Premises

- Tobacco control a great public health success story
- Significant further progress in developed countries may be hard to come by
  - (Mixed) data trends
  - Differences in remaining smokers
  - Incremental utility of proven interventions
Coverage

1. The global context (brief summary)
2. U.S. tobacco control success story…to date
3. How did we get here?
4. Nature of the remaining problem
5. Potential new policy directions
Tobacco use worldwide

- Mostly cigarettes
  - Major exception: India

- Prevalence
  - 1 billion men
    - 35% in developed nations, 50% in LMICs
  - 250 million women
    - 22% in developed nations, 9% in LMICs

Source: Tobacco Atlas Online
Global mortality toll

- 6 million in 2010
  - 72% in LMICs
  - *Comparison*: < 4 million deaths from HIV/AIDS, malaria, and TB combined

- 8 million in 2030
  - 83% in LMICs

- Tobacco becoming single largest killer in LMICs, as long in developed nations

Sources: Tobacco Atlas Online; WHO
Framework Convention on Tobacco Control

- World’s first global health treaty
- One of most widely and rapidly adopted treaties in history
- 173 parties (of 195 eligible) have ratified, = 87% of world’s population
- Major non-participating countries
  - U.S., Indonesia, Argentina, Morocco

Source: www.fctc.org
Tobacco control: The greatest U.S. public health success story of past half century

- Half of all ever-smokers alive today have quit.
- Smoking prevalence has more than halved, from close to 50% to 20%
- Millions of lives have been saved.
- Image and place of smoking in society have been changed forever.
Health consequences of the antismoking campaign

- Since 1964, > 5 million premature deaths averted in U.S. as a result of campaign-induced decisions to quit smoking or not to start.

- On average, each individual has gained 15-20 years of life expectancy.
Process of change

1. Info & public education first, understood & acted upon by SES elite

2. Elites – most politically enfranchised – lobby for policy changes
   - Public health & social motivations
   - But selfish too
     - Ban on smoking on airlines
     - Cig. tax increases

3. Middle and lower SES respond to social pressures & environmental changes
What worked early on?

- Information & public education
  - Surgeon General’s report & media coverage
  - Fairness Doctrine ads
- Tax increases, 1964-71
What has worked since then?

- Clean indoor air laws – 2 incarnations
  - Nonsmoking areas/sections, 1973-2000
    - Restaurants
    - Airports, etc.
  - Completely nonsmoking workplaces, including restaurants & bars, 2000-present
    - Currently 25 U.S. states
    - 20 countries beginning with Ireland 2004
What else?

- Taxes...periodically
- Restrictions on advertising & promotion
- Counter-advertising
Importance of TC

- TC is health policy
  - Smoking = 6-10% of health care costs
  - Compare PH benefit of smoke-free laws (reduction in AMIs) with all other medical and public health interventions
- TC reduces health disparities
But the job is not done...

- Tobacco remains leading cause of avoidable premature death
  - In U.S., \( \approx 450,000 \) deaths/year
    - 1/6th of all deaths
    - 1/3rd of deaths during middle-age

- 9 million sick or disabled

- 20% continue to smoke
Problem re persistence of smoking

- 70% of smokers want to quit
- 30-50% try each year
- 2.6% (or fewer) succeed
The big problem re smoking: Remaining smokers different

- Heavily addicted (Hard core?)
- Cessation rate may be falling
- Low SES
  - *U.S. college grads’ smoking prevalence* < 10%
  - Some blue collar populations > 30%
- ≈ ½ have mental illness or substance abuse co-morbidities
- Some may not want to quit
Where do we go from here?

Limitations of relying on tried-and-true policies

- How much can taxes be raised?
  - Political issues
  - Equity considerations

- What follows states adopting smoke-free workplace laws?

- Media campaigns expensive
Results from more-of-the-same

- Incremental improvements
  - Prevalence ↓ 3-6 percentage points by 2020
Projected Adult Smoking Prevalence
IR = 24%, CR=2.59%
Projected Adult Smoking Prevalence
IR = 18%, CR=3.24% by 2015
Projected Adult Smoking Prevalence
IR = 12%, CR=3.89% by 2015
Where do we go from here?
Novel smoke-free policies

- Grounds of factories, universities
- Apartment buildings
- Outdoor public environments (e.g., public parks, beaches)
- Cars with kids (Homes?)
- Entire towns???
Where do we go from here?
Product regulation

- Labeling innovations
  - Large, graphic warnings
  - Plain packaging

- Restrictions on...or encouragement of...marketing of new products
  - “Tobacco harm reduction” (THR) products
  - E-cigarette
  - True pulmonary nicotine inhaler
Novel (THR) products

Electronic cigarettes deliver an odorless, smokeless dose of nicotine to users.

INDICATOR LIGHT
BATTERY
VAPORIZING CHAMBER
INGREDIENTS CARTRIDGE
TIP
Where do we go from here?
Less likely product regulation

- Gradual reduction in nicotine to non-addicting level?
  - Benowitz & Henningfield, *NEJM* 1994

- Policies favoring non-combusted tobacco products?
Thank you!

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