



***Fountain/Warren Tobacco Prevention & Cessation Program***  
***Newsletter***  
***July/August 2010***

***Greatest Environmental Hazard Has Been Cigarettes***

In June at hearings on the BP oil spill, Alabama Republican Parker Griffith noted that "the greatest environmental disaster in America has been cigarettes," and he's certainly correct with regard to many measures such as the loss of life, cost to the American economy, and adverse impact on the environment from tobacco growing and curing, and the manufacturing and use of cigarettes, says public interest law professor John Banzhaf of Action on Smoking and Health (ASH). Smoking kills almost half a million Americans a year in the U.S. and millions more worldwide. BP has now been persuaded to set up a \$20 billion escrow fund to help insure that the company and its stockholders will pay for the damages they are causing to the many innocent victims of the oil spill. But smoking costs the American public almost \$200 billion a year - most of which is paid by innocent nonsmokers in the form of higher taxes to pay for excess medical care under Medicare, Medicaid, and other programs, elevated health insurance premiums to cover the costs of diseases caused or exacerbated by smoking, excess disability and time lost from work, cigarette fires, and many other causes. In short, smoking annually costs about 10 times as much as the BP disaster and it re-imposes this cost year after year after year. At the heart of the congressional hearings featuring the tobacco executives was a conspiracy going back decades between all of the major tobacco companies to deceive the public and lie to Congress and the rest of the government about smoking and its causes and effects. In sharp contrast, the BP matter appears to be a single isolated incident, with no evidence of an industry-wide conspiracy. Using a variety of legal strategies later found to be deceptive as well as ruthless, cigarette makers were able to avoid all liability for any of the death, disability, and other economic losses its industry causes for many decades before the first tobacco law suits were successful. In contrast, BP has conceded financial responsibility for all of the reasonable costs of its tragedy, has begun to pay for some and has agreed to set aside at least \$20 billion to pay for those costs and to be bound by determinations as to liability made by an independent third party. It appears that the cause of the BP explosion and oil spill was negligence - perhaps even gross negligence - brought on by a desire to save both time and money by engaging in a variety of shortcuts which substantially increased the risk of the very catastrophic harm which ultimately occurred. In sharp contrast, it has been established in numerous court proceedings, where the cigarette makers have been found liable for billions of dollars, that their harmful activities went far beyond mere negligence, and instead involved fraud, deceit, racketeering activities, and other intentional wrongs. Indeed, it has been shown that they knowingly and deliberately caused death and disability by using chemicals to alter the pH of the smoke (increasing addictiveness) and to keep cigarettes burning far longer, that they willingly sought to addict pre-teens and other young children, etc. BP's culpability pales in comparison to that of the tobacco industry who still continues to impact our environment and communities adversely.

***Local Cessation Classes Offered***

The Fountain/Warren Co. Tobacco Prevention & Cessation Program in collaboration with the Fountain/Warren Health Department is once again offering tobacco cessation clinics to Fountain and Warren Co. residents. American Lung Association's, Freedom From Smoking is considered by many as a gold standard in tobacco cessation programs. Freedom From Smoking clinics will be conducted on an as needed basis. The clinics require a minimum of four registered participants. The clinics are free of charge and include the optional use of nicotine replacement products (NRT) in the form of patches, gum or lozenges to active participants at no cost. Clinics run for five consecutive weeks in the evenings. Contact Kathy Walker, at 765-793-4881, Ext 1220 or via email [kwalker@capwi.org](mailto:kwalker@capwi.org) if interested or for more information.

## ***How Tobacco Addicts***

A burning cigarette is a small chemical factory that produces more than 4,000 chemicals, including 43 known cancer-causing substances and over 400 other toxins, including the addictive drug nicotine. Lungs quickly absorb nicotine and other chemicals, which go directly to the heart, then the brain. As a result, smoking delivers drugs to the brain much faster than other modes of delivery, such as injection with a needle. Some cigarette companies even add ammonia to the cigarettes to change the nicotine into a form that has faster, stronger actions on the brain. The initial nicotine “hit” reaches the brain within seconds. After reaching this high, the amount of nicotine in the blood falls rapidly. About 45 minutes after a cigarette is smoked, the concentration of nicotine in the blood is half its peak value. Chewing tobacco and oral snuff have longer lasting but more gradual effects. Nicotine has many effects on the body, particularly on the heart and hormonal systems. Nicotine’s most important effects, however, are on the brain. The nicotine molecule is shaped like the neurotransmitter acetylcholine, which plays a key role in sending information from one nerve to the next. Nicotine is addictive because it changes the way information is transmitted in the brain. Nicotine activates an axon’s receptors in the same way acetylcholine does. Nicotine has a mild stimulant effect, increasing attentiveness, heart rate, and blood pressure. In addition, nicotine causes an increased release of many other neurotransmitters. Nicotine remains attached to the receptors for much longer than acetylcholine. The receptor sites cannot receive any new acetylcholine signals. This is why nicotine may also act as a depressant, inhibiting the flow of information between nerve cells. Brain cells adapt to the different mix of neurotransmitters nicotine stimulates. Without nicotine, there is a below-normal neurotransmitter release, which causes withdrawal symptoms, like irritability. This is also why smokers say smoking “relaxes” them. In fact, the “relaxation” results from treating the nicotine withdrawal symptoms, which is all part of a drug-induced “cycle of addiction”. As the nervous system adapts to nicotine, a smoker slowly increases the number of cigarettes smoked and hence the level of nicotine in the blood. The increase continues until the effects of nicotine in stimulating, then blocking, receptors are balanced by the number of new receptors available. As a result, the smoker develops a “target” concentration of nicotine and then smokes to maintain the target level. *Excerpt from “Tobacco Biology and Politics, Second Edition, by Stanton A. Glantz, Ph.D.*

## ***Stop Smoking & Control Weight***

Some smokers decide not to quit because they’re afraid that they’ll gain weight. Others return to smoking after stopping because they gain some weight and think they are better off smoking. No one is ever better off smoking. It is true that smokers are often thinner than nonsmokers of the same sex, age, and height. Smoking may affect the amount and types of food that smokers eat, and how their body processes the food, causing them to have a lower body weight. Quitting smoking changes a person’s appetite and metabolism in three main ways: slower metabolism, eating more, and eating more sweet foods. The chemicals in tobacco products can increase a smoker’s metabolism—the rate at which the body burns the calories in food. When the smoker quits, their metabolism slows back down to normal. That means the body is getting healthier, but it may also mean that some of the calories eaten do not get burned and may start being stored as extra fat. Smokers who gain a lot of weight after quitting also increase the amount of food they eat. Food in general may seem to taste and smell better, leading to bigger portions and extra helpings. Snacking may become a substitute for smoking. Many smokers develop cravings for sugary foods after quitting, and eating more sweets adds to their weight gain. Nicotine may affect the level of blood sugar in the body, so that nicotine withdrawal causes an increased craving for sweet foods. There are ten steps to keeping the weight off when quitting smoking. 1) Make not smoking your top priority, 2) Exercise daily, 3) Watch your weight, 4) Know what your eating, 5) Eat well-balanced meals regularly, 6) Cut down on fat, 7) Snack smart, 8) Avoid sweets and alcohol, 9) When you eat out, eat well, and 10) Eat slowly. Controlling weight gain along with quitting smoking isn’t always an easy thing to do. It may take some extra time and effort, but it CAN be done!

## ***Fact for Life #187***

Just a single cigarette may drag a teen into smoking addiction. A third of kids who tried smoking claim their first cigarette brought them a feeling of relaxation -- and two-thirds of those kids went on to become smokers. **Source:** DeFranza, J.R. et al; Susceptibility to Nicotine Dependence: The Development and Assessment of Nicotine Dependence in Youth 2 Study. *Pediatrics* Vol.120 No. 4 October 2007, pp. e974-e983.

## ***When Will Indiana Be Smoke Free?***

With Michigan's smoke-free air law going into effect May 1, 2010, Indiana is among the last states in the Midwest without a law that protects its workers from exposure to secondhand smoke. All of Indiana's Midwest neighbors – Illinois, Wisconsin, Michigan, and Ohio – have passed laws to protect workers in all workplaces, including restaurants and bars. Other states in the Midwest that have passed comprehensive smoke-free workplace laws include Nebraska, Kansas, Minnesota and Iowa. Indiana is once again falling behind. The need for protection from secondhand smoke in all public places and workplaces has never been clearer. Each year in the United States, an estimated 50,000 deaths are attributable to secondhand smoke breathed by nonsmokers. Of these deaths, 3,000 are due to lung cancer, 46,000 due to heart disease and approximately 430 to sudden infant death syndrome (SIDS). Approximately 1,200 people in Indiana die prematurely each year due to secondhand smoke exposure. The U.S. Surgeon General has concluded that smoke free workplace policies are the only effective way to eliminate exposure to secondhand smoke in workplace. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure. Blue collar and service employees are less likely than white-collar indoor workers to be covered by smoke-free policies. The Surgeon General has also concluded that workplace smoking restrictions lead to less smoking among workers. Indiana is making progress but is lagging behind the rest of the U.S. What does tobacco cost Indiana? Over \$2 billion annually in Medical costs related to smoking and \$487 million in Medicaid expenditures directly related to tobacco. For every pack of cigarettes sold in Indiana, Hoosiers spend \$7.57 in health care costs related to smoking. We can no longer afford the heavy burden brought on from the health and economic impacts of secondhand smoke. Now is the time to make our state smoke-free. Contact your legislator and express your support for a smoke free Indiana. They need to hear from YOU! The more our legislators hear support of smoke free are the more likely they will be to make it law for every Hoosier. Contact your legislator today in support of a smoke free Indiana!

### State Legislators for Fountain and Warren counties:

Representative F. Dale Grubb, PO Box 9, Covington, IN 47932 Email: [h42@in.gov](mailto:h42@in.gov)  
(Fountain and Warren counties)

Senator Phil Boots, PO Box 793, Crawfordsville, IN 47933 Email: [s23@in.gov](mailto:s23@in.gov)  
(Fountain and Warren counties)

Senator Timothy Skinner, 5899 Devonald Ave., Terre Haute, IN 47805 Email: [s38@in.gov](mailto:s38@in.gov)  
(Warren only)

Representative Randy Truitt, 615 Ridgewood Dr., West Lafayette, IN 47906 Email: [h26@in.gov](mailto:h26@in.gov)  
(Warren only)

## ***Smoking During Pregnancy***

Smoking during pregnancy is associated with poor health outcomes: Twenty to thirty percent (20-30%) of the cases of low birth weight babies can be attributable to smoking. Women who smoke during pregnancy have more than twice the risk of delivering a low birth weight baby. Babies with mothers who smoked during pregnancy have twice the risk of SIDS than infants of nonsmoking mothers. Women who smoke have a higher incidence of Ectopic (tubal) pregnancy. Pregnant smokers also have a 30-50% higher risk for miscarriage than nonsmokers. Prenatal exposure to secondhand smoke is also harmful to a child's mental development. Children of mothers who were exposed to secondhand smoke when pregnant have lower scores on cognitive development tests at age two, compared to children of mothers living in smoke free homes during pregnancy. Pregnant smokers who are ready to quit should know that it's never too late to quit smoking during pregnancy. Many pregnant women are tempted to cut down the number of cigarettes they smoke instead of quitting, but quitting entirely is the best thing a pregnant woman can do for themselves and their baby. The benefits of quitting smoking can be seen immediately. After just one day of not smoking, the baby will get more oxygen, blood and nutrients. The rate of Indiana mothers who reported smoking during pregnancy is considerably higher than the national average of 11%. County rates range from 4.1% to 32.5%. Seventy-one (71) of Indiana's 92 counties have a smoking during pregnancy rate higher than the Indiana average of 17.3%. As of 2006, Fountain Co. had a rate of 27% and Warren Co. had a rate of 12.8%. The Indiana Quitline (1800-784-8669) offers a 10-call protocol to pregnant women who smoke and work with her post-delivery as well as other members of the family.

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## ***Dissolvable Tobacco***

RJ Reynolds has introduced three variations of dissolvable tobacco products all grouped under the “Camel Dissolvables” banner, in test markets including: Columbus, OH; Portland, OR; and Indianapolis, IN. The three products are smokeless, spit-free, made from finely milled tobacco, and held together by food-grade binders. It is designed to be placed in the mouth, on the tongue or between the cheek and gum where it dissolves to release tobacco. Orbs were introduced to Indianapolis retail markets in January 2009. Strips and Sticks were introduced in August 2009. Marketing material and website content indicates that these products are being marketed as an “alternative” to smoking when the user is in a situation where they cannot smoke (a smoke free school, workplace, restaurant, on an airplane, while riding a bike). There is the potential for “dual use” of these smokeless products with cigarettes or other smokeless tobacco products. The health impact of such dual use has not been studied. Dissolvable tobacco products may contain up to three times the amount of nicotine found in one cigarette. A cigarette smoker typically takes in about 1 milligram of nicotine. Camel dissolvables are said to deliver about 0.6 to 3.1 milligrams of nicotine each. Therefore the nicotine delivery of the products is high. Smokers who use these products may get a higher dose of nicotine than they are used to, possibly resulting in nicotine poisoning which manifests through adverse reactions such as tremors, nausea, vomiting, agitation, and in more extreme cases, seizures, coma, and death. The high nicotine content combined with the nature of the products and the ease of use is a potentially deadly combination. For example, users may be tempted to ingest multiple Orbs at one time, like they would “tic tacs” or any other breath mints. Dissolvable tobacco is not a safe alternate to cigarettes. People who use spit tobacco are at risk of many health problems including cancers (lip, esophagus, pharynx, larynx, pancreas and stomach) and mouth diseases (leukoplakia, a disease of the mouth characterized by white patches and oral lesions on the cheeks, gums, and tongue). These products present an especially escalated risk for children and adolescents as these products are likely to appeal to children and adolescents because they are flavored and packaged like candy or “tic tacs”, and are easy to conceal (at school, at home, and in public places). They are labeled with the Camel brand and logo, which is already one of the three top selling brands with underage smokers. Data just release from the Centers for Disease Control and Prevention show that the most preferred brands of cigarettes are Marlboro, Camel and Newport, also the most heavily advertised brands. While these products are sold in “child-resistant” packaging, their resemblance to candy and breath mint strips and the likelihood that adults will carry the small packages in their pockets or leave them in other unsecured places, means that children may have easy access to them. The packaging is so difficult for even adults to open, that another possible scenario may involve an adult emptying the entire contents of the dissolvable tobacco product into a baggie or alternate container, or simply leaving the child-proof container open, thus posing a great risk that a child may ingest a lethal amount of nicotine.

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## **The Fountain/Warren Co. Tobacco Prevention & Cessation Program**

**Reduce Youth Tobacco Use  
Reduce Adult Tobacco Use**

**Reduce Exposure to Secondhand Smoke  
Build and Maintain State and Local Infrastructure**

*We meeting on the second Wednesday of every other month at:  
Community Action Program, 418 Washington Street, Covington, IN 47932  
Contact Kathy Walker, 793-4881 or via email at [kwalker@capwi.org](mailto:kwalker@capwi.org)*

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**Share this number with someone you know & love! There's never been a better time to quit!**