

# Final Report

## Council of Scientific and Health Advisors Iowa Department of Public Health

### Subcommittee Report Bidi Cigarettes

#### I. Summary of Problem

The public health impact of bidi cigarettes was introduced by IDPH Director Steve Gleason at the initial meeting of the Council of Scientific and Health Advisors and a Subcommittee was assigned to address this issue. Bidi cigarettes have become a significant public health problem because of their ready availability and attractiveness to youth, because they are more toxic than cigarettes, because they are cheaper than cigarettes, because they are largely unregulated and because the prevalence of bidi smoking has increased significantly in the last few years. Questions to be addressed by the subcommittee are the following:

- Is there scientific evidence showing that bidi cigarettes contain nicotine, and if so, do they contain nicotine in excess of regular cigarettes?
- Is there scientific evidence showing that bidis contain more tar than regular cigarettes?
- Based upon the results of above research, determine the risk of bidis to the youth to which they are marketed.

#### II. Available Evidence

The following summary from the CDC Tobacco Information and Prevention Source is a contemporary authoritative summary of available evidence regarding bidi cigarettes (5/10/00).

- Bidis (also known as beedis or beedies) are small brown cigarettes, often flavored, consisting of tobacco hand-rolled in tendu or temburni leaf and secured with a string at one end. They are primarily produced in India and in some Southeastern Asian Countries, and are imported to the US. Research has shown that bidis are a significant risk to users.
- Bidis are not safe alternatives to cigarettes. One study found that one bidi produces more than three times the amount of carbon monoxide and nicotine and more than five times the amount of tar than one cigarette, when tested on a standard smoking machine. The Federal Trade Commission requires that packs of bidis display the Surgeon General's rotating health warning labels, (spot checks have shown that this is most often not the case).
- Like other tobacco smokers, bidi smokers would be expected to have an increased risk of coronary health disease and cancers of the mouth, pharynx and larynx, lung, esophagus, stomach, and liver. Bidi use during pregnancy can cause perinatal mortality.

- There are currently no national statistics on the prevalence of bidi use in the US. However, there are anecdotal survey data that show that bidi use is gaining popularity in the US, particularly among young people.
- A Massachusetts study that surveyed 642 urban youth found that 40 percent reported smoking bidis in their lifetime, 16 percent reported smoking bidis at least once in the past 30 days, and 8 percent smoked 100 or more bidis in their lifetime. Current past-month bidis use by race/ethnicity was 21 percent for Hispanic students compared to 14 percent for African American and 11 percent for white students.

The study also found that nearly one of five male students (19 percent) and one of ten female students (12 percent) reported using bidis at least once in the past month.

When asked why they used bidis instead of cigarettes, responses included the following: 23 percent smoked bidis because of "taste", 18 percent reported that bidis are "cheaper", 13 percent felt that bidis are "safer" than cigarettes, and 12 percent felt that they are "easier to buy" compared to cigarettes.

- Additional research is needed to assess factors affecting the use of novel tobacco products such as bidis, including how restrictions on access and advertising are being enforced, how pricing affects use of these products, how to apply federal and state excise taxes, and enforcing appropriate labeling of these products with the Surgeon General's health warning. The public should be alerted to the high toxicity of bidi products to dispel the notion that bidis are safer to smoke than cigarettes.

### III. Research Sources

1. MMWR, September 17, 1999
2. CDC Tips-Tobacco Information and Prevention Source (5/10/00)
3. CDC Tips-Tobacco Information and Prevention Source (5/16/00)
4. Bidis (Beedies)-National Center for Tobacco-Free Kids (8/12/99)
5. Koch, Wendy. Cheap, flavored smokes are latest teen fad. USA TODAY, August 5, 1999
6. WWW search of newspaper coverage of bidi cigarettes, 1998-1999
7. Medline Search for bidi cigarettes, 1966 to 2000
8. Bidis are Bad, Dude. Better Homes and Gardens, June 2000
9. H.R. 3628-Bill (to prohibit importation of bidi cigarettes) introduced in the House of Representatives, 2nd session, 106th Congress
10. AMA letter to Rep. Elton Gallegly (R-CA) supporting HR 3628 re: importation of bidi cigarettes
11. Campaign for Tobacco-Free Kids. Bidis Gaining Popularity Among Youth, 8/13/99
12. News Release Iowa Department of Justice Attorney General Tom Miller-Attorneys General Call for Action Against "Bidi" Cigarettes, 12/3/99

## IV. Conclusions/Recommendations

### A. Conclusion

According to the Centers for Disease Control, there is evidence that bidi cigarettes contain more nicotine and tar than regular cigarettes. The CDC lists several chronic health outcomes well documented to be caused by smoking other types of cigarettes and concludes that there is expected to be a significant risk to youth from smoking bidi cigarettes.

### B. Recommendations

1. A combined health warning be issued by the Director of the Iowa Department of Public Health and Attorney General detailing known health data from the CDC and other authoritative sources and the applicability of state and federal tobacco laws and regulations.
2. Targeted and strict enforcement of bidi cigarette marketing in Iowa using current Iowa law.
3. A systematic inquiry be made of legislation passed by the US Congress and state legislatures in regard to bidi cigarettes in the last three years.
4. Ongoing tracking of bidi cigarette health outcome data, laws and regulations by the Iowa Department of Public Health and the Iowa Department of Justice to determine if further health and legal notices are justified and if further state legislation should be recommended by these state agencies for consideration by the Iowa General Assembly