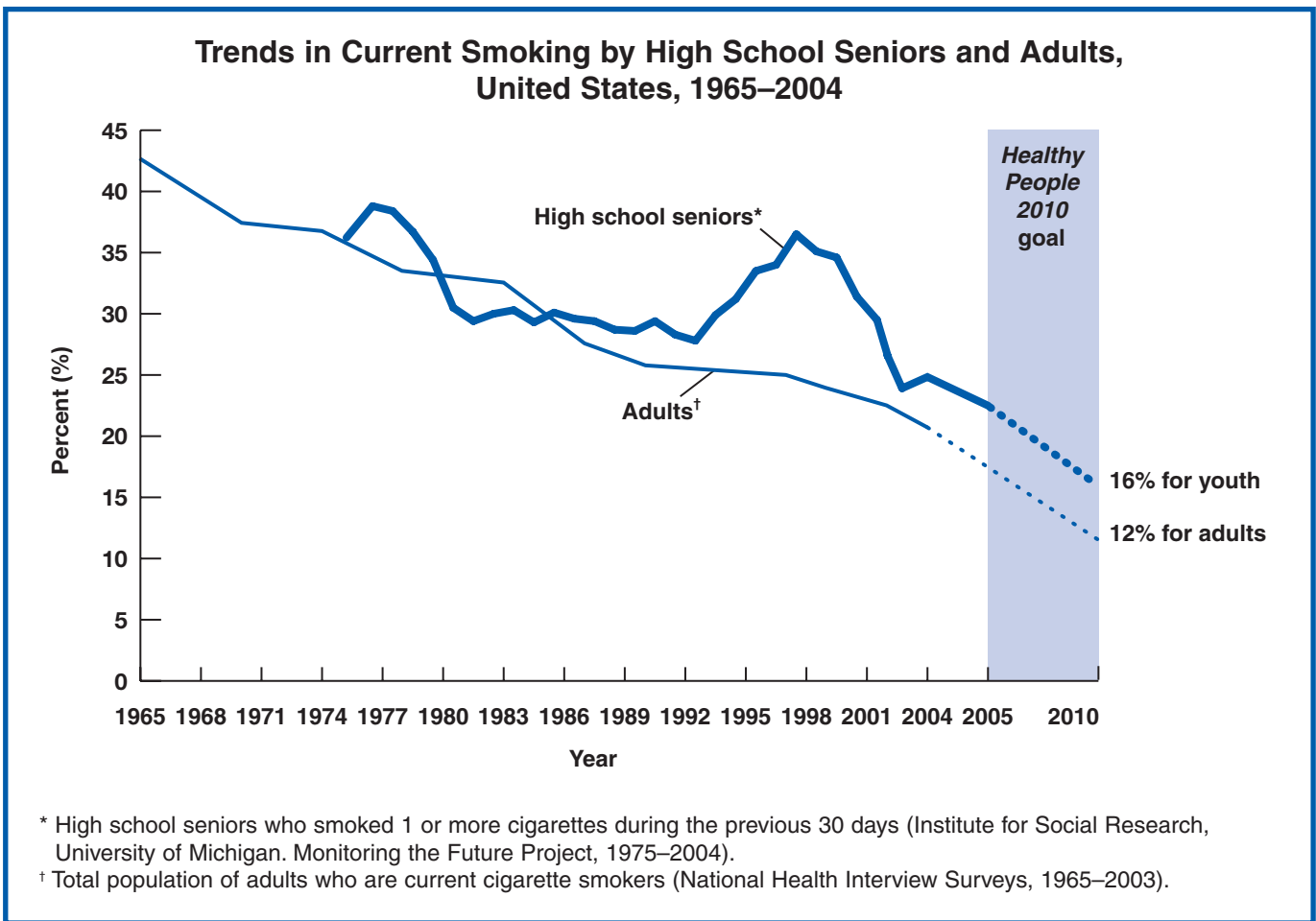




Targeting Tobacco Use

The Nation's Leading Cause of Death

2006



“We’ve made good progress in reducing the number of people who smoke, but we must further enhance our efforts if we are going to achieve the nation’s health objectives for 2010.”

*Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention*

The Burden of Tobacco Use

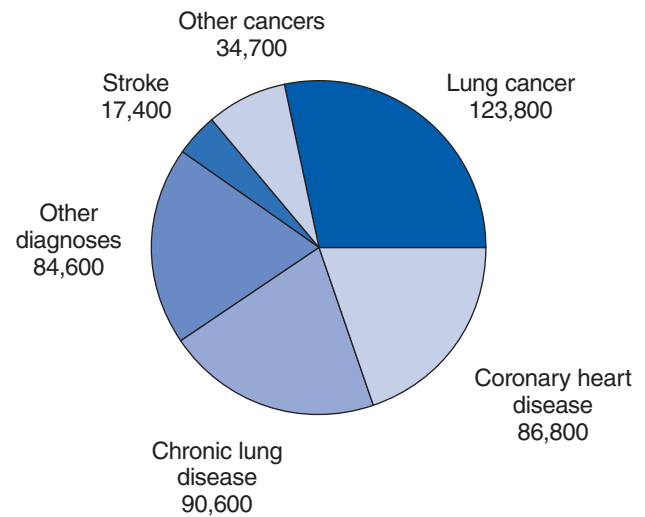
An estimated 44.5 million adults in the United States smoke cigarettes even though this single behavior will result in death or disability for half of all continuing smokers. Tobacco use is the leading preventable cause of death in the United States, resulting in approximately 440,000 deaths each year. 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, an estimated 5 million people currently younger than age 18 will die prematurely of a tobacco-related disease. Coupled with this enormous health toll is the significant economic burden of tobacco use: more than \$75 billion per year in medical expenditures and another \$92 billion per year resulting from lost productivity.

Since 1964, 28 Surgeon General's reports on smoking and health 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 mothers smoking during pregnancy. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers. Low-tar cigarettes and other tobacco products are not safe alternatives.

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 also 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

About 438,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*



* Average annual number of deaths, 1997–2001.
Source: *MMWR* 2005;54(25):625–8.

of heart disease. Each year, an estimated 150,000–300,000 children younger than 18 months of age have lower respiratory tract infections because of exposure to secondhand smoke.

Although smoking rates fell among youth from 2000 to 2003, recent surveys indicate that the rate of decline may have stalled among both middle school and high 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.

CDC's Tobacco Control Framework

CDC is committed to ensuring that all people, especially those at greater risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. With new health protection goals that support healthy people in healthy places across all life stages, CDC is setting the agenda to enable people to enjoy a healthy life by delaying death and the onset of illness and disability by accelerating improvements in public health.

With fiscal year 2006 funding of about \$104.8 million, CDC's Office on Smoking and Health 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 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 disparities in tobacco use among different population groups.

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

Sustaining State Programs

CDC continues to support basic implementation 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 priority populations. CDC also provides grants to 23 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 research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking, and that the longer states invest in such programs, the greater and faster the impact. Unfortunately, recent fiscal crises have dramatically eroded states' investments in tobacco control. During fiscal years 2002–2006, the money that states spent on tobacco control fell 27%. Total funding is down to \$551 million, or less than 3% of the more than \$21 billion that the states received in 2005 from tobacco excise taxes and tobacco settlement payments. A mere 8% from these sources would allow all 50 state tobacco control programs to be funded at CDC's minimum recommended level.

As of November 2005, only four states were spending the per capita amount that CDC recommends for tobacco control programs, which is \$5.98 per person. The overall average funding for tobacco control in 2005 was \$1.22 per person. CDC is working with national partners to help states regain or maintain their core capacity and infrastructure for tobacco control so that they can revitalize their programs once funding is restored.

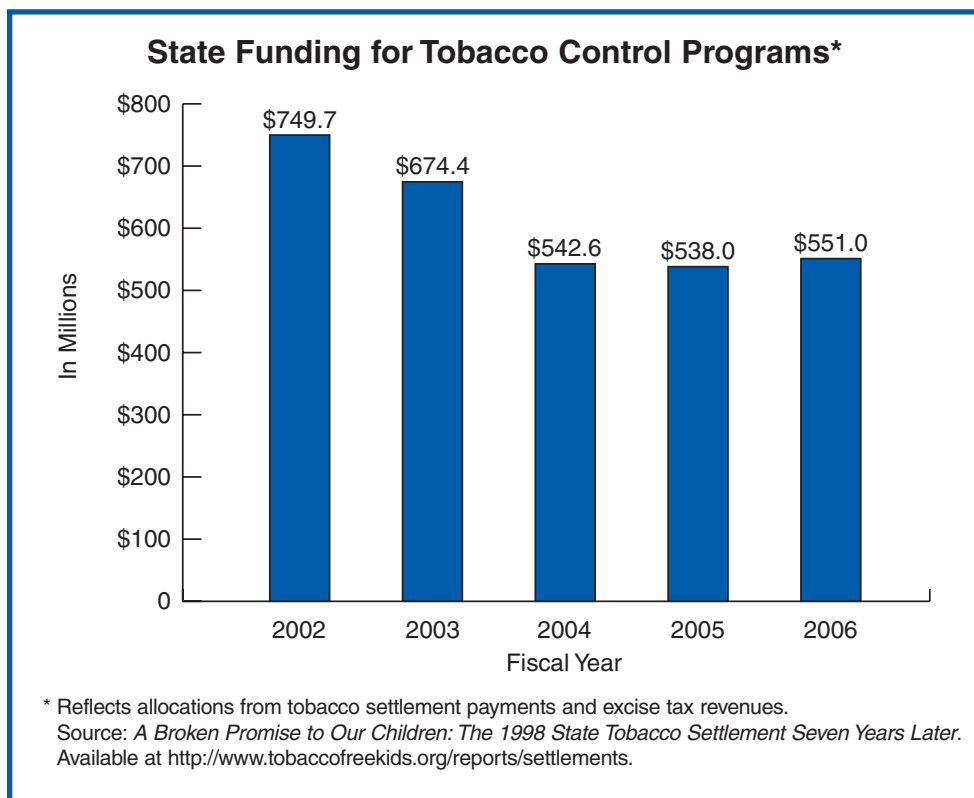
Key CDC resources for states include the following: *Key Outcome Indicators for Comprehensive Tobacco Control Programs*, the State Tobacco Activities Tracking and Evaluation (STATE) System, the Sustaining State Funding for Tobacco Control Web site, and the

newly expanded online tool kit, *Taking Action Against Second-hand Smoke*.

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 conducts the National Youth Tobacco Survey, assists with the voluntary state-based Youth Tobacco Survey and Adult Tobacco Survey, and develops survey instruments and methods to help assess tobacco use in specific populations.
- CDC, the World Health Organization (WHO), and the Canadian Public Health Association developed the Global Tobacco Surveillance System to monitor tobacco use and to help countries plan, develop, implement, and evaluate their comprehensive tobacco control programs. This system includes three components—the Global Youth Tobacco Survey, the Global School Personnel Survey, and the Global Health Professional Survey.
- CDC's Division of Laboratory Sciences and Office on Smoking and Health are evaluating additives and chemical constituents of tobacco and tobacco smoke. This collaboration includes research on tobacco smoke toxicity and human smoking behavior.



Capitalizing on Unique Opportunities for Research and Collaboration

Communicating Information to the Public

CDC responded to about 27,000 tobacco-related inquiries in 2005 and distributed about 500,000 publications and video products. Also in 2005, more than 2.8 million people visited CDC's tobacco control Web site. CDC has provided materials and resources to educators, employers, public health workers, and other community leaders who are working to 1) prevent people from starting to use tobacco, 2) help people who use tobacco to quit, and 3) support community interventions.

Through its Media Campaign Resource Center (MCRC), CDC continues to provide counteradvertising materials and technical assistance to help state and local programs conduct effective media campaigns. Through the Cessation Resource Center (CRC), CDC provides an array of user-tested materials on topics such as reimbursement, quitlines, and evaluation. The MCRC and CRC help states stretch their media budgets by using and adapting existing ads and other materials rather than creating new ones.

In addition, CDC developed training modules for chapters in the 2003 *Designing and Implementing an Effective Tobacco Countermarketing Campaign* to help state and local health departments conduct local training workshops. In partnership with other federal, state, and local agencies, CDC communicates key tobacco messages through the media, schools, and communities. 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 staffs the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which coordinates research programs and other efforts among federal, state, local, and private agencies.

- CDC coordinates and promotes tobacco prevention and control activities in collaboration with partners, including the American Cancer Society, American Heart Association, American Legacy Foundation, American Lung Association, Association of State and Territorial Health Officials, Campaign for Tobacco-Free Kids, Council of State Governments, National Association of County and City Health Officials, National Association of Local Boards of Health, National Cancer Institute, Pan-American Health Organization, Robert Wood Johnson Foundation, Substance Abuse and Mental Health Services Administration, Tobacco Technical Assistance Consortium, U.S. Environmental Protection Agency, and World Bank.
- CDC conducts global tobacco control activities with a range of international, regional, and country-specific partners. CDC, WHO, and the Canadian Public Health Association have developed the Global Tobacco Surveillance System.
- 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

To accelerate progress toward a tobacco-free future, CDC is focusing on four strategic priorities:

- Sustaining science-based comprehensive state tobacco control programs.
- Conducting tobacco product research and disseminating information.
- Engaging the business sector in supporting comprehensive tobacco prevention and control.
- Strengthening global tobacco control surveillance and translating the data into action.

CDC will work to help policy makers, health officials, and the public understand that tobacco control is a core component of public health that needs to be sustained if the nation is to reduce the terrible toll of death and disease from tobacco use.

For more information or copies of publications referenced in this document, please contact
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