When the first Surgeon General Report (SGR) on the effects of tobacco was released in 1964, there was still significant debate on the harms of cigarette smoking. “The Health Consequences of Smoking-50 years of Progress: A Report of the Surgeon General” was released this January and details the progress and challenges in tobacco control and prevention over the last half-century. Tobacco use and tobacco smoke exposure has killed 20 million people in the United States in the past 50 years and yet 18% of adults still smoke. New pediatric-specific findings from the 2014 SGR include:

- 3 million middle and high school students are current smokers.
- Since 1964, more than 100,000 infants have died from SIDS or complications from prematurity or low birth weight.
- Smoking during pregnancy increases the rate of orofacial clefts.

Other new findings from the SGR include:

- Smokers today have a greater risk of developing lung cancer than in 1964.
- Women are now as likely to die as men from smoking related diseases.
- Secondhand smoke is a known cause of stroke.

For the full SGR or summary statements, go to http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html#resources
Welcome!

New Members
• Tyra Bryant-Stephens, MD, FAAP
• Mary Cataletto, MD, FAAP
• Stephen de Waal Malefyt, MD, FAAP
• Ronda Dennis-Smithart, MD, FAAP
• Laura Dingfield, MD, FAAP
• Emily Duffy, MD
• Maisa Farid Jallad, MD, FAAP
• Andrew Lautz, MD, FAAP
• Ashley Lucke, MD
• E. Melinda Mahabee-Gittens, MD, FAAP
• Jennifer Mayer, MD, FAAP
• Kathryn Hewett, MD, FAAP
• Laura Dingfield, MD, FAAP
• Emily Duffy, MD

New Affiliate
members
• Arta Lahiji, MD, MPH
• Lori Pbert, PhD
• Ifeyinwa Udo, PhD

Electronic Cigarettes by Deepa Camenga, MD, MPH, FAAP

On April 24th, the Food and Drug Administration (FDA) proposed a rule giving the new authority to regulate electronic cigarettes, cigars, hookahs, and other tobacco products. See the AAP’s response: http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/FDATobaccoDeemingProposedRule.aspx.

Comments to the proposed rule are due July 9, 2014. To submit comments, go to: http://www.regulations.gov/#!documentDetail;D=FDA-2014-N-0189-0001

Why we should be concerned about the rising popularity of Electronic Cigarettes by Deepa Camenga, MD, MPH, FAAP

Your patients may use many names to describe electronic cigarettes: cigarettes, vape pens, h-hookahs. It is increasingly clear that the use of these electronic nicotine delivery devices is rising among adolescents and adults. Electronic cigarettes (e-cigarettes) are battery-operated devices that deliver nicotinized or denicotinized vapor through inhalation. These products often resemble traditional cigarettes, but are marketed as a “healthier alternative” with fewer chemicals and no secondhand smoke. The Centers for Disease Control and Prevention estimates that between 2011 and 2012, e-cigarette use increased from 3.3 to 6.8% among middle and high school students. The rising popularity of e-cigarettes may be attributed to multiple factors including increased marketing and advertising through traditional and online media outlets, the availability of flavored products, and the widespread perception that e-cigarettes are a safer alternative than traditional cigarettes.

When advising patients and parents about e-cigarettes, it is important to convey the lack of reliable data concerning the safety of these products. Proponents of e-cigarettes argue that they are less harmful than traditional cigarettes and could promote cessation among adults. However, data does suggest that these products may adversely affect the health of children and adolescents. Studies have found wide variability in the products’ nicotine content and device quality, with varying levels of toxic carcinogens (albeit at lower levels than that contained in traditional cigarettes). Although adults often use e-cigarettes for smoking cessation, cross sectional studies have not shown a relation between e-cigarette use and successful smoking cessation among adults. Due to the increasing availability of nicotine-containing liquids intended for e-cigarette cartridges, there has been a recent surge in calls to Poison Control Centers regarding ingestion of the liquid nicotine by children. Furthermore, experts argue that e-cigarettes may serve as a gateway product and promote use of other tobacco products. If the gateway phenomenon does hold true for adolescents, the use of e-cigarettes among youth may promote and sustain nicotine addiction, prevent adolescent smokers from quitting cigarettes, or promote nicotine exposure among non-smokers. Given these concerns, the American Academy of Pediatrics and other prominent organizations have advocated for e-cigarettes to be appropriately regulated by the Food and Drug Administration to reduce their appeal to youth.

Overall, the evidence to date has not shown that e-cigarettes provide health benefits or prevent future nicotine addiction. Therefore, in order to protect the health of children and adolescents, it is imperative that pediatricians continue to ask pediatric and adolescent patients and parents and caregivers about all forms of tobacco use (and e-cigarettes) and provide a strong message on the importance of total abstinence. www.aap.org/richmondc/1 EmergingAltProducts.html

www.aap.org/richmondc/pdfs/ECigarette_handout.pdf
Featured AAP Provisional Section on Tobacco Control Members

Harry Lando, PhD, Affiliate Member

Q: How did you get involved in tobacco control?
A: I was doing a study of galvanic skin conditioning and obtained statistically significant results. When I excitedly reported this to a coworker, his response was “So what?” Smoking (unlike GSR conditioning) answered the question of “so what” and was seemingly amenable to the behavior modification techniques I was then learning. Thus I rather naïvely set out on what has become a 40+ year career in smoking cessation and tobacco control.

Q: What advocacy/research/clinical practice activities are you currently involved with?
A: I currently focus my research on medically compromised and underserved smoker populations. I also engage in advocacy as chair of the International Liaison Group on Tobacco or Health which decides the venue for the World Conferences on Tobacco OR Health. In this capacity I seek to engage diverse constituencies in networking for global tobacco control.

Q: What is your favorite tip for addressing tobacco use and/or prevention in adults and adolescents?
A: I see considerable self-blame, especially among heavily dependent adult smokers. I point out that the tobacco industry spends billions of dollars each year on deceptive advertising intended to get them hooked, most often during childhood or adolescence. I emphasize that they are capable of quitting, that there are effective cessation aids available, and that they can learn and apply knowledge gained from past quit attempts.

Karen Wilson, MD, MPH, FAAP, Co-Chair, Provisional Section on Tobacco Control

Q: How did you get involved in tobacco control?
A: My first experience with tobacco control was when I was about 9, and trying to get my father to quit smoking. I nagged him persistently, but it didn’t work, and 4 years later I found myself a teen smoker. Fortunately I was able to quit smoking in my senior year in high school (oh the power of a non-smoking runner boyfriend!). When I was in residency, I began to take notice of the children admitted to the hospital whose rooms smelled strongly of tobacco smoke, and I suspected that this was related to their long stays for respiratory illness. I began to do some research in the area, and found that kids with smoking parents do stay longer, and are sicker. I also found that hospital providers miss opportunities to help families quit, or reduce their kids exposure. Always a rich source of data on tobacco product use and opinion. I am the co-chair of the Provisional Section of Tobacco Control, and I’m the Chair of the Colorado State Department of Public Health and the (Continued on Page 4)
provide a “framework for ending the tobacco use epidemic” that tobacco control advocates can use in developing their programs and prioritizing efforts.

The Healthy People 2020 strategies include:

- Fully funding tobacco control programs at the CDC recommended level
- Increasing the price of tobacco products
- Enacting comprehensive smoke free policies
- Controlling access to tobacco products
- Reducing tobacco advertising and promotion
- Implementing anti-tobacco media campaigns
- Encouraging and assisting tobacco users to quit

The increasing use and marketing of electronic cigarettes and other non-combustible tobacco products has challenged many of these efforts by creating confusion over the definition of cigarettes, smoking, and tobacco. Let’s be clear—electronic cigarettes with few exceptions contain nicotine, which is addictive and neurotoxic, especially to children, and they should be regulated as a tobacco product, and treated as a tobacco product in any state or local legislation.

The Provisional Section on Tobacco Control is working through the AAP and our members to support these efforts. We encourage our members to become involved advocating for supporting policies at their state and local level, and helping the family members and patients who smoke, quit for good. Your Section leaders are here to help and advise you regardless of how you want to become involved. The power of our Section is in our members, and your commitment to helping these 2020 goals become reality.

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**Tobacco End Game**

(Continued from Page 1)

Environment’s Tobacco Review Committee, where we set priorities for investing our tobacco tax funds. This spring I had my first chance to testify to the Colorado House of Representatives (supporting Tobacco 21), and I did my first press conference (supporting a national ban on marketing electronic cigarettes to children).

Q: What is your favorite tip for addressing tobacco use and/or prevention in adults and adolescents?

A: I use what I call the “bacon analogy” to explain the pervasiveness of secondhand smoke. I ask families to think about when they are cooking bacon, where in the house can you smell bacon? Everywhere! And if someone has been cooking bacon and they walk by you in the street—they smell like bacon! Any time you smell bacon, you are inhaling little bacon particles. Cigarette smoke is just the same—if you can smell it, it is getting in to you (or your child’s) lungs.

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**Featured Member: Karen Wilson** (continued from page 3)

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**How to Get More Involved in the Section**

1. Join the Provisional Section on Tobacco Control! It is easy!
   * Learn* *Inform* *Advocate*
   Encourage your friends and colleagues to join by visiting our Web site: www.aap.org/richmondcenter/psotco/HowToJoin.html
   Membership is **free** for AAP members & $20 for Affiliate Members.
2. Attend a Tobacco session at the Pediatric Academic Society meeting in May, or the AAP National Conference & Exhibition in October. (See page 5.)
3. Send us an e-mail at notobacco@aap.org and let us know what you would like to see in the next newsletter.
Upcoming Educational Opportunities

Pediatric Academic Societies (PAS) Annual Meeting, Vancouver, Vancouver Convention Centre, May 3-6, 2014 www.pas-meeting.org/

• Original Science Presentations from members of the Provisional Section on Tobacco Control:

• Academic Pediatric Association Pediatric Tobacco Issues Special Interest Group (cigSIG) www.ambpeds.org/specialInterestGroups/sig_ped_tobacco.cfm, Sunday, May 4, 12:00-3:00pm. The Pediatric Tobacco Issues SIG brings together child healthcare professionals and researchers dedicated to eliminating the dangerous consequences of tobacco use and secondhand smoke in children, adolescents, and their families.

  Agenda
  ◊ Introduction: Deepa Camenga, MD, MHS, FAAP & Kevin Nelson, MD, PhD, FAAP
  ◊ Update from the AAP Provisional Section on Tobacco: Karen Wilson, MD, MPH, FAAP
  ◊ Key Note: The Case for Age 21: Evidence, Successes, and Challenges: Rob Crane, MD, Founder and President, Preventing Tobacco Addiction Foundation
  ◊ Applications of Tobacco 21: Jonathan Winickoff, MD, MPH, FAAP
  ◊ Overview of The 2014 Surgeon General’s report: 50 Years of Progress: Rachel Boykan, MD, FAAP
  ◊ E-cigarettes and the FDA Proposed Regulations: Deepa Camenga, MD, MHS, FAAP & Kevin Nelson, MD, PhD, FAAP


Tobacco Control Sessions

• Provisional Section on Tobacco Control Program, Sunday, October 12, 2014 - 1:00 — 5:00 pm (Poster Abstract Session and Reception starts at 4:00 pm).
• Not Your Daddy’s Tobacco: What Pediatricians Need to Know about E-Cigarettes and Other Tobacco Products, Sunday, October 12, 2014 - 5:00 — 5:45 pm
• Who smokes cigarettes in 2014 – Populations at high risk for tobacco use and what you can do to help them, Monday, October 13, 2014 - 9:30 — 10:15 am

Also see our Section’s Resources page at www.aap.org/richmondcenter/psotco/resources.html.
Meet the Provisional Section on Tobacco Control

Executive Committee

Co-Chair:
Ruth Etzel, MD, PhD
Milwaukee, WI
Professor of Epidemiology, Zilber School of Public Health, University of Wisconsin

Membership Chair:
Sophie Balk, MD
Bronx, NY
Professor of Clinical Pediatrics at Albert Einstein College of Medicine and General Pediatrician, Children’s Hospital at Montefiore

Education Chair:
Judith Groner, MD
Columbus, OH
Clinical Professor Pediatrics, The Ohio State University & Attending Physician, Nationwide Children’s Hospital

Policy Chair:
Harold Farber, MD, MSPH
Houston, TX
Associate Professor Pediatrics—Pulmonary Section, Baylor College of Medicine & Texas Children’s Hospital

Member:
John Moore, MD
Roanoke, VA
Assistant Professor of Pediatrics, Virginia Tech–Carilion School of Medicine

Resident Liaison:
Brian Jenssen, MD
Philadelphia, PA
Chief Resident, Children’s Hospital of Philadelphia

Publications Chair & Newsletter Editor:
Susan Walley, MD
Birmingham, AL,
Associate Professor of Pediatrics, Division of Pediatric Hospital Medicine, University of AL at Birmingham & Children’s of AL

Provisional Section on Tobacco Control Staff

Laura Murray, MPH, CHES, Section Manager
Regina M. Shaefer, MPH, Director, Division of Tobacco Control
Colleen Spatz, MSBA, Section Coordinator