

TOBACCO USE AND EXPOSURE

Note to readers and users of the *Healthiest Wisconsin 2020 Profiles*: This *Healthiest Wisconsin 2020 Profile* is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 5 of the *Healthiest Wisconsin 2020 plan*.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

Definition

Eliminating tobacco use and exposure means improving health by preventing tobacco abuse, promoting tobacco dependence treatment, protecting all people from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities. This is accomplished by partnering with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan.

Importance of the Focus Area

Tobacco continues to be a devastating health and economic burden on Wisconsin. Each year, 8,000 people in Wisconsin die from tobacco-related illnesses. Tobacco use is the single most preventable cause of death and disease in the U.S. Every day, people across Wisconsin suffer from the effects of tobacco, and the effects of this deadly addiction are felt throughout Wisconsin communities and by Wisconsin families. Tobacco use in Wisconsin costs more than \$2.2 billion annually in direct health care costs and \$1.6 billion in lost productivity. Through the leadership of the Tobacco Prevention and Control Program, important strides have been made. Chief among them is the reduction in both adult and youth smoking rates among the general population; however, rates among high-risk populations remain extremely high. Smoking prevalence and exposure to secondhand smoke remain high among youth and young adults, and among people in low socioeconomic groups (defined by income, education, and type of occupation). Current state and local community funding is inadequate to address the tobacco epidemic in the state. Wisconsin cannot afford the cost in lives, health care, and lost productivity of an inadequately funded tobacco control program. Funding is much lower than recommended by the U.S. Centers for Disease Control and Prevention. Wisconsin is losing too many lives and too much money for tobacco-related illness, whose effects reach deeply into community life throughout the state.

Recent successes have been achieved, including passage of the statewide smoke-free air law that goes into effect July 5, 2010, and two significant tobacco tax increases during 2008 and 2009. Nevertheless, many populations have not benefited from prevention and

protection policies. In addition, the tobacco industry counters these successes by developing and targeting new tobacco products to the most vulnerable populations in Wisconsin.

A comprehensive approach is needed that focuses on the population as a whole. By adopting and building on policies and programs that have been proven to work, societal norms, systems, and networks can change and play a significant role in improving health across the life span.

Emerging issues

- Tobacco industry targeting and marketing of new smokeless tobacco products, such as new flavored products.
- Product sampling at community places and events such as bars, taverns, community fairs.
- Dual cigarette and smokeless tobacco use among tobacco users.
- Decrease in cigarette use as smokeless tobacco use increases.

Wisconsin's Strategic Plan, *Bringing Everyone Along: A Strategic Plan to Eliminate Tobacco-Related Health Disparities in Wisconsin*, (Department of Health Services, 2008), shows that progress has been made in tobacco control in Wisconsin; however, all people have not benefited equally. *Bringing Everyone Along* supports the goal to eliminate health disparities, which persist among low socioeconomic population groups, those defined by income, education, and type of occupation. Many population groups are at risk because of concentrated marketing efforts by the tobacco industry, which targets racial and ethnic groups, those with mental health and/or substance abuse issues, and young adults, especially 18-24-year-olds.

A tobacco disparity exists when the health of one group of people is affected to a greater degree than another group, based on a specific tobacco-related dimension. A partial list of dimensions used to identify populations experiencing a tobacco health disparity includes high prevalence, high morbidity and mortality; special vulnerabilities such as tobacco industry targeting; cultures and subcultures that accept smoking; work environments that are not protected or regulated from exposure to second-hand smoke; access to treatment; access to health insurance; cultural beliefs associated with treatment; low personal resources; choice of type of tobacco; and size of the population.

The tobacco epidemic can be stopped by implementing comprehensive programs based on the U.S. Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs (2007)* at fully funded and sustainable levels. According to the CDC, Wisconsin's sustainable level is \$64.3 million annually.

Wisconsin Data Highlights

- Tobacco continues to be a devastating health and economic burden on Wisconsin. Every year, 8,000 Wisconsin people die from tobacco-related illnesses each year. (Burden of Tobacco in Wisconsin, 2008).

- In 2008, 15 percent of women who gave birth in Wisconsin smoked during pregnancy (Wisconsin Interactive Statistics on Health [WISH] Births Module, 2008).
- Each year, 8,200 Wisconsin youth start smoking regularly. This means 22 new youth smokers each day (Wisconsin Youth Tobacco Survey, 2008).
- Tobacco costs Wisconsin nearly \$4 billion annually in health care costs and lost worker productivity (Burden of Tobacco in Wisconsin, 2006).
- Each year the tobacco industry spends \$276.1 million in marketing and advertising in Wisconsin, compared to the state's investment of \$6.8 million annually for tobacco prevention.
- The Centers for Disease Control and Prevention recommends a budget of \$64.3 million annually for Tobacco Prevention and Control in Wisconsin (Best Practices for Comprehensive Tobacco Control Programs, 2007).

Objective 1

By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.

Objective 1 Indicators

- Proportion of youth and young adults using tobacco (Wisconsin Youth Tobacco Survey).
- Proportion of smoke-free homes (Wisconsin Youth Tobacco Survey).
- Percent of Wisconsin children in smoke-free homes (Wisconsin Youth Tobacco Survey).

Objective 1 Rationale

By reducing tobacco use and exposure among youth and young adults, an end to the epidemic can be reached in Wisconsin.

Objective 2

By 2020, reduce tobacco use and exposure among the adult population by 25 percent.

Objective 2 Indicators

- Proportion of adults using tobacco products (Wisconsin Department of Health Services, Behavioral Risk Factor Survey [BRFS]).
- Proportion of smoke-free workplaces (BRFS).
- Proportion of smoke-free homes (BRFS).

Objective 2 Rationale

Tobacco use is the single most preventable cause of death and disease in the U.S. Reducing tobacco abuse and exposure among adults, can save lives, increase quality of life, and reduce the economic burden to the state.

Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

Objective 3 Indicator

Proportion of adults and youth using tobacco and exposed to tobacco in disparate populations (Wisconsin Youth Tobacco Survey, Wisconsin Behavioral Risk Factor Survey, Wisconsin Youth Risk Behavior Survey).

Objective 3 Rationale

Continual development and strengthening of systems and networks to identify and address tobacco-related health disparities are needed. As data improves, a better understanding of the differences within groups can be achieved, thus refining prevention measures that are effective for at-risk population groups.

Evidence- or science-based actions to move the objectives forward over the decade

- Continue to embrace collaboration with partners and constituencies.
- Develop public and private mental health and alcohol, tobacco, and other drug abuse treatment systems to integrate dependence treatment according to Public Health Service Guidelines.
- Implement evidence-based strategies across all tobacco prevention and control programs.
- Reduce the initiation of tobacco use among children, adolescents, and young adults.
- Promote the use of the Wisconsin Tobacco Quitline through health care providers, employers, insurers, media, and community-based organizations.
- Strengthen data collection systems for tobacco use and exposure among populations of disparities.
- Continue to promote the participation of community leaders, public health agencies, and health care providers in education and advocacy about local and statewide tobacco prevention and control policies (Centers for Disease Control and Prevention, 2007).

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