



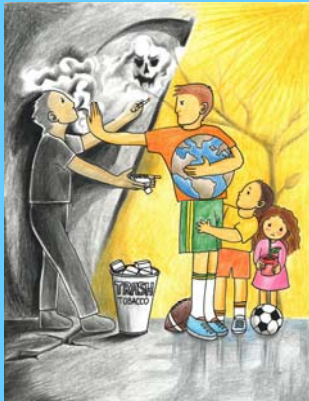
# AAP Section on Tobacco Control News

Volume 2, Issue 2

October 2014

## E-Cigarettes and Other Tobacco Products: FDA Deeming Regulations Update

Ethan Jorgensen-Earp, Legislative Assistant, AAP Department of Federal Affairs



Charles S. — 2nd place — Grades 3-5  
2013 AAP Children's Art Contest

On August 4, the AAP submitted comments on the Food and Drug Administration (FDA)'s proposed rule to deem all tobacco products, including e-cigarettes and cigars, subject to the Food, Drug, and Cosmetic Act. The FDA proposed rule, issued on April 25 for public comment, would extend the purchase age of

18 to e-cigarettes and all other tobacco products, add new warning labels, and prohibit the offering of free samples and vending machine sales. Once the rule becomes final, the FDA would be able to remove, after a proposed 24-month grace period, any non-grandfathered e-cigarettes from the market found not

to be "appropriate for the protection of public health." However, the rule fails to propose any marketing restrictions, any prohibition on candy flavored products, or any child-resistant packaging for liquid nicotine products. The rule also offers an option for potentially excluding

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## Letter from Co-Chairs

Ruth Etzel, MD, PhD, FAAP and Karen Wilson, MD, MPH, FAAP, Co-Chairs

As the clouds get fluffier and the temperature outside drops, we begin to think of the upcoming season. No, not the holidays, but in many states, the legislative session! For some big states, like New York, the legislative session runs through much of the year. In many others, however, it happens early in the year, and finishes up by late spring so the farmers can get out to plant the fields (at least that's what used to happen).

As clinicians who are inter-

ested in tobacco control issues, this legislative session offers us many opportunities to reap the results of our advocacy efforts. This newsletter highlights examples such as the Tobacco 21 legislation efforts and ongoing efforts at electronic cigarette regulation. There are many ways for you to get involved. The AAP State Government Affairs office and your AAP Chapter are both great places to find out what is happening in your area and what you can do

to help. Legislators of all persuasions place a high value on the testimony of pediatricians and other experts in child health—for an example just read about Dr. Susanne Tanski's testimony to Congress in this issue! A letter to the editor of your local paper is another great way to make an impact with a very small time investment. Children exposed to secondhand smoke have no voice and no choice in their exposure; it is up to us to be their voice and advocate for smoke-free lives for all.

## Featured AAP Provisional Section on Tobacco Control Members

### Susanne Tanski, MD, MPH, FAAP

Q: How did you get involved in tobacco control?

A: Somewhat accidentally—my first interest as a fellow was in injury control. I was an Academic Pediatrics Fellow housed at the AAP's Center for Child Health Research. Jon Klein and Michael Weitzman were CCHR principals, and really showed me how tobacco control actually IS injury prevention, but with a better evidence base! With their mentorship, I

authored my first paper, wrote my first small grant and won an Ambulatory Pediatric Association Young Investigator Award. With that success, and feeling like I could make a difference at so many levels in tobacco control, I was "hooked". I love that I can work directly with kids and families to help them to become tobacco-free. Better still is the ability to work with other pediatric providers and multiply

the reach to families by training others how to directly intervene with smokers. I've been fortunate to work with the AAP Julius B. Richmond Center of Excellence since its inception, and we work at all levels of tobacco control: generating new knowledge through research, piloting interventions with families to help them be tobacco-free, teaching tobacco treatment for patients and families, and advocating



**Susanne Tanski, MD, MPH, FAAP**

Geisel School of Medicine at Dartmouth

for smoke-free homes, smoke-free public housing, and other policy initiatives to protect kids.

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### Ruth A. Etzel, MD, PhD, FAAP, Provisional Section on Tobacco Control Co-Chair

Q: How did you get involved in tobacco control?

A: When I was a pediatric resident in Chapel Hill, North Carolina, Dr. Robert Greenberg invited me to work with him on a study that demonstrated for the first time that cotinine could be used as a biological marker of exposure to tobacco smoke among children. Before this study was published in the *New England Journal of Medicine*, most people thought that smoking was risky just for smokers; our

work helped document that exposure to tobacco smoke was harmful to the health of non-smokers, including young children.

Q: What advocacy/research/clinical practice activities are you currently involved with?

A: My research focuses on sudden death and acute pulmonary hemorrhage among infants, evaluating the combined effects of exposures to airborne mycotoxins and secondhand smoke. I also work with national

pediatric societies in many countries to engage pediatricians in tobacco control, because I believe that pediatricians' voices can be very influential in convincing policymakers to prohibit smoking in spaces where children live, learn, work and play.

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

A: When I was a little girl, my father used to point out smokers on the street and comment on the similarities between smoking and



**Ruth A. Etzel, MD, PhD, FAAP**

University of Wisconsin-Milwaukee

thumb sucking. As a result, I grew up with a view of smoking that was quite the opposite of mature and glamorous. Invoking thumb sucking images with young children can help to counter the sophisticated portrayals of the tobacco industry.

## Welcome!

### New Members

- Laura Brown, MD
- Alice Caldwell, MD, FAAP
- Ritu Chandra, MD, FAAP
- Cathy Coleman, MD, FAAP
- Trella Cooper, MD, FAAP
- Roosje De Grauw, MD, FAAP
- Leah Farley, MD
- Michelle Fiscus, MD, FAAP
- Alan Grimes, MD, FAAP
- John Harrington, MD, FAAP
- Jennifer Hartwell, MD, FAAP
- Rory Kretzmer, MD
- Timothy Lefeber, MD, FAAP
- Maila Martin, MD
- Janani Narumanchi, MD, FAAP
- Daniel Neuspiel, MD, MPH, FAAP
- James Roberts, MD, MPH, FAAP
- Lori Shipsky, MD, FAAP
- Abigail Strang, MD
- Stacey Wiles, MD, FAAP
- Aydin Tabrizi
- Carol Duh-Leong, MD

### New Affiliate Members

- Martha Tingen, PhD, RN, FAAN



Kyungmin J. – Grades 9-12  
2013 AAP Children's Art  
Contest

### **(Deeming Regulations Update, continued from page 1)**

“premium cigars” from any FDA regulation. The Academy urged FDA to ban all characterizing flavors other than tobacco in all

tobacco products, to apply its regulatory authority over all tobacco products, which includes premium cigars, to impose marketing restrictions on all tobacco products to reduce their exposure to children, and to require child-resistant

packaging on liquid nicotine containers. The comment period on the proposed rule closed on August 8, and the FDA is reviewing all comments before drafting its final rule.

### **Featured Member: Susanne Tanski, MD, MPH, FAAP**

**(continued from page 2)**

**Q:** What advocacy/research/clinical practice activities are you currently involved with?

**A:** Through the Richmond Center, I’m developing a nicotine sensor that detects secondhand smoke. I also work with Jim Sargent at the Dartmouth Media Research Lab, where we look at ways smoking in movies, media and advertising influence young people’s tobacco use. I am the Chair of the AAP Tobacco Consortium, and recently had the opportunity to testify at the US Senate Commerce Committee on behalf of the AAP regarding Electronic Cigarettes and Aggressive Marketing to Youth. This was a remarkable experience, and during the question and answer period I had the opportunity to publicly ask

Senator Nelson to help the AAP to protect kids from accidental nicotine poisoning by mandating child-safe packaging. Senator Nelson responded quickly by proposing a bill, the Nicotine Poisoning Prevention Act of 2014. Working with AAP and folks at my home institution, we made this a bipartisan bill, and it has now passed the committee and will be voted on after the November elections. These are really exciting times in tobacco control!

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

**A:** I have personally found the most success with emphasizing that I’m with them for the process, and we set proximal goals that are achievable so that we can have “wins”. For some, the idea of quitting is

totally beyond what they can think about, so we start with something they can achieve, like a completely smoke-free home. It really is possible! Once that is in place, smoking behavior is changed substantially. That behavior disruption alone is often enough to get them to consider the possibility that they can succeed as a non-smoker. Small steps add up, and make a difference.



Dr. Tanski testifying at a Senate hearing on e-cigarettes and aggressive marketing to youth

*EQIPP: Eliminating Tobacco Use and Exposure to Secondhand Smoke* is a new course offering from the AAP eLearning Division. Combining **quality improvement** principles with pediatric clinical content, this course allows you to:

- Improve your tobacco screening technique
- Collaborate with other providers in your practice
- Collect and analyze data over time through cycles of change
- Improve practice efficiency and patient care

This course meets the American Board of Pediatrics (ABP) Maintenance of Certification Performance in Practice (Part 4) requirements. Completion of the course is worth **25 points** credit!

This is one of the *EQIPP (Education in Quality Improvement for Pediatric Practice)* courses included as a Member benefit to all Members of the Academy.

Access the course at: <http://eqipp.aap.org/home>

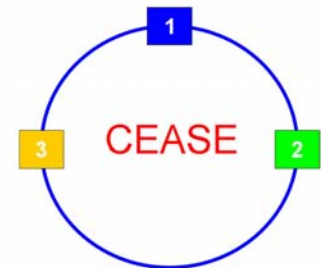
## CEASE Program Streamlines Tobacco Counseling at Pediatric Office Visits

Jonathan Winickoff, MD, MPH, FAAP, PSOTCo Member

Clinical Effort Against Secondhand Smoke Exposure (CEASE) is a program that teaches pediatricians how to systematically provide tobacco cessation counseling to parents and help families establish rules for completely smoke-free homes and cars. CEASE was developed with the help of experts around the country by a team at Massachusetts General Hospital led by Dr. Jonathan Winickoff, MD, MPH, and it was named an “Innovation in Medicine” by the Agency for Healthcare Research and Quality.

Clinicians participating in CEASE use a 3-step version of the traditional 5As approach recommended in the US Public Health Service guidelines- **Ask** about tobacco use, **Assist** them in quitting if they want to stop, and **Refer** them to appropriate cessation resources. While addressing tobacco use, clinicians also ask about both secondhand and thirdhand (the residue left on surfaces after smoking

takes place) smoke exposure and stress the importance of maintaining smoke-free homes and cars. Clinicians proactively refer smoking parents to additional cessation resources that can be easily embedded into the primary care setting at little or no cost, such as the state tobacco quitline or SmokefreeTXT, a free text messaging program. A prescription for nicotine replacement therapy is offered to all parents who smoke. Research has demonstrated that combining these therapies is more effective than using each of these components alone. The impact of CEASE was demonstrated in a cluster randomized controlled trial of 20 pediatric practices recruited from the AAP Pediatric Research in Office Settings network. Prior to the intervention, clinicians in control and intervention practices rarely provided meaningful cessation assistance to smoking



parents. After CEASE was introduced in intervention practices, assistance rates jumped to 43%. The CEASE team is currently conducting the second phase of this study, which examines the long-term effectiveness and sustainability of the CEASE intervention with pediatric practices from several states. CEASE uses teachable moments in the child’s medical visit to address parental tobacco use. Parents often have more interaction with a pediatrician than with any other health care provider, making pediatric office visits a prime time to offer smoking cessation counseling and support for establishing smoke-free home and car rules.

Free CEASE materials, including state-specific information, are available at [ceasetobacco.org](http://ceasetobacco.org).

## Tobacco 21 Growing in Popularity on Local Levels

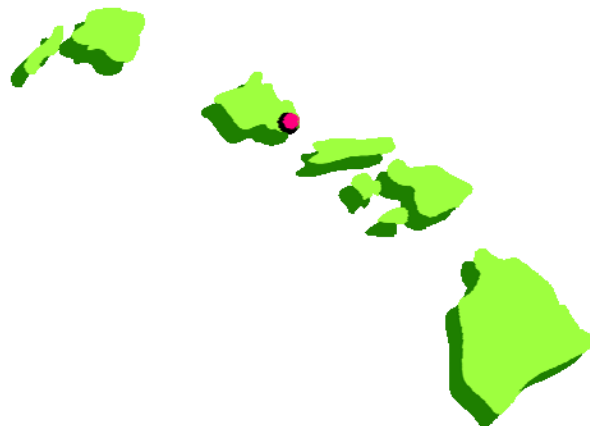
Janet Brishke, MPH, PSOTCo Manager

Cigarette sales to those under 21 account for only 2.12% of total sales, however because 90% of smokers begin by age 18, it is crucial to prevent adoption of smoking in young populations. Since some high school students are 18 and legally able to buy cigarettes in some places, it is easy for those students to purchase cigarettes and give them to younger students who cannot buy cigarettes themselves. Pushing back the age of tobacco sales to 21 helps keep cigarettes out of the hands of younger potential smokers- 90% of people who purchase for distribution to minors are between the ages of 18 and 20.

A way to reduce underage smoking is to implement "Tobacco 21" laws. These laws change the age of tobacco sales to 21. This movement began in Needham, Massachusetts in 2005. The town voted for this law, and the age of tobacco sales was raised to 21. Prior to implementation of this law, the town had a youth smoking rate of 13% (compared to 15% in neighboring communities). Following implementation of the Tobacco 21 law, the youth smoking rate in

Needham fell to 6.7% in 2010, compared to 12.4% in neighboring communities. Following this remarkable progress, several other towns in Massachusetts have started looking in to Tobacco 21 laws, and to date, more than 25 other communities in the area have implemented a tobacco sales age of 21 and close to 20 other communities are considering changing their age of tobacco sales. Across the United States, many communities have implemented Tobacco 21 laws already, and many others (including some states) are considering doing so. It should be noted that some communities and states have raised the tobacco sales age to 19. Some of these laws cover all tobacco products, some cover e-cigarettes, and some only cover cigarettes. Critics of Tobacco 21 laws use a variety of arguments to voice concerns about these laws. One of the most frequently-heard arguments against Tobacco 21 laws is that eliminating tobacco sales from those under 21 will cause convenience stores to lose business. The total loss of

(continued on page 7)



### Tobacco 21 Efforts in Hawaii

**Bryan Mih, MD, FAAP, PSOTCo Member**

Hawaii presents a unique opportunity for Tobacco 21 laws- as an island state, it is impossible to drive to neighboring states to purchase tobacco products. The state consists of four counties: Kauai, Honolulu, Maui, and Hawaii. Hawaii County, which is the Island of Hawaii (a.k.a. the Big Island), is the fourth municipality in the nation to prohibit the sale of tobacco products to anyone under age 21. This law went into effect July 1, 2014. Retailers can be fined up to \$2000 for violations and signs are required at points of sale, with up to \$500 fine for noncompliance.

The City & County of Honolulu, encompassing the state's most populous island of Oahu, currently has a proposed bill to raise the minimum age to 21 for purchase of tobacco products and e-cigarettes. Honolulu Bill 51 has been progressing through city council hearings and should have its final hearing on November 12, 2014. Should it be passed by the city council, the mayor is expected to sign it into law, to be effective January 1, 2015.

If Honolulu Bill 51 passes, the Coalition for a Tobacco-Free Hawaii plans to support a state-wide bill. This would potentially make Hawaii the first state in the nation to establish age 21 as the minimum age for purchase of tobacco products and e-cigarettes.

Get more information at [www.tobaccofreehawaii.org](http://www.tobaccofreehawaii.org).

## Attending the 2014 AAP National Conference and Exhibition?

Be sure to join the PSOTCo for its exciting lineup of tobacco control sessions! Last year, the PSOTCo held its first Section Program and hosted a total of three oral presentations and 13 poster presentations. This year, we have expanded our capacity and are excited to host three oral presentations and 15 poster presentations. The poster presentations and concurrent reception are a great chance to get to know other child health clinicians interested in tobacco control.

### 2014 AAP National Conference & Exhibition

San Diego Convention Center

October 11-14, 2014

*www.aapexperience.org*

#### Join us for the Provisional Section on Tobacco Control Program!

Addressing Tobacco Control Issues in Office Practice: How Can Pediatricians Combat Burnout?  
Sunday, October 12, 2014, 1:00 – 5:00 pm at the Marriott Marquis, San Diego Ballroom A

#### Tobacco Control Sessions

- Educational Session:** 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 at the San Diego Convention Center, Room 29D
- Educational Session:** 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 at the San Diego Convention Center, Room 28AB
- Plenary Session:** What Pediatricians Need to Know about E-Cigarettes  
Tuesday, October 14, 2014, 10:30-10:50am at the San Diego Convention Center, Ballroom 20



PSOTCo Section Program attendees have a chance to discuss posters with PSOTCo leadership and members



PSOTCo Section Program attendees, staff, and leadership helped make the first-ever PSOTCo Section Program a success!

## Back to Basics

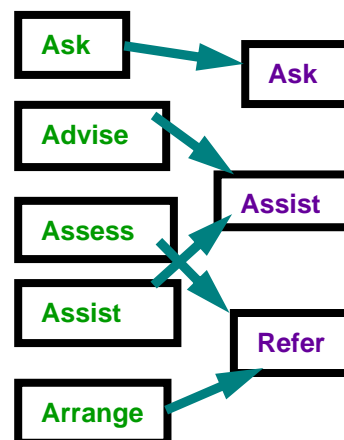
Susan Walley, MD, FAAP, PSOTCo Publications Chair

It can be challenging on a daily basis to maintain the motivation to provide education and counseling for patients and parents to eliminate tobacco use and tobacco smoke exposure. I think back on the single mother whose child was hospitalized for bronchiolitis (again) and feel I failed my patient because I didn't provide smoking cessation counseling. The fact is, no one person can do it right every time. We need systems in place such as CEASE (see article p. 4) that will make the right treatment the easy thing to do. It is also important to remember that patients do value what we say and offering even brief advice to quit smoking increases the likelihood of a smoker quitting. Better still, brief smoking cessation counseling can be performed in less than 5 minutes with the 2 A's and an R. If all of us

commit to incorporating this into our practice, we not only will make an impact on our patients, but society as a whole!

**Ask:** Ask about tobacco use and whether the smoker is interested in quitting.

**Assist:** Provide smoking cessation counseling (i.e. discuss reasons to quit and quit date) and interventions (i.e. over the counter nicotine patch or gum).



**Refer:** Refer to 1-800-QUITNOW (or send patient referral by phone, online or fax) or text the word QUIT to iquit (47848).

### (Tobacco 21, continued from page 5)

revenue is only 2.12% of total tobacco sales. Not a single convenience store in Needham went out of business when the Tobacco 21 law was implemented. Another concern is that underage smokers will go to a neighboring town to buy cigarettes. This has not happened in Needham, and there is no evidence that it will occur. Most high school students have limited mobility, and each town that raises its sales age increases the odds that surrounding towns will do the same.

To find out what is happening with Tobacco 21 laws in your area, contact your local AAP Chapter or visit [www.tobacco21.org](http://www.tobacco21.org).

### How to Get More Involved in the Section

1. Join the Provisional Section on Tobacco Control. \*Learn\* \*Inform\* \*Advocate\*  
Sign up before December 31st and get a **free** new member welcome kit! Joining online is easy, and takes less than five minutes- visit [www.aap.org/psotco](http://www.aap.org/psotco).
2. Encourage your friends and colleagues to join the Section. Membership is **free** for AAP members & only \$20 for Affiliate Members.
3. Attend a tobacco session at the AAP National Conference & Exhibition in October (See page 6).
4. Send us an e-mail at [notobacco@aap.org](mailto:notobacco@aap.org) and let us know what you would like to see in the next newsletter.

### Provisional Section on Tobacco Control

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Lora R. – Grades 6-8  
2013 AAP Children's Art Contest

Have you heard? The AAP Richmond Center is on Facebook!

[www.facebook.com/aaprichmondcenter](http://www.facebook.com/aaprichmondcenter)

'Like' our page and get your tobacco control updates through social media.



## Meet the Provisional Section on Tobacco Control

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Milwaukee, WI



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**Karen Wilson, MD, MPH**  
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Associate Professor & Section Head of Pediatric Hospital Medicine, Children's Hospital Colorado

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#### Member:

**John Moore, MD**  
Roanoke, VA



Assistant Professor of Pediatrics, Virginia Tech- Carilion School of Medicine

#### Resident Liaison:

**Brian Jensen, 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

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**Colleen Spatz, MSBA**, Section Coordinator

