

# THE LINK

Connecting facts and ideas  
for those working to create  
an environment in Maine that  
supports tobacco-free living.

 **Healthy Maine Partnerships**  
Maine Department of Health and Human Services  
Partnership For A Tobacco-Free Maine

Fall ISSUE 2009

## Enforcing the Family Smoking Prevention Act

*A conversation with John Archard of the Attorney General's office*

This October, PTM staffer Becky Pearce interviewed John Archard, the Juvenile Smoking Coordinator with the Attorney General's office, about the FDA's Family Smoking Prevention and Tobacco Control Act of 2009.

**Becky Pearce:** *What are the impacts of the FDA on Maine?*

**John:** The immediate impact is that we expect the FDA will enter into a contract with the states to do enforcement, especially with the youth access laws. This is what they did in 1998 before the Supreme Court pulled the plug on the FDA. It's not a done deal, but my understanding is that the intent is to have it come back to the states.

**B:** *What about NO BUTS? Will it possibly serve as a national model?*

**J:** We have submitted NO BUTS to FDA, and the person that is looking at NO BUTS is the woman whom I've been working with for years on the SYNAR program (laws prohibiting sales to minors).

She's reviewing these programs now. I have already made some recommendations to FDA about what a program that they accept should include, and, of course, it includes everything that's in NO BUTS. They need to decide: what is an acceptable program, and under the federal rule will there be some dispensation for

*Continued on page 3*



## HelpLine Named National Quit Line Leader

The North American Quitline Consortium (NAQC) recently recognized the Maine Tobacco HelpLine for being a top performer among all quit lines in North America. The HelpLine was ranked 4th out of 40 states, achieving a 3.64% reach to smokers in 2008-09. Of 188,500 (18.1%) adults in Maine who smoke, approximately 6,861 utilized the services of the HelpLine. Most state quit lines have a 1-2% reach. This is good news, and we thank the NAQC for the recognition. The bad news is that we still need to reach the rest of our smokers—about 96.36%.

**1-800-207-1230**

THE MAINE TOBACCO HELPLINE

As a further honor, NAQC has invited PTM to discuss our strategies and lessons with other NAQC members in a 2010 telephone conference. The American Recovery and Reinvestment Act (ARRA) is providing funding and challenging states to increase by 80,000 the number of people who quit smoking through a quit line. PTM will keep you posted on our progress and ways to boost our numbers.

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## Another Successful Maine Youth Anti-Tobacco Summit

The 6th Annual Maine Youth Anti-Tobacco Summit, “Under the C–Stop. Quit. Resist!” was held on November 10th & 11th at the Augusta Civic Center. The event was sponsored by the Partnership For A Tobacco-Free Maine (PTM) and organized by the Maine Youth Action Network and the 2009 Youth Planning Team (YPT). Nearly 230 youth and adults from 14 counties across Maine came together to join in the fight against Big Tobacco.

PTM continues to fund and support this event. As part of our mission to reduce tobacco-related death and disability in Maine by creating an environment supportive of a tobacco-free lifestyle, we believe in the importance of the power of youth voices in the fight against big tobacco. The event provides an opportunity for youth from grades 7-12 to gain knowledge, information, resources, skills, and connections through workshops with other Maine youth.

The Summit was kicked off Tuesday evening by the 2009 Youth Planning Team, followed by a welcome from Dorean Maines, PTM’s Program Manager. Jeffrey Wigand, former executive of Brown & Williamson, made the



keynote presentation on Wednesday morning. Wigand is very well known for publicly disclosing the tobacco industry’s efforts to minimize the health and safety issue of tobacco use during an interview with 60 MINUTES and during a deposition he was compelled to give in an action against the tobacco companies.

Dr. Wigand has received numerous awards and public recognition for his action in revealing tobacco company research and marketing practices and he continues his efforts to reduce teen tobacco use through the nonprofit organization he formed, SMOKE-FREE KIDS. In addition to his work with his organization, he currently spends his time and efforts on lectures around the world and as an expert witness and consultant on various tobacco issues.

## Enforcing the Family Smoking Prevention Act *Continued from page 1*

violators if they can show that they are using an approved program. What I’ve told them is that we don’t want to see a program approved with no implementation requirements. We’ve told them that under NO BUTS, in order to get any kind of credit, there is a requirement that they have fully implemented the program, and they need to demonstrate that they have done so.

**B: How will this affect overall compliance?**

**J:** Well, we have one of, if not the best, record for compliance. Not the lowest overall rate for any given year, but over the last 11 years we’ve been below 10%. The new numbers are just in, and we have broken the 5%. So we’re under 5% of all sales, which means we’re 95%+ compliant. We have plucked the low hanging fruit, and now if we are funded by FDA and can further ramp up the number of inspections, we can make that even better.

**B: What do you have on your docket for this coming year?**

**J:** We have this issue with flavored cigarettes, which is part of the FDA law too. As of September 20 of this year, FDA banned all flavored cigarettes, including clove and

anything other than menthol. The big question was little cigars that looked like cigarettes—are they cigarettes or not? The FDA wrote a letter to all the manufacturers, which indicated they were considering them to be cigarettes, however, that’s been challenged in court and FDA is holding off until the court speaks to that issue as far as cigars. Maine law already bans flavored cigars with an exception process, and we’ll see what happens going forward. Certainly our office would like to get out of the exception business.

**B: So right now they can sell off their flavored cigars, correct?**

**J:** Right now if they were in stock on July 1st of this year, either at the distributor or the retailer, they can sell them until December 31st of this year. We are currently going through applications for exemptions and we have granted some exemptions and denied others. According to Maine law, the definition of characterizing flavor is problematic in that you actually have to smell it and taste it; it can’t just be labeled on the package. Therefore, you might have a product out there

that says “raspberry” on the package, but if we can’t detect it, then it doesn’t come under our ban.

**B: What’s going on in the new biennium?**

**J:** We’re hoping that we have new FDA funding and that we can maintain the funding that we have with Master Settlement Agreement or substance abuse prevention money, and enhance what we’re doing. Certainly we have to ramp up a little bit for enforcement of the new changes to outdoor smoking, which is an issue with the applicability to bars—as to whether those folks should be able to go outdoors with a drink and smoke. Right now we don’t believe they can, but we’re going to wait to see if the legislature addresses that. Although it’s prior to the new biennium, we are going to be working with PTM to get the workplace and public place rules written with the changes. A few things about FDA that folks should know: they’re banning any kind of modifiers on the packaging such as low or light or mild or anything like that for cigarettes. I’m not sure when that goes into effect.

**B: Did you hear they’re changing colors on them now?**

**J:** Yes, I did read that the Tobacco Industry will go to color coded marketing, but there will also be warning labels. The requirement is for a large area of the package to be covered by those labels. The FDA has to get their Scientific Advisory Council named, because they’re going to review any new products coming out, and the Tobacco Industry is going to have to meet strict standards, especially if they’re going to market them as “reduced risk.” They can’t do that until FDA agrees that it’s a reduced risk product. There are also going to be some advertising restrictions as far as point-of-sale products being restricted to black and white text only. There are a lot of legal issues that will need to be sorted out. I think in the long run things will be good, but it will take a while for FDA to get up and running.

## In Plain Language, Please!

According to the National Assessment of Adult Literacy, a vast majority of people lack proficient literacy skills.

Plain language is essential when creating materials for the public. Why? Our goal is to reach as many people as possible. If the grade level of materials is too high, most of our audience can’t read the information. Even people with a high literacy level won’t read something complicated.

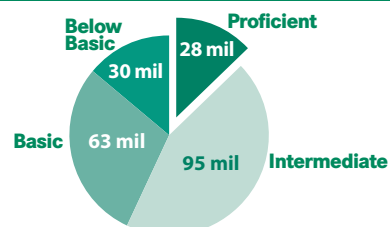
*What are the advantages of plain language?*

- Gets your message across in the shortest time possible
- More people are able to understand your message
- There is less chance your document will be misunderstood
- If giving directions, they are more likely to be followed
- Affects bottom line—time, money, personnel resources are saved

*How can I start using plain language?*

- Use simple words in active voice
- Use a clean layout with plenty of white space
- Create short lists
- Use graphics that show the correct behavior

## U.S. READING ABILITY



Source: 2003 National Assessment of Adult Literacy. <http://nces.ed.gov/naal/>

*Where can I go to start developing my skills?*

[www.plainlanguage.gov](http://www.plainlanguage.gov)

[www.nih.gov/clearcommunication/plainlanguage.htm](http://www.nih.gov/clearcommunication/plainlanguage.htm)

[www.healthliteracyinnovations.com/](http://www.healthliteracyinnovations.com/)

[www.nphic.org/files/editor/file/thesaurus\\_1007.pdf](http://www.nphic.org/files/editor/file/thesaurus_1007.pdf)

[www.hsph.harvard.edu/healthliteracy/doak.html](http://www.hsph.harvard.edu/healthliteracy/doak.html)

## At HMP Annual Meeting, a Message to Keep Up the Good Work

The audience at the Healthy Maine Partnership Annual Meeting, held in October, heard encouraging words in a keynote address by Barbara A. Leonard, MPH, currently the Vice President for Programs at the Maine Health Access Foundation. As the former Division Director at Maine’s Center for Disease Control and Prevention, she worked directly on the model for the design of the Healthy Maine Partnership initiative.

Ms. Leonard’s address, organized in chapters covering key years and events, outlined the development of Maine’s public health infrastructure. She specifically cited the importance of the Healthy Maine Partnerships, funded by the Master Settlement Agreement. Coalition-based public health promotion at the local level is a valuable and valued component in the creation of a healthier Maine. Her address noted past successes while inspiring everyone to continue to work for effective public health improvements statewide.





## American Academy of Pediatrics Confirms Tobacco Use As Pediatric Disease

The American Academy of Pediatrics recently issued a policy statement that confirmed tobacco use as a pediatric disease and concluded:

- There is no safe way to use tobacco
- There is no safe level or duration of exposure to secondhand smoke (SHS)
- Individuals and organizations should support tobacco control and eliminate use

The FDA declared tobacco use as a pediatric disease in 1995. Secondhand smoke contains many poisons and has been classified by the EPA as a Class A human carcinogen. In children, the damage begins before birth. Prenatal tobacco exposure sensitizes the fetal brain to nicotine, resulting in an increased likelihood of addiction when the brain is exposed to nicotine at a later age.

The statement from the Academy also highlights the major conclusions from the 2006 US Surgeon General's report, The Health Consequences of Involuntary Exposure to Tobacco Smoke. Maternal exposure to SHS during pregnancy may cause preterm delivery and low birth weight. Exposure during pregnancy coupled with postnatal exposure may lead to childhood cancer, leukemia, lymphoma, and brain tumors. Postnatal exposure to parental smoking may lead to SIDS, lower respiratory illnesses, middle-ear disease, as well as breathing problems like asthma. Maternal smoking during pregnancy may cause adverse effects on lung function across childhood, while exposure to SHS after birth may lead to lower level of lung function across childhood.

Most secondhand smoke exposure occurs in the child's home. Parents and caregivers should be encouraged to quit smoking or, at the very least, avoid smoking inside the house, basement and garage. Smoking around children also normalizes tobacco use. Even if a parent is unable or unwilling to quit, he or she should still voice disapproval of the child's using tobacco. This can have a lasting positive effect on youth tobacco initiation.

As role models, parents have immense influence on social norms regarding tobacco. Society

does, too. Policies and laws that support clean air and smoke-free environments decrease exposure to the many harmful chemicals; they also reinforce tobacco use as unacceptable.

Children are vulnerable to marketing and media. It's recommended that advertising of tobacco products should be banned from all media, events, and venues, including the Internet. Higher taxes have been shown to discourage youth from purchasing tobacco. It also helps increase cessation attempts. These increased taxes should be used to support evidence-based tobacco control programs. Children should be taught as early as five years old the skills to resist advertising and refuse peer pressure.

Addiction to tobacco usually begins in childhood or adolescence. This policy statement suggests making tobacco dependence treatment available to pediatric patients and their families in both



inpatient and outpatient settings. Areas of future study identified as crucial to this pediatric disease include studying the factors that motivate tobacco cessation attempts in youth and the safety and efficacy of pharmacotherapy.

All tobacco products contain the addictive drug nicotine as well as many other toxic chemicals. The use of any tobacco products can lead to addiction, morbidity, and premature death. Nicotine addiction can begin as soon as use begins, with some users showing signs of dependence with only occasional or monthly use. The very addictive nature of tobacco necessitates that control efforts begin early and continue throughout childhood.

The recommendations for government and policy makers include taking action to eliminate SHS exposure, support prevention and treatment of tobacco dependence, support control of the distribution of tobacco products, and expand research efforts.

Source: Policy Statement Tobacco Use: A Pediatric Disease. American Academy of Pediatrics. 2009, Volume 124 (5): 1475

For more information, including the specific recommendations for pediatricians, please refer to the following:

- Tobacco Use: A Pediatric Disease, <http://pediatrics.org/cgi/doi/10.1542/peds.2009-2114>
- Secondhand and Prenatal Tobacco Smoke Exposure, <http://pediatrics.aappublications.org/cgi/content/full/124/5/e1017>
- Tobacco as Substance Abuse, <http://pediatrics.aappublications.org/cgi/reprint/24/5/e1045>

## NEW DTC in Aroostook County

PTM welcomes Lorenza Caron, the newest District Tobacco Coordinator for the Power of Prevention HMP in Northern Aroostook County (Fort Kent). An Aroostook native, Lorenza has a bachelor's in Behavioral Science with a minor in Criminal Justice from the University of Maine at Fort Kent. She hopes to pursue a master's degree in Social Work in the near future. She said, "It has always been a quality of mine to strive in helping others out." This quality should serve her well in her new role. Please join us in welcoming Lorenza.



## New HelpLine Campaign to Run in December

PTM is creating a new HelpLine media campaign that will run mid-December through January, a time when people often consider resolutions for a fresh start to the New Year. The campaign will have a strong community outreach initiative with local press and newspaper ads to build strong support at the local level. Materials and information will be distributed to local HMPs and DTCs in December.



## Report Tobacco Violations Online

The Partnership For A Tobacco-Free Maine receives many calls and emails from citizens about violations of Maine's smoking laws. You can submit an observed violation conveniently and quickly by using the complaint form found on PTM website at:

[www.tobaccofreemaine.org/train\\_take\\_action/report\\_a\\_violation.php](http://www.tobaccofreemaine.org/train_take_action/report_a_violation.php)

Your help means a healthier environment for all.

## Breathe Easy Coalition Launches New Websites



The Breathe Easy Coalition, in collaboration with PTM, is excited to launch two websites that will support the efforts of The Maine Tobacco-Free College Network and The Maine Tobacco-Free Hospital Network. Previously maintained by ACS Smoke-Free New England, [www.mainetobaccofreecollegenetwork.org](http://www.mainetobaccofreecollegenetwork.org) will be updated to provide new information and resources to college administrators on how to

create a tobacco-free campus. The hospital network is launching another new website, [www.mainetobaccofreehospitals.org](http://www.mainetobaccofreehospitals.org), which will provide detailed information, specific to hospital administrators, on how to create tobacco-free policies. Both websites will now link users directly to their local HMP where they can find even more useful information.



## Searching for the latest data?

Check out these helpful links:

For the toll of the cost in lives and medical costs from tobacco use in Maine: <http://tobaccofreekids.org/reports/settlements/toll.php?StateID=ME>  
See also section on research and facts.

For county or regional youth data: <http://www.maine.gov/maineosa/survey>

For other Maine and national data from YRBSS: <http://apps.nccd.cdc.gov/yrbss>

For other Maine and national data from BRFS: <http://apps.nccd.cdc.gov/brfss>

For the most recent facts on tobacco use in the state of Maine, visit [http://www.tobaccofreemaine.org/explore\\_facts/Maine\\_facts\\_and\\_stats.php](http://www.tobaccofreemaine.org/explore_facts/Maine_facts_and_stats.php)

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*The Link is published by the Partnership For A Tobacco-Free Maine (PTM).  
The mission of PTM is to reduce death and disability from tobacco use among Maine residents by creating an environment supportive of a tobacco-free life.*

**LINK 6**

  
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