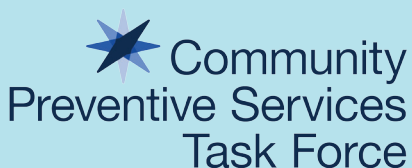# The Community Guide

WHAT WORKS

Tobacco Use

Evidence-Based Interventions for Your Community

Tobacco use is the leading cause of preventable disease, death and disability nationwide, costing the United States billions of dollars in lost productivity and health care expenses. Over 16 million Americans are living with a disease caused by smoking.[1] Life expectancy for smokers is at least 10 years shorter than for nonsmokers.[1,2] This fact sheet provides proven intervention strategies—including programs and services—for reducing tobacco use. It can help decision makers in both public and private sectors make choices about what interventions are best for their communities.

This fact sheet summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential evidence-based resource of what works in public health. Use this information to select interventions you can adapt for your community to

- Prevent people from starting to smoke
- Help people quit using tobacco products of all types
- Reduce people's exposure to secondhand smoke
- Keep minors from obtaining tobacco products
- Decrease tobacco use in the workplace

Community Preventive Services Task Force

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (CPSTF) about preventive services and programs to improve health. The CPSTF—an independent, nonfederal panel of public health and prevention experts—bases its findings on systematic reviews of the scientific literature. Learn more about The Community Guide and what works to prevent and control diabetes by visiting www.thecommunityguide.org/topic/tobacco.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

THE PUBLIC HEALTH CHALLENGE

Tobacco use by the numbers

Over **36 million adults**—about 15.1%—were current **cigarette smokers** in 2015.[3]

About **7** out of every **100 middle school students** and **20** out of every **100 high school students** used some type of tobacco product in 2016.[4]
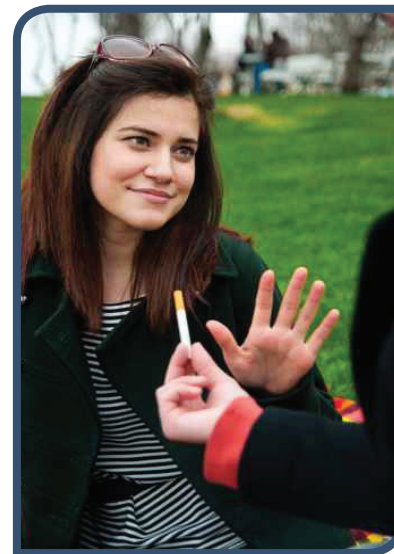
90%

Nearly **90%** of cigarette smokers first tried smoking by age 18.[1]

An estimated **3.4% of adults and 5.6% of 18-25 year olds** who currently use tobacco, use **smokeless tobacco**.[5]

Tobacco use is **highest** among people living in the **Midwest (25%) and South (24%)** U. S. regions.[5]

Cigarette smoking takes a toll

Each year in the U.S., **1 in 5 deaths**—over **480,000**—are because of **cigarette smoking**. This includes more than **41,000** deaths resulting from **secondhand smoke** exposure.[1]

For every person who dies because of smoking, **30** more suffer a **smoking-related illness** like **cancer**, **heart disease**, **stroke**, or **lung disease**.[1]

Secondhand smoke **increases** the risk of **respiratory infections**, more **severe asthma**, and **slowed lung growth** in children.[1,7]

Smoking-related illnesses costs the United States nearly **$170 billion in direct medical care** for adults and over **$156 billion in lost productivity** annually.[1,6]

For more information on tobacco use in the U.S., visit https://www.cdc.gov/tobacco/index.htm. For state-by-state data, see www.cdc.gov/tobacco/data_statistics.

SUMMARIZING THE FINDINGS ON TOBACCO

All CPSTF findings and recommendations on tobacco use are available online at www.thecommunityguide.org/topic/tobacco. Some of the recommendations related to tobacco use are below.

- **Reducing tobacco use initiation.** Raising the price of tobacco products can help prevent people from starting to use tobacco. For instance, adolescent tobacco use drops by a median of 3.7 percent for every 10 percent price hike. Additionally, mass-reach health communication interventions, primarily television broadcasts, have proven effective to reduce initiation among young people. Joint interventions such as mass-media campaigns combined with price increases and school- and community-based education have also proven effective in decreasing adolescent tobacco use by nearly 2.5 percent.

- **Increasing tobacco use cessation.** Strategies that can help more people quit using tobacco include raising produce prices and reducing financial barriers to treatment. Several recommended strategies work best in combination with others, such as mass media campaigns, mass-reach health communications interventions (primarily television broadcasts), mobile phone-based support programs, and systems that remind health care providers to counsel patients about quitting. For instance, combining mass-reach communication interventions that combine cessation messages with a quitline number and that are disseminated through multiple channels have been shown to increase call volume by a median of 132 percent.

- **Reducing exposure to environmental tobacco smoke (ETS).** Smoking policies such as bans and restrictions are particularly effective for curbing exposure to second-hand smoke. Studies show that smoking bans can reduce the level of ETS components (e.g. nicotine vapor) by a median of 72 percent within 12 months. Smoking bans, which entirely prohibit smoking in defined areas, reduce ETS exposure more than smoking restrictions, which limit smoking to designated areas.

- **Restricting minors' access to tobacco products.** Stronger laws for retailers who sell tobacco, active enforcement of these laws, and retailer education can help keep tobacco products out of young people's hands. These efforts can decrease tobacco sales to minors by a median of 33.5 percent and cut their tobacco use by a median of 5.8 percent.

- **Decreasing tobacco use among workers.** Strategies to boost quit rates in the workplace include policies restricting or banning smoking indoors and in public places, and incentive programs that reward workers for cutting back their tobacco use. Smoke-free policies can also save employers and workers money by reducing health care costs. For instance, quit rates can increase by a median of 6.4 percent among workers using these strategies. An employer could potentially save $10,246 per year for every smoker who quits due to a smoke-free workplace policy.

PUTTING THE CPSTF FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the CPSTF and determine which ones best match your needs. Develop evidence-based programs, services, and policies that make tobacco products less accessible, affordable, desirable, and accepted.

- ✓ Explore tobacco control programs at the National Cancer Institute's **Research-tested Intervention Programs (RTIPs)** https://rtips.cancer.gov/rtips/topicPrograms. These community-based and clinical programs have been evaluated, found to be effective, and published in a peer-reviewed journal. Look for real-world programs related to CPSTF recommendations that might be adaptable to your needs. Learn more from the National Cancer Institute's Cancer Control P.L.A.N.E.T. at https://cancercontrolplanet.cancer.gov/tobacco_control.html.

- ✓ See how other communities have applied the CPSTF recommendations for reducing tobacco use at www.thecommunityguide.org/content/the-community-guide-in-action. Get ideas from their Community Guide in Action stories.

- ✓ Use **CDC's state and local resources** on smoking and tobacco at www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/index.htm to find best practice guides and other tools for implementing an effective tobacco control program.

- ✓ Consult **Partnership for Prevention Action Guide** at www.prevent.org/Topics/Tobacco-Control.aspx for suggestions on putting evidence-based recommendations on tobacco control into practice.

THE COMMUNITY GUIDE IN ACTION

Community-wide effort to make Florida tobacco free

Florida public health practitioners, community advocates, and residents joined forces to change state policy to stem the tide of death and disability caused by tobacco. Evidence-based interventions, including the ones in The Community Guide, were implemented across the state and led to substantial reductions in tobacco use and personal health care expenses. Tobacco Free Florida has been extremely effective in reducing tobacco use in its communities. Within the first four years of the campaign, the smoking rate for adults in Florida decreased by 18.6% and fell below the national average.
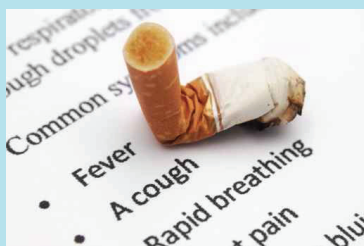
Nebraska lays out a blueprint for success

Some communities are finding success by combining several recommended interventions. The City of Lincoln and Lancaster County, Nebraska used multiple strategies recommended in The Community Guide to build a phased approach to decrease local tobacco use. Beginning with community-wide education and engagement, their efforts led to substantial reductions in tobacco use in their county and eventually, to statewide policy changes, including a smoking ban modeled on the City of Lincoln's success. Within a few years of the ban, county smoking rates decreased from 19.3% to 15.5% among adults, and from 23.5% to 16.4% among youth.

Read more on these and other success stories in The Community Guide in Action series at www.thecommunityguide.org/content/the-community-guide-in-action.

FOR MORE INFORMATION

The Community Guide: Tobacco
www.thecommunityguide.org/topic/tobacco

Office on Smoking and Health, CDC
www.cdc.gov/tobacco

Best Practices for Tobacco Control, CDC
www.cdc.gov/tobacco/stateandcommunity/

CDC's Vital Signs: Adult Smoking in the U.S.
www.cdc.gov/vitalsigns/AdultSmoking

Preventing Tobacco Use Among Youth and Young Adults: We CAN Make the Next Generation Tobacco-Free
U.S. Surgeon General
www.surgeongeneral.gov/library/preventing-youth-tobacco-use

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[1] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2016 Nov 14].

[2] Jha P, Ramasundarahettige C, Landsman V, Rostrom B, Thun M, Anderson RN, McAfee T, Peto R. 21st Century Hazards of Smoking and Benefits of Cessation in the United States. New England Journal of Medicine, 2013;368(4):341–50 [accessed 2015 Aug 17].

[3] Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005-2015. Morbidity and Mortality Weekly Report. 2016;65(44):1205-1211 [accessed 2016 Nov 14].

[4] Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2016. Morbidity and Mortality Weekly Report, 2017;66(23):597-603 [accessed 2017 Jun 15].

[5] Substance Abuse and Mental Health Services Administration, Results from the 2014 National Survey on Drug Use and Health: Detailed Tables. Tables 2.56B, 2.59B, 2.61B, 2.66B. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2015 [accessed 2016 Aug 26].

[6] Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual Healthcare Spending Attributable to Cigarette Smoking: An Update. American Journal of Preventive Medicine 2014;48(3):326–33 [accessed 2017 Mar 28].

[7] U. S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2017 Jan 11].

The Community Guide

WHAT WORKS
Tobacco Use
Evidence-Based Interventions for Your Community

CPSTF FINDINGS ON TOBACCO USE

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding
Reducing Tobacco Use Initiation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Smoke-free policies	●
Increasing Tobacco Use Cessation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Mass-reach health communication interventions	●
Mobile phone-based interventions	●
Multicomponent interventions that include client telephone support	●
Smoke-free policies	●
Provider reminders when used alone	●
Provider reminders with provider education	●
Reducing client out-of-pocket costs for cessation therapies	●
Internet-based interventions	◆
Mass media – cessation contests	◆
Mass media – cessation series	◆
Provider assessment and feedback	◆
Provider education when used alone	◆

Intervention	CPSTF Finding
Reducing Exposure to Environmental Tobacco Smoke	
Smoke-free policies	●
Community education to reduce exposure in the home	◆
Restricting Minors' Access to Tobacco Products	
Community mobilization with additional interventions	●
Sales laws directed at retailers when used alone	◆
Active enforcement of sales laws directed at retailers when used alone	◆
Community education about youth's access to tobacco products when used alone	◆
Retailer education with reinforcement and information on health consequences when used alone	◆
Retailer education without reinforcement when used alone	◆
Laws directed at minors' purchase, possession, or use of tobacco products when used alone	◆
Decreasing Tobacco Use Among Workers	
Smoke-free policies	●
Incentives and competitions to increase smoking cessation combined with additional interventions	●
Incentives and competitions to increase smoking cessation when used alone	◆

For more information on findings related to reducing tobacco use, visit The Community Guide website's Tobacco page at www.thecommunityguide.org/topic/tobacco. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

UNDERSTANDING THE FINDINGS

The CPSTF bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the CPSTF assigns each intervention to one of the categories below.

Category	Description	Icon
Recommended	There is strong or sufficient evidence that the intervention strategy is **effective**. This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	●
Insufficient Evidence	There is **not enough evidence** to determine whether the intervention strategy is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. The CPSTF encourages those who use interventions with insufficient evidence to evaluate their efforts.	◆
Recommended Against	There is strong or sufficient evidence that the intervention strategy is **harmful or not effective**.	▲

EVALUATING THE EVIDENCE

- The CPSTF findings and recommendations for interventions that reduce or prevent tobacco use are based on systematic reviews of the available evidence.

- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.

- Each systematic review looks at the intervention's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.

- For each intervention, a summary of the systematic review, included studies, evidence gaps, and journal publications can be found on the Tobacco section of the website at www.thecommunityguide. org/topic/tobacco. From this page, select the strategy you are interested in and click on the specific intervention you want to learn more about.

Visit the "Our Methodology" page on The Community Guide website at www.thecommunityguide.org/about/our-methodology.htm for more information about the methods used to conduct the systematic reviews and the criteria the CPSTF uses to make findings and recommendations.