FULSToP

FAMILIES UNITING LOCALLY TO SOLVE TOBACCO PROLIFERATION

FAITH-BASED ORGANIZATIONS RESOURCE PACKET

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FULSToP contract 17-10977 receives funds from the California Department of Public Health, California Tobacco Control Program, through the Proposition 56 California Healthcare, Research, and Prevention Tobacco Act of 2016. 8.31.20

Overview of Tobacco-Free Policy for Faith-Based Organizations

Purpose Statement

According to the U.S. Surgeon General's Report of 2006, the Environmental Protection Agency of 1992 and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings. Faith-based organizations can improve the health and well-being of congregational members and community residents. Tobacco in any form is a a major cause of preventable disease and death in California and the United States. It has also been acknowledged as a fire hazard. Thus, prohibiting tobacco products and electronic smoking devices at faith-based facilities, vehicles, and sponsored events, rejecting financial sponsorship from tobacco companies and eliminating tobacco advertising on gear or other paraphernalia at any function/activity, and adopting a written tobacco-free congregational policy helps to provide a safe and healthy environment for all people.

Goals

The goals of a tobacco free policy are to provide a safe, healthy environment for congregational members, employees, visitors, and community residents. These goals are achieved through efforts designed to:

- Exhibit model tobacco-free behavior for youth and adults
- Eliminate exposure to environmental tobacco smoke and aerosol from electronic smoking devices
- Provide information on and/or promote smoking cessation programs for those in need
- Reduce fire hazards

Benefits of Adopting a Congregational tobacco-free policy

There are many benefits for adopting and implementing a voluntary tobacco-free faith-based organization policy. Some benefits include:

- Receive free strategic planning and technical assistance to support the adoption and implementation of a tobacco-free policy at your faith-based organization
- Promote a health tobacco-free lifestyle
- Access to up-to-date tobacco control educational materials and cessation resources

For more information on the congregational tobacco-free policy, contact:

FULSToP (Families Uniting Locally to Solve Tobacco Proliferation)
Nile Sisters Development Initiative
Telephone: (619) 265-2959
Email: fulstop@nilesisters.org

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[NAME OF FAITH-BASED ORGANIZATION] TOBACCO-FREE POLICY

PURPOSE

[Name of faith-based organization] is committed to providing a safe and healthy environment. Tobacco use is the leading cause of preventable disease and death in the United States. The use of tobacco products, as well as exposure to second-hand smoke, has been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. The use of unregulated high-tech smoking devices, commonly referred to as electronic smoking devices or e-cigarettes, is a health hazard. Electronic smoking devices produce an aerosol that contains at least 10 chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm.

[Name of faith-based organization] believes the use of tobacco products, including electronic smoking devices, is detrimental to the health and safety of congregation members, staff, visitors, and other members of the community.

[Name of faith-based organization] aims to promote a holistic view of health by supporting tobacco-free environments.

[Name of faith-based organization] seeks to support congregation members, staff, and visitors with their cessation efforts to become free from tobacco use and nicotine dependency.

DEFINITIONS

"All times" means 24 hours a day, seven days a week.

"Electronic smoking device" means any device that may be used to deliver any aerosolized or vaporized substance to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen, or e-hookah.

*"**Event"*** means any event hosted or sponsored by [name of faith-based organization] that is not on [name of faith-based organization] property.

"[Name of faith-based organization] property" means all property, both indoor and outdoor, that is owned, operated, leased, occupied, or controlled by [name of faith-based organization]. This includes all buildings, stairwells, parking lots, offices, and sidewalks that are located on [name of faith-based organization] property. [Name of faith-based organization] property also includes all vehicles owned or leased by [name of faith-based organization] and all private vehicles during the time in which the private vehicles are used for [name of faith-based organization] work-related activities.

"Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated product, whether natural or synthetic, containing, made, or derived from nicotine, tobacco, marijuana, or other plant, that is intended for inhalation. Smoking also includes carrying or using an activated electronic smoking device.

"Staff" means any person employed by [name of faith-based organization] in a full- or part-time capacity, or any position contracted for or otherwise employed by [name of faith-based organization], or any person working as a

Model Policy

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volunteer. The term includes, but is not limited to, elected and appointed officials, personnel, contractors, consultants, and vendors.

"Tobacco product" means any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus. "Tobacco product" also means electronic smoking devices and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes, and substances used in electronic smoking devices, whether or not they contain nicotine. "Tobacco product" does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

"Tobacco use" means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

"Visitor" means any person on [name of faith-based organization] property who is not staff.

POLICY

No tobacco product shall be used, sold, or provided anywhere on [name of faith-based organization] property or at events at all times.

APPLICABILITY

This policy applies to all persons, including, but not limited to, [name of faith-based organization] congregation members, staff, and visitors.

[Name of faith-based organization] will not accept any funding or any in-kind contribution from tobacco or electronic smoking device companies for any reason, including, but not limited to, sponsorships, scholarship funds, or building renovations. Such funding is counter to [name of faith-based organization] holistic view on health.

EXCEPTION

It is not a violation of this policy for a Native American to use tobacco as part of a traditional Native American spiritual or cultural ceremony. Approval from the leadership of [name of faith-based organization] must be requested and received prior to the ceremony.

ACCOUNTABILITY & IMPLEMENTATION

The implementation and enforcement of this policy is a shared responsibility of [name of faith-based organization] staff. Staff should courteously and respectfully communicate and encourage compliance with this policy to fellow staff, visitors, and other persons on [name of faith-based organization] property and at events. Staff should contact their supervisor if they encounter difficulty with enforcing this policy.

To ensure successful implementation and compliance with this policy, signs indicating that [name of faith-based organization] property and events are tobacco-free will be posted at strategic locations.

Model Policy

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Copies of this policy shall be distributed to all staff. Announcements shall also be printed in congregation newsletters to ensure that everyone is aware of and understands the policy.

Tobacco education materials and cessation information shall be made available to congregation members, staff, and visitors. In addition, on-site cessation programs shall be made available to assist and encourage individuals who desire to quit using tobacco products.

Repeated violations of this policy by staff may result in disciplinary action in accordance with their employment manual. Questions and problems regarding this policy should be handled by contacting [name of designated faith-based organization staff].

EFFECTIVE DATE

This policy shall take effect in full on _____.

_____ _____

Signature of Leadership of [name of faith-based organization] Date

Model Policy

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Faith-based Organizations Directory – Voluntary Tobacco Free-Policy					
Organization	**Street Address**	**City**	**Zip Code**	**Leadership**	**Adoption Year**
SAN DIEGO COUNTY					
St. Stephen's Cathedral Church of God in Christ	5825 Imperial Ave	San Diego	92114	Bishop George D. McKinney	2020
Church of God Prophecy of Abundant Life	4251 Epsilon St.	San Diego	92104	Pastor Menard	2018
Lemon Grove Community Church (The Lagoon)	3122 Main St.	San Diego	91945	Rev. Dr. George Linzey	2018
St. Luke's Episcopal Church	3725 30th St.	San Diego	92104	Pastor Colin Mathewson	2018
Orange County					
Sonrise Community Christian Church	6940 Knott Ave	Buena Park	9061	Pastor Nadine Starks	2020
Greater Light Missionary Baptist Church	1600 W. 3rd St.	Santa Ana	92703	Pastor Gale Oliver	2019
Johnson Capel AME Church	1306 W. 2nd St.	Santa Ana	92703	Pastor Delman Howard	2019
New Spirit Baptist Church	791 S Sulivan St.	Santa Ana	92704	Pastor Leon Clark	2019
Second Baptist Church	22600 Lambert St.	Lake Forest	92630	Pastor Ivan S. Pitts	2018
Second Baptist Church	4300 Westminister Ave.	Santa Ana	92706	Pastor Ivan S. Pitts	2018

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Families Uniting Locally to
Solve Tobacco Proliferation
FULSTOP

Tobacco Timeline

» Cigarettes were first introduced in the United States in the early 19th century. Before this, tobacco was used primarily in pipes and cigars, by chewing, and in snuff.

» By the time of the Civil War, cigarette use had become more popular. Federal tax was first imposed on cigarettes in 1864. Shortly afterwards, the development of the cigarette manufacturing industry led to their quickly becoming a major US tobacco product.

» At the same time, the populist health reform movement led to early anti-smoking activity. From 1880–1920, this activity was largely motivated by moral and hygienic concerns rather than health issues.

» The milder flue-cured tobacco blends used in cigarettes during the early 20th century made the smoke easier to inhale and increased nicotine absorption into the blood stream.

» During World War I, army surgeons praised cigarettes for helping the wounded to relax and ease their pain.

» Smoking was first linked to lung cancer and other diseases in the late 1940s and early 1950s.

» In 1956, a Surgeon General's scientific study group determined that there was a causal relationship between excessive cigarette smoking and lung cancer.

» In England, the 1962 Royal College of Physicians report emphasized smoking's causative role in lung cancer.

» Anti-smoking messages had a significant impact on cigarette sales; however, when cigarette advertising on television and radio was banned in 1969, anti-smoking messages were discontinued.

» The 1972 Surgeon General's report became the first of a series of science-based reports to identify environmental tobacco smoke (ETS) as a health risk to nonsmokers.

» In 1973, Arizona became the first state to restrict smoking in a number of public places explicitly because ETS exposure is a public hazard.

» By the mid-1970s, the federal government began administratively regulating smoking within government domains. In 1975, the army and navy stopped including cigarettes in rations for service members. Smoking was restricted in all federal government facilities in 1979 and was banned in the White House in 1993.

» In 1988, Congress prohibited smoking on domestic commercial airline flights scheduled for two hours or less. By 1990, the ban was extended to all commercial US flights.

» In 1992, the Environmental Protection Agency (EPA) classified ETS as "Group A", the most dangerous class of carcinogen.

» In 1994, Mississippi became the first state to sue the tobacco industry to recover Medicaid costs for tobacco-related illnesses, settling its suit in 1997. A total of 46 states eventually filed similar suits. Three other states settled individually with the tobacco industry: Florida (1997), Texas (1998), and Minnesota (1998).

» On November 23, 1998, the tobacco industry agreed to a 46-state Master Settlement Agreement, the largest settlement in history, totaling nearly $206 billion to be paid through the year 2025. The settlement agreement contained a number of important public health provisions.

» In April 1999, as part of the Master Settlement Agreement, the major US tobacco companies agreed to remove all advertising from outdoor and transit billboards across the nation. The remaining time on at least 3,000 billboard leases, valued at $100 million, was turned over to the states for posting anti-tobacco messages.

» On March 21, 2000, the US Supreme Court narrowly affirmed a 1998 decision of the US Court of Appeals for the Fourth Circuit and ruled that the FDA lacks jurisdiction under the Federal Food, Drug, and Cosmetic Act to regulate tobacco products. As a result, the FDA's proposed rule to reduce access and appeal of tobacco products for young people became invalid.

Source: Centers for Disease Control and Prevention
tinyurl.com/ybrq4qev

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Twitter	@FulstopCa

Funding

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African American/Black

The Story of African American/Black

Tobacco is immensely destructive in African American/Black communities, causing more deaths than AIDS, accidents, and homicide combined.[1] Tobacco companies' manipulative tactics have led to African American/Black communities experiencing the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States.[2]

Big Tobacco systematically targets African American/Black communities by plastering neighborhood stores with deceptive ads, and offering discounts on their products.[3] Studies have found there are up to ***10x more tobacco ads*** in neighborhoods where people predominantly identify as African American/Black, particularly for menthol cigarettes, which Big Tobacco has specifically pushed in the community for years.[4]

Tobacco companies are now pushing other flavored tobacco products, such as little cigars and cigarillos, and pricing them lower in African American/Black neighborhoods.[5] R.J. Reynolds, makers of Camel and Newport recently sponsored community events and paid for the travel costs of prominent community leaders such as civil rights activist Reverend Al Sharpton, to convince African American/Black communities that banning flavored tobacco, particularly menthol

cigarettes, will continue the criminalization of people who are African American/Black. The truth is, flavor ban tobacco policies, similar to the 2016 California Tobacco 21 law, no longer penalize tobacco product purchasers, instead holding tobacco sellers responsible.

Clearly, Big Tobacco is not letting go of this community without a fight.

Indicator	African American/Black	General Population
Adult Tobacco Use		
1. Adult Cigarette Use: Adult cigarette smoking prevalence	17.2%	12.4%
• UCLA Center for Health Policy Research. AskCHIS 2013-2014. http://ask.chis.ucla.edu.		
2. Change in Adult Cigarette Use: Rate of change in adult cigarette smoking, 2007 to 2014	-27.3%	-16.1%
• UCLA Center for Health Policy Research. AskCHIS 2007. http://ask.chis.ucla.edu. • UCLA Center for Health Policy Research. AskCHIS 2013-2014. http://ask.chis.ucla.edu.		
3. Adult Tobacco Use: Adult tobacco use prevalence (including all tobacco products, e.g. cigarettes, e-cigarettes, other tobacco products)	21.2%	17.4%
• California Department of Public Health, California Tobacco Control Program. Behavioral Risk Factor Surveillance System, 2013-2014.		
Youth Tobacco Use		
4. Youth Cigarette Use: Youth cigarette smoking prevalence	2.3%	4.3%
• California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2015-2016.		
5. Change in Youth Tobacco Use: Rate of change in youth cigarette smoking, 2002 to 2016	-72%	-73.4%
• California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2001-2002. • California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2015-2016.		
6. Youth Tobacco Use: Youth tobacco use prevalence (including all tobacco products, e.g. cigarettes, e-cigarettes, other tobacco products)	11.7%	13.6%

- California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2015-2016.

Availability of Tobacco & Tobacco Industry Influence

7.	Cheapest Cigarettes: Average price for the cheapest pack of cigarettes	$4.43	$4.58

- California Department of Public Health, California Tobacco Control Program. Healthy Stores for a Healthy Community, 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

8.	Flavored Little Cigar Price: Average price for a single flavored little cigar/cigarillo	$0.92	$0.97

- California Department of Public Health, California Tobacco Control Program. Healthy Stores for a Healthy Community, 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

9.	Tobacco Retail Licensing: Proportion of population protected by a strong tobacco retail licensing law	50.3%	36.6%

- California Department of Public Health, California Tobacco Control Program. Policy Evaluation Tracking System, December 2015.
- U.S. Census Bureau. American Community Survey, 2009-2013.

10.	Tobacco Stores: Density of stores selling tobacco per 100,000 residents	105	86

- California Department of Tax and Fees Administration. California Cigarette and Tobacco Products Retailer Licensees, October 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

11.	Flavored Tobacco: Proportion of stores that sell flavored non-cigarette tobacco products	85.3%	81.8%

- California Department of Public Health, California Tobacco Control Program. Healthy Stores for a Healthy Community, 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

12.	Menthol Cigarettes: Proportion of stores that sell menthol cigarettes	94.6%	92.2%

- California Department of Public Health, California Tobacco Control Program. Healthy Stores for a Healthy Community, 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

13.	Tobacco Advertising: Percentage of stores that keep 90% of their storefronts free from any advertising	29.4%	37%

- California Department of Public Health, California Tobacco Control Program. Healthy Stores for a Healthy Community, 2016.
- U.S. Census Bureau. American Community Survey, 2011-2015.

Secondhand Smoke

14.	Smoke-free Multi-unit Housing: Proportion of population protected by a smoke-free multi-unit housing law	7.5%	8.6%

- California Department of Public Health, California Tobacco Control Program. Policy Evaluation Tracking System, December 2016.
- U.S. Census Bureau. American Community Survey, 2009-2013.

15.	Smoke-free Homes: Proportion of smoke-free homes	91.6%	92.9%

- California Department of Public Health, California Tobacco Control Program. Behavioral Risk Factor Surveillance System, 2013-2014.

Cessation

16.	California Smokers' Helpline Enrollees: Proportion of California Smokers' Helpline enrollees	15.2%	7.8%

- California Smokers' Helpline. Helpline Caller Intake Reports, July to December 2016.

17.	Quitting: Proportion of smokers who tried quitting in the last 12 months	60.9%	60.6%

- UCLA Center for Health Policy Research. AskCHIS 2013-2014. http://ask.chis.ucla.edu.

18.	Doctor Advice to Quit: Proportion of smokers whose doctors advised them to quit	52.6%	47.3%

- California Department of Public Health, California Tobacco Control Program. Online California Adult Tobacco Survey, 2016.

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1. Cancer Facts & Figures for African Americans, 2013–2014, 2013, American Cancer Society
2. Tobacco Use Among US Racial/Ethnic Minority Groups—African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General, 1998, Department of Health & Human Services.
3. 2017 Story of Inequity, Indicator: Average price for the cheapest pack of cigarettes by priority population group.
4. Anderson, 2016 ; Moreland-Russel, 2013; Rising 2011; Disparities and Menthol Marketing, Additional Evidence in Support of Point of Sale Policies International Journal of Environmental Research and Public Health — Open Access Journal
5. 2017 Story of Inequity, Indicator: Average price for a single of the leading brand of flavored little cigar/cigarillo by priority population group.

Protect the Health of Your Congregation

Having a voluntary tobacco-free policy creates a healthy environment for everyone visiting your faith-based facility. Smoke-free policies are a formal and binding agreement that distinguishes where smoking cannot take place.

There are many benefits to having a tobacco-free facility:

- **Reduces secondhand and thirdhand smoke exposure.**
  - Secondhand smoke contains more than 7,000 chemicals, 70 are known to cause cancer. It can trigger asthma attacks and increase risk of heart disease, stroke, and cancer.
  - Thirdhand smoke is the residue left behind on surfaces where people have been smoking. Overtime, it reacts with elements in the air and becomes more toxic. It is very difficult to eliminate and can be absorbed through the skin, inhaled, or swallowed.
- **Provides opportunities to model healthy behaviors (especially for youth)**
  - Smoke-free policies can reduce smoking rates and make it easier for smokers to quit.
- **Improves safety & cleanliness**
  - Cigarette butts cause thousands of fires every year.
  - Children can pick up littered cigarette butts and eat them. When nicotine is eaten, it is poisonous.

Smoking in African, African American/Black, & Caribbean Communities

The tobacco industry has a long history of targeting minority communities. Some of their tactics include:

- Intense advertising and heavily discounting. tobacco products (especially menthol cigarettes).
- Sponsoring cultural events.
- Donations to civic organizations and scholarship programs.

DID YOU KNOW?
—THERE ARE UP TO—
10X MORE TOBACCO ADS
IN
BLACK COMMUNITIES

Because of this, tobacco use is a major contributor to the three main causes of death among African Americans—heart disease, cancer, and stroke.

Contact FULSToP today for information on adopting a voluntary tobacco-free policy for your faith-based organization!

FULSTOP

FULSToP (Families Uniting Locally to Solve Tobacco Proliferation)

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For more information visit
nilesisters.org/fulstop/faith-organizations/

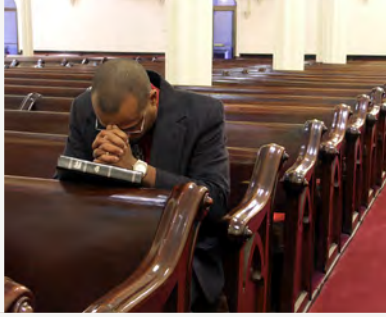
San Diego County:
FULSToP@nilesisters.org

Orange County:
info@thegreenfoundation.net

References:

1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress.* 2014.
2. Jacob, P, et al. Thirdhand Smoke: New Evidence, Challenges, and Future Directions. *Chemical Research in Toxicology.* 2016.
3. Campaign for Tobacco-Free Kids. *Tobacco Company Marketing to African Americans.* 2018.

قم بحماية صحة حشود المصلين التي تتبعك



إن وجود سياسة طوعية تمنع استخدام التبغ يخلق بيئة صحية لكل من يزور منشأتك الدينية. إن السياسات التي تحظر التدخين تعد بمثابة اتفاقية رسمية وملزمة تحدد بوضوح الأماكن التي لا يمكن فيها التدخين.

هناك العديد من الفوائد لمنع التدخين في أي منشأة:

+ **تقلل هذه الخطوة من التعرض للتدخين السلبي وغير المباشر.**
  + يحتوي التدخين السلبي على أكثر من 7000 مادة كيميائية، يُعرف عن 70 منها بأنها تسبب مرض السرطان. يمكن للتدخين أن يؤدي إلى نوبات الربو وزيادة خطر الإصابة بأمراض القلب والسكتة الدماغية والسرطان.
  + إن التدخين غير المباشر هو المخلفات المتبقية على الأسطح حيثما يدخن الناس. بمرو الوقت، تتفاعل تلك المخلفات مع عناصر موجودة في الهواء وتصبح أكثر سمية. من الصعب للغاية التخلص من تلك الأخيرة ويمكن للجسد امتصاصها عن طريق الجلد أو الاستنشاق أو البلع.
+ **توفر تلك السياسات فرصًا لعرض السلوكيات الصحية النموذجية (خاصة للشباب/الشابات)**
  + يمكن للسياسات المحظرة للتدخين أن تقلل من معدلاته، كما أنها تسهل على المدخنين عملية الإقلاع عن تلك العادة.
+ **تحسن تلك السياسات من مستوى السلامة والنظافة**
  + تتسبب أعقاب السجائر في نشوب آلاف الحرائق كل عام.
  + كما يمكن للأطفال التقاط أعقاب السجائر المتناثرة وابتلاعها. إن النيكوتين سام، عندما يتم أكله/ابتلاعه.

التدخين في المجتمعات الأفريقية والأمريكية الأفريقية / ذات البشرة السوداء والمجتمعات الكاريبية

تتمتع صناعة التبغ بتاريخ طويل في استهداف المجتمعات من الأقليات. وتشمل بعض أساليبهم النقاط التالية:

+ الإعلانات المكثفة والخصومات الهائلة. منتجات التبغ (ولا سيما سجائر المنثول).
+ رعاية الفعاليات الثقافية.
+ القيام بالتبرع للمنظمات المدنية وبرامج المنح الدراسية.

هل تعلم؟

هناك ما يصل إلى

10 أضعاف

من الإعلانات عن منتجات التبغ

في

المجتمعات ذات البشرة السوداء

ولهذا السبب، يعد استخدام التبغ مساهماً أساسيًا في الأسباب الرئيسية الثلاثة للوفاة بين الأميركيين الأفارقة - أمراض القلب والسرطان والسكتة الدماغية.

اتصل بـ FULSToP اليوم للحصول على معلومات حول تبني سياسة تطوعية محظرة لاستخدام التبغ لمنظمتك الدينية!

FULSTOP

FULSToP (الأسر المتحدة محليًا لحل مشكلة انتشار التبغ)

للمزيد من المعلومات قم بزيارة
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المراجع:

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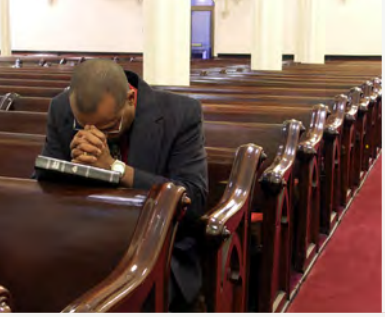

Protégez la santé au sein de votre congrégation

Une politique volontariste de lutte contre le tabagisme permet de créer un environnement sain pour tous ceux qui visitent vos équipements religieux. Une politique antitabac est un accord formel et contraignant qui établit des lieux où il est interdit de fumer.

Avoir un établissement sans tabac offre de nombreux avantages :

+ **Réduit l'exposition aux fumées secondaire et tertiaire.**
  + La fumée secondaire contient plus de 7 000 produits chimiques, dont 70 sont reconnus comme cancérigènes. Elle peut provoquer des crises d'asthme et augmenter les risques de maladie cardio-vasculaire, de crise cardiaque et de cancer.
  + La fumée tertiaire est composée des résidus sur les surfaces exposées à la fumée de tabac. Avec le temps, elle réagit avec les éléments de l'air et devient plus toxique. Il est très difficile de l'éliminer, et elle peut être absorbée par la peau, inhalée ou ingérée.
+ **Donne la possibilité de modeler des comportements plus sains (surtout chez les jeunes)**
  + Une politique antitabac peut réduire la consommation de tabac et permettre aux fumeurs d'arrêter plus facilement.
+ **Améliore la sécurité et la propreté**
  + Les mégots de cigarettes provoquent des milliers d'incendies chaque année.
  + Des enfants peuvent ramasser les mégots jetés par terre et les avaler. Lorsque la nicotine est ingérée, elle est toxique.

Le tabagisme dans les communautées africaines, afro-américaines-noires et caribbéennes

L'industrie du tabac est connue pour avoir souvent ciblé des communautés minoritaires. Parmi ses tactiques ;

+ La publicité intensive et les fortes réductions sur les produits tabagiques (notamment les cigarettes mentholées).
+ Le soutien d'événements culturels.
+ Les dons à des organisations civiques et des programmes de bourse

LE SAVIEZ-VOUS ?

IL Y A JUSQU'À

10 X PLUS DE PUBS POUR LE TABAC

DANS LES

COMMUNAUTÉS NOIRES

Pour cette raison, le tabagisme est un contributeur majeur aux trois principales causes de mortalité des afro-américains : maladies cardio-vasculaires, cancers et crises cardiaques

Contactez FULSToP dès aujourd'hui pour plus d'informations sur l'adoption d'une politique anti-tabac pour votre organisation religieuse !

FULSTOP

FULSToP (Families Uniting Locally to Solve Tobacco Proliferation)

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Pour plus d'informations, rendez-vous sur nilesisters.org/fulstop/faith-organizations/

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Références :

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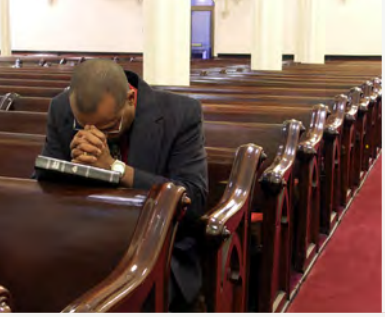

Pwoteje Sante Kongregasyon ou an

Èske w gen yon politik pou pa itilize pwodui tabak ki kreye yon bon anviwònman pou tout moun k ap vizite sant relijye ou a. Politik pou moun pa fimen yo se akò fòmèl moun dwe respekte ki distenge kote moun ka fimen.

Gen anpil avantaj pou gen yon etablisman kote moun pa gen dwa itilize pwodui tabak:

- **Li diminye kantite moun ki pran sant lafimen sigarèt dezyèm ak twazyèm kontak.**
  - Lafimen sigarèt dezyèm kontak gen 7,000 pwodui chimik, 70 nan yo nou konnen bay kansè. Li kapab lakòz atak opresyon epi ogmante risk pou maladi kè, konjesyon serebral, ak kansè.
  - Lafimen sigarèt twazyèm kontak se rès ki rete sou sifas kote moun t ap fimen. Apre yon tan, li reyaji ak eleman ki nan lè a epi li vin pi toksik. Li trè difisil pou elimine epi li ka absòbe nan po a, ou ka rale li, oswa vale li.
- **Ofri opòtinite pou bay egzanp bonjan konpòtman (sitou pou jèn yo)**
  - Politik pou moun pa fimen ka redui kantite moun ki fimen epi fè li pi fasil pou moun ki fimen yo sispann fimen.
- **Amelyore sekirite ak pwòpte**
  - Bout sigarèt lakòz plizyè milye dife chak ane.
  - Timoun yo ka ranmase bout sigarèt epi manje yo. Lè yo manje nikotin, li se yon pwazon.

Fimen nan kominote Afriken, Ameriken Nwa / Nwa, ak Karayib la

Endistri tabak la gen yon istwa long nan vize kominote minorite yo. Kèk nan taktik yo gen ladan yo:

- Gwo piblisite ak gwo rabè. pwodui tabak (sitou sigarèt mentòl).
- Patwone evènman kiltirèl yo.
- Donasyon pou òganizasyon sivik ak pwogram bousdetid yo.

ESKE W TE KONNEN?

GEN JISKA

10 FWA PLIS PIBLISITE POU PWODUI TABAK

NAN

KOMINOTE NWA YO

Poutèt sa, itilizasyon tabak se yon gwo kontribitè nan twa (3) kòz prensipal lanmò pami Ameriken nwa yo - maladi kè, kansè, ak konjesyon serebral.

Kontakte FULSToP jodi a pou jwenn enfòmasyon sou fason pou adopte yon politik kont pwodui tabak pou òganizasyon relijye ou!

FULSTOP

FULSToP (Fanmi Inite Lokalman Pou Rezoud Pwoliferasyon Tabak)

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Pou plis enfòmasyon ale sou
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Referans:

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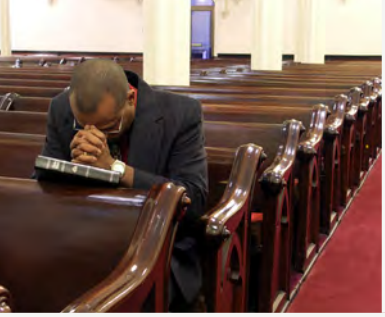

Ilaali Caafimaadkaaga ee Kulankiinna diineed

Inaad haysato siyaasad ka xor ah sigaar-cabbid waxay abuureysaa jawi caafimaad leh qof kasta oo booqanaya goobaha diintaada ku salaysan. Siyaasadaha aan sigaar-cabista ahayn waa heshiis rasmi ah oo qasbaaya oo muujinaaya meesha sigaar-cabista aan lagu qaban karin.

Waxaa jira faaii'dooyin badan oo ku saabsan heysashada meel ka xor ah tubaakada:

+ **Waxay yareysaa u furnaanka sigaarka gacanta labaad iyo gacanta seddexaad.**
  + Qiiqa sigaarka ee gacanta labaad waxaa ku jira in ka badan 7,000 kiimiko, 70 ayaa loo yaqaanaa inay keenaan kansar. Wuxuu kicin karaa xanuunka neefta waxayna kordhisaa khatarta cudurka wadnaha, istaroogga, iyo kansarka.
  + Qiiqa sigaarka gacanta saddaxaad waa hadhaaga meelaha dushooda ee dadku sigaarka ku cabbayeen. Waqtiga dheer kadib, waxay falgal la yeelataa waxyaabaha ku jira hawada waxayna noqdaan sun badan. Aad bay u adagtahay in la baabi'iyo iyadoo laga qaadan karo xagga maqaarka, la nuugo, ama la liqo.
+ **Waxay bixisaa fursado lagu jaangooyo dabeecadaha caafimaadka qaba (gaar ahaan dhalinyarada)**
  + Siyaasadaha sigaar la'aanta ah ayaa yarayn kara heerarka sigaar cabista waxayna u sahli karaan kuwa sigaarka cabba inay joojiyaan.
+ **Waxay hagaajisaa badbaadada & nadaafadda**
  + Dabooyinka sigaarku waxay sababaan kumanaan dab sannad walba.
  + Carruurtu waxay soo qaadan karaan dabooyinka sigaarka la tuuray iyagoo cunaan. Marka nikotiinka la cuno, waa lagu sunoobaa.

Sigaar-cabista Afrika, Afrikaanka Maraykanka/Madowga, iyo Bulshooyinka Karibiyanka

Warshadaha tubaakada waxay leeyihiin taariikh dheer oo lagu beegsanayo beelaha laga tirada badan yahay. Qaar ka mid ah xeeladahooda waxaa ka mid ah:

+ Xayaysiin laxaad leh iyo sicir dhimis xoog ah. alaabta tubaakada (gaar ahaan sigaarka menthanool).
+ Kafaala qaadista dhacdooyinka dhaqanka.
+ Deeqaha xagga hay'adaha madaniga ah iyo barnaamijyada deeqaha waxbarasho.

MA OGEYD?

—INAY JIRAAN ILAA—

10X Dheeraad

XAYEYSIINA TUBAAKADA

— GUDAHA —

BULSHOOYINKA MADOW

Taas awgeed, isticmaalka tubaakada ayaa ah mid ka mid ah ka qaybqaadashada ugu waaweyn ee sababaha sedexda ugu weyn ee dhimashada ka jirta Afrikaanka Ameerikaanka- cudurka wadnaha, kansarka, iyo istaroogga.

La xiriir FULSToP maanta wixii macluumaad ah si aad u qaadato siyaasad iskaa u qabso ah oo ku saabsan sigaar la'aan ee ku saleysan ururkiinna-diinta!

FULSToP (Qoysaska Ku Midaysan Gudaha si loo Xalliyo Xakamaynta Tubaakada)

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Wixii macluumaad dheeraad ah booqo
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Tixraacyada:

1. Wasaaradda Caafimaadka ee Mareykanka iyo Adeegyada Aadanaha. *Natiijooyinka Caafimaadka ee Sigaarka - Horumarka 50 Sanadood.* 2014.
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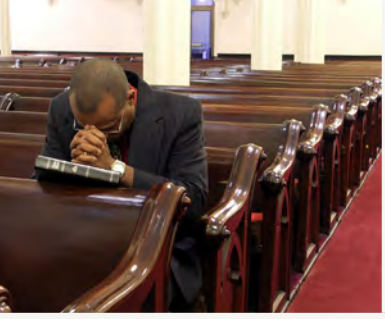
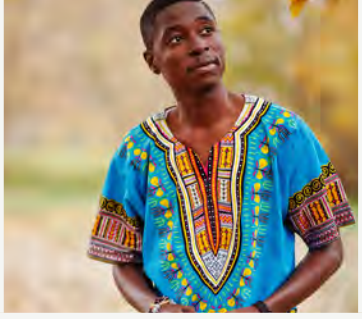

Linda Afya ya Kusanyiko Lako

Kuwa na sera ya hiari ya kutotumia tumbaku hujenga mazingira mazuri kwa kila mtu anayetembelea kituo chako cha ki-imani. Sera za kutovuta sigara ni makubaliano rasmi na ya kisheria ambayo hubainisha ni wapi uvutaji sigara hauwezi kutokea.

Kuna faida nyingi za kuwa na kituo ambako tumbaku haitumiki:

- **Hupunguza usambaaji wa moshi wa kiwango cha pili na cha tatu.**
  - Moshi wa kiwango cha pili una kemikali zaidi ya 7,000, 70 zinajulikana kusababisha saratani. Unaweza kusababisha ugonjwa wa pumu na kuongeza hatari ya ugonjwa wa moyo, kiharusi, na saratani.
  - Moshi wa kiwango cha tatu ni mabaki yaliyoachwa kwenye sakafu ambapo watu wamekuwa wakivutia sigara. Kadri ya muda, huchanganyikana na vipengee hewani na unakuwa sumu zaidi. Ni vigumu sana kuiondoa na inaweza kufyonzwa kupitia kwa ngozi, pumzi ya kupumua, au kumezwa.
- **Hutoa fursa za kuunda mfano wa tabia za kiafya (hasa kwa vijana)**
  - Sera za kutovuta sigara zinaweza kupunguza viwango vya uvutaji sigara na kuifanya rahisi kwa wavuta sigara kuacha.
- **Huboresha usalama na usafi**
  - Vipande vya sigara husababisha maelfu ya mioto kila mwaka.
  - Watoto wanaweza kuchukua vipande vya sigara na kuvila. Wakati nikotini inapoliwa, huwa ni sumu.

Uvutaji sigara katika Jamii za Ki-Afrika, Waafrika Wa-Kimarekani / Walio-Weusi na za Caribbean

Sekta ya tumbaku ina historia ndefu ya kulenga jamii za walio-wachache. Baadhi ya mbinu zao ni pamoja na:

- Matangazo kwa wingi na upeanaji wa vipunguzio vya bei. bidhaa za tumbaku (hasa sigara za menthol).
- Kufadhili hafla za kitamaduni.
- Kuyachangia mashirika ya kiraia na mipango ya elimu.

JE, WAJUA?

KUNA HADI

MARA 10X ZAIDI MATANGAZO YA KIBIASHARA YA TUMBAKU

KATIKA

JAMII ZA WALIO-WEUSI

Kwa sababu hiyo, matumizi ya tumbaku ni mchangiaji mkubwa wa visababishaji vitatu vikuu vya vifo kati ya Wamarekani wa Afrika-ugonjwa wa moyo, saratani, na kiharusi.

Wasiliana na FULSToP leo kwa taarifa kuhusu kupitisha sera ya hiari ya kutotumia tumbaku kwenye shirika lako la ki-imani!

FULSTOP

FULSToP (Families Uniting Locally to Solve Tobacco Proliferation) (Familia Kuungana Ndani-kwa-Ndani Ili Kutatua Usambaaji wa Tumbaku)

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Marejeleo:

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The Truth About Flavored Tobacco

The use of flavored tobacco products such as cigars, cigarillos, smokeless tobacco, hookah tobacco, and e-liquids (used in e-cigarettes) has increased in recent years.[1] These products use **enticing flavors, colorful packaging and lower prices** to hook a new generation of tobacco users.

A Public Health Threat

Enticing Fruit and Candy Flavors

Sweet flavors like watermelon, cherry, chocolate, mint, and gummy bear **appeal to kids and teens.**[2]

Flavorings **mask the harsh taste of tobacco** which make it easier for youth to initiate tobacco use.[2]

Marketed to Young People

Flavored tobacco products often use the same flavoring chemicals as **popular brands** like Jolly Rancher, Kool-Aid, and Life Savers.[3]

Little cigars are often sold in small packages for **less than a dollar** and promoted as a low-cost alternative to cigarettes.[4,5]

Colorful packaging and placement near the register makes them highly visible and attractive to kids.[4]

Growing Teen Use

A majority of youth report flavoring as a leading reason for using tobacco products.[6] This includes:

- **82%** of e-cigarette users
- **79%** of hookah users
- **74%** of cigar users
- **69%** of smokeless users

80% of young people who have ever used tobacco **started with a flavored tobacco product.**[6]

Consequences for Our Youth

Long term addiction

The U.S. Surgeon General has warned that flavored tobacco products help new users establish habits that can **lead to long-term addiction.**[7]

Flavors like menthol in tobacco products make it **harder for users to quit.**[8]

Smokers who start at a younger age, are more likely to develop a **severe nicotine addiction.**[7]

Serious health risks

All nicotine products are addictive and increase the risk of developing **serious health problems.**[9]

The chemical Diacetyl, found in 75% of flavored e-liquids, is linked to bronchiolitis obliterans ("popcorn lung") which causes **irreversible lung damage.**[10,11]

Protecting Our Communities

The FDA has banned the sale of flavored cigarettes (other than menthol) because they appeal to youth. But flavored e-cigarettes, e-liquid, cigars, hookah, and chewing tobacco continue to be sold.

Prohibiting the sale of all flavored tobacco products is a critical step to preventing another generation of young people from living with a lifetime of addiction.

CDPH
California Department of
PublicHealth

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The Truth About
Menthol Cigarettes

Menthol is a flavoring that can be derived naturally from mint plants or synthetically produced.[1] This cool, minty and fresh flavor is often used in products like lip balm, cough medicine, mouth wash, and candy.[2] Menthol is also used in cigarettes and **makes smoking more appealing to young and beginning smokers**.[1]

A Public Health Threat

Easier to Inhale

The menthol flavor in cigarettes **masks the harsh taste of tobacco** and makes the smoke feel smoother and easier to inhale.[1]

This **makes it easier for new smokers to start**.[1]

Menthol also allows smokers to inhale more deeply, which causes harmful particles to settle **deeper inside the lungs**.[2]

Harder to Quit

Scientific studies show that the sensory effects and flavor of menthol can **make cigarettes more addictive**.[3]

Menthol smokers show greater signs of nicotine dependence and are **less likely to successfully quit smoking** than other smokers.[4,5]

Increasing Menthol Use

Although cigarette use is declining in the U.S., use of menthol cigarettes has increased in recent years, especially among young people and new smokers.[6]

Approximately **19 million** Americans smoke menthol cigarettes, including over 1 million adolescents.[6]

While only 25% of all cigarettes sold in the U.S. are labeled as menthol, **90%** of all tobacco cigarettes actually contain some menthol.[7,8]

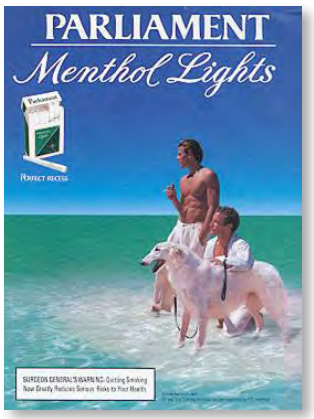
Disproportionate Marketing and Use

African American Communities

Tobacco industry documents reveal **aggressive menthol tobacco product marketing** and higher rates of discounts and promotions on menthol cigarette brands in African American neighborhoods.[9]

In California, **70%** of African American adult cigarette smokers smoke menthol cigarettes, compared to only 18% of white adult cigarette smokers.[10]

LGBTQ Communities*



The tobacco industry has also targeted the lesbian, gay and bisexual (LGB) community.

Nearly 50% of all LGB adult cigarette smokers in California smoke menthol cigarettes, compared to only 28% of straight adult cigarette smokers.[10]

* Data were not available for people identifying as transgender or queer.

Youth

57% of smokers in the U.S. age 12–17 smoke menthol cigarettes.[11]

Protecting our Communities

A National study found that **44.5%** of African Americans and **44%** of women would quit smoking if menthol cigarettes were banned.[12]

Prohibiting the sale of menthol cigarettes is a critical step to preventing a new generation of Californians from becoming addicted to tobacco.

CDPH
California Department of
PublicHealth

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Secondhand Smoke in Housing

There is no safe level of exposure to secondhand smoke.

Secondhand smoke drifts through multi-unit buildings and can enter common areas and units occupied by non-smokers.

Secondhand smoke harms children
by increasing the risk of asthma attacks, ear infections, respiratory infections, sudden infant death syndrome (SIDS), and behavioral problems.

Secondhand smoke drifts
through doors, windows, hallways, and ventilation ducts, and through gaps around outlets, fixtures, and walls.

Ventilation systems,
air purifiers, and sealing up cracks cannot prevent secondhand smoke from drifting throughout buildings.

Up to 65% of the air in an apartment can come from other units in the building.

The only way to protect health is for buildings to be completely smokefree.

Residents NEED and WANT smokefree housing.

1 in 3 nonsmokers living in rental housing are exposed to secondhand smoke.

Only 30% of multi-unit residents live in smokefree buildings, but the majority would prefer their building to be smokefree.

Everyone deserves to breathe smokefree air at home.

A smokefree building is legal and is not discriminatory.

Residents have the right to speak up and ask for the building to be smokefree.

Healthier ✓ Reduce health risks

Cleaner ✓ Reduce smoke damage

Safer ✓ Reduce fire risk

smokefree

ANRF AMERICAN NONSMOKERS' RIGHTS FOUNDATION

Resources for residents & housing providers are available at no-smoke.org/at-risk-places/homes/

What can you do?

Follow these simple steps to keep everyone healthy and safe.

- If you smoke, quit. Talk to your doctor about free resources and programs in your area.
- Avoid smoking in your house or car or in areas where your family spends a lot of time.
- Don't allow family or visitors to smoke in your home or car.
- Hire only nonsmoking babysitters and care providers.

Replace and repair to reduce smoke residue.

Thirdhand smoke cannot be completely eliminated. In homes where regular smoking has occured, the following may be needed to reduce thirdhand smoke residue:

- Replace carpets
- Replace furniture
- Replace bedding
- Replace countertops
- Replace wallboards/drywall

Free help to quit smoking

California Smokers' Helpline

1-800-NO-BUTTS
(1-800-662-8887)
www.nobutts.org

Smokefree.gov

https://smokefree.gov

Sources

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Thirdhand Smoke

Learn how you can protect yourself and your family from this unseen danger.

What is thirdhand smoke?

If you've ever smelled smoke on a smoker's hair or clothes, or smelled smoke in a room where no one is smoking, you've experienced thirdhand smoke. It is a toxic residue that is left on surfaces long after the cigarette smoke is gone. It can also come from hookah and electronic cigarettes.

The dangerous chemicals that are found in tobacco smoke have been shown to remain on all indoor surfaces including counter tops, walls, furniture, toys, and even on our skin and hair.[1]

"Cigarettes' lingering after-effects are just as dangerous to children as secondhand smoke."[2]

American Academy of Pediatrics

Why is it dangerous?

- Thirdhand smoke contains high levels of nicotine and cancer-causing chemicals.[1]
- Some of the chemicals in thirdhand smoke are different from those found in fresh smoke because it changes over time and becomes even more toxic.[1]
- Exposure to thirdhand smoke damages genetic material (DNA), and increases the risk for short- and long-term health problems including asthma and cancer.[1]
- Common cleaning methods such as vacuuming, wiping surfaces, and airing out rooms do not completely remove thirdhand smoke.[1]
- Layers of smoke residue can build up over time on surfaces and in household dust where it can remain for years.[1]

Who is most at risk?

Babies & children

- They are closer to most of the contaminated surfaces because they are crawling on rugs and furniture.
- The nicotine and chemicals in thirdhand smoke can be absorbed through the skin or inhaled.[1]
- Infants and toddlers can swallow smoke residue when teething or playing with contaminated objects.[1]

Pregnant people

- Nicotine is a health danger for pregnant people. It can damage a developing baby's brain and lungs.[3]

Your pets

- Pets spend most of their time on the floor or on furniture, where thirdhand smoke settles.
- The smoke also settles on animal fur (or feathers). When pets groom themselves they can ingest the toxic chemicals from the smoke.[4]

You can protect yourself, your family, and your pets by keeping your home and car tobacco free.