

To Your Health

Health leaders call for immediate action to curb smoking in the U.S.

By Jia Naqvi March 21

Every year cigarette smoking contributes to about 1 in 5 deaths in the United States. A group of prominent health leaders called for the immediate implementation of national action to reduce the number of smokers in the country by 15 million in a report published last week.

The call to action aims to curb smoking, the largest cause of preventable death and illness in the United States, by reducing the number of adult smokers from 40 million to 25 million by 2024. The report, which solicited input from 120 key tobacco leaders from different organizations in the United States, found that smoking prevention and quitting rates have made progress among young people, but smoking cessation for adults is lagging.

Every year, smoking costs the United States more than \$300 billion, of which nearly \$170 billion goes directly to health care for adults who have diseases caused by tobacco use. More than \$156 billion is lost in productivity because of premature deaths and exposure to secondhand smoke.

“It is much cheaper to pay for cessation measures than to pay for the treatment of diseases caused by smoking,” said Michael Cummings, co-leader of the Tobacco Research Program and professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina.

About 7 in 10 adult smokers want to stop smoking. Around half attempt to quit every year and only a fraction succeed in staying off cigarettes, according to a study in the Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention. The percentage of adults who attempted to quit smoking increased by only 5 percent from 2000 to 2015.

“The average smoker takes 30 quit attempts before permanently quitting,” said Chris Kotsen, program manager at the Tobacco Quitcenter of the Steeplechase Cancer Center at the Robert Wood Johnson University Hospital Somerset in New

“Deaths and medical costs from smoking are entirely preventable, and clearly existing programs are not doing enough. Urgent action is needed to drastically reduce the adult smoking rate in the U.S.,” said John R. Seffrin, a professor of practice at Indiana University's School of Public Health.

The report strongly recommends the adoption of three strategies that could help curb smoking among adults. The first involves raising taxes on cigarettes and other combustible tobacco products, while keeping taxes low on noncombustible nicotine products, such as nicotine replacement medications and electronic cigarettes. The contributors of the report believe this new tax structure will compel more people to shift to safer noncombustible alternative nicotine products. These kinds of measures are external pressures that would also discourage people from smoking as often, said Steven Schroeder, a professor of health and health care at the University of California San Francisco.

The second strategy involves giving people greater access to tobacco dependence treatment services because the most common method used by smokers — quitting cold turkey — yields the lowest success rate, at only about 5 percent. Tobacco dependence treatment services involve a combination of behavioral counseling and pharmacotherapy consisting of nicotine replacement medications (gum, patch, lozenge, inhaler or nasal spray) or prescription non-nicotine medications (Zyban or Chantix) and have a success rate of 20 percent, which is four times higher than quitting cold turkey.

Combination drug therapies are recommended for strongly dependent individuals, Cummings said in an email. Those who choose the cold-turkey method of quitting are rarely able to stay off cigarettes, he said.

Health-care disparities make it difficult for adults who belong to certain groups, such as those with low incomes, to get access to intensive counseling and medications that ease the process of quitting, Kotsen said. Insufficient political will to support research about smoking cessation measures exacerbates the problem, he said.

The third strategy involves updating policies to facilitate dissemination and development of safer alternative nicotine products. Current tobacco product regulations were designed for cigarettes and need to be modernized to take into account technological advances that have created nicotine products that are safer and have the potential to replace cigarettes.

“The time is ripe for action now that the leadership has changed and Congress is deciding on how to proceed” with the Affordable Care Act, Cummings said.

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