



## 50<sup>th</sup> Anniversary of the Surgeon General's Report on Smoking and Health

ADOPTED BY SOPHE BOARD OF TRUSTEES

February 9, 2014

*Recognition of the 50<sup>th</sup> Anniversary of the Surgeon General's Report on Smoking and Health to commemorate the landmark report and encourage any and all tobacco control efforts for future generations*

WHEREAS, on January 11, 1964, at a time when 46% of American adults smoked cigarettes, the United States (U.S.) Surgeon General Dr. Terry L. Luther courageously released the first report naming smoking as a cause of lung and laryngeal cancer in men, a probable cause of lung cancer in women, and the most important cause of chronic bronchitis<sup>1</sup>, and

WHEREAS, this report was followed by many subsequent national reports on tobacco use and health, as well as federal actions including the Federal Cigarette Labeling and Advertising Act<sup>2</sup> and the Public Health Cigarette Smoking Act<sup>3</sup> during the 1960's, to the more recent Family Smoking Prevention and Tobacco Control Act of 2009<sup>4</sup>, and

WHEREAS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*<sup>5</sup> chronicles the century-long epidemic of cigarette smoking and concludes that: a) cigarette smoking has been causally linked to diseases of nearly all organs of the body, to diminished health status, and to harm to the fetus; b) the tobacco industry has deceptively mislead the public about the harms of cigarettes; c) comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use; d) if smoking persists at the current rate among young adults in this country, 5.6 million of today's Americans younger than 18 years of age are projected to die prematurely from a smoking-related illness; and e) eliminating cigarettes and other combusted tobacco products will dramatically reduce the burden of death and disease, and

WHEREAS, SOPHE previously issued resolutions on tobacco<sup>6</sup>, including the [Resolution to Promote a Comprehensive, Responsible National Tobacco Control Policy](#) (1997), the [Resolution on Reducing the Impact of Asthma](#) (2001) and the [Resolution To Promote A Comprehensive, Evidence-Based National Tobacco Control Policy](#) (2011), and

WHEREAS, the Patient Protection and Affordable Care Act<sup>7</sup> (ACA), provides major opportunities for prevention of chronic disease, and allows insurers to charge higher premiums for smokers and requires all new private health insurance plans and Marketplace plans to cover tobacco cessation treatments with no cost-sharing fees, and

WHEREAS, the U.S. Preventive Services Task Force (USPSTF) classified smoking cessation interventions as a Grade A service, meaning that USPSTF recommends the service and that there is high certainty that the net benefit is substantial<sup>8</sup>,

WHEREAS, despite very limited research on their safety, or their effectiveness as a method of tobacco cessation, the popularity of electronic cigarettes has shown dramatic growth in the United States and worldwide, as an unregulated nicotine delivery device<sup>9</sup>, and

WHEREAS, a study by the U.S. Centers for Disease Control and Prevention (CDC) found that use of electronic cigarettes among middle and high school students more than doubled between 2011-2012<sup>10</sup>, and

WHEREAS, the U.S. Food and Drug Administration (FDA) has exercised limited regulatory authority over electronic cigarettes, menthol cigarettes, hookah, or flavored cigars and other tobacco products since the adoption of the Family Smoking Prevention and Tobacco Control Act<sup>11</sup>, and

WHEREAS, many private and public policies and programs have been adopted at the state and local levels across the United States to reduce tobacco use, which has resulted in an American adult smoking rate of less than 20% today, but which still includes nearly 44 million people<sup>12</sup>, and

WHEREAS, 50% of adults who continue to smoke will die from a smoking-related disease, with more than 400,000 Americans dying each year from smoking and secondhand exposure to tobacco smoke<sup>13</sup>, and

WHEREAS, at least 8 million Americans live with at least one serious chronic disease from smoking<sup>13</sup>, and

WHEREAS, productivity losses due to smoking from premature death alone now exceed \$150 billion per year; the value of lost productivity due to premature deaths caused by exposure to secondhand smoke is estimated to be \$5.6 billion per year; and the annual costs of direct medical care of adults attributable to smoking are now estimated to be over \$130 billion<sup>5</sup>, and

WHEREAS, many disparities exist in both smoking rates and the burden of smoking-related diseases along demographic characteristics such as gender<sup>5</sup>, income, education, race<sup>14</sup>, ethnicity, occupation, sexual orientation<sup>15, 16</sup> and,

WHEREAS, exposure to smoking in feature films is associated with contributing to smoking initiation, particularly among LGBT<sup>17</sup> and youth populations<sup>18</sup>,

WHEREAS, the year 2013 marked the 15<sup>th</sup> anniversary of the Master Settlement Agreement of lawsuits between 46 states, the District of Columbia, five US territories and the leading US cigarette companies<sup>19</sup>, but as of fiscal year 2014, states will spend only 1.9% of the \$25.7 billion from tobacco taxes and legal settlements on prevention and cessation programs<sup>20</sup>.

WHEREAS, in spite of the availability of effective and promising practices, no states currently fund tobacco control programs at CDC's "recommended" level, and only two states (Alaska and North Dakota) fund tobacco control programs at the "minimum" level<sup>20</sup> and,

WHEREAS, CVS/Caremark has become the first national drug retailer to cease sales of cigarettes and all tobacco products effective October 1, 2014<sup>21</sup>, and

WHEREAS, SOPHE has been dedicated to advancing effective tobacco policy and practice, as demonstrated by providing presentations in webinars and scientific meetings; publishing many scientific articles on tobacco, including three special journal supplements devoted to this topic<sup>22, 23, 24</sup>; conducting two cooperative agreements addressing tobacco issues, which included technical assistance and establishing a website; establishing a Tobacco Prevention and Control Community of Practice; and providing training and materials for the Smoking Cessation & Reduction in Pregnancy Program (SCRIPT) for policy and behavior change related to smoking during pregnancy; and

WHEREAS, health education specialists have essential knowledge and skills that are vital to tobacco prevention and control efforts in schools, health care, communities, worksites, and other settings,

THEREFORE, be it

RESOLVED that SOPHE calls upon the Department of Health and Human Services and FDA to exercise full authority to regulate all tobacco products, including but not limited to electronic cigarettes, menthol cigarettes, hookah, and flavored cigars, and be it

RESOLVED that SOPHE calls on the Administration and Congress to appropriate federal funding to support comprehensive tobacco prevention strategies in all 50 states at the funding levels recommended by CDC, and be it

RESOLVED that SOPHE calls on all private health insurers to provide a full-range of evidence-based tobacco cessation services (i.e., individual, group and phone counseling and both prescription and over-the-counter tobacco cessation medications) and with no cost-sharing, and be it

RESOLVED that SOPHE will actively work with FDA, CDC and other public as well as private organizations to inform and educate the public, including children, about the harms of all forms of cigarettes and other combusted tobacco products, and be it

RESOLVED that SOPHE, including its chapters, will actively participate in coalitions to advocate for proposed policies for comprehensive tobacco control at the national and state levels, and encourage voluntary efforts to reduce tobacco marketing (e.g. discontinue sale of tobacco products by national drug retailers and in movies), and be it

RESOLVED that SOPHE will increase its advocacy and professional education efforts, particularly related to populations experiencing health disparities related to tobacco and its adverse effects, and be it

RESOLVED that SOPHE will advocate for inclusion of health education specialists as a reimbursable member of the public health and health care teams under implementation of ACA at the federal and state levels and by private insurance companies, and be it

RESOLVED that SOPHE and its chapters will continue to build upon the legacy of the 1964 Surgeon General's Report by supporting and advocating for the adoption and implementation of additional public and private policies, practices, or regulations at the federal, state and local levels to bring about further reductions in nicotine addiction, smoke exposure, tobacco use, and tobacco related morbidity and mortality, across all segments of the US population.

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