



## Press Release

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### **New Study Shows Tobacco Control Programs Cut Adult Smoking Rates**

Greater investments in state tobacco control programs are independently and significantly associated with larger and more rapid declines in adult smoking prevalence, according to a study by researchers at Centers for Disease Control and Prevention (CDC) and RTI International, an independent nonprofit research institute based in Research Triangle Park, N.C. Researchers were able to quantify the link between comprehensive tobacco control programs and a decrease in adult smoking — observing a decline in prevalence from 29.5 percent in 1985 to 18.6 percent in 2003.

The study, “The Impact of Tobacco Control Programs on Adult Smoking,” is the first of its kind to use multi-state survey data on smoking to examine the association between cumulative state tobacco control program spending and changes in adult smoking prevalence. Combining educational, clinical, regulatory, economic, and social strategies, these comprehensive programs encompass coordinated efforts to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.

“It appears that sustained, well-funded programs become increasingly effective over time,” said Matthew Farrelly, Ph.D., RTI International, who was lead author of the study. “As states build capacity for tobacco control, they make better and better use of each additional dollar.”

The study, published in the February 2008 issue of the *American Journal of Public Health*, analyzed data from all 50 states and the District of Columbia and found that among individual states the declines in adult smoking prevalence were directly related to increases in state per person investments in tobacco control programs.

While increases in the cost of cigarettes have been shown previously to lead to declines in smoking rates, this new study finds that state program funding had an effect on adult smoking, independent of price.

According to the study, if all states had started in 1995 to fund their tobacco control programs at either the minimum or optimal levels recommended by the CDC in *Best Practices for Comprehensive Tobacco Control Programs*, there would have been 2.2 million to 7.1 million fewer smokers by 2003.

Yet despite extensive research demonstrating the effectiveness of tobacco control programs in reducing smoking prevalence and improving health, as of 2005, only four states funded their programs at the minimum levels recommended by CDC. Many states have substantially reduced funding for their tobacco control programs. Overall funding for state tobacco control programs declined by 28 percent between fiscal years 2002 and 2005. As of 2007, only three states were funding their programs at the CDC-recommended levels.

The study also found that increases in both tobacco control program expenditures and cigarette prices were effective in reducing smoking prevalence among adults, with tobacco control program expenditures somewhat more effective in reducing smoking prevalence among adults aged 25 or older, while increases in cigarette prices had a stronger effect on 18- to-24-year-old smokers.

“These results show that if states consistently fund programs at recommended levels—outlined in *Best Practices for Comprehensive Tobacco Control Programs*—they could substantially reduce adult smoking prevalence, and thus reduce smoking-related morbidity, mortality, and economic costs,” said Terry Pechacek, Ph.D., associate director for science, Office on Smoking and Health, CDC, and one of the authors of the study.

This research supports the conclusion of not only the 2000 report of the U.S. Surgeon General but also 2007 reports from the Institute of Medicine, the National Institutes of Health, and the President’s Cancer Panel that comprehensive state tobacco control programs are effective public health investments. The study also complements recent studies demonstrating that tobacco control program expenditures are associated with declines in smoking prevalence among youths and declines in per-person cigarette sales.

Tobacco-attributable disease accounts for an estimated 438,000 deaths per year in the United States, and remains the leading cause of preventable death and disease. Tobacco use accounts for more than \$190 billion annually in direct and indirect medical costs, and at least 8.6 million Americans are living with at least one serious illness caused by tobacco use.

The full study is available at <http://www.ajph.org/>. You may also contact CDC’s Office on Smoking and Health at 770-488-5493 to obtain a copy of the study. For more information about CDC’s *Best Practices for Comprehensive Tobacco Control Programs–2007*, please visit CDC’s Web site at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).

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