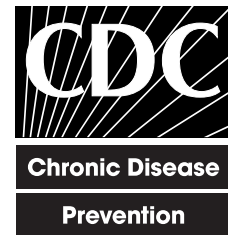


Preventing Chronic Diseases: Investing Wisely in Health



U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Preventing Tobacco Use

The Reality

- Tobacco use is the single most preventable cause of death and disease, causing more than 440,000 premature deaths annually in the United States during 1995–1999.
- Smoking can cause chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking contributes to cancer of the cervix, pancreas, and kidneys.
- Nearly 70% of the more than 46.5 million American adults who smoke cigarettes want to quit, but few are able to quit permanently without help.
- Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 5,000 young people under age 18 try their first cigarette.
- If current smoking patterns in the United States persist, an estimated 6.4 million of today's children will die prematurely of tobacco-related diseases.

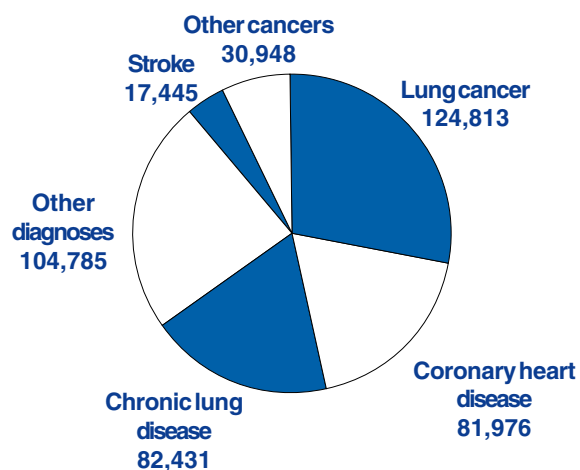
The Cost of Tobacco Use

- Direct medical expenditures attributed to smoking total more than \$75 billion per year. In addition, smoking costs an estimated \$80 billion per year in lost productivity.
- About 14% of all Medicaid expenditures are for smoking-related illnesses.
- Each of the approximately 22 billion packs of cigarettes sold in the United States in 1999 cost the nation an estimated \$7.18 in medical care costs and lost productivity.

How Tobacco Control Saves Lives

- A *New England Journal of Medicine* report concluded that the California Tobacco Control Program was associated with 33,000 fewer deaths from heart disease from 1989 to 1997.
- Rates of lung cancer among men have declined more rapidly in California than in other parts of the country, and rates of lung cancer among women in California are declining while they continue to increase elsewhere.
- Following the establishment of the Massachusetts Tobacco Control Program, state rates of smoking during pregnancy dropped sharply, from 25% in 1990 to 13% in 1996. Eliminating smoking during pregnancy could reduce the percentage of infants with low birth weight by 17%–26%.

Average Annual Number of U.S. Deaths Attributable to Cigarette Smoking, 1995–1999 (Total average number: 442,398)



Source: CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States—1995–1999. *MMWR* 2002;51(14):300–3.

How Tobacco Control Saves Money

- The State of California estimates that their program has resulted in an overall cost savings of \$8.4 billion. For every \$1 spent on the program between 1990 and 1998, an estimated \$3.62 in direct medical costs were avoided.
- Smokers who successfully quit smoking reduce the anticipated medical costs associated with heart attack and stroke by an estimated \$47 in the first year and \$853 during the following 7 years.
- Recent studies have concluded that reducing smoking prevalence among pregnant women by one percentage point over 7 years would prevent 57,200 low-birth-weight births and save \$572 million and that every \$1 invested in an effective school-based tobacco prevention program saves \$19.90 in associated medical costs.
- An economic assessment found that a health care plan's annual cost of covering treatment to help people quit smoking ranged from \$0.89 to \$4.92 per smoker, whereas the annual cost of treating smoking-related illness ranged from \$6.00 to \$33.00 per smoker.



Effective Strategies

- CDC's *Best Practices for Comprehensive Tobacco Control Programs*, based on data from states that have comprehensive programs, provides evidence-based guidelines for establishing a tobacco control program that has the following nine components: community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, enforcement, statewide programs, countermarketing, cessation programs, surveillance and evaluation, and administration and management.
- These guidelines are further supported by the independent Task Force on Community Preventive Services, which strongly recommends increasing the price of tobacco products, conducting mass media campaigns, developing multicomponent cessation programs, and instituting smoking bans and restrictions to reduce exposure to environmental tobacco smoke.
- Funding comprehensive local programs—as Arizona, California, Florida, Massachusetts, and Oregon have done—produces measurable progress toward meeting statewide tobacco control objectives, including declines in per capita cigarette consumption, in rates of exposure to secondhand smoke, and in the percentage of successful attempts by young people to buy cigarettes.

State Programs in Action: Arizona



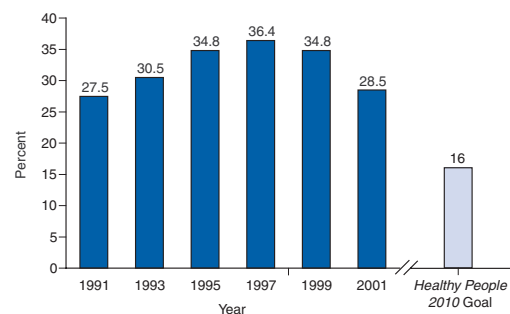
In 1994, Arizona passed the Tobacco Tax and Healthcare Act, which increased the tax on cigarettes from 18 cents to 58 cents and allocated 23% of the resulting revenues to tobacco-control activities. Since 1995, Arizona has used these tobacco-control funds (approximately \$30 million per year) to support the Tobacco Education and Prevention Program (TEPP), a comprehensive program to prevent and reduce tobacco use. TEPP, which also receives CDC support, currently funds approximately 22 local community organizations or agencies, including American Indian tribes. The program also administers the statewide quit-smoking help line in both English and Spanish. TEPP has worked with other groups in the state to develop a checklist for schools to assess their progress toward meeting the new tobacco-free schools guidelines and to help schools adopt their own tobacco-use policies.

TEPP has already had a dramatic effect on tobacco use in Arizona. According to the 1999 Arizona Adult Tobacco Survey Report, the percentage of smokers 18–24 years old declined 24% from 1996 to 1999, and the percentage of all adults who reported smoking decreased by 21%. The prevalence of tobacco use decreased among women, men, whites, and Hispanics throughout the state. Two of the sharpest decreases were among those with incomes less than \$10,000 and those with less than an eighth-grade education, a finding that offers promise for eliminating tobacco-related disparities. These declines in tobacco use are a striking example of what a comprehensive tobacco control program can accomplish when it is supported by adequate resources.

Hope for the Future

- If these effective tobacco control strategies are fully implemented, we will achieve the *Healthy People 2010* objectives of reducing the percentage of the U.S. population who smoke cigarettes to 12% of adults and 16% of adolescents. Meeting this goal will prevent more than 4 million deaths that would otherwise occur due to tobacco-related diseases.

Percentage of High School Students Who Reported Current Cigarette Smoking,* United States, 1991–2001



*Smoking one or more cigarettes during the previous 30 days.
Source: CDC, Youth Risk Behavior Surveillance System.

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