

Eliminate Tobacco Use And Exposure To Secondhand Smoke

The "Handbook" covers how the effects of a tobacco control policy are determined, the core constructs for understanding how and why a given policy works, the potential moderator variables to consider when evaluating a given policy and the data sources that might be useful for evaluation. The "Handbook" includes logic models outlining relevant constructs for evaluating the effectiveness of policies on tobacco taxation, smoke-free environments, tobacco product regulations, limits on tobacco marketing communications, product labeling, anti-tobacco public communication campaigns and tobacco use cessation interventions.

Tobacco products are legal and lethal, and they have numerous adverse impacts in the workplace. Besides being causes of increased healthcare costs and disability from the major tobacco-caused illnesses, tobacco products are also associated with greater absenteeism, decrements in job performance, and increased risk of injury. Tobacco exacts a disproportionate toll on individuals employed in blue-collar jobs who experience greater exposure to workplace toxins that can increase their risk of adverse effects from tobacco smoking. Second-hand tobacco smoke is a major air pollution problem. Persons employed in the hospitality industry and working class occupations are least protected by smoke-free workplace policies. This book provides an overview of recent advances that may help to reduce occupation-based inequities in tobacco harm, including a social contextual intervention model that integrates smoking cessation and occupational health and safety, and a new national effort to link labour unions and tobacco control organisations around their shared interest in reducing tobacco's threat to workers' health. The implications of these efforts for future research and action are highlighted. Combining sound workplace policies and tobacco dependence treatment with organised labour involvement in tobacco control provides synergies to reduce tobacco use in the workforce. These activities benefit workers and their families, employers, and society at large.

Tobacco use is the leading cause of preventable death in United States, causing more than 440,000 deaths annually and resulting in \$193 billion in health-related economic losses each year--\$96 billion in direct medical costs and \$97 billion in lost productivity. Since the first U.S. Surgeon General's report on smoking in 1964, more than 29 Surgeon General's reports, drawing on data from thousands of studies, have documented the overwhelming and conclusive biologic, epidemiologic, behavioral, and pharmacologic evidence that tobacco use is deadly. This evidence base links tobacco use to the development of multiple types of cancer and other life-threatening conditions, including cardiovascular and respiratory diseases. Smoking accounts for at least 30 percent of all cancer deaths, and 80 percent of lung cancer deaths. Despite the widespread agreement on the dangers of tobacco use and considerable success in reducing tobacco use prevalence from over 40 percent at the time of the 1964 Surgeon General's report to less than 20 percent today, recent progress in reducing tobacco use has slowed. An estimated 18.9 percent of U.S. adults smoke cigarettes, nearly one in four high school seniors smoke, and 13 percent of high school males use smokeless tobacco products. In recognition that progress in combating cancer will not be fully achieved without addressing the tobacco problem, the National Cancer Policy Forum of the Institute of Medicine (IOM) convened a public workshop, Reducing Tobacco-Related Cancer Incidence and Mortality, June 11-12, 2012 in Washington, DC. In opening remarks to the workshop participants, planning committee chair Roy Herbst, professor of medicine and of pharmacology and chief of medical oncology at Yale Cancer Center and Smilow Cancer Hospital, described the goals of the workshop, which were to examine the current obstacles to tobacco control and to discuss potential policy, outreach, and treatment strategies that could overcome these obstacles and reduce tobacco-related cancer incidence and mortality. Experts explored a number of topics, including: the changing demographics of tobacco users and the changing patterns of tobacco product use; the influence of tobacco use on cancer incidence and cancer treatment outcomes; tobacco dependence and cessation programs; federal and state level laws and regulations to curtail tobacco use; tobacco control education, messaging, and advocacy; financial and legal challenges to tobacco control efforts; and research and infrastructure needs to support tobacco control strategies, reduce tobacco related cancer incidence, and improve cancer patient outcomes. Reducing Tobacco-Related Cancer Incidence and Mortality summarizes the workshop.

Major Local Tobacco Control Ordinances in the United States

Combating Tobacco Use in Military and Veteran Populations

The Health Consequences of Smoking - 50 Years of Progress

E-Cigarette Use Among Youth and Young Adults: a Report of the Surgeon General

Reducing Underage Drinking

Survey of the Knowledge & Confidence of RT Students Regarding Smoking

Edited by Richard B. Rothenberg, et al. Examines the methods and tools available to reduce tobacco use. Provides extensive background and detail on historical, social, economic, clinical, educational, and regulatory efforts to reduce tobacco use. Indicates some clear avenues for future research and implementation. The executive summary of this report is available on S/N 017-023-00205-8.

Preventing Tobacco Use Among Youth and Young AdultsA Report of the Surgeon GeneralU.S. Government Printing Office

Tobacco use kills more people than any other addiction and we know that addiction starts in childhood and youth. We all agree that youths should not smoke, but how can this be accomplished? What prevention messages will they find compelling? What effect does tobacco advertising--more than \$10 million worth every day--have on youths? Can we responsibly and effectively restrict their access to tobacco products? These questions and more are addressed in Growing Up Tobacco Free, prepared by the Institute of Medicine to help everyone understand the troubling issues surrounding youths and tobacco use. Growing Up Tobacco Free provides a readable explanation of nicotine's effects and the process of addiction, and documents the search for an effective approach to preventing the use of cigarettes, chewing and spitting tobacco, and snuff by children and youths. It covers the results of recent initiatives to limit young people's access to tobacco and discusses approaches to controls or bans on tobacco sales, price sensitivity among adolescents, and arguments for and against taxation as a prevention strategy for tobacco use. The controversial area of tobacco advertising is thoroughly examined. With clear guidelines for public action, everyone can benefit by reading and acting on the messages in this comprehensive and compelling book.

Tobacco Control in Developing Countries

How Tobacco Smoke Causes Disease: the Biology and Behavioral Basis for Smoking-Attributable Disease

Morbidity and Mortality Weekly Report

Proposed Regulations to Eliminate Tobacco Smoke from Confined Public Air Spaces in Monroe County

A Collective Responsibility

Reducing Tobacco-Related Cancer Incidence and Mortality

Tobacco use is the single most preventable cause of disease and death in the United States. The health consequences of tobacco use include heart disease, multiple types of cancer, pulmonary disease, adverse reproductive effects, and the exacerbation of chronic health conditions. Nearly one-half million Americans still die prematurely from tobacco use each year, and economic costs attributable to smoking and exposure to secondhand smoke now approach \$300 billion annually. Despite these known health and financial burdens, approximately one in four American adults currently use some form of tobacco, with one in five smoking cigarettes. This public health problem is compounded by the fact that the harmful effects of tobacco use do not end with the user. Although substantial progress has been made in the adoption of comprehensive smoke free policies that prohibit smoking in all indoor areas of workplaces and public places, millions of Americans not protected by such policies remain susceptible to involuntary secondhand smoke exposure in these areas, as well as private settings such as multiunit housing. There is no risk-free level of secondhand smoke, and exposure can cause premature death and disease in nonsmoking adults and children. Nearly 90% of adult smokers begin smoking by the time they are 18 years of age. Although the prevalence of cigarette smoking among youth decreased significantly from the late 1990s to 2003, the rate of decline has slowed in recent years. In 2012, approximately 6.7% of middle school students and 23.3% of high school students reported using a tobacco product within the past 30 days. Several factors may have contributed to this lack of continued decline, including smaller annual increases in the retail price of cigarettes, decreased exposure among youth to effective mass media tobacco control campaigns, and less funding for comprehensive statewide tobacco control programs. Additionally, actions by the tobacco industry, including substantial increases in expenditures on advertising and promotion at the point of sale, may also have played a role, especially given the industry's history of deceptive advertising. In the 2006 final opinion in United States v. Philip Morris, U.S. District Judge Gladys Kessler concluded that the major tobacco companies are adjudicated racketeers that had "mounted a coordinated, well-financed, sophisticated public relations campaign to attack and distort the scientific evidence demonstrating the relationship between smoking and disease." Best Practices for Comprehensive Tobacco Control Programs – 2014 updates the guidance provided in 2007, reflecting additional state experiences in implementing comprehensive tobacco control programs, new scientific literature, and changes in state populations, inflation, and the national tobacco control landscape. This report draws upon best practices determined by evidence-based analysis of state tobacco control programs and published evidence of effective tobacco control strategies. On the basis of this analysis, experience, and evidence, CDC recommends that states establish and sustain comprehensive tobacco control programs that contain the following overarching components. This report describes an integrated budget structure for implementing interventions proven to be effective, and the minimum and recommended state investment that would be required to reduce, and ultimately eliminate, tobacco use in each state. Information for each of these components includes: Justification for the program intervention; Considerations for achieving equity to reduce tobacco-related disparities; Budget recommendations for successful implementation; References to assist with implementation.

Data suggest that exposure to secondhand smoke can result in heart disease in nonsmoking adults. Recently, progress has been made in reducing involuntary exposure to secondhand smoke through legislation banning smoking in workplaces, restaurants, and other public places. The effect of legislation to ban smoking and its effects on the cardiovascular health of nonsmoking adults, however, remains a question. Secondhand Smoke Exposure and Cardiovascular Effects reviews available scientific literature to assess the relationship between secondhand smoke exposure and acute coronary events. The authors, experts in secondhand smoke exposure and toxicology, clinical cardiology, epidemiology, and statistics, find that there is about a 25 to 30 percent increase in the risk of coronary heart disease from exposure to secondhand smoke. Their findings agree with the 2006 Surgeon General's Report conclusion that there are increased risks of coronary heart disease morbidity and mortality among men and women exposed to secondhand smoke. However, the authors note that the evidence for determining the magnitude of the relationship between chronic secondhand smoke exposure and coronary heart disease is not very strong. Public health professionals will rely upon Secondhand Smoke Exposure and Cardiovascular Effects for its survey of critical epidemiological studies on the effects of smoking bans and evidence of links between secondhand smoke exposure and cardiovascular events, as well as its findings and recommendations.

Tobacco use among youth and young adults in any form, including e-cigarettes, is not safe. In recent years, e-cigarette use by youth and young adults has increased at an alarming rate. E-cigarettes are now the most commonly used tobacco product among youth in the United States. This timely report highlights the rapidly changing patterns of e-cigarette use among youth and young adults, assesses what we know about the health effects of using these products, and describes strategies that tobacco companies use to recruit our nation's youth and young adults to try and continue using e-cigarettes. The report also outlines interventions that can be adopted to minimize the harm these products cause to our nation's youth.E-cigarettes are tobacco products that deliver nicotine. Nicotine is a highly addictive substance, and many of today's youth who are using e-cigarettes could become tomorrow's cigarette smokers. Nicotine exposure can also harm brain development in ways that may affect the health and mental health of our kids.E-cigarette use among youth and young adults is associated with the use of other tobacco products, including conventional cigarettes. Because most tobacco use is established during adolescence, actions to prevent our nation's young people from the potential of a lifetime of nicotine addiction are critical.E-cigarette companies appear to be using many of the advertising tactics the tobacco industry used to persuade a new generation of young people to use their products. Companies are promoting their products through television and radio advertisements that use celebrities, sexual content, and claims of independence to glamorize these addictive products and make them appealing to young people.

Preventing Tobacco Use Among Youth and Young Adults

WHO Framework Convention on Tobacco Control

Wisconsin Youth Tobacco Survey, 2000–2003

A Report of the Surgeon General – Executive Summary

Assessing the Science Base for Tobacco Harm Reduction

Making Sense of the Evidence

Alcohol use by young people is extremely dangerous – both to themselves and society at large. Underage alcohol use is associated with traffic fatalities, violence, unsafe sex, suicide, educational failure, and other problem behaviors that diminish the prospects of future success, as well as health risks æ" and the earlier teens start drinking, the greater the danger. Despite these serious concerns, the media continues to make drinking look attractive to youth, and it remains possible and even easy for teenagers to get access to alcohol. Why is this dangerous behavior so pervasive? What can be done to prevent it? What will work and who is responsible for making sure it happens? Reducing Underage Drinking addresses these questions and proposes a new way to combat underage alcohol use. It explores the ways in which may different individuals and groups contribute to the problem and how they can be enlisted to prevent it. Reducing Underage Drinking will serve as both a game plan and a call to arms for anyone with an investment in youth health and safety.

There is no doubt that smoking is damaging global health on an unprecedented scale. However, there is continuing debate on the economics of tobacco control, including the costs and consequences of tobacco control policies. This book aims to fill the analytic gap around this debate This bookbrings together a set of critical reviews of the current status of knowledge on tobacco control. While the focus is on the needs of low-income and middle-income countries, the analyses are relevant globally. The book examines tobacco use and its consequences including new analyses of welfareissues in tobacco consumption, poverty and tobacco, and the rationale for government involvement. It provides an evidence-based review of policies to reduce demand including taxation, information, and regulation. It critically reviews supply-side issues such as trade and industry and farmingissues, including new analyses on smuggling. It also discusses the impact of tobacco control programs on economies, including issues such as employment, tax revenue and welfare losses. It provides new evidence on the effectiveness and cost-effectiveness of control interventions. Finally, itoutlines broad areas for national and international action, including future research directions. A statistical annex will contain information on where the reader can find data on tobacco consumption, prices, trade, employment and other items. The book is directed at academic economists andepidemiologists as well as technical staff within governments and international agencies. Students of economics, epidemiology and public policy will find this an excellent comprehensive introduction to economics of tobacco control.

Tobacco use in the United States is the single most preventable cause of death and disease. The Centers for Disease Control and Prevention's Office on Smoking and Health (CDC/OSH) created the National Tobacco Control Program (NTCP) to foster and support coordinated, nationwide, state-based activities to advance its mission to reduce disease, disability, and death related to tobacco use. CDC/OSH has identified four program goal areas: Preventing initiation of tobacco use among young people; Eliminating nonsmokers' exposure to secondhand smoke; Promoting quitting among adults and young people; and Identifying and eliminating tobacco-related disparities. To determine the effectiveness of NTCP programs, both their implementation and their outcomes must be measured. This manual is intended to provide process evaluation technical assistance to OSH staff, grantees and partners. It defines process evaluation and describes the rationale, benefits, key data collection components, and program evaluation management procedures. It also discusses how process evaluation links with outcome evaluation and fits within an overall approach to evaluating comprehensive tobacco control programs. Previous CDC initiatives have provided resources for designing outcome evaluations. This manual complements CDC's approach to outcome evaluation by focusing on process evaluation as a way to document and measure implementation of NTCP programs. The content of this manual reflects the priorities of CDC/OSH for program monitoring and evaluation, and augments two other CDC/OSH publications: Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs and Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. This manual: Provides a framework for understanding the links between inputs, activities, and outputs and for assessing how these relate to outcomes; and Can assist state and federal program managers and evaluation staff with the design and implementation of process evaluations that will provide valid, reliable evidence of progress achieved through their tobacco control efforts.

A Report of the Surgeon General

Interventions For Addiction

WHO Recommendations For the Prevention and Management of Tobacco Use and Second-hand Smoke Exposure in Pregnancy

Elements, Roles and Costs of a Comprehensive Approach

The Role of the Media in Promoting and Reducing Tobacco Use

Report of the Advisory Committee to the Surgeon General of the Public Health Service

Fifty years have passed since publication of the landmark report of the Surgeon General's Advisory Committee on smoking and health. This report highlights both the dramatic progress our nation has made reducing tobacco use and the continuing burden of disease and death caused by smoking. As a physician, when I think about smoking, I recall the patients I have cared for. The man who had a leg amputated. The woman who had to gasp for every single breath that she took. The man with heart disease who hoped to see his son graduate, but didn't live long enough to do so. That's the reality of smoking that health care providers see every day. The prevalence of current cigarette smoking among adults has declined from 42% in 1965 to 18% in 2012.

However, more than 42 million Americans still smoke. Tobacco has killed more than 20 million people prematurely since the first Surgeon General's report in 1964. The findings in this report show that the decline in the prevalence of smoking has slowed in recent years and that burden of smokingattributable mortality is expected to remain at high and unacceptable levels for decades to come unless urgent action is taken. Recent surveys monitoring trends in tobacco use indicate that more people are using multiple tobacco products, particularly youth and young adults. The percentage of U.S. middle and high school students who use electronic, or e-cigarettes, more than doubled between 2011 and 2012. We need to monitor patterns of use of an increasingly wide array of tobacco products across all of the diverse segments of our society, particularly because the tobacco industry The Health Consequences of Smoking - 50 Years of Progress 7 Foreword continues to introduce and market new products that establish and maintain nicotine addiction. Tobacco control efforts need to not only address the general population, but also to focus on populations with a higher prevalence of tobacco use and lower rates of quitting. These populations include people from some racial/ethnic minority groups, people with mental illness, lower educational levels and socioeconomic status, and certain regions of the country. We now have proven interventions and policies to reduce tobacco initiation and use among youth and adults. With intense use of proven interventions, we can save lives and reduce health care costs. In 2012, the Centers for Disease Control and Prevention (CDC) launched the first-ever paid national tobacco education campaign - Tips From Former Smokers (Tips) - to raise awareness of the harms to health caused by smoking, encourage smokers to quit, and encourage nonsmokers to protect themselves and their families from exposure to secondhand smoke. It pulled back the curtain in a way that numbers alone cannot, and showed the tobacco-caused tragedies that we as health care professionals see and are saddened by every day. As a result of this campaign, an estimated 1.6 million smokers made an attempt to quit and, based on a conservative estimate, at least 100,000 smokers quit for good. Additionally, millions of nonsmokers talked with friends and family about the dangers of smoking and referred smokers to quit services. In 2013, CDC launched a new round of advertisements that helped even more people quit smoking by highlighting the toll that smokingrelated illnesses take on smokers and their loved

ones. CDC has also established reducing tobacco use as one of its "Winnable Battles." These are public health priorities with large-scale impact on health that have proven effective strategies to address them. CDC believes that with additional effort and support for evidence-based, cost-effective policy and program strategies to reduce tobacco use, we can reduce smoking substantially, prevent millions of people from being killed by tobacco, and protect future generations from smoking. While we have made tremendous progress over the past 50 years, sustained and comprehensive efforts are needed to prevent more

This book speaks on the tobacco abuse which is the main catalyst for avoidable death. There are increasing evidences which show that healthcare professionals are not adequately educated on how to help patients break the deadly cycle of tobacco dependence. Tobacco abuse remains the leading and major preventable cause of avoidable death in the United States. Since 1964, Tobacco use, primarily cigarette smoking, has caused more than 14 million premature deaths in the United States which is very big in number. Smoking-related diseases claim an estimated 443,000 American lives each year, including those affected indirectly, such as babies born prematurely due to prenatal maternal smoking and victims of "secondhand" exposure to tobacco's carcinogens. Health care providers, specifically respiratory therapists, need to be directly involved in using evidence-based practices to help prevent and eliminate tobacco use. Of all healthcare providers, respiratory therapists are most often in contact with patients that are diagnosed with smoking related diseases. This proximity may represent a great opportunity for education and evidence based interventions.

Tobacco use by adolescents and young adults poses serious concerns. Nearly all adults who have ever smoked daily first tried a cigarette before 26 years of age. Current cigarette use among adults is highest among persons aged 21 to 25 years. The parts of the brain most responsible for cognitive and psychosocial maturity continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine. At the request of the U.S. Food and Drug Administration, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products considers the likely public health impact of raising the minimum age for purchasing tobacco products. The report reviews the existing literature on tobacco use patterns, developmental biology and psychology, health effects of tobacco use, and the current landscape regarding youth access laws, including minimum age laws and their enforcement. Based on this literature, the report makes conclusions about the likely effect of raising the minimum age to 19, 21, and 25 years on tobacco use initiation. The report also quantifies the accompanying public health outcomes based on findings from two tobacco use simulation models. According to the report, raising the minimum age of legal access to tobacco products, particularly to ages 21 and 25, will lead to substantial reductions in tobacco use, improve the health of Americans across the lifespan, and save lives. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products will be a valuable reference for federal policy makers and state and local health departments and legislators.

Tobacco-free Youth

Tobacco Control in the Workplace

Smoking and Tobacco Control Monograph

Retrospective Cohort Study of Tobacco Use and Outpatient Clinic Visits in a Military Population

Introduction to Process Evaluation in Tobacco Use Prevention and Control

Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products

In 1964, the first Surgeon General's report on the effects of smoking on health was released. In the nearly 50 years since, extensive data from thousands of studies have consistently substantiated the devastating effects of smoking on the lives of millions of Americans. Now, this 2010 report of the Surgeon General explains beyond a shadow of a doubt how tobacco smoke causes disease, validates earlier findings, and expands and strengthens the science base. Armed with this irrefutable data, the time has come to mount a full-scale assault on the tobacco epidemic. More than 1,000 people are killed every day by cigarettes, and one-half of all long-term smokers are killed by smoking-related diseases. A large proportion of these deaths are from early heart attacks, chronic lung diseases, and cancers. Every year, thousands of nonsmokers die from heart disease and lung cancer, and hundreds of thousands of children suffer from respiratory infections because of exposure to secondhand smoke. There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product. This new Surgeon General's report describes in detail the ways tobacco smoke damages every organ in the body and causes disease and death. We must build on our successes and more effectively educate people about the health risks of tobacco use, prevent youth from ever using tobacco products, expand access to proven cessation treatments and services, and reduce exposure to secondhand smoke. Putting laws and other restrictions in place, including making tobacco products progressively less affordable, will ultimately lead to our goal of a healthier America by reducing the devastating effects of smoking. The Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other federal agencies are diligently working toward this goal by implementing and sup-porting policies and regulations that strengthen our resolve to end the tobacco epidemic. CDC has incorporated the World Health Organization's MPOWER approach into its actions at the local, state, and national levels. MPOWER consists of six key interventions proven to reduce tobacco use that can prevent millions of deaths. CDC, along with federal, state, and local partners, is committed to monitor-ing the tobacco epidemic and prevention policies; protecting people from secondhand smoke where they live, work, and play; offering quit assistance to current smokers; warning about the dangers of tobacco; enforcing comprehensive restrictions on tobacco advertising, promotion, and sponsorship; and raising taxes and prices on tobacco products.In 2009, the Family Smoking Prevention and Tobacco Control Act was enacted, giving FDA explicit regulatory authority over tobacco products to protect and promote the health of the American public. Among other things, this historic legislation gave the agency the authority to require companies to reveal all of the ingredients in tobacco products—including the amount of nicotine—and to prohibit the sale of tobacco products labeled as “light,” “mild,” or “low.” Further, with this new regulatory mandate, FDA will regulate tobacco advertising and require manufacturers to use more effective warning labels, as well as restrict the access of young people to their products. FDA will also assess and regulate modified risk products, taking into account the impact their availability and marketing has on initiation and cessation of tobacco use. This 2010 Surgeon General's report represents another important step in the developing recognition, both in this nation and around the world, that tobacco use is devastating to public health. Past investments in research and in comprehensive tobacco control programs—combined with the findings presented by this new report—provide the foundation, evidence, and impetus to increase the urgency of our actions to end the epidemic of tobacco use.

Presents the evidence on the effectiveness of measures enforced at the societal level to eliminate tobacco smoking and tobacco smoke from the environments where exposure takes place. This volume offers a critical review of the evidence on the economic effects and health benefits of smoke-free legislation and the adoption of voluntary smoke-free policies in households.

The health and economic costs of tobacco use in military and veteran populations are high. In 2007, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) requested that the Institute of Medicine (IOM) make recommendations on how to reduce tobacco initiation and encourage cessation in both military and veteran populations. In its 2009 report, Combating Tobacco in Military and Veteran Populations, the authoring committee concludes that to prevent tobacco initiation and encourage cessation, both DoD and VA should implement comprehensive tobacco-control programs.

The Smoke-free Guide

Preventing Nicotine Addiction in Children and Youths

Best Practices for Comprehensive Tobacco Control Programs - 2014

Guidelines for Implementation of Article 5. 3, Articles 8 To 14

Growing Up Tobacco Free

A "life Skills" Primer

Abstract: The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) aims to prevent and reduce tobacco use in adolescents by imposing FDA regulations on tobacco in regards to its manufacture, distribution, and marketing (US Department of Health and Human Services, 2012). Using data from the National Youth Tobacco Survey from years 2004-2011, trends in tobacco use, access and exposure were examined through three primary research aims.

Despite overwhelming evidence of tobacco’s harmful effects and pressure from anti-smoking advocates, current surveys show that about one-quarter of all adults in the United States are smokers. This audience is the target for a wave of tobacco products and pharmaceuticals that claim to preserve tobacco pleasure while reducing its toxic effects. Clearing the Smoke addresses the problems in evaluating whether such products actually do reduce the health risks of tobacco use. Within the context of regulating such products, the committee explores key questions: Does the use of such products decrease exposure to harmful substances in tobacco? Is decreased exposure associated with decreased harm to health? Are there surrogate indicators of harm that could be measured quickly enough for regulation of these products? What are the public health implications? This book looks at the types of products that could reduce harm and reviews the available evidence for their impact on various forms of cancer and other major ailments. It also recommends approaches to governing these products and tracking their public health effects. With an attitude of healthy skepticism, Clearing the Smoke will be important to health policy makers, public health officials, medical practitioners, manufacturers and marketers of "reduced-harm" tobacco products, and anyone trying to sort through product claims.

This Surgeon General's report details the causes and the consequences of tobacco use among youth and young adults by focusing on the social, environmental, advertising, and marketing influences that encourage youth and young adults to initiate and sustain tobacco use. This is the first time tobacco data on young adults as a discrete population have been explored in detail. The report also highlights successful strategies to prevent young people from using tobacco

A Blueprint for the Nation

Evaluating the Effectiveness of Smoke-free Policies

Reducing Tobacco Use

Workshop Summary

The Health Consequences of Involuntary Exposure to Tobacco Smoke

How to Eliminate Tobacco Smoke from Your Environment

The adoption of local ordinances regulating the use or sale of tobacco represents an extraordinary social trend in the United States. Although such laws were virtually unheard of just a decade ago, hundreds of cities and counties across this country have taken aggressive action to control smoking in public settings as well as making it more difficult for minors to obtain tobacco. Major Local Tobacco Control Ordinances in the United States provides clear documentation of the extent to which local com munities are enacting legislation to restrict or severely curtail tobacco use. The monograph also represents a social barometer regarding the seriousness with which communities view the smoking problem and the range of remedial actions taken to reduce tobacco use through socially responsible public policies. These ordinances are not based on social whim, however, but are based on decades of scientific research, which has increasingly documented the health consequences of tobacco for users and non-users alike. Since the early 1960's, medical science has left no doubt about the deadly nature of tobacco use, especially the practice of cigarette smoking. The scientific data base establishing a causal connection between smoking and increased death rates from various cancers, cardiovascular diseases, chronic obstructive lung diseases, fetal distress, and other chronic and debilitating conditions is truly staggering. Between 1960 and 1990, more than 60,000 scientific citations appeared in the worldwide literature linking cigarettes and other forms of tobacco use to these adverse health outcomes. Smoking is a health hazard in its own right, but smoking potentiates the risks of several environmental and occupational carcinogens. More than 400,000 premature deaths annually occur in the United States directly attributed to the effects of cigarette smoking. Of course, we should recall that even smokeless tobacco is a health hazard. Such high levels of death and disability affect us all, however, whether we smoke or not. In a comprehensive study conducted by the Congress' Office of Technology Assessment in 1985, it was estimated that cigarette smoking alone cost this Nation upwards of \$95 billion annually. Given the spiraling increase in costs for both acute and long-term health care over just the last few years, such costs would be substantially greater in 1993 dollars. As a Nation, we simply cannot afford to pay for the health care costs associated with smoking. Major Local Tobacco Control Ordinances in the United States should also provide a tangible boost for local tobacco control policy development. It contains a comprehensive review of local and State tobacco control legislation, trends in tobacco control ordinances, and model laws for reducing both nonsmokers' exposure to ETS and youth access to tobacco products. It is, in short, a call to action to all who wish to improve the health of our Nation through reasonable and prudent public health policies that reduce tobacco addiction among our young and protect nonsmokers from the documented hazards of environmental tobacco smoke. Nevertheless, true prevention of smoking-related illnesses must depend on individual responsibility and action. Each of us as individuals must do our part.

The nation has made tremendous progress in reducing tobacco use during the past 40 years. Despite extensive knowledge about successful interventions, however, approximately one-quarter of American adults still smoke. Tobacco-related illnesses and death place a huge burden on our society. Ending the Tobacco Problem generates a blueprint for the nation in the struggle to reduce tobacco use. The report reviews effective prevention and treatment interventions and considers a set of new tobacco control policies for adoption by federal and state governments. Carefully constructed with two distinct parts, the book first provides background information on the history and nature of tobacco use, developing the context for the policy blueprint proposed in the second half of the report. The report documents the extraordinary growth of tobacco use during the first half of the 20th century as well as its subsequent reversal in the mid-1960s (in the wake of findings from the Surgeon General). It also reviews the addictive properties of nicotine, delving into the factors that make it so difficult for people to quit and examines recent trends in tobacco use. In addition, an overview of the development of governmental and nongovernmental tobacco control efforts is provided. After reviewing the ethical grounding of tobacco control, the second half of the book sets forth to present a blueprint for ending the tobacco problem. The book offers broad-reaching recommendations targeting federal, state, local, nonprofit and for-profit entities. This book also identifies the benefits to society when fully implementing effective tobacco control interventions and policies. The National Institutes of Health Publication 07-6242, The Role of the Media in Promoting and Reducing Tobacco Use, NCI Tobacco Control Monograph 19, (the 19th of the Tobacco Control Monograph series of the National Cancer Institute (NCI) provides a critical, scientific review and synthesis of current evidence regarding the power of the media both to encourage and discourage tobacco use. The work presented is the most current and comprehensive distillation of the scientific literature on media communications in tobacco promotion and tobacco control. The six main parts of this monograph deal with aspects of media communications relevant to tobacco promotion and tobacco control. Part 1, an overview, frames the rationale for the monograph's organization and presents the key issues and conclusions of the research as a whole and of the individual chapters. This section describes media research theories that guided this assessment of the relationship between media and tobacco use, which can be viewed as a multilevel issue ranging from consumer-level advertising and promotion to stakeholder-level marketing aimed toward retailers, policymakers, and others. Part 2 further explores tobacco marketing—the range of media interventions used by the tobacco industry to promote its products, such as brand advertising and promotion, as well as corporate sponsorship and advertising. This section also evaluates the evidence for the influence of tobacco marketing on smoking behavior and discusses regulatory and constitutional issues related to marketing restrictions. Part 3 explores how both the tobacco control community and the tobacco industry have used news and entertainment media to advocate their positions and how such coverage relates to tobacco use and tobacco policy change. The section also appraises evidence of the influence of tobacco use in movies on youth smoking initiation. Part 4 focuses on tobacco control media interventions and the strategies, themes, and communication designs intended to prevent tobacco use or encourage cessation, including opportunities for new media interventions. This section also synthesizes evidence on the effectiveness of mass media campaigns in reducing smoking. Part 5 discusses tobacco industry efforts to diminish media interventions by the tobacco control community and to use the media to oppose state tobacco control ballot initiatives and referenda. Finally, Part 6 examines possible future directions in the use of media to promote or to control tobacco use and summarizes research needs and opportunities. Key lessons from this volume can inform policymakers as well as scientists and practitioners. Most critical from a policy standpoint is the conclusion, supported by strong evidence, that both exposure to tobacco marketing and depictions of tobacco in movies promote smoking initiation. In the United States in 2005—the same year in which 2.7 million American adolescents aged 12 to 17 used cigarettes in the past month1 and 438,000 Americans died prematurely from diseases caused by tobacco use or secondhand smoke exposure2—the tobacco industry spent \$13.5 billion (in 2006 dollars) on cigarette advertising and promotion,3 an average of \$37 million per day. The tobacco industry continues to succeed in overcoming partial restrictions on tobacco marketing in the United States, and tobacco marketing remains pervasive and effective in promoting tobacco use. Efforts to curb the depiction of tobacco use in movies have increased in recent years, and the evidence reviewed here indicates that progress in this area could be expected to translate into lower rates of youth smoking initiation in the future. Strong evidence indicates that media campaigns can reduce tobacco use. This volume highlights the complexities of assessing the media's influence on tobacco-related attitudes and behavior. A vast range of research is reviewed.~

Tobacco Use Prevention and Reduction in Minnesota

Middle School Trends in Tobacco Use

Methods for Evaluating Tobacco Control Policies

Taking Action to Reduce Tobacco Use

Trends in US Youth Tobacco Use, Access and Media Exposure from 2004 to 2011

A Report of the Surgeon General : Executive Summary

Millions of Americans use e-cigarettes. Despite their popularity, little is known about their health effects. Some suggest that e-cigarettes likely confer lower risk compared to combustible tobacco cigarettes, because they do not expose users to toxicants produced through combustion. Proponents of e-cigarette use also tout the potential benefits of e-cigarettes as devices that could help combustible tobacco cigarette smokers to quit and thereby reduce tobacco-related health risks. Others are concerned about the exposure to potentially toxic substances contained in e-cigarette emissions, especially in individuals who have never used tobacco products such as youth and young adults. Given their relatively recent introduction, there has been little time for a scientific body of evidence to develop on the health effects of e-cigarettes. Public Health Consequences of E-Cigarettes reviews and critically assesses the state of the emerging evidence about e-cigarettes and health. This report makes recommendations on the improvement of this research and highlights gaps that are a priority for future research.

If current patterns of tobacco use persist, 10 million people will die worldwide by 2030 from tobacco related causes, half of them in developing countries.The best means of control is prevention and the Life Skills programmes are designed to give young people the information to resist the social and media pressures that encourage tobacco use.

Extensive report covering the history of tobacco use in the U.S. and the various attempts to regulate its use, advertising, minors' access, and the like.

Ending the Tobacco Problem

Chapter 76. International Policies to Reduce Tobacco Use

MMWR. Recommendations and reports

Public Health Consequences of E-Cigarettes

Secondhand Smoke Exposure and Cardiovascular Effects

Tobacco use and second-hand smoke (SHS) exposure during pregnancy have adverse health effects on women and infants. Potential increases in tobacco use and SHS exposure among pregnant women threaten to undermine improvements in maternal and child health outcomes achieved in the past 50 years. There are currently no up-to-date, evidence-based guidelines for identifying and managing tobacco use and exposure to SHS in pregnancy in most of low- and middle-income countries. Furthermore, many existing guidelines do not include all forms of tobacco use or measures to limit maternal SHS exposure. To fill this gap, the WHO has developed the "WHO Recommendations for the Prevention and Management of Tobacco use and Second-hand Smoke Exposure in Pregnancy". The guidelines were developed by an independent Guidelines Development Group. The primary objective of these guidelines is to reduce tobacco use and SHS exposure in pregnant women by providing evidence-based recommendations to health-care providers and other related service providers. These guidelines cover the following issues: 1. Elements necessary for effective screening of pregnant women for tobacco use (smoked and smokeless) and SHS exposure.2. Safety and effectiveness of psychosocial and pharmacological interventions for tobacco use in pregnancy.3. Effective interventions for reducing SHS exposure.1.1. at work and in public places.1.2. at home.These recommendations are part of a larger project of the WHO Noncommunicable Diseases and Mental Health, which aims to make recommendations regarding the management of substance abuse in pregnancy, covering tobacco, alcohol and other psychoactive substances.

This book contains the guidelines adopted by the Conference of the Parties. These seven guidelines cover a wide range of provisions of the WHO Framework Convention on Tobacco Control, such as: the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry; protection from exposure to tobacco smoke; packaging and labelling of tobacco products; and tobacco advertising, promotion and

sponsorship; and demand reduction measures concerning tobacco dependence and cessation. These guidelines are intended to help Parties to meet their obligations under the respective provisions of the Convention. They reflect the consolidated views of Parties on different aspects of implementation, their experiences and achievements, and the challenges faced. The guidelines also aim to reflect and promote best practices and standards that governments would benefit from in the treaty-implementation process.

NOTE: NO FURTHER DISCOUNT FOR THIS PRINT PRODUCT -- OVERSTOCK SALE -- Significantly reduced list price This Surgeon General s Report details the causes and the consequences of tobacco use among youth and young adults by focusing on the social, environmental, advertising, and marketing influences that encourage youth and young adults to initiate and sustain tobacco use. This is the first time tobacco data on young adults as a discrete population have been explored in detail. The report also highlights successful strategies to prevent young people from using tobacco. This three volume set includes the following items: A booklet containing highlights from the 2012 Surgeon General s report on tobacco use among youth and teens ages 12 through 17 and young adults ages 18 through 26. This booklet provides an overview of tobacco use within this targeted age group. The second booklet is an Executive Summary with two messages. One message from for Kathleen Sebelius, Secretary of Health and Human Services and a second message from Howard Koh, Assistant Secretary of Health and contains a brief introduction to the set and summary and conclusions for each chapter contained in the final volume. The final volume contains over 800 pages of documentation, interwoven with text and data addressing the adverse health consequences of tobacco use by children and young adults. It includes research on a variety of topics, including nicotine addiction, trends in cigarette smoking among young adults, trends in smokeless tobacco use and cigar smoking over time, genetic factors in tobacco use among youth, and mass media influence on smoking to this age group to name a few. This third volume is rich with table data research findings to support the Surgeon General s concerns with America s use and tobacco. If you would like to find similar products, please check out our Alcoholism, Smoking, and Substance Abuse resources collection at this link: <https://bookstore.gpo.gov/catalog/health-benefits/alcoholism-smoking-substance-abuse> "

Clearing the Smoke
Smoking and Health