

REPORT BRIEF • MAY 2007

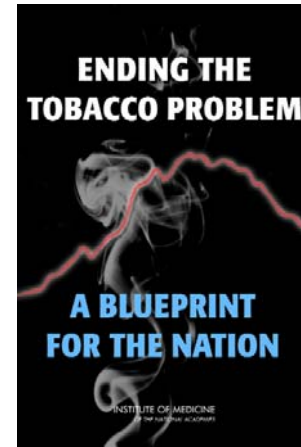
THE ROLE OF THE HEALTH CARE INDUSTRY IN REDUCING TOBACCO USE

For years doctors and other members of the health care community have worked to decrease the rate of smoking in the United States, and their efforts—in conjunction with those of the Congress, various federal agencies, and state and local governments—have paid off handsomely. Since 1964, when the first Surgeon General’s report on smoking and health was released, the rate of smoking among U.S. adults has dropped by 58 percent. Millions of men and women have been saved from developing lung cancer, heart disease, and other smoking-related maladies, millions of premature deaths have been avoided, and countless billions of dollars in health care costs have been saved. It is one of the most impressive public health success stories of our era.

Much remains to be done, however. Not only are many people continuing to smoke and still others just starting, but statistics indicate that the decline in the rate of smoking in the United States is leveling off—a situation suggesting that the current set of antismoking strategies may be reaching the limit of its effectiveness and that something new may be needed.

Given this situation, in 2004 the American Legacy Foundation asked the Institute of Medicine (IOM) to conduct a major study of tobacco policy in the United States with a particular focus on the most effective approaches to cutting the rate of smoking even further. The resulting study, *Ending the Tobacco Problem: A Blueprint for the Nation*, lays out a long-term blueprint for the nation to use in the fight against smoking. This report brief describes the role that the blueprint lays out for the health care industry; complementary briefs cover the roles that are to be played by the federal government and by the state and local governments.

As envisioned by the IOM committee, the nation’s next steps against smoking should take place using a two-pronged strategy stretching over the next twenty years. In the first prong, the health care industry—in parallel with the federal government and state and local governments—would strengthen and extend those existing policies that have already proved effective. But ramping up these measures is not likely to be enough, the committee warns, in large part because of how deeply entrenched smoking is in our society. Thus a second prong will be necessary in which a set of new and paradigm-challenging initiatives are put into play.



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STRENGTHENING TRADITIONAL MEASURES

One of the most effective antismoking strategies to date has been the imposition of various smoking restrictions which has done more to reduce smoking than any other approach other than raising taxes on cigarettes. Smoking restrictions not only protect nonsmokers from the smells and the health effects of secondhand smoke, but they also they help smokers quit or cut down on their smoking, and they support and reinforce a nonsmoking social norm. Thus the report calls on all health care facilities, including not just hospitals and doctor's offices but also nursing homes, psychiatric hospitals, and medical units in correctional facilities, to meet or exceed the Joint Commission on Accreditation of Healthcare Organizations' standards on banning smoking in all indoor areas.

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One of the main priorities of the antismoking campaign, the committee says, should be to stop youths from starting to smoke. To date, most of the formal anti-smoking programs aimed at youth have been carried out in schools, where they has been some success, but the number of teenagers starting to smoke remains high, and the committee concludes that the health care community needs to play a larger role in convincing youths to stay away from cigarettes. One specific suggestion is that physicians, dentists, and other health care providers should screen and educate youth about tobacco use at their annual health care visits. If a young person is smoking, his or her physician should refer the youth to counseling or to one of the smoking-cessation programs available in the community. In addition, doctors and other health care professionals should speak to parents about how best to prevent their children from smoking. They should urge the parents to keep a smoke-free home, to let their children know that they expect them not to use tobacco, and to monitor their children for tobacco use.

Of the estimated 44.5 million people in the United States who are already smokers, about half will die prematurely from a tobacco-related disease if they keep smoking. Although a number of interventions have been shown to be successful in helping people to quit, only a small percentage of smokers actually use these interventions, so it is important to let smokers know that safe, effective, and affordable cessation programs—including medications—are available. Noting that the health care setting is an ideal venue in which to screen people for smoking and to help them find ways to quit, the report outlines several recommendations.

First, state tobacco-control agencies should work with health care partners, using mass-media and other public-education campaigns, to increase the demand for smoking-cessation programs. Second, public and private health care systems should get ready to meet this demand by organizing their own cessation programs using methods that have been proven successful. And third, all insurance, managed-care, and employee benefit plans, including Medicaid and Medicare, should provide reimbursement for effective tobacco smoking-cessation programs. Even people who are motivated to quit will not sign up for a cessation program that they can't afford.

A LARGER FEDERAL ROLE

The second prong of the nation's antismoking campaign as envisioned by the committee will be carried out mainly by the federal government with some assistance from state and local bodies. It will be mainly a governmental undertaking because it will require new sets of laws, new sets of governmental powers, and a new attitude toward controlling the use of tobacco.

The committee recommends, for example, that Congress give the Food and Drug Administration (FDA) broad regulatory authority over the manufacture, distribution, marketing, and use of cigarettes and tobacco products, putting them on the same level as other addictive products, such as narcotic painkillers. The committee also calls on Congress and the state legislatures to pass laws regulating the retail points of sale for tobacco products. Point-of-sale advertising would be banned, prominent warnings about the dangers of smoking would be mandated in all outlets that sell tobacco products, and purchasing cigarettes and other tobacco products would be made much less convenient—for instance, by dramatically limiting the number of places that are allowed to sell them. Beyond that, Congress should dramatically revamp the warning labels on cigarettes, replacing the current ones with colorful and graphic warnings covering at least half of the package, similar to what is already used in Canada, and all cigarette advertising should be limited to black-and-white, text-only ads. And, the report suggests, Congress should loosen the reins on state governments, giving them the legal right to pass their own restrictions on cigarette marketing and distribution that go beyond what Congress has mandated.

In short, the committee envisions creating a radically different legal and social environment for tobacco use, one that goes much further in discouraging people from smoking than what exists today—and one that should lead to a continuing decline in the number of smokers in our society. But ultimately, since the decision to smoke or not smoke is an individual one, regulatory approaches will never be more than just part of the solution, and the health care industry will always have an important role to play as well.

Doctors and other health care providers should continue their campaign to get people to stop smoking or, if they don't smoke, not to start—one patient at a time—until smoking has been extinguished as a public health hazard.

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FOR MORE INFORMATION...

Copies of *Ending the Tobacco Problem: A Blueprint for the Nation*, are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, <http://www.nap.edu>. The full text of this report is available at <http://www.nap.edu>.

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COMMITTEE ON REDUCING TOBACCO USE: STRATEGIES, BARRIERS, AND CONSEQUENCES

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