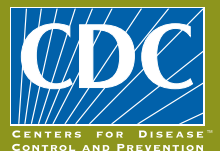
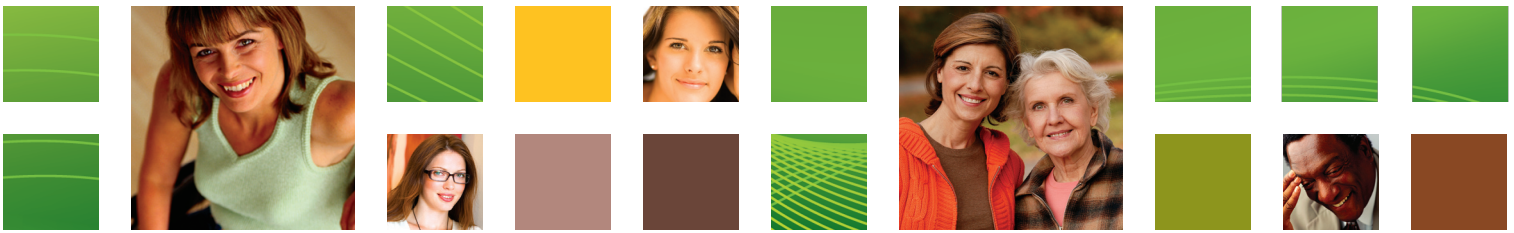


TOBACCO USE
TARGETING THE NATION'S
LEADING KILLER

AT A GLANCE
2009

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
IMPROVING HEALTH AND QUALITY OF LIFE FOR ALL PEOPLE





The Burden of Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Each year, an estimated 443,000 people 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 43.4 million U.S. adults smoke cigarettes. 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) die of heart disease, and about 150,000–300,000 children younger than 18 months have lower respiratory tract infections.

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.

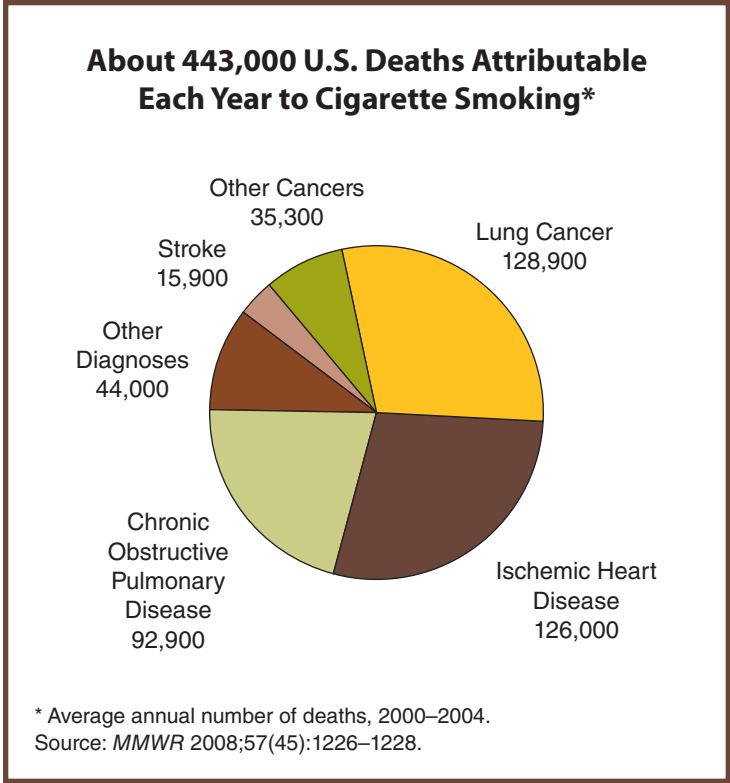
The Tobacco Use Epidemic Can Be Stopped

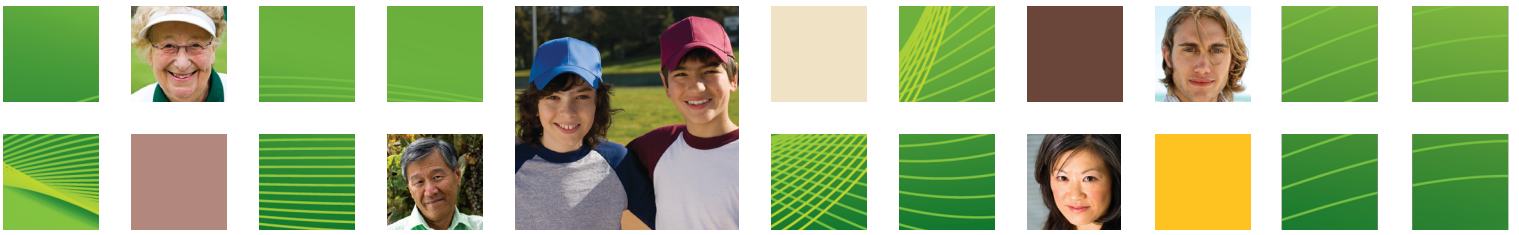
A 2007 Institute of Medicine (IOM) report presented a blueprint for action to “reduce smoking so substantially that it is no longer a public health problem for our nation.” The two-pronged strategy for achieving this goal includes not only strengthening and fully implementing currently proven tobacco control measures, but also changing the regulatory landscape to permit policy innovations. Foremost among the IOM recommendations is that each state should fund a comprehensive tobacco control program at the level recommended by CDC in *Best Practices for Comprehensive Tobacco Control Programs—2007*.

Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking. A comprehensive program is a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic, and social strategies.

Research has documented the effectiveness of laws and policies to protect the public from secondhand smoke exposure, promote cessation, and prevent initiation when they are applied in a comprehensive way. For example, to prevent initiation, states can increase the unit price of tobacco products; implement smoking bans through policies, regulations, and laws; provide insurance coverage of tobacco use treatment; and limit minors’ access to tobacco products.

If the nation is to achieve the objectives outlined in *Healthy People 2010*, comprehensive, evidence-based approaches for preventing smoking initiation and increasing cessation need to be fully implemented.





CDC's Response

CDC is the lead federal agency for tobacco control. CDC's Office on Smoking and Health (OSH) provides national leadership for a comprehensive, broad-based approach to reducing tobacco use. A variety of government agencies, professional and voluntary organizations, and academic institutions have joined together to advance this 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 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 funding to 22 state education agencies and 1 tribal government for coordinated school health programs to help prevent tobacco use.

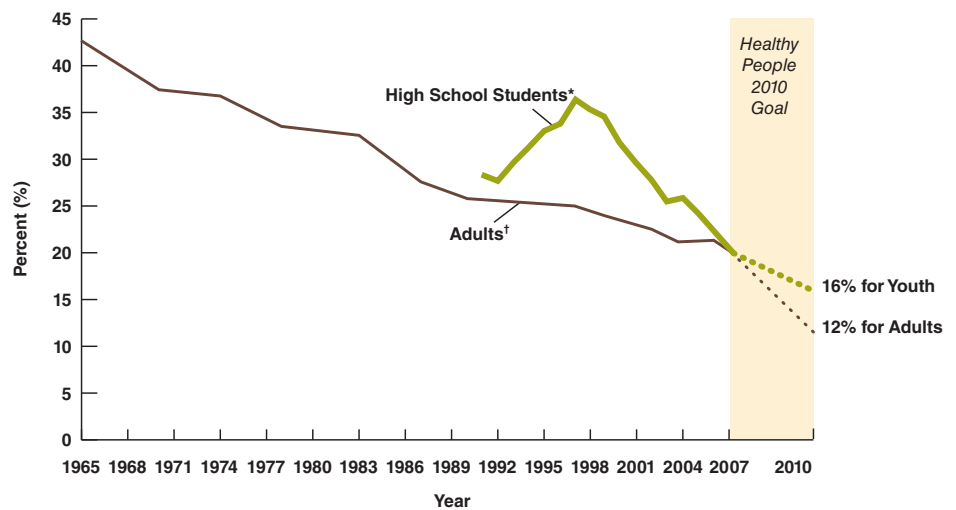
CDC publishes and disseminates accepted best practices to help states plan, implement, evaluate, and sustain their own tobacco control programs and also provides technical assistance and training in these efforts.

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 provides guidance, funding, and technical assistance to help states evaluate their tobacco prevention and control programs. CDC conducts the National Youth Tobacco Survey and assists with the state-based Youth Tobacco Survey and Adult Tobacco Survey. CDC also develops survey instruments and methods to help assess tobacco use in specific populations.
- CDC conducts global tobacco control activities with international, regional, and country-specific partners. CDC, the World Health Organization, 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.

Trends in Current Cigarette Smoking Among High School Students* and Adults,† United States, 1965–2007



* Percentage of high school students who smoked cigarettes on 1 or more of the 30 days preceding the survey. Data first collected in 1991. (Youth Risk Behavior Survey, 1991–2007).

† Percentage of adults who are current cigarette smokers (National Health Interview Survey, 1965–2007).



CDC's Response (continued)

- CDC's Division of Laboratory Sciences and OSH evaluate additives and chemical constituents of tobacco and tobacco smoke.

Communicating Information to the Public

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

- CDC responded to about 42,000 tobacco-related inquiries in Fiscal Year 2008 (FY 2008) and distributed nearly 992,000 publications and video products. About 5.6 million people visited CDC's new Smoking & Tobacco Use Web site in FY 2008.
- CDC works with other federal, state, and local agencies to provide materials and resources to educators, employers, public health workers, the media, and other community leaders who are working to prevent tobacco use.
- Through the Media Campaign Resource Center (MCRC) and the Cessation Resource Center (CRC), CDC helps 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*.
- CDC staffs the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which coordinates research programs 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, 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

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 include the following:

- 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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