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# **Saving Lives Thousands of People at a Time**

## **The Power of Advocacy for Public Policy and Population Based Programs**

Matthew Myers

Campaign for Tobacco-Free Kids



# Tobacco's Toll in U.S.

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- **Tobacco is the leading preventable cause of death, killing more than 400,000 each year**
- **Tobacco kills more people than from AIDS, alcohol, car accidents, murders, suicides, and fires combined**
- **Tobacco results in \$96.7 billion in annual health care costs**
- **Nearly 90% of lung cancer cases, 1/3 of total cancer deaths, and 1 in 5 deaths from heart disease are tobacco related**



# Deaths Worldwide

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## The World's Number One Killer

- During the 20<sup>th</sup> Century - 100 Million people  
BUT If current trends continue:
- Between 2000 – 2025 - @ 150 Million people
- Between 2025 – 2050 - @ 300 Million people
- Between 2050 – 2100 - > 500 Million People
- Total – 21<sup>st</sup> Century - > 1 BILLION PEOPLE

SOURCE: Peto et al, 2006



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“Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists.”

*WHO Zeltner Report, 2000*



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# Tobacco Control Progress from 1996 to 2009

December 2009

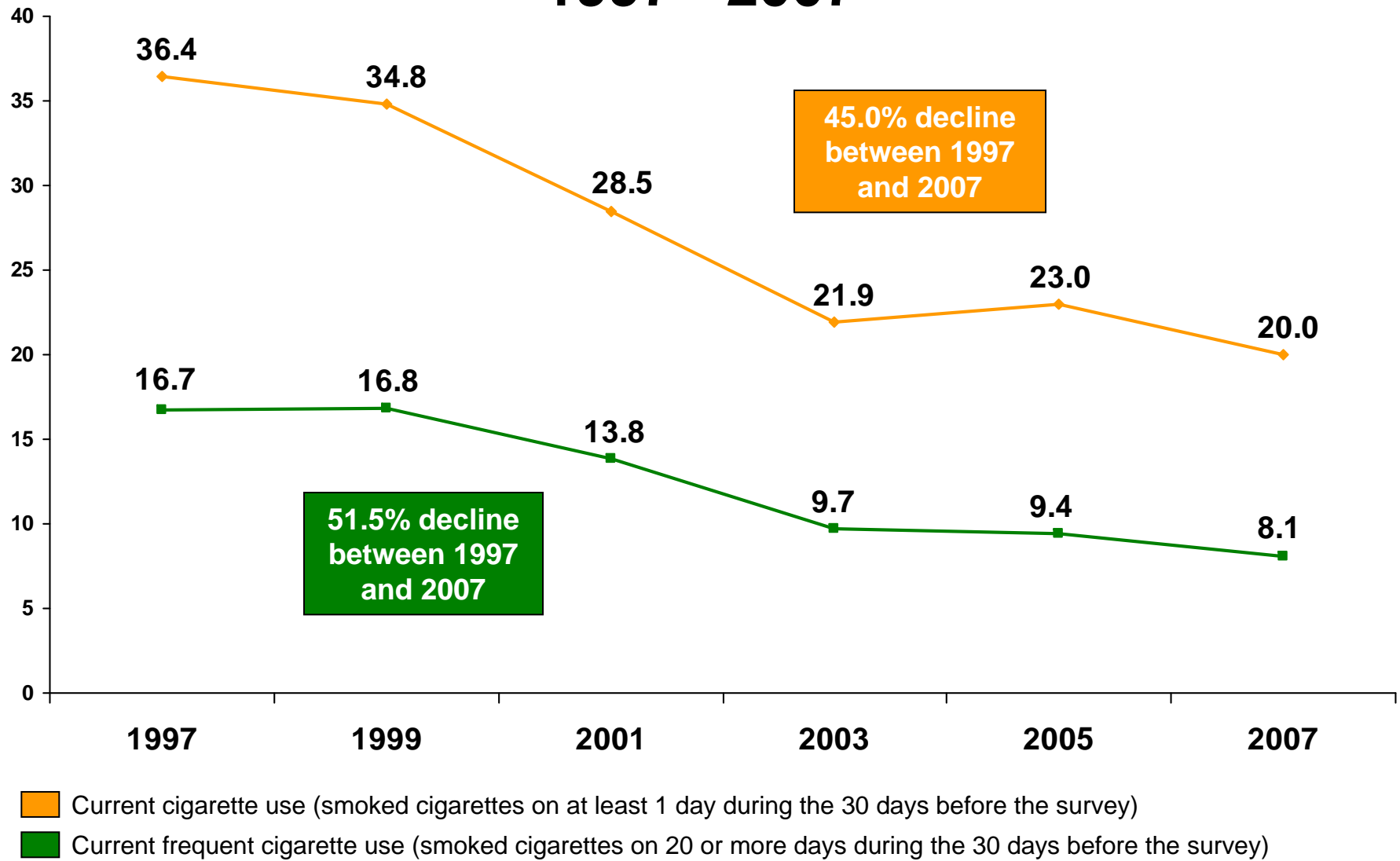


# 1996

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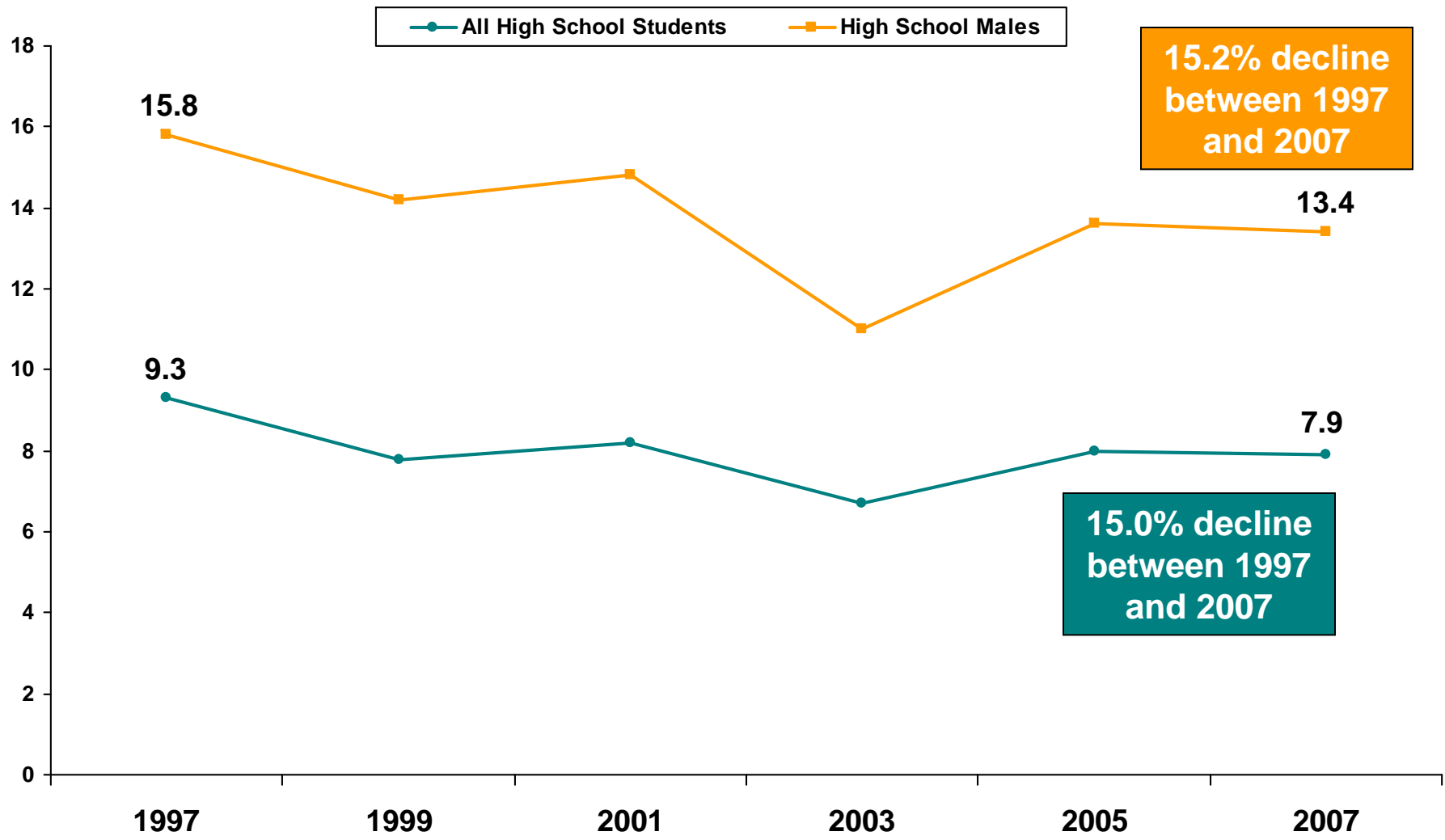
- No regulation of Tobacco Products
- Adult smoking prevalence (1995): 24.7%
- Youth smoking prevalence (1997): 36.4%
- Federal Cigarette Tax Rate: 24 cents per pack
- State average cigarette tax rate: 32.7 cents per pack
- Number of Smoke-Free States: 0 (CA had passed but not yet implemented)

# National Youth Smoking 1997 - 2007



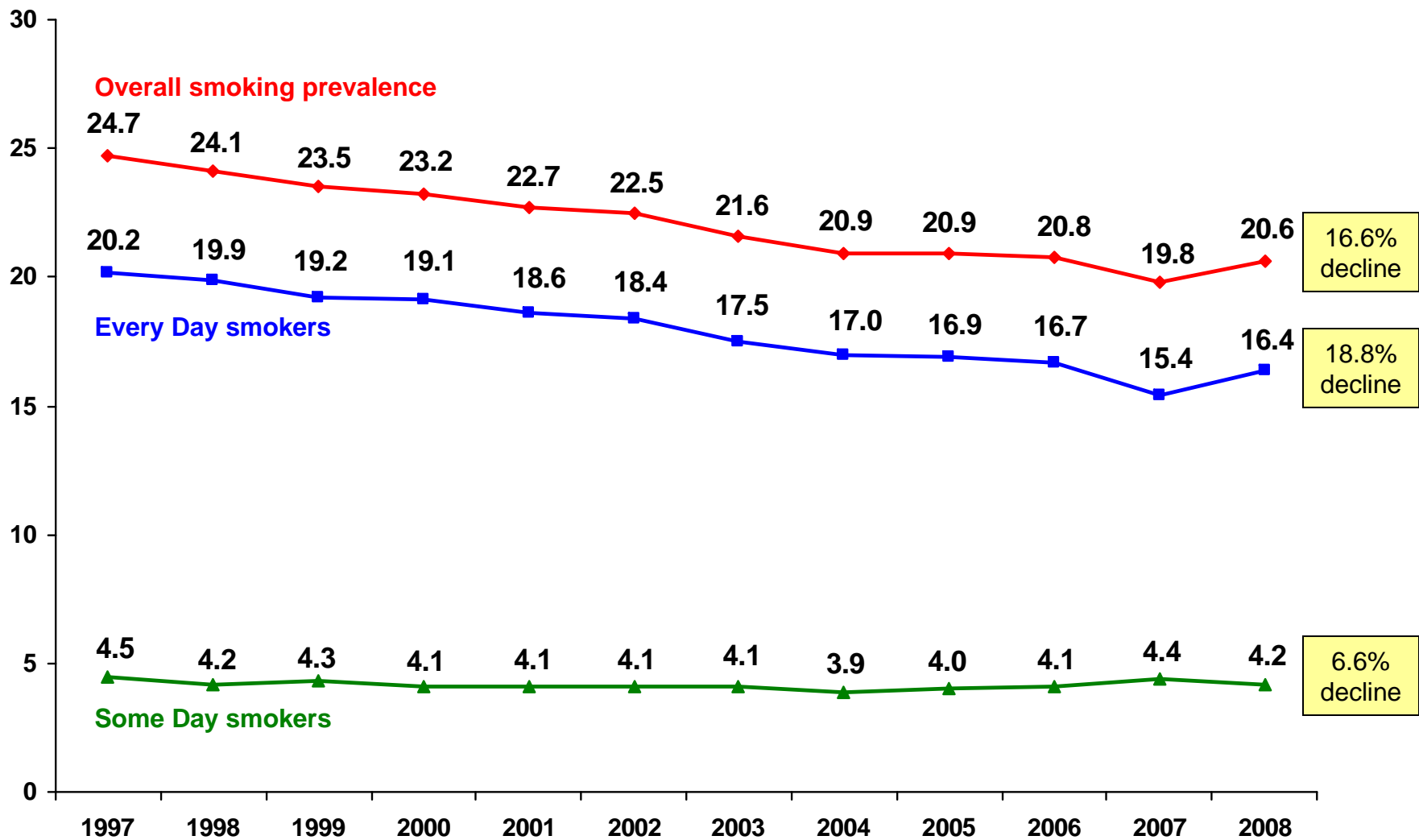
Data are from the Youth Risk Behavior Surveillance Survey

# National Youth Smokeless Tobacco Use, 1997 - 2007



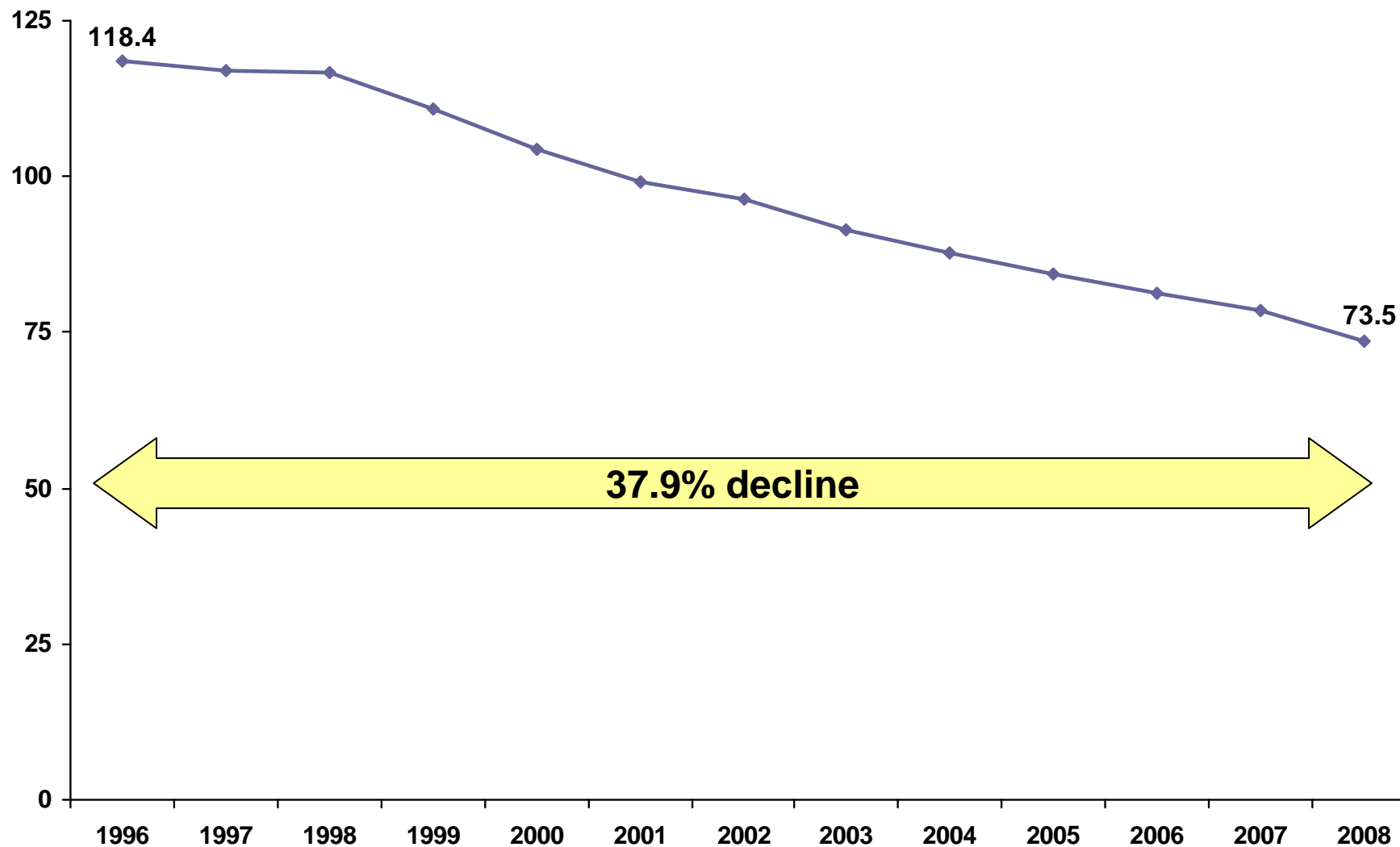
Data are from the Youth Risk Behavior Surveillance Survey

# Adult Smoking Trends 1997 - 2008



Data are from the National Health Interview Survey

# Adult Per-Capita Taxed Pack Sales 1996 - 2008



Data are from the *Tax Burden on Tobacco*, 2008

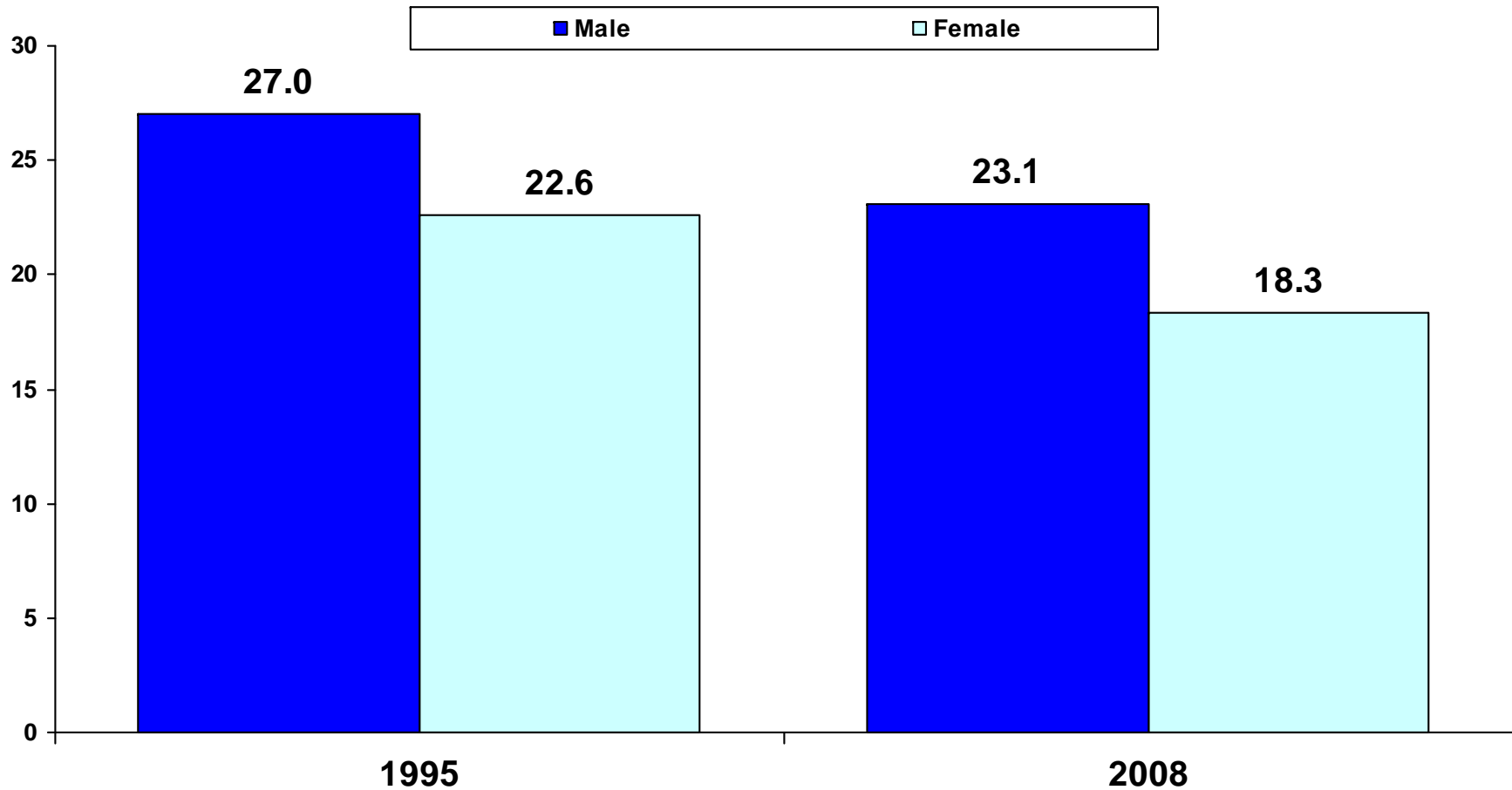


## **Due to these smoking declines:**

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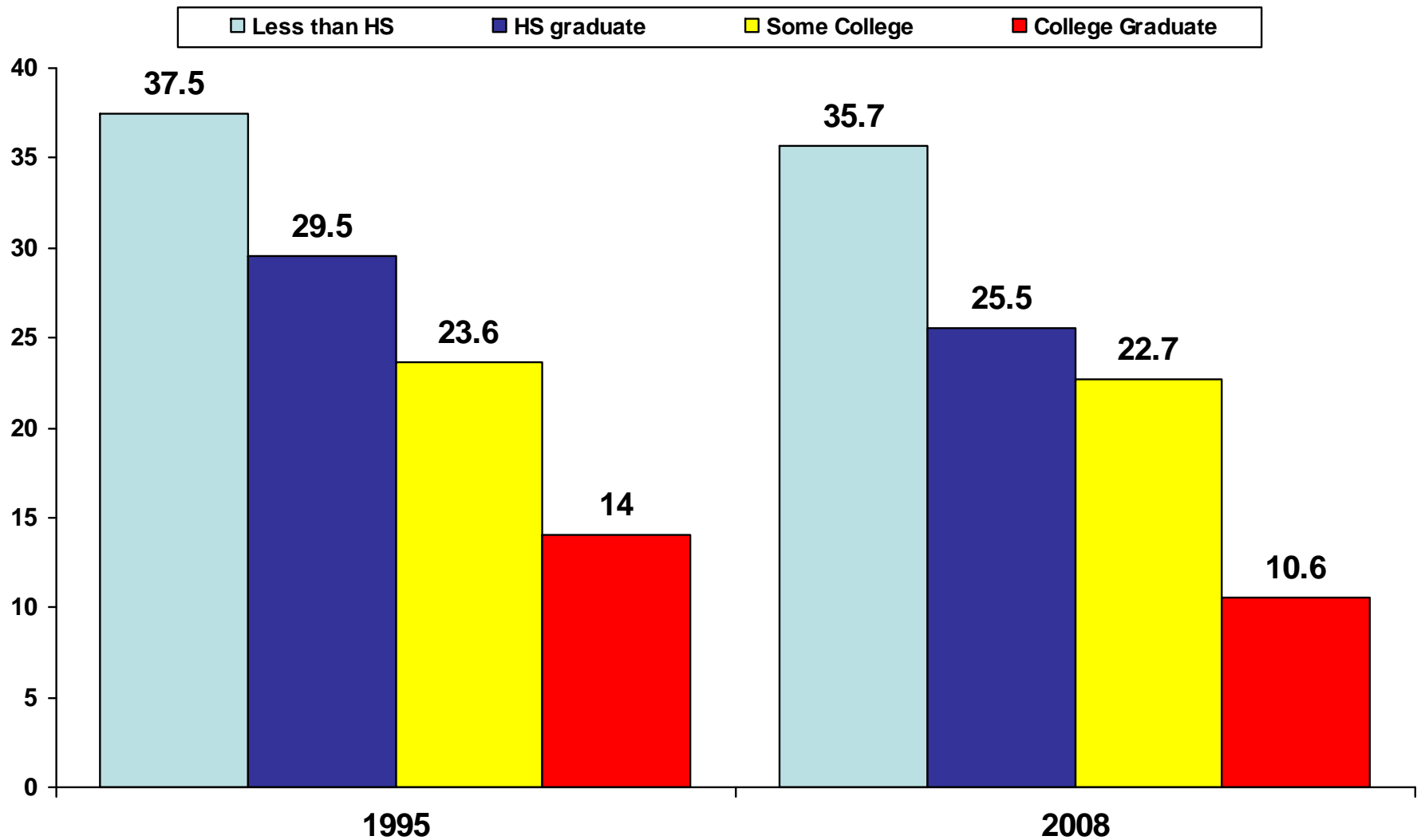
- **2.8 million fewer current youth smokers**
- **8.9 million youth kept from becoming addicted adult smokers**
- **2.8 million fewer youth dying prematurely from smoking**
- **\$155 billion in lifetime healthcare savings from smokers averted**
  
- **9.5 million fewer adult smokers**
- **2.5 million fewer adults dying prematurely from smoking**
- **\$90 billion in lifetime healthcare savings from smokers averted**

# Current Adult Smoking by Gender, 1995 vs. 2008



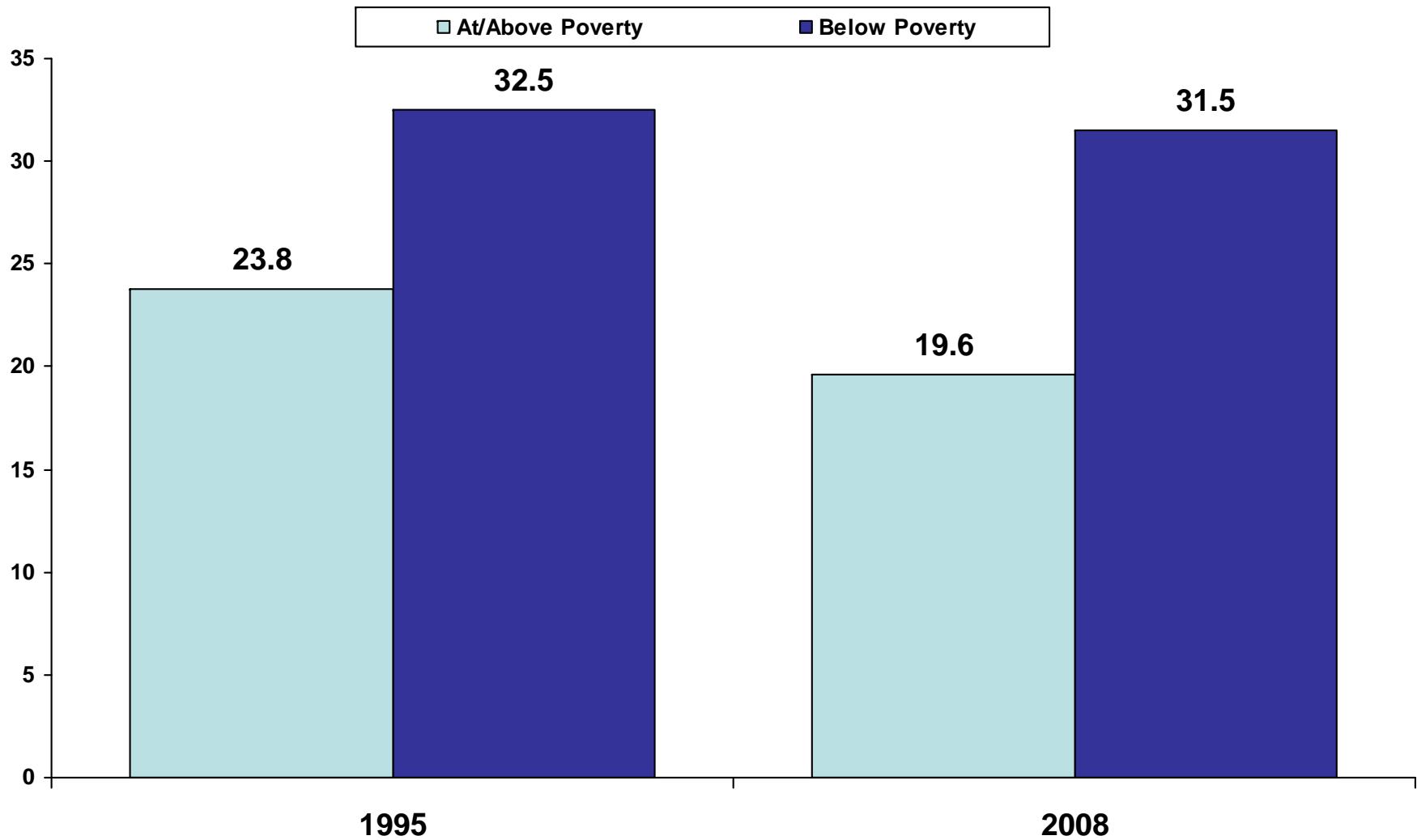
Data are from the National Health Interview Survey

# Current Adult Smoking by Education Level, 1995 vs. 2008



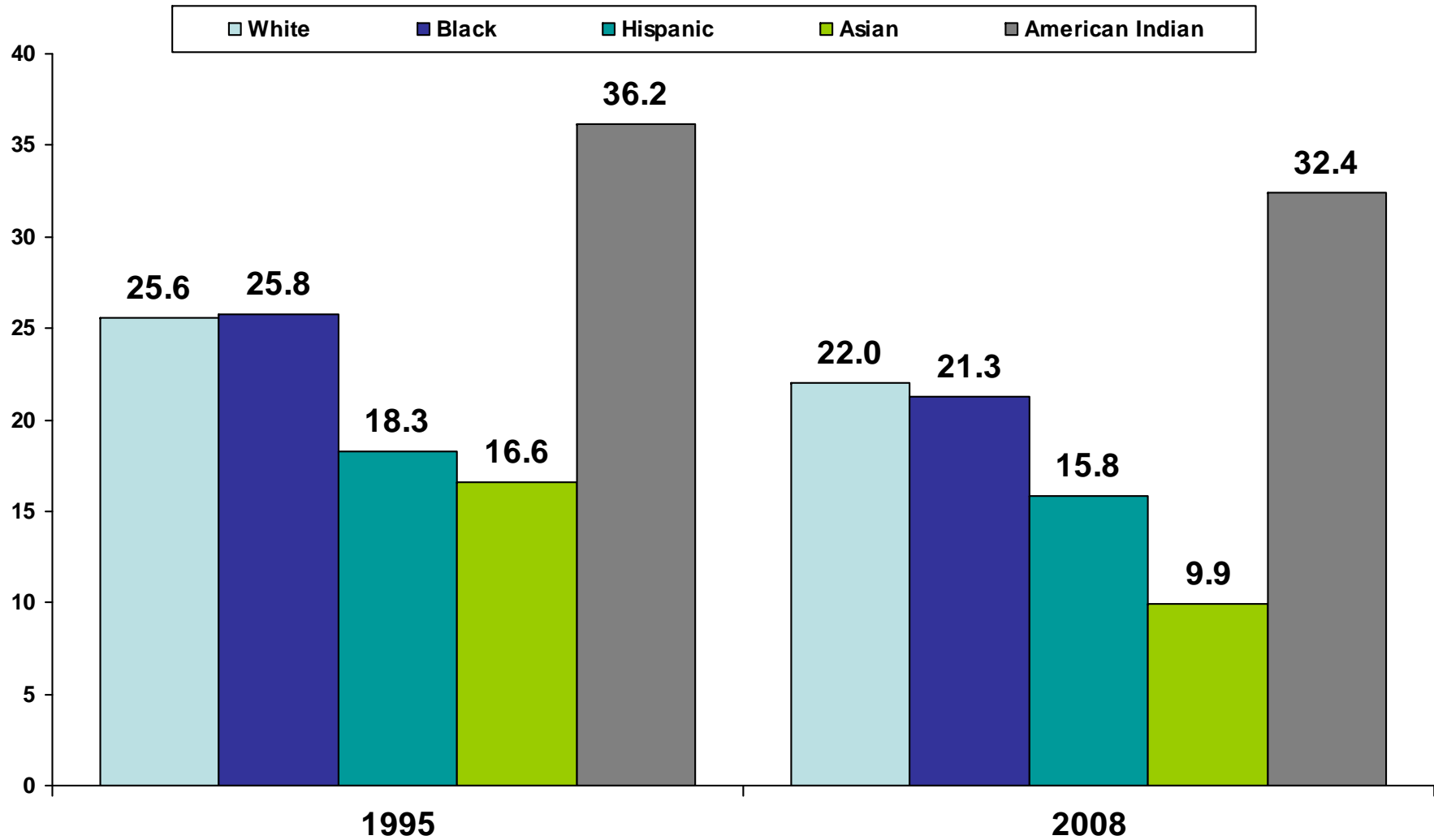
Data are from the National Health Interview Survey

# Current Adult Smoking by Income Level, 1995 vs. 2008



Data are from the National Health Interview Survey

# Current Adult Smoking by Race, 1995 vs. 2008



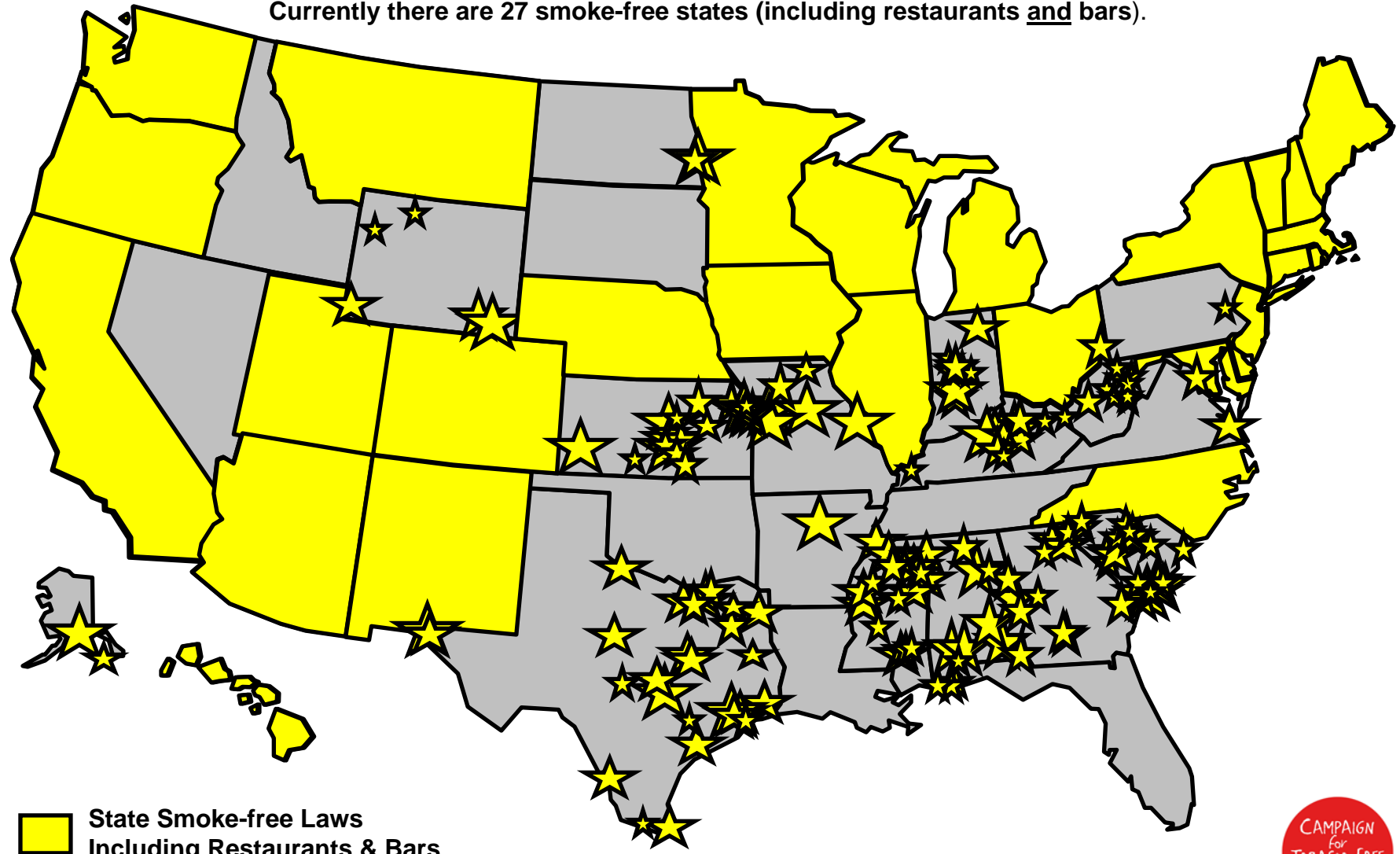
Data are from the National Health Interview Survey



# What Prompted the Change

# Smoke-Free Restaurant and Bar Laws

In 1996 there were 0 smoke-free states (CA passed in 1996 but was not yet in effect).  
Currently there are 27 smoke-free states (including restaurants and bars).



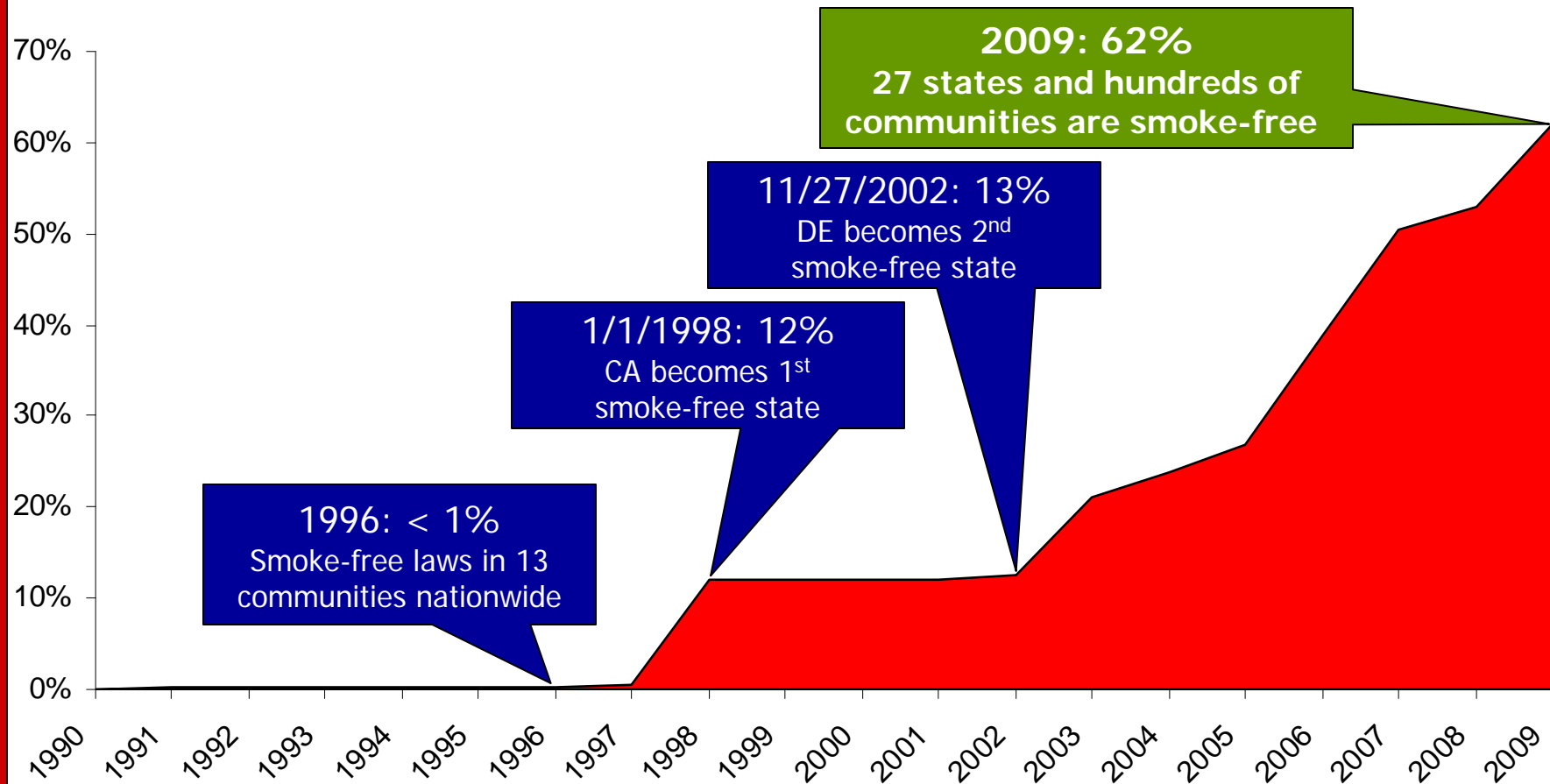
- State Smoke-free Laws Including Restaurants & Bars
- Local Smoke-free Laws Including Restaurants & Bars

•NC law effective 1/2/10, MI law effective 5/1/10, WI law effective 7/5/10.



December 2009

# Percent of Population Covered By Smoke-Free Laws (Including Bars)



Includes state and local laws passed by December 10, 2009

# State-wide Smoke-Free Laws

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- Number of state laws including restaurants *and* bars: **28 (62% of the population covered)**
  - *California, Delaware, New York, Maine, Connecticut, Massachusetts, Michigan, Rhode Island, Vermont, Washington, New Jersey, Colorado, Hawaii, Kansas, Ohio, Arizona, New Mexico, New Hampshire, Minnesota, Illinois, Maryland, Iowa, Utah, Oregon, Nebraska, Montana, North Carolina, Wisconsin*
- Number of state laws including restaurants but not bars: **4 (9% of the population covered)**
  - *Florida*
  - *Idaho*
  - *Louisiana*
  - *Nevada*
- Number of restaurant laws with significant exemptions: **8 (14% of the population covered)**
  - *Arkansas* - Smoking prohibited in restaurants, except those that prohibit entry to persons under 21.
  - *Georgia* – Smoking prohibited in restaurants, except for those that deny access to minors.
  - *North Dakota* – Restaurants may permit smoking in separately enclosed bar areas.
  - *Oklahoma* – Restaurants must either be non-smoking or have separately ventilated rooms.
  - *Pennsylvania* – Restaurants may permit smoking in separately ventilated attached bars.
  - *South Dakota* – State law prohibits smoking in restaurants, except those licensed to sell alcohol.
  - *Tennessee* – Smoking is prohibited in restaurants, except those that prohibit entry to persons under 21.
  - *Virginia* - Restaurants must either be non-smoking or have separately ventilated rooms.
- Number of states with no law addressing restaurants and bars: **11 (15% of the population NOT covered by statewide law)**
  - *Alabama, Alaska, Indiana, Kansas, Kentucky, Mississippi, Missouri, South Carolina, Texas, West Virginia, Wyoming*

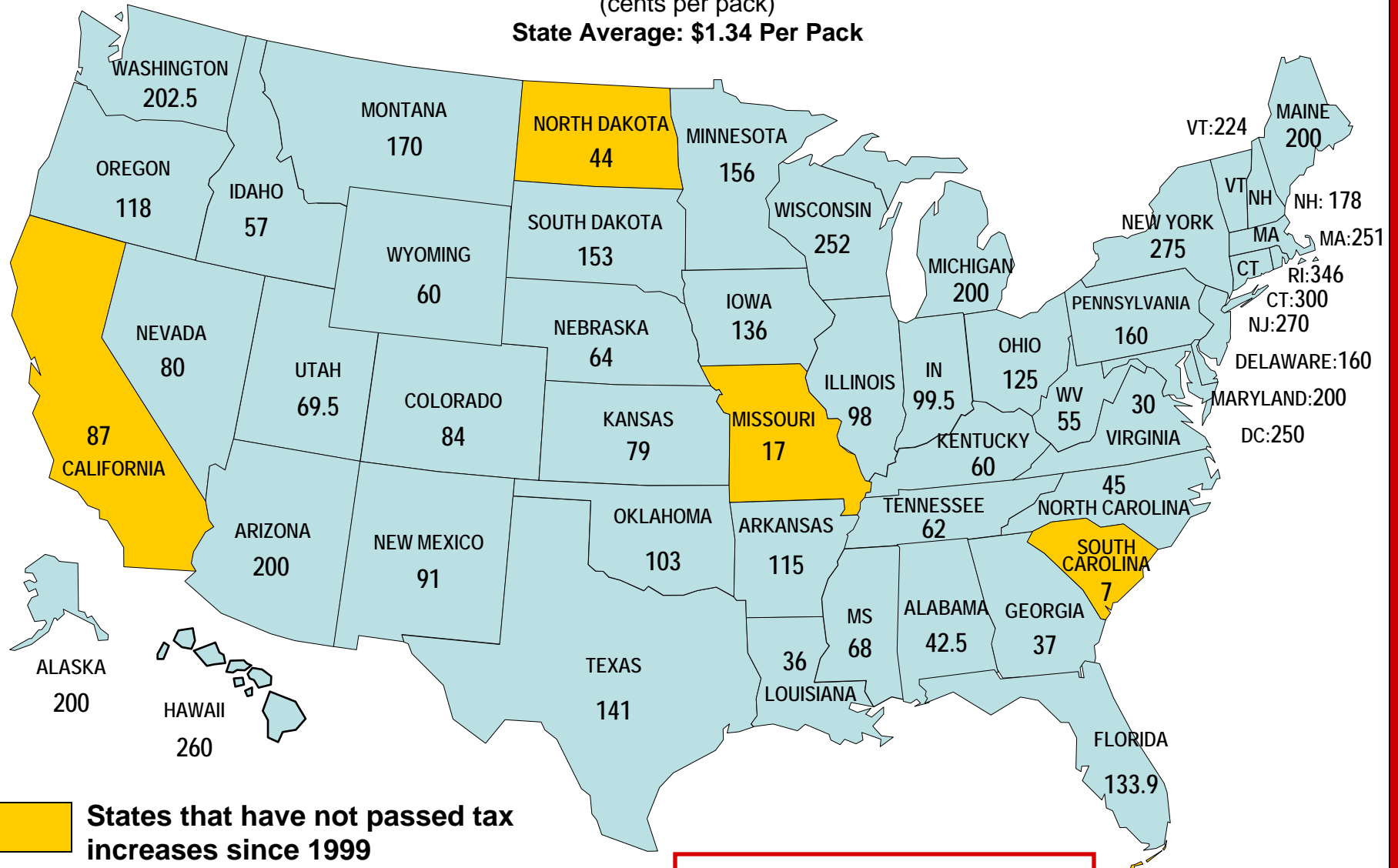
# Tobacco Taxes: How Far We've Come



	1996	2009
Federal Cigarette Tax	24¢ per pack	\$1.01 per pack
State Average Cigarette Tax	32.7¢ per pack	\$1.34 per pack
Lowest State Cigarette Tax	VA (2.5¢ per pack)	SC (7¢ per pack)
2 <sup>nd</sup> Lowest State Cigarette Tax	KY (3¢ per pack)	MO (17¢ per pack)
Highest State Cigarette Tax	WA (82.5¢ per pack)	RI (\$3.46 per pack)
Number of States with Cigarette Tax Rates > \$1.00 per pack	0	27 states and DC
Number of States with Cigarette Tax Rates > \$2.00 per pack	0	14 states and DC
Number of States without any tax on Other Tobacco Products	6 states and DC	1 state (PA)

# Cigarette Tax Rates, December 2009

(cents per pack)

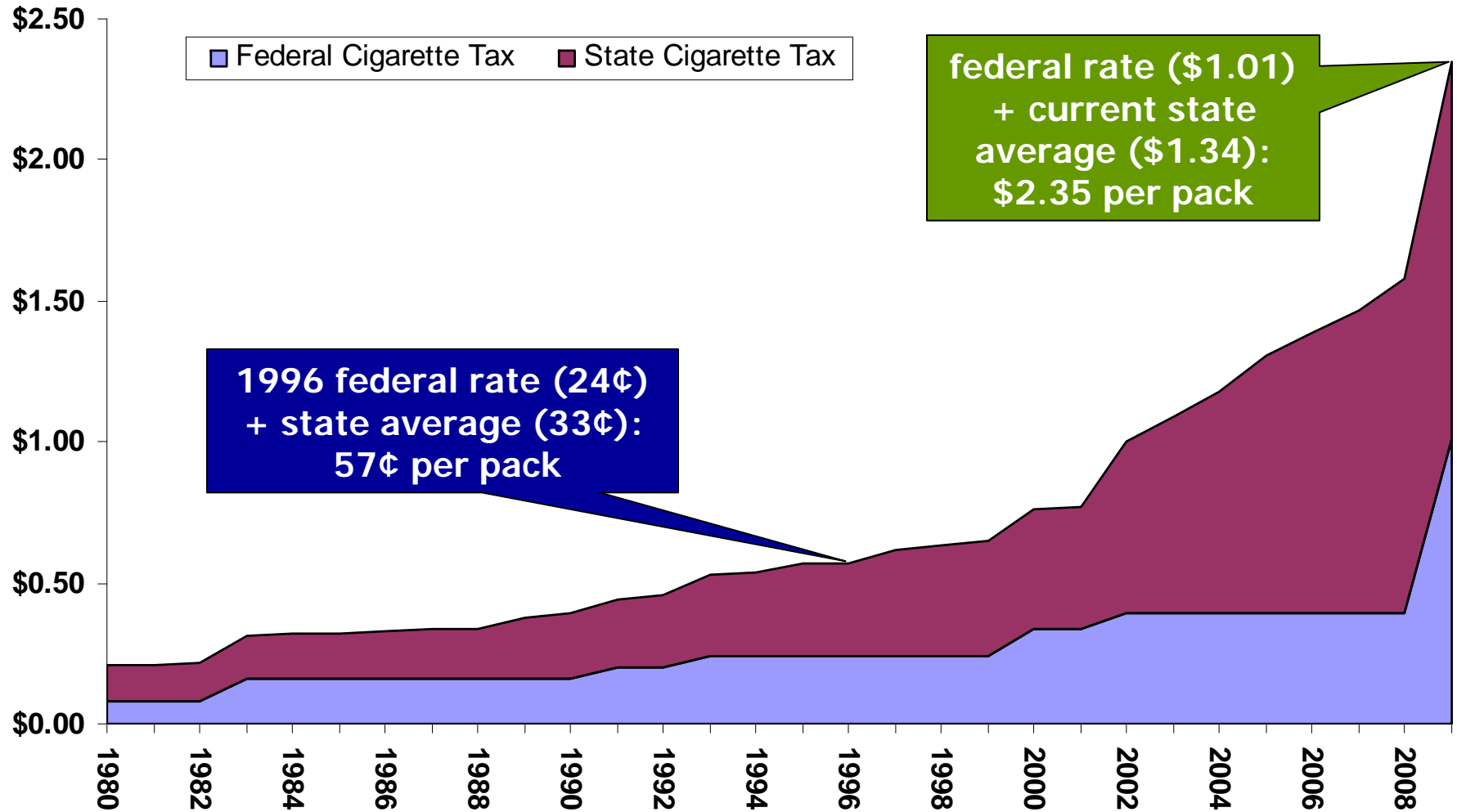
State Average: \$1.34 Per Pack



-  States that have not passed tax increases since 1999
-  States that have recently passed or implemented a cigarette tax increase (since 1999)

**State average in 1996:  
32.7 cents per pack**

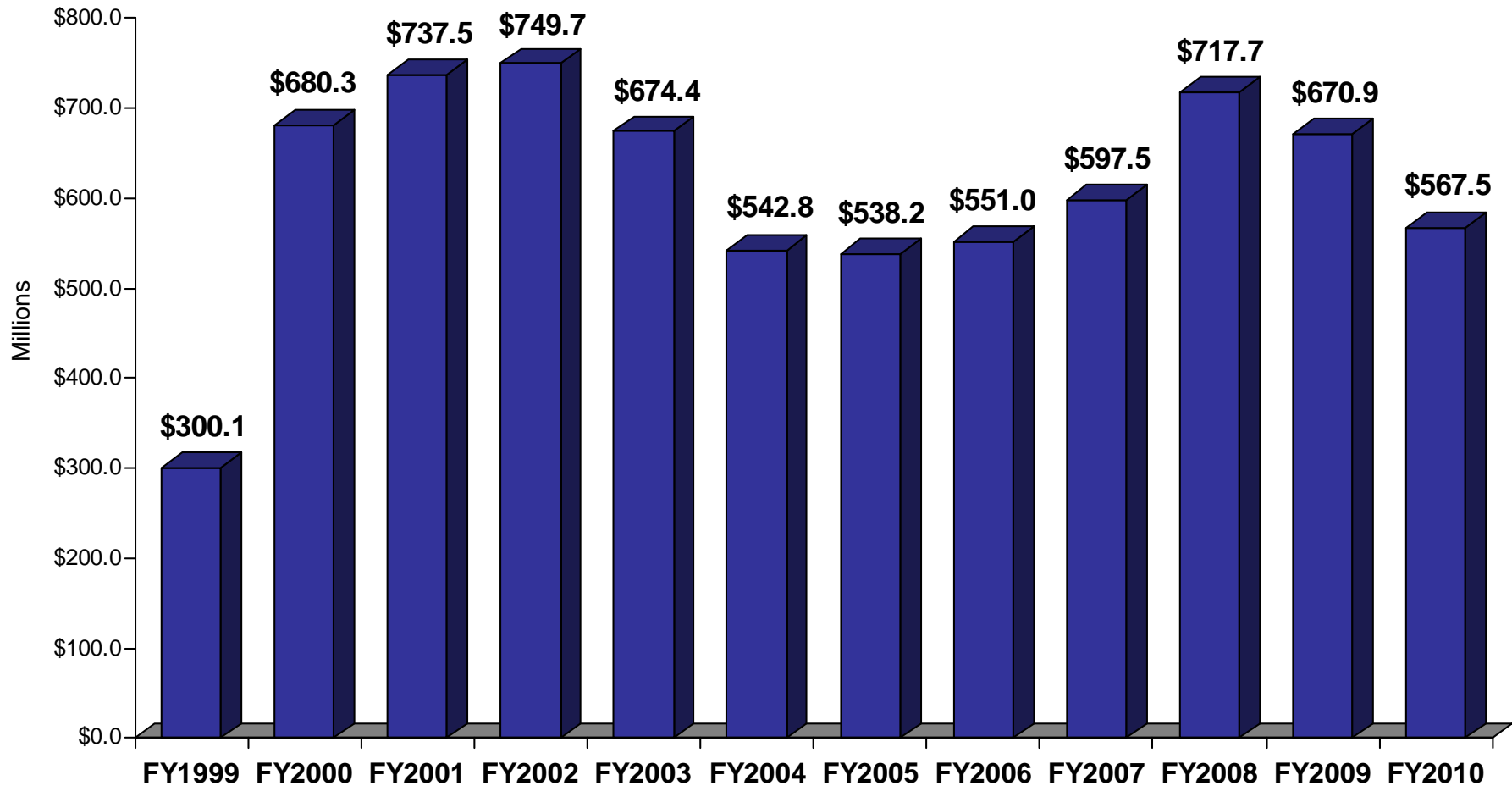
# Federal Cigarette Excise Tax + Average State Cigarette Tax



1996 federal rate (24¢)  
+ state average (33¢):  
57¢ per pack

federal rate (\$1.01)  
+ current state  
average (\$1.34):  
\$2.35 per pack

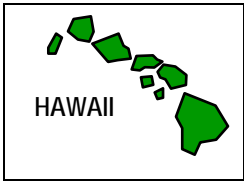
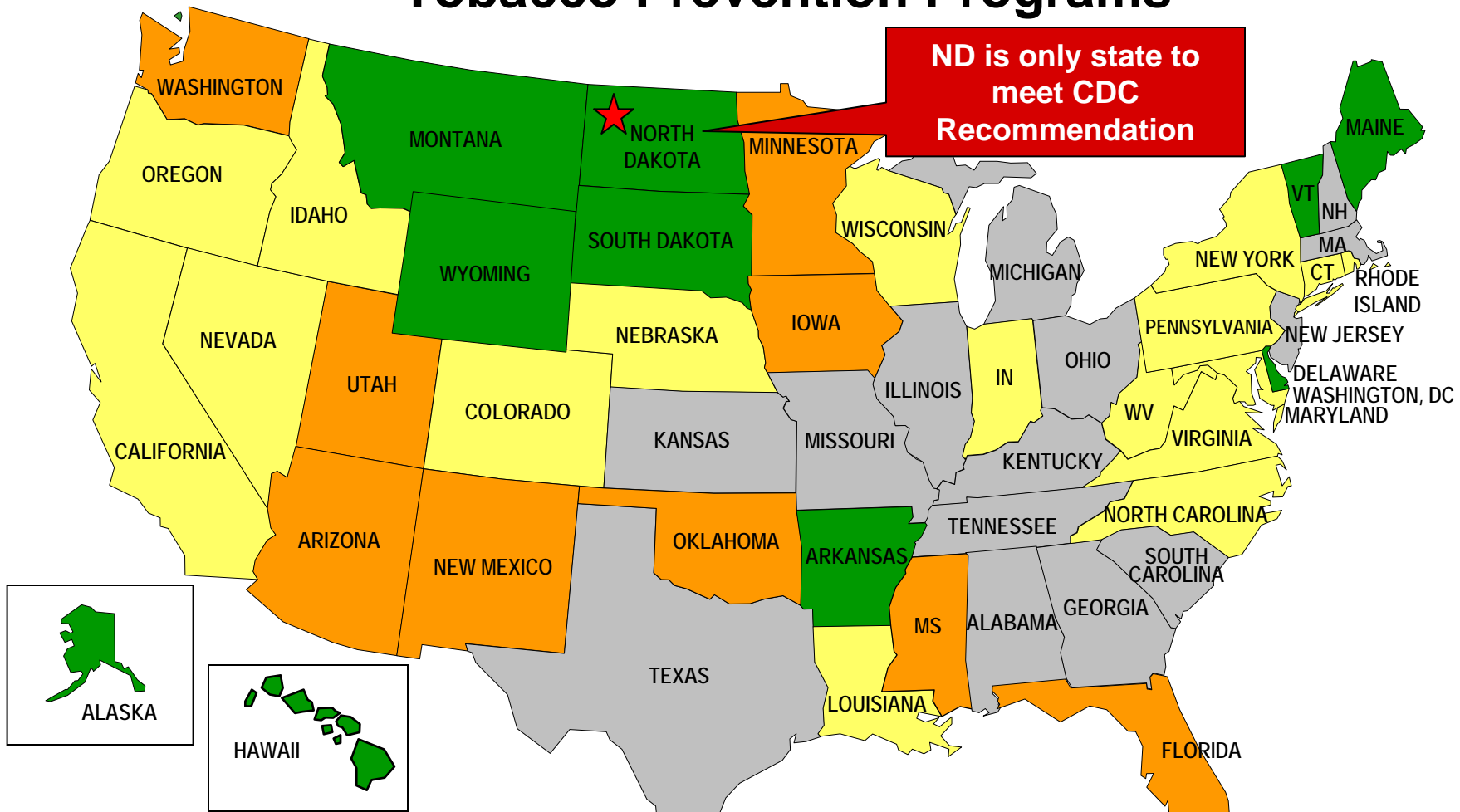
# State Tobacco Prevention Spending, FY1999 - FY2010







Only 3 states – AZ, CA and MA - spent any money on tobacco prevention prior to 1999. Settlement payments to states began in 1999. All states were receiving payments by 2001.

# FY2010 Funding for State Tobacco Prevention Programs

**ND is only state to meet CDC Recommendation**



-  States that are spending 50% or more of CDC recommendation on tobacco prevention programs.
-  States that are spending 25% - 49% of CDC recommendation on tobacco prevention programs.

-  States that are spending 10% - 24% of CDC recommendation on tobacco prevention programs.
-  States that are spending less than 10% of CDC recommendation on tobacco prevention programs.

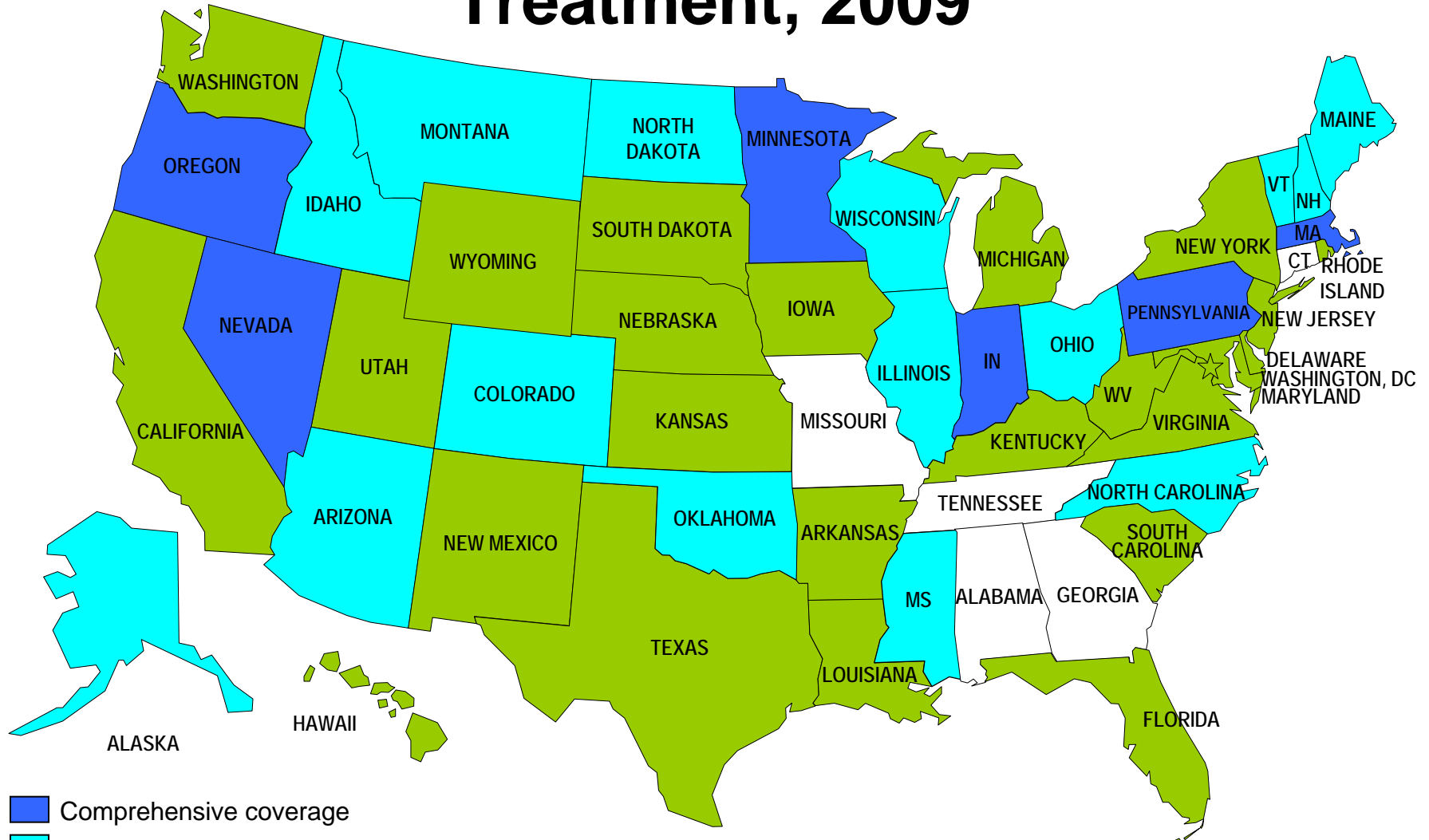






December 2009

# State Medicaid Coverage for Tobacco Cessation Treatment, 1996 vs. 2008

	1996	2008
Some FDA-Approved Medications and Counseling covered	1	31 and DC
Only Some FDA-Approved Medications covered	16 and DC	13
Only Some Counseling covered	1	2
No coverage	32	3

# State Medicaid Coverage for Cessation Treatment, 2009



-  Comprehensive coverage
-  Almost comprehensive coverage (7 of 9 treatments)
-  Inadequate coverage
-  No coverage

Source: American Lung Association



# MA: Declines in Smoking Prevalence with Medicaid Coverage

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Beginning in 2006, MA legislatively mandated a smoking cessation benefit for all Medicaid recipients that included access to all FDA-approved medications (in any combination, 90-day supply per treatment attempt, twice per year) and up to 16 face-to-face counseling sessions.

## Results:

- **26% drop in smoking prevalence**
- **Over 33,000 MassHealth smokers quit**
- **17% drop in the number of individuals visiting the ED with diagnoses of asthma**
- **38% drop in the number of individuals diagnosed with heart attacks**
- **17% drop in the number of individuals with specific pregnancy complications**

**FDA**

# An Unprecedented Opportunity for new Progress

- To Make fundamental changes
- To expand our scientific knowledge
- To apply science
- To link science to real world practice

## BUT TO ALSO REALIZE

1. Tobacco is scientific policy – But it must be also be sound political policy and sound social policy – To make a difference it must be implemented and survive.
2. FDA regulation is not a substitute for Evidence Based Prevention and cessation efforts



# FDA Regulation of Tobacco: Key Substantive Elements

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1. Require the Industry to provide **information** to the Gov't that allows Gov't to better inform consumers
2. Restrict **marketing** that appeals to kids, misleads adults, deceptively encourages tobacco use
3. Strengthen **restrictions on sales to youth**



# FDA Regulation of Tobacco: Key Substantive Elements

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4. **More Accurately Inform consumers**
  - A. Improved warning Labels
  - B. More accurate testing of tar, nicotine and other harmful substances
  - C. Standards to prohibit unsubstantiated health claims
5. Regulation of the **Contents of the Product** to protect consumers
6. Protect and Expand **State authority**



# Disclosures to FDA and the Public – Sec 904

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## Disclosures to FDA

- Requires tobacco companies to disclose to FDA anything they add (i.e., Ingredients) and chemicals found in both the product and the product's smoke whether added or occurring naturally (i.e., Constituents) – by brand and sub-brand and quantity – including nicotine.
- Requires disclosure of industry research and can require additional research
- Requires companies to notify FDA of changes to a product – See Section 910

## Health Information Disclosure to Public

- Right of FDA to disclose critical information to the public with the flexibility to insure that it is not misleading



# Limiting Marketing and Sales of Tobacco Products

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## Sec 906 and 102

- Imposes specific limits on industry marketing, sales, and promotions, including but not limited to marketing that appeals to young people
- Provides FDA the authority to issue new regulations further restricting tobacco marketing up to the limit of the Constitution
- Expands power of States: Permits States to Restrict Time, Place and Manner of tobacco marketing – By Amendment to FCLAA



## **Section 102 – Specific Advertising Restrictions Previously Adopted by FDA**

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- Ban remaining tobacco brand sponsorships of sports and entertainment events
- Ban free giveaways of any non-tobacco items with the purchase of a tobacco product or in exchange for coupons
- Ban the sale of cigarettes in packages that contain fewer than 20 cigarettes
- Subject to Review of First amendment issues, Ban outdoor tobacco advertising near schools and playgrounds



## Section 102 – Specific Advertising Restrictions Previously Adopted by FDA

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- Limit in-store point-of-sale tobacco advertising to black-and-white text only
- Limit advertising in publications with significant teen readership (more than 15 percent or 2 million) to black-and-white text only
- Restrict vending machines and self-service displays to adult-only facilities



## SEC. 906(d)

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*The Secretary may by regulation impose additional restrictions on the advertising and promotion of a tobacco product consistent with and to the full extent permitted by the First amendment to the Constitution if “appropriate for the protection of public health.”*



# Youth Access Restrictions

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- Reinstates the 1996 Youth Access rules – 1 year post enactment - Requirement that all retailers ask for a photo ID of anyone who appears to be under 27 years of age.
- Covers the United States and “Indian Tribes”
- To the extent feasible requires FDA to contract with the states to carry out the inspections of retailers
- Provides for civil penalties and no-sale orders
- States can still have their own penalty provisions



## **Review of Product Changes and New Products 905 - 910**

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- All products introduced or changed after February 15, 2007 must submit for review
- FDA can deny an application to market a “new” product based on “a lack of showing that permitting such a product to be marketed would be “appropriate for the protection of public health”
- No order by FDA is required for products the FDA has determined are “substantially equivalent”



# Meaningful Warning Labels

## Sec 201-205

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- Cigarettes - Replaces current small, hard to read warning labels with larger, more specific warning labels covering 50% of the top half of the front and back of each pack with graphics depicting the health consequences of tobacco use
- Smokeless - Replaces current small, hard to read warning labels with larger, more specific warning labels covering 30% of the top half of the front and back of each package
- FDA authority to revise the warning labels.

# Cigarette pack now

CAMPAIGN  
for  
TOBACCO-FREE  
Kids

FILTER CIGARETTES

Front



Back



# Cigarette pack under FDA Regulation



Front

Back





# Sec 915 – Product Testing

## Sec 206 – Replacing FTC Test Method

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- Authorized to promulgate regulations that require new testing in a manner to be set by FDA.
- The testing goes beyond tar and nicotine to include tobacco product constituents, ingredients, and additives, including smoke constituents.
- The regulations may require that tobacco product manufacturers disclose the results of the testing ... that the Secretary determines the disclosures will not mislead consumers about the risk of tobacco related disease.



# Prohibiting Unproven Health Claims Section 911

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- Prohibit claims until science is adequate to reach meaningful conclusions
- Does not prohibit introduction of potentially less hazardous products
- A rigorous scientific standard to avoid mistakes but that doesn't discourage scientific innovation
- Terms like Light and Low Tar are Banned as Misleading
- Permits FDA to allow comparisons between product categories, such as between cigarettes and smokeless tobacco
- Post-market surveillance



# Sec 911 – Modified Risk Tobacco Products

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## Health Claims

- When a Manufacturer represents that a tobacco product is less harmful than other tobacco products;

## What Must Be Shown

- The product, 1) as it is used by consumers, 2) will significantly reduce the risk of tobacco-related disease 3) to individual tobacco users; and 4) benefit the health of the population as a whole taking into account both users of tobacco products and persons who do not currently use tobacco products.



# REDUCED EXPOSURE CLAIMS

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## Basic Test

- scientific evidence is not available and, using the best available scientific methods, cannot be made available without conducting long-term epidemiological studies for an application to meet the standards set forth in paragraph (1); and
- the scientific evidence that is available without conducting long-term epidemiological studies demonstrates that a measurable and substantial reduction in morbidity or mortality among individual tobacco users is anticipated in subsequent studies.



# Reduced Exposure Claims

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## Additional Considerations

- the magnitude of the overall reductions in exposure ...is substantial, such substance or substances are harmful, and the product as actually used exposes consumers to the specified reduced level of the substance or substances;
- The product as actually used by consumers will not expose them to higher levels of other harmful substances ...;
- Testing of actual consumer perception shows that, as the applicant proposes to label and market the product, consumers will not be misled into believing that the product is or has been demonstrated to be less harmful



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# Projections

## **Public Health Benefits of Raising All State Cigarette Tax Rates to Match the Highest State Rate (RI at \$3.46 per pack)**

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- **Youth kept from becoming addicted adult smokers: 5.2 million**
- **Decline in youth smoking: 29.4%**
- **Adult smokers who would quit: 2.8 million (6.8% decline)**
- **People saved from premature death from tobacco: 2.4 million**
- **5-year savings from reducing smoking during pregnancy: \$1.1 billion**
- **5-year savings from reduced heart attacks and strokes: \$1.4 billion**

## **Youth-related benefits if all states increased their tobacco prevention funding to *half* of the CDC-recommended level**

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- **Youth prevented from becoming adult smokers: 1.27 million**
- **Kids saved from dying from smoking: 400,000**
- **Related lifetime healthcare cost savings: \$22.1 billion**

# **Cumulative benefits from reducing adult and youth smoking rates by one percentage point per year for **ten** years**

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- **Youth prevented from becoming addicted adult smokers: 7.4 million**
- **Fewer high school age smokers: 1.7 million**
- **Fewer adult smokers: 23.3 million**
- **Fewer smoking-affected births: 440,000**
- **People saved from premature death from tobacco: 8.5 million**
- **Lifetime healthcare savings: \$352 billion**