

North Montana Tobacco-Free Coalition News



Understanding Montana's Master Settlement Agreement

In November 1998, Montana joined 45 other states in signing the Master Settlement Agreement (MSA) with the nation's largest tobacco companies. The settlement resolved a lawsuit brought by the states seeking to enforce their laws and to recoup hundreds of millions of dollars the states spent on Medicaid-funded care for people suffering from tobacco-related illnesses. It contained two critical components: restrictions on tobacco marketing and annual payments to states.

The MSA's goals were to reduce youth smoking, promote public health and provide states with financial relief. Montana is one of the only states that, by resolution of its voters, embraces these goals.

- November 2000, Montana Constitutional Amendment 35, passed by 73 percent of voters, created a permanent, income-producing trust fund. Ninety percent of trust fund earned interest must be used for health care benefits, services, education programs and tobacco disease prevention.

• November 2002, I-146, passed by 65 percent of voters, established a tobacco disease prevention special revenue account to fund a tobacco use prevention program and the tobacco prevention advisory board; it established a Health Insurance benefits account for the healthy Montana kids insurance plan, Comprehensive Health Association programs & Medicaid matching funds.

Montana uses the majority of its MSA income - \$30.2 million in 2011 - for its intend-

ed purposes - improved health and tobacco disease prevention.

MSA Restrictions

- Prohibits direct or indirect targeting of youth in advertising, marketing and promotion of tobacco products.
- Bans cartoons in tobacco marketing, advertising or promotion.
- Prohibits brand name sponsorship of concerts, football, basketball, baseball, soccer, and hockey events, or other events with a significant percentage of youth participants or youth audience.
- Limits brand name promotion to one event per 12-month period.
- Prohibits outdoor advertising of tobacco products, except signs limited to 14 square feet where tobacco products are sold.
- Prohibits transit ads on or in public or private vehicles.
- Outlaws payments for product placement in movies and other entertainment media.
- Prohibits distribution of tobacco brand-name merchandise, except in limited situations.
- Prohibits distribution of free samples, except in adult-only facilities, and gifts to youth in exchange for proofs of purchase.
- Bans agreements among tobacco companies to suppress health-related research and product development and misrepresentation of fact regarding the health consequences of using tobacco products.

Quick Facts: Understanding Montana Tobacco-Free Schools Policies

Comprehensive Tobacco-Free School Policies protects everyone from health risks associated with tobacco use and secondhand smoke exposure and are an important factor in decreasing youth tobacco use.

Montana law prohibits anyone from using tobacco products in a public school building or on any public school property at any time.

- *School property includes “public school building or public school property” means; any public land, fixtures, buildings, or other property owned, occupied or maintained under the laws of the state of Montana at public expense; and includes school playgrounds, school steps, parking lots, administration buildings, athletic facilities, gymnasiums, locker rooms, and school vehicles.*
 - » Passed by the Montana legislature as part of the 2005 Clean Indoor Air Act (CIAA).
 - » Tobacco products includes but are not limited to cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco or any other tobacco or nicotine innovation.
 - » The law applies to students, faculty, administrators, as well as janitors, parents, school board members, sports fans, alumni, guests - anyone entering school property at any time.
 - » School administrators and/or principals (or their designees) have the authority to enforce this law.
 - » Violators who smoke or use other tobacco products on school property can be fined between \$25 and \$100 (CIAA-Chap. 40 50-40-115).

reACT! Crew kicks off the year with its first meeting at Havre High School

The Havre reACT Crew kicked off the new school year with its first meeting at noon on September 11 at Havre High.

The Crew will have a strong core of returning members. We bid a fond farewell to graduating seniors Shawna Cary, Abbi Bohn, Katie Luse, Sam Lippy and Jimmy Cox. Their contributions were many, and their impact was significant, and their presence will be missed.

reACT is a youth advocacy group focused on countering the actions of the tobacco industry. Big tobacco has for years targeted youth as “replacement smokers” to fill the void left by the deaths of 440,000 Americans each year due to tobacco related diseases. Promoting the straightforward motto of “Say ‘NO’ to Corporate Tobacco”, reACT works to educate peers of the importance of avoiding manipulation by an industry whose only goal is profit without regard to the death and damage done by the products they market.

If you know of a student who might be interested reACT, please let us know - we will personally extend an invitation to attend our meeting to learn more.



The Havre and Malta reACT crews teamed up for a “reACTivism” event last spring in Havre. More events will be planned for this coming year, including one for Red Ribbon Week in October.



Study says children exposed to tobacco smoke face long-term respiratory problems

For more than three decades, researchers have warned of the potential health risks associated with exposure to environmental tobacco smoke (ETS), especially among children whose parents smoke. Now a new 2012 study conducted by researchers from the University of Arizona reports that those health risks persist well beyond childhood, independent of whether or not those individuals end up becoming smokers later in life.

"This study shows that exposure to parental smoking increases the risk of persistence of respiratory symptoms from childhood into adulthood independent of personal smoking," said Juliana Pugmire, MPH, DrPH., research specialist at the University of Arizona in Tucson. "Persistent respiratory illness in childhood and young adulthood could indicate an increased risk of chronic respiratory illness and lung function deficits in later life."

"Earlier studies established a link between parental smoking and childhood respiratory illness, but in this study, we sought to demonstrate whether these effects persisted into adulthood," Dr. Pugmire said. "A handful of studies examined whether children exposed to parental smoking had asthma that developed or persisted in adulthood but most did not find an association.

The researchers drew data from the Tucson Epidemiological Study of Airway Obstructive Disease (TESAOD), a large, population-based, prospective study initiated in 1972 that enrolled 3,805 individuals from 1,655 households.

"We identified individuals who entered the TESAOD study when they were under 15 years of age and who were followed to adulthood during the study," Dr. Pugmire said. "When we collected data from the child participants, we also collected information about the parents' smoking status."

Dr. Pugmire and her colleagues looked at the reported prevalence of active asthma, wheeze, cough and chronic cough, which was defined as a persistent cough that had occurred for three consecutive months. *The researchers determined that 52.3 percent of children included in the current study were exposed to ETS between birth and 15 years. After adjusting for sex, age, years of follow-up and personal smoking status, the researchers found that ETS exposure in childhood was significantly associated with several persistent respiratory symptoms, including persistent wheeze, cough and chronic cough.*

"Persistent wheezing from childhood into adult life has been shown to be associated with lung function deficits. Chronic bronchitis (defined as chronic cough and phlegm) is a significant risk factor for chronic obstructive pulmonary disease (COPD) development later in life. Therefore, the persistence of symptoms like chronic cough and wheeze into young adulthood may indicate a susceptibility to lung function deficits and chronic respiratory illness with age," Dr. Pugmire noted.

Future studies will be needed to examine the potential synergistic effects of personal smoking and exposure to parental smoking on risk of COPD morbidity and mortality in middle to late adult life, she added.

Source: American Thoracic Society, 2012

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North Montana Tobacco-Free Coalition

The North Montana
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Calendar



Oct. 19: Hill County Health
Dept. Wellness Fair

Oct. 22-27: Red Ribbon
Week



Nov. 15: Great American
Smokeout

Nov. 22: Thanksgiving



Dec. 8: reACT Snow
Stencil Party

Dec. 24-25: Christmas
Break



BLOOM COUNTY



by Berke Breathed