

# TOBACCO CONTROL NETWORK 2012 POLICY PLATFORM

## ON TOBACCO PREVENTION AND CONTROL EXECUTIVE SUMMARY

TOBACCO  
CONTROL  
NETWORK

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### The Problem

**Tobacco use is the single most preventable cause of death and disease in the United States (U.S.).** An estimated 45.3 million Americans (19.3% of all adults) currently smoke cigarettes. Cigarette smoking causes about 1 of every 5 deaths in the U.S. each year, which is approximately 443,000 deaths (including 50,000 deaths from secondhand smoke).

The 2006 Surgeon General's Report on the *Health Consequences of Involuntary Exposure to Secondhand Smoke* concluded that there is **no risk-free level of exposure to secondhand smoke**, yet an estimated 50,000 non-smokers die every year as the result of secondhand smoke.

Finally, tobacco use also exacts a **huge economic toll**. During 2000-2004, cigarette smoking was estimated to be responsible for \$193 billion in annual health-related economic losses in the U.S. with \$96 billion in direct medical costs and approximately \$97 billion in lost productivity.

**The Tobacco Control Network (TCN)** is comprised of tobacco control program managers and additional staff from each state, territory, and D.C., allowing the network to harness a wealth of expertise from across the country. The TCN acts as a catalyst for change in the tobacco control movement by facilitating knowledge exchange among its members, fostering leadership development through member support services, and collaborating with partners at all levels of tobacco control. To learn more, visit our website at [www.ttac.org/TCN](http://www.ttac.org/TCN) or email [tcn@sph.emory.edu](mailto:tcn@sph.emory.edu).

### Other Promising Practices

**These proven policies are enhanced by a comprehensive approach that includes other promising practices. States that have already achieved success in the three top priorities are encouraged to engage in other population-based approaches to change social norms, including:**

**Establish other smoke-free venues**, such as smoke-free multi-unit housing; health care campuses, universities, colleges, and trade schools, and other worksite campuses; public and recreational outdoor spaces; and tobacco-free schools, childcare, and foster care.

**Reduce barriers to cessation assistance** by partnering with state Medicaid programs to provide and promote utilization of comprehensive coverage of tobacco dependence treatments, encouraging state employee health plans to provide and promote utilization of comprehensive coverage of tobacco dependence, supporting system change within the Health Care and Behavioral Treatment Systems, and supporting implementation of the 2012 Joint Commission Tobacco Treatment Measures.

**Point of Sale Restrictions**, such as state and local tobacco retail licensing, tobacco retailer density/zoning, restrictions on tobacco product display, content neutral advertising, and non-tax approaches to raising the cost of tobacco products.

### We Know What Works

**The TCN recommends all states and communities achieve the following science-based strategies to end the epidemic of tobacco use and address the needs of those populations that are disproportionately affected by the resulting toll it takes on individuals, families and communities.**

**1. Raise the Price:** In each state, increase the excise tax on cigarettes to at least \$1.50 per pack with an equivalent tax increase on the prices of Other Tobacco Products (e.g., smokeless, cigars, pipe, dissolvables), and specifically designate a significant portion of the revenue for comprehensive tobacco control programs to achieve greater equity in programs that reach lower socio-economic communities.

**2. Smoke-free Air Laws:** Enact uniform local, state, and tribal 100% smoke-free air laws to protect all workers and the public from exposure to tobacco smoke. These laws should cover all workplaces and public places, including restaurants, bars, and gaming areas in accordance with the Fundamentals for Smoke-free Workplaces Guide. Additionally, the definition of "smoking" in these laws should be broadened to include electronic nicotine delivery systems wherever it is feasible and appropriate.

**3. Funding for Sustainable, Comprehensive Programs:** Fully fund state tobacco control programs in accordance with the 2007 Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control. One way this could be accomplished is by dedicating a small portion of what states collect in tobacco tax revenue and tobacco industry settlement payments to tobacco control activities