

A CUP OF HEALTH WITH CDC Smokers: It's Never too Late to Quit

State-Specific Prevalence of Cigarette Smoking Among Adults and Quitting Among Persons Aged 18–35 Years — United States, 2006 Recorded: September 26, 2007; posted: September 28, 2007

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Matthew Reynolds] Welcome to *A Cup of Health with CDC*, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds. Annually in the U.S., smoking causes 438 thousand deaths and costs about 167 billion dollars in healthcare and lost productivity. Despite these statistics, younger smokers continue to light up. Dr. Corinne Husten, from CDC's Office on Smoking and Health, is one of the authors of a recent study that looked at the smoking prevalence of young adults between 18 and 35. Dr. Husten, welcome to the show.

[Dr. Husten] Thank you.

[Matthew Reynolds] Dr. Husten, many of us have heard that smoking is one of the worst things someone can do for their health. Put this in perspective for us. How many years of life does the average smoker lose?

[Dr. Husten] Smoking kills half of its long term users and half of these die in middle age. So because of this, smokers die, on average, 14 years earlier than non-smokers. Unfortunately, despite the shorter lifespan, smokers also have 1-2 more years of disability than non-smokers.

[Matthew Reynolds] Some smokers believe that they've been smoking for so long that the health benefits of quitting wouldn't amount to much. In other words, they've reached a "point of no return." But you say otherwise.

[Dr. Husten] Absolutely. The good news is that it's never too late to quit smoking. Even elderly smokers gain significant benefits from quitting. But it's critically important for smokers to understand that they must quit as early in life as possible if they're really to avoid most of the adverse health effects. In this case, procrastination is deadly.

[Matthew Reynolds] In your study, you found that Kentucky has the highest rate of smoking in the country - almost three times the rate of Utah's, which is the lowest at just under a tenth of their population. Why are there so many more smokers in Kentucky and how was Utah successful in reducing the number of people who smoke?

[Dr. Husten] Well, Kentucky is a tobacco-producing state, so, historically, the culture has supported smoking as a normative behavior. Where in Utah, on the other hand, there are really strong social norms against smoking and those social norms have been in place for years. Utah also has a higher cigarette tax and stronger smoke-free policies.

[Matthew Reynolds] With more than a quarter of young adults between the ages of 18 and 35 currently smoking, what's being done to help them quit?

[Dr. Husten] Well, we have a variety of interventions that have been shown to help people quit. Some of these include higher prices on tobacco products, media campaigns that can give people motivation to make a quit attempt or tell them how to get assistance, insurance coverage so that cost isn't a barrier for getting treatment, smoke-free policies, telephone quit lines, and the good news is, we now also have 7 FDA-approved medications that can double or triple people's chances of being successful.

[Matthew Reynolds] Continuing along that same line, how do you prevent people from starting in the first place?

[Dr. Husten] Well, obviously, it's critically important that kids never start, but there are interventions that can help make sure that that will happen. Some of them are the same as what helps people quit – higher prices on tobacco products; strong, edgy media campaigns; smoke-free policies; community action to make sure that kids can't buy tobacco - and if we combine all those with strong parental messages and the parents not smoking, we really have a good chance of helping kids never to start.

[Matthew Reynolds] You've mentioned so many of the campaigns and the messages that are out there that communicate the dangers and risks of smoking, so why is it that anybody starts smoking to begin with?

[Dr. Husten] Well, children, really, and adolescents, underestimate the addictiveness of tobacco products. So, they may want to experiment or try something and they assume they'll be able to quit whenever they want, but we're learning that they become addicted a lot sooner than we ever thought was possible before, and so they experiment, they get addicted, they try to quit, and then they can't. Many times then, they spend the rest of their life trying to quit. Adolescents also have a sense of invincibility and so they assume that the health effects will never happen to them.

[Matthew Reynolds] They're underestimating the addictive power of nicotine.

[Dr. Husten] They're underestimating the addictive power of nicotine and they underestimate how deadly cigarettes are.

[Matthew Reynolds] Judging by the advertisements for medications that help smokers quit, there seem to be a lot of them on the market. You found that more than half of young adult smokers tried to quit last year, and yet less than one fourth of them used medication. Why is that?

[Dr. Husten] Well, there're several reasons. Tobacco users oftentimes don't use treatment because of the cost and it is not well covered under insurance, so a lot of times they have to bear that cost themselves. They often have misperceptions about the

medications. They also think of tobacco use as a lifestyle choice and that they ought to just be able to quit with willpower, again, not really understanding that this is a powerful, deadly addiction that they really need to use all the treatments available to maximize their chances of quitting. And again, although tobacco users understand that cigarettes are harmful, they really underestimate just how deadly they are.

[Matthew Reynolds] Doctor Husten, thank you for sharing this information with our listeners.

[Dr. Husten] Well, thank you for inviting me to be here.

[Matthew Reynolds] That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for A cup of Health with CDC.

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