



Fountain/Warren Tobacco Prevention & Cessation Program
Newsletter
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Preemption and Smoke Free Air Policy

What is preemption? At the state level, preemption occurs when a state statute conflicts with a local ordinance on the same subject matter. Preemption within the states varies with individual state constitutions, provisions for the powers of political subdivisions, and the decisions of state courts. For example, if a state legislature enacts gun control legislation and the intent of the legislation is to occupy the field of gun control, then a municipality is preempted from enacting its own gun control ordinance. Preemption, as most tobacco control advocates know, is a dirty tactic that removes communities' right to enact local smokefree air laws. In other words, if a preemption law passes at the state level, your decision-making body (city council, board of health) will lose the power to enact a stronger more comprehensive smokefree law. When a community's elected officials move to protect their citizens against the health hazards of secondhand smoke, the usually influential tobacco companies are suddenly powerless. So they try to close the door to local ordinances via preemption at the state level. Local control is at the heart of our broader goal of educating the public about the health effects caused by secondhand smoke and changing attitudes regarding smoking in ways that harm other people. The most important reason for protecting local control is that it supports our larger goal: societal rejection of tobacco use. A powerful educational process unfolds as a local community considers a smoking control ordinance. Letters to the editor, newspaper and television coverage, town hall meetings and public hearings all ensue. In the process, the community is left not only with a strong, enforceable law bolstered by public support, but also with an increased understanding of tobacco issues. All this helps change social norms and attitudes, bringing us closer to our ultimate goal of a smokefree society. The tobacco control movement has embraced legislative advocacy whole-heartedly, and wisely so. Legislative campaigns, when done right, achieve a number of important goals: community education, changing social norms about tobacco use, institutionalizing protections. Unfortunately, some advocates accidentally play into the tobacco industry's hands while working to pass legislation. We lose when we start thinking that legislation is our goal or that the measure of our success is getting a bill, any bill, passed. Legislation is not our goal. Ending the disease, suffering and death caused by tobacco use and exposure to secondhand smoke are. Legislation is merely a tool to help us achieve our goal. As our state legislators convene for the short legislative session in January local advocates need to understand preemption and communicate with legislators in a way that protects local control should a statewide smoking ban be presented and once again debated at the state level. For more information on preemption, visit: <http://www.no-smoke.org/getthefacts.php?id=17>

Smoking and Blindness

Age-related macular degeneration (AMD) is a disease associated with aging that gradually destroys sharp, central vision. Central vision is needed for seeing objects clearly and for common daily tasks such as reading and driving. AMD affects the macula, the part of the eye that allows you to see fine detail. AMD causes no pain. In some cases, AMD advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to loss of vision in both eyes. Research has demonstrated that AMD is two to three times as frequent among tobacco smokers, and the risk is dose dependent. In other words, the more you smoke, the greater the risk and the faster the progression of the disease. For patients with certain genetic backgrounds, regular heavy smoking can increase the risk of AMD a stunning 144-fold. AMD is the leading cause of blindness among people over 60. Many smokers are unaware of the link between tobacco smoking and blindness. Age-related macular degeneration is a progressive disease and there is currently no cure for the disease. The most important known preventable risk factor for developing age-related macular degeneration is tobacco consumption. While age is the biggest risk factor for developing macular degeneration, smoking comes in second. Quitting smoking has been linked to a lowered risk of developing macular degeneration, no matter how old the smoker is.

Asthma and Exposure to Secondhand Smoke

Asthma is the leading chronic disease among children. According to the 2008 Indiana Behavioral Risk Factor Surveillance Survey, approximately 205,000 (13%) children in Indiana have been diagnosed with asthma. Asthma can have a tremendous impact on a child's health (hospitalization and emergency room visits), quality of life (difficulty sleeping, activity restrictions), and school attendance and performance. Asthma places a heavy burden on children, parents, caregivers, and the healthcare system. In 2005, total inpatient charges for Indiana residents resulted in an average cost of \$8,851 per asthma hospitalization. More than \$25 million dollars was spent treating Indiana residents during emergency room visits for asthma. These numbers only reflect a portion of the direct medical costs related to asthma in Indiana. A pregnant woman that smokes increases the risk of her child developing asthma. Tobacco smoke can cause preschool-aged children to develop asthma with prolonged contact. Contact with tobacco smoke weakens the lungs of young children, increasing the risk of developing allergies and sensitivities to other irritants. Because children take deeper breaths than adults, they breathe in more tobacco smoke than adults do when exposed to it. Asthma is a chronic disease, which means that people will live with it for their entire lives. Asthma cannot be cured, but can be controlled. Tobacco smoke is considered an extremely potent irritant and often is self-reported as one of the worst triggers by asthmatics. The easiest and healthiest way to protect children is to eliminate tobacco smoke from living, learning, and playing environments. Impose strict guidelines regarding smoking in the home and vehicles as well as other places children visit.

Tobacco Related Legislation at the Statehouse

Two pieces of current legislation moving through the legislative process are directly related to tobacco control in the State of Indiana.

Senate Bill 298, if passed in its current form, will (1) transfer all assets, obligations, powers, and duties of the Executive Board of Indiana Tobacco Prevention & Cessation to the State Department of Health; and (2) all appropriations made to the Indiana Tobacco Prevention and Cessation Executive Board will transfer to the State Department of Health and will be considered appropriations made to the State Department of Health. The bill passed 3rd reading in the Senate by a 32-18 vote and moved to the House for consideration, where it was assigned to the House Ways & Means Committee. The House Ways & Means Committee did not vote on SB298. They decided the bill should not move forward and it will die on the calendar when the committee deadline passes. There is still a chance that the language could be slipped into another bill before the General Assembly adjourns.

House Bill 1131, Smoking ban in public places. Prohibits smoking in: (1) public places; (2) enclosed areas of a place of employment; and (3) certain state vehicles. Provides exceptions for certain businesses. This bill includes a number of amendments as follows; preemption prohibiting local governments from adopting stronger laws for entities identified in the bill, exempts bars and taverns, private clubs, casinos, retail food establishments that do not allow or employ individuals less than 18 years of age, tobacco businesses, and family owned/operated businesses with enclosed areas not open to the public.

Tobacco control advocates do not support this bill with the current exemptions as it offers little protection to the individuals needing it most and would place the State of Indiana behind the goals of Healthy People 2010. The following Morbidity and Mortality Weekly Report

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5904a4.htm> from Centers for Disease Control and Prevention showed that a number of states with preemption of local smokefree laws of any type or fashion has reduced from 19 to 12 in the past 5 five years. There has been success even in eliminating the sort of partial preemption as being proposed in HB1131 as it is presently written. Indiana would be going against the national trend and backwards to adopt any form of preemption. Such a provision would cause Indiana to fail to achieve a top Health People 2010 priority [Objective 27-19] for smokefree air which the state now meets: no preemption of local authority and to eliminate laws that preempt stronger tobacco control laws. The bill was referred to Committee on Commerce and Public Policy & Interstate Cooperation on February 8th. A smokefree workplace proposal was amended into SB175 and it passed out of the House the last week of February. SB175 as presently drafted now requires smokefree workplaces, and includes bars and restaurants among the covered venues, but it does not cover casinos. The Senate did not agree to this amended bill and it will have to go through and come out of a conference committee in order to become law.

Fact for Life

Smoking may account for nearly half of all cases of acute and chronic pancreatitis (inflammation of the pancreas).

VOICE Youth Empowerment Event & Kick Butts Day

On February 27th, eleven students and two adults from Fountain Co. headed south to Bloomington, IN to take part in a statewide event hosted by VOICE. Youth spent the day at Rhino's Youth Media Center where they came together with other youth from around the state to collaborate on ways to present their message to peers and others in their own community. Voice is a youth movement dedicated to exposing the tobacco industry and empowering youth with truths never heard before. It's about taking a different look at an issue that people have been talking about for decades, smoking. It's not preachy or a group of fanatic non-smokers. If people want to continue smoking, that's fine. They have that right. But, **KNOW THE FACTS** first. The Fountain/Warren Co. Tobacco Prevention & Cessation Program supports the VOICE movement in each of our four high schools. It is more commonly known locally as TATU or SADD but the messaging is the same regardless. Our local groups have been instrumental in getting their schools to adopt tobacco free grounds policy, educating younger students by presenting educational information in the classroom, being a positive influence on peers, and promoting cessation. Our local groups will be actively participating in Kick Butts Day on March 24th or an otherwise designated day. On Kick Butts Day, thousands of youth in every state and around the world will **STAND OUT ... SPEAK UP ...** and **SEIZE CONTROL AGAINST BIG TOBACCO**. Kick Butts Day is a day of activism that empowers youth to take action against tobacco use at more than 2,000 events from coast to coast. Our hats are off to the efforts of our local young people and the adults who assist in their efforts.

Third Hand Smoke Study Has Legal Implications

Thirdhand tobacco smoke, what the New York Times called "the invisible yet toxic brew of gases and particles clinging to smokers' hair and clothing," reacts with a common indoor air pollutant to cause very potent cancer-causing chemicals, a new study shows. This finding has important implications for employers, parents, fetuses, and for e-cigarettes, says public interest law professor John Banzhaf of Action on Smoking and Health (ASH), America's first antismoking organization. Fortunately, says Banzhaf, the law provides protection against exposure to this substance, previously simply known as "tobacco smoke residue," which also contains heavy metals, hydrogen cyanide (used in chemical weapons), butane (used in lighter fluid), toluene (found in paint thinners), arsenic, lead, and even radioactive Polonium-210 (used to murder a Russian spy). A federal court has held that an employee whose health is adversely affected by third hand smoke has a cause of action under the Americans With Disabilities Act [ADA] against an employer who refused to reduce his exposure in the workplace, and a complaint by Action on Smoking and Health recently forced a university to protect a woman and her unborn child whose health was threatened by tobacco smoke residue on the clothing of an office mate who smoked outdoors. One doctor stated that "her sensitivity is also to the tobacco smoke residue on the person or clothing of a smoker, not just the smoke in the air. Therefore, to protect her health, especially during her pregnancy, she should not be assigned to an office with someone who smokes during the work day." Another doctor said that "smoking and second hand smoke has known effects on the placenta that carries nourishment to the baby. Therefore, to protect her health and the health of her baby, she should not be assigned to an office with someone who smokes during the workday, even if that person doesn't smoke in that room." In addition to these two situations in which a nonsmoking woman and her unborn child, were expressly protected from third hand tobacco smoke, several courts have also recognized the right of children to be protected from third hand smoke. Among the judges in dozens of states which have issued court orders protecting children involved in custody disputes from smoking in the home, many have stipulated that there be no smoking 24 or even 48 hours before the child's expected arrival, thereby providing protection from third hand smoke. Also, in many of the states which protect foster children from tobacco smoke, smoking is banned in the home even when the child is not present, another indication of the need to protect children from third hand as well as second hand tobacco smoke, says Banzhaf. Indeed, in a broader sense, says Banzhaf, who heads Action on Smoking and Health, as the dangers of tobacco smoke residue become more widely known, both judges and legislators are likely to extend to nonsmokers the same protections from third hand tobacco smoke the law now extends regarding tobacco smoke itself.

Diabetes and Tobacco Use

If you or someone you know has diabetes, it is important to understand that using tobacco increases the risk of aggravated diabetes conditions, developing additional chronic health problems and shortening life span. It is common for people with diabetes that smoke to experience vision and dental problems, kidney malfunction and circulation difficulty that may lead to amputations of the toes or feet. This is why it is vital to stop using any type of tobacco product. Tobacco use damages blood vessels throughout the body. People with diabetes who smoke are 11 times more likely to have a heart attack or stroke than people who don't have diabetes and don't smoke. Tobacco use increases the risk of nerve damage in people with diabetes. This can result in impotence in men, digestive problems, and loss of feeling in the feet. Tobacco use increases the risk of blindness and increases the chance of tooth decay in people with diabetes.

Altria plans to expand Marlboro Snus nationwide

Cigarette maker Altria Group says it plans to expand its Marlboro Snus smokeless tobacco nationwide as it looks to alternatives to cigarettes for future growth. The Richmond-based owner of Philip Morris USA, which makes the top-selling Marlboro brand, began testing the product in select markets in 2007. Indiana has been one of the test markets for this product. Snus (pronounced "snoose") are teabag-like pouches that users stick between their cheek and gum. The company says it expects that national distribution will be in place by the end of March. In an effort to move beyond cigarettes, Altria and other tobacco companies have introduced a number of smokeless products to keep smokers as buyers of other tobacco items. They are trying to convert smokers to products such as moist snuff, chewing tobacco and snus. This is not a safe alternative to smoking or an effective smoking cessation aid. Snus is a smokeless tobacco product and like all smokeless or spit tobacco can cause oral cancers, gum recession, and a host of other adverse health conditions.

**Do you want more smoke free environments in our community?
Do you know someone who needs help to quit the use of tobacco?
Do you want to know how to prevent tobacco use among youth?
Do you want to help make a difference in our community?**

Join the efforts of the Fountain/Warren Co. Tobacco Prevention & Cessation Program

**We are working to:
Reduce Youth Tobacco Use
Reduce Adult Tobacco Use
Reduce Exposure to Secondhand Smoke
Build and Maintain State and Local Infrastructure**

*Meetings are held 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*



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