

State of Tobacco Prevention and Control in U.S. and Future Directions



Brick Lancaster, MA, CHES

Chief, Program Services Branch

Office on Smoking and Health

Iowa Conference - After the Smoke Clears: Facing the Next Challenges in Tobacco Control

June 16, 2009

Grinnell College



SAFER • HEALTHIER • PEOPLE™



Objectives

- Highlight CDC and OSH organization and priorities
- Update on tobacco prevention and control Best Practices
- Policy & Environmental Change Focus
- What's next on the plate



Iowa's Success Stories

- Smokefree Air Act
- Tobacco Excise Tax
- Moist Snuff Tax
- JEL's "What Town is Next" campaign
- Chronic disease collaborative efforts

CDC Vision

- Healthy People in a Healthy World – Through Prevention



Our Niche

- Identify, synthesize, disseminate
 - Scientific findings
 - Best practices
 - Strategically advance goals and priorities
- Funding and technical assistance for State tobacco control
 - Traditional CDC division activity

The Health Consequences
of Involuntary Exposure
to Tobacco Smoke

A Report of the Surgeon General



Best
Practices

for Comprehensive
Tobacco Control
Programs

October 2007



OSH Mission

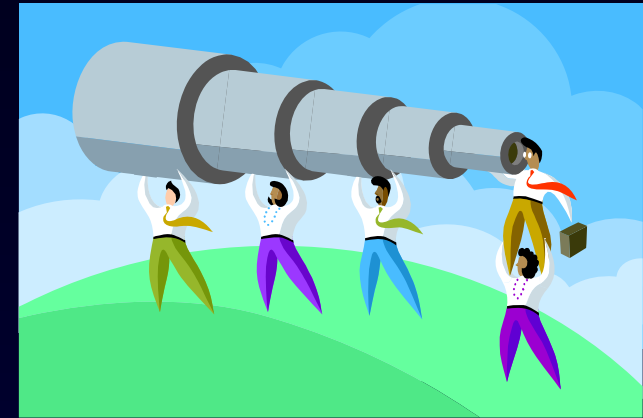
As the lead federal agency for comprehensive tobacco prevention and control, we develop, conduct and support strategic efforts to protect the public's health from the harmful effects of tobacco use.





OSH Vision Statement

- A world free from tobacco related death and disease



Goal Areas – Consistent with National Program

- Prevent tobacco use initiation among youth and young adults
- Promote tobacco use cessation among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities





Our Six Strategic Priority Areas



- Prevention
 - Determinants and action
 - SGR
- Cessation
 - Quitlines
 - Service coverage
- Secondhand Smoke
 - 70% -> 100%
 - IOM on CVD and SHS, June 2009
- Disparities
 - Leadership agenda
 - Guideline in BP frame
- Sustainability
 - New FOA/Training
 - Stimulus and budgets
- Smokeless tobacco
 - Monitor
 - Communicate



Major Areas National Tobacco Control Program

- Funding 50 states, DC, eight U.S. Territories
- Six National Networks
- Seven Tribal Support Centers



Global Tobacco Control Unit

- Global Tobacco Surveillance System
 - Global Youth Tobacco Survey
 - Global School Personnel Survey
 - Global Health Professionals Student Survey
 - Global Adult Tobacco Survey



Leading Causes of Death United States, 2006

		Number of Deaths (in Thousands)
	Heart Disease	629
1.	Cancer	560
2.	Stroke	137
3.	Chronic Respiratory Disease	125
4.	Unintentional Injuries	118
5.	Alzheimer's Disease	72.9
6.	Diabetes Mellitus	72.5
7.	Influenza and Pneumonia	56
8.	Inflammatory Kidney Disease	45
9.	Blood Poisoning	34

Source: NCHS. Deaths: Preliminary Data for 2006.

National Vital Statistics Reports 56:16, June 11, 2008.



Warning On Tomatoes Is Withdrawn

By BINA VENKATARAMAN

The Food and Drug Administration revoked its warning against eating certain kinds of raw tomatoes on Thursday, even though officials said they had yet to pinpoint the source of the nation's largest food-borne outbreak of illness in the last decade.

The agency continued to recommend that the elderly, infants and those with weak immune systems not eat raw jalapeño or serrano peppers.

Warning On Tomatoes Is Withdrawn

By BINA VENKATARAMAN

The Food and Drug Administration revoked its warning against eating certain kinds of raw tomatoes on Thursday, even though officials said they had yet to pinpoint the source of the nation's largest food-borne outbreak of illness in the last decade.

The agency continued to recommend that the elderly, infants and those with weak immune systems not eat raw jalapeño or serrano peppers.

The tomatoes believed to be responsible for the initial illnesses in an outbreak of salmonella

which began in April, are no longer on the market, officials said in a telephone news conference. More than a month, federal investigators have been testing tomatoes, with a focus on those grown in Florida and Mexico, to find the origin of the contamination. The agency had warned consumers to avoid certain red plum, red Roma and round tomatoes and products containing them.

"We found no evidence of salmonella Saintpaul, the outbreak strain," in any of the tomatoes that have been tested, said David Acheson, the agency's associate commissioner for food

Jalapeño peppers, though they have been linked to some cases, do not explain all of the illnesses, said Dr. Robert Tauxe of the Centers for Disease Control and Prevention.

Initial epidemiological studies linked tomatoes to the salmonella outbreak, which has sickened more than 1,200 people in 42 states and the District of Columbia. Officials said on Thursday that the outbreak was continuing but appeared to have reached a plateau in mid-June with 33 people becoming ill per day.

The F.D.A. is sending investigators to a packing plant in Mexico that they suspect could have been the site of the contamination, Dr. Acheson told reporters. A single packing shed or irrigation system could be responsible for contaminating different types of produce, he said.

Initial epidemiological studies linked tomatoes to the salmonella outbreak, which has sickened more than 1,200 people in 42 states and the District of Columbia. Officials said on Thursday that the outbreak was continuing but appeared to have reached a plateau in mid-June with 33 people becoming ill per day.



Tobacco Impact

Background

- 440,000 still die each year
- For every smoker that dies, 20 more are ill
- 1-2 more years of disability





Each day in the United States:

- The tobacco industry spends **\$36 million** to market and promote its products
- Almost **4,000** youth start smoking
- Approximately **1,200** smokers die prematurely
- The nation spends **\$260 million** in direct medical costs related to smoking
- The nation experiences **\$270 million** in lost productivity due to premature death



“Never go alone.”

Sun Zu

The Art of War







Key Theme: Chronic Disease Integration

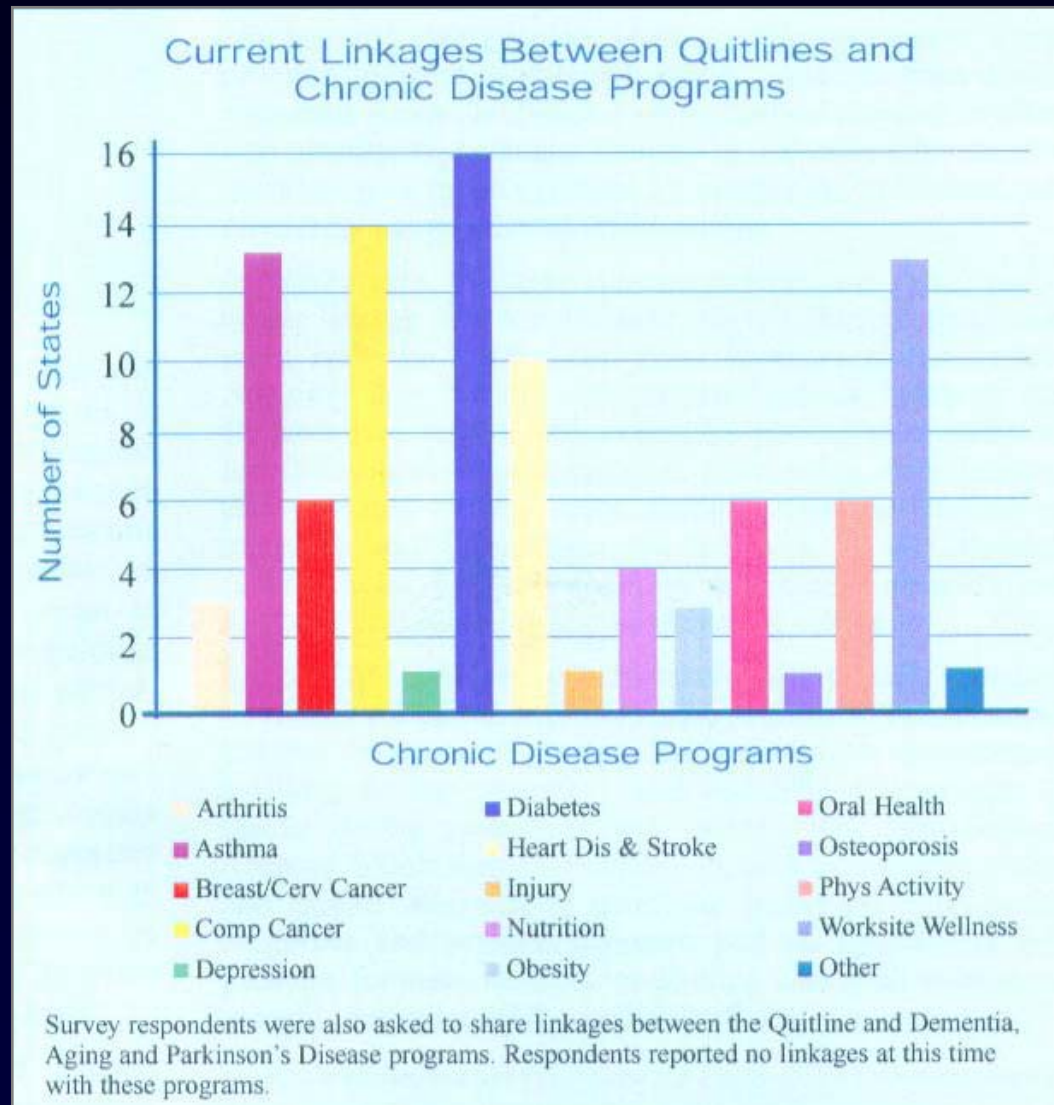
Why:

- Co-morbidities
- Shared risk factors
- Common intervention strategies

Challenge: Approach risk factors and populations *holistically* – but don't lose *passion* and *partner support* for work in categorical diseases.



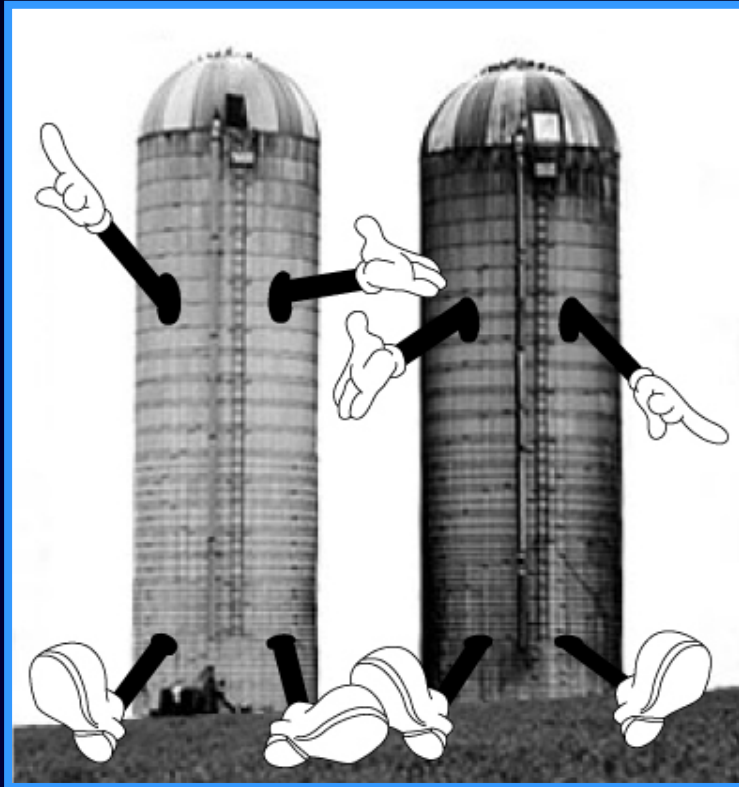
Linkages Between Quitlines and Chronic Disease Programs



Copyright 2003 by Randy Glasbergen.
www.glasbergen.com



**“I started smoking to help me stop overeating.
Then I started drinking to help me stop smoking.
Then I started overeating to help me stop drinking.”**

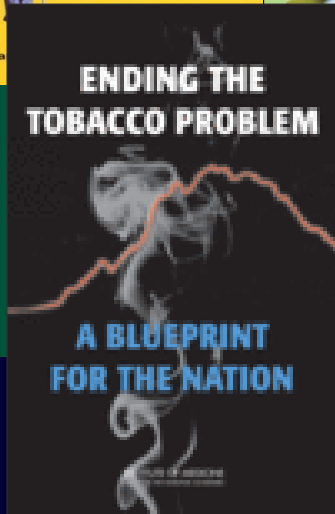
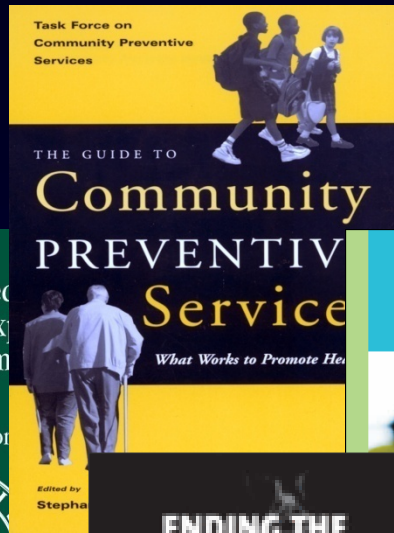
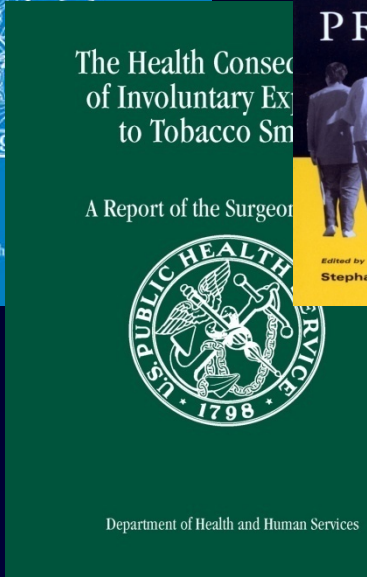
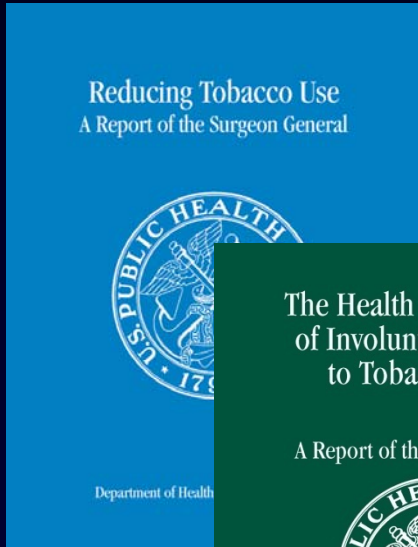


Introducing

The fabulous Dancing Silos



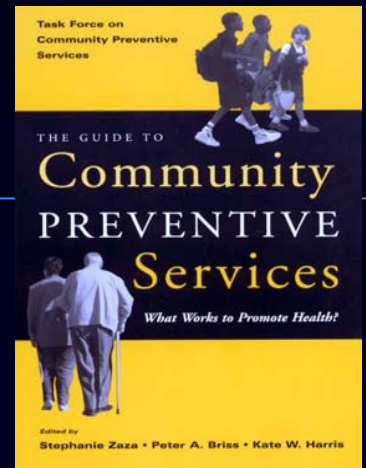
Evidence Base





Community Guide Recommendations

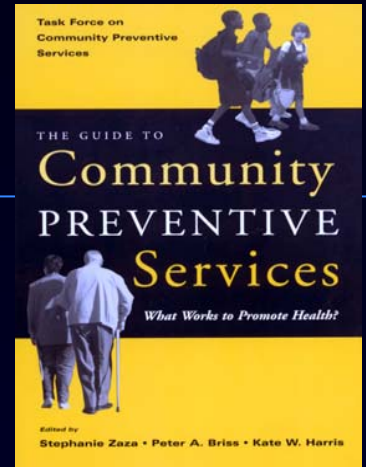
- Reducing Initiation
 - Increase price of tobacco products
 - Mass media education—campaigns
 - Community mobilization combined with other interventions to decrease minors' access
- Reducing Exposure to Secondhand Smoke
 - Smoking bans and restrictions





Community Guide Recommendations

- Increasing Cessation
 - Increase price of tobacco products
 - Mass media campaigns
 - Quitlines
 - Reduce out-of-pocket costs of treatment
 - Health care system changes





Tobacco Control Overview

Challenges

- Sustaining funding for tobacco control programs
- New products—including smokeless tobacco products
- Stalled progress in decreasing prevalence
- Continued disparities in tobacco use



Sustained Funding

- Perception problem is “solved”
- Tobacco branded as “old news”
- Competing priorities





New Smokeless Products





Smokeless Tobacco

Major Impact

- It could:
 - Lead to foregoing cessation to switch to smokeless
 - Lead to relapse among former smokers
 - Encourage initiation
 - Lead to concurrent tobacco use

Smokeless Tobacco Concerns

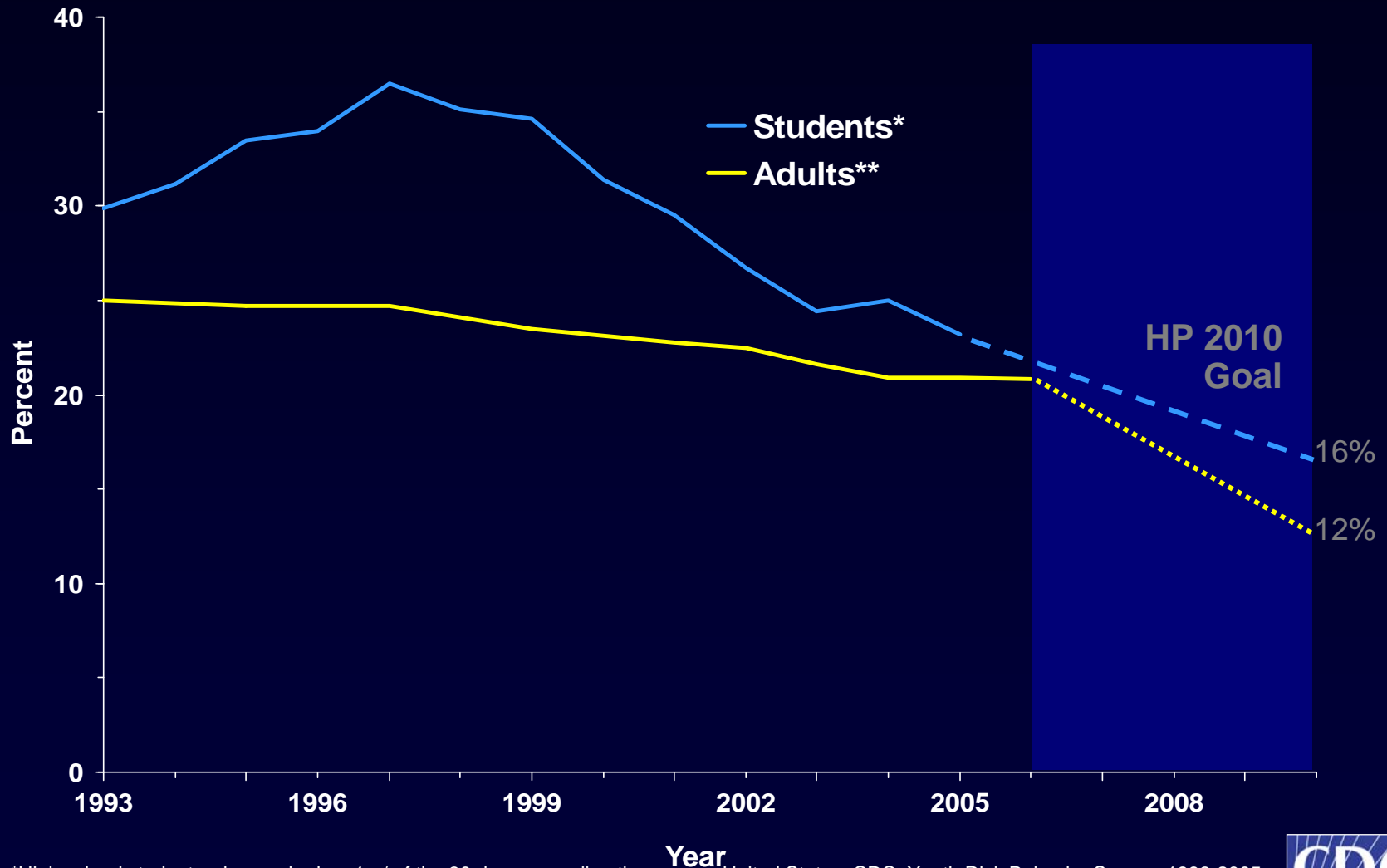
- Known human carcinogen
- Don't know true smokeless risks
- Have a proven “harm reduction” strategy: comprehensive tobacco control programs

Switcher Study

- Conclusion: The risks of dying from major tobacco related diseases were higher among former cigarette smokers who switched to spit tobacco than among those who quit using tobacco entirely.



Trends in Current Cigarette Smoking by High School Students* and Adults**—United States, 1993-2006



- *High school students who smoked on 1 >/ of the 30 days preceding the survey--United States, CDC. Youth Risk Behavior Survey, 1993-2005.
- ** Total population adults who were current cigarette smokers, National Health Interview Surveys, 1993-2005 (including January-June 2006 estimates.)





Factors Slowing Decline in Youth Rate

- Smoking still glamorized in films
- Reductions in funds for tobacco-use prevention and control
- Tobacco industry advertising increase
- Tobacco industry promotions kept prices lower





What do we know about disparities?

- Tobacco-related diseases does not affect the population equally
- Population groups do not smoke or use tobacco equally





Background

- States struggle with “how to” address disparities goal area
- Clarify difference between Diversity/Disparity
- Need for a data driven process
- Some states were further along than others

State Successes Moving Theory into Practice

- Dedicated funding to address disparities
- Dedicated staff and infrastructure
- Integrated strategic plan into the overall program plan
- Developed tailored interventions/media campaigns for specific populations
- Over sampling qualitative and quantitative data at the state and local level
- Evaluating initiatives and plan to publish findings

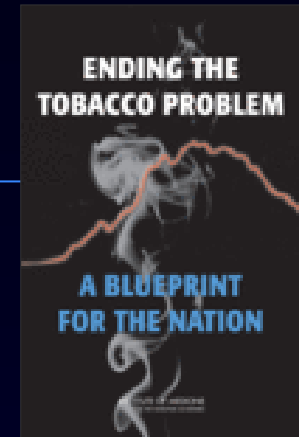


Lessons Learned

- Addressing disparities is complex
- Requires adequate resources, capacity and infrastructure
- Science base for this goal is still evolving
- Each state is unique
- Need exist for training, technical assistance, resources, data, and networking opportunities



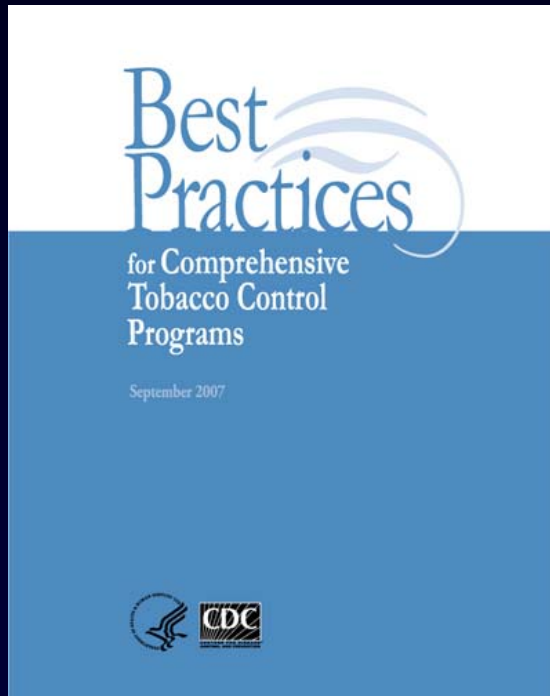
IOM Recommendation



“Each state should fund state tobacco control activities at the level recommended by CDC. A reasonable target for each State is in the range of \$15 to \$20 per capita, depending on the State’s population, demography, and prevalence of tobacco use.”



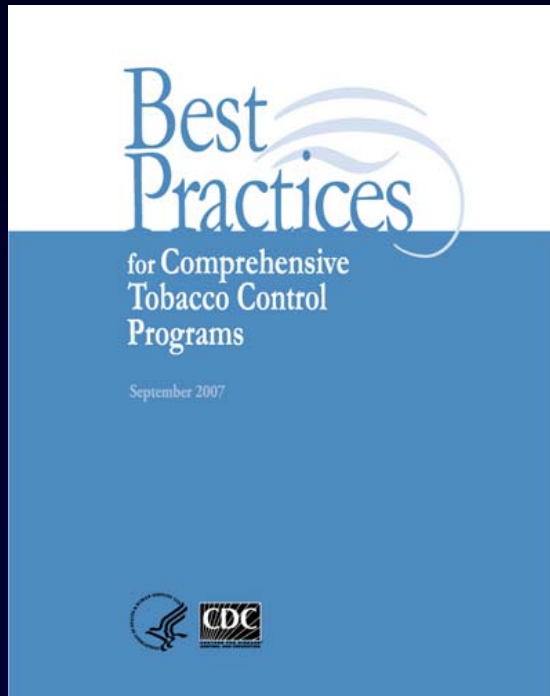
Best Practices 2007



- Program and budget guideline
 - Describes an integrated program structure
 - Provides broad funding recommendations



Best Practices 2007



- State and Community Interventions
 - Statewide Programs
 - Community Programs
 - Tobacco-Related Disparities
 - Youth (Schools and Enforcement)
 - Chronic Disease Programs
- Health Communication Interventions
- Cessation Interventions
- Surveillance/Evaluation
- Administration/Management



State and Community Interventions

- Community resources must be the foundation of sustained solutions to pervasive problems like tobacco use
- Making tobacco less desirable, less accepted, and less accessible
- Importance of grassroots support for social norm change





Health Communication Interventions

- Health communication interventions are powerful tools to prevent initiation, promote cessation, and shape social norms.
- Effective messages can stimulate public support and create a supportive climate for policy change.

Environmental Change

- The environment in which tobacco is used, produced, and marketed needs to be changed in order to reduce tobacco use.
- Policy plays a significant role in promoting environmental change.

Reasons for Policy Approaches to Tobacco Control

- Efforts to change individual behavior have had limited success (tobacco use is a *public health* problem); and
- The tobacco industry has been successful in manipulating and controlling the social environment (advocates recognize the role of the industry in creating and sustaining the problem)

Types of Policies

- Legislation
- Regulation
- Voluntary

Policy Change for Healthy Communities

Environmental interventions, include changes to the economic, social, or physical environment

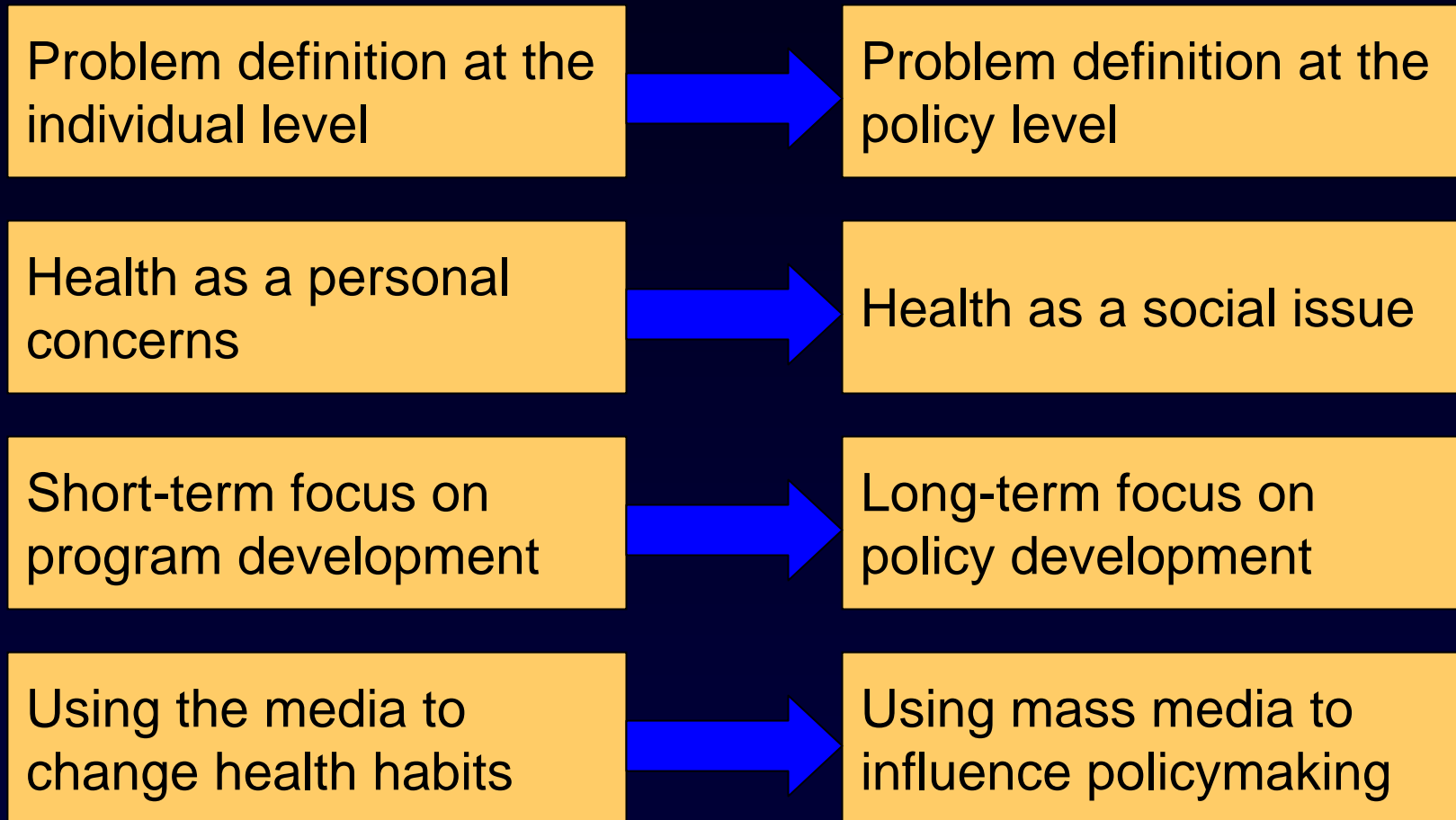
Examples: excise taxes, safe sidewalks, calorie labeling, no smoking signs



Comprehensive Programs Work

- Integrated programs influence social norms, systems, and networks.
- The more states invest, the greater the reductions in smoking prevalence and consumption.
- The longer states invest, the greater and faster the impact.

Policy Interventions: Shifting Focus



Foundations of Effective Policy Advocacy:

- Clearly defined issues or problems that need to be addressed
- Strong, credible documentation of the problem
- A diverse, broad base of community support to resolve those issues
- Clear, feasible objectives that address the problem

Continuum of Public Health Strategies

- Education & Awareness: Increase awareness and knowledge through presentations, training, media, educational materials.
- Voluntary Policy: Official rule adopted by a agency, business or institution.
- Legislated Policy: Official rule adopted by a governing body.
- Enforcement: Actions by an agency authorized to assess sanctions for non-compliance.

State and Community Interventions: COMMUNITY PROGRAMS

- Funding community organizations
- Facilitating local coalitions
- Collaborating with partners to build capacity
- Supporting local strategies to educate
- Promote public discussion
- Establish local strategic plan
- Ensure support for local PH infrastructure
- Ensure grantees measure social norm change outcomes

State and Community Interventions: TOBACCO-RELATED DISPARITIES

- Conduct population assessment
- Seek consultation from specific populations
- Ensure disparities addressed in strategic plan
- Fund organizations that can reach and involve specific populations
- Provide culturally competent TA
- Provide communication to reach populations with disparities
- Ensure quitlines can meet the required needs of population subgroups



Key Issues

- Complacency
- New leadership (HHS, CDC)
- Tobacco Taxes (SCHIP and States)
- Tobacco Regulation (FDA)
- Stimulus, Budget, Health Reform
- Healthy People 2020
- Global Events (FCTC, Bloomberg & Gates)

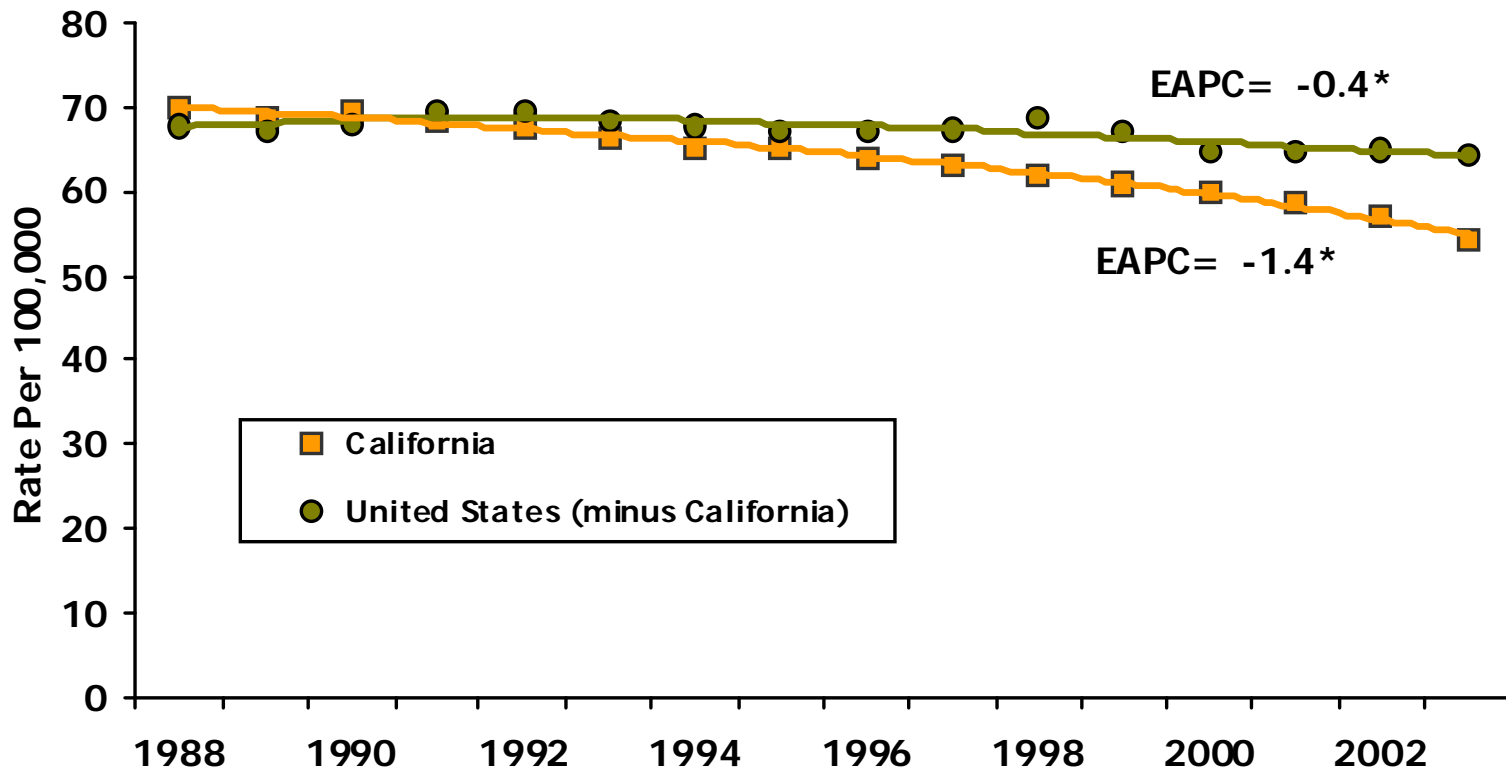




Ending the Tobacco Use Epidemic

- The tobacco use epidemic can be stopped.
- If states sustained their recommended level of funding for 5 years, there would be an estimated 5 million fewer smokers.
- Hundreds of thousands of premature deaths would be prevented.
- Longer-term investments would have even greater effects.

Lung and bronchus age-adjusted cancer incidence rates, 1988-2003



Rates are per 100,000 and age-adjusted to the 2000 U.S. standard (19 age groups).

* The EAPC is significantly different from zero ($p < 0.05$).

Source: Cancer Surveillance Section. Prepared by: California Department of Health Services, Tobacco Control Section, 2007.

Change happens...

For time and the world don't stand still. Change is the law of life. And those who look only to the past or present are certain to miss the future.

-John F. Kennedy



Credit: Britannica.com



MURAL DYSLEXIA



THANKS!



Brick Lancaster, MA, CHES
Chief, Program Services Branch
CDC Office on Smoking and Health

blancaster@cdc.gov

www.cdc.gov/tobacco



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention

