Exploring the Evidence: Tobacco-free Living – Getting Started

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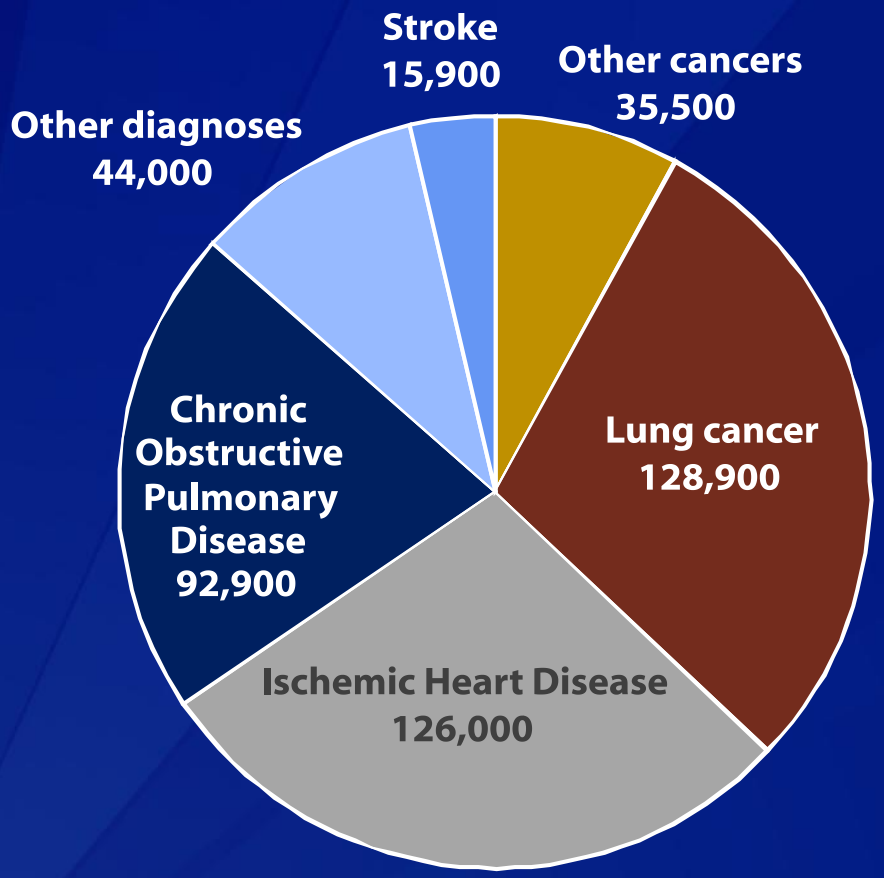
Tobacco kills about 443,000 in the U.S. every year



EVERY YEAR:

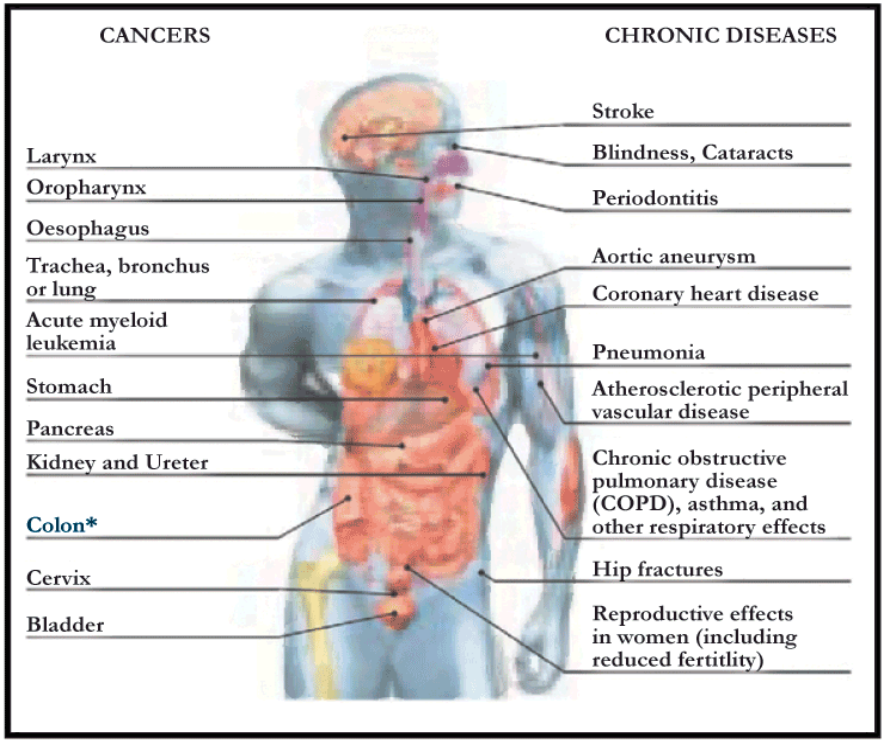
- **$96 billion in medical costs**
- **$97 billion in lost productivity**

Average annual number of deaths, 2000-2004.

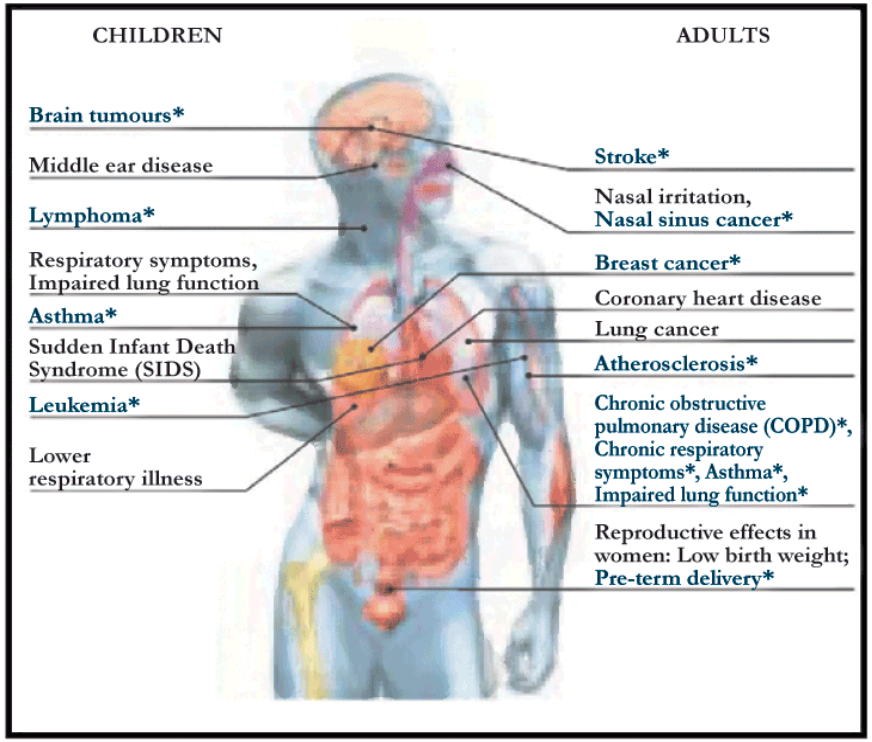
Source: Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004. *MMWR* 2008;57(45):1226-1228.

Smoking and Secondhand Smoke Damages the Entire Human Body

Smoking



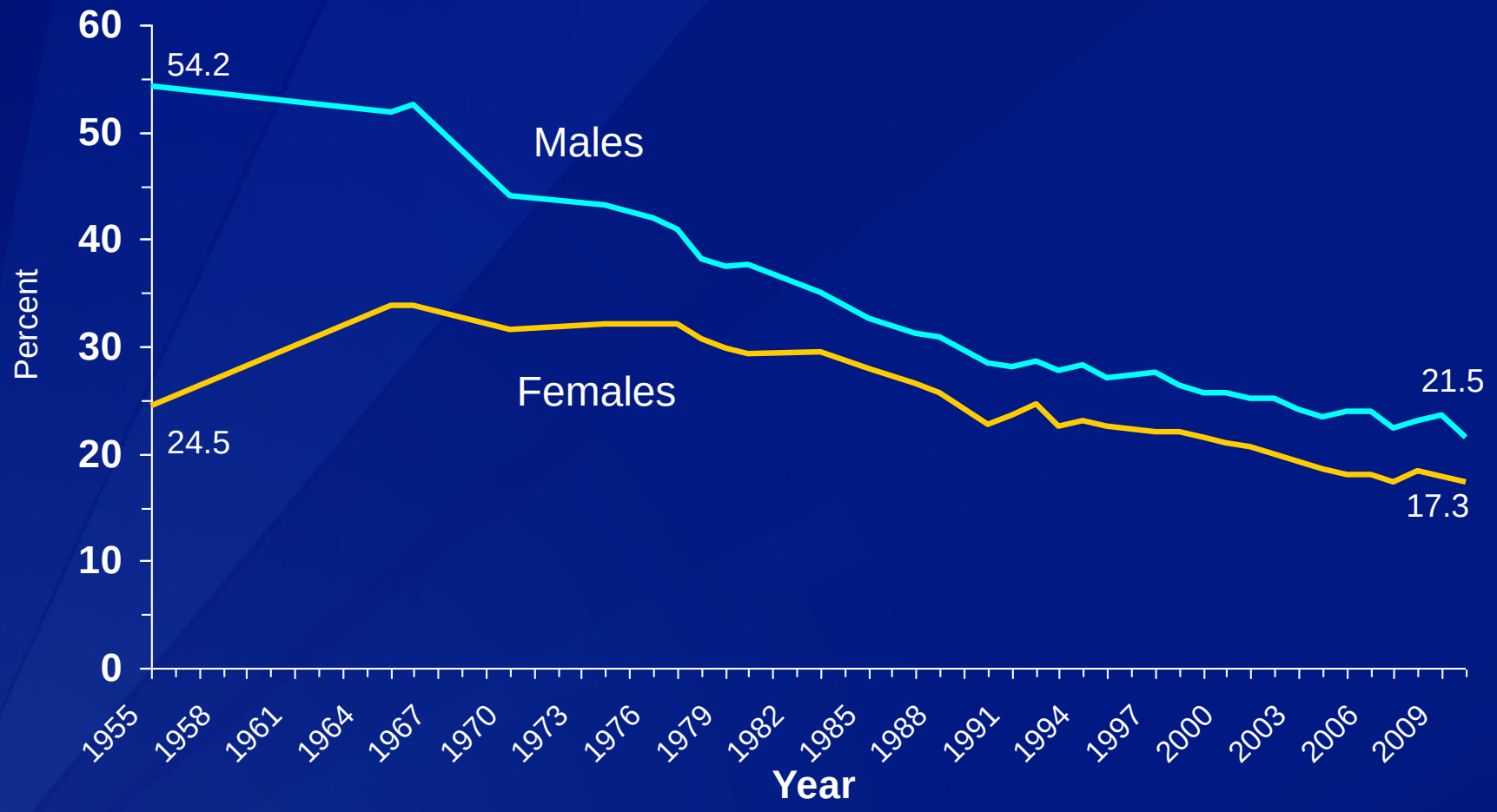
Secondhand Smoke



* Evidence of causation: suggestive
Evidence of causation: sufficient

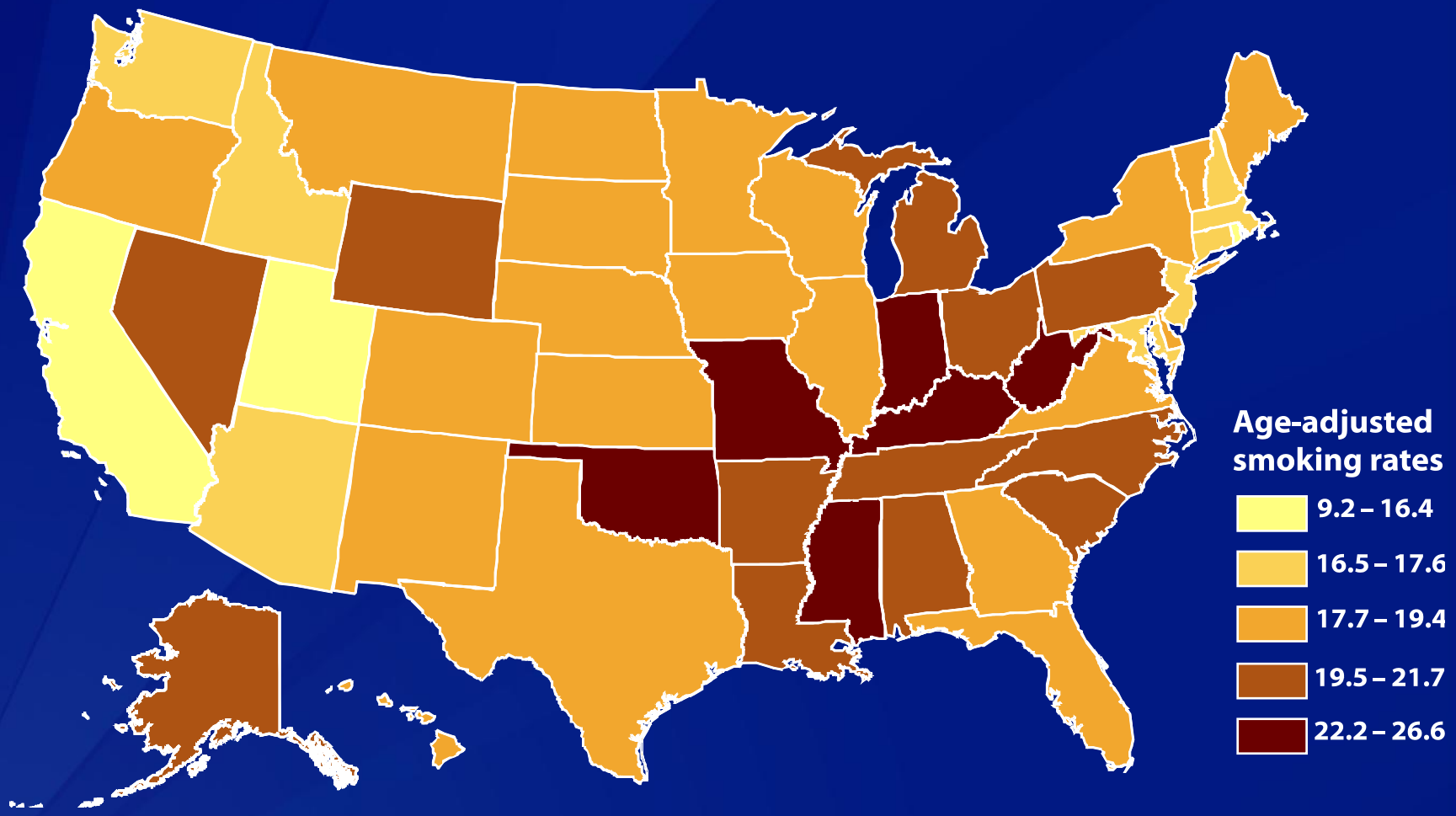
Image: ImpacTeen Chartbook: Cigarette Smoking Prevalence and Polices in the 50 States.Surgeon General's Report, 2004, 2006.

Current Cigarette Smoking* Among Adults By Sex, U.S.—1955-2010



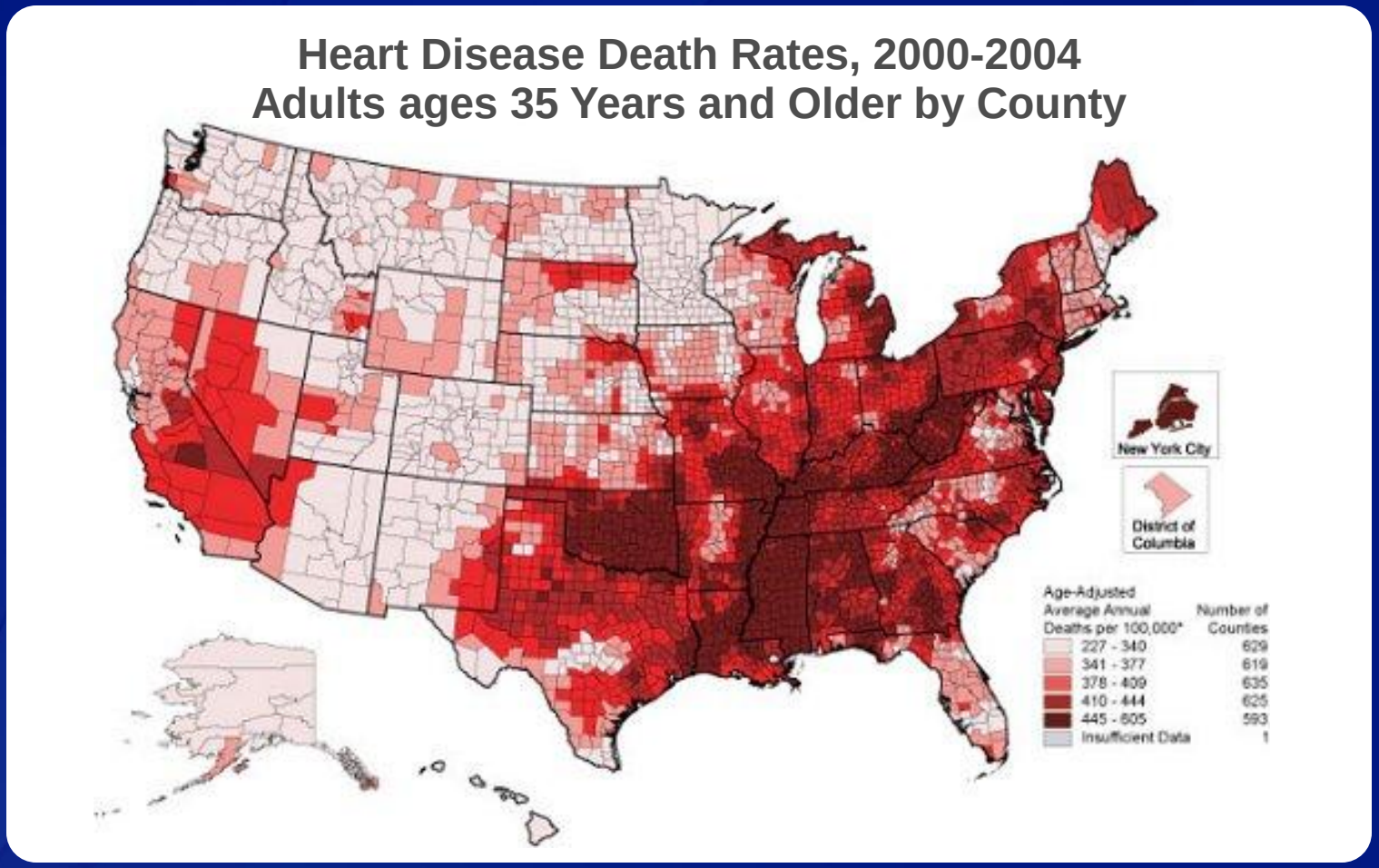
*Estimates since 1992 include some-day smoking.
Sources: 1955 Current Population Survey; 1965-2006; National Health Interview Survey 2010

State-specific Adult Smoking Rates — 2009



Note: Persons who have smoked at least 100 cigarettes in lifetime and currently smoke everyday or some days.
Source: Behavioral Risk Factor Surveillance Survey, NCCDPHP, CDC, 2009.

Heart Disease Deaths are Closely Aligned with Smoking

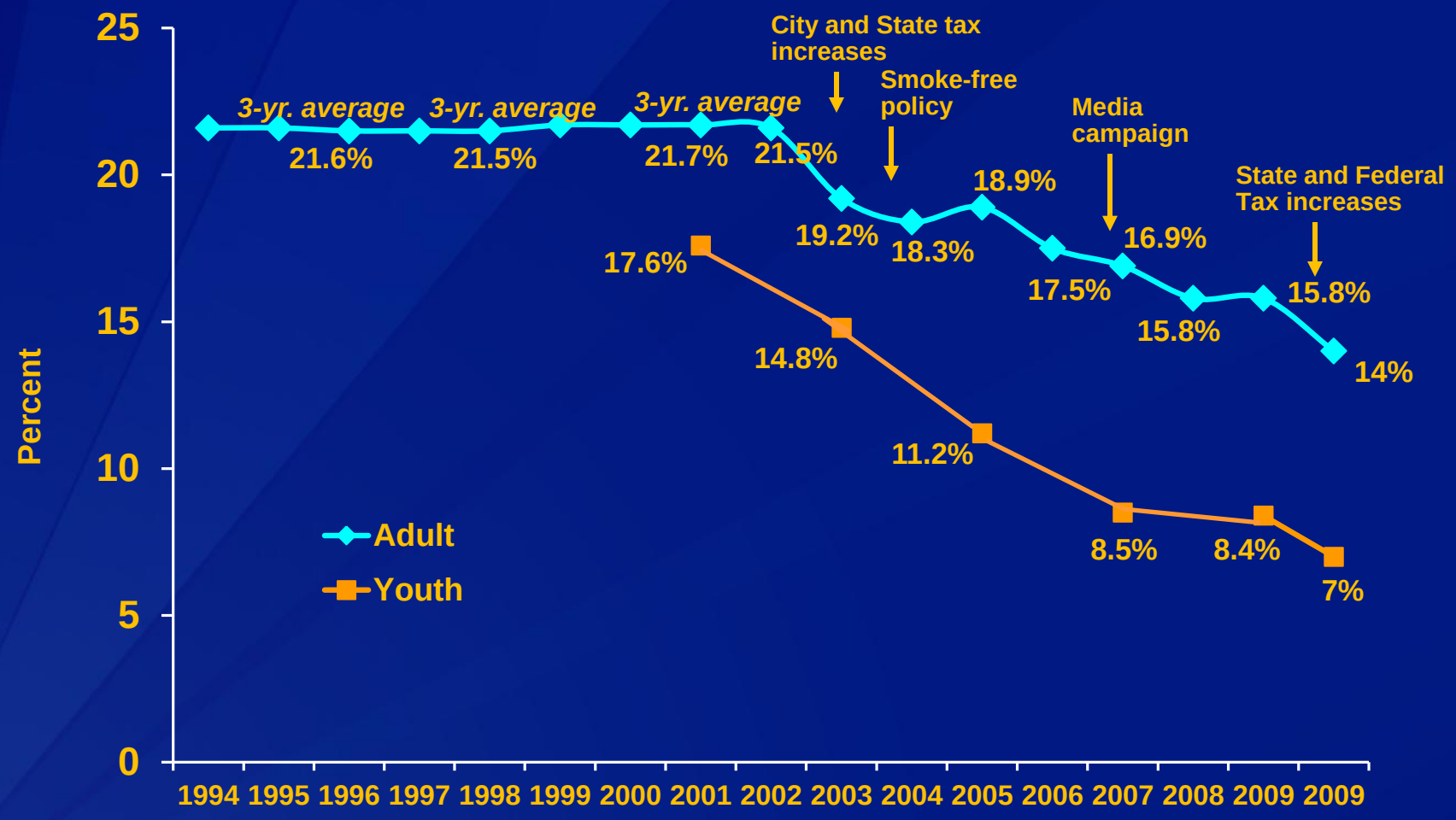


Source: Vital Records; National Center for Health Statistics, CDC, 2000-2004.
Division for Heart Disease and Stroke Prevention: Data Trends & Maps Web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2010. Available at http://www.cdc.gov/dhdsp/.

We Know What Works: Evidence-Based Interventions

- Sustained funding of comprehensive programs
- Tobacco price increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation access
- Comprehensive ad restrictions

Immediate impact of a comprehensive approach: youth and adult smoking rates in NYC



Source: BRFSS 1993 – 2001; NYC Community Health Survey 2002 – 2010; and NYC YRBS 2001 - 2009

Prioritizing Tobacco Control Policies for CTG

- Comprehensive Smoke-free
- Price Increases
- Hard-hitting Media Campaigns
- Expanded Smoke-free
- Point of Sale Policies

Smoke-free Status By CTG Area To Be Served

Comprehensive Smoke-free

- Austin, TX
- Bernalillo County, NM
- Dayton & Montgomery County, OH
- Denver, CO
- Douglas County, NE
- Hennepin County, MN
- Illinois
- Iowa
- Houston, TX
- Louisville, KY
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Montana
- New Jersey
- New Mexico
- New York, NY
- Ohio (Austen BioInnovation Institute)
- Rochester, NY
- San Diego, CA
- San Francisco, CA
- South Dakota
- Tacoma-Pierce County, WA
- Vermont
- Washington State
- Wisconsin
- Utah

No Comprehensive Smoke-free Law

- California (Public Health Institute)
- Cobb County, GA
- Fresno County, CA
- Kentucky (UNITE, Inc.)
- Kern County, CA
- Los Angeles County, CA
- Louisiana
- Mississippi (My Brother's Keeper Inc.)
- Missouri (Mid-America Regional)
- North Dakota
- Palau
- Sacramento County, CA
- South Carolina
- Stanislaus County, CA
- Texas
- Ventura County, CA
- West Virginia

Preempted

- Broward County, FL
- Connecticut
- Fairfax County, VA
- Lancaster, PA
- North Carolina
- Oklahoma City-County, OK
- Philadelphia, PA

Tribal

- Chehalis Reservation
- Great Lakes Inter-tribal
- Sault Ste Marie
- Sophie Trettevick
- Southeast Alaska
- Toiyabe Indian Health
- Yukon-Kuskokwim

EVIDENCE-BASED INTERVENTIONS:

SMOKE-FREE POLICIES

Comprehensive Smoke-free Laws

- **The Surgeon General has concluded that the only way to fully protect nonsmokers from SHS exposure is to prohibit smoking in all indoor areas**
  - Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate SHS exposure
- **Comprehensive smoke-free laws completely prohibit smoking in:**
  - Worksites
  - Restaurants
  - Bars

Benefits of Smoke-free Policies

- **Reductions in exposure among**
  - nonsmoking hospitality workers
  - general population of nonsmokers
- **Reductions in respiratory symptoms among nonsmoking hospitality workers**
- **Improvements in lung function among nonsmoking hospitality workers**
- **Reductions in hospital heart attack admissions among the general public**

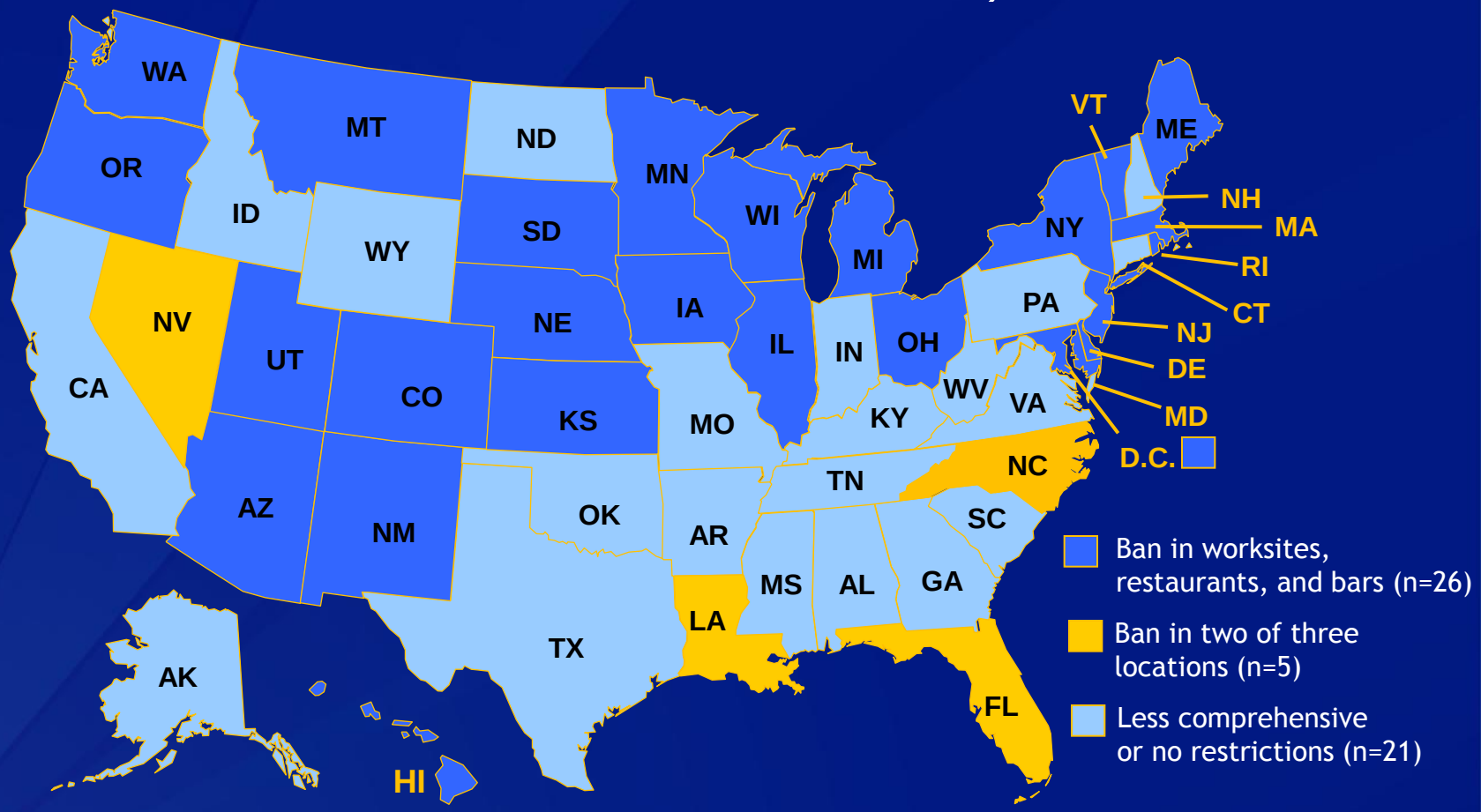
Source: John P Pierce, María E León, on behalf of the IARC Handbook Volume 13 Working Group and IARC Secretariat University of California, San Diego, California, USA (JPP); Tobacco and Cancer Team, Lifestyle, Environment and Cancer Group, International Agency for Research on Cancer, Lyon, France (MEL).

Smoke-free Policies Reduce Heart Attacks

- Comprehensive smoke-free policies avert heart attacks, save lives, and result in savings in medical costs.
- The evidence indicates that communities that enact smoke-free policies realize rapid, substantial reductions in heart attack hospitalizations.
  - Average reduction in heart attacks of 9 to 17%

State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of October 1, 2011*



Source: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.

Economic Impart of Smoke-free Policies

- **A common argument by opponents of smoke-free laws is that they will result in lost revenue for restaurants and bars**
- ***Hundreds*** **of peer-reviewed studies show that smoke-free policies do not have an adverse economic impact on the hospitality industry.**
  - **New York City**: Restaurant and bar revenues increased by 8.7% in the months following the city's law; employment in the city's restaurants and bars increased.
  - **Washington State**: Sales revenues for bars and taverns were $105.5 million higher than expected in the 2 years following the state law
  - **El Paso, TX**: No declines in total restaurant, bar, or mixed-beverage revenues were observed during the first year after the city's law.
  - **Lexington, KY**: No relationship between the law and business openings or closings; positive association with restaurant employment

Eliminating Secondhand Smoke

- **Many Americans still exposed**
- **Disparities still exist**
  - Close the gaps in smoke-free policy coverage
  - Many bar and casino employees still lack protection

Where are the Disparities?

- **Disproportionately exposed populations**
  - Children and adolescents
  - African Americans
  - Blue collar, service, and hospitality workers
  - Low-income Americans
- **Among nonsmoking adults, men are slightly more exposed than women.**

Lessons Learned from CPPW

- Don’t Underestimate the Importance of a Coalition
  - Know the Role of the Coalition vs. the Grantee
- Work closely with T/A Providers
  - Tobacco Control Legal Consortium
  - Americans for Nonsmokers’ Rights
  - Campaign for Tobacco Free Kids
- Coordinate efforts with your State/Local Tobacco Control Program(s)

Who Can Help

- CDC, Office on Smoking and Health
- National Experts
  - Tobacco Control Legal Consortium
  - Americans for Nonsmokers' Rights
  - Campaign for Tobacco Free Kids
  - Heart, Lung and Cancer Societies
- Other CTG Communities
- Public Health Researchers/Practitioners
- State/Local Tobacco Control Programs

Discussion Questions

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.