New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit □ Graduate credit ☑ Professional credit □

1. School/Division Medicine/Public Health
2. Academic Subject Code PBHL

3. Course Number P659 (must be cleared with University Enrollment Services)
4. Instructor Jay

5. Course Title The Tobacco Pandemic
   Recommended Abbreviation (Optional) The Tobacco Pandemic

6. First time this course is to be offered (Semester/Year): Spring 2010

7. Credit Hours: Fixed at 3 or Variable from ______ to ______

8. Is this course to be graded S-F (only)? Yes ______ No ☑

9. Is variable title approval being requested? Yes ______ No ☑

10. Course description (not to exceed 50 words) for Bulletin publication: This course focuses on U.S. and global tobacco control, including the health and economic burdens of tobacco use as well as evidence-based approaches to prevention and management. Course is designed to stimulate interest in tobacco control; to promote critical thinking and the exploration of ideas that may conflict with existing beliefs regarding tobacco related disease and control strategies; and to provide a context for students' to pursue further study in tobacco control and related public health challenges.

11. Lecture Contact Hours: Fixed at 3 or Variable from ______ to ______

12. Non-Lecture Contact Hours: Fixed at 3 or Variable from ______ to ______

13. Estimated enrollment: 20 of which 100 percent are expected to be graduate students.

14. Frequency of scheduling: Fall/Spring. Will this course be required for majors? No

15. Justification for new course: Course is needed to reflect current information and trends in public health

16. Are the necessary reading materials currently available in the appropriate library? Yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: Carole Kacens Date 6/23/09
Department Chairman/Division Director

Approved by: Peter T. Graham Date 7/3/09
Dean

Dean of Graduate School (when required) Date __________
Chancellor/Vice-President Date __________
University Enrollment Services Date __________

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UPS 724

University Enrollment Services Final - White; Chancellor/Vice-President - Blue; School/Division - Yellow; Department/Division - Pink; University Enrollment Services Advance - White.
COURSE TITLE: The Tobacco Pandemic
COURSE NUMBER: P659; 3 credit hrs.
LOCATION: Department of Public Health; 714 N. Senate Ave., EF 225 Library
DAYS/TIME: Thursdays, 5:45-8:25 PM

FACULTY: Stephen J. Jay M.D. (For Jay biosketch see: http://medicine.iu.edu/body.cfm?id=6331&oTopID=3914
Professor of Medicine and Public Health
IU School of Medicine, Department of Public Health
Phone: (317) 274 3126; direct (317) 274 3165
E-mail: sjay@iupui.edu (use rather than Oncourse)
Office Hours: 3-5 PM Mon/Wed or by appointment

COURSE DESCRIPTION

Tobacco is the leading cause of preventable disease and death in the United States and in most developed and developing countries. The discipline of Tobacco Control encompasses comprehensive programs aimed at reducing disease, disability, and death related to tobacco use. Tobacco Control is also a generalizable model for the study, prevention, and management of most public health problems, where outcomes are dependent upon a comprehensive understanding of history, science, social, legal, economic, political and ethical dimensions of the problems.

This course focuses on U.S. and global Tobacco Control, including the health and economic burdens of tobacco use as well as evidence-based approaches to prevention and management. Students will explore how human use of the plant Nicotiana tabacum with its potent alkaloid, nicotine, evolved into the largest human made pandemic in world history. The nature, prevalence, and trends of tobacco addiction, tobacco-related diseases, and their treatment will be addressed, as well as the centuries long “tobacco wars,” pitting the tobacco industry’s effective marketing of their products against the often fragmented, underfunded, and ineffectual government and anti-tobacco forces. Students will review the rise, over the past 50 years, of effective science and evidence-based tobacco control policy in the U.S.: U.S. Surgeons General Reports; CDC Best Practices for Comprehensive Tobacco Control Programs; U.S. PHS Clinical Practice Guidelines: Treating Tobacco Use and Dependence, and related sources. The future of Tobacco Control, including various scenarios for the “end game” of tobacco use in modern societies will be addressed, in light of recent major legal, political, and economic changes in the landscape of Tobacco Control in the U.S and globally.

The course will use a readings/discussion format with limited didactic teaching and an emphasis on active learning. Each week students will read 5-10 brief papers from primary
and secondary sources (totaling on average ~ 85 pages) and be prepared to discuss them.

The overall goals of the course are to stimulate interest in tobacco control; to promote critical thinking and the exploration of ideas that may conflict with existing beliefs regarding tobacco-related disease and control strategies; and to provide a context for students’ to pursue further study in tobacco control and related public health challenges.

**MPH PROGRAM COMPETENCIES ADDRESSED IN THIS COURSE**

This course provides an historical context for all IUSM MPH Program Competencies. ([http://www.pbhealth.iupui.edu/f_about_dph/competencies.html](http://www.pbhealth.iupui.edu/f_about_dph/competencies.html)). The course is specifically relevant to the following competencies:

**Epidemiology:** #14: Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.

**Health Policy and Management:** #21: Describe the legal and ethical bases for public health and health services. #22: Discuss the policy process for improving the health status of populations.

**Social and Behavioral Sciences:** #25: Identify the causes of social and behavioral factors that affect health of individuals and populations. #26: Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions. #27: describe the role of social and community factors in both the onset and solution of public health problems.

**Communication and Informatics:** #30: Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.

**Leadership:** #33: Describe the attributes of leadership in public health. #35: Demonstrate transparency, integrity, and honesty in all actions. #36: Use collaborative methods for achieving organizational and community health goals.

**COURSE LEARNING OBJECTIVES**

Upon successful completion of this course the student will be able to:

- Examine modern tobacco control from an historical context and apply this information in evaluating contemporary tobacco issues in Indiana, U.S. and globally.
- Describe the nature of tobacco addiction and treatment approaches and outcomes.
- Summarize the scope, depth, and trends of the health and economic burdens of tobacco use in all its forms (active smoking; smokeless tobacco; exposure to secondhand smoke and Potential Reduced Exposure Products (PREPS)).
- Outline the effective strategies to reduce tobacco use and tobacco-related morbidity and mortality and the strengths and weaknesses of current strategies.
- Elucidate the principles and legal foundations of contemporary evidence-based tobacco control and outline proposed changes in tobacco control designed to end the tobacco problem.
- Review tobacco industry strategies to market products and thwart tobacco control policy and review public health counter measures to minimize their impact.
EVALUATION AND GRADING SCALE

Your final grade will be determined by:

- Attendance and class participation: 40%
- Midterm Exam: 20%
- Final Exam: 30%
- Essay: 10%

Grades will be posted in Oncourse.

The in-class Mid-term Exam will be based on material covered to that point; the Final Exam will cover the entire course with emphasis on material covered since the Mid-Term Exam. The Mid-term Exam will be short answer format. Final Exam will be a take home, open book essay exam based on two topics selected from a list provided by the instructor the prior week. Students have a maximum of 5, typed, double-spaced, pages with 12 point font for each question. The short Essay will have the same format (maximum, 5 pp.); students will select their Essay topic from a list provided the prior week.

Students are expected to attend all classes, read all assignments, and come prepared to discuss topics covered in the readings. Class participation and attendance will be evaluated by submitting at or before the start of class a one-half page, mini-essay (maximum 200 words) on one of the themes presented in that week’s reading assignment; the student should pose one question in the essay that will be used in class discussions.

Grades from class participation, mid-term exam, final exam, and the essay will be averaged. The final grade will be assigned as follows:

- 98%-100%: A+
- 92%-97%: A
- 90% or 91%: A-
- 88% or 89%: B+
- 82%-87%: B
- 80% or 81%: B-
- 78% or 79%: C+
- 70% or 71%: C-
- 68% or 69%: D+
- 62%-67%: D
- 60% or 61%: D-
- 59% or less: F

GUIDELINES

Oncourse, an IUPUI web-based environment for learning and collaboration, will be used. Oncourse provides a way for instructors and students to communicate and share course lessons, resources, and tools and importantly to reduce paper wastage. You will receive instruction during the MPH orientation regarding access to and use of Oncourse. For additional information visit: General Information: "http://registrar.iupui.edu/registration-guide/oncourse.htm" "http://www.indiana.edu/~ittrain/oncourse/workshops_materials/ONSTU.pdf" and more specific information: "https://oncourse.iu.edu/portal/site!/gateway/page!/gateway-500"
ATTENDANCE

Students are required to attend all classes on time and actively participate in discussions.

STUDENTS WITH DISABILITIES

Students needing accommodations because of disability will need to register with Adaptive Educational Services (AES) and complete the appropriate forms issued by AES before accommodations will be given. The AES office is located in CA 001E and you can reach the office staff by calling 274-3241.

STUDENT COURSE EVALUATION

The Department of Public Health evaluates all courses. Student course evaluations will be conducted in a manner that maintains the integrity of the process and the anonymity of respondents.

ACADEMIC INTEGRITY

Academic and personal misconduct by students in this class are defined and dealt with according to the procedures in the Student Misconduct section of the IUPUI Code of Student Rights, "http://live.iupui.edu/dos/code/htm"
All students should read this policy.

Plagiarism is to steal and pass off as one’s own the ideas or words of another. (Webster’s Third New International Dictionary, Unabridged.) Failure to acknowledge sources is plagiarism, regardless of intention. When in doubt, cite.

CLASS SCHEDULE SUMMARY & READINGS TOPICS

Week 1: Orientation & Logistics. Why should we study the tobacco pandemic?
Week 2: Early history of tobacco
Week 3: Origins & nature of early debates about tobacco use
Week 4: Science & epidemiology of the tobacco pandemic
Week 5: Hoosier pioneers in tobacco science and tobacco control
Week 6: Tobacco addiction
Week 7: Tobacco-attributable diseases, death, decreased quality of life, and costs
Week 8: Secondhand tobacco smoke; aka Environmental Tobacco Smoke; Passive smoke
Week 10: Treatment of tobacco dependence. (USPHS Guidelines 2008)
Week 11: Tobacco Control: U.S. origins, definition, system & current status
Week 12: Tobacco Control: Indiana: History & current status of IN Tobacco Prevention and Cessation Agency (ITPC)
Week 13 Indiana community tobacco control: Case studies
Week 14: Global Tobacco Burden; WHO Framework Convention for Tobacco Control
Week 15: Tobacco company strategies: marketing tobacco; thwarting public health policy; “Harm Reduction”: Definition; Origins; Science & Controversy

Week 16: Evidence based strategies to reduce tobacco use in U.S. (IOM 2007)

Week 17: How to change the trajectory of the tobacco pandemic: 2010-2030; “End game” scenarios. Class exercise

SELECTED GENERAL READING REFERENCES

There are no required texts. Readings will be provided for each class. For students who wish to do further study, the references below focus on various domains of the tobacco problem and will be helpful to you; most are available in the Ruth Lilly Medical Library (RLML) or the IUPUI or IU system library. Students interested in other sources may contact me directly.


Note: Excellent review of the aggressive, mass marketing of tobacco and the globalization of the tobacco pandemic.


Note: Reviews the global adverse family, social, economic and health impacts of expansion of tobacco growing.


Note: Excellent overview of the global tobacco pandemic and U.S. tobacco control initiatives.


Note: Read the Preface and Chapter 7: “Saving Cigarettes” Provides an understanding of how the complex web of entities, including universities, private organizations and foundations, government, the tobacco industry, NGOs such as the American Cancer Society, public health agencies and experts, the media and others, facilitated the tobacco industry strategy to create confusion & doubt about the hazards of tobacco and to directly or indirectly thwart evidence-based public policy in tobacco control. The author makes a case that release of findings about public health hazards are often not determined by science by “the social and economic realities that constrain them.” P197.


NOTE: Duffy does not include the terms smoking; tobacco; or addictions, but he does mention the 1964 Surgeon General’s Report on Smoking and Health (p309) and HEW Secretary Joseph A. Califano, Jr.’s role in communicating to the American people the hazards of “unhealthy personal habits.”

Glantz SA, Slade J, Bero LA, Hanauer P, Barnes DE. The Cigarette Papers. (Foreword by

NOTE: A compelling account of the receipt on May 12, 1994, by Professor Stanton Glantz (UCSF), from an anonymous source, (later identified) of 4,000 secret tobacco document--the “Cigarette Papers.” Glantz’s research team analyzed these secret Brown and Williamson Tobacco Company papers, outlining in detail the illegal, unethical, and cynical efforts of tobacco companies to distort research findings of scientists, confuse policy makers, and generally thwart public health policy for decades. This work provided the necessary internal documents of the tobacco industry to pursue aggressive legal action against the companies. This is a “must” read for those interested in tobacco policy.


Note: Evidence-based narrative about how tobacco companies conspired to stifle tobacco control policy in the U.S. and globally. Detailed review of how California battled the tobacco companies and their supporters in the legislature to create effective strategies, such Proposition 99, to counter the tobacco companies’ marketing and disinformation efforts. The book provides insights into the politics of tobacco control but also relate to the politics of other contemporary issues in public health such as the environment; climate change; health care reform, etc.


Note: Excellent article based on interviews with tobacco company executives provides insights into tobacco company strategies to sustain their business model amid threats from anti-tobacco forces, public health, government regulation and public opinion.


NOTE: Grob reviews factors associated with CVD and cancer mortality and briefly reviews the work of Doll and others linking cigarette smoking to lung cancer. His review, however, does not mention the wealth of causal data regarding tobacco use and CVD and many cancers other than lung cancer. P. 251-62.


NOTE: IOM poses the question: “Why has there not been greater progress in ending the tobacco problem? This report presents a two-prong strategic plan for intensifying and accelerating public health efforts toward the goal of “ending” the tobacco problem in the U.S.


Note: The first major review of the science regarding “harm reduction”—the use of tobacco products that may lower the tobacco-related morbidity and mortality. This issue (“harm reduction”) is now front and center (June 2009) as the U.S. Congress debates whether to have the FDA regulate tobacco. Tobacco companies are aggressively marketing new products that allegedly reduce risk to users. There are no scientific data, however, regarding the short or long-term risks to public health of these new products nor is there in place a regulatory mechanism to ensure the public will not be harmed by these products.

Note: The only issue in the history (1908-1996) of the journal of the Indiana State Medical Association to be devoted entirely to the tobacco problem in IN. Interviews of prominent figures in the history of tobacco control are included: Ronald M. Davis MD (former Director of CDC Office of Tobacco and Health, former Editor of the scientific journal Tobacco Control, past President of the AMA); and former U.S. PHS Surgeon General C., Everett Koop MD. Articles pertain to the tobacco problem in IN and efforts to deal with it.


Note: Superb evidence-based “thriller” by former FDA Commissioner, David Kessler (1990-97) who set out in the early 1990s to build the logic base for the regulation of nicotine in Tobacco. This effort was rejected by the federal and Supreme Courts. But today (ca. June 2009) it appears the FDA will indeed be authorized by Congress to regulate tobacco. In Kessler’s compelling book, the remarkable power of the tobacco industry and the perils of investigating it are presented in remarkable detail.


Note: Perhaps the definitive history of the tobacco industry. Well written and referenced.


NOTE: A very important early book by a U.S. Congresswoman. Provides remarkable and prescient insights of U.S. Senator Maurine Neuberger into the science and politics of tobacco about one year before release of the sentinel 1964 U.S. Surgeon General’s Report “Smoking and Health” which concluded a causal relationship between cigarette smoking and lung cancer in men. Maurine B. Neuberger shares her “disaffection” with the tobacco industry, one of the first members of the U.S. Congress to do so.


NOTE: Porter provides brief history of tobacco use (p299-301), including early research by Doll and Hill in U.K in 1950 and anti-smoking campaigns in U.K. and in the U.S. Porter comments on early research on secondhand smoke (passive smoking) by T. Hirayama (1981).


NOTE: Chapter 6: “The Campaign against Tobacco” provides unique insights into the sophistication of German science regarding tobacco and disease and their advanced ideas regarding tobacco control.


Note: Reviews history of tobacco, the rapid increase in use in the U.S. from 1900 to the 1960s, trends in morbidity/mortality, and global disease burdens.

(NOTE: This classic book in public health history makes no reference to tobacco; smoking; or addictions. Rosen mentions cancer, including lung cancer, but he discusses only research in air pollution (smog) in relation to lung cancer. p463-65He mentions the presence of benzpyrene (a human carcinogen) in “smog filled air” but apparently Rosen was not aware of the research in Germany in the 1930s; in Great Britain in 1950 (Doll and Hill) and in the U.S., including Raymond Pearl’s classic study in Science (1938) and studies in the early 1950s that implicated tobacco smoking as a likely cause of lung cancer. See Proctor, 1999, below, and Stolley 1995.)


NOTE: Stolley reviews the epidemiologic evidence linking tobacco and cancer. P50-61, citing Raymond Pearl (1938); Wynder and Graham (1950) and Doll (1950).

SELECTED ONLINE SITES:

Online sites provide global information regarding the history of health sciences, including tobacco related issues. More details will be provided during Orientation in Class 1:

http://www.mla-hhss.org/histlink.htm

For example: go to this page: http://www.nlm.nih.gov/hmd/index.html and in “Historical Collections: click on “Archives and Manuscripts”. Then click on Search and Browse in Archives and Modern Manuscripts. This opens a search box. Enter “Tobacco” in the basic search and a list of finding aids re tobacco will appear, the first being the papers of C. Everett Koop, a pioneer in the history of U.S. tobacco control.

Karolinska Institute
University Library
http://ki.se/ki/jsp/polopoly.jsp?d=167&l=en
Example of international resources re tobacco. Just type “Tobacco” in the main search engine and …have fun.

Centers for Disease Control and Prevention.
http://www.cdc.gov/tobacco/.
Provides an array of basic information; data and statistics; U.S. and international programs; Survey instruments; Interagency Committee reports; publications and FAQ ---regarding tobacco

Tobaccopedia
http://www.tobaccopedia.org/
International Union Against Cancer (UICC) and the Global Smokefree Partnership support Tobaccopedia. Tobaccopedia is an online tobacco encyclopedia with tobacco information by subject: cessation, tobacco control sites, economics, arts, advertising and promotion, history and religion. Sites that are added are recommended by users and evaluated by moderators. There is a remarkable array of tobacco-related information from around the world. For example to view anti-tobacco cartoons visit: http://smokitoons.globalink.org/?Anti_Tobacco_Banners%26nbsp%3B and enjoy.

Smoke Free Partnership
http://www.smokefreepartnership.eu/
Provides perspectives on tobacco control from Europe. For example to visit European tobacco control sites go to: http://www.smokefreepartnership.eu/National-Tobacco-Control-websites

University of Michigan Tobacco Research Network.
http://www.umtrn.sph.umich.edu/index.php
http://www.umtrn.sph.umich.edu/TobaccoWebsites.php
Provides a rich source of tobacco sites in the private, government, NGO, national and international sectors.

California Tobacco Control Program
http://tcfor.catcp.org/index.cfm?fuseaction=websites.home
A world leader in tobacco control, this site offers numerous tobacco control sites in California and elsewhere. Sponsored by the California Department of Public Health.

University of California Legacy Documents Library
http://legacy.library.ucsf.edu/
The world’s largest digital collection of tobacco industry documents—more than 10 million records and + 50 million pages, obtained through tobacco litigation and the discovery process. A remarkable window into the decades-long fraudulent efforts of the tobacco industry to subvert science, confuse the public about tobacco hazards, and thwart evidence based public policy.
CLASS SCHEDULE and READINGS for Week 2-16

**Week 1:** Orientation & Logistics; Why should we study the tobacco pandemic?

**Week 2:** Early History of Tobacco: Social, Cultural, Economic, Political, Legal, and Scientific threads of tobacco’s tapestry (17th to 21st centuries)

Questions:

1. Who first cultivated and used tobacco? Why? Who discovered nicotine?
2. What were the origins of the tobacco pandemic? Factors that sustained it?
3. When were adverse effects of tobacco first recognized? Published science of same?
4. How has the tobacco industry avoided regulation of tobacco & nicotine?
5. What strategies did tobacco companies use in the 19th-20th centuries to market products in the face of growing concerns of health risks?
6. What were the origins of tobacco control (17th -20th centuries)?
7. What lessons from history might inform future public policy regarding tobacco control?

Readings:


Week 3: Origins & nature of early debates about tobacco use

Questions:

1. How is tobacco history linked to King James I?
2. What were the central arguments pro and con regarding tobacco?
3. What are some examples of how early clinical observations and research informed the debate?
4. Approximately when was science first used to address questions about the toxicity of tobacco?
5. What were some of the social, cultural, moral/religious, legal, and economic implications of early debates about tobacco?

Readings:

King James I. Counterblaste to Tobacco. London, 1604. Readings:
http://ia331321.us.archive.org/2/items/acounterblasteto17008gut/17008-h/17008-h.htm
(4 pp.)


Week 4: Science & epidemiology of the tobacco pandemic

Questions:

1. When was suspicion first raised regarding the link between smoking and cancer?
2. What role did German scientists play in tobacco research?
3. What factors either facilitated or served as barriers to research in tobacco?
4. When was nicotine discovered, isolated and purified?
5. How did epidemiological research influence the 1964 USPHS Surgeon Generals Report on Smoking and Health?
6. What role did Dr. Hiryama play in the history of secondhand smoke science?

Readings:


Week 5: Hoosier pioneers in tobacco science and tobacco control

Questions:

1. What role did John N. Hurty play in advancing tobacco control in Indiana?
2. What contributions did Leonard A. Scheele make to creating capacity for tobacco and cancer research in the U.S. Public Health Service?
3. What is Leroy E. Burney’s chief contribution to tobacco research and policy?
4. How did IN Governor Otis Bowen as Secretary of DHHS contribute to tobacco policy?

Readings:


Week 6: Tobacco addiction

Questions:

1. What criteria are used to define tobacco addiction?
2. What are the similarities and differences in addiction to tobacco and other agents such as alcohol; heroin; cocaine; and other drugs of addiction?
3. When was it suspected that tobacco was addicting? When did science prove it?
4. What chemical in tobacco is addicting?
5. Nicotine may be removed from tobacco products. Do people use such de-nicotinized products?

Readings:


Week 7: Tobacco-attributable diseases, death, decreased quality of life, and costs

Questions:

1. What are the Bradford-Hill Criteria?
2. What were the earliest human diseases attributable to tobacco use?
3. Tobacco has been causally linked to what diseases?
4. What is tobacco attributable morbidity and mortality in IN, the U.S. and Global?
5. How do tobacco related diseases impact quality of life?
6. What fraction of premature disease and death are attributable to tobacco?
7. What is the global burden of tobacco related disease?

Readings:


**Week 8:** Secondhand tobacco smoke (a.k.a. Environmental Tobacco Smoke (ETS))

Questions:

1. What is SHS? Where is it? What is in SHS?
2. When did research first suggest SHS was a danger to living things?
3. Is there a level of exposure to SHS below which there is adverse effects in humans?
4. How has the science of SHS changed tobacco control?
5. What human diseases are causally attributable to SHS exposure?

Readings:


Questions:

1. When did the U.S. PHS first issue warnings about Tobacco toxicity?
2. How have the US PHS Surgeons’ General Reports on tobacco affected tobacco control?
3. What factors led to the publication of the 1964 SGR linking smoking to lung cancer?
4. What impact did the 1964 report have on the tobacco industry? Congress? The Public?

Readings:

http://profiles.nlm.nih.gov/NN/B/B/M/Q/_/nnbbmq.pdf (15 pp.)

Week 10: Treatment of tobacco dependency (USPHS Guidelines 2008)

Questions:

1. Why do scientists call tobacco use an addiction rather than a habit?
2. Is tobacco addiction similar or different from other drugs of addiction?
3. How does nicotine affect the brain?
4. What are the risk factors for nicotine addiction?
5. Approximately how long does it take to become addicted to nicotine?
6. What are some physiological, psychological and Socio-cultural dimensions of tobacco addiction?
7. Is tobacco addiction curable?

Readings:

Week 11: Tobacco Control: U.S. origins, definition, system & current status

Questions:

1. What is the “Precautionary Principle? What countries have adopted “Precautionary” public policies regarding the environment and PH in the 20th and 21st centuries?
2. When was tobacco first regulated?
3. What forces shaped the early regulation of tobacco?
4. When did Congress first attempt to regulate tobacco?
5. What impact did the early 1950’s “Cancer scare” have on tobacco regulation?
6. How did the Blatnik Hearings of 1957 shape tobacco policy in the U.S.?
7. What role did the U.S. PHS Surgeon General’s office plan in tobacco regulation?

Readings:


Jay SJ. A conversation with C. Everett Koop, M.D. Indiana Medicine. 1996;89 (No. 2): 116-120. (4 pp.)

Week 12: Tobacco Control: Indiana: History & current status of IN Tobacco Prevention and Cessation Agency (ITPC)

Questions:

1. What is the Master Tobacco Settlement Agreement?
2. What factors led to the establishment of the Indiana Tobacco Prevention and Cessation Agency (ITPC)
3. How is the ITPC governed and financed?
4. What have been the major accomplishments of ITPC since its establishment?

Readings:
Week 13: Indiana community tobacco control: Case studies

Questions:

Readings:

Week 14: Global Tobacco Burden; WHO Framework Convention for Tobacco Control

Questions:

Readings:

Week 15: Tobacco company strategies: marketing tobacco; thwarting public health policy; “Harm Reduction”: Definition; Origins; Science & Controversy

Questions:

1. What evidence exists regarding the tobacco industries’ business strategies?
2. What was the tobacco industries’ response to the 1950s “cancer scare”?
3. 

Readings:


Jay SJ. Sat Eve Postxxxxxxxxxxxxxxxxxxxxx

Week 16: Evidence based strategies to reduce tobacco use in U.S. (IOM 2007)

Questions:

1. What are the key findings and conclusions of the 2007 IOM report?
2. What are the major evidence-based strategies that for tobacco control recommended by the CDC?
3. How effective have these strategies been in reducing the burden of tobacco related disease and costs to society?
4. 

Readings:


Week 17: How to change the trajectory of the tobacco pandemic: 2010-2030; “End game” scenarios. Class exercise

Questions:

1. What key changes will be needed if the Healthy People 2010 Goals regarding tobacco are to be achieved?
2. What factors may either facilitate or impede adoption of more effective tobacco control policies?
3. 

Readings:

Note: Minor changes may be made to this syllabus before class starts.
Stephen J. Jay MD