



# PROGRESS REVIEW

## Tobacco

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ November 20, 1997

The Chief of Staff and a Deputy Assistant Secretary for Health in the Office of Public Health and Science co-chaired a review of progress on Healthy People 2000 objectives for tobacco. As lead agency, the Office on Smoking and Health in the Centers for Disease Control and Prevention presented an overview that focused on policy successes in the last three years on tobacco. The three themes of this review were: infrastructure at the Federal, State, and local levels; demand reduction; and surveillance. The following objectives were considered in the overview and discussion:

**3.1** For the total population, deaths from coronary heart disease have decreased significantly from the baseline in 1987 of 135 per 100,000 to 108 per 100,000 in 1995. Progress also has been made for Black Americans but not at the same rate as for the total population. In 1995, the death rate from coronary heart disease for Black Americans was 147 per 100,000 down from 168 per 100,000 in 1987.

**3.2** This objective seeks to slow the rise in lung cancer deaths. In 1995, the lung cancer death rate for the total population was 38.3 per 100,000 down from 38.5 per 100,000 in 1987. For females; in 1995, death rates increased to 26.9 per 100,000 up from 25.6 per 100,000 in 1990. Black men showed a decline in death rates from 1990 to 1995, 86.1 per 100,000 and 75.7 per 100,000, respectively.

**3.3** This objective seeks to slow the rise in chronic obstructive pulmonary disease (COPD). In 1995, the death rate was 21.0 per 100,000 up from 18.9 per 100,000 in 1987.

**3.4** In 1994, 26 percent of people 18 and older smoked. While smoking prevalence has declined in the last 15 to 20 years, there has been a leveling off of rates. The smoking rate among Native Americans actually rose from 31 percent in 1991 to 40 percent in 1994. Asian Americans have the lowest smoking rate, 16 percent in 1993; however, local data among Asian Americans indicate higher rates.

**3.5** Smoking initiation by children and adolescents under age 20 has not changed from the baseline level of 30 percent; however, among black female teens, smoking rates decreased from 8.2% in 1987 to 4.2% in 1996.

**3.6** In 1994, 38 percent of smokers stopped smoking for at least one day, an increase over the 34 percent of smokers at baseline in 1986. This objective is moving slowly toward the target of 50 percent; however, in 1993 and 1994, there was no increase in quitting smoking for one day.

**3.8** In 1994, 27 percent of children age six and under were exposed regularly to environmental tobacco smoke (ETS) at home. Fourteen States have achieved the 20 percent target for this objective, but children's exposure to ETS at home varies significantly by State. For example, there is a three-fold difference between the States of Utah (12 percent) and Kentucky (34 percent) in the number of children age six and under who are exposed to ETS at home on a regular basis.

**3.13** All fifty States and the District of Columbia have enacted laws prohibiting the sale and distribution of tobacco products to youth younger than age 18 thereby reaching the target for this objective. Implementation of the Synar Amendment has contributed to the achievement of this objective; however, enforcement of laws still varies by State.

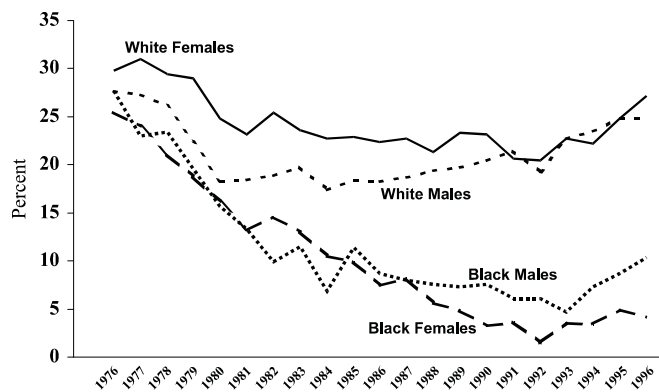
**3.23** In 1996, the average tobacco excise tax of the average retail price of all cigarettes and smokeless tobacco was 30.5 percent, which is lower than the 1993 baseline of 31.4 percent. All fifty

States and the District of Columbia have excise taxes on cigarettes; however, eight States and the District of Columbia have no tax on smokeless tobacco. Tax rates vary considerably by State. Virginia has the lowest tax at 2.5 cents; Hawaii and Alaska's excise taxes of one dollar are the highest.

### HIGHLIGHTS

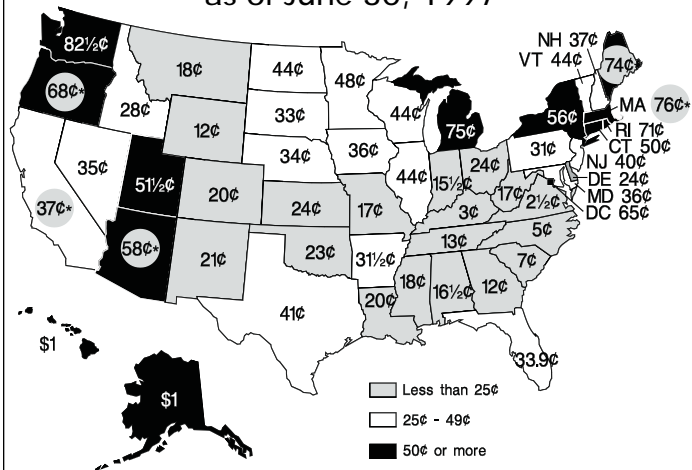
- Involvement of parents is a critical component of tobacco control strategies. Parental smoking, parenting style, and messages from parents all impact youth tobacco use.
- Deaths from coronary heart disease, lung cancer, and COPD are showing progress toward their targets due in part to the decline in smoking over the last two decades.
- Cigar consumption increased from 3.4 billion cigars in 1993 to 5.1 billion cigars in 1997.
- In California and Massachusetts, teen use of tobacco products is increasing at a slower rate than in the rest of the country. In Massachusetts, there has been a decline in smoking among 7th and 8th graders in recent years. The trends in these States appear to be due to comprehensive tobacco control programs funded by dedicated excise tax revenues.
- In 1995, of 105 HMOs, two-thirds offered smoking cessation programs.
- As a part of its tobacco settlement, Florida negotiated a \$200 million for tobacco prevention initiatives during the next two years.
- In 1964, 49.8 percent of cost of a pack of cigarettes was tax. In 1996, it was 31.6 percent. Evidence indicates that a 10 percent increase in price will reduce youth consumption by approximately seven percent.
- Expanded efforts to educate the public on the link between environmental tobacco smoke exposure and asthma would be beneficial.

## Daily Smoking\* Among High School Seniors, 1976 - 1996



Source: Institute for Social Research, University of Michigan, Monitoring the Future Project  
\*Smoking 1 or more cigarettes/day during previous 30 days

## Excise Taxes on Cigarettes Enacted as of June 30, 1997



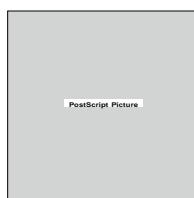
\*States in which a portion of excise tax funds are dedicated to tobacco control programs

## FOLLOW - UP

- Diffuse "best practices" in tobacco control based on lessons learned from States.
- Improve prevention strategies by: collecting and evaluating marketing data to more effectively target youth; collecting local data about specific ethnic and racial groups; characterizing implementation and enforcement of tobacco control policies; and collecting data on State and local programmatic infrastructure. Increase accessibility of community-level data.
- Test prevention and cessation programs to better understand what works with different cultural, linguistic, and age groups. Use this information to develop more culturally-, linguistically-, and age-appropriate programs.
- Increase DHHS efforts to work with communities on tobacco prevention and cessation programs.
- Identify opportunities to integrate tobacco control education into school curricula, including math, science, and history lessons.
- Develop cigar-use prevention programs.
- Assess the feasibility of conducting longitudinal studies of teenage smoking to better understand initiation of tobacco use.
- Develop strategies to engage parents and families in tobacco control efforts. Identify protective practices of Black families that may contribute to lower smoking rates among Black youth.
- Evaluate strategies that assist in teen cessation.
- Explore opportunities for DHHS to work with the Environmental Protection Agency and the Department of Housing and Urban Development to reduce exposure to environmental tobacco smoke, particularly among children.

## PARTICIPANTS

- American Cancer Society
- American Lung Association
- American Medical Association
- American Public Health Association
- Association of Asian Pacific Community Health Organizations
- Centers for Disease Control and Prevention
- City of Little Rock (Arkansas)
- Federal Trade Commission
- Florida Department of Health
- Food and Drug Administration
- Group Health Cooperative of Puget Sound (Washington)
- Health Resources and Services Administration
- Indian Health Service
- Indoor Environments Division, US Environmental Protection Agency
- Latino Council on Alcohol and Tobacco
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Center for Tobacco-Free Kids
- National Education Association Health Information Network
- National Institutes of Health
- National Medical Association
- National Tobacco Independence Campaign
- Office of Disease Prevention and Health Promotion
- Robert Wood Johnson Foundation
- Substance Abuse and Mental Health Services Administration
- Teenage Research Unlimited
- University of Illinois at Chicago



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