

# TOBACCO IN AMERICA

Leaving the Vulnerable Behind



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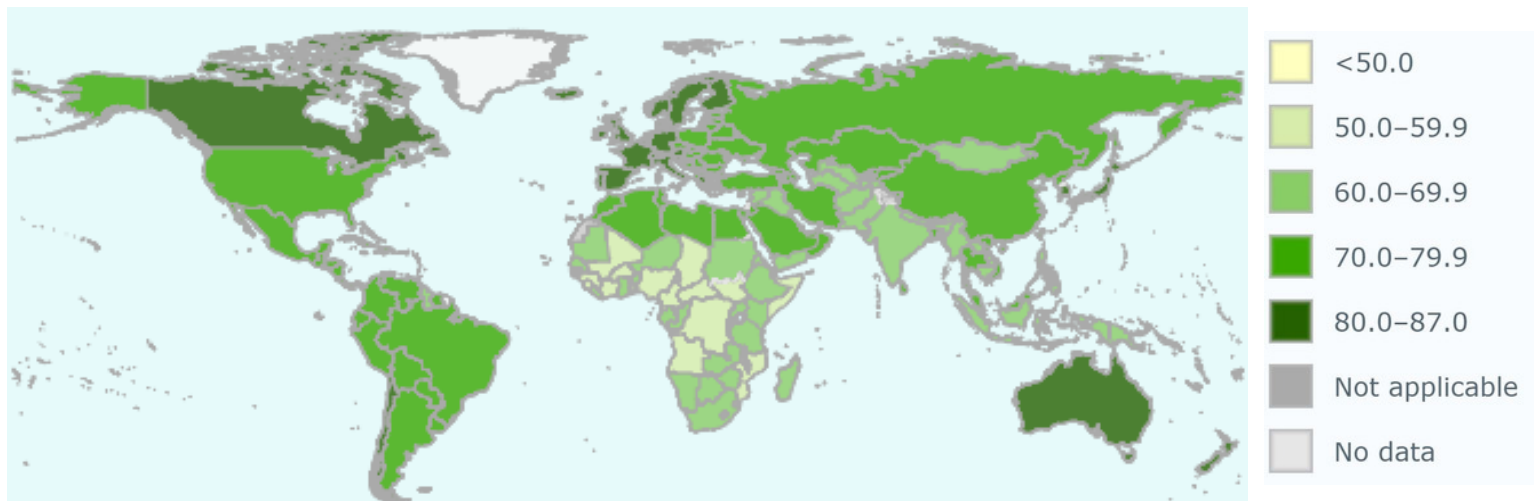
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# A PATH TO FAILURE

Noncommunicable diseases (NCDs), sometimes called chronic diseases, have surpassed infectious diseases as the world's leading cause of death, killing more than 39.5 million people in 2015.<sup>1</sup> The positive side of this story is the triumph of humanity over diseases like polio and cholera, but the flip side is that we are dying from ailments that are much more easily prevented. And in the United States, the NCD problem is particularly acute, due largely to the collective slowdown in our efforts to address tobacco use. Tobacco use is a risk factor for the four most prevalent non-communicable disease killers - heart disease and stroke, cancer, diabetes, and chronic lung disease - and causes 6.3 million deaths a year.<sup>2</sup>

## LIFE EXPECTANCY<sup>3</sup>



**It's not easy being green, but we can do better than this. The U.S. should be dark green too.**

<sup>1</sup> "NCD Mortality and Morbidity." Global Health Observatory Data. World Health Organization, 2015.

<sup>2</sup> "Non-Communicable Diseases." The Tobacco Atlas. American Cancer Society, World Lung Foundation, 2015.

<sup>3</sup> "Life Expectancy." Global Health Observatory Data. World Health Organization, 2015.

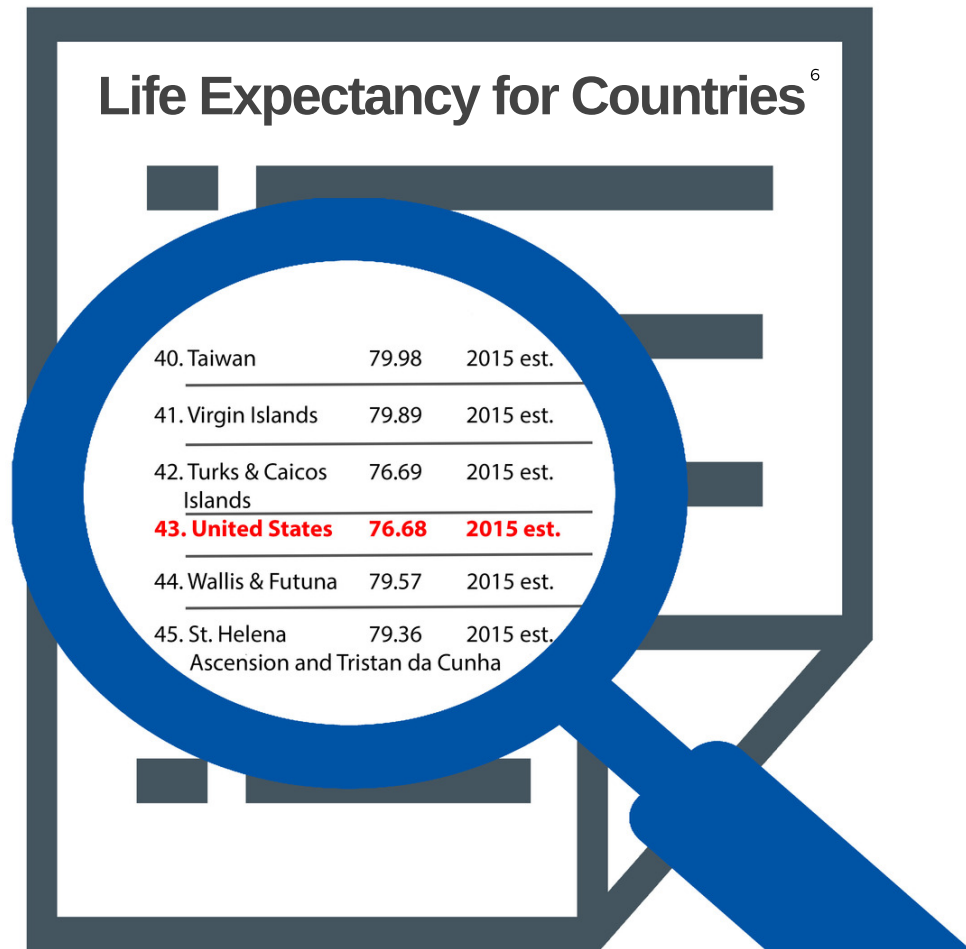
According to the World Health Organization, the U.S. is somewhere in the middle (43rd to be exact) when it comes to life expectancy,<sup>4</sup> although we spend more on health care per capita, by far, than any other country.<sup>5</sup>

Compared to other high-income countries, the U.S. standing is simply embarrassing. Several much poorer countries provide their citizens a higher standard of health. Reducing tobacco use is one of the most effective, direct and cost-efficient ways to change these numbers.

The global community has responded to the NCD crisis – and specifically tobacco use – with a set of policy mechanisms and health goals. The U.S. was integral to their development and adoption; it has endorsed them, and will be measured against them. Public health professionals must take full advantage of these mechanisms and goals to advance health at the local level in the U.S.

2017 marks the halfway point in the drive to pass the first tobacco use prevalence hurdle, which calls for a 30% relative reduction between 2010 and 2025.<sup>7</sup> But for the most part, we have not even started running. If we want to address health care costs, health disparities, and move the needle on life expectancy, we need to take these initiatives seriously.

The purpose of this short report is to provide a brief on these global mechanisms and tobacco targets, highlight what is and is not being done to achieve them, and illustrate what we can do to get back on track.



<sup>4</sup> "Life Expectancy at Birth, 2000-2015." World Health Organization. World Health Organization, 2016.

<sup>5</sup> "Health Status." Health Status. Organization for Economic Cooperation and Development (OECD), 7 Oct. 2016.

<sup>6</sup> "Life Expectancy for Countries." Health and Social Statistics. Infoplease.

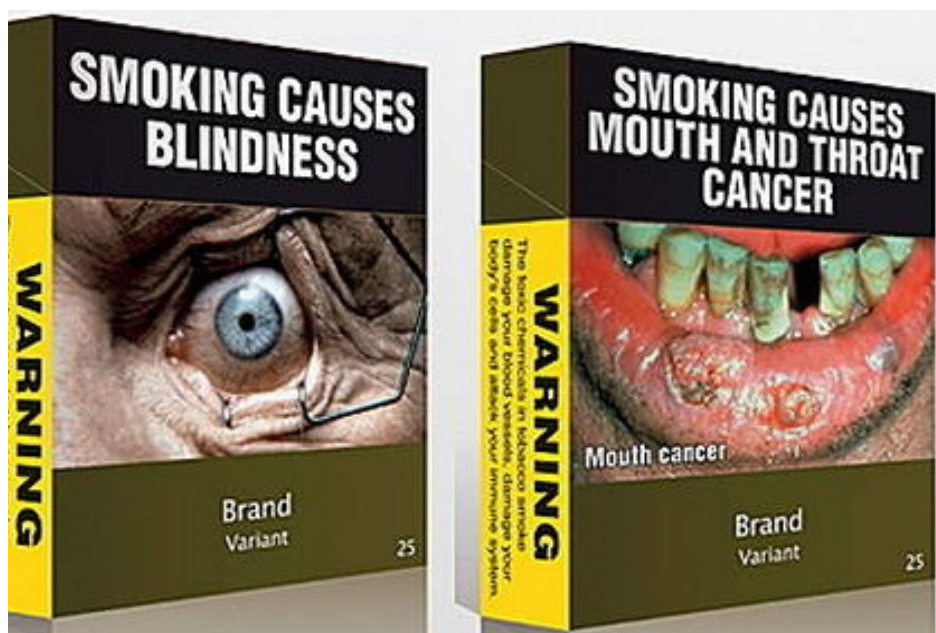
<sup>7</sup> "Sustainable Development Goals." United Nations. United Nations, 25 Sept. 2015.

# THE U.S. NO LONGER LEADS THE WAY

When global efforts to address the tobacco epidemic began in the late 1990s, the U.S. could be consistently held up as a role model. From smokefree air to civil litigation to tax policy, health officials from almost every country looked to us. But in the ensuing two decades, the U.S. has fallen behind, and for most tobacco interventions the best practice model is found elsewhere:

## Health Warnings

Large, graphic health warnings on tobacco packaging reduce prevalence and youth uptake. While at least 105 countries require pictorial warnings,<sup>8</sup> with a growing number adopting standardized packaging, the U.S. is stuck with tiny, non-pictorial warnings that have changed little since the 1960s.



Australia was the first country to adopt standardized packaging; shown in comparison with U.S. warning labels.

## Advertising and Marketing

Marketing is the vector of the tobacco epidemic, the hook the tobacco industry uses to entice replacement smokers. The U.S. banned marketing on television and radio, and further restrictions came into effect with the Master Settlement Agreement, but [the industry still spends more than \\$1 million per hour enticing new smokers in the U.S.](#)<sup>9</sup> A long and growing list of countries have banned all forms of tobacco marketing, including on the packaging. Mauritius has even ended tobacco company so-called corporate social responsibility schemes.<sup>10</sup>

## Smokefree Air

Smokefree public and work places protect nonsmokers from secondhand smoke and reduce smoking prevalence. Twenty-seven states have passed comprehensive clean indoor air ordinances, but the remaining 23 have not.<sup>11</sup> In 2000, there were no national comprehensive laws. Today, nearly 50 countries have banned smoking in all indoor work and public places.<sup>12</sup>

<sup>8</sup> "Report: U.S. Ranks Last for Warning Labels on Cigarettes." Press Room. American Cancer Society Cancer Action Network. 10 Nov. 2016.

<sup>9</sup> "Federal Trade Commission Cigarette Report for 2011." Commission and Staff Reports. Federal Trade Commission, 01 May 2013.

<sup>10</sup> "Mauritius." Tobacco Control Policies. Campaign for Tobacco Free Kids, 2007.

<sup>11</sup> "U.S. 100% Smokefree Laws in Workplaces AND Restaurants AND Bars." Smokefree Lists, Maps, and Data. Americans for Non Smokers' Rights, 03 April 2017.

<sup>12</sup> "Tobacco Control Laws: Analysis of Legislation and Litigation from Around the World." Legislation. Campaign for Tobacco Free Kids.

## Flavoring

Menthol and other flavorings ease smoking initiation and attract youth. A growing number of countries have banned flavorings, while the US still allows for the sales of flavored cigars and menthol cigarettes. Vulnerable groups are particularly targeted by menthol advertising: nearly 9 out of 10 African American smokers smoke menthol cigarettes.<sup>13</sup>

**A number of countries have banned or are taking steps to ban flavorings. These countries include:**

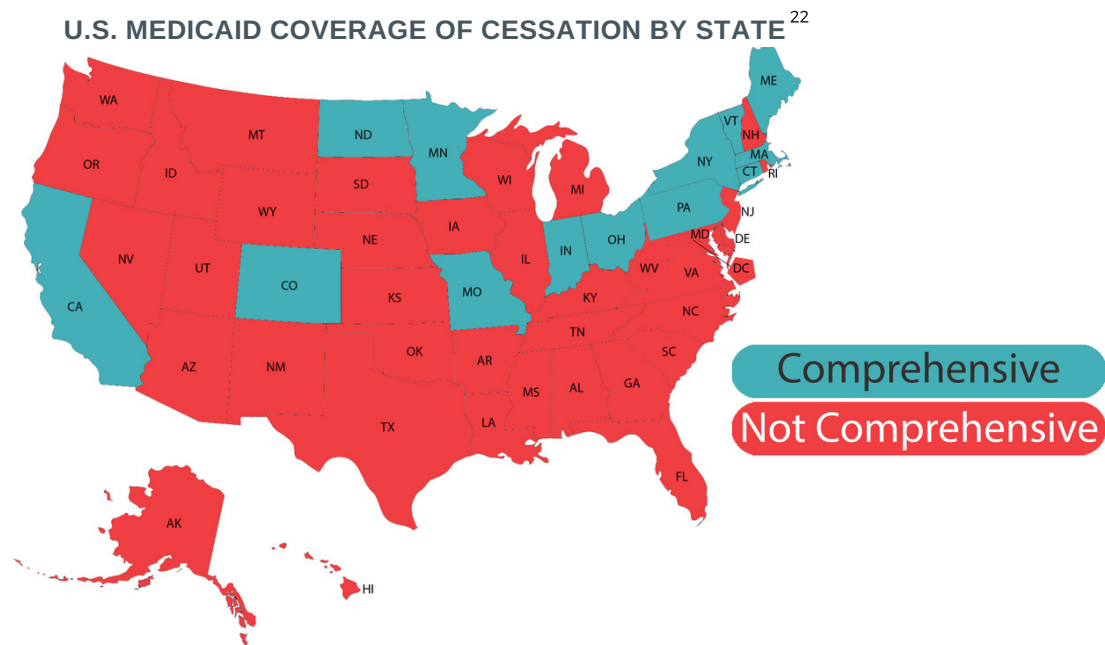
Australia, Brazil, Canada,<sup>14</sup> Chile, Ethiopia, the 28 European Union countries,<sup>15</sup> France, Germany, Moldova and Turkey.<sup>16, 17</sup>

## Taxation

High retail prices is one of the most effective measures to reduce consumption and prevalence. While there are bright spots in the U.S., cigarettes remain inexpensive in many States and many Americans are not protected by price measures. Australia takes the prize at around U.S.\$ 25 for a pack of Marlboros.<sup>18</sup> Some of the highest cigarette prices in the U.S. are in New York City, where the base price on a pack of cigarettes is currently \$10.50.<sup>19</sup>

## Cessation

Nicotine is highly addictive,<sup>20</sup> and smokers who wish to quit often need help. While all U.S. smokers have access to quit lines, many lack affordable access to treatment, including nicotine replacement therapy (NRT). Dozens of countries, realizing that there are economic as well as health benefits, now offer free access to counseling, NRT and cessation services.<sup>21</sup>



An ounce of prevention is worth a pound of cure

Given that tobacco use is the largest cause of preventable death, if the U.S. is to reverse current mortality trends it is imperative to advance the implementation of measures that decrease tobacco use. While great progress has been made in many communities, many are lagging when it comes to reducing tobacco use. This is particularly true for low income jurisdictions, and as a result, the U.S will be left even further behind in advancing public health.

<sup>13</sup> Giovino GA, Villanti AC, Mowery PD et al. Differential Trends in Cigarette Smoking in the USA: Is Menthol Slowing Progress? Tobacco Control. doi:10.1136/tobaccocontrol-2013-051159, August 30, 2013 [cited 2015 Sep 17].

<sup>14</sup> "Government of Canada finalizes ban on menthol in most tobacco products." Health Canada. Government of Canada. 05 April 2017.

<sup>15</sup> "10 key changes for tobacco products sold in the EU." Press Release Database. European Commission. 20 May 2016.

<sup>16</sup> "Banning Menthol in Tobacco Products." WHO Study Group on Tobacco Product Regulation. World Health Organization. 2016. 49.

<sup>17</sup> "How Other Countries Regulate Flavored Tobacco Products." Resources. Tobacco Control Legal Consortium. 2015.

<sup>18</sup> "Australia to Make a Pack of Cigarettes \$40 by 2020." Irish Cancer Society News. Irish Cancer Society, 04 Feb. 2017.

<sup>19</sup> Eversley, Melanie. "NYC Moves to Raise Cost of Cigarettes to Nation's Highest." USA Today. Gannett Satellite Information Network, 20 Apr. 2017.

<sup>20</sup> "Is Nicotine Addictive?" Tobacco/Nicotine. National Institute on Drug Abuse, 2012.

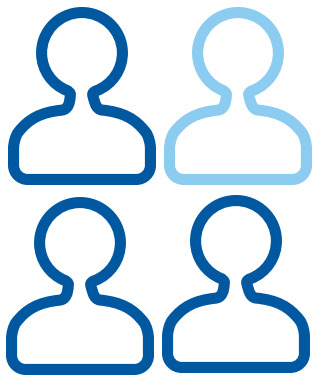
<sup>21</sup> "Quitting." The Tobacco Atlas. American Cancer Society, World Lung Foundation, 2015.

<sup>22</sup> "Map of Comprehensive Medicaid Coverage of Cessation Treatments." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 13 Apr. 2017.

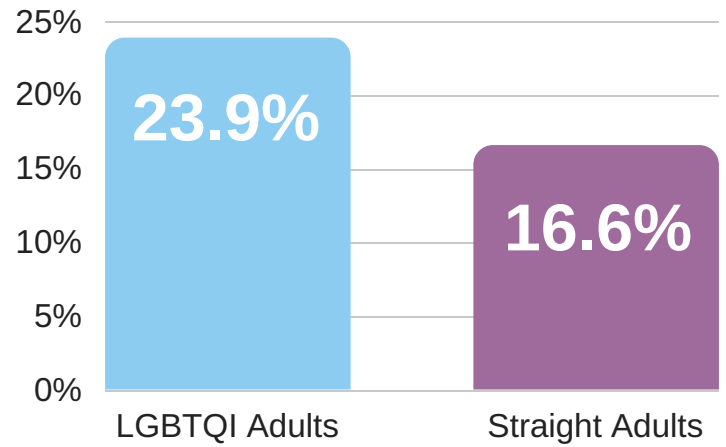
# SMOKING HAS BECOME A DISEASE OF MARGINALIZED POPULATIONS

The lack of progress in reducing tobacco use in the U.S. is particularly alarming when the overall statistics are broken down along geographic, ethnic, education and socio-economic lines. Over the last half century, the tobacco epidemic has been transformed from a health issue to a poverty and social justice issue. Aggressive industry marketing targeted at African-Americans, Native American, and the LGBTQI community and others has resulted in a disproportionate level of the overall tobacco burden being borne by those who can financially least endure it.

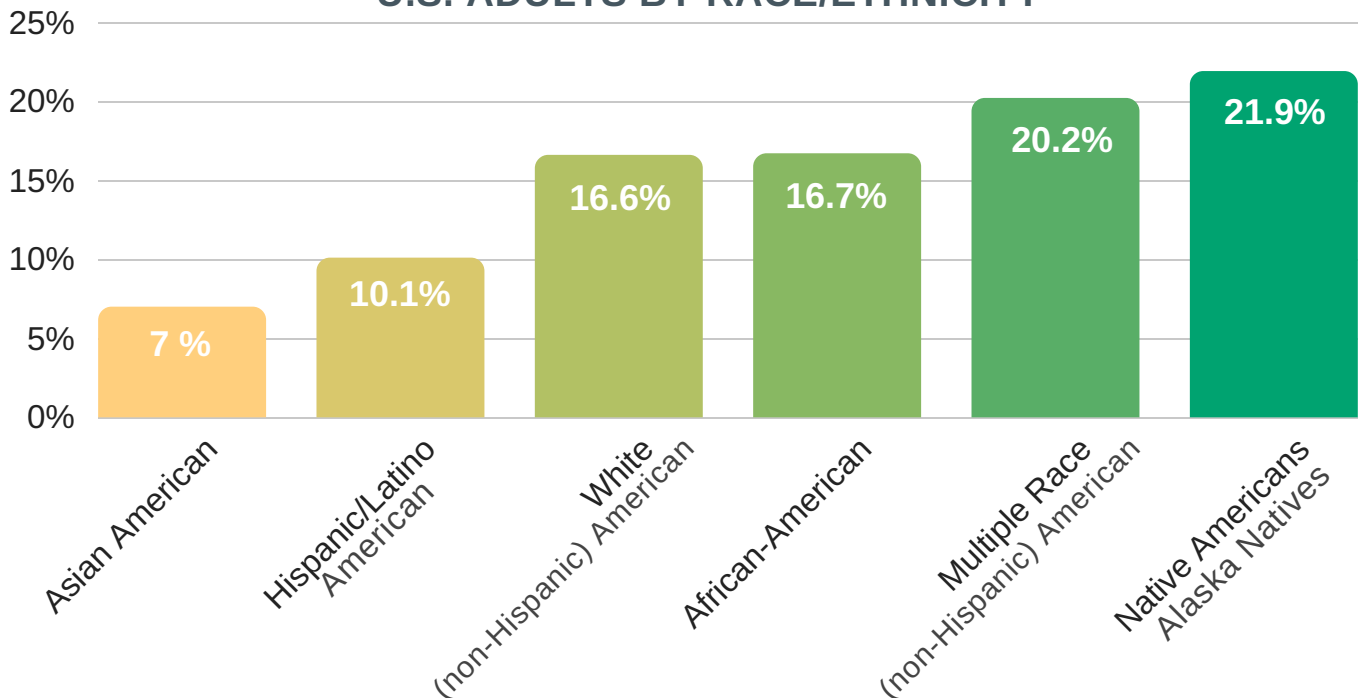
## The tobacco industry has a long history of targeting marginalized communities



**1 IN 4**  
**LGBTQI ADULTS SMOKE**<sup>23</sup>



## SMOKING PREVALENCE RATE AMONG U.S. ADULTS BY RACE/ETHNICITY<sup>24</sup>

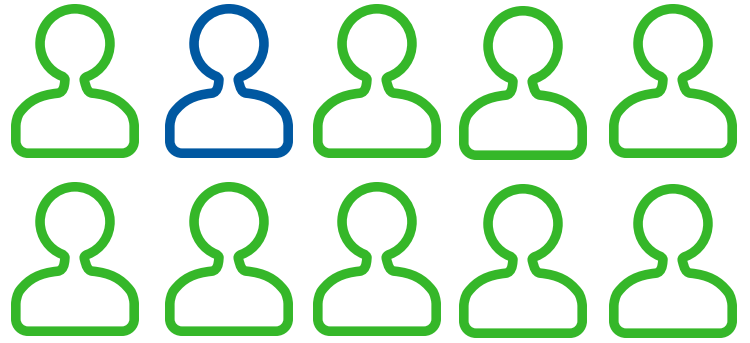


<sup>23</sup> "Lesbian, Gay, Bisexual, and Transgender Person and Tobacco Use." Center for Disease Control and Prevention. Centers for Disease Control and Prevention, 28 Feb. 2017.

<sup>24</sup> "Burden of Tobacco Use in the U.S." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 11 Apr. 2017.

9 OUT OF 10

AFRICAN-AMERICAN  
SMOKERS USE  
MENTHOL CIGARETTES<sup>25</sup>



“ Since younger adult Blacks overwhelmingly prefer menthol cigarettes, **continued emphasis on Salem within the Black market is recommended.** Salem is already positioned against younger adults. With emphasis on the younger adult Black market, Salem may be able to provide an alternative to Newport and capitalize on Kool’s decline. ”

- RJ Reynolds Report<sup>26</sup>

LOCAL SPOTLIGHT: WASHINGTON, D.C.

The U.S. national capital, Washington, D.C. has an overall smoking prevalence rate of 16%; **but in Wards 7 and 8 where income levels and education levels are the lowest, prevalence rates are 27.2% and 28.4% respectively.**<sup>27</sup>

In D.C., those with less than a 12th grade education **smoke at a rate three times higher** than those who continue their education after high school.<sup>28</sup>

In D.C., an estimated 80% of all smokers have a household income of less than \$35,000.<sup>29</sup>



<sup>25</sup> “Smoking & Tobacco Use.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 26 Apr. 2017.

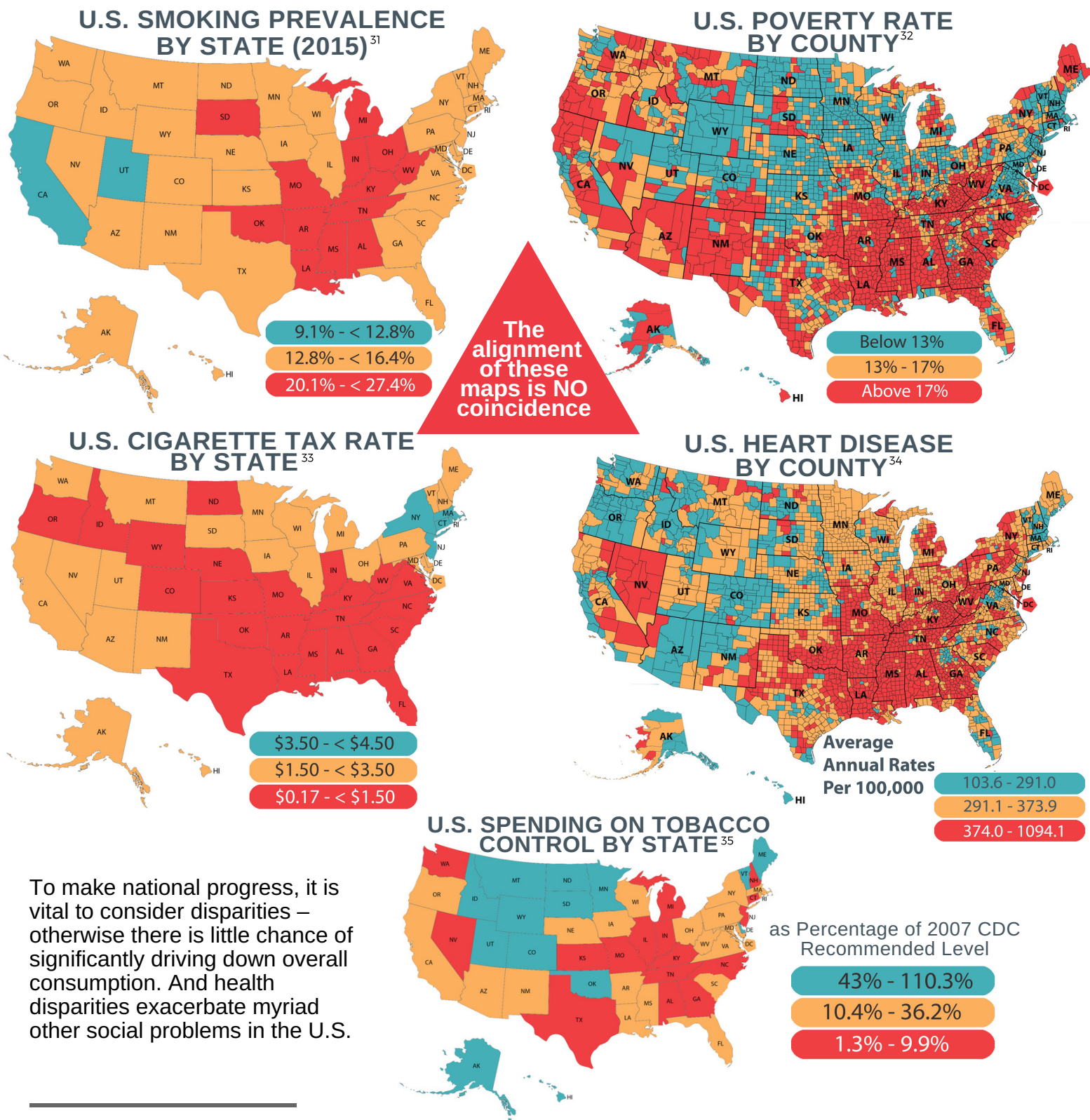
<sup>26</sup> RJR, “Consumer Research Report,” May 9, 1984, Bates No. 501254820-4850, <http://legacy.library.ucsf.edu/tid/cit49d00>.

<sup>27</sup> “District of Columbia Tobacco Control Program- Request for Applications.” District of Columbia Department of Health Community Health Administration. District of Columbia Department of Health, 31 Mar. 2017.

<sup>28</sup> “Tobacco Use Survey Data- District of Columbia.” State Tobacco Activities Tracking and Evaluation (STATE) System. Center for Disease Control and Prevention, 2015.

<sup>29</sup> United States Census Bureau. 2011-2015 American Community Survey 5-Year Estimates: Current Population Survey. Financial Characteristics, Housing Characteristics.

There are also wide geographic disparities. Tobacco control is largely handled at the state and local level, so differences in the strength of regulations, counter-marketing efforts and taxes have resulted in wide differences in prevalence. Adult prevalence is nearly three times as high in Kentucky as it is in Utah.<sup>30</sup> One has only to glance at the maps below to grasp the implications to the states that have fallen behind.



To make national progress, it is vital to consider disparities – otherwise there is little chance of significantly driving down overall consumption. And health disparities exacerbate myriad other social problems in the U.S.

<sup>30</sup> "Current Cigarette Use Among Adults." Chronic Disease and Health Promotion Data & Indicators. Centers for Disease Control and Prevention, 2015.

<sup>31</sup> "Map of Current Cigarette Use Among Adults." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 16 Sept. 2016.

<sup>32</sup> "Poverty Map." Poverty USA. U.S. Catholic Bishops Catholic Campaign for Human Development (CCHD).

<sup>33</sup> State Tax on Cigarettes. Tobacco Policy Project/State Legislated Actions on Tobacco Issues (SLATI). American Lung Association. 2017.

<sup>34</sup> "Division for Heart Disease and Stroke Prevention." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 12 May 2017.

<sup>35</sup> "Map of Funding – Expenditures as a Percentage of 2007 CDC Recommended Level." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 21 July 2016.



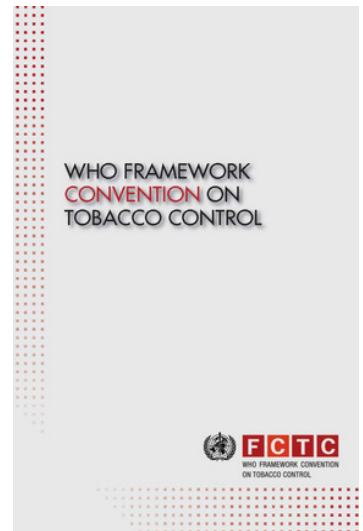
# GLOBAL TARGETS AND U.S. COMMITMENTS

Tobacco is the leading cause of preventable death and disease not only in the U.S. but also around the world. **Over seven million people die every year because of tobacco, and 480,000 of them are Americans.**<sup>36</sup>

The global community, which includes the United States, had no choice but to develop and adopt legal tools and concrete tobacco reduction targets in order to reverse this global health crisis.

And they did respond by:

- Negotiating and adopting a global tobacco treaty, the WHO Framework Convention on Tobacco Control (FCTC), which includes best practice measures to save lives;
- Negotiating and adopting the United Nations General Assembly High-level Meeting Political Declaration on the Prevention and Control of Non-Communicable Diseases (NCDs) which calls on countries to accelerate the implementation of the FCTC;
- Negotiating and adopting the Global Action Plan and a monitoring framework to address NCDs that **calls for a 30% national reduction in tobacco use by 2025** and includes a process to measure progress towards this target;
- Negotiating and adopting a set of global goals called the United Nations Sustainable Development Goals (SDGs) which includes a call on all countries to take steps to “ensure healthy lives and promote well-being for all at all ages” and to reduce “inequalities.” Included in the SDGs are targets to “reduce by one third premature mortality from non-communicable diseases,” for which tobacco is the leading risk factor, by 2030 and to “strengthen implementation of the FCTC.” It also includes a process to measure progress towards reductions in cardiovascular diseases, cancers, chronic diseases and tobacco use.<sup>37</sup>



These global governance mechanisms have been embraced by nations around the world, including high income, middle income and low income countries. **In essence, the FCTC is the “recipe” of what a country needs to do to significantly reduce smoking and the NCD Global Action Plan and the SDGs have become the “to do list” to save lives,** and progress towards this list has and will be measured and reported on a regular basis. And as we all know, what gets measured gets done.

**The United States has engaged as a full participant in the development of these responses, it has signed on to all of them and like the rest of the world it is accountable to targets associated with these mechanisms.**

<sup>36</sup> "Fast Facts." Smoking and Tobacco Use. Centers for Disease Control and Prevention, 29 Mar. 2017

<sup>37</sup> "Sustainable Development Goals." United Nations. United Nations, 25 Sept. 2015.

## NCD GAP TARGET: THE UNITED STATES MUST ACHIEVE BY 2025:

**30%**  
relative reduction in  
**prevalence of current  
tobacco use**  
in persons aged 15+ years

### WHAT WILL BE MEASURED:

Prevalence of current tobacco use among adolescents and age-standardized prevalence of current tobacco use among persons aged 18+ years<sup>38</sup>

## THE U.S. HAS ADOPTED THE SUSTAINABLE DEVELOPMENT GOALS AND MUST TAKE STEPS TO ACHIEVE HEALTH TARGETS INCLUDING:<sup>39</sup>

### TARGET 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

### WHAT WILL BE MEASURED

Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

### TARGET 3.A

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

### WHAT WILL BE MEASURED

Age-standardized prevalence of current tobacco use among persons aged 15 years and older



The U.S. is not moving uniformly toward the health objectives articulated in these global governance agreements, and when compared to other countries, is seriously falling behind on the implementation of measures that can decrease smoking and protect Americans from tobacco smoke. As a result, while some localities in the U.S. are on track to achieve these targets, others are seriously lagging behind.

In the U.S., according to the Centers for Disease Control and Prevention, tobacco causes over 480,000 deaths and costs more than \$300 billion a year.<sup>40</sup> **The U.S. needs to take action to further decrease smoking prevalence rates, and to reduce the loss of life and wealth caused by smoking, especially in states or among vulnerable populations where prevalence remains high.** Success could have dramatic impacts on health and wealth, saving the world more than \$1 trillion annually in healthcare and lost productivity, and 6 million lives a year.<sup>41</sup>

<sup>38</sup> "Global NCD Target: Reducing Tobacco Use." Take Action. World Health Organization. July 2016.

<sup>39</sup> "Sustainable Development Goals." United Nations. United Nations, 25 Sept. 2015.

<sup>40</sup> "Fast Facts." Smoking and Tobacco Use. Centers for Disease Control and Prevention, 29 Mar. 2017.

<sup>41</sup> "Tobacco Control Can save Billions of Dollars and Millions of Lives." Media Centre. World Health Organization, 10 Jan. 2017.

# THE WAY FORWARD

It is a difficult time for public health in the United States. Political polarization at the federal level makes advancing public health nationally unlikely. Funding for the National Institutes of Health, the Centers for Disease Control and Prevention, and the Food and Drug Administration – institutions that are the gold standard for the world - has been threatened. **But there is a way, if only we can find the will.**

The right to implement the majority of effective tobacco control measures lays with the states, many of which pass the right along to local governments.

## States, cities and counties have demonstrated in the past their ability to be the prime movers in new tobacco control measures.

Comprehensive smokefree air laws, following California's more limited 1994 law, were championed by hundreds of towns before being embraced at the state level, and eventually spread overseas to entire countries.

While some areas of the country have moved strongly, there is much to be done. According to the American Lung Association, only two states even approach funding their tobacco prevention and cessation programs to the level recommended by the CDC; only nine even make it half way.<sup>42</sup> Fourteen tax cigarettes below \$1 per pack,<sup>43</sup> which does little to prevent uptake by children or convince adults to quit. **Fifty-eight million Americans are still regularly exposed to secondhand smoke in public or at work.**<sup>44</sup> States, counties, cities, and towns can and should take action to protect their citizens by passing laws that help prevent smoking initiation (such as limits on flavors), protect everyone from secondhand smoke, and help smokers quit.

Time is of the essence if we wish to protect all Americans and achieve these global targets. **It would be a national embarrassment if the U.S. – the richest, most powerful nation – failed where relatively poor countries succeed.** The 15-year race to achieve the NCD Global Action Plan is already half over. There is more time to reach the 2030 deadline for SDG goals, but we have not yet begun. Nascent efforts by NIH and CDC seem imperiled. It is up to states, counties and cities to champion progress.

Creating the political will to act boldly will not be easy. Governments will have to prioritize health in the face of corporate lobbying and political donations, think long-term rather than just to the next budget year, and place the good of society over partisan politics. We are in the midst of a national conversation about the nature and purpose of government. **But whether you think government is too big or too small, surely we can all agree that public health is rightfully a public concern.**

Death and disease from tobacco is completely preventable. We know exactly how to reduce consumption, most measures are inexpensive, and costs are easily offset by tobacco taxes, which is one of the key reduction methods anyway. It's been more than half a century since we learned for sure that tobacco is deadly, and since then tens of millions of Americans have died needlessly.

## We can't afford to let another half century slip by before ending this epidemic.

<sup>42</sup> "Tobacco Prevention and Cessation Funding." State of Tobacco Control. American Lung Association, 2017.

<sup>43</sup> "State Cigarette Excise Tax Rates and Ratings." Campaign for Tobacco Free Kids. Campaign for Tobacco Free Kids, 03 Jan 2017.

<sup>44</sup> "58 Million Nonsmokers in US Are Still Exposed to Secondhand Smoke." CDC Newsroom. Centers for Disease Control and Prevention, 03 Feb. 2015.



The Data and information for this report was compiled from a number of sources including:

- Americans for Non-Smokers' Rights
- African-American Tobacco Control Leadership Council
- Centers for Disease Control
- State Legislated Actions on Tobacco Issues (SLATI)
- United Nations (UN)
- UN Department of Economic and Social Affairs (UNDESA)
- World Health Organization (WHO)
- WHO Framework Convention on Tobacco Control Secretariat

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