Moving Forward After Looking Back

Using the 2014 Surgeon General’s Report to Further Your Tobacco Control Goals

May 13, 2014
Tobacco Control Legal Consortium Webinar Series

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• Covering public health policy topics related to tobacco control

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Tobacco Control Legal Consortium

A national network of legal centers and attorneys supporting tobacco control policy change.
1964 SGR

- 14 months
- 7,000 articles
- 10 commission members
- 150+ consultants
Presenters

- New scientific evidence, Brian King, U.S. Centers for Disease Control & Prevention

- The tobacco industry, Sharon Eubanks, Edwards Kirby Law Firm

- Advancing your tobacco control goals, Michael Tynan, Oregon Health Authority
Moving Forward After Looking Back: Using the 2014 Surgeon General's Report to Further Your Tobacco Control Goals

Tobacco Control Legal Consortium Webinar
May 13, 2014

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
“Cigarette Smoking is causally related to lung cancer in men, the magnitude of the effects of cigarette smoking far outweighs other factors. The data for women, although less extensive, point in the same direction”
The Health Consequences of Smoking: 50 Years of Progress

A Report of the Surgeon General
“Smoking causes diabetes, colon cancer, new report says…”

“Surgeon general report links more diseases, health problems to smoking tobacco…”

- Nearly 2,400 stories
- 1.5 billion in audience reach
- Publicity value of $14.5 million

“Cigarettes tied to more deaths, types of illness…”

“Surgeon General to Hollywood: Kick the cigarette habit…”
MAJOR CONCLUSION #1

“The century-long epidemic of cigarette smoking has caused an enormous avoidable public health tragedy. Since the first Surgeon General’s report in 1964 more than 20 million premature deaths can be attributed to cigarette smoking.”

Between 1964 and 2014

- Over 20 million Americans died because of smoking, including:
  - 2.5 million nonsmokers
  - 108,000 babies
  - 86,000 residential fires
  - 6.58 million from cancers
  - 7.8 million from CVD & metabolic diseases
  - 3.8 million from pulmonary diseases
Smoking Costs Us More

- Annual deaths attributable to smoking, adults 35+: >480,000

- Annual costs attributable to smoking: Now >$289 billion
  - >$130 billion for direct medical care of adults
  - >$150 billion for lost productivity due to premature death
  - >$5 billion for lost productivity due to premature death from secondhand smoke

- More than 16 million people have ≥1 smoking-related disease
Tobacco Industry’s Role

MAJOR CONCLUSION #2

“The tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which has deliberately misled the public on the risks of smoking cigarettes.”

Hon. Gladys Kessler
“Even 50 years after the first Surgeon General’s Report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.”

**Cancers**
- Oropharynx
- Larynx
- Esophagus
- Trachea, bronchus, and lung
- Acute myeloid leukemia
- Stomach
- Liver
- Pancreas
- Kidney and ureter
- Cervix
- Bladder
- Colorectal

**Chronic Diseases**
- Stroke
- Blindness, cataracts, age-related macular degeneration
- Congenital defects—maternal smoking: orofacial clefts
- Periodontitis
- Aortic aneurysm, early abdominal aortic atherosclerosis in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, *tuberculosis*, asthma, and other respiratory effects
- Diabetes
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy
- Male sexual function—erectile dysfunction
- Rheumatoid arthritis
- Immune function
- Overall diminished health

**Conditions in red are new SGR findings**
Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.
Grim News for Women Who Smoke

MAJOR CONCLUSION #5

“The disease risks from smoking by women have risen sharply over the last 50 years and are now equal to those for men for lung cancer, chronic obstructive pulmonary disease, and cardiovascular diseases.”

“We make Virginia Slims especially for women because they are biologically superior to men.

You’ve come a long way, baby.”

Joseph A. Califano, Jr., 1979
Lung Cancer Risks Increasing

- Between 1959-2010 cigarette consumption declined, but lung cancer risks:
  - Doubled for male smokers
  - Increased 10x for female smokers
  - Did not change for nonsmokers

Possible contributing factors:

- Ventilated filters
- Increased levels of chemicals
“In addition to causing multiple diseases, cigarette smoking has many adverse effects on the body, such as causing inflammation and impairing immune function.”
Disparities Persist

“Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.”

ADULTS WITH MENTAL ILLNESS ARE 70% MORE LIKELY TO SMOKE THAN ADULTS WITH NO MENTAL ILLNESS.

www.cdc.gov/vitalsigns
Current cigarette smoking among adults aged ≥18 years, by poverty status—U.S., 1965-2012

Note: Estimates since 1992 include some-day smoking.
Source: National Health Interview Survey (NHIS)
Tobacco Control Works: Let’s Put the Pedal to the Metal

MAJOR CONCLUSION #8

“Since the 1964 Surgeon General’s report, comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use. Further gains can be made with the full, forceful, and sustained use of these measures.”

- Since 1964 tobacco control:
  - Prevented over 8 million early deaths
  - Saved 157 million life years
  - Increased life expectancy by 30%
“A defective and unreasonably dangerous product”*

MAJOR CONCLUSION #9

“The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.”

- **End Game scenarios for the U.S. include:**
  - FDA regulation to:
    - Reduce nicotine content to make cigarettes non-addictive
    - Make some or all tobacco products less appealing
    - Establish standards for toxicant levels in tobacco products
  - Sales restrictions
    - Including local and state product category bans

*Proctor RN. Why ban the sale of cigarettes? The case for abolition. Tobacco Control 2013;22:i27-i30
2014 SGR Recommendations
As End Game Strategies are Developed….

- Sustain high-impact media campaigns such as *Tips* 12 mo/year for 10+ years

- Raise *excise taxes* – at least $10 per pack most effective

- Fulfill opportunity of the ACA to provide access to barrier-free proven tobacco use *cessation treatment*

- Expand *cessation in primary and specialty care settings*
As End Game Strategies Are Developed…

- Effectively implement FDA’s authority for tobacco product regulation to reduce product addictiveness and harmfulness
- Expand tobacco control and prevention research to increase understanding of the ever changing landscape
- Fully fund comprehensive statewide tobacco control programs at CDC-recommended levels
- Extend comprehensive smokefree indoor protections to 100% of the U.S. population
Final Major Conclusion: SGRs Matter

MAJOR CONCLUSION #10

“For 50 years the Surgeon General’s reports on smoking and health have provided a critical scientific foundation for public health action directed at reducing tobacco use and preventing tobacco-related disease and premature death.”
E-Cigarettes

- Could have negative and positive individual and population-based impact
- “The promotion of electronic cigarettes and other innovative tobacco products is much more likely to be beneficial in an environment where the appeal, accessibility, promotion, and use of cigarettes are being rapidly reduced” 2014 SGR
SGR Communications Products

Consumer Guide in English and Spanish (soon)

PSAs:
5.6 million PSA

Much more at
SurgeonGeneral.gov/tobacco
and
cdc.gov/tobacco
For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov  Web: www.cdc.gov

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THE TOBACCO INDUSTRY IN 2014

Déjà vu all over again
2004 Surgeon General’s Report

- Smoking impacts nearly every organ in the body
2006 Surgeon General’s Report

- There is no risk-free level of exposure to second-hand smoke.
2014 Surgeon General’s Report

- Expands the list of diseases and other adverse health effects caused by smoking and exposure of nonsmokers to tobacco smoke.
MAJOR CONCLUSION FROM 2014 REPORT

• The tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which has deliberately mislead the public on the risks of smoking cigarettes.
THE PILLARS OF FRAUD

• 1. Denial of adverse health effects of smoking

• 2. Promoting so-called “independent research,” which tobacco companies financed themselves

• 3. Denial that nicotine was addictive and that they manipulated nicotine in their products

• 4. Promoting certain cigarettes as “less hazardous” in the face of scientific evidence that they were not

• 5. Marketing to children

• 6. Suppression of evidence to keep documents out of the public real and litigation
BIG TOBACCO AND E-CIGS

- LORILLARD
- REYNOLDS AMERICAN
- ALTRIA

- Will FDA rules for e-cigs help or hurt Big Tobacco?
How States and Communities Can Utilize Findings of the Surgeon General’s Report on Tobacco Use

Michael Tynan
Policy Officer

Oregon Health Authority
Public Health Division
Office of the State Public Health Director

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the State of Oregon or the Oregon Health Authority.
Tobacco kills about 443,000 in the U.S. every year

- Lung cancer: 128,900
- Ischemic Heart Disease: 126,000
- Chronic Obstructive Pulmonary Disease: 92,900
- Stroke: 15,900
- Other cancers: 35,500
- Other diagnoses: 44,000

Average annual number of deaths, 2000-2004.
Factors that Affect Health

1. Socioeconomic Factors
   - Poverty, education, housing, inequality

2. Changing the Context to make individuals’ default decisions healthy
   - Fluoridation, 0g trans fat, iodization, smoke-free, consumption tax
   - Immunizations, brief intervention, smoking cessation, colonoscopy

3. Long-lasting Protective Interventions
   - Counseling & Education
   - Clinical Interventions

4. Examples
   - Advice to eat healthy, be physically active
   - Rx for high blood pressure, high cholesterol, diabetes

Smallest Impact

Largest Impact
We Know What Works: Evidence-Based Interventions

- 100% smoke-free policies
- Sustained funding of comprehensive programs
- Tobacco price increases
- Hard-hitting media campaigns
- Cessation access
- Comprehensive point of sale restrictions
TRANSLATING DATA INTO ACTION:

REPORTS ON TOBACCO USE FROM THE SURGEON GENERAL
Topics by Surgeon General Reports

- **Cigarette Taxes**
  - 2000: impact on general, special populations
  - 2012: impact on youth

- **Secondhand Smoke (SHS)**
  - 2006: health effects of SHS, benefits of smoke-free policies
  - 2010: additional findings related to SHS (e.g. AMI, CVD).

- **Health Effects of Tobacco-Use**
  - 2004, 2010: diseases caused by smoking, tobacco use
  - 2006: diseases caused by SHS

- **Youth**
  - 2012: youth initiation, use and prevention

- **Industry**
  - 2012: industry targeting youth
  - 2014: industry misleading the public
## Smoking and Secondhand Smoke Damages the Entire Human Body

<table>
<thead>
<tr>
<th>Smoking</th>
<th>Secondhand Smoke</th>
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<tbody>
<tr>
<td><strong>CANCERS</strong></td>
<td><strong>CHILDREN</strong></td>
</tr>
<tr>
<td>Larynx</td>
<td>Brain tumours*</td>
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<tr>
<td>Oropharynx</td>
<td>Middle ear disease</td>
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<tr>
<td>Oesophagus</td>
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<tr>
<td>Trachea, bronchus or lung</td>
<td>Lymphoma*</td>
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<tr>
<td>Acute myeloid leukemia</td>
<td>Respiratory symptoms, Impaired lung function</td>
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<td>Stomach</td>
<td>Asthma*</td>
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<tr>
<td>Pancreas</td>
<td>Sudden Infant Death Syndrome (SIDS)</td>
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<tr>
<td>Kidney and Ureter</td>
<td>Leukemia*</td>
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<tr>
<td>Colon*</td>
<td>Lower respiratory illness</td>
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<td>Cervix</td>
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<td>Bladder</td>
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<tr>
<th><strong>CHRONIC DISEASES</strong></th>
<th><strong>ADULTS</strong></th>
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<tbody>
<tr>
<td>Stroke</td>
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<td>Blindness, Cataracts</td>
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<td>Periodontitis</td>
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* Evidence of causation: suggestive
Evidence of causation: sufficient
Case-Study:

2006 SURGEON GENERAL’S REPORT
Problem: Health Effects of Secondhand Smoke

- Causes premature death and disease in children and nonsmoking adults
  - **Adults**
    - Heart disease
    - Lung cancer
  - **Children**
    - SIDS
    - More severe asthma
    - Acute respiratory infections
    - Slowed lung growth
    - Respiratory symptoms
    - Middle ear disease
Solution: Comprehensive Smoke-free Policies

- The Surgeon General has concluded that the only way to fully protect nonsmokers from secondhand smoke (SHS) exposure is to prohibit smoking in ALL indoor areas
  - Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate SHS exposure

- Effective smoke-free laws completely prohibit smoking in all indoor areas of public places:
  - Worksites
  - Restaurants
  - Bars
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2004

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2005

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2006

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2007

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2008

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2009

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2010

N=51
Laws in effect as of Dec 31, 2011

State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

- Ban in worksites, restaurants, and bars
- Ban in two of three locations
- No Ban in all these locations

N=51
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of Dec 31, 2012

N=51
Laws in effect as of Dec 31, 2012

N=51
Evidence: Benefits of Smoke-free Policies

- Reductions in exposure among
  - nonsmoking hospitality workers
  - general population of nonsmokers
- Reductions in respiratory symptoms among nonsmoking hospitality workers
- Improvements in lung function among nonsmoking hospitality workers
- Reductions in hospital heart attack admissions among the general public
Why Use the Surgeon General’s Report

- **Resonance**
  - Even if the public doesn’t know who the Surgeon General is, “recommendations” and “findings” from the report carry weight among the public, decision makers
  - Don’t worry that people think that C. Everett Koop was the first (or is still) the Surgeon General

- **Valid data and reputation**
  - no conclusion has even been recanted

- **CDC makes it easy to use**
  - Major conclusions in each report
  - Each *modern* report has a website with a “consumer piece” and has a paid, earned and social media campaign
Public Health Policy

THANK YOU

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Resources - www.publichealthlawcenter.org
Questions Now?
• Q&A panel on your screen

Questions Later?
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