Prevention Status Report | 2013

Tobacco Use

District of Columbia

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important health problems. This report focuses on tobacco use and briefly describes why it is a public health problem, both for the District of Columbia and the United States as a whole. It also provides an overview of solutions (i.e., evidence-based or expert-recommended policy and practice options) for preventing or reducing tobacco use and reports the status of these solutions in the District of Columbia.

PSR Framework

The PSRs follow a simple framework:

- Describe the public health ***problem*** using public health data
- Identify potential ***solutions*** to the problem drawn from research and expert recommendations
- Report the ***status*** of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices

The policies and practices included in the PSRs were selected because they

- Can be monitored using state- or district-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
  - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
  - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
  - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings

The PSRs use a simple, three-level rating scale to provide a practical assessment of the status of policies and practices in each state and the District of Columbia. It is important to note that the ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* by the district health department, other district agencies, or other organizations to establish or strengthen those policies and practices. Strategies for improving public health vary by individual state or district needs, resources, and public health priorities.

More Information

For more information about public health activities in the District of Columbia, visit the District of Columbia Department of Health website (http://www.dchealth.dc.gov/). For additional resources and to view reports for other health topics, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/).

Suggested Citation

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www.cdc.gov/stltpublichealth/psr

Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

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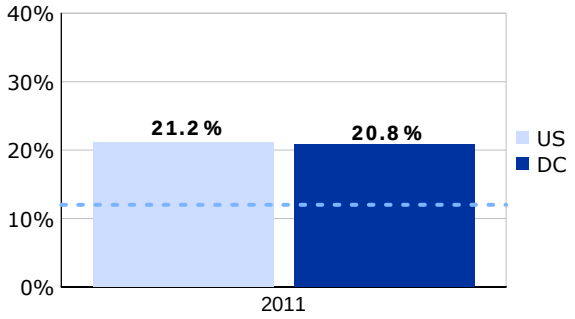
Public Health Problem

Tobacco use is the leading cause of preventable death in the District of Columbia and the United States overall. Smoking harms nearly every organ in the body and causes cancer, heart disease, stroke, respiratory illness, and many other health problems (1).

During 2007–08, in the United States, 37% of adult nonsmokers and 54% of children aged 3–11 years were exposed to secondhand smoke (2).

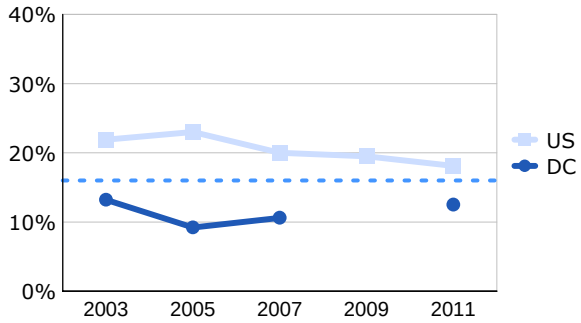
Smoking and exposure to secondhand smoke result in $96 billion in medical expenditures and $97 billion in lost productivity annually in the United States. In the District of Columbia, smoking causes $395 million in personal healthcare expenditures and $231.6 billion in lost productivity annually (3).

Proportion of adults who smoke cigarettes



Sources: Behavioral Risk Factor Surveillance System (4), National Health Interview Survey (5)
Healthy People 2020 target: 12.0% (dotted blue line) (6)

Proportion of high school students who smoke cigarettes



Source: Youth Risk Behavior Surveillance System (7)
Healthy People 2020 target: 16.0% (dotted blue line) (6)

Note: District of Columbia data were not available for one or more years from the source used for this graph. Similar data may be available from another national or district source.

Policy and Practice Solutions

This report focuses on policies and practices recommended by the Institute of Medicine, World Health Organization, Community Preventive Services Task Force, US Surgeon General, and Centers for Disease Control and Prevention on the basis of scientific studies supporting the policies' effectiveness in preventing or reducing tobacco use (8–11,13,14). These policies and practices include 1) increasing district cigarette excise taxes, 2) establishing districtwide smoke-free policies, and 3) sustaining tobacco control program funding. Other strategies also supported by scientific evidence include hard-hitting media campaigns and systemic changes to increase access to and use of cessation services. For information about why certain tobacco-related indicators were selected, and for links to additional data and resources, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/tobacco/).

Tobacco Use **District of Columbia**

Status of Policy and Practice Solutions in the District of Columbia

District cigarette excise tax

As of June 30, 2013, the District of Columbia's cigarette excise tax was $2.50 per pack, compared with the highest state tax of $4.35 (range = $0.17–$4.35) (15).

Healthy People 2020 target: An increased excise tax in all states and the District of Columbia by $1.50 per pack by the year 2020 (6). This increase would generate millions of dollars in revenue annually, prevent more children from starting to smoke, help smokers quit, save lives, and save millions in long-term healthcare costs (16,17).

Rating	District excise tax was
Green	**$2.00 per pack or above**
Yellow	$1.00–$1.99 per pack
Red	Less than $1.00 per pack

Comprehensive district smoke-free policy

As of June 30, 2013, the District of Columbia had a districtwide smoke-free policy covering workplaces, restaurants, and bars (15).

Healthy People 2020 target: A statewide or districtwide ban on smoking in public places and worksites in all states and the District of Columbia (6). Studies have shown that smoke-free policies reduce secondhand smoke exposure, help smokers quit, and reduce heart attack and asthma hospitalizations (10,11,17–21).

Rating	District smoke-free policy covered
Green	**Workplaces, restaurants, and bars**
Yellow	Two of the three locations
Red	One or none of the locations

Funding for tobacco control

As of fiscal year 2010, the District of Columbia allocated 20% of the CDC-recommended funding for tobacco control ($2.1 million of $10.5 million) (22).

CDC recommendation: Tobacco control funding at 100% of CDC's recommended annual investment in all states and the District of Columbia (14). States that have made larger investments in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as sales in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs has increased (14,23,24).

Rating	Funding level was at
Green	100% or more of CDC recommendation
Yellow	50.0%–99.9% of CDC recommendation
Red	**Less than 50% of CDC recommendation**

Simplified Rating System

A more detailed explanation of the rating system for tobacco use is available at http://www.cdc.gov/stltpublichealth/psr/tobacco/.

Green
The policy or practice is established in accordance with supporting evidence and/or expert recommendations.

Yellow
The policy or practice is established in partial accordance with supporting evidence and/or expert recommendations.

Red
The policy or practice is either absent or not established in accordance with supporting evidence and/or expert recommendations.

Indicator Definitions

District cigarette excise tax: The amount of district excise tax, in dollars, on a pack of 20 cigarettes.

Comprehensive district smoke-free policy: A district law that prohibits smoking in all indoor areas of private workplaces, restaurants, and bars, with no exceptions (25).

Funding for tobacco control: The amount of funding allocated for district tobacco control activities, including district and federal dollars. Note: Data provided for fiscal year 2010 funding do not include nongovernmental funding sources or federal funds from the American Recovery and Reinvestment Act Prevention Wellness Initiative announced in March 2010. Additionally, the amount allocated per fiscal year does not always match the amount spent during the year.

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