



# U.S. Tobacco Exports

## Fact Sheet

### MINIMAL CLINICAL INTERVENTIONS

- Tobacco use remains the leading cause of preventable illness and death in the United States, and a growing number of other countries are experiencing the health burdens of tobacco use.
- Globally, smoking-related deaths will rise to 10 million per year by 2030, with 7 million of these deaths occurring in developing countries. For the first time, the United States and other countries are collaborating to create an international framework designed to stem the global epidemic of tobacco-related death and disease.
- On February 17, 1998, President Clinton issued a directive on the U.S. foreign tobacco policy to all diplomatic posts. The directive states that the U.S. Government will not promote the sale or export of tobacco and tobacco products abroad. The directive also states that the U.S. Government supports tobacco control efforts of foreign governments and their people and specifically directs diplomatic personnel to facilitate those efforts.
- In general, U.S. tobacco exports are specifically exempted from federal laws and regulations concerning the export of potentially harmful products. The Federal Government has no regulations or laws governing the packaging or advertising of cigarettes produced domestically for export.
- The threat of retaliatory trade sanctions has successfully opened some foreign markets to U.S. cigarette manufacturers, thereby significantly expanding trade in tobacco products between the United States and other countries. In 1991 the market share of U.S. cigarette companies increased by an average of 600 percent in countries affected by the threat of trade sanctions.
- In 1998 the United States exported 539 million pounds of tobacco leaves. The largest export markets for U.S.-grown tobacco in recent years have been Japan, Germany, the Netherlands, and Turkey.
- Although acreage devoted to tobacco farming has fallen worldwide, technological improvements have led to overall increases in tobacco production. In 1999 growers around the world produced more than six million metric tons of tobacco. Four countries accounted for more than 60% of this production: China (34.9%), India (9.7%), the United States (9.4%), and Brazil (8.2%).
- In some producing countries, such as Zimbabwe, nearly all tobacco production is exported.
- An estimated 85% of the world's tobacco crop is used for cigarettes. In 1996, cigarette manufacturers around the world produced nearly 6 trillion cigarettes. These areas accounted for more than half of this production: China, Europe, and the United States. Although cigarette consumption is falling in industrialized countries, global consumption is rising because of significant increases in developing countries.
- World trade in cigarettes has grown steadily for at least the past 30 years. U.S. cigarette firms capitalized on this growth, expanding cigarette exports from an average of 24.3 billion per year in the late 1960s to a peak of almost 250 billion in 1996; as a result, domestic cigarette production rose even as domestic sales were declining. Through the 1990s, nearly 30 percent of all cigarettes produced in the United States were exported.
- The implementation of multinational agreements liberalizing trade, including trade in tobacco and tobacco products, is likely to further increase U.S. exports of tobacco and tobacco products to countries around the world. A probable consequence of this increase is that the prices of cigarettes and other tobacco products will fall due to enhanced competition. Lower prices could stimulate the use of cigarettes, particularly among adolescents and young adults.

- Nicotine gum is approved as an over-the-counter nicotine replacement product. Chewing the gum releases nicotine, which is absorbed through the mouth and mucous membranes. Nicotine gum is available in a 2-mg dose introduced in 1984 and a 4-mg dose introduced in 1994. The higher dose of nicotine gum may be a better aid for heavier smokers or for those highly dependent on nicotine.<sup>4</sup>
- Nicotine patches contain a reservoir of nicotine that diffuses through the skin and into the smoker's bloodstream at a constant rate. Patches are available both as over-the-counter and prescription medications.<sup>4</sup>
- Nicotine nasal spray was approved for prescription use in March 1996. The spray consists of a pocket-sized bottle and pump assembly, with a nozzle that is inserted into the nose. Each metered spray delivers 0.5 mg of nicotine to the nasal mucosa.<sup>3,4</sup>
- In May 1997 the nicotine inhaler was approved as a prescription medication to treat tobacco dependence. The inhaler consists of a plastic tube about the size of a cigarette and contains a plug filled with nicotine. Menthol is added to the plug to reduce throat irritation. Smokers puff on the inhaler as they would a cigarette. Each inhaler contains enough nicotine for 300 puffs.<sup>3,4</sup>
- Clonidine is used primarily to treat high blood pressure and has not been approved by the FDA as a smoking-cessation medication. Abrupt discontinuation of clonidine can result in nervousness, agitation, headache, and tremor accompanied or followed by a rapid rise in blood pressure. Therefore, clinicians need to be aware of potential side effects when prescribing this medication to smokers.<sup>4</sup>
- Nortriptyline is used primarily as an antidepressant and has not been evaluated or approved by the FDA as a smoking-cessation medication. The antidepressant produces a number of side effects, including sedation and dry mouth. It is recommended that nortriptyline be used only under the direction of a physician.<sup>4</sup>

## TREATING OTHER TOBACCO USE

- Smokeless tobacco users should be strongly urged to quit and treated with the same cessation counseling interventions recommended to smokers. Clinicians delivering dental health services should conduct brief interventions with all smokeless tobacco users.<sup>4</sup>
- Users of cigars, pipes, and emerging novel tobacco products such as bidis and kreteks (clove cigarettes) should be urged to quit and offered the same counseling interventions recommended for smokers.<sup>4</sup>

## ECONOMIC BENEFITS

- Cost-effectiveness analyses have shown that smoking cessation treatment compares favorably with hypertension treatment and other preventive interventions such as annual mammography, pap tests, colon cancer screening, and treatment of high levels of serum cholesterol.<sup>3</sup>
- Treating tobacco dependence is particularly important economically because smoking cessation can help prevent a variety of costly chronic diseases, including heart disease, cancer, and lung disease. In fact, smoking cessation treatment has been referred to as the "gold standard" of preventive interventions.<sup>3</sup>
- Progress has been made in recent years in disseminating clinical practice guidelines on smoking cessation. Healthy People 2010 calls for universal insurance coverage, both public and private, of evidence-based treatment for nicotine dependency for all patients who smoke.<sup>3</sup>
- The Centers for Disease Control and Prevention recommends that treatment for tobacco addiction should include (1) population-based counseling and treatment programs, such as cessation helplines; (2) adoption recommendations from the PHS clinical practice guideline; (3) coverage of treatment for tobacco dependence under both public and private insurance; and (4) elimination of cost barriers to treatment for underserved populations, particularly the uninsured.<sup>5</sup>

## REFERENCES

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