

CDC Vital Signs Press Conference

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

[Operator] Good afternoon, everyone. Thank you all for standing by and welcome to today's CDC media conference call. All lines are on listen-only for today's conference. All lines are muted for today's conference during the question-answer portion. Please press star 1. Be sure to record your name and affiliation at the prompt to ask your question. This conference is being recorded. If you have any objections, you may disconnect at this time. I will now turn the call over to Mr. Glen Nowak. Sir, you may proceed.

[Glen Nowak] Thank you. And thank you all for calling in and joining us for the CDC press conference on the third issue of *Vital Signs*. Today's issue focuses on adult smoking prevalence and exposure to secondhand smoke. We are going to have a briefing with Dr. Thomas Frieden, Director of the Centers for Disease Control and Prevention. Also available and on hand, should we have specific questions about some of our efforts in our smoking program, we have Dr. Terry Pechacek. But for now, I'll turn the podium over to Dr. Thomas Frieden for brief opening remarks and then we'll open the floor for questions from the media. Dr. Frieden?

[Dr. Thomas Frieden] Welcome. This is our third release of CDC's *Vital Signs*. In July, we released information on cancer screening, in August, on obesity, and today, on tobacco use in the United States. Today and every day this year, more than 1,000 people will be killed by smoking. That's a statistic, but as a physician, I think about the patients I cared for gasping for every breath with emphysema; about the families who I tell that their husband or wife had died from a heart attack; about the people with strokes who couldn't continue working. As a public health doctor, I think about the 200 billion dollars we spend each year on tobacco use and I also think about the more than 1,000 babies who die each year because of the effects of maternal smoking.

Starting in 1964, this country experienced 40 years of steady declines in tobacco use. Today, we have bad news and good news. First, the bad news. That 40-year decline in tobacco use in the United States has stalled. Between 2005 and 2009, there was no further reduction in tobacco use. What's more, despite progress, nearly 90 million American non-smokers are exposed to toxic chemicals in tobacco smoke. Furthermore, most of our children are exposed to toxic chemicals in tobacco smoke, and of the children who live with a smoker, virtually all, 98 percent, are exposed to toxic chemicals. If you smoke and have kids, don't kid yourself. Your smoking is harming your children, and the fact that *you* smoke makes it twice as likely that they will smoke.

But there's also good news. Tobacco use can be reduced. Tobacco control measures work. Places that implement tobacco control programs get dramatic results. Washington state, for example, has decreased their smoking rate to less than 15 percent. In California, smoking is less than 13 percent. In Rhode Island, it's down to 15 percent. In Massachusetts, it's at 15 percent. Places like New Mexico, which have implemented new programs, have decreased their

smoking rates from 19 to 17 or 18 percent, and places that have long standing tobacco control programs, like Maine and California and Colorado, have seen those numbers continue to decline.

So in some ways, this is a paradox. Tobacco control has strong bipartisan support. Even most smokers want to quit. And more than in just about any other area of public health, we know what to do. In fact, in 2010, we know better than ever what works to reduce tobacco use. And yet, if tobacco control is so widely accepted as something necessary to save lives and money, and if we know more today than ever before, and if most smokers want to quit, why has the decline stalled? I'll get back to that after giving a little bit more of the data that you have in your packets.

One in five American adults -- 46.6 million people -- smoke cigarettes, and there's been no progress in reducing that number for the past five years. As many people know, of course, smoking causes lung cancer, but it's not only lung cancer. It's cancer of the mouth, of the stomach, of the pancreas, of the colon, and it's not only that kind of cancer, but leukemia, as well. And it's not only cancers. It's also chronic diseases -- heart disease, stroke, blindness. So, there is a tremendous amount of harm that's being done by tobacco, but not only tobacco for the individual who smokes, but also secondhand smoke kills. Secondhand smoke causes heart disease and cancer in non-smokers; it increases the risk of sudden infant death syndrome, as well as low birth weight. And we know that certain groups are disproportionately affected. So, African-Americans are more likely to be exposed to secondhand smoke. We know that people of lower educational attainment are much more likely to smoke. More than a quarter of people who don't have a high school diploma smoke, compared to less than six percent of people with a graduate diploma. That gives us the information that can be useful to target our efforts to the groups that need the most assistance to quit and for which we have to ensure that our advertising targets.

Smoke-free laws have spread in recent years, but still, four out of 10 adults are exposed to cigarette smoke; most of our children are exposed to cigarette smoke, and as I said earlier, 98 percent of children who live with a smoker have detectable levels of tobacco toxins in their blood.

While tobacco control is widely accepted as important, most smokers want to quit, and we know what to do about it, so why has the decline stalled? The answer really is quite simple. The tobacco industry, combined with the failure of governments and communities, to do what we know to reduce tobacco use. The industry has gotten even better at side-stepping laws designed to get people to stop smoking. They ensure that every cigarette they sell delivers nicotine quickly and efficiently to keep people addicted. The industry uses targeted price discounts which are essentially loss leaders to get kids to start smoking. They have begun new products and new ways of promoting products, including flavored orbs and lozenges that appeal to kids, getting around the ban on flavored cigarettes. And despite being found by a federal judge to be guilty of racketeering and deception in trying to convince -- successfully convincing -- smokers that light and low-tar cigarettes are less harmful and being forced to take those terms off the pack, they continue to deceive smokers with color coding and other subtle and not-so-subtle ways of sending the message that some cigarettes are less deadly than others, when, in

fact, all cigarettes kill equally, and we know that light and low-tar cigarettes are no less likely to kill you.

Government is also not doing what it needs to reduce smoking. Comprehensive, evidence-based programs are not being widely implemented. Last year, states took in about 25 billion dollars from tobacco taxes in a master settlement agreement but spent only about 700 million dollars, about three cents on every dollar. By 2015, if all states funded tobacco control at the CDC-recommended level, about 15 cents on the dollar of tobacco revenues, there would be an estimated five million fewer smokers in this country, and that would prevent at least a million deaths in the future. Meanwhile, the tobacco industry spent more than 12 billion dollars on marketing and promotion. But while government efforts are often standing still or even moving backward, the tobacco industry is not standing still. With tobacco control programs run effectively, we can see the results that many states in this country and many governments abroad are seeing. We've seen Australia and New Zealand drive tobacco use rates down below our national rates. Even a country like Uruguay, which started with a very high rate of smoking, by implementing effective policies, was able to drastically reduce tobacco use rates, and that's probably why Philip Morris has sued the government of Uruguay to try to block some of their very effective interventions.

We hope this report is a wake-up call to the continuing threat that tobacco use causes, and we know still that tobacco kills more Americans than any other preventable cause of death. There's a lot more that we can do to reduce tobacco use. If the decline in youth smoking, which has also slowed down, had continued at previous rates, there would be millions of fewer kids smoking today. We need to restart the decline in tobacco use. Failure to do so is a tragedy. I'll be happy to take questions now.

[Operator] Thank you. At this time, if you would like to ask a question, we ask that you press star 1 on your touch-tone phone. Please record your name and affiliation to ask your question. Please stand by for questions. We have a question from Alice Park with Time magazine.

[Alice Park] Yes, Dr. Frieden, I was wondering if you could address the secondhand smoke report. It seems that with the effectiveness of public health programs and awareness of the dangers of smoking that much of the exposure, particularly for young children, is occurring in the home, and it seems to be the bulk of cigarette use here, at least in the United States. What additional efforts will be needed to address smoking in this area, where it seems like privacy should really provide a much bigger challenge than perhaps the public area?

[Dr. Thomas Frieden] First and foremost, we need to help smokers quit. Most smokers want to quit. Most smokers don't want their kids to smoke, and they certainly don't want to be exposing their kids to tobacco toxins. But we recognize that many smokers can't quit or can't quit now. We ask them to make their homes smoke-free. But what's so striking about the data we're releasing today is that virtually no kids who live with smokers -- only one to two percent -- actually are smoke-free when we tested their blood for toxins caused by tobacco smoke. So, I think, really, there's no alternative to quitting. We do ask people to expose their families less, and it's better to reduce exposure than not. But ultimately, this is a clarion call that there's no

time like the present to quit. Most Americans who have ever smoked have already quit, and people who are still smoking can quit. Next question?

[Operator] Thank you. Our next question comes from Mike Stobbe with the Associated Press. Your line is open.

[Mike Stobbe] Hi. Thank you for taking the question. Actually, two. First, doctor, I just want to make sure I understand how to interpret that 98 percent figure. Is that telling us that in homes where there is a smoker that the volume of smoking has not been decreasing, despite increased taxes or indoor smoking ordinances? And my second question has to do with the cotinine levels. You said these are detectable levels. Does that mean that those are harmful levels?

[Dr. Thomas Frieden] So, the first question, this is about kids who are exposed in their homes, and what it reminds us is that there really is no ventilation solution to smoke-free. You have to go smoke-free, whether it's in a business or in a home. Smoke-free means no smoking anywhere. Smoke has a way of infiltrating, it has a way of exposing people even before you can smell it, it is in your body and it is causing harm. In terms of what harms are caused at what levels, that's a matter of some scientific debate and discussion, but we know that any smoke can be hazardous. In fact, rigorous studies show that even just a few cigarettes a day can increase an adult's risk of heart attack by up to 60 percent, just three to five cigarettes a day. So, even these low levels of tobacco exposure can be quite harmful. Next question, please.

[Operator] Before we take our next question, I would just like to remind parties to please press star 1 and record your name and affiliation if you would like to ask a question. Our next question's from Katherine Hobson with the Wall Street Journal. Your line is open.

[Katherine Hobson] Thanks. This is a bit of a follow-up on the last question. Can you provide an example of what kind of exposure we're talking about for a child who has cotinine levels at that minimally detected level? I mean, is that equivalent of being around an adult smoker for a certain number of hours, or can you put that in perspective?

[Dr. Thomas Frieden] We could get back to you with more details on that. It depends partly on how different people metabolize tobacco smoke. What we know is that the difference between people who live with a smoker and people who don't is quite dramatic. If you live with a smoker, you end up with tobacco toxins in your body. Now, the good news is that when this study began decades ago, there was an even higher rate of tobacco exposure in the population. Among non-smokers, about 60 percent of men used to have detectible levels of tobacco smoke, or cotinine, in their body. That's down to about 40 percent now, but it's still 40 percent too high. Secondhand smoke kills, and as was documented in the surgeon general's report from a few years ago, there's no safe level of exposure to secondhand smoke.

[Katherine Hobson] Thanks.

[Dr. Thomas Frieden] Thank you. Next question?

[Operator] Our next question is from Brian Hartman with ABC News. Your line is open.

[Brian Hartman] Yeah, hi. Thanks, doctor. Can you tell me what impact you think the recession has had on state and local funding, tobacco mitigation efforts?

[Dr. Thomas Frieden] Unfortunately, we are seeing big cuts in tobacco control programs throughout the country, and this is a major risk, especially at a time when our rate of decline has faltered. So, there are states that have significantly reduced their tobacco control efforts. There are others that have continued their tobacco control efforts. And of course, in the past year, more than a dozen states have increased the tobacco tax. In some cases, advocates have pushed for part of that tax being set aside for tobacco control measures, and that has generally been a popular position to take. That's something that many groups think that if it were to happen more would put tobacco control on a more stable footing and we would be less likely to see this kind of a stall in something that's so important to life and health in this country. Thank you. Next question?

[Operator] Our next question's from Christine Moyer with American Medical News. Your line is open.

[Christine Moyer] Hi, doctor. Can you offer some suggestions on what physicians and other health professionals can do to prevent tobacco use?

[Dr. Thomas Frieden] There's a lot that doctors can do. Doctors can ask every patient if they smoke and they can advise every patient who does to quit and quit today, or if not today, to set a date when they can quit. They should also note what services are available in their community to help smokers quit, refer people to quit lines. With the Affordable Care Act, tobacco cessation medications will be free of charge, so it should be easier for people to quit smoking in the future. And this is something that we want to see expanded. Doctors can also be active members of their communities, be engaged with tobacco control issues more broadly and be spokespeople for tobacco control. Next question?

[Operator] Comes from Brenda Wilson with NPR. Your line is open.

[Brenda Wilson] Thank you. Do you know whether there is sort of like a major national campaign? I suppose you don't quite hear about it at the national level. You mentioned what states can do, but maybe, you know, any concerted federal effort?

[Dr. Thomas Frieden] At the national level, the Food and Drug Administration has new authority to regulate tobacco. And in the coming months and years, we'll see additional measures taken. Already we've seen important steps taken -- eliminating, for example, flavored cigarettes from the markets, eliminating the sale of single or loose cigarettes. The FDA legislation enables further action on the regulatory front. At CDC, we've funded a dozen communities in every state to strengthen tobacco control interventions, and we're hopeful that with the prevention and public health fund, which is authorized in the Affordable Care Act and appropriated in the Affordable Care Act, and which will be authorized by congress in fiscal '11, we are hoping to see significant resources for tobacco control. Next question.

[Brenda Wilson] Thank you.

[Dr. Thomas Frieden] Thank you. Next question?

[Operator] I'd just like to remind parties to please press star 1 and record your name and affiliation at this time.

[Dr. Thomas Frieden] If we have no more questions, thank you very much for joining us. We're very optimistic that we can see significant progress in reducing tobacco use because we know that that's what's happened in the communities that have done the right thing, and we can resume and restart the decline in tobacco use in this country. Thank you very much.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.