

This fact sheet summarizes the evaluation and recommendations regarding tobacco use prevention and control from the Task Force on Community Preventive Services (Task Force) in the Community Guide. The Community Guide addresses the effectiveness of community-based interventions for three strategies to reduce the burden of tobacco: 1) preventing tobacco product use initiation; 2) increasing cessation; and 3) reducing exposure to environmental tobacco smoke (ETS). State tobacco prevention and control programs have great potential to diminish the health and economic burdens of tobacco use by supporting evidence-based interventions to prevent tobacco use among youth, promote cessation among current tobacco users, and protect the public from the dangers of ETS.

State health agencies can foster collaboration at the federal, state, and local levels, and support the integration of tobacco use prevention and control into other programs.

Background Information

- Tobacco use is the number one cause of preventable death in the United States despite more than 40 years of tobacco prevention and control activities.
- Low-income Americans are more likely to smoke than individuals at or above the poverty line (32.9 percent compared with 22.2 percent, respectively). There are also disparities by level of education attained: smoking prevalence among adults who have earned a General Education Development (GED) degree is 42.3 percent, compared with 7.2 percent of individuals with a bachelor's degree or higher.
- Most adults who currently use tobacco products began as children or adolescents, highlighting the need to prevent youth initiation.
- Exposure to ETS causes approximately 3,000 lung cancer deaths annually. Among infants and children, ETS aggravates asthma and causes ear and lower respiratory tract infections.

Interventions recommended with strong evidence

- Smoking bans and restrictions
 - Review included 10 studies that measured the effect of smoking bans and restrictions on exposure to ETS.
 - Median reduction in ETS exposure in workplaces with smoking bans was 72 percent.
 - Smoking bans were more effective than smoking restrictions at reducing ETS exposure in workplaces.
- Increasing the price of tobacco products
 - Review included eight studies that measured the impact of increased tobacco product prices on the tobacco use behaviors of adolescents, young adults or both.
 - Median decrease in the number of adolescents who use tobacco was 3.7 percent following a 10 percent increase in the price of tobacco products.
 - Increasing the price of tobacco products was effective at reducing both the overall prevalence of tobacco use and the amount consumed.
- Mass media campaigns when combined with other interventions
 - Review included 15 studies that evaluated either youth-focused mass media campaigns or campaigns which targeted youth within a larger anti-tobacco mass media effort.
 - Median decrease in tobacco use initiation in youth exposed to mass media campaigns was eight percentage points.
 - Studies evaluating the impact of mass media campaigns on statewide tobacco consumption found a median decrease of 15 packs per capita per year.
- Provider reminders with provider education
 - Review included 20 studies that evaluated healthcare systems interventions to encourage provider efforts to advise patients on tobacco use cessation.
 - Median absolute percentage increase in the number of patients who received provider advice on cessation was 20 points; the median absolute percentage increase in the number of patients who quit was 4.7 points.
- Patient telephone support (quitlines) when combined with other interventions

- Review included 32 studies that compared quit rates in smokers who received telephone counseling versus those that did not after a median follow-up period of 12 months.
- Median improvement in quit rates among smokers who used telephone support when compared with smokers who did not was 41 percent.
- When combined with other interventions such as medical therapies, telephone quitlines were found effective in helping smokers quit in both community and clinical settings.

Interventions recommended with sufficient evidence

- Provider reminder systems alone
 - Review included 7 studies that evaluated techniques for prompting providers of patients who use tobacco products and to discuss the importance of quitting.
 - In provider reminder programs with assessments that extended from 2 to 24 months, there was a 13% increase in the number of providers delivering advice to quit.
 - Providers can receive reminders in the form of stickers on patient charts, vital sign stamps, medical record flow sheets, checklists, and by computer.
- Reducing patient out-of-pocket costs for tobacco use and dependence treatments
 - Review included 5 studies that evaluated the impact of reduced out-of-pocket costs for tobacco use and dependence treatments on treatment use by patients and cessation rates.
 - Median increase in the number of adults who used pharmacologic cessation therapies was seven percent; median increase in the number of adults who successfully quit was eight percent.
 - Reducing out-of-pocket patient costs for tobacco use and dependence treatments was effective regardless of clinical setting or geographic location.

Interventions with insufficient evidence to determine effectiveness

- Community education to reduce home exposure to ETS
- Smoking cessation broadcast series
- Community-wide smoking cessation contests
- Provider education systems alone
- Provider feedback systems

Resources

- The Guide to Community Preventive Services: www.thecommunityguide.org
- ASTHO Tobacco Prevention and Control Project: http://www.astho.org/index.php?template=state_tobacco.html
- Centers for Disease Control and Prevention's Office on Smoking and Health: <http://www.cdc.gov/tobacco/>
- The Campaign for Tobacco-Free Kids: <http://www.tobaccofreekids.org/>
- The Tobacco Technical Assistance Consortium: <http://www.cdc.gov/tobacco/>
- The Center for Tobacco Cessation: <http://www.cdc.gov/tobacco/>
- Americans for Nonsmokers Rights: <http://www.no-smoke.org/>
- Cancer Control Planet: <http://cancercontrolplanet.cancer.gov/index.html>

This fact sheet has been made possible by a cooperative agreement with CDC's National Center on Chronic Disease Prevention and Health Promotion (Award No. U58/CCU324349-01). ASTHO is grateful for this support.