

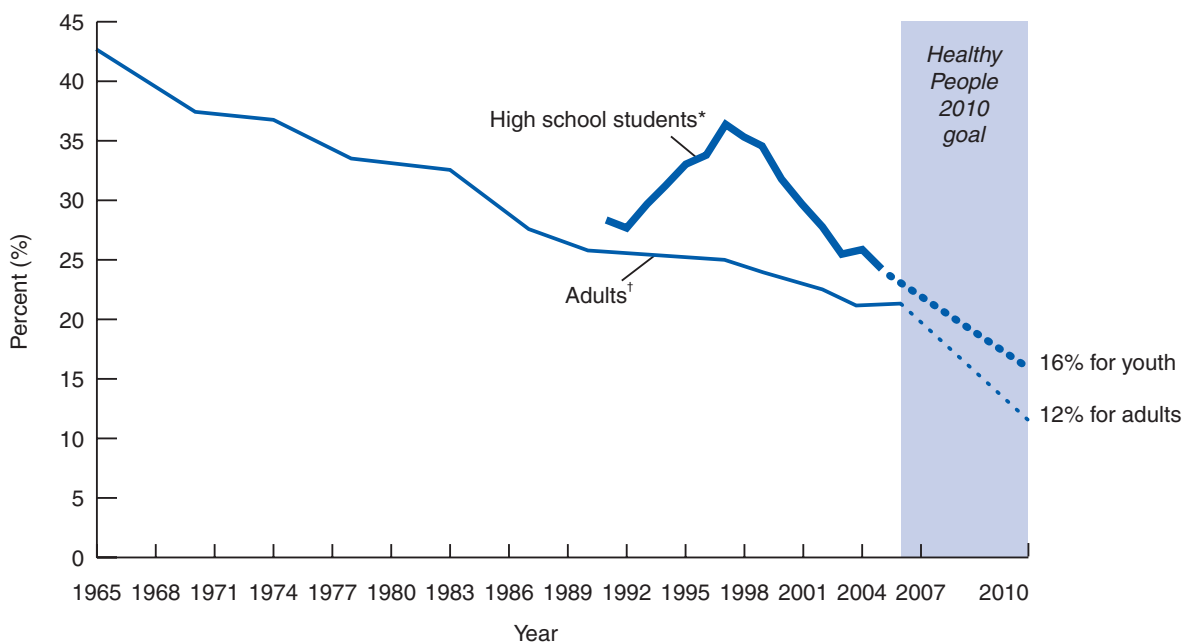


Targeting Tobacco Use

The Nation's Leading Cause of Preventable Death

2008

Trends in Current Cigarette Smoking by High School Students and Adults, United States, 1965–2006



* Percentage of high school students who smoked cigarettes on 1 or more of the 30 days preceding the survey (Youth Risk Behavior Survey, 1991–2005).

† Percentage of adults who are current cigarette smokers (National Health Interview Survey, 1965–2006).

“In order to achieve significant decreases in youth and adult smoking rates, we must further enhance our efforts and fully implement comprehensive tobacco prevention and control programs.”

*Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention*

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The Burden of Tobacco Use

Each year, an estimated 438,000 people in the United States die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by smoking. For every person who dies from smoking, 20 more people suffer from at least one serious tobacco-related illness. Despite these risks, approximately 45.3 million U.S. adults smoke cigarettes.

Coupled with this enormous health toll is the significant economic burden of tobacco use—more than \$96 billion per year in medical expenditures and another \$97 billion per year resulting from lost productivity.

Since 1964, 29 Surgeon General's reports on smoking and health have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States. Over the past 4 decades, cigarette smoking has caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 infant deaths related to mothers smoking during pregnancy. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers.

The harmful effects of smoking do not end with the smoker. More than 126 million nonsmoking Americans, including children and adults, are regularly exposed to secondhand smoke. Even brief exposure can be dangerous because nonsmokers inhale many of the same carcinogens and toxins in cigarette smoke as smokers.

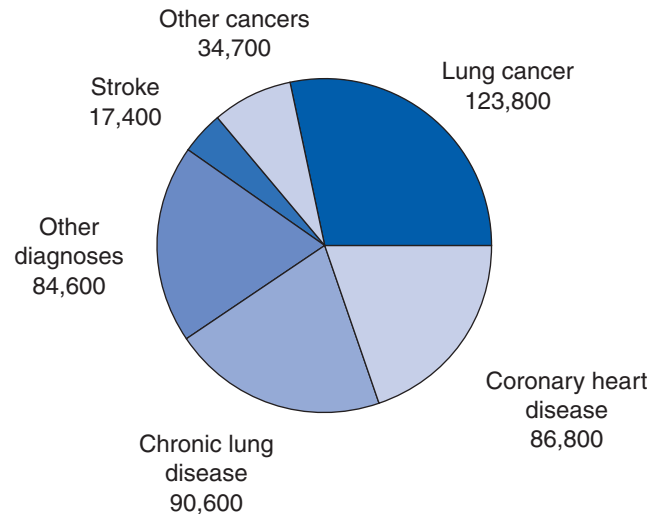
Secondhand smoke exposure causes serious disease and death, including heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, more than 46,000 (range: 22,700–69,600)

CDC's Tobacco Control Framework

As the lead federal agency for tobacco control, CDC is committed to ensuring that all people, especially those at greater risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. With agency-wide health protection goals that support healthy people in healthy places across all life stages, CDC is setting the agenda to enable people to enjoy a healthy life by delaying death and the onset of illness and disability by accelerating improvements in public health.

With fiscal year (FY) 2008 funding of about \$104 million, CDC's Office on Smoking and Health (OSH) provides national leadership for a comprehensive, broad-based

About 438,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*



* Average annual number of deaths, 1997–2001.
Source: *MMWR* 2005;54(25):625–8.

die of heart disease, and about 150,000–300,000 children younger than 18 months have lower respiratory tract infections.

Smoking rates among youth fell during 2000–2003, but remained unchanged during 2003–2006. Recent surveys indicate that rates may again be on the decline among both youth and adults. However, if the nation is to achieve the objectives in *Healthy People 2010*, comprehensive, evidence-based approaches for preventing smoking initiation and increasing cessation need to be fully implemented.

approach to reducing tobacco use. A variety of government agencies, professional and voluntary organizations, and academic institutions have joined together to advance this comprehensive approach, which involves the following activities:

- Preventing young people from starting to smoke.
- Eliminating exposure to secondhand smoke.
- Promoting quitting among young people and adults.
- Identifying and eliminating tobacco-related health disparities.

Essential elements of this approach include state-based, community-based, and health system-based interventions; cessation services; counter marketing; policy development and implementation; surveillance; and evaluation. These activities target groups—such as young people, racial and ethnic minorities, and people with low incomes or low levels of education—who are at highest risk for tobacco-related health problems.

Sustaining State Programs

CDC continues to support comprehensive programs to prevent and control tobacco use in all 50 states, the District of Columbia, 7 U.S. territories, and 7 tribal-serving organizations. In addition, CDC funds national networks to reduce tobacco use among specific populations. CDC also provides grants to 23 states for coordinated school health programs to help prevent tobacco use.

CDC publishes and disseminates accepted best practices to help states plan, implement, evaluate, and sustain their own tobacco control programs and also provides technical assistance and training in these efforts. A substantial body of research demonstrates that comprehensive state tobacco control programs reduce smoking-attributable mortality, smoking prevalence, smoking initiation, and cigarette consumption.

Recent research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking, and that the longer states invest in such programs, the greater and faster the impact. If states sustained their individual recommended level of investment for 5 years, there would be more than five million fewer smokers nationwide. As a result, hundreds of thousands of premature tobacco-related deaths would be prevented. The total recommended annual investment for the nation to fully fund tobacco control programs is \$3.7 billion.

Although this amount may seem high, the cost of this evidence-based intervention is a fraction of the \$13.4 billion the tobacco industry spends each year to market and promote their products. Further, the level of investment recommended by CDC is only 2% of the national cost for health care and lost productivity resulting from tobacco use. This amount could be funded with just 17% of the nation's tobacco excise tax and tobacco settlement revenue.

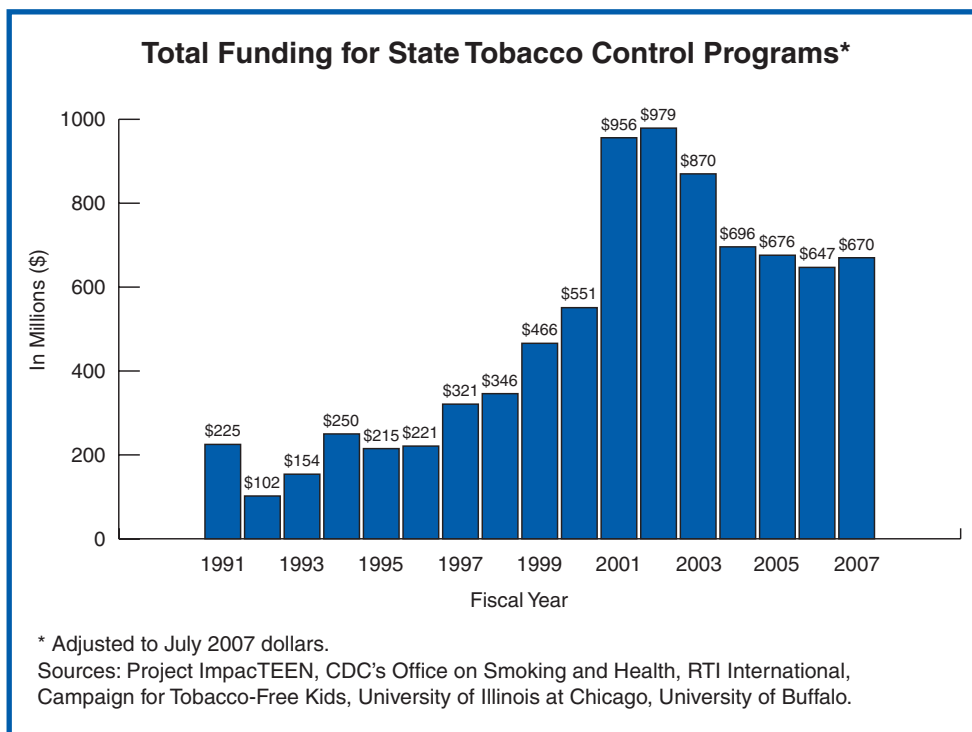
Key CDC resources for states include the following: *Best Practices for Comprehensive Tobacco Control Programs—2007*, *Key Outcome Indicators for Comprehensive Tobacco Control Programs*, CDC's Smoking & Tobacco Use Web site, the

State Tobacco Activities Tracking and Evaluation (STATE) System, *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*, and *Telephone Quilines: A Resource for Development, Implementation, and Evaluation*.

Expanding the Science Base

CDC is responsible for conducting and coordinating research, surveillance, laboratory, and evaluation activities related to tobacco and its impact on health. For example,

- CDC is the lead federal agency responsible for monitoring national tobacco-use prevalence for youth and adults.
- CDC provides guidance, funding, and technical assistance to help states evaluate their tobacco prevention and control programs. CDC also conducts the National Youth Tobacco Survey and assists with the state-based Youth Tobacco Survey and Adult Tobacco Survey. In addition, CDC develops survey instruments and methods to help assess tobacco use in specific populations to complement both state and national estimates.
- CDC, the World Health Organization (WHO), and the Canadian Public Health Association developed the Global Tobacco Surveillance System to monitor tobacco use and to help countries plan, develop, implement, and evaluate their comprehensive tobacco control programs. This system includes three components—the Global Youth Tobacco Survey, the Global School Personnel Survey, and the Global Health Professional Survey.
- CDC's Division of Laboratory Sciences and OSH evaluate additives and chemical constituents of tobacco and tobacco smoke. This collaboration includes research on tobacco smoke toxicity and human smoking behavior.



Capitalizing on Unique Opportunities for Research and Collaboration

Communicating Information to the Public

CDC translates research into practice by keeping the public, policy makers, health professionals, and partners informed on current developments and initiatives in tobacco control.

- CDC responded to about 18,500 tobacco-related inquiries in FY 2007 and distributed nearly 211,000 publications and video products. Also in FY 2007, about 5.8 million people visited CDC's new Smoking & Tobacco Use Web site.
- In partnership with other federal, state, and local agencies, CDC provides materials and resources to educators, employers, public health workers, the media, and other community leaders who are working to prevent initiation of tobacco use among youth and young adults, promote tobacco use cessation among adults and youth, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related health disparities.
- Through the Media Campaign Resource Center (MCRC), CDC continues to provide counter-advertising materials and technical assistance to help state and local programs conduct effective media campaigns. Through the Cessation Resource Center (CRC), CDC provides user-tested materials on topics specific to cessation, such as reimbursement, quitlines, and evaluation. The MCRC and CRC help states stretch their media budgets by using and adapting existing ads and other materials rather than creating new ones.

Promoting Action Through Partnerships

CDC works with a variety of national and international partners to ensure that diverse groups are involved in tobacco control efforts. For example,

- CDC is the lead agency for the 21 national objectives on tobacco use in *Healthy People 2010* and works with other agencies and organizations to monitor progress toward meeting these objectives.
- CDC staffs the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which coordinates research programs and other efforts among federal, state, local, and private agencies.
- CDC coordinates and promotes tobacco prevention and control activities with partners, including the American Cancer Society, American Heart Association, Americans

for Nonsmokers' Rights, American Legacy Foundation, American Lung Association, Campaign for Tobacco-Free Kids, National Cancer Institute, Robert Wood Johnson Foundation, Substance Abuse and Mental Health Services Administration, Tobacco Technical Assistance Consortium, U.S. Environmental Protection Agency, World Bank, and numerous national networks.

- CDC conducts global tobacco control activities with a range of international, regional, and country-specific partners. CDC, WHO, and the Canadian Public Health Association have developed the Global Tobacco Surveillance System, which now includes the Global Adult Tobacco Survey, funded through the Bloomberg Global Initiative to Reduce Tobacco Use.
- CDC, in partnership with the National Cancer Institute, the North American Quitline Consortium, and state tobacco control programs, has developed the National Network of Tobacco Cessation Quitlines. By calling 1-800-QUIT NOW, callers from across the nation have free and easy access to tobacco cessation services in their state.

Future Directions

The tobacco use epidemic can be stopped. If all states fully implemented proven strategies for prevention and control, the nation could prevent the staggering toll that tobacco use takes on families and communities. CDC will continue to work with policy makers, health officials, partners, and the public to ensure that tobacco control remains a core component of public health domestically and globally. Agency priorities are to

- Identify the determinants of the stalling decline in youth smoking rates.
- Sustain and expand the capacity and reach of quitlines.
- Advance the implementation of smoke-free policies.
- Identify and disseminate the evidence base needed to reduce tobacco-related disparities.
- Help states increase resources for comprehensive tobacco control programs.
- Investigate the public health implications of smokeless tobacco use.

**For more information or copies of publications referenced in this document, please contact
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