

BE Healthy™

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Boston Public Health Commission

Smoking: The high costs of lighting up

If the medical risks are not enough of a gigantic red flag, maybe, just maybe, the cost of smoking cigarettes might offer yet another reason to quit.

As it is now, Massachusetts taxes each pack \$2.51. When combined with the \$1.01 in federal taxes, the cost for a pack is about \$8. That's about \$3,000 a year for pack-a-day smokers — or almost \$30,000 over the next ten years.

That's right. Thirty thousand dollars for something that produces a short-term buzz and long-term death sentence.

The smoke alone contains more than 4,000 chemicals and 400 additives. The most known are carbon monoxide and nicotine. But

arguably, the most damaging is tar. It leaves a visible yellow stain on teeth and skin and is known to contain at least 50 cancer-causing elements.

It's little wonder then that state and federal health officials are trying to get smokers to quit the old-fashioned way — by hurting bottom lines.

The increased taxes are not an insignificant amount of money in these days of counting pennies, especially considering the individual and public health consequences. The annual costs in medical expenditures alone are \$96 billion.

The impact on the body is equally staggering, the damage increasing with

every new puff. Smoking is the single most preventable cause of premature death in this country.

The cardiovascular system is particularly vulnerable — and is the slowest to fully recover even after quitting.

Dr. Malissa Wood, a cardiologist at Massachusetts General Hospital, ticked off a litany of physical reactions. And she

points to carbon monoxide as the biggest culprit.

"[The] ... response is immediate," she said. "The heart rate increases, the blood pressure increases, the blood vessels constrict ..."

Smoking also reduces the supply of oxygen to vital organs, decreases good cholesterol and enables blood clots to form in the arteries. Over time,

smoking leads to heart attacks and strokes at more than double the rate of non-smokers. It's estimated that one third of the smoking-attributable deaths are caused by heart disease and stroke.

By now, most experts agree — no amount of smoking is safe.

Not even the "low tar" or "light" cigarettes are free of carcinogens. "It's all or nothing," Wood says. "The body doesn't care how much nicotine is in the cigarette."

And by "all," Wood means "all." Smoking increases the risk of obtaining 14 different types of cancers, including lung cancer, which smokers are 20 times more likely to develop than non-smok-

ers. In fact, the National Cancer Institute reports, cigarette smoking is directly responsible for approximately 30 percent of all cancer-related deaths each year in the U. S.

According to a recent report by the Centers for Disease Control and Prevention, nearly 443,000 people died each year between 2000 and 2004 from smoking or exposure to secondhand smoke. That number is roughly 18 percent of all deaths.

And some of those who died didn't even light up. According to the American Cancer Society, nonsmokers who inhale secondhand smoke suffered 46,000 deaths from heart disease, 3,400 deaths from lung cancer and as many as 300,000 lung infections a year.

Wood explained that damages from secondhand smoke "is not to the same degree" as smoking, but it's damaging enough.

Children breathing secondhand smoke are hit especially hard. They are at increased risk of sudden infant death syndrome, acute respiratory problems and



Although blacks smoke less than whites, they bear a disproportionate share of illnesses and deaths attributed to smoking.

middle ear infections. For children with asthma, secondhand smoke increases the number and severity of attacks.

And now doctors warn of "third-hand smoke" — the cigarette byproducts that remain in clothing, hair and carpets even after secondhand smoke has dissipated. Bottom line is that if you can smell tobacco smoke — even if you can't see it — chances are you are breathing in toxins, including cancer-causing agents.

For African Americans, smoking cigarettes worsens the already well-detailed, health disparities among racial groups.

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One bold teen fights Tobacco Inc.

Don't get Hyacynth Dixon started on the evils of smoking.

It started over two years ago, when she joined B.O.L.D. (Breath of Life Dorchester) TEENS, a youth-led organization that focuses on community health issues. One of its major targets is tobacco use.

"My eyes were opened," said Dixon. "I never knew the ingredients in cigarettes. I had no idea about all the chemicals."

Now 16 years old and a junior at the Muriel S. Snowden International School, Dixon has learned about smoking's role in cardiovascular disease, all sorts of cancers and other chronic respiratory problems.

But what really struck a chord in Dixon was the advertising. "They show



Hyacynth Dixon stands near a display of cigarettes that bear the warning labels designed by members of the B.O.L.D. TEENS Against Tobacco Project.

beautiful black people smoking and give the impression that you can look like

that," Dixon said. "They make it look good. I became outraged. Tobacco com-

Nutrition Facts	
Active Ingredients In Cigarettes	Active Ingredients Also Found In
Acetone	Nail Polish Remover
Ammonia	Cleaning Products
Arsenic	Rat Poison
Butane	Lighter Fluid
Cadmium	Batteries
Formaldehyde	Substance for Preserving Body Tissues
Hexamine	Barbecue Lighter Fluid
Hydrogen Cyanide	Gas Chamber Poison
Methanol	Rocket Fuel
Naphthalene	Moth Balls
Nicotine	Addictive Poison
Nitrobenzene	Gasoline

Warning labels that show the active toxins in cigarette smoke and their common uses.

panies want us to start [smoking]."

Dixon readily admits that she is not the type to back down from a fight. "When I see a problem that has to be taken care of," she said. "I'm not going to

Hyacynth, continued to page 4

Smoking is for quitters

As anyone who has tried to quit smoking can attest, it is hard — terribly hard. In fact, it often takes smokers between seven and 11 times to successfully quit, according to the Massachusetts Tobacco Control program. Using a combination of methods — including counseling and medications — can dramatically increase the chance of a successful outcome.

The reason quitting smoking is so incredibly difficult is that nicotine — found in all tobacco products — is highly addictive. In fact, the U.S. Surgeon General stated in a 1988 report that nicotine was as addictive as heroin or cocaine.

Given the high level of cancer fatalities, African Americans have even more reasons to quit smoking. The American Cancer Society has reported that cigarette toxins take longer to clear from African Americans' blood than other ethnic groups, and that although African Americans smoke less than other ethnic groups, they tend to smoke cigarettes with higher levels of tar and menthol, which are even more harmful.

Making a plan to quit

Whether your decision to quit smoking is motivated by health risks, for family, to save money or just to feel better, begin by making a plan to quit. The first step is to consult your doctor to find out which anti-smoking tools will work for you. Before your quit date, work with your doctor to decide if you are going to use medications, join a support group, or use a different plan to quit.

Once these questions have been answered, it is time to take action. The American Cancer Society advises people to pick a day to quit, and throw away all cigarettes and ash trays. Prepare by having substitutions available — things like gum and hard candies to put in your mouth, and activities to distract you from thinking about smoking.

Effective medications are an important tool

Despite nicotine's addictive qualities, there are many effective treatments to help people quit. For more than 25 years, researchers have found clear evidence that several medications work well, especially in conjunction with certain types of counseling.

According to the American Cancer Society, the following drugs can effectively double the chances of quitting:

- Bupropion (Zyban® and Wellbutrin®), a prescription drug, works to reduce cravings but contains no nicotine. It was initially developed to deal with depression, but was



inadvertently found to lessen the desire for nicotine when prisoners taking Zyban for depression smoked noticeably less.

- Varenicline (Chantix®) is a prescription drug that reduces the pleasure people get from smoking. It works by attaching to nicotine receptors in the brain, blocking nicotine from reacting with them.

- Nicotine replacements such as the patch, gum, inhaler or lozenge contain reduced amounts of nicotine to give a small, slow release supply of nicotine to lower cravings. Most are available over the counter, but some are obtained by prescription.

Your primary care doctor can work with you to decide the best medications to use. In some instances, a doctor may recommend a combination of prescription medication and nicotine replacement, but the various combinations each have their own specific requirements. It is important to check with your doctor if you are using a prescription drug, and an over-the-counter nicotine replacement product such as the patch.

Like most medications, anti-smoking medications can have side effects. On July 1, 2009, the Food and Drug Administration required that bupropion and varenicline carry a black box warning — the agency's strongest safety warning — due to side effects including suicidal thoughts, suicidal actions, hostility and depression.

Counseling is equally important

Individual and group counseling have proven to be very effective tools to help people quit smoking, especially when used in combination with medication. Support can come from health care providers, including anti-smoking groups at clinics, health centers and hospitals. Several support groups

exist throughout the Boston area, including Dana-Farber Cancer Institute, Lahey Clinic and Boston Medical Center, so one of the first places to look for a support group is at your local hospital or health facility. Family and friends can also be very important sources of support.

There are a number of other no-cost or low-cost ways to find counseling support. Telephone counseling has been proven to double people's success in quitting smoking for good. The Smokers' Helpline at 800-TRY-TO-STOP (800-879-8678) is a free, confidential quit line, sponsored by the Massachusetts Department of Public Health and the JSI Research and Training Institute. This resource can answer your tobacco-related questions, refer you to tobacco treatment programs, and give counseling over the phone.

The Internet can also be a great resource and provides access to immediate help 24 hours a day. Quitnet (www.quitnet.com), one of the largest online quit-smoking communities, can connect you with experts or an online group of people chatting about their efforts to quit smoking. Quitnet also matches people with an online "quit buddy."

Blue Cross Blue Shield of Massachusetts members can sign up for the MyBlueHealth Wellness portal at www.mybluehealthma.com and create a personalized program that includes Quitnet, community forums and other wellness tools.

New smoking cessation tools may be on the horizon

Although there are a few relatively new anti-smoking tools, such as Chantix, on the market, the search goes on for even more effective methods. For example, a tobacco vaccine has been in the testing process since 2006. The idea behind the vaccine is to keep nicotine from reaching the brain, making smoking less pleasurable. It is part of a new generation of treatments that are designed to attack the psychological dependency on nicotine.

Fighting cigarette cravings

No matter what tools you choose to quit smoking — medications, nicotine replacement therapy, online or telephone counseling — there are always moments when you still crave a cigarette. The American Cancer Society offers these tips to help stay on track:

- Stay busy.
- Be prepared to have other things to put in your mouth, such as peppermints, carrot sticks, cinnamon sticks or toothpicks.
- Think of the situations that trigger a desire to smoke and come up with alternative activities.

Tips on sticking to your plan to quit

Stopsmokingacademy.com recommends these five steps to stick to your plan to quit:

1. Once you have made the decision to stop smoking, the next step is to create a plan that works for you. Sticking to it will help you quit smoking.
2. Make a list of reasons why you have decided to quit.
3. Educate yourself on the impact of smoking and methods to help you quit.
4. Decide on a quit date — ensuring your timeline is right for you can be crucial.
5. Prepare your environment and change your habits to eliminate situations that would tempt you to smoke.
6. Keep a positive attitude.

Remember, if you can quit for one day, you can quit for one more and one more. But don't forget, you'll double your chance for successfully quitting smoking if you use the two proven ingredients — medication and counseling.

Quit today, and stay warm this winter.

No one likes braving the snow, sleet, and ice just to smoke a cigarette. Over 17 million Americans attempted to quit for at least one day in the last year. Today, more than 46 million are proud to call themselves "former smokers."

At Blue Cross Blue Shield of Massachusetts, we know quitting isn't easy, but it is possible. And you don't have to do it alone.

For free telephone counseling and written materials to help you quit before winter weather blows in, call the American Cancer Society at 1-800-227-2345.



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

The Health Benefits of Quitting Smoking

According to the U.S. Surgeon General, former smokers realize the following benefits over time:

Time after quitting	Health benefits
12 hours	Carbon monoxide level drops to normal
2 weeks to 3 months	Circulation improves and lung function increases
1 to 9 months	Coughing and shortness of breath decrease
1 year	Risk of heart disease is half that of a current smoker
5 to 15 years	Risk of stroke is reduced to that of a non-smoker
10 years	Death rate of lung cancer is half of that of a current smoker
15 years	Risk of heart disease is the same as that of a non-smoker

Smoking

Questions & Answers

1. Are there safe tobacco products?

No. Many people think that pipes and cigars are safer than cigarettes. Or, that it is healthier to switch to low tar cigarettes (called “Lights” or “Ultra-Lights”) or to use smokeless tobacco. The truth is that there is no safe tobacco product. All forms of tobacco contain dangerous toxins and chemicals.



Lisa Michelle Owens, M.D.
Medical Director
Brigham Primary Physicians at
Faulkner Hospital

2. Is it possible to smoke and not become addicted?

Historically, it was believed that addiction did not occur unless one smoked more than five cigarettes a day. However, a new study has found that a young cigarette smoker can begin to feel powerful desires for nicotine within two days of first inhaling smoke from a cigarette. Furthermore, some adolescents who smoke only a few cigarettes per month suffer withdrawal symptoms. So, we now know that children can become addicted to nicotine very quickly. The only safe way to not become addicted is to not smoke at all.

3. If a person does not inhale, is smoking still dangerous?

In those who typically do not inhale the smoke — such as cigar and pipe smokers and smokeless tobacco users — nicotine is absorbed through the mucosal membranes (lining of the mouth) and gets in the bloodstream more slowly than if one had inhaled. Additionally, there are dangerous chemicals in the smoke that come off the burning end of a cigarette, cigar or pipe. So the passive exposure to this smoke is equivalent to secondhand smoke.

4. Does secondhand smoke cause the same medical problems as direct tobacco smoke?

Nonsmokers, too, can be harmed by the smoke from other people’s cigarettes, pipes or cigars. This kind of smoke is called “environmental tobacco smoke” or “secondhand smoke.” It is the mixture of smoke exhaled by the smoker and the smoke that comes off the burning end of the cigarette, cigar or pipe between puffs. It contains thousands of chemicals that can harm both smokers and nonsmokers alike. Breathing in other people’s smoke can cause cancer and heart disease in adults.

5. Can smoking in a pregnant woman affect the health of her fetus?

If a pregnant woman smokes or her partner smokes around her, she has a greater chance of having a baby that weighs too little. Her child may have more breathing problems during its first year of life and its lungs may not grow as fast as they should. According to the National Institute on Drug Abuse, in some cases, smoking during pregnancy may be associated with miscarriages and sudden infant death syndrome (SIDS), as well as learning and behavioral problems and an increased risk of obesity in children. Lastly, smoking more than one pack a day during pregnancy nearly doubles the risk that the affected child will become addicted to tobacco if that child starts smoking.

6. Do people suffer withdrawal symptoms when they stop smoking?

You are likely to crave cigarettes and may feel grouchy, restless, or sad for the first two to three days after you quit. For some people, these feelings can last several weeks. It may be hard to focus on tasks. Or you may have trouble sleeping and want to eat more. But you won’t feel bad forever, and medicine can help. Using medicines and products like nicotine gum or patches can help with cravings and make you feel more like yourself.

7. Why do some people gain weight when they stop smoking?

Smoking increases metabolism slightly and burns up to 200 calories a day in a heavy smoker. In addition, nicotine is an appetite suppressant. When you quit smoking, a gain of between five and 10 pounds during the first few months of cessation is normal. If your eating habits have remained the same as they were when you smoked, you can easily shed this small gain with a brisk, 30 minute walk daily.

8. Do menthol cigarettes have fewer health risks than regular cigarettes?

Smokers get a feeling of coolness from smoking a menthol cigarette. This may cause them to inhale more deeply or to hold the smoke in for a longer time. So, menthol cigarettes may cause more harm to the smoker’s health. This fact should be of particular concern to African Americans, because while only one in four whites smoke menthol cigarettes, three out of four African Americans do.

A closer look

Smoking is classified as the single most preventable cause of more than 400,000 premature deaths in this country each year. Tobacco smoke, which contains over 4,000 chemicals, including more than 50 cancer-causing elements, contributes to heart disease, cancer, stroke and chronic lower respiratory diseases — the four leading causes of death in the U.S. No tobacco product is safe. Cigarettes, cigars, pipes and smokeless tobacco contain nicotine and tar and pose a health hazard.



Smoking and tobacco use increase the risk of:

CANCER

- Lung
- Nasal cavity (nose)
- Sinuses
- Lip
- Mouth
- Throat
- Larynx (voice box)
- Esophagus
- Stomach
- Pancreas
- Bladder
- Kidney
- Cervix
- Blood (acute myeloid leukemia)

CARDIOVASCULAR DISEASE

- Heart attack
- Stroke
- Peripheral arterial disease
- Atherosclerosis — buildup of fat in the arteries

OTHER

- Emphysema
- Chronic bronchitis
- Asthma
- Miscarriage
- Low birth-weight babies
- Gum disease
- Respiratory infections — flu, colds
- Nicotine addiction

Healing the racial divide in health care

Bostonians come in many flavors.

But we’re working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that’s a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston’s racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women’s Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City’s special disparities

program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversity their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital’s new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there’s one place where we should all be the same, it’s in the excellence of our health care.

More information at Boston Public Health Commission at www.bphc.org



BRIGHAM AND
WOMEN’S HOSPITAL

PARTNERS
HEALTHCARE
A charitable non-profit organization

MASSACHUSETTS
GENERAL HOSPITAL

Smoking

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Interestingly, the typical smoker is white, male, between the ages of 18 and 25 years old, unemployed and a high school dropout. Blacks have a slightly lower percentage of smokers at 21.5 percent as compared to whites at 22.8 percent. But blacks are more likely to suffer worse consequences.

Even without the added burden of tobacco, the rates of death from the three leading causes of death in America — cardiovascular disease, cancer and stroke — are higher in blacks than whites.

A 2005 study on racial smoking habits funded by the National Cancer Institute found that a similar risk for lung cancer existed for those who smoked 30 cigarettes or more a day. But among those who smoked ten or fewer cigarettes a day, whites had a 55 percent lower risk of lung cancer than blacks.

The reasons for the differences remain under study, but a few theories abound.

Take the higher levels of nicotine. It's the ingredient that activates the brain's feeling of pleasure. It's the nicotine that revs up the heart and blood pressure, and, like heroin and cocaine, it leaves the body craving more. It's been found that black smokers take in 30 percent more nicotine per cigarette and take longer to rid their bodies of it compared to white smokers.

"The racial aspects are curious," said Dr. Nancy Rigotti, director of the Massachusetts General Hospital's Tobacco Research and Treatment Center. "African Americans who smoke fewer cigarettes have a higher level of nicotine in the blood stream."

Blame it on the menthol. It is possible that menthol masks the taste of tobacco,

causing smokers to inhale more deeply and thus allowing higher doses of nicotine. Some studies suggest that mentholated cigarettes have higher concentrations of carbon monoxide and may be associated with a greater absorption of nicotine.

The picture is not all grim. The number of smokers has steadily declined across demographic lines — and, of particular note, has not taken hold among black teenagers. According to the 2008 National Survey on Drug Use and Health report, the prevalence of smoking in blacks aged 12 to 17 years old is about half that of their white counterparts.

Wood recognizes the difficulty in convincing smokers to quit. But what she said was disturbing was a recent American Heart Association report that cited a recent increase in smoking in young women between the ages of 16 and 24.

Women smokers have more difficulty becoming pregnant and experience more problematic pregnancies. Their babies are more likely to be born prematurely and at a lower birth weight. "Women who smoke and take birth control pills have an increased risk of blood clots," warned Wood. "Women who smoke, take birth control pills and have high blood pressure have an even greater risk."

Wood said she might have an answer to prevent younger women from smoking — appeal to their vanity. "Young women don't want to be unattractive," she explained, "You must tell them things like, 'Smoking dehydrates your skin' and 'It adds years to your appearance and takes years off your life'."

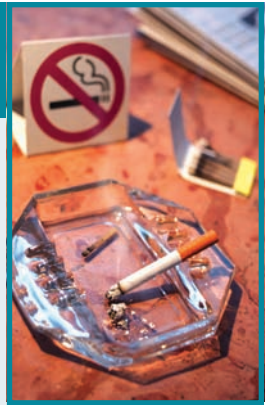
Vanity. Higher taxes. Increasing awareness of often fatal health risks. They are all fair strategies in the battle against smoking.



Malissa J. Wood, M.D.
Cardiologist
Massachusetts General Hospital

Learn to stop ... Smoking Cessation Programs

Organization	Method	Contact Information
American Lung Association	Telephone	800-586-4872 option 2
Brigham and Women's Hospital	Classes	617-732-9694
Massachusetts General Hospital	Classes	617-726-7443
Quitline	Telephone	800-784-8669
Try to Stop	Telephone	800- 879-8678
National Cancer Institute	Instant messaging	https://cissecure.nci.nih.gov/livehelp/welcome.asp#



... or never start. Tobacco Prevention Programs for Teens

Organization	Location	Telephone
The 84 Movement	95 Berkeley Street, Boston	617-279-2240 x324
Sociedad Latina	1530 Tremont Street, Roxbury	617-442-4299
B.O.L.D. Teens	637 Washington Street, Dorchester	617-822-8189
Project R.I.G.H.T.	320A Blue Hill Avenue, Dorchester	617-541-5454 x104



Hyacinth

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stop until it is done. It's going to happen."

And happen it did. With B.O.L.D. TEENS at her side, Dixon led the charge in creating a new city law and increasing awareness on the streets. Her favorite triumph is the "Warning Labels" project that attracted the cooperation of many small convenience store owners. "It was a big accomplishment," she admitted. Their pitch was simple. "You guys sell cigarettes," she recalled telling shopkeepers. "Why don't we educate people who purchase the cigarettes?"

The education comes in the form of bright pink labels that are attached to the front of a cigarette pack. The labels are 2 inches long and list 12 chemical ingredients found in cigarettes. Formaldehyde is one. "People are surprised when they learn it's used in embalming fluid," she said.

She proudly boasts that the pink labels are in about ten local stores. "I never leave my house without them," she said, noting that she never knows when she will meet another willing merchant.

Such community-based action is one of the goals of B.O.L.D. TEENS. "We educate anyone and everyone," she said. Their principal targets are their peers. Schools then are target-rich territories. Though she has never smoked, she admits to having friends that do. She said she tries not to make them feel bad. "We're anti-industry," she proclaimed, "not anti-friends."

Not everything has been easy. The recent city law banning the sale of cigarettes in pharmacies is a case in point. "It took a long time," she said. "We did a lot of protesting. [But] it was a contradiction for pharmacies to sell cigarettes."

Dixon worked with the Boston Public Health Commission and testified at public hearings. She said it was tough, especially when merchants who sold tobacco acted as if her opinion — and those of her B.O.L.D. TEENS friends — didn't matter.

But Dixon knew what she was talking about. She knew about the studies that have shown that almost 90 percent of smokers admitted they started their habit in their teens. She also knew about the research that has shown a direct correlation between smoking and the marketing of tobacco products to teens.

Quite naturally, Dixon was on the win-

ning side of that debate. Sponsored by the Boston Public Health Commission, the new law prohibits the sale of tobacco products in educational and health care institutions, including pharmacies and drug stores. The law also bans in all locations the sale of blunt wraps — flavored tobacco leaves that are often used as drug paraphernalia and are marketed heavily to teenagers.

For her efforts, Dixon recently won the East Regional Youth Advocate of the Year Award bestowed by The Campaign for Tobacco-Free Kids, a non-profit organization that works to prevent tobacco use by children and youth.

More important, Dixon has seen her efforts mirrored on a national level. In June, President Barack Obama signed into law the Family Smoking Prevention and Tobacco Control Act, the major purpose of which is to stop marketing tobacco prod-



BOLD TEENS protest the sale of tobacco products in front of one of the neighborhood pharmacies.

ucts to children. The law also enables the Food and Drug Administration the ability to regulate the tobacco industry.

The law also prohibits tobacco companies from putting their logos on sports clothing or entertainment events, and placing advertisement within 1,000 feet of schools or playgrounds. A significant part of the bill prohibits the sale of flavored cigarettes — a lure for children and teens. Prior to its passage, tobacco products came in many flavors — chocolate, vanilla, orange and cherry.

Although the flavors masked the taste of tobacco, they were as addictive as regular tobacco products. But they were offered as safer alternatives. Yet, it has been proven that all tobacco products regardless of form or flavor increase the risk of cancer and heart and respiratory diseases.

Despite all of the progress, Dixon said she is not satisfied. "Our work in tobacco is not done," she said. "We need to get people to understand what we can do."

A law to protect the public health



The new Family Smoking Prevention and Tobacco Control Act, which was signed in June of this year, takes steady aim at the tobacco industry and is designed to protect the nation's youth. Following are some of its mandates:

- Gives the Food and Drug Administration authority to regulate tobacco products
- Requires tobacco companies to reveal all product ingredients
- Bans the sale of flavored tobaccos, except for menthol
- Limits advertising that could attract youth
- Prohibits distribution of free samples of cigarettes

- Eliminates the use of the terms "light," "low" and "mild" on tobacco products
- Requires that warning labels cover 50 percent of the front and rear of each pack, with the word 'Warning' in capital letters



Cigarette labeling is more graphic in other countries. This carton of Marlboros, sold in Germany, is explicit in its warnings.