

TOBACCO CONTROL

WHAT IS THE PUBLIC HEALTH ISSUE?

- Tobacco use, the single most preventable cause of death and disease in the United States, causes more than 440,000 deaths and costs at least \$75 billion in medical expenses and \$80 billion in indirect costs each year.
- An estimated 46.5 million adults in the United States smoke cigarettes. Nearly 70% of smokers want to quit, but only 2.5% per year are able to quit smoking permanently.
- Each day, about 4,400 young people try their first cigarette. Of these teens, one in three eventually will die from smoking.

WHAT HAS CDC ACCOMPLISHED?

With funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, CDC has expanded the science on the effectiveness of comprehensive tobacco control programs and the value of sustaining state tobacco control funding; met the 2003 Government Performance and Results Act goal of reducing to 26.5% the percentage of youth (grades 9–12) who smoke; facilitated production of a report outlining aggressive, science-based action steps to encourage tobacco use cessation; and produced a manual assisting state programs with the planning, implementation, and evaluation of their counter-marketing programs.

CDC provides federal leadership in tobacco control by strengthening tobacco-use science for public health action and by working with partners to create comprehensive tobacco programs nationally and globally. CDC funds the development, implementation, and evaluation of comprehensive tobacco control programs in all 50 states, the District of Columbia, 7 U.S. territories, 7 tribal support centers, and 8 national networks. CDC also supports state-based media activities to educate the public on the health hazards of tobacco use. CDC conducts tobacco surveillance and research to strengthen the science behind tobacco control, including expanding knowledge of the health risks of nicotine, additives, and other potentially toxic compounds in tobacco through laboratory research. CDC also provides support for global tobacco control by expanding the science-base through surveillance and research, building capacity, promoting information exchange, and sharing expertise.

Example of Program in Action

Dramatic results are evident in states where comprehensive programs consistent with CDC's guidelines have been implemented. As many states continued to cut funding for tobacco control due to fiscal crises, a 2003 study found double the decrease in cigarette sales among states that spent more on comprehensive tobacco control programs than in the United States as a whole. Between 1990 and 2000, sales fell an average of 43% in four key states with large program expenditures—Arizona, California, Massachusetts, and Oregon—compared with 20% for all states. Program funding levels accounted for a substantial portion of the difference, above and beyond the effect of cigarette excise tax hikes, with increasing expenditures producing bigger and faster declines in sales.

WHAT ARE THE NEXT STEPS?

Reaching the *Healthy People 2010* objective of cutting in half the smoking rates for youth and adults will require substantial national commitment to implement and sustain effective tobacco use prevention and control programs employing educational, clinical, regulatory, economic, and comprehensive approaches. If current trends continue, tobacco will be the leading cause of preventable and premature death worldwide by 2030. Cohesive strategies and concerted action at both national and international levels are needed to help curb the global tobacco epidemic.