Are You OK With That?

Not Cool OK Cool

1. A coach is chewing tobacco while coaching softball.
2. While attending a family reunion at a park picnic shelter, Uncle Fred smokes a cigarette while eating lunch with you.
3. A two-year-old is building her first sandcastle with her sister, and she finds a cigarette butt in the sand on the beach.
4. At the skateboard park, you see a sign posted saying “no tobacco use,” but someone is smoking while there is no supervisor nearby.
5. The fish you reel in off the fishing pier is tangled in a mess of weeds and cigarette butts.
6. You step into the batting cages to find spit from chewing tobacco all over the ground.
7. You are at a campground sitting around a bonfire, and someone lights up a cigarette.
8. You are in the bleachers cheering on your hometown football team, and there are three people next to you smoking.
9. A group of parents are sitting on a park bench smoking while watching their kids play on the playground.
10. The local nature center rehabilitates injured animals; they are currently taking care of a bird that ingested a cigarette butt.
11. You are playing golf and the group ahead of you is smoking cigars. You go to tee off and find a cigar smoldering near the tee.
12. After a great workout, you walk out of the gym into a cloud of secondhand smoke.
13. You are at your county fair’s midway, and one of the ride operators is smoking while helping you get on the ride.
14. A man is walking his dog on a trail around a lake and having a cigar.
15. Park workers are having their lunch break in the parking lot of the city softball fields and smoking in their vehicle.

Tobacco in Minnesota

High school students who smoke	**10.6% (30,200)**
Youth (under 18) who become new daily smokers each year	**3,800**
Packs of cigarettes bought or smoked by youth each year	**6.2 million**
Adults in Minnesota who smoke	**16.3% (680,500)**

The damage caused by tobacco use – premature death, illness, and disability – begins early in life, with 80 percent of adult smokers having their first cigarette before the age of 18.[1] The 2013 Youth Risk Behavior Survey by the Center for Disease Control and Prevention found that 15.7 percent of high school students had smoked cigarettes in the last month. This is a decrease from the 19.5 percent in the 2009 Youth Risk Behavior. The 2014 Minnesota Youth Tobacco Survey found the percent of high school students who smoked cigarettes in the past 30 days dropped from 18.1 percent in 2011 to 10.6 percent in 2014, the steepest decline recorded by the survey. The percent of high school students using any of the conventional tobacco products in the past 30 days fell from 25.8 percent in 2011 to 19.3 percent in 2014, the sharpest drop ever recorded by the 2014 Minnesota Youth Tobacco Survey.[2] Electronic cigarettes (aka e-cigarettes, electronic nicotine delivery devices) were first introduced to the US market in 2007. One of the major concerns about e-cigarettes is that nicotine is known to harm fetal and adolescent brain development. The 2014 Surgeon General's report states: "The evidence is suggestive that nicotine exposure during adolescence, a critical window for brain development, may have lasting adverse consequences for brain development."[3] Nicotine is also highly addictive. Another major concern is that e-cigarettes may introduce young people to nicotine or may provide additional doses of nicotine to youth already using conventional tobacco products. The 2014 Minnesota Youth Tobacco Survey found that 12.9 percent of high school students and 3.1 percent of middle school students have tried or used an electronic cigarette at least once in the past 30 days.

Deaths in Minnesota from Smoking

Adults who die each year from their own smoking	**5,900**
Kids now under 18 and alive in Minnesota who will ultimately die prematurely from smoking	**102,000**

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined and thousands more die from other tobacco-related causes -- such as fires caused by smoking (more than 1,000 deaths a year nationwide) and smokeless tobacco use.[4]

[1] Clearway Minnesota and Minnesota Department of Health; Tobacco Use in Minnesota: 2010 Update, pages 2-25 to 2-27. Minneapolis, MN: February 2011.
[2] Minnesota Department of Health; Minnesota Youth Tobacco Survey, 2014
[3] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, 2014, p. 126.
[4] : "Toll of Tobacco in Minnesota." Campaign for Tobacco-Free Kids. 2016.

Monetary Costs of Smoking in Minnesota

Annual health care costs in Minnesota directly caused by smoking	**$2.51 billion**
Medicaid costs caused by smoking	**$563.2 million**
Residents' state & federal tax burden from smoking-caused government expenditures	**$795 per household**
Smoking-caused productivity losses in Minnesota	**$1.54 billion**

Tobacco Industry Influences in Minnesota

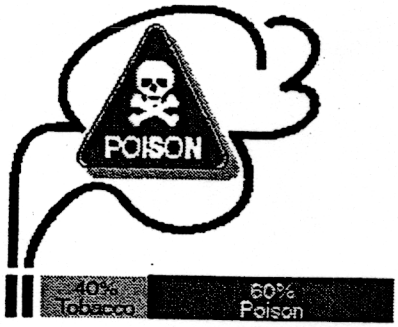
Published research studies have found that kids are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage experimentation with smoking is attributable to tobacco company advertising.

Annual tobacco industry marketing expenditures nationwide	**$9.5 billion**
Estimated portion spent for Minnesota marketing each year	**$156.3 million**

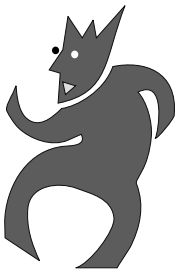
Fact sheet adapted from: “Toll of Tobacco in Minnesota.” Campaign for Tobacco-Free Kids. 2016. Available at http://www.tobaccofreekids.org/facts_issues/toll_us/minnesota

THE ANATOMY OF A CIGARETTE

Here are just a few chemicals in cigarettes: There are more than 4,000 substances found in cigarettes.



CHEMICALS ADDED	FREQUENTLY FOUND IN
Carbon Monoxide, a poisonous gas	Car exhausts
Nicotine	Pesticide
Ammonia	Floor cleaner
Arsenic	White ant poison
Butane	Lighter fuel
Hydrogen Cyanide	Poison used in gas chambers
Toluene	Industrial solvent
DDT	Insecticide
Acetone	Paint Stripper
Cadmium	Car batteries
Methanol	Rocket fuel
Formaldehyde	Preservative for dead bodies
Hydrazine	Rocket fuel & jet engines
Vinyl Chloride	PVC pipes
Nitric Acid	Fertilizers, explosives, & dyes
Naphthalene	Moth balls



What you(th) should Know about Tobacco

Tobacco and Athletic Performance

Don't get trapped. Nicotine in cigarettes, cigars, and spit tobacco is addictive.

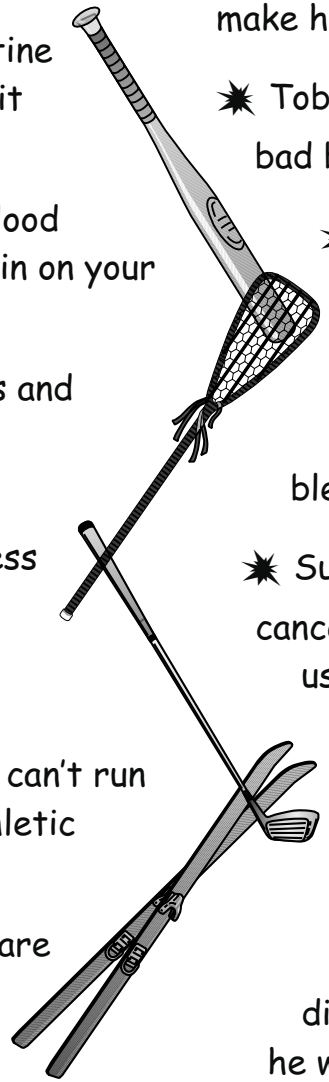
Nicotine narrows your blood vessels and puts added strain on your heart.

Smoking can wreck lungs and reduce oxygen available for muscles used during sports.

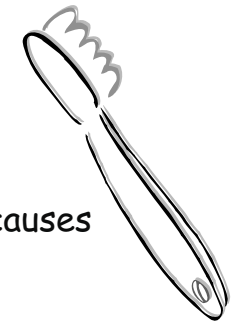
Smokers suffer shortness of breath (gasp!) almost 3 times more often than nonsmokers.

Smokers run slower and can't run as far, affecting overall athletic performance.

Cigars and spit tobacco are NOT safe alternatives.

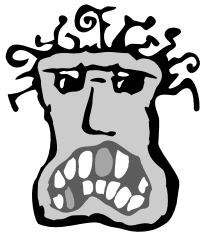


Tobacco and Personal Appearance



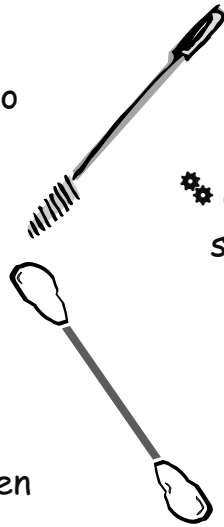
Yuck! Tobacco smoke can make hair and clothes stink.

Tobacco stains teeth and causes bad breath.



Short-term use of spit tobacco can cause cracked lips, white spots, sores, and bleeding in the mouth.

Surgery to remove oral cancers caused by tobacco use can lead to serious changes in the face. Sean Marcee, a high school star athlete who used spit tobacco, died of oral cancer when he was 19 years old.



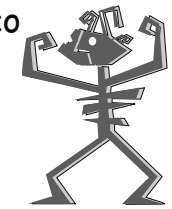
So...

Know the truth. Despite all the tobacco use on TV and in movies, music videos, billboards and magazines—most teens, adults, and athletes DON'T use tobacco.

Make friends, develop athletic skills, control weight, be independent, be cool..... play sports.

Don't waste (burn) money on tobacco. Spend it on CD's, clothes, computer games, and movies.

Get involved: make your team, school, and home tobacco-free; teach others; join community efforts to prevent tobacco use.



Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers For Disease Control and Prevention 1-800-CDC-1311 or (770) 488-5705 http://www.cdc.gov/tobacco

Tobacco-Free Policies For Outdoor Recreational Facilities Make Sense. Here's Why:

Secondhand Smoke is Harmful:

· **It harms everyone.** Exposure to secondhand smoke is a leading cause of preventable death in the United States. 1 in 4 nonsmokers (58 million people) in the US are still exposed to secondhand smoke. It kills more than 400 infants and 4100 nonsmokers every year.[1]

· **It can be harmful in outdoor settings.** According to a leading secondhand smoke expert, secondhand smoke levels in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted.[2] The 2006 Surgeon General's report concluded that there is no risk-free level of exposure to secondhand smoke.[3] Cigarette butts are the most commonly discarded piece of waster worldwide. Worldwide, it is estimate that 1.69 billion pounds of cigarette butts end up as toxic trash each year. [4]

Cigarette Litter Causes Problems:

· **Policies reduce litter**. Cigarette butts are the one of the most commonly littered items in the world. In the 2015 International Coastal Cleanup over 2 million cigarette butts were collected. Out of this amount, the United States accounted for the highest percentage of these items. In addition to being a nuisance, they can also affect surrounding wildlife. Cigarette butts are not fully biodegradable and can be eaten by animals who think they are food.[5] Tobacco-free policies reduce litter because smoking isn't taking place anymore.

Tobacco- Free Policies Promote Healthy Communities:

· **Communities everywhere are adopting policies.** Communities throughout the United States are creating tobacco-free outdoor recreational facilities out of concern for the health of their citizens. In addition to cities in Minnesota, cities across the country have adopted tobacco-free policies for their outdoor recreational facilities. California also has enacted a state law that prohibits tobacco use at playgrounds, tot lot sandbox areas and beaches.

· **Policies create a consistent message for all outdoor recreational facilities in the community.** Since many school districts prohibit tobacco use at their outdoor facilities, a tobacco-free policy for city-owned outdoor recreational facilities creates continuity and eliminates confusion about which facilities are tobacco free. A tobacco-free policy also provides support to recreational organizations that already have an existing policy and use the city's facilities.

· **Policies help change community norms.** Tobacco-free policies establish the community norm that tobacco use is not an acceptable behavior for young people or adults.[6]

·**Policies allow leaders to model healthy lifestyle choices.** In a tobacco-free environment, coaches and recreational leaders become tobacco-free role models, which sends a powerful message to youth that tobacco use is not part of a healthy lifestyle.

· **Break the connection between tobacco and sports.** For years the tobacco industry has sponsored and advertised at sporting events, misguiding young people's perception of tobacco use. Research indicates that sporting events expose youth to extensive tobacco use by people they view as positive role models.[7]

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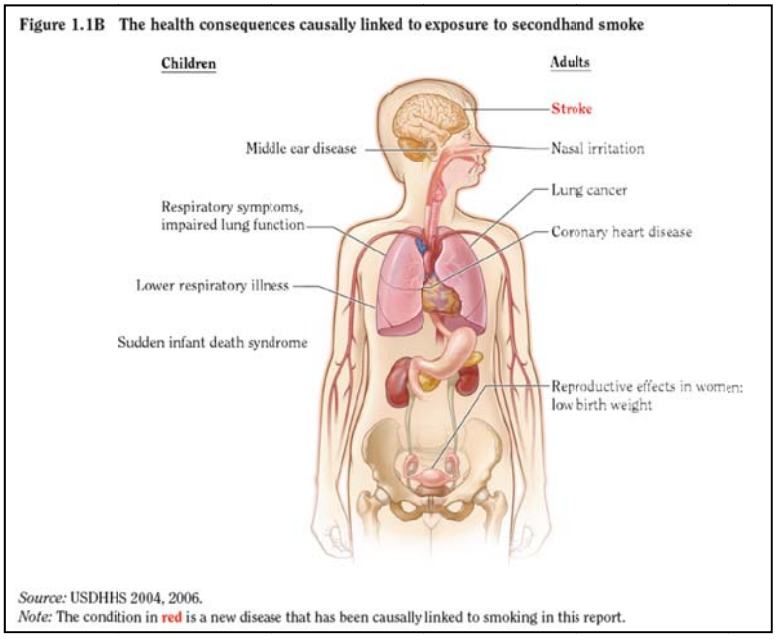
[1] Center for Disease Control and Prevention. (2015). Secondhand Smoke: An Unequal Danger
[2] CARB. (2003). "Technical Support Document for the Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant: Part A," Technical Report. California Environmental Protection Agency, California Air Resources Board, Office of Environmental Health Hazard Assessment, Chapter 5, pp. V6-V19.
[3] U.S. Dept. of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Secondhand Smoke: A Report of the Surgeon General—Executive Summary.* U.S. Centers for Disease Control, Office on Smoking and Health, p.9.
[4] Carlozo LR. Cigarettes: 1.7 billion pounds of trash. Chicago Tribune. 2008 Jun 18
[5] Register, K. "Underwater Naturalist" Bulletin of the American Littoral Society, Volume 25, Number 2, August 2000.
[6] Forster, J. (2000). "Policy Approaches to Reducing Adolescent Tobacco Use." *Healthy Generations 1* (1). University of Minnesota, School of Public Health, Division of Epidemiology, Maternal & Child Health, p. 10.
[6] Madden, P. & Grube, J. (1994). "The Frequency and Nature of Alcohol and Tobacco Advertising in Televised Sports, 1990 through 1992." *American Journal of Public Health 84*, pp. 279-299.

HEALTH HARMS FROM SECONDHAND SMOKE

The scientific evidence on the health risks associated with exposure to secondhand smoke is clear, convincing, and overwhelming. Secondhand smoke (also referred to as involuntary smoking, environmental tobacco smoke, and passive smoking) is a known cause of lung cancer, heart disease, low birth-weight births, chronic lung ailments, as well as other health problems. According to the Centers for Disease Control and Prevention (CDC), more than 41,200 adult nonsmokers die every year in the United States from heart disease and lung cancer caused by exposure to secondhand smoke.[1]

Health impacts from secondhand smoke exposure



The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress,* notes that "substantial progress toward eliminating exposure among nonsmokers to secondhand smoke has been made over the last 50 years. Nevertheless, the population in over half of the United States is not adequately protected from involuntary exposure to secondhand smoke by comprehensive smoke-free policies covering public and private workplaces, restaurants, bars, and other public enclosed environments."[2]

The report found that, "today, the adverse health effects of exposure to secondhand smoke are well understood, and firm causal conclusions have been reached on its risk to the health of nonsmokers."

In one of the Report's ten major conclusions, the Surgeon General found that "Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children." In a new finding, the report concludes that secondhand smoke exposure increases the risk of stroke in nonsmokers.

- *U.S. Surgeon General (2010)* – In the report, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking Attributable Disease,* The Surgeon General concluded that:

  - Cigarette smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and at least 69 cause cancer. Tobacco smoke itself is a known human carcinogen.
  - Low levels of smoke exposure, including exposures to secondhand tobacco smoke, lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.[3]

- *U.S. Surgeon General* (2006) – In the report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, the Surgeon General concluded that:

  - "Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
  - Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
  - Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
  - The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke."[4]

- In October 2014, the U.S. Public Health Service's National Toxicology Program issued its *13th Report on Carcinogens*, which unambiguously states, based on a thorough review of the available scientific and medical evidence, that:

  "Environmental tobacco smoke is *known to be a human carcinogen* based on sufficient evidence of carcinogenicity from studies in humans. Studies support an association of environmental (passive or secondhand) tobacco smoke with cancer of the lung and, in some cases, the nasal sinus (CEPA 1997). Evidence for an increased cancer risk from environmental tobacco smoke stems from studies examining non-smoking spouses living with individuals who smoke cigarettes, exposure of nonsmokers to environmental tobacco smoke in occupational settings, and exposure to parents' smoking during childhood (IARC 1986, EPA 1992, CEPA 1997). Many epidemiological studies, including large population-based case-control studies, have demonstrated increased risks for developing lung cancer following prolonged exposure to environmental tobacco smoke. . . . Increased risk of lung cancer appears to be most strongly related to exposure to environmental tobacco smoke from spousal smoking or exposure in an occupational setting." [5]

- *Institute of Medicine (2009)* – In a landmark report, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, the Institute of Medicine (IOM) concludes smoke-free laws reduce the number of heart attacks and save lives. The report also confirms that there is conclusive scientific evidence that secondhand smoke causes heart disease, including heart attacks.

  The IOM report was requested by the Centers for Disease Control and Prevention (CDC) in the wake of a growing number of studies in smoke-free localities, states and countries that found reductions in heart attack rates after smoke-free laws are implemented. After a thorough review of the evidence, an IOM committee of scientific experts reached the following conclusions:

  - "The committee concludes that there is a causal relationship between smoking bans and decreases in acute coronary events."

  - "The evidence reviewed by the committee is consistent with a causal relationship between secondhand-smoke exposure and acute coronary events, such as acute MI (myocardial infarction)."

  - "The committee concludes that it is biologically plausible for a relatively brief exposure to secondhand smoke to precipitate an acute coronary event." According to the report, experimental studies have found that secondhand smoke exposure causes adverse changes in the cardiovascular system that increase the risk of a heart attack. [6]

- The Centers for Disease Control and Prevention also stated that studies conducted in several communities, states, and countries have found that implementing smoke-free laws is associated with reductions in hospital heart attack admissions. The CDC notes that, "smoke-free laws likely reduce heart attack hospitalizations both by reducing secondhand smoke exposure among nonsmokers and

by reducing smoking, with the first factor making the larger contribution." [7] Based on earlier evidence, experts at the U.S. Centers for Disease Control and Prevention had previously noted to all clinicians with patients who have a history of coronary heart disease that those patients "should be advised to avoid all indoor environments that permit smoking."[8]

- *World Health Organization* (2007) – In its report, *Protection From Exposure To Secondhand Tobacco Smoke – Policy Recommendations*, the World Health Organization stated that, "Scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke (SHS), a pollutant that causes serious illness in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS." [9]

- *California Environmental Protection Agency* (2005) – In its report, *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*, the California Environmental Protection Agency (CalEPA) recommended, based on their latest, comprehensive review of the scientific literature, that secondhand smoke be declared a toxic air contaminant and therefore be subject to emissions control regulations to be promulgated by the State of California. In this report, CalEPA reiterated and strengthened many of its previous findings regarding the harms associated with exposure to secondhand smoke, including the harmful effects on children, such as sudden infant death syndrome, induction and exacerbation of asthma, increased respiratory tract infections, increased middle ear infections, developmental toxicity resulting in lower birth weight, and impaired lung function. For adults, CalEPA reiterated and strengthened its prior findings for adults including lung cancer and heart disease. The new report also included two significant, new findings including their conclusion that exposure to secondhand smoke causes nasal sinus cancer and that it causes breast cancer in younger, primarily premenopausal women.[10]

- *International Agency for Research on Cancer* (June 2002) – According to the IARC, "involuntary smoking (exposure to secondhand or 'environmental' tobacco smoke) is carcinogenic to humans (Group 1)." [11] Further, the IARC concluded that there is a "statistically significant and consistent association between lung cancer risk in spouses of smokers and exposure to secondhand tobacco smoke from the spouse who smokes. The excess risk is on the order of 20% for women and 30% for men."

  In addition, the IARC found that "epidemiological studies have demonstrated that exposure to secondhand tobacco smoke is causally associated with coronary heart disease" and they estimated that "involuntary smoking increases the risk of an acute coronary heart disease event by 25-35%." Further, the IARC noted that, for adults, "the strongest evidence for a causal relation exists for chronic respiratory symptoms."

- A 2004 study published in the British Medical Journal found that exposure to secondhand smoke increases the risk of heart disease among non-smokers by as much as 60 percent.[12] This is the first study to show a direct physical link between secondhand smoke exposure and an increased risk of heart disease. The study, conducted over 20 years by researchers at St. George's Hospital Medical School in London, measured exposure to secondhand smoke from all sources – including in bars, restaurants, and other workplaces, as well as in the home – based on blood levels of a nicotine byproduct called cotinine. The study is one of the few that has sought to account for all sources of exposure to secondhand smoke, not just home exposure.

- In 2000, the *American College of Occupational and Environmental Medicine* issued the following summary of current knowledge on health harms from workplace exposure to secondhand smoke:

  > "Environmental tobacco smoke (ETS) contains numerous toxins. Robust epidemiologic evidence implicates ETS as a cause of lung cancer and as a primary cause and a source of exacerbation of excess respiratory disease. There is also increasing evidence that ETS may be associated with other outcomes, including heart disease. There is currently little doubt that ETS is an important and avoidable health hazard. Unfortunately, ETS is frequently encountered in the workplace -

where it is no safer than in other environments and where it presents hazards to exposed workers and others."[13]

- A 1997 analysis of 37 epidemiological studies of lung cancer and secondhand smoke, published in the *Journal of the National Cancer Institute,* found that lifelong nonsmokers living with smokers had, on average, a 24 percent higher chance of contracting lung cancer than those living with nonsmokers, and that those exposed to the heaviest smokers for the longest time had the highest risks.[14] Subsequent research studies have made similar findings.[15]

- A June 2001 study published in the journal *Pediatrics* found that exposure to secondhand smoke through the mother in utero was associated with increased rates of hospitalization in infants with non-smoking mothers, and that use of tobacco products by household members has an "enormous adverse impact" on the health of children.[16]

- Numerous research studies in the United States and overseas have found that smoking and exposure to secondhand smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth.[17]

Campaign for Tobacco-Free Kids, October 2014

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[1] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014:666. http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html

[3] U.S. Department of Health and Human Services (HHS), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking Attributable Disease*: *A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

[4] HHS, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006. See also: http://www.surgeongeneral.gov/library/reports/tobaccosmoke/factsheet.html

[5] National Toxicology Program, Public Health Service, HHS, *Report on Carcinogens, Thirteenth Edition,* October 2014, http://ntp.niehs.nih.gov/ntp/roc/content/profiles/tobaccorelatedexposures.pdf.

[6] Institute of Medicine (IOM), *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, Washington, DC: The National Academies Press, 2009, http://www.iom.edu/Reports/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence.aspx.

[7] CDC, "Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance—City of Pueblo, Colorado, 2002–2006," *MMWR* 57(51), January 2, 2009, http://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2009/mm5751a1/highlights.htm.

[8] Pechacek TP & Babb S, "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?," *British Medical Journal (BMJ)* 328(7446):980-3, April 24, 2004, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC404492/.

[9] World Health Organization, "*Protection From Exposure To Secondhand Tobacco Smoke – Policy Recommendations,"* 2007, http://www.who.int/tobacco/resources/publications/wntd/2007/PR_on_SHS.pdf.

[10] California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant, June 24, 2005.

[11] International Agency for Research on Cancer, *Volume 83: Tobacco Smoke and Involuntary Smoking Summary of Data Reported and Evaluation, June 2002*.

[12] Whincup, PH, et al., "Passive smoking and risk of coronary heart disease and stroke: prospective study with cotinine measurement," *BMJ* doi:10.1136/bmj.38146.427188.55, June 30, 2004, http://bmj.bmjjournals.com/cgi/reprint/bmj.38146.427188.55v1.

[13] American College of Occupational & Environmental Medicine, *Epidemiological Basis for an Occupational and Environmental Policy on Environmental Tobacco Smoke*, July 30, 2000.

[14] Hackshaw, AK, et al., "The Accumulated Evidence on Lung Cancer and Environmental Tobacco Smoke," *BMJ* 315:980-988, October 18, 1997.

[15] Boffetta, P, et al., "Multicenter Case-Control Study of Exposure to Environmental Tobacco Smoke and Lung Cancer in Europe," *Journal of the National Cancer Institute* 90:1440-50, October 7, 1998. See, also, NCI, *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency*, 1999, http://cancercontrol.cancer.gov/tcrb/nci_monographs/MONO10/MONO10.HTM.

[16] Lam, T-H, et al, "The Effects of Environmental Tobacco Smoke on Health Services Utilization in the First Eighteen Months of Life," *Pediatrics* 107(6), June 2001. See, also, Anderson, HR & Cook, DG, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52:1003-1009, November 1997.

[17] See, e.g., Shiverick, KT & Salafia, C, "Cigarette Smoking and Pregnancy I: Ovarian, Uterine and Placental Effects," *Placenta* 20(4):265-272, May 1999; Ness, RB, et al., "Cocaine and Tobacco Use and the Risk of Spontaneous Abortion," *New England Journal of Medicine* 340(5):333-339, February 4, 1999; Chatenoud, L, et al., "Paternal and Maternal Smoking Habits Before Conception and During the First Trimester: Relation to Spontaneous Abortions," *Annals of Epidemiology* 8(8):520-26, November 1998; Kline, J, et al., "Smoking: A Risk Factor for Spontaneous Abortions," *New England Journal of Medicine* 291(15):793-96, October 1977; Raymond, EG, et al., "Effects of Maternal Age, Parity, and Smoking on the Risk of Stillbirth," *British Journal of Obstetric Gynaecology* 101(4):301-306, April 1994; Ahlborg, G, Jr. & Bodin, L, "Tobacco Smoke Exposure and Pregnancy Outcome Among Working Women: A Prospective Study At Prenatal Care Centers In Orebro County, Sweden," *American Journal of Epidemiology* 133(4):338-347; February 1991; Cooke, RW, "Smoking, Intra-Uterine Growth Retardation and Sudden Infant Death Syndrome," *International Journal of Epidemiology* 27(2):238-41, April 1998. See also, Campaign for Tobacco-Free Kids, *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*, http://tobaccofreekids.org/research/factsheets/pdf/0007.pdf.

6 Major Conclusions of the Surgeon General Report

Smoking is the single greatest avoidable cause of disease and death. In this report, The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, the Surgeon General has concluded that:

1. **Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.**

   Supporting Evidence

   - Levels of a chemical called cotinine, a biomarker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. In national surveys, however, 43 percent of U.S. nonsmokers still have detectable levels of cotinine.
   - Almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke.
   - Approximately 30 percent of indoor workers in the United States are not covered by smoke-free workplace policies.

2. **Secondhand smoke causes premature death and disease in children and in adults who do not smoke.**

   Supporting Evidence

   - Secondhand smoke contains hundreds of chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.
   - Secondhand smoke has been designated as a known human carcinogen (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer (IARC). The National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.

3. **Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.**

   Supporting Evidence

   - Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.
   - Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.
   - Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems.
   - Among infants and children, secondhand smoke cause bronchitis and pneumonia, and increases the risk of ear infections.
   - Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.

4. **Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.**

   Supporting Evidence

   - Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.
   - Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of a heart attack.
   - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25 - 30 percent.
   - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20 - 30 percent.

5. **The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.**

   Supporting Evidence

   - Short exposures to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, potentially increasing the risk of a heart attack.
   - Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure can result in upper airway changes in healthy persons and can lead to more frequent and more asthma attacks in children who already have asthma.

6. **Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.**

   Supporting Evidence

   - Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
   - Routine operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.
   - The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General was prepared by the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The Report was written by 22 national experts who were selected as primary authors. The Report chapters were reviewed by 40 peer reviewers, and the entire Report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services. Throughout the review process, the Report was revised to address reviewers' comments.

Citation

U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

Secondhand Smoke
is toxic

Cancer Causing Chemicals
All are extremely toxic

Toxic Metals
Can cause cancer
Can cause death
Can damage the brain and kidneys

Formaldehyde
Used to embalm dead bodies

Chromium
Used to make steel

Benzene
Found in gasoline

Arsenic
Used in pesticides

Polonium-210
Radioactive and very toxic

Lead
Once used in paint

Vinyl Chloride
Used to make pipes

Cadmium
Used in making batteries

Secondhand smoke has more than 4,000 chemicals.

Many of these chemicals are toxic and cause cancer.

You breathe in these chemicals when you are around someone who is smoking.

Carbon Monoxide
Found in car exhaust

Toluene
Found in paint thinners

Hydrogen Cyanide
Used in chemical weapons

Butane
Used in lighter fluid

Ammonia
Used in household cleaners

Poison Gases
Can cause death
Can affect heart and respiratory functions
Can burn your throat, lungs, and eyes
Can cause unconsciousness

Outdoor Exposure to Secondhand Smoke: What's the Danger?

The dangers of secondhand smoke have been well established for decades and numerous studies document that secondhand smoke contains the same deadly chemicals as the smoke coming directly from a cigarette.

The research completed on outdoor air and secondhand smoke does not have nearly the volume that indoor air research does, but the research findings are unsurprisingly similar.

Studies on outdoor exposure to secondhand smoke have found:

- Secondhand smoke concentrations in a variety of outdoor locations can reach levels comparable to indoor concentrations where smoking is permitted.
- Outdoor locations with the greatest number of smokers resulted in average exposure levels that are considered unhealthy for sensitive groups and peak exposure levels that are considered very hazardous for everyone.
- Secondhand smoke odor is detectable at 23 feet from the source and irritation levels began 13 feet from the source. Furthermore, anyone positioned downwind from an outdoor source of secondhand smoke will be exposed, even at significant distances from the source.

These studies dispel the common misperception that outdoor secondhand smoke immediately dissipates into the air and does not pose a health risk. The dangerous composition of chemicals in smoke is the same – indoors or outdoors.

Action Steps

Communities across Minnesota have enacted policies to protect people from secondhand smoke exposure in outdoor settings. Restrictions have been placed on tobacco use in such places as:

- **Parks**
- **Trails**
- **Playgrounds**
- **Beaches**
- **Zoos**
- **Patios**
- **Building Entrances**
- **Worksite Grounds**
- **Ball Fields**
- **Skate Parks**
- **Bus Stops**
- **Festivals**
- **Amusement Parks**
- **Fair Grounds**
- **Water Parks**
- **Stadiums**
- **Rodeo Arenas**
- **Picnic Shelters**

By eliminating smoking at these types of outdoor settings, people are receiving protection from the health consequences of secondhand smoke exposure, just as they have come to expect to receive this type of protection indoors.

Visit us at www.tobaccofreeparks.org to find out how to make your community's outdoor areas tobacco free!

Outdoor Exposure to Secondhand Smoke: The Research

The volume of scientific evidence showing that secondhand smoke causes serious illness and death in adults and children has grown to a level where in 2006, the U.S. Surgeon General called it *massive, conclusive,* and *indisputable*. As a result, health professionals in the United States and across the globe are taking action to eliminate people's exposure to secondhand smoke. Most of these actions have been through the elimination of indoor smoking in homes, cars, worksites, and to a lesser degree outdoor areas.

The California Air Resources Board(1) measured secondhand smoke concentrations in a variety of outdoor locations at *airports, colleges, government centers, office complexes and amusement parks.* They found that when smoking occurs in these settings, people could be exposed to levels of secondhand smoke that is comparable to indoor concentrations where smoking is permitted. In another study(2), where measurements were conducted when active smoking was taking place at outdoor *patios, sidewalks* and *parks,* similar results were observed.

Measuring Secondhand Smoke

A common measure of air quality in detecting secondhand smoke pollution is *particulate matter* (PM). **PM 2.5** is air particles that have a diameter of smaller than 2.5 microns and the U.S. Environmental Protection Agency (EPA) has set air quality index levels and corresponding health advisory descriptors based upon these size measurements.

A Canadian study (3) measured secondhand smoke levels on outdoor *hospitality patios (restaurants/bars).* Measurements were taken at three different locations, with some variation in dimensions and structure. The most significant difference was the number of smoking customers. The location with the greatest number of smokers resulted in average PM 2.5 levels of 102 (unhealthy for sensitive groups) and peak levels of 660 (very hazardous+).

A study conducted at one of the University of Maryland campuses (4) measured the distance from the source of secondhand smoke in which PM 2.5 can be detected. Previous studies found that odor *detection* can occur at 1 micron/cubic meter and *irritation* begins at 4 microns/cubic meter. In this study, odor was detectable at 23 feet from the source and irritation levels began at 13 feet. The study also found that anyone positioned downwind from an outdoor source of secondhand smoke is going to be exposed, even at significant distances from the source.

PM 2.5 AQI Break Points (microns/cubic meter)	**Air Quality Index** (AQI)	**Health Advisory Descriptor**
0.0 – 15.4	0-50	Good
15.5 – 40.4	51-100	Moderate
40.5 – 65.4	101-150	Unhealthy for Sensitive Groups
65.5 – 150.4	151-200	Unhealthy for Everyone
150.5 – 250.4	201-300	Very Unhealthy
250.5 – 350.4	301-400	Hazardous
350.5 – 500.4	401-500	Very Hazardous

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The Truths About Tobacco Litter

- **The biggest litter problem.** Cigarettes are the most littered item in the United States and the world. It is estimated that 1.69 BILLION pounds of butts wind up as toxic trash each year.[1]
- **Several trillion cigarette butts/filters are littered worldwide every year.** In the 2015 International Coastal Cleanup over 2 million cigarette butts were collected. Tobacco production and use damage the environment and divert agricultural land that could be used to grow food.[2]
- **Slow decomposition.** A single cigarette filter can take 1.5-10 years to decompose. After a cigarette filter has finally decomposed, it remains chemically present in the environment. Chemicals such as hydrogen, cyanide, and arsenic leach into nearby waterways and environments.
- **The white fibers you see in a cigarette filter are NOT cotton.**
-
- **Cleaning up the shorelines.** The International Coastal Cleanup (ICC) is an annual worldwide effort to clean up litter on beaches, lakes, and streams. They have found millions of cigarette filters in recent years.
- **Littered cigarette filters can start fires.** These fires can cause massive amounts of damage and cost billions of dollars to the public. Fire damage and the related costs are significant. In 2000, about 300,000 or 10 percent of all fire deaths worldwide were caused by smoking and the estimated total cost of fires caused by smoking was 27 billion USD.[3]
- **Children and wildlife can mistake cigarette filters for food.** When children swallow cigarettes or other types of tobacco products, their symptoms will be directly related to the dose of nicotine they received. Mild nicotine poisoning causes nausea, vomiting, dizziness, tremors, sweating and high blood pressure. Severe poisoning can be life-threatening and lead to seizures.[4] This hazardous material persists in the environment for some time and is often ingested by aquatic creatures, wildlife, and pets, not to mention small children, who suffer serious health problems as a result.[5]

- **Litter isn't cheap.** Volunteers helping with the Adopt a Highway program picked up 971,000 pounds—more than 100 dump truck loads—of litter in 2015, saving the state an estimated $7 million, according to the Minnesota Department of Transportation.[6] Think of how much money we'd save if the most littered item—tobacco material—was reduced.

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[2] Toll of Tobacco around the World, Campaign for Tobacco Free Kids. 2016
[3] Toll of Tobacco around the World, Campaign for Tobacco Free Kids. 2016
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SMOKING AND KIDS

- Each day, more than 2,500 kids in the United States try their first cigarette; and another 580 additional kids under 18 years of age become new regular, daily smokers. That's more than 200,000 new underage daily smokers in this country each year.[1]

- The addiction rate for smoking is higher than the addiction rates for marijuana, alcohol, or cocaine; and symptoms of serious nicotine addiction often occur only weeks or even just days after youth "experimentation" with smoking first begins.[2] Because adolescence is a critical period of growth and development, exposure to nicotine may have lasting, adverse consequences on brain development.[3]

- Ninety percent of adult smokers begin while in their teens, or earlier; and two-thirds become regular, daily smokers before they reach the age of 19.[4]

- 11.4 percent of high school students are current smokers by the time they leave high school.[5]

- 15.7 percent of all high school students (grades 9–12) are current smokers, including 15.0 percent of females and 16.4 percent of males. White high school students have the highest smoking rate (18.6%), compared to Hispanics (14.0%) and African-Americans (8.2%).[6]

- If current smoking rates persist, 5.6 million children alive today will die prematurely from smoking.[7]

- Roughly one-third of all youth smokers will eventually die prematurely from smoking-caused disease.[8]

- Smoking can seriously harm kids while they are still young. Aside from the immediate bad breath, irritated eyes and throat and increased heartbeat and blood pressure, short-term harms from youth smoking include respiratory problems, reduced immune function, increased illness, tooth decay, gum disease and pre-cancerous gene mutations.[9]

- The tobacco companies spend $9.5 billion each year to promote their deadly products—more than $25 million every day—and much of that marketing directly reaches and influences kids.[10]

- Kids are more susceptible to cigarette advertising and marketing than adults.[11] 83.4 percent of youth smokers (12–17) prefer Marlboro, Newport and Camel (the three most heavily advertised brands), while only 61.1 percent of smokers 26 or older prefer these brands.[12] For example, between 1989 and 1993, spending on the Joe Camel ad campaign jumped from $27 million to $43 million, which prompted a 50 percent increase in Camel's share of the youth market but had no impact at all on its adult market share.[13] Additionally, a survey conducted in March 2012 showed that kids were significantly more likely than adults to recall tobacco advertising. While only 25 percent of all adults recalled seeing a tobacco ad in the two weeks prior to the survey, 45 percent of kids aged 12 to 17 reported seeing tobacco ads.[14]

- A *Journal of the National Cancer Institute* study found that teens were more likely to be influenced to smoke by cigarette marketing than by peer pressure.[15] Similarly, a *Journal of the American Medical Association* study found that as much as one-third of underage experimentation with smoking was attributable to tobacco company marketing efforts.[16] In 2014, the U.S. Surgeon General reported that "tobacco industry advertising and promotion cause youth and young adults to start smoking, and nicotine addiction keeps people smoking past those ages."[17]

Campaign for Tobacco-Free Kids, April 18, 2016 / Laura Bach

For more information on kids' tobacco use and harms, see
http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/.

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Phone (202) 296-5469 · Fax (202) 296-5427 · www.tobaccofreekids.org

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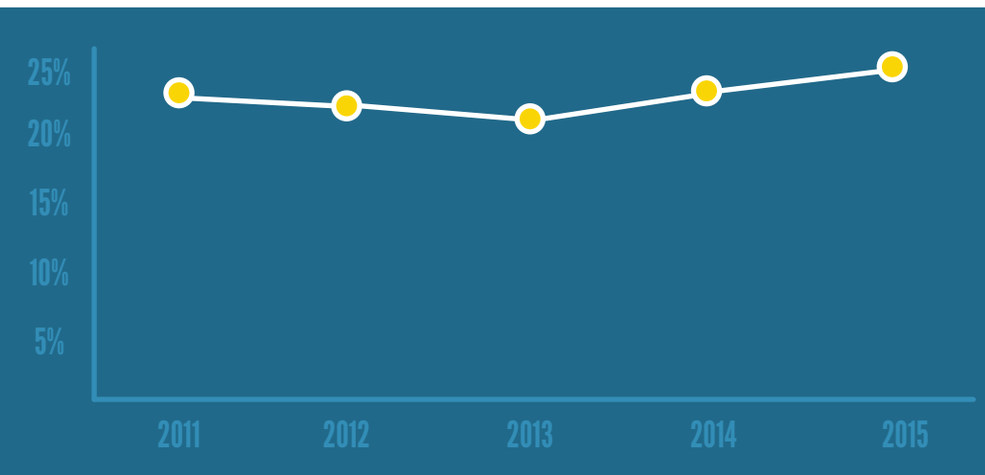
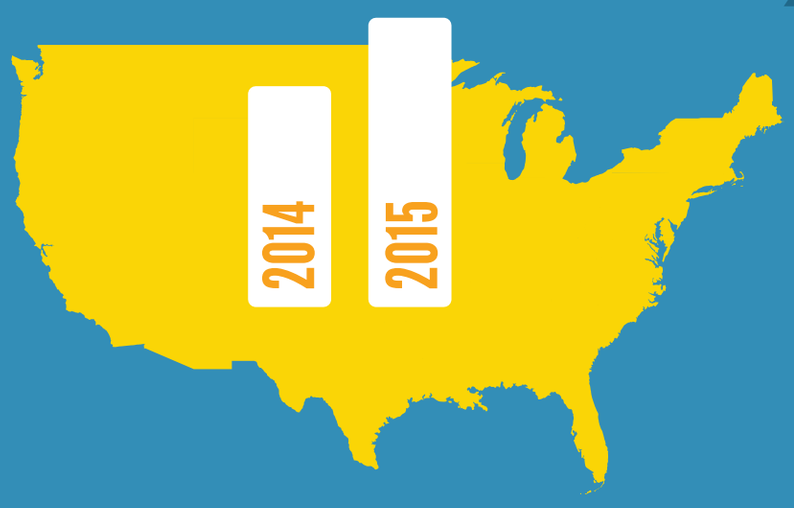
TOBACCO USE AMONG MIDDLE AND HIGH SCHOOL STUDENTS—UNITED STATES, 2011-2015

There has been **no significant change in overall tobacco use** among high school students since 2011.



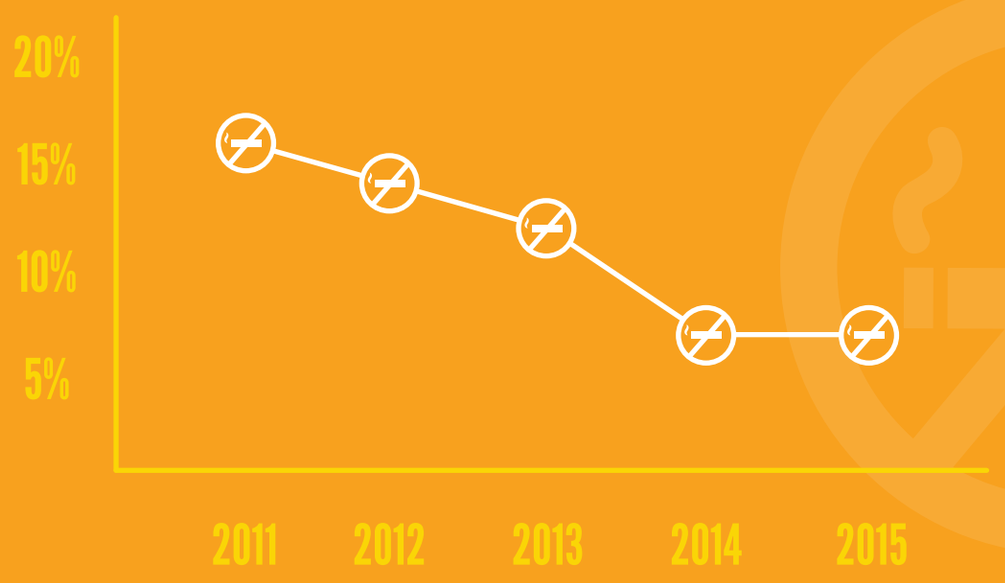
2011 – 24.2%, 2012 – 23.3%, 2013 – 22.9%, 2014 – 24.6%, 2015 – 25.3%

3 million middle and high school students were **current users of e-cigarettes** in 2015



up from 2.46 million in 2014.

There was a **significant decrease** in current **cigarette use** among high school students from 2011—2015



2011 – 15.8 %, 2012 – 14%, 2013 – 12.7%, 2014 – 9.2%, 2015 – 9.3%

About half of middle school and high school students who used tobacco products in 2015 were current users of **two or more tobacco products.**

Current use of tobacco products by high school students in 2015

E-cigarettes – 16%, Cigarettes – 9.3% , Cigars – 8.6%, Hookahs – 7.2% , Smokeless Tobacco – 5.6%

YOUTH USE OF TOBACCO IN ANY FORM IS UNSAFE.

bit.ly/YouthTobaccoUse

Source: National Youth Tobacco Survey 2011-2015

Electronic Cigarettes

Blu is the market leader in e-cigarette sales. It is heavily marketed by celebrities.

NJOY is the No. 2 seller and seeks to closely reproduce the feel of smoking.

More advanced e-cigarettes can be filled with e-juice and have a charger.

WHAT ARE ELECTRONIC CIGARETTES?

Electronic cigarettes, or e-cigarettes, are battery-operated devices that contain a mixture of liquid nicotine and other chemicals. The device heats this mixture, called e-juice, producing a nicotine vapor that is inhaled.

E-CIGARETTES ARE NOT PROVEN SAFE.

There is currently no evidence that using e-cigarettes or inhaling the secondhand emissions from an e-cigarette is safe. Studies have found nicotine, heavy metals, toxins, and carcinogens in e-cigarette vapor.[1, 2, 3, 4]

E-CIGARETTES ARE NOT WELL REGULATED.

E-cigarettes are not currently regulated by the Food and Drug Administration (FDA), although the FDA has initiated steps to regulate e-cigarettes. The FDA has noted that "quality control processes used to manufacture these products are inconsistent or nonexistent." Studies have shown e-cigarettes labeled as containing no nicotine actually contained nicotine.[1, 2] E-cigarettes labeled as containing the same nicotine level emitted varying levels of nicotine.[1]

MINNESOTA HAS TAKEN STEPS TO REGULATE THEM.

Recent changes to Minnesota law prohibit e-cigarette use in public schools, hospitals, clinics and government-owned buildings, including city and county buildings. It also includes licensed daycare facilities during hours of operations. Minnesota law will require e-cigarette liquids and systems to be sold in child-resistant packaging. E-cigarettes can no longer be sold from movable places of business, such as mall kiosks or community events, or in self-service displays. Retailers are required to obtain a tobacco license before selling these products and ensure these products are only sold to those who are 18 years of age or older.

USE HAS INCREASED AMONG YOUTH.

E-cigarette use is increasing rapidly among youth. Use of e-cigarettes more than doubled from 2011 to 2012 among middle and high school students, according to the Centers for Disease Control and Prevention.[5]

E-CIGARETTES COME IN FLAVORS THAT APPEAL TO YOUTH.

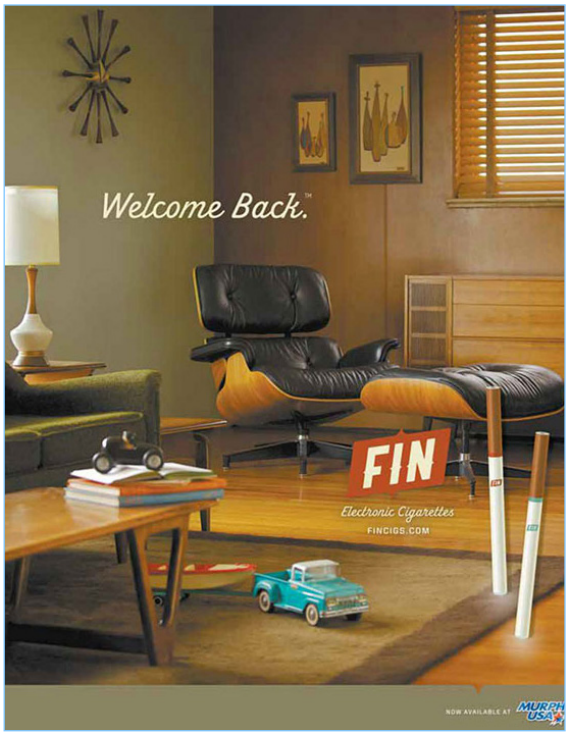
E-cigarettes come in a variety of flavors, such as gummy bear, fruit punch, yogi bear kryptonite, cherry crush and piña colada. Flavored tobacco products appeal to young people.[6]

E-CIGARETTES ARE NOT EFFECTIVE FOR QUITTING SMOKING.

E-cigarettes have not been proven safe or effective in helping people quit smoking.[7,8] Research shows current smokers are more likely to use e-cigarettes than former or never smokers.[9,10] Smokers are using e-cigarettes where they cannot use traditional cigarettes, which might deepen their addiction to nicotine. Some e-cigarettes are marketed with the tagline "smoke anywhere." For those wanting to quit, there are many FDA-approved quit aids, such as gum, patches and lozenges, available at little or no cost through insurance companies or Minnesota's statewide QuitPlan® service (www.quitplan.com).

Source: Trinketsandtrash.org

On television and in print ads, e-cigarette advertisers tell smokers to "take back their freedom." With manufacturers such as Blu (above) and Fin, there's no encouragement to quit smoking. Their advertising centers around smoker rebellion and the ability to use e-cigarettes in places where smoking is prohibited.



Source: Trinketsandtrash.org

NICOTINE IS A POTENT STIMULANT DRUG.

E-cigarettes usually contain nicotine, an extremely addictive stimulant. High amounts of nicotine can be fatal, especially to small children. Nicotine use has a host of side effects, including increased blood pressure, bronchospasms, joint pain, insulin resistance, heart arrhythmias and coronary artery constriction.[11,12]

TOP THREE CIGARETTE COMPANIES HAVE A BRAND.

The three largest cigarette companies, Altria, R.J. Reynolds and Lorillard, have an e-cigarette brand. These companies are using the same marketing tactics as in the past to lure young people into a lifetime of nicotine addiction.

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The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.
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TOBACCO COMPANIES CANNOT SURVIVE UNLESS KIDS SMOKE

The big tobacco companies have initiated massive public relations campaigns to persuade government policymakers and the public that they have turned over a new leaf and are now responsible corporate citizens. Central to this effort are the tobacco companies' claims that they do not market to kids, are working hard to reduce underage smoking, and have no interest in the youth market. But they are lying.

No matter what the tobacco companies say or do, they cannot stay in business unless kids smoke. As the companies know, the vast majority of all smokers begin their addictive habit before they reach age 18, and almost nobody tries smoking for the first time after 18.[1] In other words, if large numbers of kids did not try smoking and go on to become regular users, the tobacco companies eventually would not have enough adult customers to make staying in business worthwhile.

In addition, smokers develop strong brand preferences and loyalty during their childhood years; and most adults continue to smoke the brands they used as kids. Therefore, it is not only important to tobacco companies that large numbers of children smoke but also that the underage smokers choose their brands—and that cannot happen unless kids are exposed to the tobacco companies' brand advertising and promotional efforts. In documents made public through the tobacco lawsuits, Philip Morris USA, the largest U.S. cigarette company, acknowledged the critical role underage smokers play in its success:

> *"Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while in their teens . . . it is during the teenage years that the initial brand choice is made…the success of Marlboro Red during its most rapid growth period was because it became the brand of choice among teenagers who then stuck with it as they grew older."* [Johnston, ME, *Young Smokers Prevalence, Trends, Implications and Related Demographic Trends*, PM USA Research Center, March 31, 1981, Bates No. 2077864711-4712]

> "*The ability to attract new smokers and develop them into a young adult franchise is key to brand development*." [Philip Morris International Marketing Research, *Worldwide Marlboro Monitor: Five-Year Trends 1988-1992*, Bates No. 2044895379-2044895484]

In the U.S. government's landmark case against the tobacco companies, U.S. District Judge Gladys Kessler found that Philip Morris and other tobacco manufacturers engaged in a decades long scheme to get young people to start smoking and to continue smoking. According to Judge Kessler, "From the 1950s to the Present, Different Defendants, at Different Times and Using Different Methods, Have Intentionally Marketed to Young People Under the Age of Twenty-One in Order to Recruit "Replacement Smokers" to Ensure the Economic Future of the Tobacco Industry."[2]

Despite their inescapable reliance on youth smoking, the tobacco companies continue to claim that they do not market to kids, but their actions contradict their words. They are well aware, for example, that any efforts to target college-aged youths will appeal to underage audiences, as well. Moreover, although some tobacco companies have stopped advertising their tobacco products in magazines, others have not. As a result, tobacco advertisements still can be found in many magazines with large numbers of young readers.

The 2012 Surgeon General Report provides strong evidence that counters the industry's claims that it does not market to kids. Among its major findings is the conclusion that the advertising and promotional activities of the tobacco companies cause the onset and continuation of smoking among adolescents and young adults.[3] The 2014 Surgeon General Report expands on this finding, stating, "…the root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products."[4]

While tobacco companies claim that they want to prevent youth from starting to use tobacco products, they continue to oppose the evidenced-based policies that work to shield youth from a lifetime of tobacco

addiction: increased tobacco taxes, comprehensive smoke-free laws, and sustained funding for comprehensive tobacco prevention and cessation programs. For example, in 2012, the nation's two largest tobacco companies, Philip Morris and R.J. Reynolds, funded a $47 million ad campaign to defeat a California ballot initiative (Proposition 29) to increase the state cigarette tax by $1 per pack. Philip Morris and R.J. Reynolds opposed Proposition 29 because they know that increasing the cigarette tax is one of the most effective ways to reduce smoking, especially among kids.

Given this two-faced behavior, the tobacco companies' current "anti-youth-smoking" initiatives should be seen for what they are: yet another round of public relations efforts designed to improve the industry's image and help to forestall any real efforts to prevent tobacco use.[5]

Campaign for Tobacco-Free Kids, February 10, 2015

Additional Campaign Factsheets on Tobacco Company Marketing to Kids are available at http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/marketing/.

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[1] SAMHSA, HHS, 2011 National Household Survey on Drug Use and Health, http://www.oas.samhsa.gov/nsduh.htm; U.S. Department of Health and Human Services (HHS), *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012 http://www.surgeongeneral.gov/library/reports/preventing-youth-tobaccouse/index.html.

[2] *U.S. V. Philip Morris USA, Inc., et al.*, No. 99-CV-02496GK (U.S. Dist. Ct., D.C.), Final Opinion, August 17, 2006, http://www.tobaccofreekids.org/reports/doj/FinalOpinion.pdf.

[3] HHS, *Prevention Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General,* 2012, http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm.

[4] HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General,* 2014, http://www.surgeongeneral.gov/library/reports/50-years-of-progress/.

[5] See also, Campaign for Tobacco-Free Kids factsheet, *Big Surprise: Tobacco Company Prevention Campaigns Don't Work; Maybe It's Because They Are Not Supposed To*, http://www.tobaccofreekids.org/research/factsheets/pdf/0302.pdf.

Tobacco Industry Youth Marketing Campaigns

UNFILTERED

A REVEALING LOOK AT TODAY'S TOBACCO INDUSTRY.

More than a decade after the tobacco settlement, the tobacco industry continues to target the health of Minnesotans. Despite regulations and efforts to educate people about the health risks of tobacco use, tobacco companies continue to thrive:

- **More than one in five Americans continues to smoke**
- **20 percent of U.S. high school students are current tobacco users and 6 percent of middle school students use**
- **Overseas markets are growing, especially in poorer countries**

THE TOBACCO INDUSTRY: ADAPTING TO THE TIMES

Arguably, no other business in history has better adapted to changing markets and increasing restrictions. Its ingenuity and resilience in the face of a shrinking domestic market—and its willingness to mine new markets in the developing world—help explain how tobacco companies have overcome the decades-long health campaign against them. Specifically, they spend $12.8 billion in the U.S. each year to …

Make tobacco a part of our culture

Historically, the industry made tobacco use an acceptable part of the mainstream, and difficult to regulate or campaign against.

Attract and retain customers through target marketing

Tobacco companies have focused on minority communities and specific demographics with great success.

Use public relations to buffer lawsuits and health claims

From community giving to stop-smoking campaigns, the tobacco industry positions itself as a "good corporate citizen" to insulate itself from criticisms and regulations.

Promote new products

With new, addictive products, the industry is responding to smoke-free laws and public awareness of the dangers of cigarettes.

Create new markets worldwide

The industry is setting its sights on developing countries around the world—where there is little knowledge about tobacco's dangers and the practices of the tobacco industry.

Here in Minnesota

- **634,000 adults are current smokers.**
- **28.4 percent of young adults (18-24 years old) are current tobacco users.**
- **85,000 public middle and high school students smoke.**

A PART OF OUR CULTURE

Targeting our military—the real war stories about tobacco

Historically, free and discounted tobacco has hooked generations of soldiers. Tobacco companies still send free cases of products to troops serving in the Middle East, and it's no coincidence that military smoking rates are significantly higher than in the general population.

Cigarettes in movies/video games—playing unfairly with kids

Research in 2002 found that smoking in movies was as common as it was in 1950, with most of the tobacco use occurring in youth-rated films. Video games, sales of which exceed the movie box office, can also make smoking seem acceptable to young people. In the game *Chronicles of Riddick: Escape from Butcher Bay*, cigarettes are given as rewards and cigarette warning labels are mocked.

Citations and photo credits at www.unfilteredmn.org.

PUBLIC RELATIONS

Investing in children–tobacco takes more than it gives

Through charitable donations, the tobacco industry can claim it's doing something positive for society—and can protect itself from regulations by arguing charities suffer when tobacco revenues drop. Tobacco industry support for youth programs suggests the industry is fighting youth smoking—not causing it. Since 1998, Philip Morris has donated $230 million to programs including Big Brothers Big Sisters and Boys & Girls Clubs. One year, the company spent $100 million on PR to promote its corporate giving—more than the $75 million it spent on the giving itself.

The tobacco industry spent $12.8 billion in 2007 on U.S. marketing.

TARGET MARKETING

Camel No. 9 and young women–the glamorizing of tobacco

With only 30 percent of its customers being female, R.J. Reynolds realized it was missing a big opportunity. To appeal to women, Reynolds created Camel No. 9 in 2007, and marketed it with sexy packaging, coupons and parties with free massages and gift bags. This glamorous marketing appeals to girls as well as adult women.

Skoal and *Playboy* partnership–sex sells Skoal

United States Smokeless Tobacco Company, makers of Skoal, reached out to *Playboy* readers—including 600,000 smokeless tobacco consumers and 3.7 million smokers—with sexually provocative images. Skoal's "Welcome to the Brotherhood" campaign partnered with the magazine and allowed readers to vote on a model for a pictorial.

Targeting minority communities–there's nothing Kool about targeting African Americans

African American men are an important and lucrative market for tobacco companies. This has led to the use of culturally specific images and hip hop music to imply that Kool cigarettes are part of a successful,

affluent African American lifestyle. And a 2007 study found 2.6 times more tobacco ads per capita in African American neighborhoods than in other neighborhoods.

Coming to a bar near you–Cigarette Fairies provide the personal touch

"Cigarette Fairies" are young, attractive women hired by tobacco companies to go to bars and promote tobacco products. The industry sponsors events and sends Cigarette Fairies to distribute free products and socialize with young adults. College students and other young adults are a key market—they are experiencing transition, they experiment and they are influenced by their peers—and smokers often stick with the first brand of cigarettes they used regularly.

"Camel [is] clever about the smoking ban. We're all over the place... all over America. It's a sweet job."

– A Camel "Cigarette Fairy"

Aggressive point-of-sale advertising–tobacco advertising surrounds you

To retain and attract customers, tobacco companies place advertisements in locations where they know people will see them—convenience stores. Tobacco companies pay retailers to place ads inside and outside their stores, manipulating the environment so people can't miss them, and contracting with the stores so that management can't move them. Tobacco is often displayed at the eye level of children, and this point-of-sale marketing increases in stores frequented by teens.

REINVENTION AND INNOVATION

Flavored tobacco–the taste kids don't need

Regulations preventing direct youth marketing forced a different tactic by tobacco companies. Sweet-flavored tobacco products are attractive "starter products" for youth because they "taste better." The FDA banned flavored cigarettes, but "little cigars" and smokeless tobacco are still available in candy and fruit flavors such as peach, grape and chocolate.

Aggressive new product development–new products, same old nicotine

Smokeless tobacco is hard to detect, making it easy to use in places people cannot light up a cigarette. Camel Snus comes in tea-bag-like pouches and requires no spitting. Other new products resemble candies, mints and breath strips.

OPPORTUNITIES ABROAD

International profits fueling growth–a new world of profits for tobacco

As cigarette sales have declined in the United States, developing countries have become a very lucrative market for the tobacco industry. These countries have minimal regulations on tobacco and very little public awareness of health impacts. China has 350 million smokers – 50 million more cigarette buyers than the entire population of the United States. The

World Health Organization predicts that the death toll of tobacco in the 21st Century will exceed 1 billion worldwide, with 80 percent of deaths occurring in poor countries.

Each year, tobacco use claims 5 million lives and costs $200 billion worldwide.

WHY IS THIS IMPORTANT TO MINNESOTANS?

Because tobacco remains the leading cause of preventable death in our state—and because the tobacco industry is at the root of the problem. You may think you don't see much tobacco advertising anymore, but don't be fooled: the industry is figuring out clever new ways to reach nonsmokers and kids. In Minnesota alone, they spent nearly $200 million marketing tobacco products last year. If we stop paying attention, we're just making it easier for them to keep smokers hooked and to addict new ones.

So what can you do? Get informed and join the statewide conversation about the tobacco industry's continued influence. Visit **www.unfilteredmn.org** to learn how you can help shine a spotlight on tobacco marketing in your community.

Citations and photo credits at www.unfilteredmn.org.

Tobacco Advocacy Web Sites

Americans for Nonsmokers' Rights
www.no-smoke.org
Dedicated to taking on the tobacco industry at all levels of government, protecting nonsmokers from exposure to secondhand smoke, and preventing tobacco addiction among youth.

Campaign for Tobacco-Free Kids
www.tobaccofreekids.org
CTFK's goals are to protect children from tobacco addiction and exposure to secondhand smoke. CTFK has a lot of great resources on tobacco harms and advocacy.

Center for Disease Control and Prevention: Smoking and Tobacco Use
http://www.cdc.gov/tobacco/
The Centers for Disease Control and Prevention (CDC), through the Office on Smoking and Health (OSH), is the lead federal agency for comprehensive tobacco prevention and control.

Kick Butts Day
http://www.kickbuttsday.org/
Kick Butts Day is a national day of activism that empowers youth to stand out, speak up and seize control against Big Tobacco.

Truth Tobacco Industry Documents
www.industrydocumentslibrary.ucsf.edu/tobacco/
An archive of 14 million documents created by tobacco companies about their advertising, manufacturing, marketing, scientific research and political activities.

The Real Cost Campaign
www.hhs.gov/TheRealCost
The Real Cost Campaign is a youth tobacco prevention campaign by the Federal Food and Drug Administration. The campaign is designed to educate at-risk youth aged 12-17 about the harms of tobacco use.

Tobacco-Free Youth Recreation
www.tobaccofreeparks.org
TFYR assists cities, counties, and recreational organizations in their efforts to create tobacco-free environments where they can promote and model tobacco-free lifestyles.