

# Tobacco Free Living

*Tobacco use is the leading cause of premature and preventable death in the United States. Living tobacco free reduces a person’s risk of developing heart disease, various cancers, chronic obstructive pulmonary disease, periodontal disease, asthma and other diseases, and of dying prematurely.<sup>130</sup> Tobacco free living means avoiding use of all types of tobacco products—such as cigarettes, cigars, smokeless tobacco, pipes and hookahs—and also living free from secondhand smoke exposure.*

## KEY FACTS

- Cigarette smoking, which is the most common form of tobacco use, causes approximately 443,000 deaths and costs about \$96 billion in medical expenditures and \$97 billion in productivity losses in the U.S. each year.<sup>130</sup>
- After 40 years of steadily declining smoking rates, the decline in adult smoking rates in the U.S. has stalled. Currently about 1 in 5 adults smoke.<sup>131</sup> Smoking is more common among people who live in poverty, live with mental illness or substance abuse disorders, have less than a high school education, or work at jobs that consist primarily of physical labor.<sup>132</sup>
- Every day, nearly 4,000 young people try their first cigarette and approximately 1,000 will become daily smokers.<sup>133</sup> More than 80 percent of adult cigarette smokers start before their 18th birthday. Children of parents who smoke are twice as likely to become smokers.<sup>134</sup>
- More than a quarter of the U.S. population (88 million people), and more than half of all children in the U.S., are currently exposed to secondhand smoke on a regular basis.<sup>132</sup>
- Smoking bans in workplaces, restaurants, and other public places have been shown to decrease heart attacks among nonsmokers by approximately 17-19 percent.<sup>135</sup>
- Nearly 9 percent of high school students report using smokeless tobacco, which can cause cancer and oral health problems and is not a safe alternative to smoking cigarettes.<sup>136</sup>

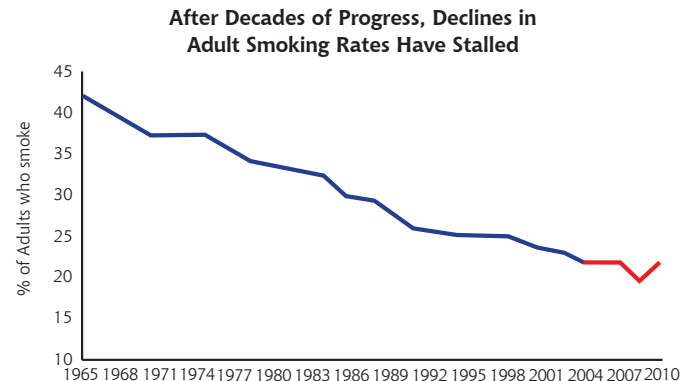
## Recommendations: What can be done?

We know how to end the tobacco epidemic. We can prevent young people from using tobacco products, help those who want to quit, and protect people from exposure to secondhand smoke. Implementing effective, comprehensive tobacco control measures decreases tobacco use. Effective strategies include enforcing comprehensive smoke free laws; implementing mass-media and counter-marketing campaigns; making options that help people quit accessible and affordable; and implementing evidence-based strategies to reduce tobacco use by children and youth.

**1 Support comprehensive tobacco free and other evidence-based tobacco control policies.** There is no safe level of secondhand smoke exposure.<sup>137</sup> Smoke free and tobacco free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, and encourage smokers to quit.<sup>138</sup> Comprehensive policies, that prohibit smoking or all forms of tobacco use, can be adopted by multiple settings such as workplaces, health care educational facilities, and multi-unit housing.<sup>139</sup>

**2 Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act).** The Tobacco Control Act grants the U.S. Food and Drug Administration authority to regulate the manufacture, marketing, and distribution of tobacco products.<sup>140</sup> Federal, state, tribal, local, and territorial governments will all play a role in enforcing the Tobacco Control Act.<sup>141</sup>

**3 Expand use of tobacco cessation services.** More than 7 in 10 smokers want to quit.<sup>142</sup> Tobacco cessation services, including counseling and medications, are effective in helping people quit using tobacco.<sup>143</sup> The combined use of counseling and medications is more effective than either strategy alone. Clinicians can ask all adults about tobacco use and provide counseling and tobacco cessation medications as appropriate.<sup>144</sup> Promoting quitlines and encouraging utilization of cessation benefits that are available through many health plans increases the use of tobacco cessation services.<sup>145</sup>



## PROJECT HIGHLIGHT: Community Health Center Tobacco Cessation Program: Iowa

This program provides free cessation services, including counseling and medication, to primarily low-income populations, people with mental health and substance abuse disorders, and people who are homeless. Through improved patient protocols and systems and provider training, the community health centers have increased tobacco use screening rates to over 90 percent. The program has enrolled thousands of patients and achieved 20 percent quit rates, saving the state-funded health care system hundreds of thousands of dollars.

When health plans offer tobacco cessation medications at little or no out-of-pocket cost, use of such services increases further.<sup>146</sup>

**4 Use media to educate and encourage people to live tobacco free.** When sustained mass-media advertising and counter-marketing campaigns are combined with other tobacco control strategies, tobacco use declines.<sup>147</sup> Effective media campaigns can use advertising in a variety of media (e.g., television, radio, billboard, print) in addition to social/viral marketing strategies to accurately convey the health risks of tobacco use, promote cessation, decrease social acceptability of tobacco use, and build public support for tobacco control policies. Effective campaigns deliver messages through the media channels and in the languages and formats people prefer.<sup>148</sup> Additionally, efforts to decrease depictions of tobacco use in entertainment media (e.g., movies, music videos) can reduce youth tobacco use.<sup>149</sup>

## Actions

### The Federal Government will

- Support states, tribes and communities to implement tobacco control interventions and policies.
- Promote comprehensive tobacco free work site, campus, and conference/meeting policies.
- Promote utilization of smoking cessation benefits by Federal employees, Medicare and Medicaid beneficiaries, and active duty and military retirees.
- Make cessation services more accessible and available by implementing applicable provisions of the Affordable Care Act, including in government health care delivery sites.
- Implement the warnings mandated to appear on cigarette packages and in cigarette advertisements to include new textual warning statements and color graphics depicting the negative health consequences of tobacco use, as required by the Tobacco Control Act.
- Research tobacco use and the effectiveness of tobacco control interventions.

- Encourage clinicians and health care facilities to record smoking status (for patients age 13 or older) and to report on the core clinical quality measure for smoking cessation counseling, in accordance with the Medicare and Medicaid Electronic Health Records Incentive Program.

### Partners Can

#### State, Tribal, Local, and Territorial Governments can

- Implement and sustain comprehensive tobacco prevention and control programs, including comprehensive tobacco free and smoke free policies and paid media advertising.
- Work with the FDA to enforce the provisions set forth in the Tobacco Control Act.
- Implement and enforce policies and programs to reduce youth access to tobacco products (e.g., Synar program).
- Balance traditional beliefs and ceremonial use of tobacco with the need to protect people from secondhand smoke exposure.

#### Businesses and Employers can

- Provide employees and their dependents with access to free or reduced-cost cessation supports and encourage utilization of these services.
- Provide evidence-based incentives to increase tobacco cessation, consistent with existing law.
- Comply with restrictions on the sale, distribution, advertising, and promotion of tobacco products, including those set forth in the Tobacco Control Act.
- Make work sites (including conferences and meetings) tobacco free and support smoke free policies in their communities.
- Provide smoke free commercial or residential property.

#### Health Care Systems, Insurers, and Clinicians can

- Implement evidence-based recommendations for tobacco use treatment and provide information to their patients on the health effects of tobacco use and secondhand smoke exposure.

Key Indicators	Current	10-Year Target
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	20.6%	12.0%
Proportion of adolescents who smoked cigarettes in the past 30 days	19.5%	16.0%
Proportion of youth aged 3 to 11 years exposed to secondhand smoke	52.2%	47.0%

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- Implement provider reminder systems for tobacco use treatment (e.g., vital signs stamps, and electronic medical record clinical reminders).
- Reduce or eliminate patient out-of-pocket costs for cessation therapies.

### Early Learning Centers, Schools, Colleges, and Universities can

- Promote tobacco free environments.
- Restrict the marketing and promotion of tobacco products to children and youth.

### Community, Non-Profit, and Faith-Based Organizations can

- Work with local policy makers to implement comprehensive tobacco prevention and control programs.
- Implement sustained and effective media campaigns, including raising awareness of tobacco cessation resources.

### Individuals and Families can

- Quit using tobacco products and ask their health care provider or call 1-800-QUIT-NOW for cessation support.
- Teach children about the health risks of smoking.
- Make homes smoke free to protect themselves and family members from secondhand smoke.
- Refrain from supplying underage youth with tobacco products.

### KEY DOCUMENTS

- Ending the Tobacco Epidemic, A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services
- The World Health Organization Framework Convention on Tobacco Control and MPOWER
- Reducing Tobacco Use: A Report of the Surgeon General
- Best Practices for Comprehensive Tobacco Control Programs
- U.S. Public Health Service: Treating Tobacco Use and Dependence

