

# “ENOUGH IS ENOUGH”

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National Plans  
Texas Tobacco Summit  
June 26-27, 2014



# Accelerating the National Movement to Reduce Tobacco

The Health Consequences  
of Smoking—50 Years of Progress

A Report of the Surgeon General



U.S. Department of Health and Human Services

**GOAL:**

**Reduce the smoking rate to less than 10% for youth and adults in 10 years**

**HOW?**

**Pedal to the metal with proven strategies**

**Promising “End game” approaches**

# #1: High Impact National Media Campaigns

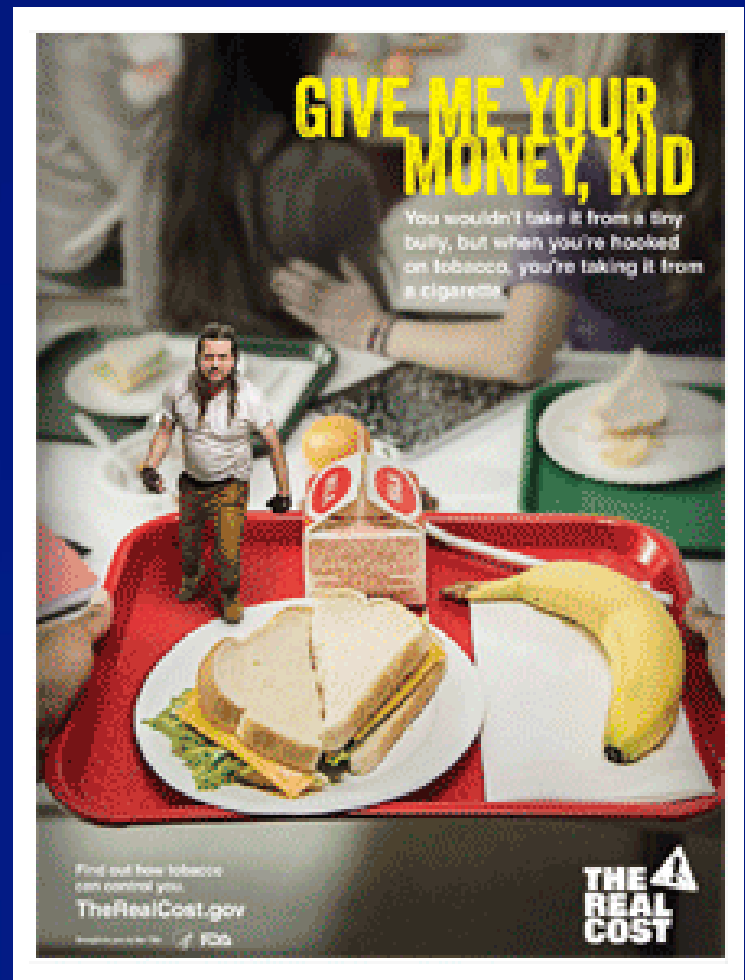


A TIP FROM A  
FORMER  
SMOKER

***DON'T TELL PEOPLE  
SMOKING IS BAD,  
SHOW THEM.***

You can quit. Call 1-800-QUIT-NOW. 

This advertisement features a close-up of a woman with blonde hair and a serious expression. She has a white tracheostomy tube in her neck. The text is overlaid on the image.



**GIVE ME YOUR  
MONEY, KID**

You wouldn't take it from a tiny bully, but when you're hooked on tobacco, you're taking it from a cigarette.

Find out how tobacco can control you.  
[TheRealCost.gov](http://TheRealCost.gov)

**THE REAL COST**

This advertisement shows a tiny man in a white shirt and brown pants standing on a red school lunch tray. The tray contains a sandwich, a banana, and a carton of juice. In the background, a person is sitting at a table with a laptop. The text is overlaid on the image.

## #2: Fulfilling ACA Opportunities

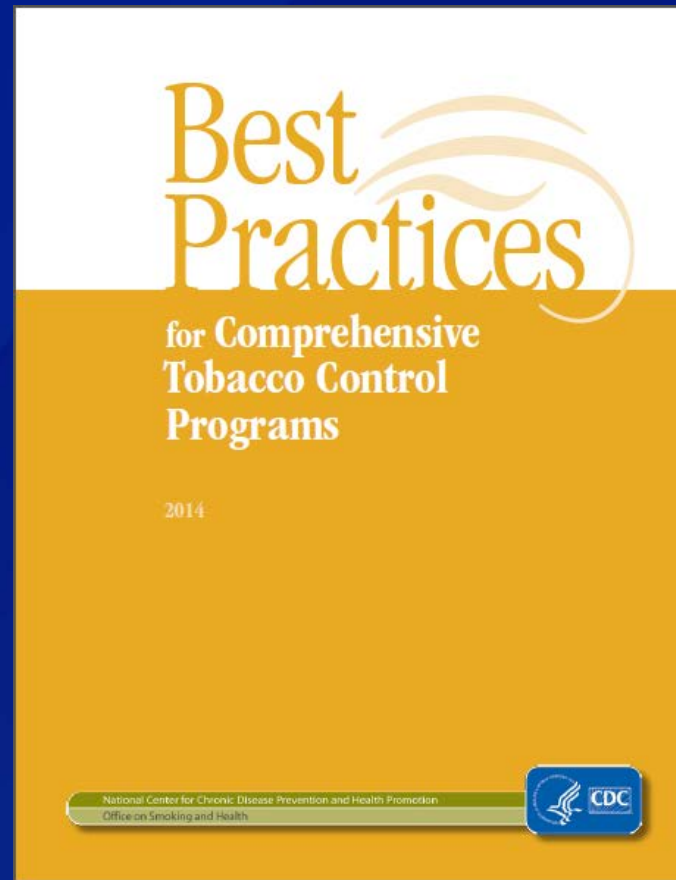
- ❑ **Promote health systems change**
  - Provider reminder systems
  - Electronic health records (EHRs)
- ❑ **Expand cessation insurance treatments**
  - Covers all evidence-based treatments
  - Eliminates cost and convenience barriers
- ❑ **Support state quitline capacity**
  - Expand state quitline reach: new target is 8%-13%
  - Ensure that all callers receive at least some help

## #3: Effective Implementation of FDA's Authority

- Deeming
- Nicotine reduction



# #4: Fully Fund Statewide Tobacco Control Programs



## ***Best Practices—2014: The Bottom Line***

- ❑ ***Recommended* funding level : \$10.53 per person each year.**
- ❑ **States receive about \$80 per person in revenue from tobacco settlements and sales annually**
- ❑ **Spend < \$1.50 per person — less than 15% of the *Recommended* level.**
- ❑ ***Recommended* funding level =**
  - ❑ **Annual level of investment ensuring a fully funded and sustained comprehensive tobacco control program**

## Texas

### Program Intervention Budgets

2014

#### Recommended Annual Investment

**\$264.1 million**

#### Deaths in State Caused by Smoking

Annual average smoking-attributable deaths	28,000
Youth aged 0-17 projected to die from smoking	498,500

#### Annual Costs Incurred in State from Smoking

Total medical	\$8,856 million
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#### State Revenue from Tobacco Sales and Settlement

FY 2012 tobacco tax revenue	\$1,484.0 million
FY 2012 tobacco settlement payment	\$474.6 million
Total state revenue from tobacco sales and settlement	\$1,958.6 million

#### Percent Tobacco Revenue to Fund at Recommended Level

**13%**

	Annual Total (Millions)		Annual Per Capita	
	Minimum	Recommended	Minimum	Recommended
<b>I. State and Community Interventions</b> Multiple social resources working together will have the greatest long-term population impact.	\$68.0	\$85.0	\$2.61	\$3.26
<b>II. Mass-Reach Health Communication Interventions</b> Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.	\$33.3	\$47.9	\$1.28	\$1.84
<b>III. Cessation Interventions</b> Tobacco use treatment is effective and highly cost-effective.	\$60.2	\$96.7	\$2.31	\$3.71
<b>IV. Surveillance and Evaluation</b> Publicly funded programs should be accountable and demonstrate effectiveness.	\$16.2	\$23.0	\$0.62	\$0.88
<b>V. Infrastructure, Administration, and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$8.1	\$11.5	\$0.31	\$0.44
<b>TOTAL</b>	\$185.8	\$264.1	\$7.13	\$10.13

**Note:** A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and cost-of-living increases since *Best Practices—2007* was published. The actual



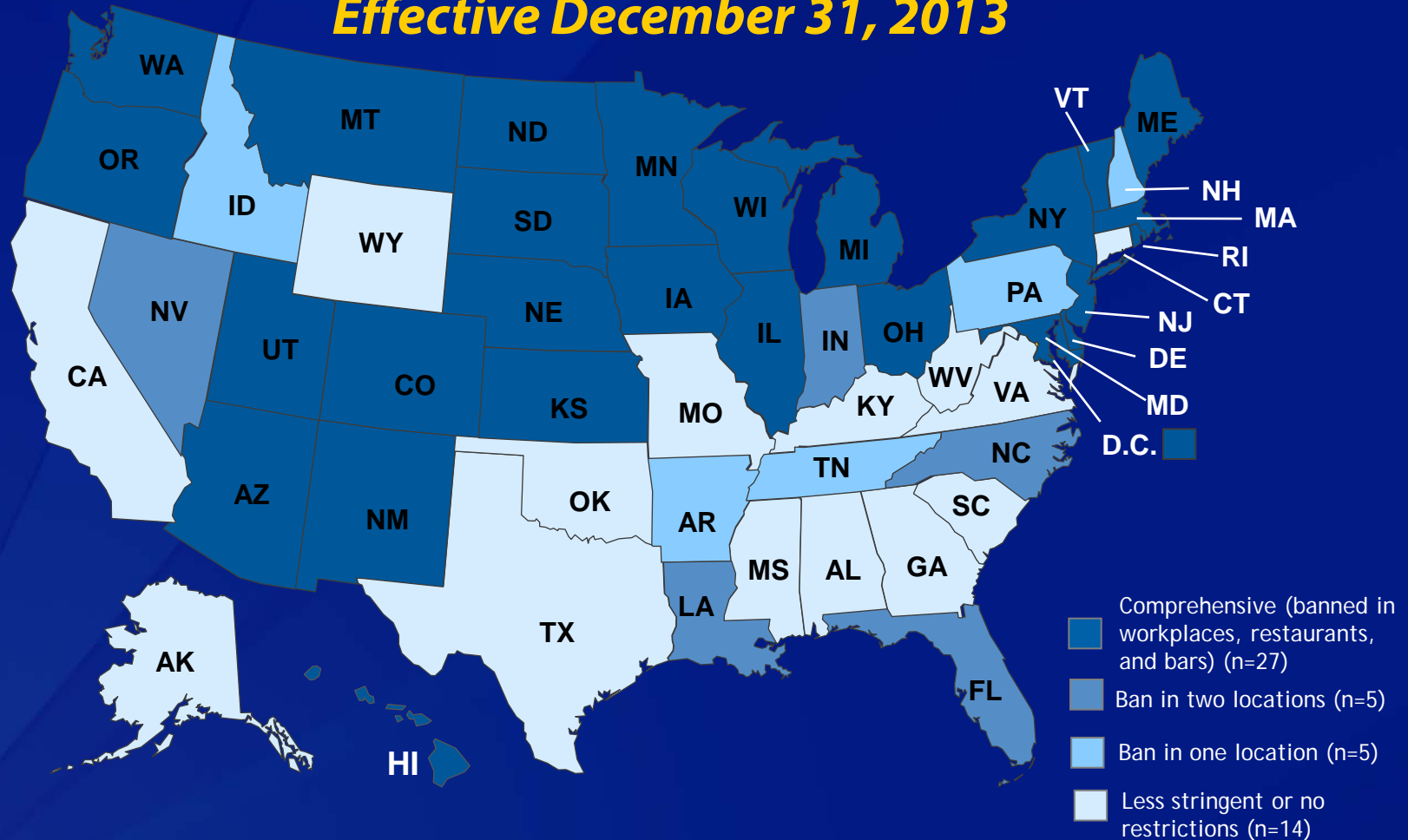
## **Broadening Approach to Disparities:**

- ❑ **CDC-OSH/Cancer Prevention National Networks**
- ❑ **Addressing tobacco-related and cancer disparities**
- ❑ **Provide assistance, support collaboration, learning and support**
- ❑ **Specific populations**



# #5: Extending Smokefree Air Policies

## State Smoke-Free Air Laws Effective December 31, 2013



Centers for Disease Control and Prevention's State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx>. Washington, DC is included in states. California's law includes exemptions that preclude it from being considered smoke-free.

# Texas Successes in Smoke-free

- ❑ **City Ordinances**
- ❑ **Colleges, Universities and Technical Schools**
- ❑ **Mental Health authority of Texas**



## Si Se Puede

- ❑ We can make tobacco a minor public health nuisance
- ❑ The will to do it is the challenge
- ❑ Formula =
  - Pedal to the metal for proven strategies
  - Groundwork for End Game



# Thank you!

**For more information please contact Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

