FOUNTAIN WARREN TOBACCO PREVENTION & CESSATION PROGRAM NEWSLETTER

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THE E-CIGARETTE EPIDEMIC

According to a study recently published in Tobacco Control, youth 15- to 17-year-olds have over 16 times greater odds of being current JUUL users compared with those between 25 and 34 years old. In addition, the research shows that teens are not just experimenting with the device, but using it regularly. Among 15- to 17-year-olds who used JUUL in the past 30 days, 56 percent used the e-cigarette on three or more days and almost half of that group used it on 10 or more days in the past month. According to the JUUL website, one standard JUUL cartridge, or JUUL pod, equals roughly the nicotine content of 20 cigarettes and delivers nicotine up to 2.7 times faster than other ENDS (electronic nicotine delivery devices), increasing the potential for addiction. Nicotine is harmful to developing brains: younger users are more likely to become addicted, have more difficulty quitting and are at higher risk for addiction to other substances in the future. According to new findings from the 2018 National Youth Tobacco Survey (NYTS) released recently, there was a 78 percent increase in current e-cigarette (includes JUUL) use among high school students and a 48 percent increase among middle school students. The FDA has outlined a new policy framework to address the main areas of concern which are, youth appeal and youth access to flavored tobacco products. The FDA will be taking steps on the following product categories:

- Flavored ENDS products (other than tobacco, mint, & menthol flavors or non-flavored products) not sold in an age-restricted, in-person location;
- Flavored ENDS products (other than tobacco, mint, & menthol flavors or non-flavored products) sold online without heightened age verification processes;
- Flavored cigars;
- ENDS products that are marketed to kids; and
- Menthol in combustible tobacco products, including cigarettes and cigars.

These are good initial steps aimed at curbing the e-cigarette epidemic. Prevention and education are key. For more information about electronic nicotine delivery systems (ENDS) visit: https://www.in.gov/isdh/tpc/2340.htm

SECONDHAND SMOKE EXPOSURE IN MULTI-UNIT HOUSING

Secondhand smoke is a mixture of smoke from burning cigarettes or other tobacco products, such as cigars, pipe, or hookah, as well as exhaled smoke. Secondhand smoke causes death and disease among non-smokers, and it has been shown to cause heart disease, lung cancer, and stroke. Among children, secondhand smoke can increase the risk of respiratory illnesses, ear infections, and sudden infant death syndrome (SIDS), and can increase the frequency and severity of asthma attacks. The U.S. Surgeon General has concluded that there is no risk-free level of exposure to secondhand smoke. When people share space like in a multi-unit housing complex (apartments) they can be exposed to secondhand smoke from a neighboring unit. There is growing support and justification for adoption of smoke free multi-unit housing as follows:

- Implementing 100% smoke-free indoor air policies is the only way to effectively eliminate indoor secondhand smoke exposure.
- Strategies such as ventilation or cleaning the air cannot completely remove secondhand smoke.
- Secondhand smoke cannot be contained – it spreads throughout buildings and between units through shared ventilation, heating and air conditioning systems, doorways, and cracks and crevices.
- According to the Centers for Disease Control and Prevention (CDC), over 1 in 3 (37%) non-smokers who live in rental housing are exposed to secondhand smoke, compared with just under 1 in 5 (19%) non-smokers who own their home.

Why go smoke-free? There are lots of reasons but here are a few to consider:

- Reduced maintenance costs: Apartment turnover costs for units where smoking is allowed may be two to seven times higher than for smoke-free units.
- Reduced fire risk: According to the National Fire Protection Association, smoking was responsible for an average of 6,800 fires in multi-unit housing structures in the United States each year between 2010 and 2014. These fires resulted in an average of 470 injuries, 130 deaths, and $194 million in property damage annually.
- Protect tenants' health: If a landlord or owner has a tenant who is sensitive to secondhand smoke or has breathing disorders, they may be required under the Americans with Disabilities Act and/or the Fair Housing Act to provide accommodations to protect the tenant from secondhand smoke in their residential properties.
- Demand for smoke-free housing: Most tenants prefer to live in smoke-free housing.4 In 2015, over 7 in 10 (72%) Hoosier multi-unit housing residents reported that they believed smoking should not be allowed in individual units or common areas.

The Housing and Urban Development (HUD) federal agency mandated that all pubic housing authorities adopt 100% smoke free units effective July 1, 2018. We encourage all multi-unit property owners and/or managers to follow the lead. Our program is here to assist in the process. Additional information can also be found at: http://insmokefreehousing.com/landlords-coalitions/smoke-free-housing-indiana-toolkit/

SMOKE-FREE HOUSING INDIANA

http://insmokefreehousing.com/about/

Smoke-free apartment policies are quickly becoming the standard for multi-unit housing in the U.S. A smoke-free policy is simple and straightforward.

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OPIOID USE DISORDER AND TOBACCO DEPENDENCE

The opioid epidemic has been a growing public health crisis for years, and given the recent rise of overdose deaths, there's no time like the present for health care providers to address associated risk factors, such as smoking.

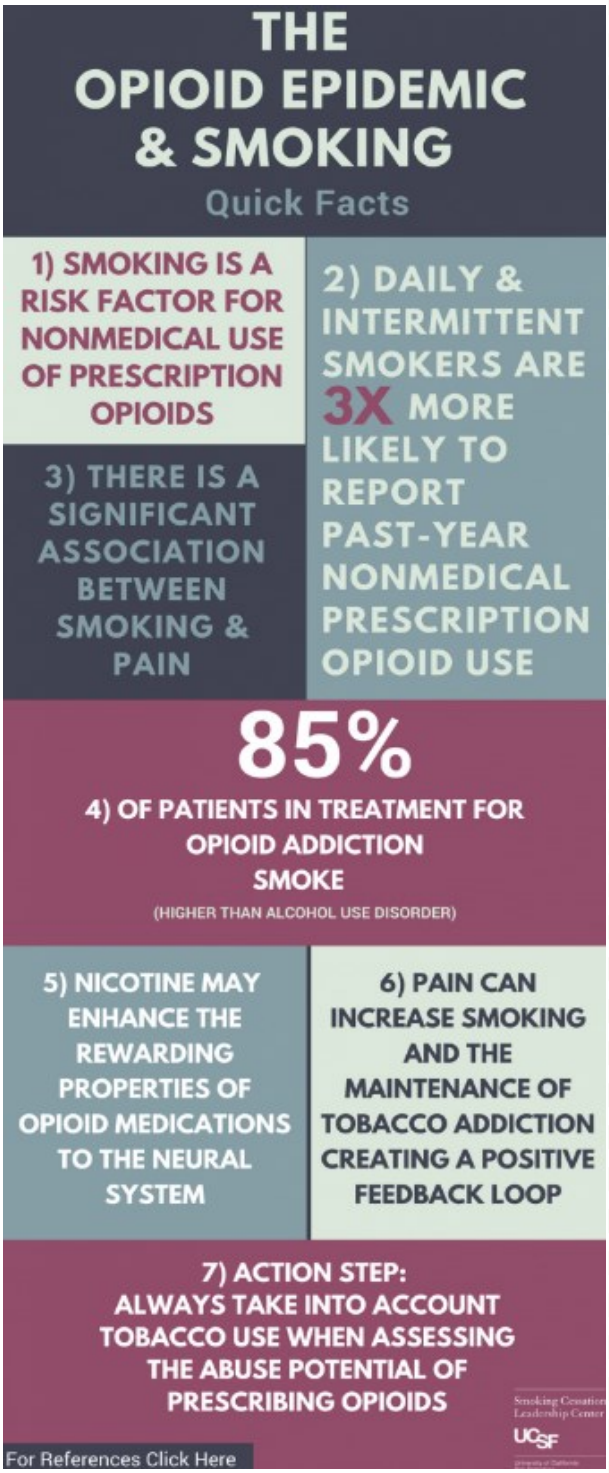
While the percentage of Americans who smoke has declined significantly over the past few decades, physicians treating chronic pain must be aware of patients' smoking habits as there are direct correlations with pain perception, scores, and medication use. Patients who smoke also have a higher likelihood of opioid misuse.

Currently, research and literature on the association between smoking/nicotine dependence and prescription opioid misuse among the general population are limited, but the available facts are alarming as noted in the infographic to the right.

Empirical evidence has shown that there is a significant association between smoking and pain, and smokers tend to have a higher intensity of pain compared to non-smokers, putting them at higher risk of opioid misuse/dependency. Nicotine is a major component of chemicals contained in cigarettes. The quick absorption of nicotine in the blood stimulates the adrenals to release epinephrine, which then incites the central nervous system (CNS) causing increased heart rate, respiratory rate, and blood pressure. Nicotine also increases the levels of dopamine, which controls pleasure and reward, just as in heroin and cocaine. The chronic exposure to nicotine, may lead to addiction to nicotine, in particular, and act as a gateway to possible addiction in general. While nicotine directly affects epinephrine and dopamine levels in the brain, there is data to suggest its role in opioids circuitry as well.

Nationwide, people who smoke report higher rates of abuse of other substances such as alcohol and illicit drugs. Among people age 12 or older in the U.S. in 2016:

- 25.8% of current smokers reported any illicit drug use, compared with 7.0% of nonsmokers.
- 3.9% of current smokers reported heroin or other opioid misuse, compared with 0.7% of nonsmokers.
- 43.4% of current smokers reported binge drinking, compared with 19.7% of nonsmokers.



A key takeaway for providers: addressing tobacco use with patients being treated for pain may be useful in reducing pain, as well as reducing the need for pain medication. Incorporating tobacco dependence treatment into substance abuse treatment increases overall abstinence rates.

Sources: https://smokingcessationleadership.ucsf.edu/news/opioid-epidemic-and-smoking and https://www.ncbi.nlm.nih.gov/pubmed/29579724 and https://www.practicalpainmanagement.com/treatments/inter-connection-between-smoking-opioid-misuse and https://www.in.gov/isdh/tpc/files/MH%20and%20Substance%20Use%20Disorders_10_09_2018.pdf

Smoking, Asthma, and Kids

Exposure to cigarette and other combustible tobacco smoke can make a child sick. Smoke sticks to hair, skin, clothes, even the walls and furniture in the home. Secondhand smoke causes many health problems in children and can make other health problems, like asthma worse. Asthmatics report secondhand smoke as the worst asthma trigger. When children breathe secondhand smoke , they:

- **Get sick more often and for more days**
- **Have more coughs, colds, and ear infections**
- **May have breathing problems and more frequent asthma attacks**
- **May have difficulty learning**

These issues can be avoided by taking the following steps to keep your children away from secondhand smoke:

- **Do not smoke in the home or car at any time**
- **Do not allow others to smoke in your home or car**
- **Ask your child care and babysitters not to smoke around your children or in areas where your child will be**
- **Keep your child away from homes and places that allow smoking**
- **Change your clothes and take a shower when coming home from being in a place that allows smoking**

If you use tobacco, the best way to protect your children and yourself is to quit.

Get FREE help to quit tobacco by calling 1-800-QUIT-NOW (1-800-784-8669) or visit https://www.quitnowindiana.com/

1-800-QUIT NOW
Indiana's Tobacco Quitline

JOIN THE EFFORTS OF FOUNTAIN/WARREN CO. TOBACCO PREVENTION & CESSATION PROGRAM

MEETINGS ARE HELD MONTHLY AT*:*

CAP

Community Action Program, Inc. of Western Indiana

418 Washington Street

Covington, IN 47932

Contact Kathy Walker, Program Coordinator

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Community Action Program, Inc. of Western Indiana administers the Fountain/Warren Tobacco Prevention & Cessation Program. All services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.