



NATIONAL SAFETY COUNCIL

Position/Policy Statement

Tobacco

POSITION / POLICY

The National Safety Council supports efforts to reduce and eliminate tobacco consumption in the United States.

JUSTIFICATION

According to the American Lung Association, cigarette smoking is the leading cause of preventable disease and death in the United States, with over 480,000 Americans dying from tobacco use or exposure to secondhand smoke every year.¹ In addition to this death toll, the Centers for Disease Control and Prevention estimate that smoking-related illness cost the United States well over \$300 billion per year in medical expenses and lost productivity.^{2,3,4} Despite recent progress, smoking remains prevalent, with about 14.0% of American adults – 34.3 million adults – currently smoking cigarettes.⁵ Further, about 2,000 youth begin smoking each day, and as many as 300 of these youth develop a daily smoking habit each day.⁶ Additional action is needed to combat this critical public health issue.

BACKGROUND

Tobacco played a significant role in American society for centuries. Widespread tobacco use accompanied the growth of the tobacco farming industry, with chewing tobacco (a mixture of tobacco leaves and molasses) serving as the primary way to consume the product throughout the nineteenth century. The invention of the cigarette rolling machine in 1881 revolutionized tobacco consumption, as smoking quickly became America's preferred method of use. Cigarette consumption increased substantially in the twentieth century, reaching a peak of 4,345 cigarettes consumed per American per year in 1963.⁷

Cigarettes remain the most popular form of tobacco consumption in the United States, but a variety of other methods of use are also common. These include the use of cigars, pipes,

¹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm.

³ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4603661/>

⁵ https://www.cdc.gov/mmwr/volumes/67/wr/mm6744a2.htm?s_cid=mm6744a2_w

⁶ www.tobaccofreekids.org/assets/factsheets/0001.pdf

⁷ <https://daily.jstor.org/a-brief-history-of-tobacco-in-america/>

hookah (water pipes), e-cigarettes, and chewing tobacco.⁸ Contrary to popular belief, some of these methods can be equally damaging to the health of users as cigarette smoking. In addition, health risks can vary depending on how the products are used. For instance, hookah exposes the smoker to higher concentrations of toxins, to the extent that a one-hour hookah session is the equivalent of smoking as many as 10 cigarettes.⁹

Health Risks

The health risks associated with smoking and second-hand exposure to smoking are widespread and well-established. The United States Surgeon General has conclusively linked smoking and second-hand smoking to various forms of cancer, including lung cancer and laryngeal cancer.^{10,11} A full third of all cancer deaths and 87% of lung cancer deaths are caused by smoking.¹² Specific cancers that have been identified as being caused by smoking include: lungs, trachea, and bronchus; oropharynx; esophagus; larynx; stomach; bladder; kidney and ureter; pancreas; uterine cervix; colon and rectum; and liver.¹³ Other serious health conditions caused or exacerbated by smoking and second-hand smoking and other forms of tobacco use include cardiovascular disease (32% of coronary heart disease deaths)¹⁴, chronic obstructive pulmonary disease (79% of COPD cases)¹⁵, asthma, and gum disease. Long-term cigarette consumption and exposure to second-hand smoke has also been associated with decreased taste and smell, loss of sight, wrinkling of the skin, infertility, erectile dysfunction, tooth decay, and complications during pregnancy.¹⁶

Nicotine is the key chemical compound that causes and sustains the powerful addicting effects of commercial tobacco products. The chemical properties of nicotine allow it to be absorbed into blood in under ten seconds when smoked, leading to immediate effects that dissipate quickly. This creates a strong desire for repeated cigarette use. In addition, some e-cigarettes have extremely high levels of nicotine and are manufactured in a way that allows particularly high levels of nicotine to be inhaled more easily than through smoking regular cigarettes.¹⁷ Likewise, the withdrawal symptoms that accompany dependence make it particularly challenging to quit using tobacco.¹⁸ The risks of nicotine addiction are particularly serious in adolescent tobacco users, as nicotine has been shown to alter brain chemistry in ways that decrease concentration, cause depression and anxiety, and increase high-risk behavior, including the potential for future addiction to other drugs.^{19,20}

⁸ <https://www.hamad.qa/EN/your%20health/Stop%20Smoking/About-Smoking/Pages/Types-of-Smoking.aspx>.

⁹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm

¹⁰ https://www.cdc.gov/tobacco/Data_statistics/sgr/history/index.htm

¹¹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm

¹² U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*.

¹³ https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/wynk-cancer.pdf

¹⁴ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*.

¹⁵ Ibid

¹⁶ <https://medlineplus.gov/ency/article/002032.htm>

¹⁷ <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

¹⁸ <https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive>

¹⁹ <https://www.sciencenewsforstudents.org/article/explainer-nico-teen-brain>

²⁰ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html?s_cid=osh-stu-home-slider-004%20.

All told, ten times as many Americans have died prematurely from cigarette smoking than have died in all the wars fought in U.S. history.²¹

Recent Trends

In the past fifty years, as knowledge of the health risks associated with tobacco use became more widely accepted, smoking has declined precipitously. In 1965, 42.4% of U.S. adults were active smokers; by 2014, only 14% of U.S. adults were active smokers, the lowest recorded level since tracking began in 1965.²² Still, tobacco use remains a public health crisis. In 2017, 34.3 million U.S. adults smoked cigarettes, and about 4.7 million middle and high school students use at least one tobacco product in any 30-day period.²³ Certain demographic groups are more likely to smoke than others. Smoking is more prevalent in men, minorities, those with household income of less than \$35,000, and in people without a college education.²⁴ Across the board, about 14% of Americans are still active smokers, and nearly 16 million suffer from smoking-related medical conditions.²⁵ Nearly 1,300 Americans die every day as a result of smoking cigarettes.²⁶ Moreover, a 2018 U.S. Surgeon General's advisory noted that the e-cigarette epidemic among youth puts a new generation of youth at risk of becoming addicted to nicotine.²⁷

The National Safety Council supports policies to eliminate the deaths and disease attributed to tobacco use.

Tobacco Control Policies

Trends in tobacco use over the last half-century indicate that eliminating smoking is possible, and that aggressive anti-smoking policies can be effective. However, the millions of Americans who still struggle with tobacco use, the disease of addiction and associated medical problems are a testament to the difficulty of treating tobacco addiction.

In order to further reduce tobacco use, and consequently, to reduce preventable disease and death attributable to tobacco use, a variety of policies and strategies, including but not limited to those mentioned below, should be implemented.

Increased Minimum Age for Tobacco Sales

In recent years, some states and many municipalities have increased the minimum age to purchase tobacco products from 18 to 21 years. According to the Institute of Medicine, increasing the tobacco age to 21 years will have a positive impact on public health and on tobacco consumption amongst young adults in particular. Daily smokers tend to start smoking at a young age – by some estimates, over 90% of habitual smokers started smoking by age 19 years– and there is substantial evidence that the adolescent brain is particularly susceptible to nicotine addiction.²⁸ By increasing the minimum age to purchase tobacco products, and

²¹ <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>.

²² https://www.cdc.gov/mmwr/volumes/67/wr/mm6744a2.htm?s_cid=mm6744a2_w

²³ https://www.cdc.gov/tobacco/data_statistics/index.htm

²⁴ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

²⁵ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6744a2.htm>

²⁶ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

²⁷ <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

²⁸ <http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx>

therefore possibly the age of first use, use and addiction becomes far less likely.²⁹ Furthermore, increasing the minimum age can keep tobacco out of high schools by preventing high school students from being able to legally purchase tobacco products for younger classmates.³⁰

The National Safety Council supports raising the minimum age to buy tobacco to 21 years nationwide.

Public Information Campaigns

Anti-smoking advertising and public information campaigns have proven effective at decreasing the prevalence of tobacco use, increasing cessation and use of available services such as quitlines³¹, and decreasing initiation of tobacco use among youth.³² For example, the CDC campaign “Tips from Former Smokers®” has been credited with motivating 9.15 million smokers to attempt quitting, resulting in 522,000 campaign-attributable sustained cessations between 2012-2015.^{33,34,35} Studies have shown that graphic and emotionally evocative images of smoking-related diseases are particularly effective at motivating smokers to try to quit.³⁶ More recently, the Food and Drug Administration has sought to address smoking in minority communities, which struggle disproportionately with tobacco use, by developing an ad-campaign with a hip-hop message.³⁷ Non-profit groups like the Truth Initiative have also invested extensively in anti-smoking campaigns, including the #STOPPROFILING campaign, which highlights the ways tobacco companies have disproportionately targeted African American neighborhoods with tobacco advertising.³⁸

The National Safety Council supports increased investments in anti-smoking advertising and public education campaigns by government and private and non-profit organizations.

Increased Investment in Treatment Programs

Quitting smoking can be extremely difficult, and is complicated by the withdrawal effects associated with nicotine dependence. The National Safety Council supports a variety of treatment methods and programs in order to reduce tobacco consumption and dependence, including:

- **Fully-funded National and State Tobacco Control Programs.** The National Tobacco Control Program is aimed at preventing initiation among youth and young adults, promoting quitting among adults and youth, eliminating exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities among population groups. Investments in these comprehensive programs on the state level have been associated with

²⁹ https://www.washingtonpost.com/local/md-politics/legislative-black-caucus-will-push-to-raise-the-age-limit-for-buying-tobacco-to-21-in-maryland/2018/12/02/475bf99e-ec43-11e8-8679-934a2b33be52_story.html?utm_term=.36a000f5fd5c

³⁰ <https://www.tobaccofreekids.org/what-we-do/us/sale-age-21>

³¹ A quitline is a tobacco cessation service available through a toll-free telephone number. Quitlines are staffed by counselors trained specifically to help smokers quit.

³² <https://www.thecommunityguide.org/sites/default/files/assets/Tobacco-Mass-Reach-Health-Communication.pdf>

³³ https://www.tobaccofreekids.org/press-releases/2013_09_09_cdc

³⁴ https://www.cdc.gov/tobacco/campaign/tips/about/index.html?s_cid=OSH_tips_D9393.

³⁵ https://www.cdc.gov/pcd/issues/2018/18_0051.htm

³⁶ <http://tobaccofreeflorida.com/powerfuladswork/>

³⁷ <https://www.nbcnews.com/news/nbcblk/fda-anti-smoking-campaign-targets-teens-hip-hop-message-n439381>

³⁸ <https://www.thetruth.com/articles/videos/stop-profiling-market-priority>

steep declines in smoking and cigarette sales. The National Safety Council urges states to fund these programs at CDC-recommended levels to ensure maximum effectiveness.

- **Accessible Cessation Counseling and Medications.** The 2008 Public Health Service Clinical Practice Guideline identifies individual, group, and telephone counseling and seven FDA-approved cessation medications as proven effective treatments. Moreover, the report found that counseling and medication are most effective when used together. The National Safety Council encourages all employers to ensure that both medication and counseling are covered by health insurance plans so that employees have better access to these potentially life-saving interventions.
- **Readily-available Public and Private Treatment Resources.** Various government and non-profit agencies have published or funded important treatment resources. For instance, the National Institutes of Health, in partnership with state programs, provide 24/7 talk and text support lines, as well as smartphone apps and online toolkits that help smokers as they try to quit.³⁹ Meanwhile, organizations like the Mayo Clinic offer residential treatment programs.⁴⁰ The National Safety Council recognizes the need for comprehensive treatment efforts and encourages public and private organizations to make treatment resources readily available to smokers.

Smoke-free Policies

In recent years, 27 states and hundreds of local jurisdictions across the United States have implemented smoke-free laws in public spaces, restaurants, workplaces, and government buildings, covering about half of the U.S. population.⁴¹ Private institutions like hospitals, college campuses, and companies have also implemented smoke-free policies on their properties, including NSC. These policies and bans have targeted smoking in both indoor and outdoor spaces. Scientific studies have validated the effectiveness of smoke-free policies by showing reductions in health problems associated with second-hand smoke.⁴² Other studies have demonstrated that these policies have led to decreases in smoking prevalence and incidence among the general population.⁴³ Still anti-smoking policies, and outdoor smoking bans in particular have at times been enforced unevenly and ineffectively.⁴⁴ The CDC has noted that progress on reducing second-hand smoke exposure has begun to stall, and has advocated for “enhanced and equitable implementation of comprehensive smoke-free laws and policies for workplaces and public places and smoke-free rules for homes and vehicles.”⁴⁵ In order to promote further reductions in smoking and improvements to public health, the National Safety Council supports the implementation of smoke-free policies where they are not currently in place, and advocates for stricter enforcement of these measures where they already exist.

Tobacco Taxes

Federal, state, and local taxes and other interventions that raise the price of cigarettes and tobacco products have been demonstrated to prevent the initiation of use, reduce consumption

³⁹ <https://smokefree.gov/tools-tips>

⁴⁰ <https://www.mayoclinic.org/departments-centers/nicotine-dependence-center/minnesota/services/residential-treatment-program>

⁴¹ https://www.cdc.gov/mmwr/volumes/65/wr/mm6524a4.htm?s_cid=mm6524a4_w

⁴² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/index.htm

⁴³ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/index.htm

⁴⁴ <https://www.citylab.com/solutions/2012/12/outdoor-smoking-bans-impossible-enforce-or-inevitable/4013/>

⁴⁵ https://www.cdc.gov/mmwr/volumes/67/wr/mm6748a3.htm?s_cid=mm6748a3_w

and promote cessation amongst both adults and youth.⁴⁶ It is estimated that for every 10% increase in the price of cigarettes, adult cigarette consumption decreases by 4%, and youth consumption decreases by 7%.⁴⁷ Currently, there is a wide variance in the tax rate on cigarettes: in Chicago, the tax is \$6.16 per pack; in Missouri, it is just \$0.17.⁴⁸ Cigarette taxes of less than 50 cents per pack have been shown to be ineffective.⁴⁹

The National Safety Council supports substantial cigarette taxes in all states and localities. Moreover, taxing authorities should consider designating some or all of generated revenues for reinvestment in public health, including tobacco control programs.⁵⁰

Cessation Insurance Coverage

The National Safety Council encourages employers to provide health insurance plans that cover proven cessation treatments, discourage smoking, and encourage safe practices related to tobacco. The National Safety Council encourages complete coverage of all proven treatments, including the three counseling methods and seven medications identified in the 2008 Public Health Service Clinical Practice Guideline. Furthermore, coverage barriers such as cost-sharing or prior authorization should be minimized in order to increase the accessibility of these important treatments, and insurers and employers should effectively promote this coverage so that smokers are aware of the covered treatments that are available to them.

Conclusion

The National Safety Council supports aggressive action to curb smoking in the United States, and recognizes that an effective attempt to end tobacco-related deaths will require a variety of anti-smoking strategies.

This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

Adopted by the National Safety Council, 2019

⁴⁶ <https://www.thecommunityguide.org/sites/default/files/assets/Tobacco-Increasing-Unit-Price.pdf>

⁴⁷ <https://www.lung.org/our-initiatives/tobacco/taxes/>

⁴⁸ <https://www.tobaccofreekids.org/assets/factsheets/0097.pdf>

⁴⁹ <https://www.healthaffairs.org/doi/10.1377/hpb20160919.471471/full/>

⁵⁰ <https://www.lung.org/our-initiatives/tobacco/taxes/>