Centers for Disease Control and Prevention's Office on Smoking and Health

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 Americans every year, more than the total number killed by AIDS, alcohol, motor vehicles, homicide, illegal drugs, and suicide combined.[1] Currently, 10.8 percent of high school students – over 1.8 million young people – smoke, and every day, about 2,500 kids try their first cigarette.[2,3] If current smoking rates persist, 5.6 million children alive today will die prematurely from smoking.[4] The financial toll of tobacco use on our nation is staggering. Annual tobacco-related health care costs total $170 billion.[5]

Fortunately, we know what it takes to reduce tobacco use. Tobacco control policies and programs have helped to reduce smoking rates over the past 50 years by more than sixty percent (from 42.4 percent in 1965 to 15.1 percent in 2015).[6] Further progress is needed to reduce the preventable disease and premature death from tobacco use and will require more aggressive implementation of evidence-based policies and programs such as education campaigns, higher prices for tobacco products, smokefree policies, access to cessation treatments, and funding for comprehensive statewide tobacco control programs.

The Office on Smoking and Health (OSH) is the office at the Centers for Disease Control and Prevention (CDC) responsible for reducing the health and economic toll of tobacco use. It plays a critical role in advancing comprehensive tobacco prevention and cessation efforts. In this role, OSH conducts the following activities:

- Provides funding and technical support to states to implement effective programs and policies
- Conducts a national mass media campaign to encourage smokers to quit
- Supports telephone-based tobacco cessation quitlines
- Expands knowledge about tobacco use

Through these activities, OSH reduces the number of young people who start using tobacco, helps adult tobacco users to quit, and works to protect everyone from secondhand smoke.

OSH is an example of how the federal government can address underlying risk factors before they lead to costly chronic disease. We are investing billions to develop better treatments and to provide medical care for many tobacco-related diseases; we should also be making cost-effective investments to prevent them. Tobacco prevention and cessation programs can reduce smoking, save lives and save money. Every scientific authority that has studied the issue, including the Institute of Medicine, the CDC and the Surgeon General, has concluded that when properly funded, implemented and sustained, tobacco prevention programs reduce smoking among both kids and adults.[7] The Community Preventive Services Task Force, an independent expert advisory committee created by CDC, found that comprehensive tobacco control programs are cost-effective, and savings from averted healthcare costs exceed intervention costs.[8]

Smoking declines translate into health care dollars saved. For example, between 2000 and 2009, Washington State saved more than $5 in health care costs for every $1 spent on its tobacco prevention and cessation program by reducing hospitalizations for heart disease, strokes, respiratory diseases and cancer caused by tobacco use.[9] From 1989 to 2008, California's tobacco control program reduced health care costs by $134 billion, far more than the $2.4 billion spent on the program.[10]

Funding and Technical Assistance for States and Territories

CDC provides grants to all 50 states and the territories to establish and maintain tobacco prevention and cessation activities at the state level. In this role, OSH provides considerable technical assistance, training and support to states for the planning, development, implementation, and evaluation of state comprehensive tobacco control programs. OSH helps states incorporate science-based recommendations into their program planning to ensure that states implement effective programs.

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Specifically, OSH:

- Develops materials to assist states in implementing comprehensive, evidence-based, tobacco control programs. OSH's *Best Practices for Comprehensive Tobacco Control Programs* continues to be the definitive resource on how to plan and implement effective tobacco control programs to prevent and reduce tobacco use. The guidance document identifies and describes the key elements for effective state tobacco control programs, including programs designed for local communities and the entire State.

- Provides counter-marketing materials and technical assistance to help state and local programs conduct effective media campaigns. OSH's Media Campaign Resource Center helps states stretch their media budgets by providing effective tobacco prevention ads that states can adapt rather than create new ones.

- Provides a basic level of support to all states for tobacco prevention and cessation activities, including providing resources to ensure that every state has a staff person dedicated to tobacco prevention and cessation efforts.

- Coordinates communication among states so that states can learn from one another.

- Provides grants to diverse organizations to address the needs of high-risk groups. These organizations plan, initiate, coordinate, and evaluate tobacco use prevention and control activities within their respective communities and identify and develop culturally competent strategies to reach and impact their populations.

Conducting Mass Media Public Education Campaign, *Tips From Former Smokers*

In 2012, CDC launched the first ever federally-funded national media campaign aimed at reducing smoking. The campaign, *Tips from Former Smokers (Tips),* depicts former smokers coping with devastating diseases and disabilities caused by their tobacco use. By highlighting the harsh reality of living with a disease caused by smoking, the media campaign motivates tobacco users to quit and helps counter the $9.1 billion the tobacco industry spends each year promoting their products.[11] OSH has used funding from the Affordable Care Act's Prevention and Public Health Fund to support this campaign.

Studies demonstrate that the *Tips* campaign is highly effective. Since its launch in 2012, the Tips campaign has motivated about five million smokers to make a quit attempt, helped an estimated 500,000 smokers to quit for good and saved at least 50,000 lives.[12]

- A study published in *The Lancet* in 2013 provides powerful evidence that the campaign has been particularly effective. The study estimates that, as a result of the 12-week campaign in 2012, 1.6 million smokers tried to quit smoking and more than 100,000 likely quit smoking permanently.[13]

- The 2013 *Tips* campaign also had a substantial impact, generating more than 150,000 additional calls to 1800-QUIT-NOW and almost 2.8 million additional unique visitors to www.smokefree.gov.

- Recent data show that the campaign continues to be effective. An evaluation of the 2014 *Tips* campaign found that as a result of the nine-week campaign more than 1.8 million smokers attempted to quit smoking and approximately 104,000 smokers quit smoking for good.[14]

- The *Tips* campaign is also cost-effective. A 2014 study published in the *American Journal of Preventive Medicine* found that in its first year (2012), the campaign, with a modest budget of $48 million, spent only $480 per smoker who quit and $393 per year of life saved. According to the study's authors, these costs are far below the benchmark of $50,000 per year of life saved that is a commonly accepted threshold for measuring cost-effectiveness of public health interventions.[15]

The *Tips* campaign, which focuses on encouraging adult smokers to quit, complements the FDA's *Real Cost* campaign which targets youth who are at risk of starting to smoke or experimenters at risk of becoming regular smokers.

Support for Telephone Cessation Quitlines and Promotion

OSH provides funding to states to enhance their quitline services. Quitlines are a telephone-based tobacco cessation counseling service to help tobacco users quit. The Community Preventive Services Task Force recommends quitline interventions, particularly proactive quitlines (i.e. those that offer follow-up counseling calls), based on strong evidence of their effectiveness in increasing tobacco cessation.[16] In fact, smokers who use quitlines are at least two to three times more likely to succeed than those who try to quit on their own.[17] Further, economic evidence indicates that quitline services are a cost-effective way to help tobacco users quit.[18] With the supplemental funding provided by OSH, states are able to help more tobacco users who want to quit by expanding quitline hours of operation, hiring additional counselors, assisting with handling surges in calls while *Tips* is running, and offering expanded benefits (e.g., nicotine gums and patches), among other services.

Residents in all states and Washington, DC, have access to quitline services accessible through HHS's toll-free telephone number 1-800-QUIT-NOW.[19] While all states provide some level of quitline services, the level and quality of services vary greatly depending on funding. The funding OSH provides to states to support quitlines is critically important as states across the country report dramatic increases in quitline call volumes since the 1-800-QUIT-NOW network was implemented in 2004.[20] Since *Tips* launched in 2012, OSH's supplemental funding to states to deal with surges in call volume has been critical to helping states handle the demand.

Unfortunately, even with OSH funding, quitlines remain severely under-funded and many smokers who want to quit cannot access this critical and effective service. Many states reporting increases in call volume lack the resources to meet the demand, resulting in an enormous missed opportunity in the fight against tobacco use.[21]

Expanding the Science Base

CDC is responsible for conducting and coordinating research, surveillance, and evaluation activities related to tobacco and its impact on health. These functions help to ensure that tobacco prevention and cessation activities are well planned and evaluated. For example, OSH:

- Conducts the National Youth Tobacco Survey and the National Adult Tobacco Survey, which provide data critical to monitoring tobacco use initiation among youth and young adults and to understanding emerging use patterns.
- Evaluates the state of the science on emerging issues, such as e-cigarettes, and provides timely and relevant information and guidance to states and key stakeholders.
- Provides technical assistance to help states evaluate their programs, including Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs, which provides state program evaluators with the tools they need to determine if their program is effective and that resources are being used wisely.
- Develops and disseminates materials that describe the health impacts of tobacco use for both consumers and clinicians.
- Develops and disseminates state-specific statistics on the prevalence of tobacco use, its health impact and medical costs, and other economic issues related to tobacco production and sales.

[1] U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General,* 2014, http://www.surgeongeneral.gov/library/reports/50-years-of-progress/; (AIDS) HIV/AIDS Surveillance Report, 1998; (Alcohol) McGinnis MJ, Foege WH. Review: Actual Causes of Death in the United States; *JAMA* 270:2207-12, 1993; (Motor vehicle) National Highway Transportation Safety Administration, 1998; (Homicide, Suicide) NCHS, vital statistics, 1997; (Drug Induced) NCHS, vital statistics, 1996; (Smoking) SAMMEC, 1995.
[2] CDC, "Youth Risk Behavior Surveillance—United States, 2015," *MMWR,* 65(6), June 10, 2016. http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.
[3] Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2015 National Survey on Drug Use and Health, NSDUH: Summary of National Findings*, 2016. http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect4peTabs1to16-2013.htm#tab4.10a.
[4] U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress* http://www.surgeongeneral.gov/library/reports/50-years-of-progress/.
[5] Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *Am J Prev Med,* 2014.
[6] National Health Interview Survey.
[7] U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 30, 2014. http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices; U.S. Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General,* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html; Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, National Academy of Sciences, 2007.
[8] The Guide to Community-Preventive Services, "Reducing tobacco use and secondhandsmoke exposure: comprehensive tobacco control programs," http://www.thecommunityguide.org/tobacco/comprehensive.html.
[9] Dilley, Julia A., et al., "Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program," *American Journal of Public Health*, February 2012.
[10] Lightwood, J and Glantz SA, "The Effect of the California Tobacco Control Program on Smoking Prevalence, Cigarette Consumption, and Healthcare Costs: 1989-2008," *PLOS ONE* 8(2), February 2013.
[11] U.S. Federal Trade Commission (FTC). *Cigarette Report for 2014,* 2016, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_2014.pdf; FTC, *Smokeless Tobacco Report for 2014,* 2016, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_2014.pdf [Data for top 5 manufacturers only].
[12] Centers for Disease Control and Prevention (CDC), FY 2017 Justification of Estimates for Appropriations Committees http://www.cdc.gov/budget/documents/fy2017/fy-2017-cdc-congressional-justification.pdf; and CDC, ". Centers for Disease Control and Prevention (CDC), "Tips from Former Smokers, About the Campaign" https://www.cdc.gov/tobacco/campaign/tips/about/index.html?s_cid=OSH_tips_D9393.
[13] McAfee, T, et al., "Effect of the first federally funded US antismoking national media campaign," *The Lancet* September 9, 2013.
[14] Neff, Linda J., et al., "Evaluation of the National Tips From Former Smokers Campaign: the 2014 Longitudinal Cohort," Preventing Chronic Disease Volume 13, E 42, March 2016.
[15] Xu, Xin, et al., "Cost-Effectiveness Analysis of the First Federally Funded Antismoking Campaign," *American Journal of Preventive Medicine, 2014.*
[16] The Community Guide, Reducing Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions, Task Force Findings and Rationale Statement, Community Preventive Services Task Force, August 2012 http://www.thecommunityguide.org/tobacco/RRquitlines.html.
[17] Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, U.S. Public Health Service, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.
[18] The Community Guide, Reducing Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions, Task Force Findings and Rationale Statement, Community Preventive Services Task Force, August 2012 http://www.thecommunityguide.org/tobacco/RRquitlines.html.
[19] North American Quitline Consortium (NAQC), Quitline Map, accessed July 15, 2014, from http://map.naquitline.org/.
[20] U.S. Department of Health and Human Services (HHS), "HHS Announces National Smoking Cessation Quitline Network," Press Release, February 3, 2004, accessed January 23, 2007, from http://www.hhs.gov/news/press/2004pres/20040203.html.

[21] Campaign for Tobacco-Free Kids, et al., *Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later*, December 11, 2014, http://www.tobaccofreekids.org/microsites/statereport2015/