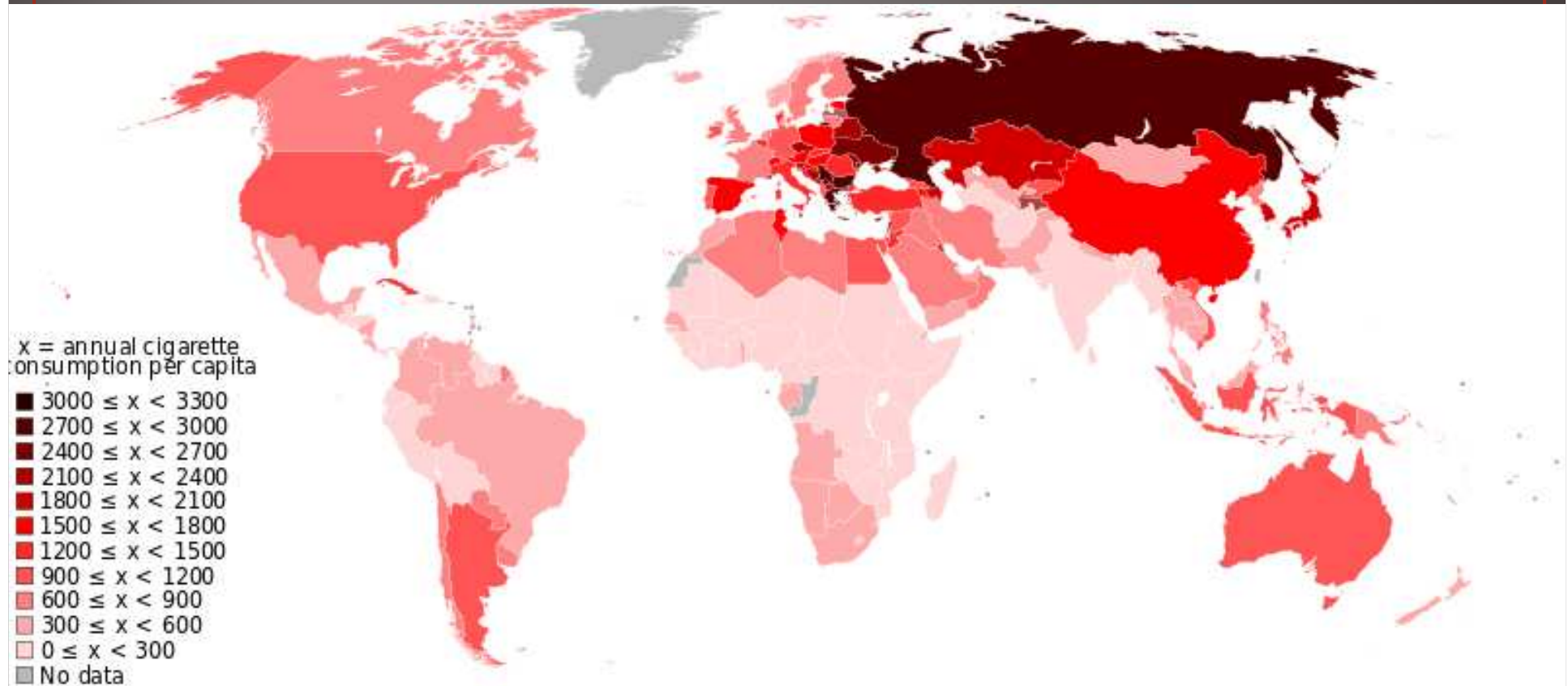
Tobacco's Toll in Health and Lives

- Tobacco use killed 100 million people in the 20th century. If current trends continue, **tobacco will kill one billion people in the 21st century**.
- Tobacco kills more than **5 million** people a year and accounts for one in 10 deaths among adults.
- If current trends persist, tobacco will kill more than 8 million people worldwide annually by the year 2030, with 80 percent of these deaths in low- and middle-income countries.
- Almost a billion men in the world – including half of men in low- and middle-income countries – and 250 million women smoke. If no action is taken, 650 million smokers alive today will eventually die from tobacco-related diseases.
- *Tobacco kills prematurely*. On average, smokers lose 15 years of life, and up to half of all smokers will die of tobacco-related causes.
- **Every day, 80,000 to 100,000 young people around the world become addicted to tobacco**. If current trends continue, *250 million children and young people alive today will die from tobacco-related diseases*.
- Secondhand smoke kills more than 600,000 people worldwide each year, including 165,000 children.

Tobacco's Economic Toll

- Tobacco use costs the world an estimated **\$500 billion** each year in health care expenditures, productivity losses, fire damage and other costs.
- Health care costs associated with tobacco related illnesses are extremely high. In the United States, annual tobacco-related health care costs amount to *96 billion USD*; in Germany, *7 billion USD*; in Australia, *1 billion USD*.
- Tobacco-related illnesses and premature mortality impose high productivity costs to the economy because of sick workers and those who die prematurely during their working years. Lost economic opportunities in highly-populated developing countries will be particularly severe as tobacco use is high and growing in those areas.
- Countries that are net importers of tobacco leaf and tobacco products lose millions of dollars a year in foreign exchanges.
- *Fire damage and the related costs are significant.* In 2000, about 300,000 or 10 percent of all fire deaths worldwide were caused by smoking and the estimated total cost of fires caused by smoking was 27 billion USD.
- Tobacco production and use damage the environment and divert agricultural land that could be used to grow food.

Cigarettes Smoked per adult per year



Smoking Prevalence Among Physicians

	Male	Female
China	61%	12%
Colombia	21%	22%
UK	8%	6%

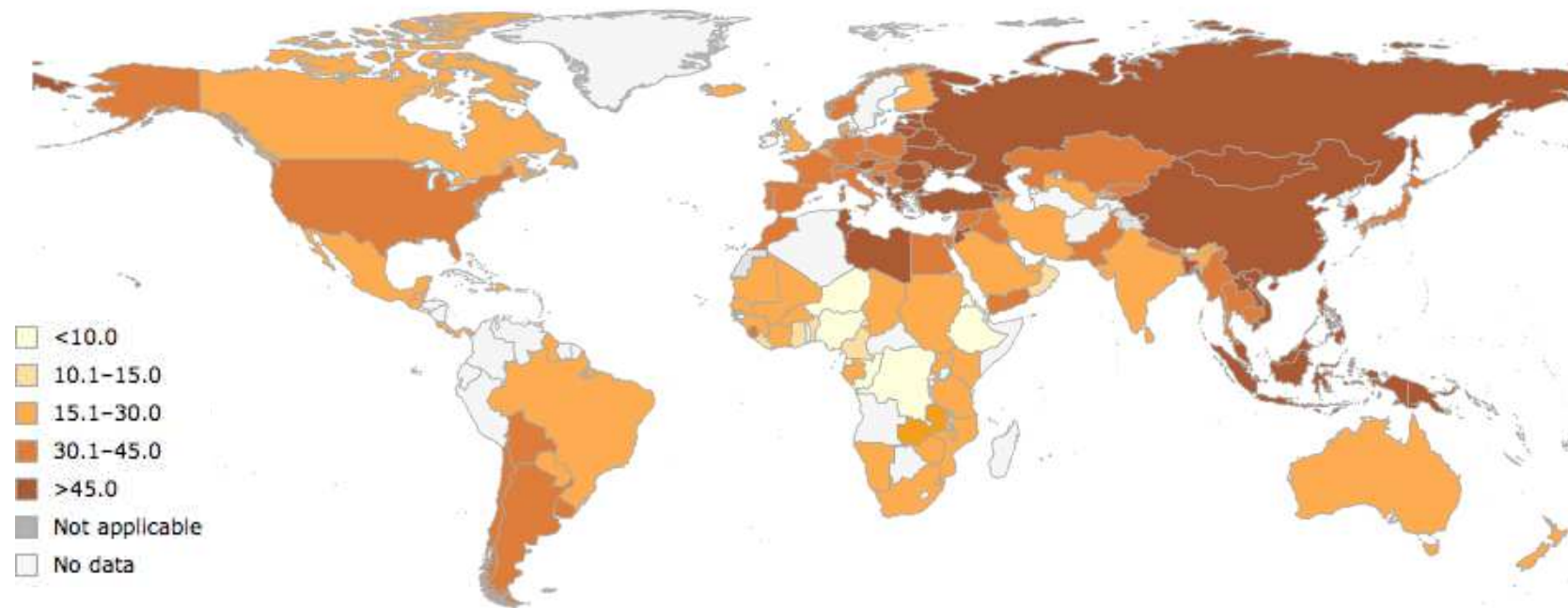
World Sales of Tobacco \$

5.5 Trillion Individual Cigarettes



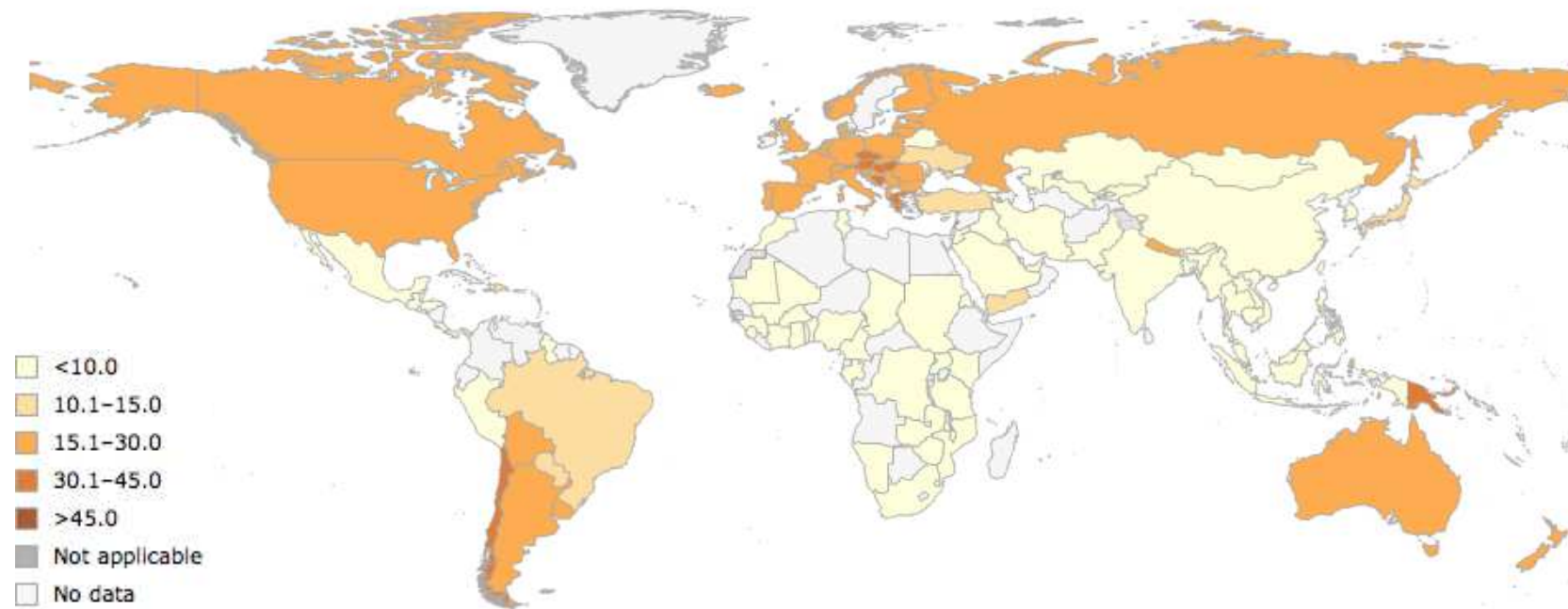
Total Revenue of **\$735,225,000**

Tobacco Use for Males > 15 years



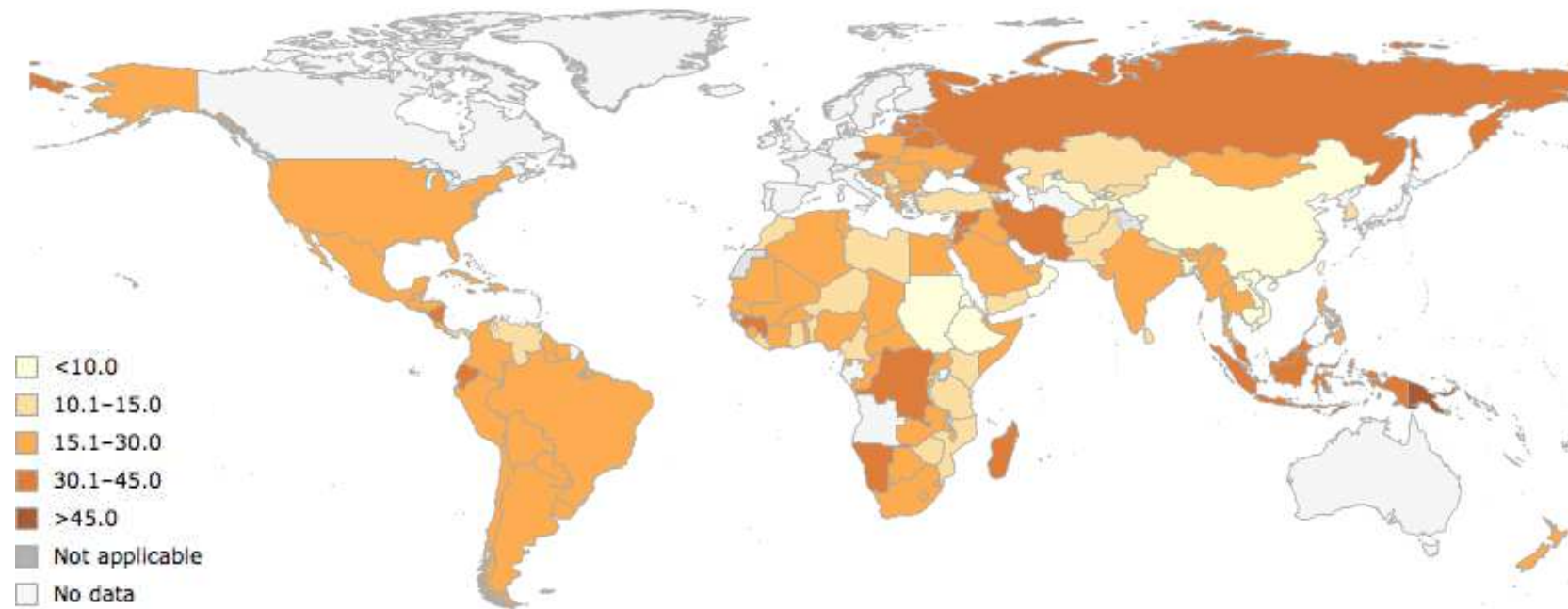
Country	Data (%)
China	51.0
Costa Rica	24.0
Brazil	22.0
United States	33.0

Tobacco Use for Females > 15 years



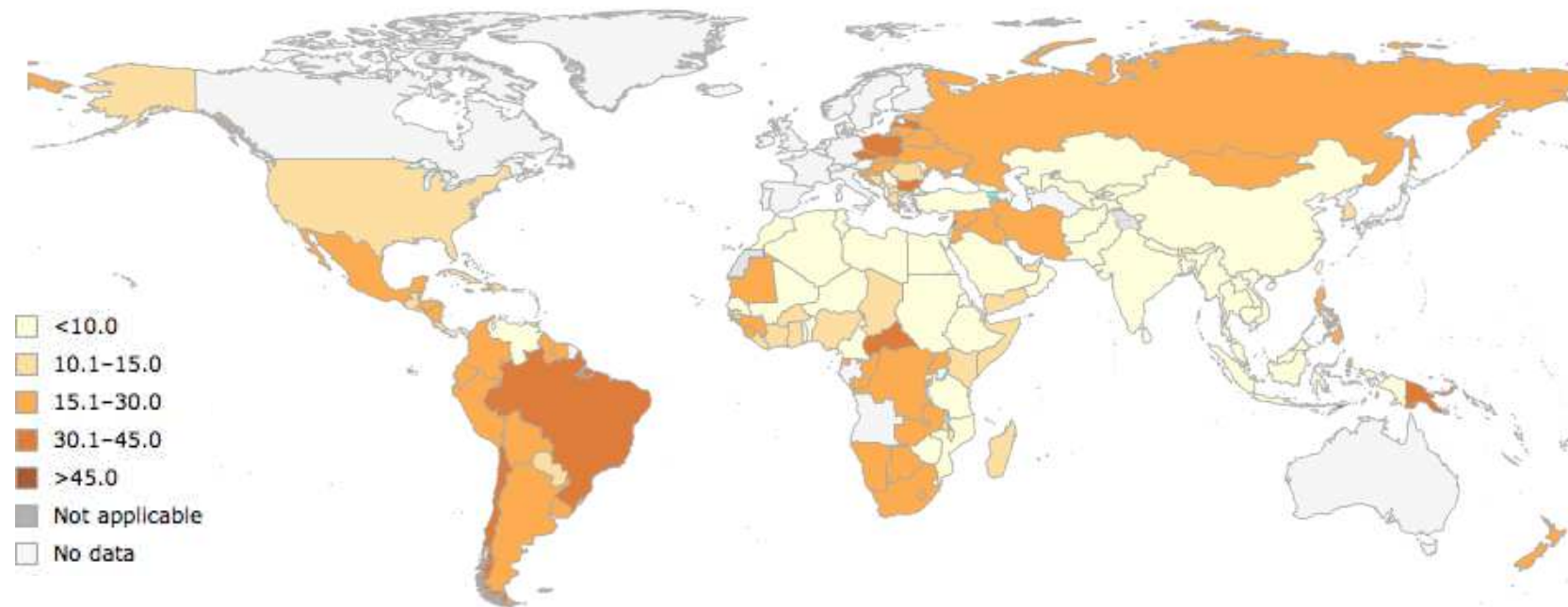
Country	Data (%)
China	2.0
Costa Rica	8.0
Brazil	13.0
United States	25.0

Tobacco Use for Males 13-15 years



Country	Data (%)
China	7.1
Costa Rica	15.9
Brazil	28.7
United States	15.4

Tobacco Use for Females 13-15 years



Country	Data (%)
China	4.1
Costa Rica	13.1
Brazil	30.8
United States	11.1

Smoking Rates: Gender, Age, and Ethnicity (US, 2008)

Age	Total
18 – 44 years	23.1%
45- 64 years	22.6%
65 – 74 years	12.4%
75 years & older	5.7%

US National Survey on Drug Use and Health

Trends in Prevalence of Various Drugs for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2012 (in percent)*

Drug	Time Period	Ages 12 or Older	Ages 12 to 17	Ages 18 to 25	Ages 26 or Older
Cigarettes (any use)	Lifetime	61.90	[17.40]	[59.50]	67.90
	Past Year	26.10	[11.80]	41.00	25.30
	Past Month	22.10	[6.60]	[31.80]	22.40
Smokeless Tobacco	Lifetime	17.70	6.40	19.90	18.70
	Past Year	4.60	[3.90]	9.00	4.00
	Past Month	3.50	2.10	5.50	3.30

Smoking & Smoking Cessation in Latin America

- Tobacco Consumption is one of the greater pandemics of all time
- Latin American countries have become **dependent** on the production of Tobacco
- Tobacco Production
 - 20 Latin American Countries that seed and cultivate tobacco
 - 5 out of the 25 largest tobacco producers in the world are countries of this region
 - Brazil, Argentina, Cuba, Dominican Republic, & Colombia
- Tobacco Pricing
 - Local economies determine how individual countries and tobacco producers price cigarettes
 - In Costa Rica, prices oscillate between US \$1 and US \$1.99

Muller, F. & Wehbe, L. (2008) Smoking and smoking cessation in Latin America: a review of the current situation and available treatments. In J Chron Obstruct Pulmon Dis., 3(2):285-293.

Smoking & Smoking Cessation in Latin America *continued...*

- Prevalence of Tobacco consumption
 - Data linked to the incidence of tobacco consumption in this region are few, and frequently controversial
 - The annual per person cigarette consumption in Latin American countries ranges between 500 & 1500 cigarettes per year!
 - HIGH smoking rates in Latin America ➡ 8%-10% of the smokers of the world live in Latin America
 - Half of these smokers will die prematurely of a tobacco-related disease
- Adolescents
 - The use of Tobacco is a common behavior among young Latin American people
 - 13.16% of young people between 15 & 18 years old are smokers



Costa Rica

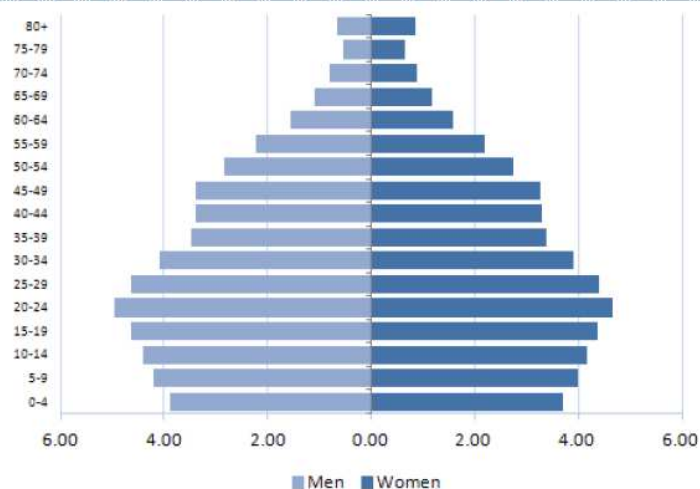
Tobacco and Cancer

PAHO/WHO Mortality Database, 2012 – number of cancer deaths, both sexes, by country and year.

Countries	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Anguilla	9	4		13	10	20	11		14	15	17
Antigua and Barbuda	86	69	75	67	97	71	65	93	83	69	
Argentina	53,260	52,925	52,829	54,458	54,520	55,870	56,382	57,147	56,565	57,034	57,459
Bahamas	217	284	285	312			285	311	354		
Barbados	459	381	442	503	482		476	433	505		
Belize	137	189	139	131	155	166	158	180	155	155	
Bermuda	138	119	118	132	96	108	104	100	103		
Brazil	155,761	163,779	169,962	177,416	184,199	182,629	187,966	180,709	185,621	189,948	194,675
Canada	62,474	63,589	64,877	65,769	66,725	67,096	66,366	69,301	70,248	70,755	
Chile	18,142	18,281	19,017	19,574	19,773	20,326	20,662	20,528	20,899	22,424	
Colombia	31,904	32,427	34,353	36,102	38,230	36,743	37,538	40,102	41,000	41,288	
Costa Rica	3,012	3,085	2,929	3,050	3,330	3,233	3,297	3,567	3,614	3,753	4,181
Cuba		16,587	17,256	18,066	18,495	18,933	19,512	20,160	20,981	21,085	21,967
Dominica		82	137	119	123	99	123	102	97	116	130
Dominican Republic	6,792	7,311	7,362	7,213	7,154						8,433
Ecuador	7,803	8,230	8,376	9,079	9,746	9,855	10,321	10,693	11,076	11,586	10,488
El Salvador	4,532	4,738	5,298	5,149	5,263	5,107	5,146	5,010	4,999	4,922	
Guatemala						6,842	7,285	6,791	6,859	7,065	
Guyana	866	419	364	391	393	421	367	419	449	395	
Jamaica							2,754				
Mexico	54,088	55,182	57,516	58,907	60,257	62,044	62,655	64,021	65,827	67,135	68,008
Montserrat	5	11	7	11	7	7	1	8	9	5	1
Nicaragua	2,934	3,123	3,148	3,292	3,442	3,030	3,202	3,149	3,121	3,253	3,142
Panama	2,342	2,300	2,376	2,625	2,727	2,525	2,757	2,845	2,898	2,686	
Paraguay	4,459	4,760	5,033	5,184	4,817	4,927	4,883	5,167	5,359	5,128	4,974
Peru	23,646	21,509	23,278	23,583	25,957	26,839	27,879	28,180		28,975	29,049
Puerto Rico	4,710	4,719	4,679	4,735	4,786	4,793	4,774	4,935	4,957	5,039	
Saint Kitts and Nevis	40	23	44	46	56	44	75	66	59	57	55
Saint Lucia	135	143	166	175	181	160			172		
Saint Vincent and the Grenadines	118	50	40	118	111	104	120	100	113	117	118
Suriname	247	273	323	299	305	289	334	307	399	341	
Trinidad and Tobago	1,201	1,206	1,273	1,315	1,355	1,364	1,318	1,406	1,417		
United States	550,865	551,348	554,901	554,510	551,550	556,872	557,271	560,226	562,865	564,765	
Uruguay	7,861	7,647		7,855	7,885					7,347	
Venezuela	17,415	17,790	19,191	19,506	20,859	20,765	21,552	18,952	19,501	20,004	
Virgin Islands (UK)	22	21	16	24	27		15	112	100	109	

Ramos, W. & Venegas, D. (2013) Cancer in the Americas Country Profiles 2013. Pan American Health Organization.

SOCIODEMOGRAPHIC INDICATORS¹



- **Total population:** 4,726,600
- **Average annual deaths:** 20,400
- **Life expectancy at birth (years):**
Total: 79 Male: 77 Female: 82
- **Adult literacy rate:** 96.1%
- **Gross National Income US\$ per capita:** 6,260

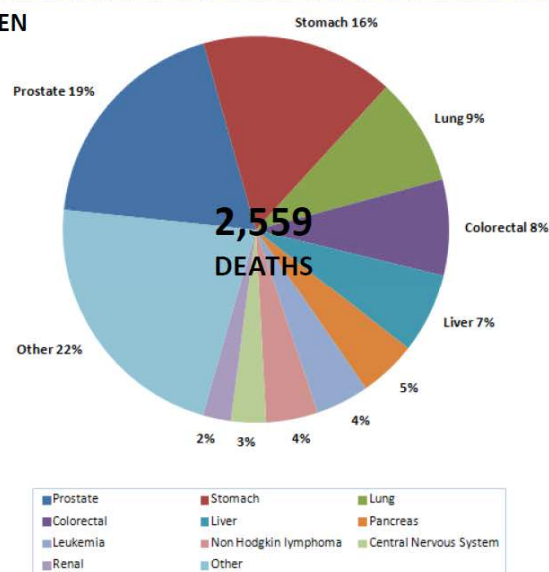
RISK FACTORS

Prevalence of:	Total (%)	Male (%)	Female (%)
Current adult tobacco smokers ^{2,a}	16.0	24.0	8.0
Adolescent tobacco smokers ²	14.6	15.9	13.1
Fruit and vegetable intake in adults ^{1,b}	22.3	24.2	20.4
Alcohol consumers, past 12 months ³	55.7	68.7	42.5
Low physical activity in adults ^{1,c}	50.9	38.6	63.4
Obesity among adults (BMI ≥ 30) ¹	26.0	21.2	31.0
HPV prevalence (women with normal cytology) ⁴	30.2

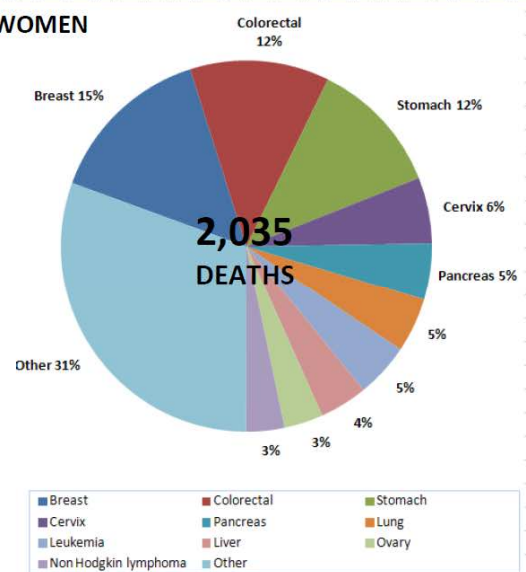
Notes: a: age-standardized prevalence of tobacco smoking in adults (15 years+), 2011; b: % who eat ≤ 5 servings of fruit and vegetables per day; c: % who are physically active for < 600 met minutes; BMI: Body Mass Index; HPV: Human Papillomavirus.

CANCER MORTALITY PROFILE (2011)⁵

MEN



WOMEN



Average annual percent change (AAPC) of age-standardized mortality rates, by cancer type (2000-2011)⁵

Cancer type	Sex	Number of deaths (2011)	ASMR (2011)	AAPC
All cancer types	Male	2,559	130.83	0.17
	Female	2,035	90.46	0.6
Breast cancer		296	13.10	1.03*
Cervical cancer		117	5.12	-3.45*
Colorectal cancer	Male	205	10.37	2.26*
	Female	247	10.75	1.43
Liver cancer	Male	173	8.92	0.29
	Female	85	3.82	-2.04
Lung cancer	Male	230	12.11	0.8
	Female	97	4.41	-2.47
Prostate cancer		485	25.45	2.2
Stomach cancer	Male	414	21.38	-3.35*
	Female	239	10.49	-3.09*

Notes: ASMR: Age-standardized mortality rate; AAPC: Average annual percent change; *: The AAPC is significantly different from zero at p=0.05.

Ramos, W. & Venegas, D. (2013) *Cancer in the Americas Country Profiles 2013*. Pan American Health Organization.

CANCER PRIMARY PREVENTION POLICIES

Tobacco control²

Smoke free environments?	All public spaces are completely smoke free
Raised taxes on tobacco?	72% of retail price is tax
Health warning labels about the dangers of tobacco?	Medium size warnings with all appropriate characteristics or large warning missing some appropriate characteristics
Bans on tobacco advertising, promotion and sponsorship?	Ban on television, radio and print media and some but not all forms of direct and/or indirect advertising

Overweight and obesity prevention and control⁶

Is there a policy, strategy or action plan for reducing overweight/obesity? (First year of implementation)	Under development
--	-------------------

Harmful use of alcohol prevention and control⁶

Is there a policy, strategy or action plan for reducing harmful use of alcohol? (First year of implementation)	Under development
--	-------------------

HPV vaccination in national immunization program?⁷

Year of introduction/Target age group/Delivery strategy	No
Estimated 3-dose coverage (calendar year)	N/A

HBV vaccination in national immunization program?⁷

Year of introduction/Target age group	Yes
Estimated 3-dose coverage (2012)	2000/Newborn-2m-6m; risk groups, health care professionals
	91%



ADDICTIVE PUBLIC HEALTH ISSUE

Types of Tobacco Products

- **Bidis** (small, thin hand-rolled cigarettes imported to the United States primarily from India and other Southeast Asian countries)
- **Chew (Smokeless Tobacco)**
- **Cigarettes**
- **Cigars, Cigarillos, and Little Cigars**
- **Dip (Smokeless Tobacco)**
- **Dissolvable Tobacco**
- **Electronic (E) Cigarette**
- **Hookah (oriental tobacco pipe)**
- **Kreteks** (cigarettes made with a blend of tobacco, cloves & other flavors)
- **Pipe**
- **Snuff (Smokeless Tobacco)**
- **Snus(Smokeless Tobacco)**
- **Spit Tobacco (Smokeless Tobacco)**

Cigarettes



INGREDIENTS of Smokeless Tobacco

- Polonium 210 (nuclear waste)
- N-Nitrosamines (cancer-causing)
- Formaldehyde (embalming fluid)
- Nicotine (addictive drug)
- Cadmium (used in batteries and nuclear reactor shields)
- Cyanide (poisonous compound)
- Arsenic (poisonous metallic element)
- Benzene (used in insecticides and motor fuels)
- Lead (nerve poison)



YOUNG ADULTS BETWEEN THE AGES OF 18-25 ARE THE MOST COMMON SMOKELESS TOBACCO USERS

*-According to the 2000 National Household Survey on Drug Abuse
conducted by the Substance Abuse and Mental Health Services
Administration*

NICOTINE CONTENT
OF CIGARETTES AND SMOKELESS TOBACCO

	Concentration of Nicotine (mg/g)	Typical Single Dose (g Tobacco)	Nicotine in Single Dose (mg)	Nicotine in Dose Typically Consumed in 1 Day
Cigarettes (15) ^a	15.7 (13.3-26.9) ^b	0.54	8.4	168 mg per 20 cigarettes
Moist snuff (8) ^a	10.5 (6.1-16.6) ^b	1.4	14.5	157 mg per 15 g
Chewing tobacco (2) ^a	16.8 (8.1-24.5) ^b	7.9	133.0	1176 mg per 70 g

^a Number of brands tested.

^b Range.

Source: Systemic Absorption and Effects of Nicotine from Smokeless Tobacco,
N.L. Benowitz, Advances in Dental Research, Sept. 1997, 11(3); 336-341

Cigars



- One cigar may contain as much tobacco as an entire pack of cigarettes.
- A single cigarette typically has less than a gram of tobacco, while a single cigar may contain as much as 5 to 17 grams of tobacco.
- Cigar smoke is more concentrated and toxic than cigarette smoke.
- Most cigars are composed primarily of a single type of tobacco (air-cured and fermented), and they have a tobacco wrapper. They can vary in size and shape and contain between 1 gram and 20 grams of tobacco. Three cigar sizes are sold in the United States:
 - **Large cigars** (20 grams of tobacco)
 - **Cigarillos** (3 grams of tobacco)
 - **Little cigars** (1 gram of tobacco)
- Cigar Smoke
 - Is possibly more toxic than cigarette smoke
 - Has a higher level of cancer-causing substances
 - During the fermentation process for cigar tobacco, high concentrations of cancer-causing nitrosamines are produced and found at higher levels in cigar smoke than in cigarette smoke
 - Has more tar
 - A higher level of toxins
 - Cigar wrappers are less porous than cigarette wrappers; this nonporous wrapper makes the burning of cigar tobacco less complete resulting in higher concentrations of toxins than cigarette smoke.

Electronic “E” Cigarettes

- Electronic cigarettes (e-cigarettes) are battery operated products designed to turn nicotine and other chemicals into a vapor. You then inhale the vapor.
- E-Cigarettes may contain ingredients that are known to be toxic to humans. Because clinical studies about the safety of e-cigarettes have not been submitted to the U.S. Food and Drug Administration (FDA), you have no way of knowing:
 - If they are safe
 - Which chemicals they contain
 - How much nicotine you are inhaling
- These products may be attractive to kids -- using e-cigarettes may lead kids to try other tobacco products
- Although e-cigarettes might be marketed as a tool to help smokers quit, they have not been submitted for FDA evaluation or approval and there is no evidence to support those claims.

“E” Cigarettes

- The World Health Organization (WHO) states that as of July 2013, the efficacy in using electronic cigarettes to aid in smoking cessation has not been demonstrated scientifically. They recommend that "consumers should be strongly advised not to use" electronic cigarettes until a reputable national regulatory body has found them safe and effective.
- The Liquid for producing vapor in electronic cigarettes, commonly known as e-juice or e-liquid, is a solution of propylene glycol (PG), vegetable glycerin (VG), and/or polyethylene glycol 400 (PEG400) mixed with concentrated flavors; and optionally, a variable concentration of nicotine



How an electronic cigarette works

The electronic cigarette contains a battery that activates a heating device, atomizing liquid nicotine inside a cartridge and producing a vapor that is inhaled.



Source: allhookah.net

Tim Summers / The Detroit News

Analyst Projection

E-CIGS WILL OVERTAKE TRADITIONAL TOBACCO REVENUE

Market share projections

The Big 3 tobacco manufacturers — Altria Group Inc., Reynolds American Inc., and Lorillard Inc. — are projected to each hold about a 25 percent market share in the electronic cigarette sector by 2023. Only Lorillard, of the three, currently has national distribution with its blu eCigs product.

► Electronic cigarette market share in percent

Manufacturer	2013	2015	2017	2019	2021	2023
Altria Group Inc.	0	5	20	20	25	25
Lorillard Inc.	30	28	25	25	25	25
Reynolds American Inc.	2	15	20	20	25	25

► Electronic cigarette revenue (in billions)

Manufacturer	2013	2015	2017	2019	2021	2023
Altria Group Inc.	\$0	\$0.1	\$1.3	\$2.1	\$4.0	\$5.2
Lorillard Inc.	\$0.2	\$0.5	\$1.8	\$2.9	\$4.4	\$5.8
Reynolds American Inc.	\$0	\$0.2	\$1.3	\$2.1	\$4.0	\$5.2

► Traditional cigarette revenue (in billions)

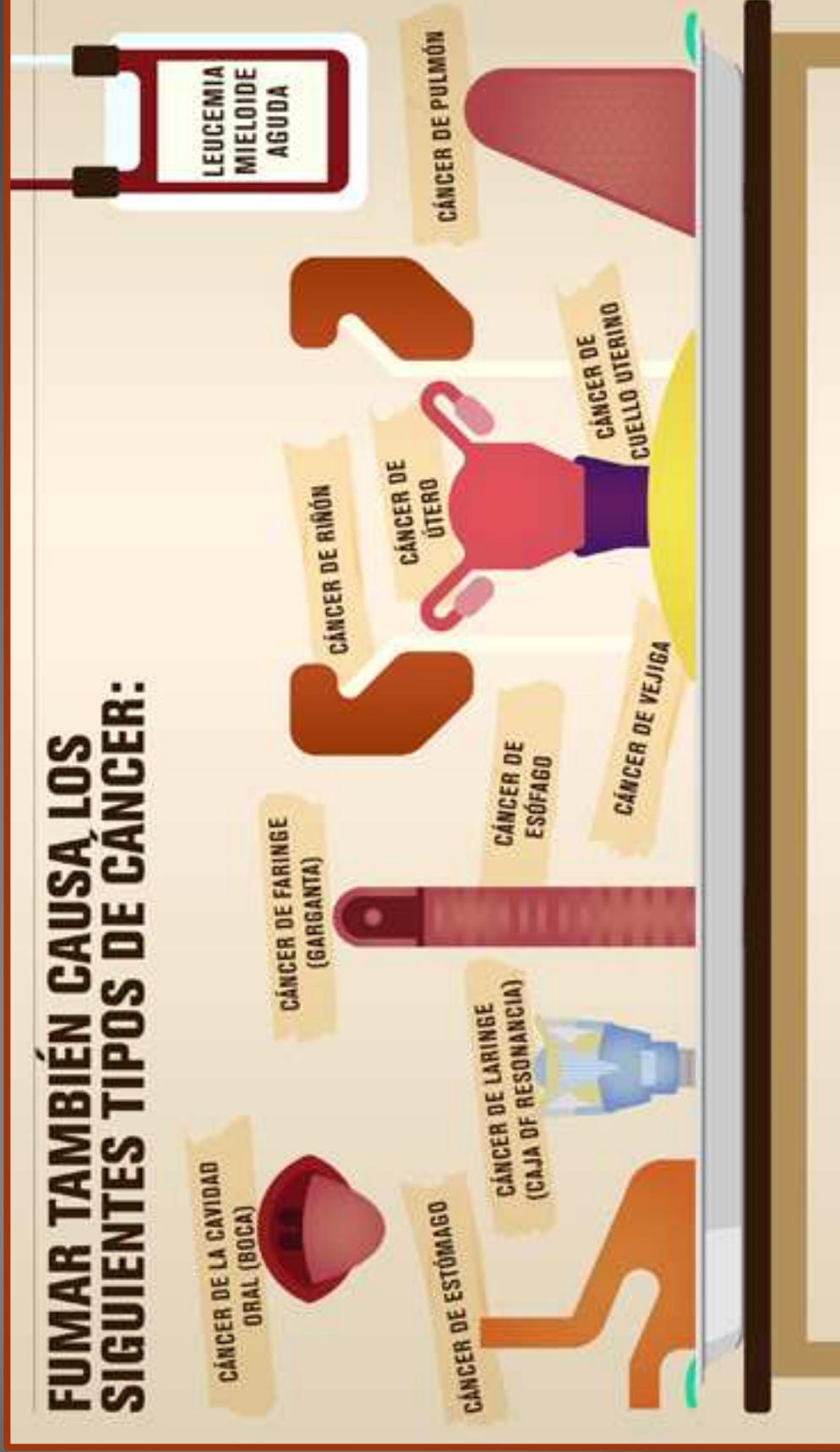
Manufacturer	2013	2015	2017	2019	2021	2023
Altria Group Inc.	\$14.9	\$14.8	\$13.1	\$11.6	\$9.5	\$7.4
Lorillard Inc.	\$4.7	\$4.8	\$4.3	\$3.8	\$3.1	\$2.4
Reynolds American Inc.	\$6.4	\$6.1	\$5.4	\$4.8	\$3.9	\$3.1

Source: Wells Fargo Securities

CASSANDRA SHERRILL/JOURNAL

Diseases of Tobacco Use

FUMAR TAMBIÉN CAUSA LOS SIGUIENTES TIPOS DE CÁNCER:



Smoker's lungs



Non-smoker's lungs



Active pack a day smokers
lung



Smokers lung just 90 days
after quitting

Tobacco as a Gateway to other Drugs

- The gateway drug theory is the theory that the use of less deleterious drugs may lead to a future risk of using more dangerous hard drugs.
 - Often attributed to the use of one of several drugs, including tobacco, alcohol, and cannabis
- According to the NIDA, "People who abuse drugs are also likely to be cigarette smokers. More than two-thirds of drug abusers are regular tobacco smokers, a rate more than triple that of the rest of the population."
- A new study in mice shows how tobacco products could act as gateway drugs
 - Nicotine, the researchers found, makes the brain more susceptible to cocaine addiction.
 - Suggesting that lowering smoking rates in young people might help reduce cocaine abuse
- **NICOTINE: HARDER TO KICK...THAN HEROIN**
 - Nicotine is as addictive as heroin, cocaine or amphetamines, and for most people more addictive than alcohol
- Analysis of 17,809 National respondents

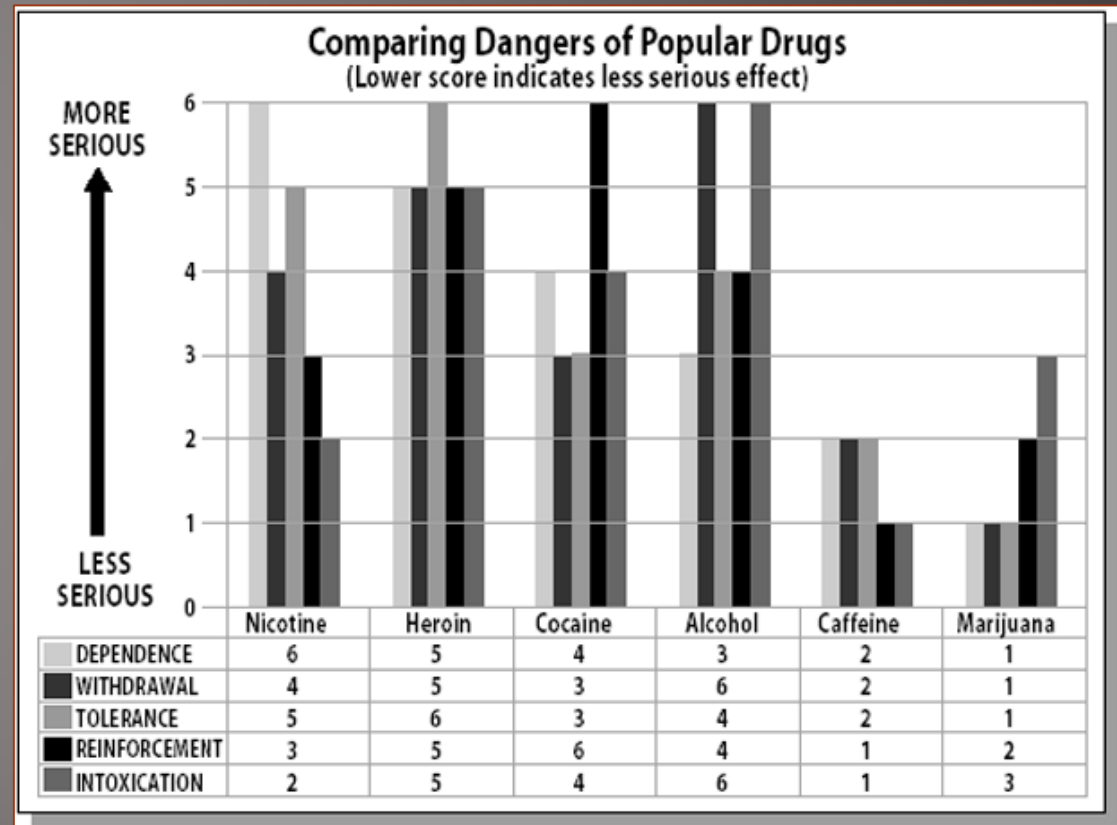
The National Institute on Drug Abuse (NIDA), *Nicotine Craving and Heavy Smoking May Contribute to Increased Use of Cocaine and Heroin*, 2013.

Lai S, Lai H, Page JB, McCoy CB. The association between cigarette smoking and drug abuse in the United States. *Journal of Addictive Diseases*, Vol. 19(4):11-24, 2000.

<http://www.nytimes.com/1987/03/29/magazine/nicotine-harder-to-kickthan-heroin.html?pagewanted=all&src=pm>

Tobacco vs. Other Drugs

- In a large, nationally representative sample of US adults, the cumulative probability of transition to dependence was highest for nicotine users, followed by cocaine users, alcohol users and, lastly, cannabis users.



Catalina Lopez-Quintero, et al., "Probability and Predictors of Transition From First Use to Dependence on Nicotine, Alcohol, Cannabis, and Cocaine: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)," *Drug and Alcohol Dependence*, 2011 May 1; 115(1-2): 120-130.



PROFITABLE

Every year, tobacco companies spend billions of dollars on advertising and promotion, and tobacco use costs the United States billions of dollars in medical expenses and lost productivity.

Tobacco-Related Spending

- In 2008, the tobacco industry spent **\$9.94 billion** on cigarette advertising and promotional expenses in the United States alone
 - 72.1% (\$7.17 billion) of this expenditure was spent on price discounts.
- Smokeless tobacco advertising and promotion increased from *\$354 million in 2006* to *\$547.9 million in 2008*.
- Including both cigarette and smokeless tobacco marketing, the tobacco companies spent **\$10.5 billion** on marketing in 2008, or nearly **\$29 million each day**.

Tobacco Industry Profits Greater Than Ever

- According to The Tobacco Atlas, estimates of revenues from the global tobacco industry likely approach a half trillion U.S. dollars annually. In 2010, the combined profits of the six leading tobacco companies was U.S. \$35.1 billion, equal to the combined profits of Coca-Cola, Microsoft, and McDonald's in the same year. If Big Tobacco were a country, it would have a gross domestic product (GDP) of countries like Poland, Saudi Arabia, Sweden and Venezuela.



Tobacco Sales: *Cigarette Companies*

Company Name	Brand Examples	Market %	Cigarettes Sold
Philip Morris USA	Marlboro, Basic, Virginia Slims	46.4%	1 40.8 billion
Reynolds American Inc.	Camel, Doral, Winston, Kool	25.5%	77.5 billion
Lorillard	Newport, Maverick, Kent	12.3%	37.4 billion
All other companies	USA Gold, Sonoma, Montclair	15.8%	47.9 billion

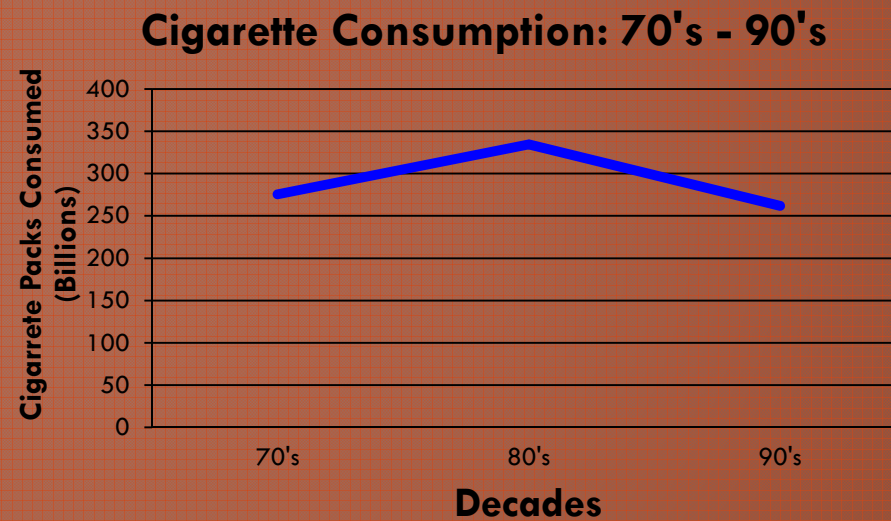
Tobacco Sales: Smokeless Tobacco Companies

Company Name	Brand Examples	Market %	Pounds Sold
United States Tobacco	Copenhagen, Skoal	44.3%	54.3 million
American Snuff	Grizzly, Kodiak	27.9%	34.2 million
Swedish Match	Timber Wolf, Red Man	17.7%	21.7 million
All other companies	Redwood, Kayak, Beech-Nut	10.5%	12.4 million

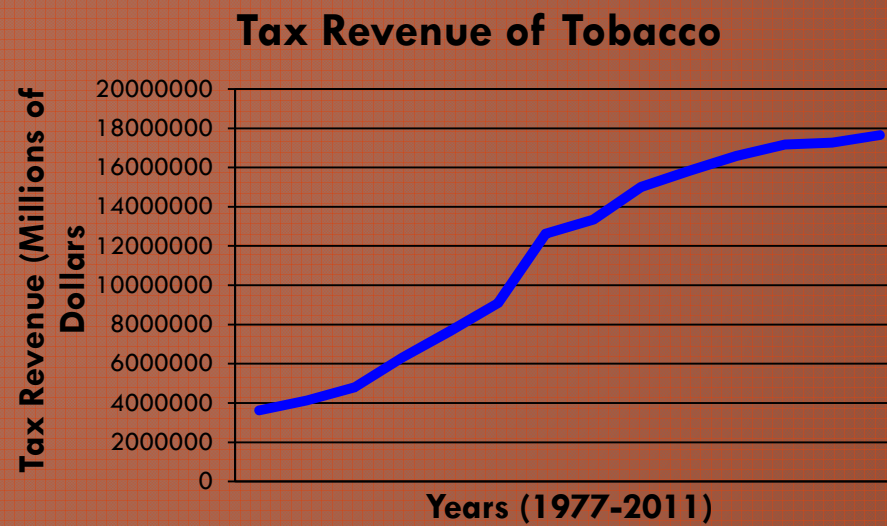
Profitability of Cigarettes: 70's – 90's

<u>RANK</u>	<u>BRAND</u>	<u>BILLIONS SOLD</u>
1	Marlboro	289.40 Billion
2	Winston	208.67 Billion
3	Salem	129.31 Billion
4	Kool	122.51 Billion
5	Pall Mall	98.10 Billion
6	Newport	24.09 Billion

Overall Cigarette Consumption Trends: 70's – 90's

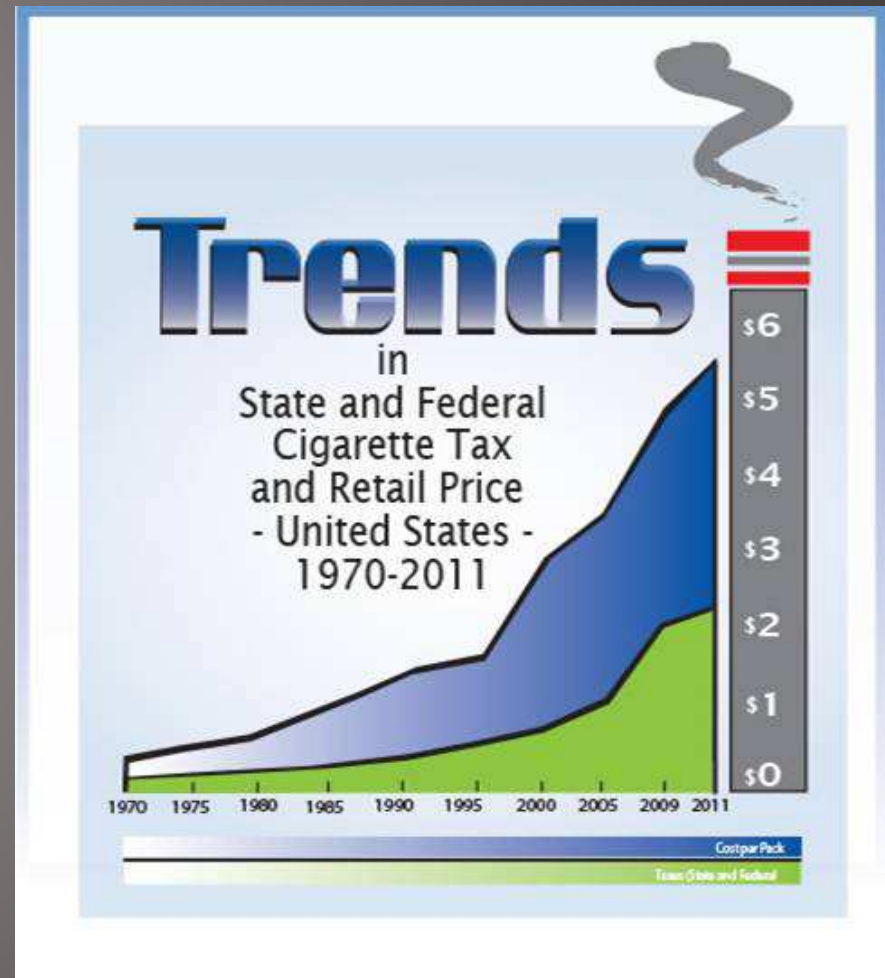


Tobacco Tax Revenue



Trends in State and Federal Cigarette Tax and Retail Price—United States, 1970–2011

- 1970
 - Average cost per pack was \$0.38
 - Average tax per pack was \$0.18
- 2011
 - Average cost per pack was \$5.62
 - Average tax per pack was \$2.35



WHO region	Average total tax rates levied by Parties on cigarettes (%)			Average cigarette prices in US\$ per pack of 20 pieces		
	Minimum	Maximum	Mean	Minimum	Maximum	Mean
African	32.0	80.3	55.5	0.01	3.73	1.31
Americas	7.0	75.0	57.9	0.41	8.41	2.87
South-East Asia	10.0	51.0	30.5	0.47	2.14	1.13
European	12.0	86.3	68.9	0.11	11.98	3.70
Eastern Mediterranean	33.0	67.0	49.8	0.37	1.96	1.21
Western Pacific	22.5	75.0	57.6	0.53	7.26	2.60
All regions	7.0	86.3	59.4	0.01	11.98	2.53



LEGAL

Rights vs. Public Health Responsibilities

Civil Rights

- Freedom to choose
- Freedom to regulate own behavior
- Freedom of expression (tobacco advertising)
- Freedom to trade

Public Responsibility

- Governments' duty to adopt and implement laws to fully **protect their citizens** from exposure to tobacco smoke in enclosed **public places, workplaces and public transport**
- Others incurring expenses of smoking behavior due to distributed nature of health care costs
- Public education about all dangers of smoking (children); reverse advertising
- Sales??



TOBACCO:

A Global, Legal, Profitable, Preventable,

Curable,

Addictive Public Health Issue



Global Strategies for Preventative Public Health

© 2011 by R. Mawardi and others



WHO Global Report
**Mortality Attributable
to Tobacco**



Cancer Control Plan for the State of Florida

- 1985
- Recommendation to tax tobacco
- Relation to Tobacco Industry
- Tobacco Industry and Legislation

Model of Success in Tobacco Control: Turkey

- Prior to implementation the proportion of deaths attributable to Tobacco in Turkey were 23%
- Turkey became a Party to the WHO Framework Convention on Tobacco Control on December 31, 2004
- Turkey has a national ban on smoking in all indoor workplaces and public places
 - There are a few exceptions to the comprehensive ban where ventilated designated smoking areas are allowed
 - Smoking is also restricted in certain outdoor areas where cultural, artistic, sports, or entertainment activities are held
- In 2008, Turkey benefited from some of the most stringent tobacco control measures in the world making indoor spaces 100% smoke free.
 - The impact on health has been clear with a 20% drop in the smoking related hospital admissions and smoking prevalence down to 27%.

<http://www.tobaccocontrolaws.org/legislation/country/Turkey/summary>

<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2013/06/turkey-a-model-of-success-in-tobacco-control>

Successful Interventions used in Turkey

- Tobacco Advertising, Promotion and Sponsorship
 - Turkey has a near comprehensive ban on tobacco advertising, promotion and sponsorship
 - A few aspects of tobacco advertising, promotion and sponsorship are heavily regulated, but not completely banned
 - For example, point-of-sale advertising is allowed, but it may not be seen from the outside or accessed by minors
 - Internet sales are prohibited, except by authorized dealers
 - Publicity of tobacco sponsorship is restricted
- Tobacco Packaging and Labeling
 - Smoked tobacco products must have a composite warning, which includes both full-color pictorial warnings and texts, occupying no less than 65 percent of the surface area

PAHO/WHO Awardee
for Contributions to Tobacco Control , May 2013

Congratulations
to Costa Rica &
Roberto Castro
Cordoba



Motivation to QUIT

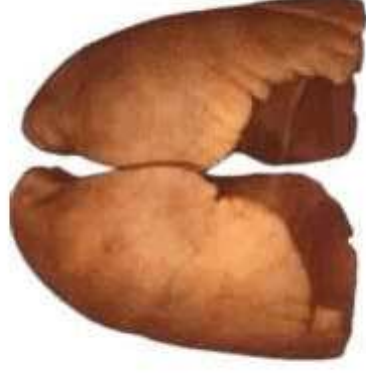
Smoker's lungs



Non-smoker's lungs



Active pack a day smokers
lung



Smokers lung just 90 days
after quitting

Global Initiatives

The WHO Framework Convention of Tobacco Control (FCTC) - the first ever treaty on public health - has been signed by all WHO members and so far ratified by 164 Parties. The Convention obliges all Parties to tackle exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In July 2007, the Second Conference of the Parties to the Convention adopted comprehensive guidelines on the protection from exposure to second-hand smoke that set a "gold standard" for Parties to follow. The Community contributed to the development of the guidelines. For more information on FCTC:

<http://www.who.int/fctc/en/>

U.S. CLEAN AIR ACT (1970)

- United States federal law designed to control air pollution on a national level
- It requires the Environmental Protection Agency (EPA) to develop and enforce regulations to protect the public from airborne contaminants known to be hazardous to human health
- The Clean Air Act was the first major environmental law in the United States to include a provision for citizen legal actions.
 - Numerous state and local governments have enacted similar legislation, either implementing federal programs or filling in locally important gaps in federal programs.
- The Clean Air Act has a proven record of public health and environmental protection since 1970.
 - Americans breathe less pollution and face lower risks of premature death and other serious health effects.

U.S. CLEAN AIR ACT – 1990 Amendment

- Benzene is an organic compound found most often in air as a result of emissions from burning coal and oil, gasoline vapors at gasoline service stations, motor vehicle exhaust, cigarette smoke, wood-burning fires, some adhesives, and other sources
 - Benzene is classified as a known carcinogen based on occupational studies in adults that demonstrated increased incidence of several types of leukemia in exposed adults
- The U.S. EPA classified benzene as a known human carcinogen:
 - “Epidemiologic studies and case studies provide clear evidence of a causal association between exposure to benzene and acute nonlymphocytic leukemia (ANLL) and also suggest evidence for chronic nonlymphocytic leukemia (CNLL) and chronic lymphocytic leukemia (CLL).
- On September 14, 1989, benzene was regulated for certain sources of air pollutant emissions under section 112 of the Clean Air Act (40 CFR Part 61: the “Benzene NESHAP”).
- Benzene is one of 188 hazardous air pollutants (HAPs) listed under section 112(b) of the 1990 Clean Air Act Amendments and regulated from more than 170 industrial source categories (73).

<http://www.epa.gov/ttn/atw/hlthef/benzene.html>

<http://www.atsdr.cdc.gov/toxprofiles/tp3.html>

<http://www.epa.gov/iris/toxreview/0276-tr.pdf>

TOBACCO

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Smoke-free environments

According to conservative estimates, over 79 000 adults, including 19 000 non-smokers, died in the EU in 2002 due to exposure to tobacco smoke at home (72 000) and in their workplace (7300).

A Eurobarometer survey,  (3 MB) of March 2009 found 84% of EU citizens in favour of smoke-free offices and other indoor workplaces, 79% in favour of smoke-free restaurants, and 61% supporting smoke-free bars and pubs.

- ❖ Protecting EU citizens from passive smoking

Currently, 17 EU countries have comprehensive smoke-free laws in place. Among these, Ireland, the UK, Greece, Bulgaria, Malta, Spain and Hungary have the strictest smoke-free provisions with a **complete ban** on smoking in enclosed public places, on public transport and in workplaces, with only limited exceptions allowed.

- ❖ Status on the various smoke-free regulations in the EU

In February 2013 the Commission published a report summarising the state of implementation of the Council Recommendation on smoke-free environments of 2009. The report finds that Status on the various smoke-free regulations in the EU:

- All EU countries have adopted measures to protect citizens against exposure to tobacco smoke. National measures differ considerably in extent and scope. The strictest measures were introduced by Ireland, the UK, Greece, Hungary, Bulgaria, Malta and Spain.
- Enforcement seems to be a problem in some Member States. Complex legislation (i.e. legislation with exemptions) is found to be particularly difficult to enforce.
- The actual exposure rates for EU citizens dropped from 2003 to 2012, e.g. for citizens visiting bars and pubs the exposure rate dropped from 45% to 28%.
- Belgium, Spain and Poland are examples of countries where the adoption of comprehensive legislation led to very significant drops in tobacco smoke exposure within short time period.
- The health effects of smoke-free legislation are immediate and include a reduction in the incidence of heart attacks and improvements in respiratory health. The economic effect of smoke-free legislation is positive or neutral.

[View the report on various smoke-free regulations in the EU as:](#)

- Detailed overview  (2 MB) of the legislation in the EU
- Table  (62 KB) of smoke-free legislation and its implementation in the EU
- Implementation report of the Recommendation by the Member States  (356 KB)

e-newsletter

21 November 2013

romotes prudent antibiotic use in over 40 countries

Latest updates

Regulatory committee for tobacco control - 15th meeting (26 February 2013): Summary record
Released 11 September 2013

'Quit Smoking with Barça' wins European Lung Foundation (ELF) Award for improving lung health


More

Highlights

World No Tobacco Day 2013



Tobacco in the EU: Exposure to second hand smoke reduced, but still too high, says Commission report



Proposal to revise the Tobacco Products Directive adopted by the Commission on 19 December 2012



Smoking Bans in the United States

- As of June 2013, 28 states have enacted statewide bans on smoking in all enclosed public places, including all bars and restaurants
- Smoking laws and the U.S. federal government
 - Although Congress has not attempted to enact a general nationwide federal smoking ban in workplaces, several federal regulations do concern indoor smoking.
 - Effective April 1998, smoking is banned by the United States Department of Transportation on all commercial passenger flights in the United States, and/or by American air carriers
 - On August 9, 1997, President Bill Clinton issued Executive Order 13058, banning smoking in all interior spaces owned, rented, or leased by the Executive Branch of the Federal Government, as well as in any outdoor areas under executive branch control near air intake ducts.

Policy Status: Smoke-Free Environments

	Brazil	China	Mexico
Health-Care facilities	Yes	Yes	No
Primary/Secondary Schools	Yes	No	Yes
Universities	Yes	No	No
Governmental facilities	Yes	No	No
Private offices	Yes	No	No
Public transport	No	No	Yes
Restaurants	Yes	Yes	No
Bars and pubs	Yes	Yes	No

http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/brazil
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/china
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/mexico

Policy Status: Bans on Tobacco Advertising and Promotion

	Brazil	China	Mexico
Domestic TV and Radio	Yes	Yes	Yes
Domestic magazines and newspapers	Yes	Yes	No
Outdoor advertising	Yes	No	Yes
Retail product display	No	No	No
Free distribution	Yes	No	Yes
Promotional discounts	Yes	No	Yes
Paid placement in media	Yes	Yes	Yes

http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/brazil
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/china
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/mexico

Policy Status: Health Warnings on Smoked Tobacco Products

	Brazil	China	Mexico
Text warnings describe health impacts	Yes	Yes	Yes
Warnings include a picture or graphic	Yes	No	Yes
% of principal display areas covered (front and back)	50%	30%	65%
Front	0%	30%	30%
Back	100%	30%	100%
Warnings written in principal language(s)	Yes	Yes	Yes
Ban on misleading packaging and labeling	No	No	Yes

http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/brazil
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/china
http://www.tobaccocontrolaws.org/legislation/factsheet/policy_status/mexico

Public Health Strategies

Comparison of Strategies

Smallpox (Polio)

- Infectious Disease
 - Treatment expensive and risky
- Vaccination
 - Scientifically developed at great cost
 - Controversial at start-up
 - Disseminated worldwide
 - Continuous Governmental and Global support
 - Voluntary
 - Initiated early in life
 - Lifelong endurance
 - Global elimination

Smoking

- Risky Behavior causing multiple chronic diseases
- Prevention and Cessation (*lifestyle Public Health sciences*)
 - To avoid costly treatments
 - Disseminated locally (currently)
 - EU commission, US states, county govts, institutions
 - Governmental support (diluted and sporadic)
 - Commercial profitmaking resistance
 - Voluntary
 - Initiated early in life
 - Lifelong challenge to resist
 - Global Epidemic

Strategies

- What are the behavioral lifestyle equivalence to proven public health strategies such as
 - Vaccination
 - Quarantine
 - Behavior modifications and other population based methodologies that have proven to be globally effective accounting for specific cultural behavioral entities.

CDC Best Practices— 9 Core components for a Comprehensive plan

1. **Cessation programs** - Activities that help individuals quit using tobacco
2. **Chronic disease programs** -Activities that focus on prevention and early detection of tobacco–related diseases.
3. **Community programs** - Activities that are primarily delivered at the local or regional levels
4. **Countermarketing** - Activities that attempt to counter pro-tobacco influences and increase pro-health messages
5. **Enforcement** - Activities that enforce or support tobacco control policies in the areas of minors' access to tobacco and ensuring clean indoor air
6. **School programs** - Activities implemented in an academic setting to reduce youth tobacco use and prevent initiation
7. **Statewide programs** - Activities accessible to individuals and/or organizations across a state and supported by the state
8. **Surveillance and evaluation** - Activities that monitor tobacco-related behaviors, attitudes, and health outcomes or program success
9. **Administration and management** -Activities that facilitate the coordination of the program components and provides fiscal oversight

Nancy B. Mueller, MPH, Douglas A. Luke, PhD, Stephanie H. Herbers, MPH, MSW, Tanya P. Montgomery, MPH.
The Best Practices Use of the Guidelines by Ten State Tobacco Control Programs. *Am J Prev Med* 2006;31 (4).

INTERVENTIONS for QUITTING

BEHAVIORAL METHODS AND COUNSELING

- Self Help Treatment
 - Videos or paper-based support materials
 - Self help can improve smoking cessation rates, but the effect is small
 - Create a List
 - Decide on specific quit date
 - Make an Oath
 - Let the body and mind heal during withdrawal
 - Involvement of family and friends
 - Healthy diet and exercise
 - Change daily habits
- Individual Therapy, Group Therapy, Aversion Therapy
 - Problem Solving or Coping Strategies
 - The Staged Approach
- Alternative therapies
 - Acupuncture
 - Hypnosis

INTERVENTIONS for QUITTING *continuation...*

PHARMACOTHERAPY

- Nicotine Replacement Therapy (NRT) - *the use of products that provide low doses of nicotine*
 - Nicotine Patches
 - Nicotine Gum
 - The Nicotine Inhaler
 - The Nicotine Nasal Spray
 - Nicotine Lozenge
- Smoking Cessation Pills
 - Antidepressants
 - Varenicline (Chantix)
 - Clonidine - *originally an antihypertensive, acts on the central nervous system to decrease CNS-related symptoms of withdrawal.*
 - Opioid antagonists for smoking cessation
 - bupropion and nortriptyline

Smoking Cessation and AGE

- Cigarette smokers over 65 years old who kick the habit may be able to reduce their risk of dying from heart-related problems to the level of those who never smoked
- Previous research found that older/former smokers who had consumed less than 32 pack years of cigarettes could reduce their risk of dying from heart disease to the level of lifelong nonsmokers after 15 years.
 - The pack year measure is derived by multiplying the number of cigarettes smoked per day by the number of years a person was a smoker
- The new research suggests that if you smoke less than 32 pack years, you might become like “never-smokers” within 15 years or sooner
 - For many it was 8 years after cessation
- Many people in the study lowered the risk of developing heart failure, or risk of dying from heart failure, heart attacks and strokes to the same level as those who never smoked in nearly half the time as previous research had indicated.
- Even for the heavier smokers, who smoked more than 32 pack years, compared to current smokers, they significantly reduced their risk of total mortality by 35%

Thompson D. (2013) Quitting Smoking may help seniors' hearts sooner than thought. Health Day retrieved on 11/26/13
<http://health.usnews.com/health-news/news/articles/2013/11/20/quitting-smoking-may-help-seniors-hearts-sooner-than-thought>



Youth and Tobacco

Among adults who become daily smokers,
nearly all first use of cigarettes occurs by
18 years of age (88%), with
99% of first use by 26 years of age.

Tobacco and Youth


- Cigarette smoking by youth and young adults has immediate adverse health consequences, including addiction, and accelerates the development of chronic diseases across the full life course.
- Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking among adolescents and young adults.
- Almost one in four high school seniors is a current (in the past 30 days) cigarette smoker, compared with one in three young adults and one in five adults.
- Significant disparities in tobacco use remain among young people nationwide. The prevalence of cigarette smoking is highest among American Indians and Alaska Natives, followed by Whites and Hispanics, and then Asians and Blacks. The prevalence of cigarette smoking is also highest among lower socioeconomic status youth.

Dental Observation of Athletes/ Coaches

- 1987, 1989
- Direct observation by Dentists of student athletes and coaches
- Early efforts warning signs of harm
- Recommendation to quit from Dentists

*Schiff WW, McDermott RJ, McCoy CB. Oral screening of athletes for early detection and prevention. Today's Florida Dental Journal, 1989.
McCoy, CB., et al. (1987) "Smokeless Tobacco and Oral Lesions Among Athletes." A report presented to the East Coast Dental Society and American Cancer Society.*

Strategies for Youth Prevention

- Smoke Free Florida
- Inoculation of the Youth
- 3 effective general population approaches to preventing tobacco use in adolescents and young adults 
- Reviews show that school-based intervention programs aimed at preventing tobacco use in adolescents are effective in the short term.

1

Increased prices through taxes on tobacco products

2

Laws & regulations that prevent young people from gaining access to tobacco products, reduce their exposure to tobacco smoke, and restrict tobacco advertising

3

Mass Media Campaigns

Be TobaccoFree.gov

ABOUT TOBACCO HEALTH EFFECTS QUIT NOW DON'T START SAY IT - SHARE IT

Home > Don't Start

Text Size: AAA
+
-
f
+
Search

Don't Start

Although you may see people using tobacco in movies, tv, and advertisements, most teens, adults, and athletes don't use it. The nicotine in tobacco products is addictive. The best way to be tobacco free is not to start. Click on the orange circles to find out why these teens don't smoke.

- Learn more about how tobacco affects you!
- Information for parents, teachers, and coaches





Informational/ Family Strategies



INSTITUTIONAL RESPONSIBILITIES/ STRATEGIES



Be Smoke Free



- » President Shalala's Dialogue Letters
- » Effects of Tobacco on Health
- » Resources to Help Quit
- » History
- » Support the initiative

Effective August 1, 2013 Smoking and/or the use of any tobacco product will be prohibited in all areas of the university campus.

- Read Smoke-free Policy
- President's letter

Do you need help quitting tobacco?

The University of Miami recognizes that quitting tobacco use can be a significant personal challenge, and that tobacco-cessation programs are an integral component in implementing this policy. [Learn more](#)



Get Connected



Find Help

Award Winning Smoking Cessation Program, "BeSmokeFree" is your premier "one-stop" resource for smokers looking to broaden their cessation education. Medical providers at the Student Health Service are also available to offer assistance with smoking cessation.

The BeSmokeFree Program offers free UMI-AHEC Quit Smoking Now classes at the following locations:

Medical Wellness Center Medical Campus



INSTITUTIONAL RESPONSIBILITIES/ STRATEGIES



Student Health Services

HOME ABOUT SERVICES

PHARMACY

IMMUNIZATION

INSURANCE & FEES

FORMS

HEALTHY PANTHER RESOURCES

After Hours Care Emergency FIU Home

Search FIU Student Health

Go

breathe easy

Tobacco & Smoke Free Campus

FLORIDA INTERNATIONAL UNIVERSITY
FIU

WEBSITE
FEEDBACK

HEALTHY PANTHER RESOURCES

Tobacco & Smoke Free Campus

Resources

Q&A

After Hours Care

Emergency Information

Healthful Apps

Healthy Cash Rewards

Medical Leave of Absence

Reports & Publications

Student Health 101

Student Involvement

Home » [Healthy Panther Resources](#) » [Tobacco & Smoke Free Campus](#)

Tobacco & Smoke Free Campus

[Tobacco and Smoke-Free Regulation \(PDF\)](#) | [FAQs \(PDF\)](#) | [Breathe Easy Flier \(PDF\)](#)

Top 10 FIU Reasons for Going Smoke-free and Tobacco-free

1. Improve the health of non-smokers
2. Reduce the rates of preventable diseases and deaths among non-smokers from second-hand smoke
3. Encourage faculty, student and staff smokers and tobacco users to make quit attempts
4. Reduce the smoking rates among faculty, students and staff
5. Reduce the number of workdays lost due to smoking
6. Reduce the health care costs caused by smoking and second-hand smoke
7. Encourage smokers to develop smoke-free lifestyles to benefit their family members
8. Develop a healthier workforce
9. Enhance FIU's identity and public image as a health-promoting culture
10. Join a global movement to develop tobacco-free colleges and universities

For more information about on-campus resources or to schedule an appointment for any of these services please call:

BBC: 305-919-5620 ext. 4

MMC: 305-348-2401 ext. 5

Or visit [StudentHealth.fiu.edu](#)

Institutional Strategies

Jackson Health System
Tobacco Cessation Program

Quit Smoking Now.

You Could
Live More Than
10 Years Longer.*

We've helped hundreds kick the habit. If you're a smoker, sign up for your first of six FREE smoking cessation classes. Learn self-hypnosis, get free nicotine patches and find a support group to help you quit faster.

Register now by contacting Mabel M. Castro, CTIS, Tobacco Cessation Coordinator, at 305-585-5319 or stopsmoking@jhsmiami.org.



Program supported by
grant funding from:

UNIVERSITY
OF MIAMI
AHRQ - AREA HEALTH
EDUCATION CENTER



*The Centers for Disease Control and Prevention (CDC) states that the average smoker will die 14 years earlier - 13.2 years for men and 14.5 years for women.

305-585-5319 • stopsmoking@jhsmiami.org

PUBLIC HEALTH PROMOTION

TFF Tobacco Free Florida x Ya
www.tobaccofreeflorida.com



To protect the people of Florida
from the dangers of tobacco.



Follow @tobaccofreefla

en Español »

Looking for something specific...



HOW TO QUIT



HELP SOMEONE QUIT



CURRENT ISSUES



GET INVOLVED



*Using tobacco is expensive.
Quitting doesn't have to be.*

We provide **FREE** nicotine replacement therapy through the Florida Quitline at:
1-877-U-CAN-NOW
1-877-822-6669

Receive a Free 2 week starter kit of nicotine replacement therapy, Call Us Today!
While supplies last and if medically appropriate.

LEARN MORE ABOUT THE QUITLINE »

Note: Due to the effects of Hurricane Sandy, Quitline participants may experience a delay in receiving NRT supplies, even those outside of the areas directly impacted by the storm.

3 FREE & EASY WAYS TO QUIT

Talk to a Quit Coach® who can help you quit tobacco.
1-877-U-CAN-NOW
1-877-822-6669
TTY/TDD 1-877-777-6534

Learn more »

An online program to help you quit tobacco is a click away.
www.quitnow.net/florida

Learn more »

Looking for local face-to-face help? Find classes near you.
www.AHETobacco.com

Learn more »

INTERACTIVE TIMELINE

Explore our interactive timeline

New Challenges:

New products
for delivery of
Nicotine, etc.

From: "Vapex eCig" <today@smartlifeneeds.net>
Date: December 3, 2013 9:43:47 AM EST
To: [REDACTED]
Subject: Vapex Electronic Cigarette Exclusive Trial
Reply-To: <today@smartlifeneeds.net>

This is an advertisement. This message was sent by SmartLife Choices.
To ensure continued receipt of our top offers, add us to your address book and contact list.
Report as [spam](#).
Visit here to unsubscribe or update your email address.



The advertisement graphic for Vapex eCigs features the brand logo at the top left, which includes a flame icon and the text "VAPEX™ PREMIUM E-CIGARETTE". To the right of the logo is the tagline "the #1 tasting e-cig available!". Below this, a large banner reads "NOW YOU CAN SMOKE ANYWHERE!". To the right of the banner is a black and gold Vapex eCig. Below the eCig are three checkmarks followed by the text "NO CHEMICALS", "NO TAR", and "NO YELLOW TEETH". To the right of this text is a circular seal that says "WINNER 2013 E-CIG TASTE TEST" and "BEST OF THE BEST". Below the seal is a black carrying case for the eCig, which is open to show the eCig inside. To the right of the case is a red banner that says "FREE STARTER KIT!".

WINNER 2013 E-CIG TASTE TEST
BEST OF THE BEST

VAPEX™ PREMIUM E-CIGARETTE

the #1 tasting e-cig available!

NOW YOU CAN SMOKE ANYWHERE!

VAPEX

✓ NO CHEMICALS ✓ NO TAR ✓ NO YELLOW TEETH

RISK FREE
STARTER KIT!

Vapex not only has the best tobacco flavor than any other e-cig out there, but it also has one of the best batteries and mechanisms than any other e-cig in its class. Our tobacco lasts 20X longer than e-cigs found in most other e-cigs.

FREE STARTER KIT

WHO FCTC MPOWER

- WHO evidenced based tobacco control measures that are proven to reduce tobacco use

M: Monitoring tobacco use and prevention policies

P: Protecting people from tobacco smoke

O: Offering help to quit tobacco use

W: Warning about the dangers of tobacco

E: Enforcing bans on tobacco advertising, promotion and sponsorship, and

R: Raising taxes on tobacco

Costa Rica

In March 2012, Costa Rica passed one of the strictest smoking regulations in the world by a 45-2 vote in favor. This legislation has banned smoking in buses, taxis, trains and their terminals, work places (including parking lots), public buildings, restaurants, bars, casinos, and all enclosed public-access buildings, granting no exceptions (no separate “smoking areas” are permitted). It also bans smoking in outdoor recreational or educational areas such as parks, stadia and university campuses. The bill requires cigarette packs to display text and photo warnings on at least 50 percent of packaging.* It introduced a 20 colones tax per cigarette and prohibits any form of tobacco advertising, the use of misleading terms such as “light” or “mild” and the sale of small packages or individual cigarettes (setting a minimum of 20 cigarettes per package). It also prohibits bars and restaurants from selling cigarettes. Violators (both the commerce and the smokers) will be fined a minimum of 180.000 colones (US\$355).**

- <http://www.ticotimes.net/More-news/News-Briefs/Costa-Rican-lawmakers-pass-sweeping-anti-tobacco-reforms-Monday-February-27-2012>
- <http://www.insidecostarica.com/dailynews/2012/february/28/costarica12022801.htm>

Costa Rica- Distinctions

- 1st to eliminate military post WWII
- Happiest
- Nobel Prize winner as President
- Female President
- Universal Health Care
- Universal Education
- Global leaders in Environmental Protections (Clean Air) and Public Health



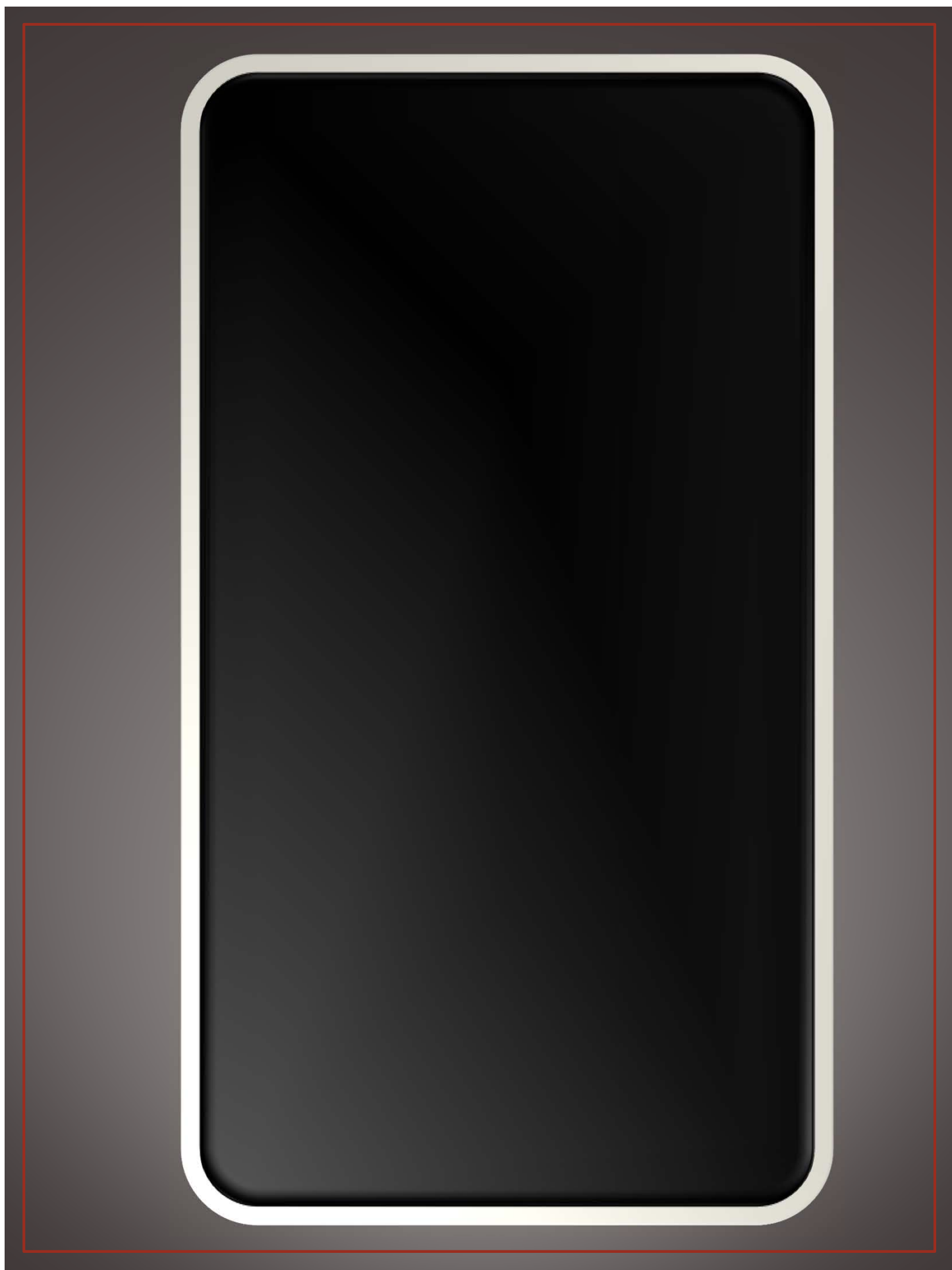
Costa Rican Health Minister Daisy Corrales, left, looks on as President Laura Chinchilla signs a sweeping antismoking bill into law

- Assemble the best science in the control of Tobacco
- Translate that to Public Health and culture of Costa Rica
- Costa Rica Youth Corps – Smoking Control
 - Schools – students/ teachers
 - Healthcare/ Student PSA; doctors
 - Healthcare professionals

Costa Rica- CHALLENGE

- CHALLENGE
 - 1st to be TOBACCO FREE!





“2” Main Reasons For Needing A Smoke Free Society!

