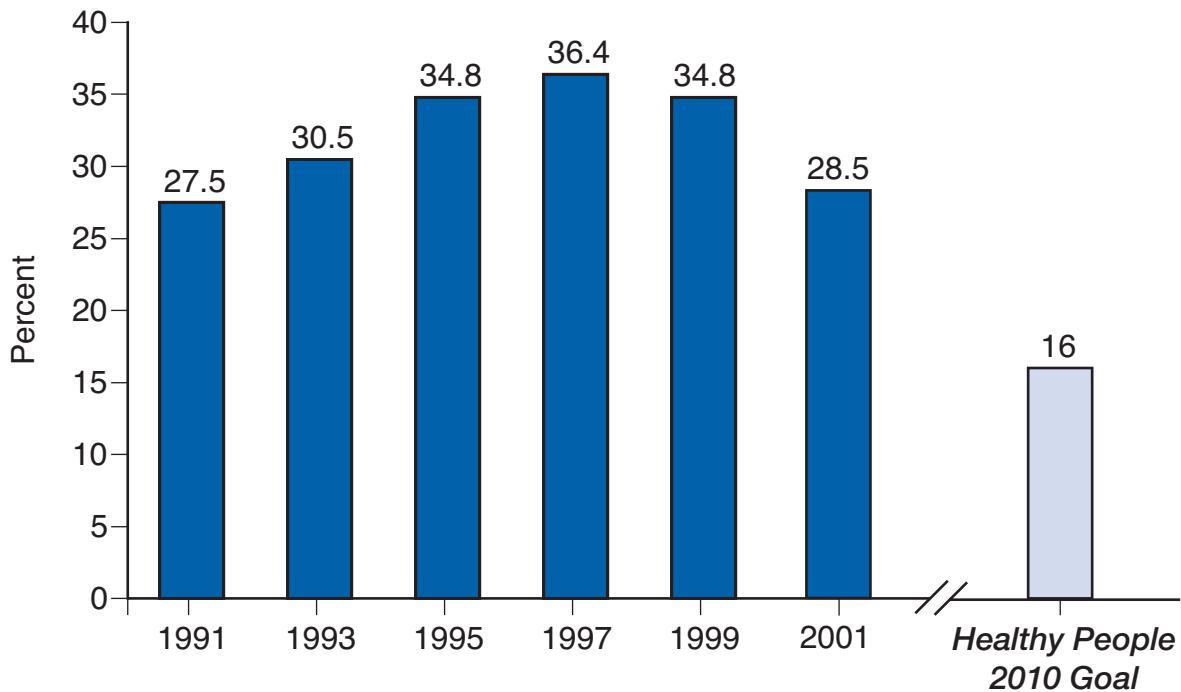


# Targeting Tobacco Use: The Nation's Leading Cause of Death 2004

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



\*Smoked cigarettes on 1 or more of the 30 days preceding the survey.  
Source: *MMWR* 51(19):409:412,2002.

*“The focus on preventing disease through reducing tobacco use is now paying off in a reduction in tobacco-related cancers in California. This is the power of public health.”*

Marc Schenker, MD, MPH  
Chairman, Epidemiology and Preventive Medicine  
University of California, Davis

## The Burden of Tobacco Use

An estimated 46.2 million adults in the United States smoke cigarettes even though this single behavior will result in death or disability for half of all regular smokers. Cigarette smoking is responsible for more than 440,000 deaths each year. More than 8.6 million people in the United States have at least one serious illness caused by smoking. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely from a tobacco-related disease. Paralleling this enormous health toll is the economic burden of tobacco use: more than \$75 billion per year in medical expenditures and another \$80 billion per year resulting from lost productivity.

Since the first Surgeon General's report on smoking and health in 1964, 27 reports 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 their mother's smoking.

Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancer. Low-tar cigarettes and novel tobacco products such as bidis and clove cigarettes are not safe alternatives.

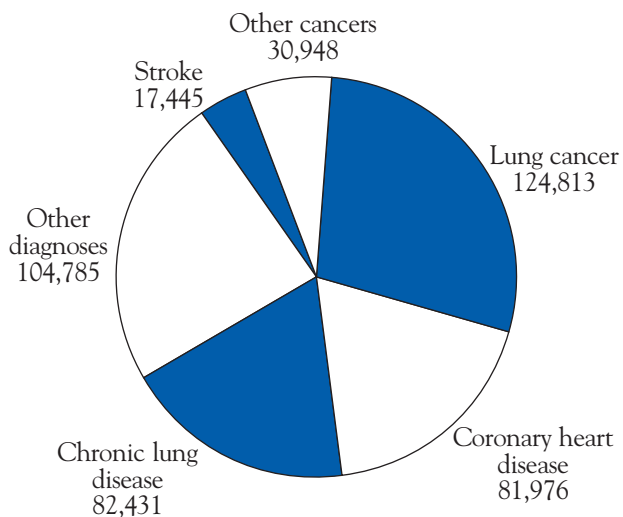
**“Scientific evidence provides a tragic picture of the health effects of smoking across a lifetime. We all need to strengthen our efforts to prevent young people from ever starting to smoke and to encourage smokers of all ages to quit.”**

—Richard H. Carmona, MD  
Surgeon General  
U.S. Public Health Service

The harmful effects of smoking do not end with the smoker. Babies of women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress. In addition, secondhand smoke has harmful effects on nonsmokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease. An estimated 150,000–300,000 children younger than 18 months of age have respiratory tract infections because of exposure to secondhand smoke.

Although smoking rates fell among high school students from 2000 to 2002, they did not decline significantly among middle school students. This lack of progress suggests the need for greater use of proven anti-smoking strategies and for new strategies to promote further declines in youth smoking.

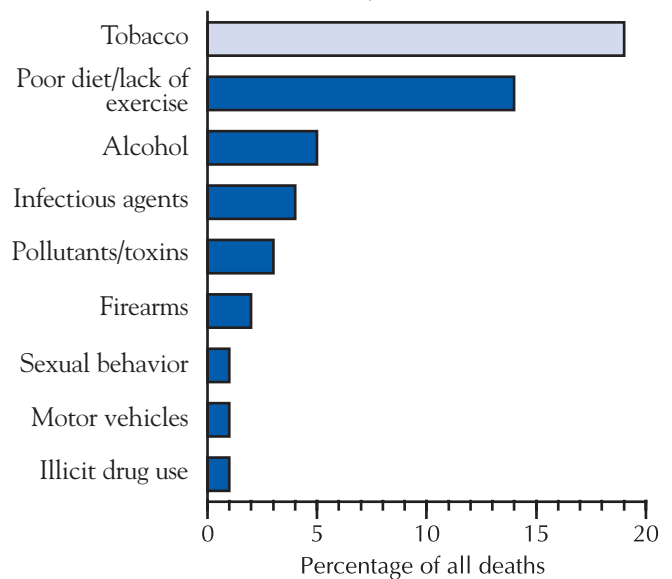
### 442,398 U.S. Deaths Attributable Each Year to Cigarette Smoking\*



\*Average annual number of deaths, 1995–1999.

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

### Actual Causes of Death, United States, 1990\*



\*The percentages used in this figure are composite approximations derived from published scientific studies that attributed deaths to these causes.

Source: McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993;270:2207–12.

## CDC's Tobacco Control Framework

With fiscal year 2004 funding of approximately \$100 million, the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC) 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 comprehensive approach, which involves

- Preventing young people from starting to smoke.
- Eliminating exposure to secondhand smoke.
- Promoting quitting among young people and adults.
- Identifying and eliminating disparities in tobacco use among different population groups.

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

In addition, CDC is focusing on four strategic priorities for accelerating progress toward a tobacco-free future:

- Sustaining state tobacco control programs.
- Expanding and promoting tobacco product research and findings.
- Promoting quitlines and Web resources for all tobacco users.
- Expanding global tobacco control activities.

### Sustaining State Programs

CDC continues to support basic implementation programs to prevent and control tobacco use in all 50 states, the District of Columbia, seven territories, and seven tribal-servicing organizations. In addition, CDC funds nine national networks to reduce tobacco use among eight priority populations. CDC also provides grants to 18 states for coordinated school health programs to help prevent tobacco use.

CDC provides technical assistance and training to help states plan, establish, and evaluate tobacco control programs. Recent fiscal crises have dramatically eroded states' investment in tobacco control. From 2001 through 2003, the money that states spent on tobacco control fell 28%. Total funding is down to \$541 million, or less than 3% of the more than \$19 billion that the states received in 2003 from tobacco excise taxes and tobacco settlement payments.

As of September 2003, 23 states have had to cut staffing, media campaigns, quitlines, and community programs because of loss of funding for tobacco control. Some of the biggest cuts have struck the most successful state programs, including those in California, Florida, Massachusetts, and Oregon.

CDC is working with national partners to help states maintain their core capacity and infrastructure for tobacco control so that they can revitalize their programs once funding is restored.

New CDC resources for states include *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*, *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*, the *Taking Action Against Secondhand Smoke* online toolkit, and the National Tobacco Control Program State Exchange Web site.

### 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 technical assistance to help states evaluate their tobacco prevention and control programs. CDC also provides assistance with the Youth Tobacco Survey and Adult Tobacco Survey for states that conduct these surveys.
- CDC is developing a set of core evaluation indicators for state programs and is evaluating the effect of tobacco prevention and control programs nationwide.
- Beginning in spring 2004, CDC will conduct the biennial National Youth Tobacco Survey, which was previously conducted by the American Legacy Foundation.
- CDC is developing survey instruments and methods to help assess tobacco use in specific populations, including racial/ethnic minority groups and people of low socioeconomic status.
- CDC works closely with the World Health Organization to conduct the Global Youth Tobacco Survey, which is now active in more than 160 countries and is a critical tracking tool for the international Framework Convention on Tobacco Control.
- CDC's Office on Smoking and Health and Division of Laboratory Sciences are evaluating additives and chemical constituents of tobacco and tobacco smoke; this collaboration includes an international study of nitrosamines (cancer-causing agents) in cigarettes.

# Capitalizing on Unique Opportunities for Research and Collaboration

## Communicating Information to the Public

CDC researches, develops, and distributes tobacco and health information nationwide. CDC responds to over 100,000 tobacco-related requests annually, 60,000 of which come through the Internet. In the past year, CDC distributed more than 800,000 publications and video products. In addition, visits to CDC's tobacco control Web site increased from 2 million in 2001 to more than 3 million in 2003. CDC has provided these materials and resources to educators, employers, pastors, public health workers, and other community leaders working to prevent people from starting to use tobacco, garner support for clean indoor air and other policy changes, and help those who use tobacco to quit.

Through its 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. The MCRC helps states stretch their media budgets by using and adapting existing ads rather than creating new ones. In addition, CDC released *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign* in 2003 to help state and local programs establish an integrated public education program.

In partnership with other federal, state, and local agencies, CDC communicates key tobacco messages through the media, schools, and communities. A new resource to promote quitting smoking and community involvement in tobacco control among African Americans is *Pathways to Freedom*. CDC also works with the sports and entertainment industries to communicate its tobacco-free message.

## 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 coordinates and promotes tobacco prevention and control activities in collaboration with partners, including the American Cancer Society, the American Heart Association, the American Legacy Foundation, the

**“We must encourage new and expanded partnerships among businesses, unions, communities, states, and the federal government that will help us expand the life-saving benefits of prevention programs and smoke-free workplaces throughout the country.”**

—Cheryl G. Heaton, DrPH  
President and CEO  
American Legacy Foundation

American Lung Association, the Association of State and Territorial Health Officials, the Environmental Protection Agency, the National Association of County and City Health Officials, the National Association of Local Boards of Health, the National Cancer Institute, the National Center for Tobacco-Free Kids, the National Conference of State Legislatures, the Pan-American Health Organization, the Robert Wood Johnson Foundation, the Substance Abuse and Mental Health Services Administration, and the World Bank.

- CDC conducts international tobacco control activities with a broad range of global, regional, and country-specific partners. CDC is officially designated as a World Health Organization Collaborating Center on Global Tobacco Prevention and Control for North America.
- In a new initiative announced in 2004, CDC is partnering with the National Cancer Institute to develop and strengthen a national network of smoking cessation quit-lines to provide all smokers in the United States with access to the latest information and evidence-based treatments to help them quit.

## Future Directions

To provide strategic guidance to help state tobacco control programs overcome many of the funding challenges they face, CDC is redoubling its efforts in surveillance and evaluation, health communications, program services, and policy analysis. CDC will work to help policy makers, health officials, and the U.S. public understand that tobacco control is a core component of public health that needs to be defended and sustained if the nation is to reduce the terrible toll of death and disease from tobacco use.

**For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-50, 4770 Buford Highway NE, Atlanta, GA 30341-3717; 800-CDC-1311. [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) <http://www.cdc.gov/tobacco>**