



Tobacco UPDATE

An Update on Tobacco Control
and Prevention Activities
in Region 6/5S

Issue 24

Nov 2024

Tobacco News

NYC Ships 1,200 Pounds of Illegal Vapes to be Destroyed

Last month, New York City Mayor Eric Adams announced that 1,246 pounds of illegal vape products were shipped off for destruction. The vapes were confiscated as part of the city's Operation Padlock to Protect. The program was launched in May with the goal of shutting down smoke and cannabis shops that are operating illegally without a license. It covers all five boroughs of the city and has since closed 1,200 shops and seized an estimated \$80 million in illegal products. Last August, the task force also destroyed more than four tons of illegal cannabis products.

[Full article](#)

Big Tobacco Reaches Multibillion-dollar Settlement in Canada

Three large tobacco companies will pay an estimated \$24 billion U.S. dollars to settle a legal battle in Canada. Philip Morris International, JTI-Macdonald Corp., and Imperial Tobacco Canada Ltd. will be part of a settlement over tobacco-related claims in Canada. Aside from the almost \$24 billion that provinces and territories will receive, members of the class action suit will also get \$4.25 billion, while Canadian victims outside of Quebec will receive \$2.5 billion. The three tobacco companies are also expected to set aside \$1 billion for a foundation to fight tobacco-related diseases.

[Full article](#)

Announcements & Events

Upcoming Events

November 6

- [Innovations in Tobacco Control Lecture Series: Time to Learn Lessons from the Commercial Determinants of Health](#); **webinar; 8:30 a.m. CT**

November 14

- [Tobacco Use Treatment and Coaching](#); **webinar; noon CT**

November 19

- [PHR 6/5S Tobacco Prevention and Control ECHO](#); **webinar; 9 a.m.-10 a.m. CT**

November 20

- [Tackling Tobacco Together: A Deep Dive into Tobacco Recovery Treatment Within Priority Populations](#); **webinar; 11 a.m.-2:30 p.m. CT**

November 21

- [The Great American Smokeout](#)
- [Funding Opportunity! Pre-Application Webinar: Tobacco, Alcohol, and Cannabis Policy Research for Health Equity](#); **webinar; 11 a.m.-noon CT**
- [Empowering Futures: Culturally Tailored Commercial Tobacco Cessation Programs in American Indian and Alaska Native Communities](#); **webinar; noon-1:15 p.m. CT**

December 5

- [Heart Health and Tobacco Use](#); **webinar; 11 a.m. CT**

Did You Know?



Dogs can get cancer from secondhand smoke. Depending on the length of their noses, certain breeds are more at risk for certain cancers. Long-nosed breeds have a higher risk for nasal cancer because smoke

particles can stay trapped in their noses for longer periods of time. Because of their shorter noses, breeds like pugs, bulldogs, beagles, etc., have fewer smoke particles filtered by their nose, so it goes directly to the lungs. These breeds have a higher risk for lung cancer.

Partner Announcements

Call for Case Presenters

We are organizing a Tobacco ECHO for Region 6/5 S, and we need real-life cases (either clinical or systems case) relating to tobacco use, prevention, and cessation. If you are currently dealing with vaping, smoking, or any tobacco-related problems in your community or workplace and want expert advice from our Hub team, please submit a case [here](#) or email: hsr65.echo@dshs.texas.gov.

[Join our Region 6/5 S Tobacco ECHO](#)

Get in touch!

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November Spotlight

November is Native American Heritage Month



Native Americans have a unique relationship with tobacco. Even before colonizers came to America, Native Americans were already using the tobacco plant

for sacred and medicinal purposes. With the advent of commercial tobacco, they have been disproportionately targeted by Big Tobacco. As a result, they have one of the highest tobacco use rates of any ethnic group in the U.S. In honor of Native American Heritage Month, we will be talking about what traditional tobacco means to our Native brothers and sisters.

What is traditional tobacco and how is it different from commercial tobacco?

- Traditional tobacco is used ceremonially as an offering. It is not for recreational use.
- Traditional tobacco does not contain additives designed to increase its addictiveness.
- It is not mass produced and is not marketed by the tobacco industry.
- It can be smoked in a pipe, but the smoke is not generally inhaled.

How is traditional tobacco used?

- American Indian communities are diverse, with many tribes and nations. Each have a unique relationship with traditional tobacco.
- While methods differ between communities, sacred tobacco is usually hand-prepared and offered respectfully for prayer, healing, and ceremony.
- When used for ceremony or for medicinal purposes, sacred tobacco is not associated with addiction.

How can I learn more about sacred tobacco?

- You can watch this [video](#) to learn more about the history of sacred tobacco and the relationship the Native American people have with it.
- Visit keepitsacred.itcmi.org to learn more.

Latest in Research

Long-term Exposure to Vape Aerosols Increases Risk for Atherosclerosis in Male Mice

A study conducted on mice revealed that chronic exposure to vape aerosol increases the risk of atherosclerosis. Scientists in Canada exposed mice to STLTH or Vuse, both popular vape brands, for 16 weeks. At the end of the study, they found that only male mice developed increased levels of lipids and cholesterol in their blood compared to those who were exposed to system air. The male mice were also found to have an increase in plaque formation in the aorta. Even though there was an increase in atherosclerosis, no increase in pulmonary inflammation was found.

[Full article](#)

What Happens If Smokers Are Provided Support Regardless of Motivation to Quit?

Previous studies have found that opt-out treatment resulted in higher quit rates than opt-in treatment. In addition, it is known that a higher desire to quit before treatment leads to greater cessation success. But scientists at the University of Kansas wanted to know: Does motivation to quit affect success rates in opt-out treatments?

The scientists performed a secondary analysis of a randomized clinical trial among smokers who were patients at a hospital. Patients were randomized into an opt-in or an opt-out treatment option. For opt-in treatment, treatment was only provided if the patient was willing to quit smoking. Those who were in the opt-out treatment arm received treatment regardless of their desire to quit unless they opted out of all the elements of the treatment. Results of the study showed that cessation rates for opt-out treatment remained the same regardless of motivation to quit prior to treatment.

[Full article](#)

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