

Why Are Tobacco Control and Prevention Important?

- Cigarette smoking is the leading cause of preventable disease and death in the United States, resulting in approximately 438,000 deaths annually.^{1,2} Approximately, 45.1 million U.S. adults—more than one in five Americans—are current cigarette smokers.³ Smoking is a major cause of cancer and cardiovascular and respiratory diseases.¹ For each person who dies from a smoking-related disease, an estimated 20 more are living with a smoking-attributable illness.⁴
- The adverse health consequences of tobacco use compromise the quality of life of many Americans and impose substantial direct and indirect economic costs on society. Smoking-attributable health care expenditures totaled \$75 billion in 1998.⁴ During 1997–2001, these expenditures plus productivity losses (\$92 billion) exceeded \$167 billion annually.² Without comprehensive, sustained efforts to reduce rates of tobacco use, health care and productivity costs related to tobacco will continue to increase.⁵
- Each year, an estimated 3,000 lung cancer deaths and 35,000 heart disease deaths among adults are caused by secondhand smoke exposure.² Secondhand smoke is also associated with health problems in young children, including risks for chronic middle-ear infections, asthma, bronchitis, and pneumonia.⁶ Smoking bans and restrictions are effective interventions to reduce the amount of secondhand smoke and its exposure in various settings.⁷ These policies are also associated with decreased cigarette consumption and may increase smoking cessation rates.⁷
- Smoking cessation greatly reduces the short- and long-term risks of smoking-related disease and death for men and women of any age.^{8,9} Seventy percent of smokers report that they want to quit, but less than 5% of smokers who attempt to quit are able to stay tobacco-free for 3–12 months.¹⁰ Success rates for quitting increase when evidence-based interventions such as health provider reminder systems, pharmacologic or behavioral cessation therapies, and telephone counseling (quitlines) are employed.⁷
- Tobacco use among youth continues to be a problem in the United States.¹¹ In 2004, the number of people who smoked cigarettes for the first time was 2.1 million; most of these smokers were under the age of 18 years (67.8%).¹² Twenty-eight percent of high school students reported use of any tobacco product and 22.3% reported current use of cigarettes.¹³ Although these estimates demonstrate a successful reduction in youth smoking since the late 1990s, the decline in smoking prevalence among middle and high school students may be stalling.¹³ To achieve continued success in preventing the initiation and use of tobacco products among adolescents, the implementation and promotion of evidence-based strategies is needed. These strategies include tax increases on tobacco products, youth access interventions combined with community mobilization efforts, and counter-marketing campaigns combined with other comprehensive tobacco prevention activities.⁷
- Current state funding levels for comprehensive tobacco prevention and control programs are sorely inadequate to support effective and sustained tobacco control efforts. Out of a total of the potentially available \$20 billion from excise taxes and tobacco settlement money, state spending on tobacco control has dropped from a high of \$749.7 million in 2002 to \$551 million in 2006.¹⁴ As of November 2005, only four states—Maine, Colorado, Delaware, and Mississippi—were spending the minimum per capita amount that the Centers for Disease Control and Prevention (CDC) recommends for tobacco control programs.¹⁴ Recent research demonstrates that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact.⁵ We have the ability to dramatically reduce the health and economic burdens of tobacco use by funding and implementing proven strategies. Achieving this goal will require ongoing collaboration among state decision makers, public health officials, business leaders, community members, and national partners.