



# TOBACCO USE

## TARGETING THE NATION'S LEADING CAUSE OF PREVENTABLE DEATH

2011

### Success Stories

#### Smoke-Free Laws Reduce Exposure and Improve Health

Each year in the United States, an estimated 3,000 lung cancer deaths and 46,000 heart disease deaths are attributed to exposure to secondhand smoke. According to the 2006 U.S. Surgeon General's report *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, there is no risk-free level of exposure to secondhand smoke. Both the Surgeon General and the Institute of Medicine (IOM) have concluded that eliminating smoking from all indoor areas is the only way to fully protect people from exposure.

Policies that prohibit smoking in all indoor areas

- Eliminate secondhand smoke exposure.
- Improve indoor air quality.
- Reduce negative health outcomes among nonsmokers.
- Decrease cigarette consumption.
- Encourage smokers to quit.
- Change social norms regarding the acceptability of smoking.

In terms of specific health risks, the 2009 IOM report *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence* concluded that

- Secondhand smoke exposure can cause a heart attack.
- Even brief exposure to secondhand smoke could plausibly trigger a heart attack.
- Smoke-free policies result in fewer heart attacks.

Current evidence from more than a dozen studies in cities, states, and countries indicates that smoke-free policies yield

immediate cardiovascular benefits. Jurisdictions that have implemented smoke-free policies have reported average reductions in heart attack hospitalizations of 8% to 17%. In 2010, Kansas, Michigan, and Wisconsin passed laws that made workplaces and public places smoke-free. The new laws represent clear and measurable progress toward saving lives and protecting people in these states.

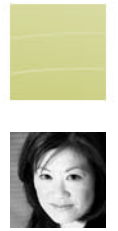
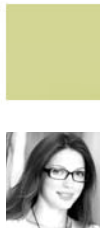
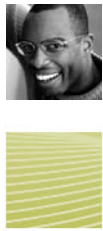
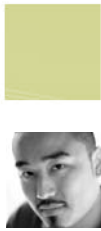
By December 2010, a total of 25 states and the District of Columbia had comprehensive smoke-free laws that prohibit smoking in workplaces, restaurants, bars, and other public places. However, 88 million nonsmoking Americans are still exposed to secondhand smoke, and many areas of the country do not have smoke-free laws.

Populations disproportionately affected by exposure to secondhand smoke include African Americans, children, and those working in blue collar and hospitality sectors, particularly bar and casino employees.

#### Smoking Cessation in Massachusetts

About 70% of the 46.6 million smokers in the United States want to quit, and more than 40% try to quit each year. The U.S. Public Health Service's *Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update* recommends that clinicians provide every patient willing to try to quit with an effective cessation treatment. However, cessation counseling and medications are not readily available to uninsured patients and patients whose health plans omit or restrict coverage.

In 2007, CDC released the updated *Best Practices for Comprehensive Tobacco Control Programs—2007*, which recommends that states promote quitting among adults and young people. CDC also provides funding to help states promote cessation programs and evaluate their efforts.



For example, CDC helped promote and evaluate a smoking cessation intervention in Massachusetts that led to a sharp reduction in smoking rates among Medicaid beneficiaries. The state expanded Medicaid benefits to include coverage of up to 16 individual or group counseling sessions and two 90-day supplies a year of cessation medications approved by the U.S. Food and Drug Administration. Eligible participants could receive these benefits for copayments of \$1–\$3.

To promote the intervention, state health officials worked with community and professional groups to distribute educational materials and make presentations to health care providers. They also mailed materials to residents across the state, distributed posters through local groups, and ran advertisements in print, radio, and transit markets.

An evaluation of the intervention found that about 37% of all Medicaid beneficiaries who were smokers (70,140 people) used these benefits. During the first 18 months, smoking rates among Medicaid beneficiaries in Massachusetts declined by 26%. During the same period, hospital admissions for acute myocardial infarction decreased by 46% for this population group. Admissions for other acute coronary heart disease diagnoses decreased by 49%.

**The Price of Cigarettes Across the Nation**

Raising the price of tobacco has proven to be one of the most effective strategies for preventing and controlling tobacco use. Specifically, the Surgeon General has concluded that increasing cigarette prices would decrease the prevalence of tobacco use, particularly among youth and young adults, and that increases in cigarette excise taxes would lead to substantial long-term improvements in the nation’s health. A 10% increase in the price of cigarettes is estimated to reduce consumption by nearly 4% among adults, and the potential reduction among young people and low-income populations is even higher.

In 2009 and 2010, a total of 20 states, the District of Columbia, and the federal government increased excise tax rates for cigarettes. During this period, the combined federal and average state cigarette excise tax increased from \$1.57 to \$2.45 a pack.

Notably, South Carolina, which previously had the nation’s lowest cigarette excise tax, raised its tax in 2010 for the first time in 33 years—by 50 cents to \$0.57 a pack. The state also allocated \$5 million toward smoking prevention and cessation efforts. In addition, the U.S. territory of Guam increased its cigarette excise tax by 200%, raising the price of cigarettes on the island from \$1 to \$3 a pack.

As of December 2010, the following five states had set excise tax rates of \$3 or more per pack: New York (\$4.35), Rhode Island (\$3.46), Washington (\$3.025), Connecticut (\$3), and Hawaii (\$3). According to estimates from the Campaign for Tobacco-Free Kids, a \$1 increase in the price of a pack of cigarettes in all states would reduce smoking-related disease and death and result in more than \$52 billion in long-term health savings over 5 years.

