

## Utah Tobacco Prevention and Control Efforts Benefit Everyone

In 2006, the U.S. Surgeon General released an updated report, stating there is no safe level of exposure to secondhand smoke. Tobacco is a grave health danger to Utahns. That's why Utah's state and local health departments and community partners have worked for years to build a comprehensive program to prevent and control tobacco use. Funds from the 2000 legal settlement against the tobacco industry have supported local programs, an effective anti-tobacco marketing campaign, local quitting services, the Utah Tobacco Quit Line and Utah QuitNet. As a result, Utah's programs have saved lives, prevented youth from smoking and helped thousands of Utahns kick their addiction to tobacco.

### Tobacco is Still a Leading Public Health Problem in Utah

- Tobacco use is a leading preventable cause of death in Utah, with an average of 1,100 Utahns dying annually of smoking-related illnesses.<sup>1</sup>
- More than 200,000 Utahns continue to use tobacco<sup>2</sup> and 22,000 Utah children are exposed to secondhand smoke in their homes.<sup>3</sup>
- 86 percent of Utahns say they are bothered by other people's smoke.<sup>2</sup>

### The Tobacco Industry is Relentless

- The tobacco industry spends more than \$60 million yearly marketing its products to children and adults in Utah.<sup>4</sup>

### Utah's Tobacco Prevention and Control Program (TPCP) is Working

- Utah's adult smoking rate has declined by 17 percent (1999-2005).<sup>2</sup>
- Utah's smoking rate for high school students has declined by 38 percent (1999-2005).<sup>5</sup>
- Smoking during pregnancy has decreased by 23 percent (1999-2004).<sup>6</sup>
- Last year, eight school districts implemented comprehensive school policies on tobacco, benefiting 115,000 students.<sup>7</sup>
- More than 12,000 Utahns enrolled in TPCP-sponsored tobacco cessation services (2001-2006).<sup>9</sup>
- Childhood exposure to secondhand smoke in the home declined by 53 percent (2001-2005).<sup>10</sup>
- Nearly two percent fewer Utahns reported worksite exposure to secondhand smoke (2003-2005).<sup>8, 11</sup>

### Anti-Tobacco Programs Save Taxpayer Dollars and Benefit Business

- Utah incurs more than \$530 million annually in smoking-attributable medical and productivity costs.<sup>12</sup>
- For every smoker who quits, \$8,000 is saved in medical care costs.<sup>13</sup>
- In 2003, a law was passed making New York City restaurants smoke-free. A survey of nearly 30,000 New York restaurant-goers found that 23 percent eat out more often since this law was implemented. Other states that have enacted similar laws have experienced neutral or positive impacts on business.<sup>14, 15</sup>

### Utah Must Continue The Fight Against Big Tobacco

- Since 2000, the Utah legislature has annually allocated \$4 million of the initial Master Tobacco Settlement Agreement and a portion of tobacco excise tax revenues to the Utah Department of Health Tobacco Prevention and Control Program.

- This funding, comprised of only 9.8 percent of overall settlement and tax revenues, has provided for an effective statewide media campaign and local tobacco prevention and control efforts.
- States that have cut their anti-tobacco budgets are seeing an increase in smoking susceptibility and illegal sales to youth.<sup>16</sup>

A long term commitment to tobacco control is necessary to continue to save lives and reduce smoking-related costs. For more information contact the Tobacco Free Resource Line at 1.877.220.3466, or visit [www.tobaccofreeutah.org](http://www.tobaccofreeutah.org)

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<sup>1</sup> National Center for Chronic Disease Prevention and Health Promotion. (2005) *CDC Tobacco Control Highlights 2005- Utah*. Atlanta, GA: U.S. Department of Health and Human Services.

<sup>2</sup> Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS). 1984-2005*.

<sup>3</sup> Utah Department of Health. *Utah Health Status Survey, 2001-2005*.

<sup>4</sup> Campaign for Tobacco-Free Kids. (2005). *State-Specific Tobacco Company Marketing Expenditures 1998 to 2003*.

<sup>5</sup> YRBS: Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results. Retrieved August 15, 2006.

<sup>6</sup> Utah Birth Certificate Database. Retrieved on April 20, 2006 from Utah Department of Health.

<sup>7</sup> Utah Department of Health, School District Progress Reports, 2006. School enrollment numbers retrieved November 28, 2006 from <http://www.schools.utah.gov/default/Directory.pdf>.

<sup>8</sup> *2006 Utah Tobacco Prevention and Control Media Campaign Evaluation – Youth Report*. Utah Department of Health.; West DR. (2006). *2006 Utah Tobacco Prevention and Control Media Campaign Evaluation – Adult Report*

<sup>9</sup> Tobacco Prevention and Control Program: Utah Tobacco Quit Line progress reports and annual evaluation reports, 2001-2006; Utah QuitNet contract reports, 2004-2006; Ending Nicotine Dependence Program data, 2001-2006; Utah Medicaid Tobacco Cessation Program contract report, FY2006; "Not On Tobacco" contract report, FY2006.

<sup>10</sup> Utah Department of Health. *Utah Health Status Survey, 2001-2005*.

<sup>11</sup> Social Research Institute. University of Utah. (2003). *Anti-Tobacco Media Campaign Evaluation. Report 5: Summer 2003*

<sup>12</sup> National Center for Chronic Disease Prevention and Health Promotion. (2006). *Adult Smoking-Attributable Mortality, Morbidity, and Economic Cost*.

<sup>13</sup> Campaign for Tobacco-Free Kids. (2001). *Rough Formula for Estimating Future State Tobacco Control Savings*.

<sup>14</sup> Zagat Press Release, "Zagat 2004 New York City Restaurant Survey Finds Local Dining Economy in Comeback Mode," October 20, 2003.

<sup>15</sup> Campaign for Tobacco-Free Kids Press Release. "Campaign for Tobacco-Free Kids: New York City Report Finds Restaurant and Bar Business Thriving on First Anniversary of Smoke-Free Law," March 29, 2004.

<sup>16</sup> Effect of ending an anti-tobacco youth campaign on adolescent susceptibility to cigarette smoking—Minnesota 2002-2003. *MMWR Morbidity and Mortality Weekly Report*. April 16, 2004;53:301-304; Sbarra, Cheryl, Massachusetts Association of Health Boards, Abstract, March 2004. <http://www.mahb.org/tobacco/sales%20to%20minors%20study%20abstract.pdf>