

Make today the beginning of a tobacco-free life

By Miranda H. Spitznagle, M.P.H.

Tobacco use remains the single most preventable cause of death and disease in the United States and costs the lives of 11,100 Hoosiers each year.¹ For every person who dies from smoking, another 20 suffer from illnesses related to smoking.²

Even 52 years after the first U.S. Surgeon General's report on smoking in 1964, which linked smoking to ill health effects, and subsequent federal reports citing the dangers of tobacco use since, there are still about 1 million Hoosier smokers. This underscores the powerful addiction nicotine and tobacco products create for people, but there are more resources than ever before to help tobacco users break free of their addictions.

What about electronic cigarettes?

While smoking cigarettes remains the most dangerous use of tobacco, there have been developments in the manufacturing of new tobacco products that may contribute to tobacco users remaining addicted to nicotine while also attracting a new generation of potential tobacco users. These new developments are electronic nicotine delivery systems (ENDS), and electronic cigarettes are included in this category.

E-cigarettes pose a concern because they are currently being promoted as a less dangerous alternative to cigarettes or even as a smoking cessation aid. However, e-cigarettes have not been approved as safe by the U.S. Food & Drug Administration (FDA). In fact, the FDA performed

tests on e-cigarette samples and found that they contain toxic and cancer-causing chemicals.³ Since these products are not currently regulated by the FDA, there is no standardization for the various substances that go into the nicotine solutions. The vast majority of ENDS products still contain nicotine – some even contain significantly higher levels of nicotine than the conventional cigarette, so they still contribute to nicotine addiction.

The growing popularity of ENDS among Indiana adults and youth is also concerning. Among adults in Indiana, sharp increases were found in the percentage of smokers and former smokers who reported having used e-cigarettes between 2013 and 2015. Current smokers (68 percent) were significantly more likely to have used e-cigarettes than never smokers (4 percent). Former smokers (14.8 percent) were significantly more likely to use e-cigarettes than those who never smoked. This suggests that e-cigarettes may appeal to former smokers who have successfully quit smoking and that these products may prompt a relapse.⁴ When looking at youth data regarding e-cigarettes, the results are even more staggering. In 2014, e-cigarettes were the most commonly used tobacco product among middle and high school students in the U.S and in Indiana. The percentage of youth in the United States that currently use e-cigarettes tripled among high school students from 2013 (4.5 percent) to 2014 (13.4 percent). Among middle school students, prevalence increased by a similar magnitude, from 1.1 percent to 3.9 percent.⁵ This shows a growing danger for a new generation using and becoming addicted to tobacco products.

The important fact to remember about ENDS and e-cigarettes is that they are not FDA-approved. There are seven first-line medications that the FDA has approved for treating tobacco use addiction, and e-cigarettes are not



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among them. In fact, promoting ENDS as a cessation aid without FDA approval is prohibited.⁶

There are more (free) cessation resources than ever before

There are many ways for tobacco users to receive help with quitting. The most comprehensive tobacco cessation resource in Indiana, Quit Now Indiana (800-QUIT-NOW), should be a tobacco user's first step in quitting, along with seeking advice from a health care professional.

According to the Centers for Disease Control, it has been proven that former tobacco users are more successful at preventing a relapse when they use at least one proven treatment method.⁷ These can include:

- Help from a doctor
- Individual, group or telephone counseling
- Behavioral therapies
- Treatments with more person-to-person contact and more intensity
- Programs to deliver treatments using mobile phones
- FDA-approved nicotine replacement products and prescription medication

Quit Now Indiana, which celebrates its 10th anniversary this year, offers free counseling services and has helped more than 120,000 tobacco users. Quit Now Indiana also has its preferred network, which currently comprises of more than 6,700 health care providers, employers and other organizations across the state. Any interested groups can join the preferred network anytime through www.in.gov/quitline. The preferred network gives organizations the opportunity to refer employees, patients, volunteers and many others to the Indiana Tobacco Quitline for cessation help. There are also free tools and materials available for these groups to have on hand at their offices or places of business to distribute to tobacco users who want to quit.

In addition, there are 42 local tobacco prevention and cessation community-based coalitions working throughout the

state to educate their local communities, help build the preferred network and support tobacco users who want to quit. Information about these local tobacco control coalitions can be found by visiting in.gov/isdh/tpc/2350.htm.

Quitting smoking is the single most important thing a tobacco user can do to improve his or her health. Quitting smoking is hard. Tobacco use is an addiction, but there are resources and people that can help. Access to Quit Now Indiana has never been easier or more flexible – in addition to its free phone counseling through the Indiana Tobacco Quitline, there is also a web-based service, Web Coach,[®] and supplementary texting service, Text2Quit.[®] For more information about Quit Now Indiana or joining the Quit Now Indiana Preferred Network, visit www.QuitNowIndiana.com. 

1. Centers for Disease Control & Prevention. "Best Practices for Comprehensive Tobacco Control Programs – 2014," Atlanta: U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking & Health, 2014, www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.

2. Centers for Disease Control & Prevention. "Smoking – Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004. Morbidity and Mortality Weekly

Report 2008; 57(45):1226-8, www.cdc.gov/mmwr/pdf/wk/mm5745.pdf.

3. "Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by the FDA," www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm.

4. 2015 Indiana Adult Tobacco Survey, prezi.com/afio9bimjvxr/2015-indiana-adult-tobacco-survey.

5. 9 CDC MMWR: "Tobacco Use Among Middle and High School Students – United States, 2011-2014"; 64 (14); 381-385.

6. Under the Federal Food, Drug & Cosmetic Act, a company cannot claim that its drug can treat or mitigate a disease, such as nicotine addiction, unless the drug's safety and effectiveness have been proven. Federal Food, Drug & Cosmetic Act (FD&C) available here: www.fda.gov/RegulatoryInformation/ Legislation/FederalFoodDrugandCosmeticActFDCA/ucm2005640.htm.

7. Fiore MC, Jaén CR, Baker TB, *et al.*, "Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline," Rockville (MD): U.S. Department of Health & Human Services, Public Health Service, Agency for Healthcare Research & Quality, 2008, <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>.



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