RECOMMENDATIONS OF THE
MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
ON
TOBACCO POLICY

INTRODUCTION

Tobacco use is a major public health concern and has been identified as a priority health issue in communities throughout Michigan. Use of tobacco is the single leading preventable cause of premature death and disability in the United States. It kills more than 400,000 Americans each year—more people than AIDS, car accidents, alcohol, homicides, illegal drugs, suicides and fires combined. From 1990-1994 there were 368 deaths related to smoking in Michigan for every 100,000 population compared to 358 per 100,000 population in the nation as a whole; this was thirteenth highest among the states. On average there were 14.1 years of potential life lost per smoking related death in Michigan during 1990-1994[1]. In addition, smoking cigarettes, cigars, or using smokeless tobacco causes heart disease, cancers of the lung, larynx, mouth, esophagus and bladder, and chronic lung disease[2]. Nationally, approximately $50 billion of total medical costs each year are directly attributable to tobacco use[3].

Exposure to secondhand smoke also has serious health consequences. Researchers have identified more that 4,000 chemical compounds in tobacco smoke; of these, at least 43 cause cancer in humans and animals[4]. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 150,000 to 300,000 children suffer form lower respiratory tract infections[5]. Studies have found that secondhand smoke exposure causes heart disease among adults[3].

ADDICTION TO TOBACCO

A solid body of scientific evidence indicates that tobacco use and addiction usually take root in adolescence and that tobacco use may increase the probability that an adolescent will use other drugs. Among adults in the United States who have ever smoked daily, 82 percent tried their first cigarette before age 18, and 53 percent became daily smokers before age 18[5]. The five key stages of initiation and establishment of tobacco use among young people are: (1) forming attitudes and beliefs about tobacco; (2) first trying tobacco; (3) continuing experimentation with tobacco; (4) regularly using tobacco; and (5) becoming addicted to tobacco[6].

The principal determinant for maintenance of tobacco use is the addictive nature of tobacco. There is overwhelming evidence that nicotine found in tobacco is addictive and that addiction occurs in most smokers during adolescence[7]. Among student who were high school seniors during 1976 to 1986, a total of 44 percent of daily smokers believed that in 5 years they would not be smoking; however, follow-up studies have indicated that 5 to 6 years later, 73 percent of these persons remained daily smokers[8]. In 1995, 68.2 percent of current smokers wanted to quit smoking completely, and 45.8 percent of the current everyday smokers had stopped smoking for at least 1 day during the preceding 12 months[9]. However, current estimates indicate that only 2.5 percent of current smokers stop smoking permanently each year[10].

Smoking does not only affect the smoker. Secondhand smoke is harmful to everyone. It is a combination of exhaled smoke from a smoker and smoke from the burning end of a cigarette. Secondhand

smoke has two phases. The first phase of is a blue-gray cloud made up of many harmful chemicals such as arsenic, cyanide, and tar. The second phase of secondhand smoke cannot be seen. It does, however, hang in the air long after the first phase goes away. That phase also contains chemicals that are harmful to everyone—especially children. It causes a higher rate of throat infections, increasing rates of asthma, permanent decrease in lung function, and leads to more repeated ear infections[11].

CURRENT STATUS OF TOBACCO USE

Fiscal Year 1999/2000 appropriations to Michigan Department of Community Health are as follows:

Total tobacco appropriation	$6,246,500
Local projects	$3,248,180
Statewide projects	687,115
Media & materials	1,936,415
Administration	374,790

According to the 1998 survey by the Centers for Disease Control and Prevention (CDC) 27.4 percent of Michigan's adults used tobacco products. This rate compares to a national average of 22.9 percent and is the fourth highest rate in the United States. Michigan had an increase from 1997 when adult tobacco users had the tenth highest rate at 26.1 percent. The only states in 1998 with higher rates are Kentucky at 30.8 percent, Nevada at 30.4 percent, and West Virginia at 27.9 percent. The four lowest rates are Utah at 14.2 percent, Minnesota at 18 percent, California at 19.2 percent, and Hawaii at 19.5 percent[7].

Michigan's trend for current cigarette smoking among adults aged 18 and older from 1993 to 1998 is as follows[1]:

1993	1994	1995	1996	1997	1998
25.1%	25.1%	25.8%	25.6%	26.1%	27.4%

The CDC's 1997 Youth Risk Behavior Survey indicated that 38.2% of 9th to 12th grade students in Michigan were current cigarette users and that 19.8% were frequent cigarette users. Eight and four-tenths percent of students also stated they use smokeless tobacco. Seventy-five percent of youth reported that they had tried smoking at least once.

POLICY RECOMMENDATIONS

As the nation's number one cause of death it is recommended that Michigan follow the example of states like Massachusetts, California, and Florida which have demonstrated that comprehensive tobacco control plans work and can have a significant impact on tobacco use rates. Following the recommendations of the Centers for Disease Control and Prevention, Office on Smoking and Health, $54,804,000 to $154,558,000 annually should be invested in an innovative, long range, broad-based plan of action that will prevent and reduce tobacco use in Michigan. In order to prevent children from starting to use tobacco, protect non-smokers from exposure to secondhand smoke, and reduce tobacco use in youth and adults the following recommendations are proposed:

- Eliminate the State of Michigan **preemption of local laws for tobacco use**.
- Provide support for **community-based partnerships** to support coalitions dedicated to significant, long-term reduction of tobacco use through changes in community environments using local partners

who plan, promote and implement community changes designed to impact the use of tobacco.

- Provide support to **statewide partnerships** for development of a communications network between organizations and individuals. These important partnerships with statewide organizations will encourage activities that prevent tobacco use throughout the organizations's network of individuals.
- Support should be provided for dedicated **counter-marketing** via an aggressive media campaign to de-glamorize, reduce, and prevent tobacco use. A comprehensive campaign will also address the reduction of exposure to secondhand smoke.
- **Cessation services** should be supported to assist the nearly 50 percent of smokers who attempt to quit smoking each year and the 70 percent who say they would like to quit. It is important that cessation services that have been demonstrated to be effective are made widely available to meet the demand.
- Support should be provided for **monitoring and evaluation** to analyze which areas are showing good progress and which need additional effort or more effective strategies. Data needs to be gathered to measure progress in reaching the desired long-term outcomes of reducing tobacco use rates and reducing exposure to secondhand smoke.
- Finally, support should be provided for **administration** to assure that there are adequate staff and resources to effectively manage the overall program and to provide support for grantees and contractors. Portions of the State's tobacco tax, tobacco settlement, and general fund should be combined with federal and other resources to fund this comprehensive initiative.

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