

SMOKY STATS

U.S. Smoking Statistics

Tobacco use remains the single most preventable cause of death in the United States. More than 400,000 Americans die each year from tobacco-related disease. It is stated that someone dies from smoking every 72 seconds. Smoking causes more deaths than alcohol, AIDS, illegal drugs, car crashes, fires, murders, and suicides combined.

In the United States, an estimated 26.0 million men (25.7 percent) and 22.7 million women (22.2 percent) are smokers. These people are at higher risk of heart attack and stroke. About 4.1 million teenagers ages 12 through 17 are smokers. The latest estimates for persons age 18 and older show that:

- Among non-Hispanic whites, 26.5 percent of men and 23.6 percent of women smoke
- Among non-Hispanic blacks, 29.0 percent of men and 21.3 percent of women smoke
- Among Hispanics, 24.7 percent of men and 13.3 percent of women smoke
- Among Asians / Pacific Islanders, 17.9 percent of men and 9.9 percent of women smoke
- Among American Indians/Alaska Natives, 41.7 percent of men and 38.1 percent of women smoke.
- Studies show that smoking prevalence is higher among those with 9-11 years of education (37.4 percent) compared with those with more than 16 years of education (11.6 percent). It's highest among persons living below the poverty level (33.3 percent).
- The National Household Survey on Drug Abuse shows that, during 1988-96 among persons 12-17 years old, first-time use increased by 30 percent and first daily use increased by 50 percent. More than 6,000 people under age 18 try a cigarette each day, and each day more than 3,000 persons under age 18 become daily smokers. If trends continue, about 5 million of these people will eventually die from a disease attributed to smoking.

** National Health Interview Survey (NHIS), 1998, Centers for Disease Control and Prevention, National Center for Health Statistics*

Followed, are more in depth smoking statistics particularly in reference to the prevalence of tobacco use, advertising dollars, youth, health, tobacco spending, nicotine addiction, and deaths.

Prevalence of Tobacco Use

- In the U.S today, about 26% of men and 22% of women are smokers.
- In China, more than 70% of men older than age 25 smoke; prevalence is continuing to increase in developing countries, but is decreasing in North America.
- Among smokers age 12 to 17 years, a 1992 Gallup survey found that 70% said if they had to do it over again, they would not start smoking, and 66% said that they want to quit. Fifty-one percent of the teen smokers surveyed had made a serious effort to stop smoking--but had failed.
- Annual per capita cigarette consumption increased from 54 cigarettes in 1900 to 4345 cigarettes in 1963 and then decreased to 2261 in 1998.
- An important accomplishment of the second half of the 20th century has been the reduction of smoking prevalence among persons aged greater than or equal to 18 years from 42.4% in 1965 to 24.7% in 1997.

SMOKY STATS

- The overall rate of smokeless tobacco use has changed little since 1970, with a 5% prevalence in 1970 and a 6% prevalence in 1991 among men, and 2% and 1%, respectively, for women.
- Total consumption of large cigars decreased from 8 billion in 1970 to 2 billion in 1993 but increased 68% to 3.6 billion in 1997 (13).
- A California study concluded that advertising was quite effective on non-smoking youth in California, even more so than pressure from peers or family.

Advertising

- The tobacco industry spends \$700,000 *per hour* on tobacco advertising. Most of it is directly marketed to youth under the age of 18.
- One study showed that Phillip Morris' Marlboro Man campaign was responsible for convincing 1.4 million children to begin smoking between 1988 and 1997. In addition, the U.S. Center for Disease Control reports that 60 percent of kids who smoke prefer Marlboro.
- A 1991 study showed that 91% of 6 year olds could match Joe Camel to his product (cigarettes), and that Joe Camel was recognized by as many preschoolers as Mickey Mouse.
- Another 1991 study found that since the inception of the Joe Camel campaign in 1987, Camel's share of the under-18 market had risen from 0.5% to 32.8%.

Youth

- Almost 90% of all regular smokers began before the age of 18.
- Most people start smoking by age 15 and are hooked by age 18.
- Almost 6,000 kids try smoking for the first time each day and another 3,000 kids become regular daily smokers.

Health

- In 1930, the lung cancer death rate for men was 4.9 per 100,000; by 1984, the rate had increased to 87 per 100,000.
- Shortly after the risk of smoking was described in 1964, public health efforts to reduce it began and produced a significant decline in smoking. During 1964-1992, approximately 1.6 million deaths caused by smoking were prevented.
- The #1 cancer killer among women has increased by 600% in the last fifty years, along with cigarette consumption by women.
- Since 1985 lung cancer has been the #1 killer of women, surpassing breast cancer.
- One cigar has as much nicotine as almost THREE PACKS of cigarettes and contains higher levels of chemicals that cause diseases such as cancer.
- Chewing tobacco (or spit tobacco) also contains nicotine and has at least 28 cancer-causing chemicals!
- Spit tobacco users have a nine times greater risk of developing gum disease than non-users.

Tobacco Spending

- The average tobacco user spends over \$1800 a year on tobacco.

SMOKY STATS

- \$16 billion Medicare dollars are paid each year for care for smoking-related disease and disabilities.
- Federal and state funds pay more than 43% of all smoking-attributable medical-care expenditures. (*Morbidity and Mortality Weekly Report*)
- The direct medical costs associated with smoking totaled \$50 billion in 1993. (*Morbidity and Mortality Weekly Report*)
- For each of the 24 billion packs of cigarettes sold in the U.S. in 1993, \$2.00 was spent on avoidable health-care costs due to smoking. (*Morbidity and Mortality Weekly Report*)

Nicotine Addiction

- Tobacco industry knew in 1964 that nicotine was addictive, but they withheld that information for 30 years. During that time, 9 million Americans died from tobacco use. *Source: Joseph Califano, former Secretary of Health, Education and Welfare*
- Of those who smoke, 70 percent expressed an interest in quitting. (*Source: USA Today/CNN/Gallup Poll, March 1994*)
- Forty-eight percent of current smokers said they have tried to quit but failed, and 22 percent want to quit but have not tried. (*Source: USA Today/CNN/Gallup Poll, March 1994*)
- Ninety-three percent of daily smokers reported feeling the withdrawal symptoms of irritability, restlessness and hunger.
- United States Tobacco Co. - the manufacturer of Skoal and Copenhagen - manipulates the amount of nicotine people absorb while using their products by adding chemicals that boost the alkalinity of smokeless tobacco. (*Wall Street Journal, Oct. 26, 1994*)

Deaths

- Lung cancer is the leading category of cancer death in men and since the late 1980's it has surpassed breast cancer as the leading category of cancer death in women.
- Heart disease and stroke kill more smokers (181,000) in the U.S. each year than either cancer (158,000,) or non-cancer lung diseases (123,000).
- The #1 cause of deaths from fire is smoking. Most of these deaths occur when somebody falls asleep and drops a cigarette on a piece of furniture or a mattress. More people die in fires caused by smoking than in arson-induced fires. (*The United States Fire Administration*)

Statistical information was presented on consumption, mortality, prevalence of cigarette use, adolescents, health, advertising and promotion, and intensity of use/addiction.

In summary, in the United States each year, tobacco causes more than 430,000 deaths, and more than 4 million deaths worldwide. That's one life lost, one family bereaved, every 8 seconds. Just imagine hearing that we've found a way to cure more than 80 percent of lung cancers and this same method could prevent one-third of all cancer deaths. This isn't fiction. It's the real-life result that an end to smoking would have. Indeed it would be better than a cure, because the cancers would never happen. But the reality is that the best reason to talk about the tobacco threat is that it is indeed solvable. We may not be able to easily alter the genes or environmental

SMOKY STATS

factors that can predispose us to cancer. But eliminating smoking is possible if we set our minds to it. Note: There's no question that there are daunting challenges however.

Every state that has taken tobacco control seriously has succeeded in reducing smoking. As a recent report from the Centers for Disease Control and Prevention pointed out, Florida cut smoking among middle school students by 40 percent in just 2 years. Massachusetts cut smoking among pregnant women in half. The payoff has gone beyond improved smoking statistics. In California, where the granddaddy of modern tobacco control programs was created in 1989, 33,300 fewer citizens died of heart disease in the ensuing 10 years. Not instituting such programs everywhere means that thousands of people will die unnecessarily.

The remainder of this report will focus on the State of California, its smoking statistics and trends, county profiles and the future of smoking. In particular we will look at the costs of smoking, prevalence, consumption, second-hand smoke, cessation, pregnancy, mortality, smoking by educational attainment, older smokers, advertising and promotion, and international use of tobacco.

It is important to note that California initiated one of the original state tobacco control programs. Cut down on cigarettes, and you cut down on cancer deaths. That's the good news trend that's been taking shape in California since the late 1980s, according to "Reducing Smoking and Cancer in California: A Success Story," a report presented at the Centers for Disease Control and Prevention 2001 Cancer Conference held in Atlanta.

Between 1988 and 1998 in California, the death rate for four specific cancers, lung, pancreatic, bladder, and oropharyngeal (including tonsils, soft palate, central pharynx, and base of tongue), dropped significantly, says Bruce Leistikow, MD, principal investigator of the California study and adjunct associate professor at the University of California's School of Medicine in Davis.

California's overall cancer death rate dropped 12% in that same period, while the cancer death rate in 47 other states dropped only 4%. (Massachusetts and Arizona were excluded from the numbers contrasting the California cancer death rates with the nation because those two states are also home to aggressive anti-smoking campaigns.)

Leistikow's study found that the reductions in cancer mortality rates amounted to 4,000 California cancer deaths prevented in 1998 alone. The 10-year study also found a mortality gap with the rest of the nation: about 200,000 additional cancer deaths in the rest of the US during the study decade, deaths that would have been prevented had the nation's cancer rates matched California's.

Marlboro Man started to fall from his saddle in 1989, when California increased the cigarette surtax. The state devoted the extra 25-cents-per-pack tax to a multi-faceted campaign to reduce smoking. The Centers for Disease Control and Prevention (CDC) calls such efforts "comprehensive tobacco control programs." Their goals, the CDC says, are to reduce disease, disability, and death related to tobacco use.

California's smoking rates have declined to historic lows that are far below the national average.

"Since the passage of Proposition 99 in 1988, we have spent hundreds of millions of dollars on tobacco education," Gov. Davis said. "The results are clear: Fewer Californians smoke today and those who smoke are smoking less since the passage of Proposition 99."

SMOKY STATS

Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack. Since the passage of P99, cigarette consumption in CA has declined by more than 58%. In addition:

- In the 10 years following the passage of P99, adult smoking in CA declined at twice the rate it declined in the previous decade
- From 1994 to 2000, smoking among 12-17 year olds in CA declined by 35%
- From 1988 to 2000, adult smoking in CA decreased from 22.8% to 17.1%, resulting in over one million fewer smokers
- More than 1.3 million Californians have quit smoking b/c of the CA Program
- Smoking among CA teenagers remained constant and youth smoking rates slowed from 1992 to 1994 as a result of the combined effect of the state's tax increase and a strong tobacco control program
- CA anti-tobacco media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990 and the fourth quarter of 1992.
- The proportion of CA tobacco retailers who failed compliance checks for selling tobacco products to minors decreased from 52% in 1994 to 16.9% in 1999
- The proportion of CA's indoor workers exposed to secondhand smoke at work was cut in half, falling from 28% in 1990 to less than 12% in 1996
- The proportion of CA children and adolescents exposed to secondhand smoke in the home decreased from 29% in 1992 to 13% in 1996

The California Program has dramatically reduced smoking-caused costs in the state and the tobacco-prevention program has also reduced smoking-caused healthcare costs and other costs caused by tobacco use in the state. For example;

- parental smoking declined
- declines in smoking-caused heart attacks and strokes
- reduction in smoking-affected births
- rates of lung and bronchus cancer declined
- number of cigarettes smoked by adults and kids reduced
- smoking-caused fires and litter, and amount of damage and soiling caused by cigarettes and cigarette-smoke reduced

All these healthcare savings have reduced the smoking-caused expenditures of the state's Medicaid program and has significantly reduced other state government smoking-caused costs.

SOURCE: National Center for Tobacco Free Kids Organization

After 14 years of tobacco education and prevention campaigns, California has witnessed dramatic changes in smoking behavior and now has one of the lowest adult and youth smoking prevalence rates in the nation. Per capita cigarette smoking has fallen by more than 60 percent.

"California's proven success in reducing smoking is the result of a comprehensive tobacco prevention and education program that includes an aggressive statewide media campaign, diverse grassroots programs and tobacco tax increases," said Department of Health Services (DHS) Director Diana Bontá, R.N., Dr.P.H. "This significant change in California's smoking prevalence shows that we are on the right track."

The latest California Adult Tobacco Survey (CATS) shows that 16.6 percent of adults smoked last year, down from 17.3 percent in 2001.

The survey also shows that smoking among men decreased from 20.8 percent in 2001 to 19.3 percent in 2002. Smoking among women remained steady at 14.0 percent in 2002.

CATS is an ongoing random sample telephone survey to assess current tobacco use levels among California's adult populations.

SMOKY STATS

Smoking by youth also continues to decline. According to the California Student Tobacco Survey (CSTS), which is conducted every two years, smoking among 8th graders decreased from 11.7 percent in 2000 to 6.4 percent in 2002—a 45 percent decline. Among 10th grade students, smoking decreased 24 percent, from 19.5 percent in 2000 to 14.8 percent in 2002. Among 12th graders, smoking dropped 8 percent, from 24.8 percent in 2000 to 22.9 percent in 2002.

The CSTS is an ongoing school-based sample survey to assess current tobacco use among California's youth.

According to a report by the Institute for Health & Aging at the University of California, San Francisco, the cost of smoking in California is nearly \$16 billion annually, or \$3,331 per smoker every year.

We must continue our fight against the tobacco industry's unrelenting attempts to addict new smokers and maintain its current customer base."

As California cancer rates declined, so did the amount of cigarette smoke filling Golden State air and lungs. According to the Tobacco Control Section of the California Department of Health Services, between 1988 and 1998:

- The percentage of California adult smokers dropped from 22.8% to 18.4%. (The rate continues to fall, hitting 17.1% in 2000.)

- Per-adult cigarette consumption in California dropped from nearly 127 packs per year in 1987-1988 to 69 packs in 1997-1998, a 45% decline. At the same time, the national annual consumption rate dropped from nearly 155 packs to 116, a 25% decline. (Again, average consumption continues to fall: 53 packs per California adult in 1999-2000; 103 packs nationally.)

The American Cancer Society's 2015 goals of a 25% incidence decline and a 50% mortality rate decline because California's tobacco use has declined even more dramatically than the rest of the nations, that state will "most certainly" meet the 2015 goals, he says." The rest of the country needs to adopt an aggressive, comprehensive tobacco control program.

The smoking rate among California adults has dropped, tobacco purchases have declined and the public supports more smoke-free environments, according to a poll released by the Davis Administration in 2001.

"While we must continue our fight against the tobacco industry's attempts to addict new smokers, Californians should be encouraged by the success of our state's anti-tobacco campaign," Governor Davis said. "The results of the poll demonstrate that Californians are committed to changing the social acceptability of tobacco and smoking and embracing the idea of a tobacco-free California. It gives me great satisfaction to know that our comprehensive tobacco control program is taking effective action for a healthy California."

In summary, California's adult smoking prevalence dropped to 17.1 percent in 2000, down from 18.0 percent in 1999. Among youth, smoking prevalence stabilized at 7.1 percent in 2000, compared to 6.9 percent in 1999. Both adult and youth smoking rates continue to be among the lowest in the nation. Also, those adults who still smoke are smoking substantially less. Tobacco consumption fell dramatically from 62.1 packs per person in 1998-1999 to 53.2 packs per person in 1999-2000.

The following are even more statistics that tell the story why California's effort against smoking deserves applause.

SMOKY STATS

The Centers for Disease Control and Prevention studied California's stringent anti-smoking measures and their impact for the past 10 years. Here's what they found:

- A 14 percent decrease in lung cancer in our state, while the rest of the country experienced only a 2.7 percent decrease.
- Lung cancer rates among women in California dropped 4.8 percent. In the rest of the nation, lung cancer for women rose 13 percent.
- Lung cancer rates for men in California declined a whopping 23 percent, compared with a 13 percent drop among men elsewhere in the country.
- In 1999, California will have 4,000 fewer lung cancer cases and an estimated 2,000 fewer deaths.

California's sustained battle against the ills caused by tobacco, which began in 1988 in full, is working, and it's working quite effectively. The state has invested millions of dollars in this campaign, and in 1999 alone will expend \$136 million on smoking prevention, cessation and research. Anti-tobacco advertising expenditures this year will reach \$45 million. The result: lives are being saved.

"California has the most comprehensive program for protecting nonsmokers from secondhand smoke," said Ken August of the state health department. "Restaurants, bars and almost all indoor workplaces are smoke free." Smoking is also prevented in all public buildings. It is indeed luxurious to enjoy a meal in a restaurant having to deal with the smell of cigarette smoke. A few meals in restaurants in states without nonsmoking laws make one fully appreciate the experience we enjoy daily in California and basically take for granted.

A survey released in November 2000, showed that smoking is banned in seven out of 10 American homes, with California in the lead, where 78 percent of homes ban smoking. In 1998, 24 percent of Americans smoked compared with 42 percent in 1965. This is ample proof that the anti-tobacco campaign should continue at full bore. This also is exactly why the huge amounts of money that states and counties have received in settlements from the major tobacco companies should be used for health and tobacco use prevention and not stashed in general fund budgets to be used for projects unrelated to health care.

Cigarette smoking kills more people in the United States each year than AIDS, alcohol, cocaine, heroin, murder, suicide, auto accidents and fire combined, according to a federal health study. Public health officials blame cigarettes for heart disease, stroke, asthma, bronchitis and lung cancer, the deadliest of all cancers.

Some smokers aren't eager to kick the habit. But the county is not spawning a new generation of smokers, either. Fewer people under 18 are smoking today in the north state, throughout California and the nation than just two years ago, she said. As mentioned previously in this essay, California hiked taxes on cigarettes and other tobacco products in 1988 and again in 1998. It is doubtful that those hefty hikes pushed many smokers to quit, but the taxes might have forced some to cut back.

Most smokers are hooked on nicotine for life. That's why quitting is so difficult. It's really a long thought process for a lot of individuals. Quitting is really a large change in a lot of smokers' lives.

On a different note, let's take a look at the cost of smoking in California, a 1999 study published by the California Department of Health Services.

- What is the cost of smoking in California?
 - \$15.9 billion.
- What is the cost of smoking for each Californian?
 - \$475.

SMOKY STATS

- How much does smoking cost per smoker?
 - \$3,331 including \$1,810 in direct health care costs and \$1,521 in lost productivity from illness and premature death

- How much are the health care costs of smoking incurred?
 - The health care costs total approximately \$8.6 billion. Nearly half of these costs (47%) are for hospitalizations.

- How many people in California smoke cigarettes? 4.7 million Californians smoke:
 - Adults age 18 and over – 18.7% - 4.5 million persons
 - Men – 22.1% - 2.7 million persons
 - Women – 15.3% - 1.9 million persons
 - Adolescents age 12 to 17 – 7.6% - 207,000 adolescents
 - Boys – 7.7% - 109,000 boys
 - Girls – 7.4% - 98,000 girls

- How do smoking rates in California compare to those in the U.S.?
Californians smoked less in 1999.
 - California Adults 18.7% and Adolescents 7.6%
 - U.S. Adults 23.5% and Adolescents 15.9%

- How do California's smoking costs compare to cigarette sales tax revenues?
 - Smoking cost \$15.8 billion in 1999 and cigarette and other tobacco product sales taxes generated \$1.2 billion in fiscal year 1990-00.

- How much would California smokers have to pay to cover the cost of smoking?
 - If smokers paid for smoking-related health care costs, the cost per pack of cigarettes would increase by \$6.16. If they also paid for indirect productivity losses, the cost per pack would increase by an additional \$5.18.
 - To cover the health care costs of smoking, each smoker would have to pay \$1,810 per year. If they also paid for indirect productivity losses, they would pay an additional \$1,521 per year. Covering all smoking-related costs would cost each smoker \$3,331 per year.

- What are the indirect costs of smoking?
 - Indirect costs represent lost productivity due to illness and premature death from smoking-related diseases.
 - Lost productivity from smoking-related illness accounts for 10% of the cost of smoking and lost productivity from premature death accounted for an additional 36% of the cost.

- How do costs for men and women compare?
 - The cost for men is almost 50% higher than that for women.

- How many Californians die from smoking-related causes?
 - 43,137 died in 1999

- What proportion of deaths in California are caused by smoking?
 - Nearly one in five deaths are attributed to smoking
 - More men than women die of smoking-related diseases: 25,118 men vs. 18,019 women
 - The proportion of total deaths attributed to smoking is greater for men than for women

- How do deaths from smoking compare to deaths from other causes in California?
Smoking accounts for more deaths (43,137) than other causes:
 - 7 times the deaths from diabetes
 - 5 times the deaths from unintentional injuries
 - 5 times the deaths from influenza

- What do California smokers die of?

SMOKY STATS

- The leading cause of smoking-attributable death is cardiovascular disease, followed by neoplasms (17,137) and respiratory diseases (14,290).
 - Nonsmokers also die as a result of smoking in California (4,560), including infants exposed in utero (68), deaths related to cigarette-caused fires (64), and nonsmokers exposed to environmental tobacco smoke.
- How much productivity is lost due to premature deaths attributed to smoking?
- The value of life lost per death averages almost \$132,000 and 12.4 years of potential life lost
- How do the costs of smoking vary across the counties in California?
- Per resident losses range from \$392 in Santa Clara County to \$1,022 in Trinity County
 - Total smoking-related costs varied from \$11 million in Mariposa County to \$4.3 billion in Los Angeles County

Please refer to attached Tables that depict more in depth stats on Cost of Smoking per California County via gender, resident, healthcare, prevalence, smoking status, deaths, and productivity losses.

In summary, total smoking costs for California is \$15.8 billion. These figures are further broken down by gender, per resident and per smoker. Smoking-attributable health care expenditures total 8.6 million for California. These figures are further broken down by per resident, per smoker and type of health care. The total 1999 California population is approximately 33.1 million. Under 18 at 8.9 million, 18-34 at 8.4 million, 35-64 at 12.1 million, and 65 and older at 3.7 million. These figures are further broken down by gender. Total smoking prevalence is 4.7 million, 17.6% of the total. These figures are further broken down by gender and age. Deaths due to smoking in California totals 227,965 which is 18.9% of the total. These figures are further broken down by gender. The total number of years of potential life lost are 534,978 and 12.4 years per death. These figures are also broken down by gender. Lost productivity from premature death totals \$5.7 million and \$131,741 per death. These figures are further broken down by gender. (Refer to tables 74 and 75).

In terms of cost of smoking by California counties, our interest is only in the following counties at this time. They are, Alameda, Oakland, San Mateo, Santa Clara, San Francisco, Marin, Sonoma, Sacramento, and Napa. (Note: some of these may overlap). Results are as follows: (1999)

Alameda 710,496
Marin 110,610
Napa 65,694
Sacramento 627,280
San Francisco 432,979
San Mateo 348,551
Santa Clara 645,170
Sonoma 216,853

These county profile figures are further broken down by cost of smoking by gender, per resident, and per resident direct health care cost by type of cost. See Tables 10-17. Table 18 depicts smoking prevalence rates for adults by gender, smoking status, and California county. Table 19-21 depicts deaths, years of potential life lost, and productivity losses attributable to smoking by California county, and gender.

The smoking costs report is available online:

www.dhs.ca.gov/tobacco/documents/CostOfSmoking1999.pdf.

Another report that is worth referring to is the Lung Disease Trend Report 2001 (State-by-State Lung Disease Trend Report, April 2001). State of California highlights include the following facts

SMOKY STATS

on mortality trends, race-specific mortality, sex-specific mortality, pneumonia and influenza vaccination rates by state, chronic lung disease prevalence rates by geographic region, tuberculosis incidence by state, lung cancer incidence by state, and state-level prevalence of tobacco use.

Mortality Trends

The greatest number of deaths due to TB was reported from CA (168).
Lung cancer caused the greatest number of deaths in CA (13,562)
CA was the state with the most deaths attributable to pneumonia (13,378)
COPD caused the most deaths in CA (11,632)
CA had the highest number of deaths due to asthma (709)

Overall in 1998, CA had the greatest number of deaths attributable to lung disease (39,512).

See: Table 2

Race-Specific Mortality

Age-adjusted death rates by race for various lung diseases in 1998

CA had the lowest rates for TB in blacks with 0.8 per 100,000 persons.
For pneumonia and influenza, CA had the highest reported death rate for blacks and whites, with 24.3 per 100,000 persons and 17.7 per 100,000 persons.

See: Tables 3-5

Sex Specific Mortality

Age-adjusted death rates by sex for various lung diseases in 1998

Note: Except for asthma, the age adjusted death rates for the various lung diseases are higher in males than in females

The death rate attributable to pneumonia and influenza is highest in CA for females(15.3 per 100,000 persons)

See: Tables 6 and 7

Pneumonia and Influenza Vaccination Rates by State

Table 8 shows the state-specific percentages for men and women aged 65 and older who received a pneumococcal vaccination and influenza vaccine.

Chronic Lung Disease Prevalence Rates by Geographic Region

Table 9 displays chronic lung disease prevalence rates by geographic region.
The West had the highest heart attack prevalence rate for asthma and the lowest rate for chronic bronchitis.

Tuberculosis Incidence by State

The TB cases and case rates per 100,000 persons by race and state for 1999 are shown in Table 10.

CA was one of the states with high incidence rates, at 10.9 per 100,000 persons.

SMOKY STATS

CA had the greatest number of cases in whites, 449.

Lung Cancer Incidence by State

The Am. Cancer Society estimates that there will be 164,100 new cases of lung cancer in 2000. Table 11 displays the estimated number of new cases in each state. It is estimated that CA will have more than 14,000 cases.

Table 12: Age-adjusted incidence rates for lung cancer by sex.

Male: 67.5
Female: 43.4

State-level Prevalence of Tobacco Use

Tables 13, 14, and 15 display state-specific smoking prevalence for cigarettes, cigars and smokeless tobacco.

Refer to the attached tables for more specific statistics and other information.

Trends in Tobacco Use, an American Lung Association June 2003 Report further depicts data specific to California.

Table 2: Smoking-Attributable deaths in adults and projected smoking-related deaths among youth, 1999-2000

CA
Adult deaths per 100,000 persons = 261.8
Projected Youth deaths per 100,000 persons = 6890

Table 10: Current Cigarette Smoking Prevalence % among adults aged 18 and older, selected years, 1984-2001

CA
25.6% to 17.2%

Table 16: Current Cigarette smoking and tobacco use among youth, 2000-2001

CA
Grades 6-8 6.7% cigarette smoking, 10.0% any tobacco use
Grades 9-12 21.6% cigarette smoking, 27.8% any tobacco use

Refer to the attached tables for more specific statistics and other information.

An unrelated statistic, but interesting to note is how teens obtain cigarettes. The 2000 National Youth Tobacco Survey states the following as typical sources. They are store, vending machine, another bought, borrowed, stole, given by adult, and other. See Figure 7 for more specifics.

Figures 2-6, and 8-10 are also included. In brief, Figure 2 is current cigarette smoking in persons age 18 and up by sex, 1965-2001 (selected years). Figure 3 is current cigarette smoking in persons age 18 and up by race and sex, 1965-2001 (selected years). Figure 4 is current cigarette smoking by sex, race, and ethnicity, 2001. Figure 5 is percent of mothers who smoked during pregnancy by age, 1990-2001 (selected years). Figure 6 is percent of mothers who smoked during pregnancy by race/ethnicity, 1990-2001 (selected years). Figure 8 is percentage of current smokers aged less than 18 years who purchased cigarettes in a store and were not

SMOKY STATS

asked to show proof of age who were not refused purchase because of their age, 2000. Figure 9 is environmental tobacco smoke in the home, 1998-1999: percentage of people, 15 years and older, protected by smoking policies. Figure 10 is percentage of middle and high school students exposed to tobacco use at home, by smoking status, 2000.

The CA Department of Health (DHS) Report yet offers additional information regarding adult smoking, cigarette consumption, indoor & outdoor secondhand smoke exposure, smokers & quitting; cessation, and smoking during pregnancy.

As previously mentioned throughout this narrative, since the passage of proposition 99 in 1988, the adult smoking prevalence in California has declined significantly from 22.8% in 1988 to 17.4% in 2001, as measured by the Behavioral Risk Factor Survey (BRFS)/California Adult Tobacco Survey (CATS).

Adult Prevalence

- CA adult prevalence was 17.4% in 2001.
- Since P99 in 1988, the adult smoking prevalence decreased by about 25%. Majority of the decline occurred between 1988 and 1995.
- Based on the 2000 adult population, there are approximately 4.2 million current adult smokers in California.

Adult Prevalence by Age

- After 1995, the 18-24 age group exhibited the greatest increase in smoking prevalence rates among the four groups. It is the only group with a trend that has continued to rise after 1998.
- The prevalence in the 45-64 age group declined from the highest smoking prevalence rates in 1989 to the second lowest prevalence rates in 2001.
- The 65+ age group had the lowest prevalence and a declining trend throughout the 13-year period.

Adult Prevalence by Gender

- The smoking prevalence rates declined for both males and females since 1988.
- The prevalence of smoking among adult males and females had similar trends from 1992 to 2000 and then diverged in 2001.

Adult Prevalence by Race/Ethnicity

- African Americans and Non-Hispanic Whites had the highest smoking prevalence rates followed by Hispanics and Asians/Pacific Islanders. Smoking prevalence in all groups declined from 1990 to 1993, but remained relatively flat from 1993 to 1999. Note: Prevalence rates were less for females than males.

Since 1988, per capita cigarette consumption in California has declined by 60%. During the same period, per capita cigarette consumption in the entire nation declined by 34%. The greater decline in California is a result of activities of the California Tobacco Control Program along with increases in the cigarette tax and the higher price of cigarettes in California.

Cigarette Consumption

- Declines in average daily consumption reported by current smokers appear to be causing the dramatic declines in per capita cigarette consumption in California.
- The decrease in average reported daily cigarette consumption is seen across gender and race groups.

SMOKY STATS

- Average daily cigarette consumption reported by everyday smokers was 18.0 cigarettes per day in 1994. This decreased steadily to 15.1 cigarettes per day in 2001. This is a decrease of 16% over the six-year period.

Smoke-Free Policy

- California smokers who report a lower average daily consumption of cigarettes are more likely to have a smoke-free work place and/or smoke-free home.

Light and Occasional Smoking

- The proportion of current smokers who are light or non-daily smokers has steadily increased in California.

Secondhand smoke (SHS) is a known cancer-causing agent in humans and has been classified by the U.S. Environmental Protection Agency as a Group A carcinogen. Group A carcinogens include only the most dangerous substances such as radon and asbestos. SHS is one of the most common sources of indoor air pollution in California and in the U.S.

A California EPA study estimated 1,900 to 2,700 sudden infant death syndrome (SIDS) deaths annually associated with secondhand smoke exposure.

Smoke-Free Workplaces

- From 1990 to 1993, the percentage of adults reporting smoke-free workplaces increased from 35.05 to 46.3%.

- In 1995, the California Smoke-Free Workplace Law went into effect that banned smoking in most indoor workplaces.

- The percentage of adults working indoors who report having smoke-free workplaces has increased substantially since 1990. By 1999, 93.4% of adults were protected from SHS in indoor worksites.

Smoke-Free Restaurants

- 72% of smokers and 92% of nonsmokers in California prefer to eat in restaurants that are smoke-free.

- In the rest of the U.S., 42% of smokers and 83% of nonsmokers prefer to eat in restaurants that are smoke-free.

Smoke-Free Bars

- A law went into effect prohibiting smoking in bars in California on January 1, 1998.

- Patron-reported noncompliance with California's Smoke-Free Bar Law decreased from 24.6% to 14.0% over the first 2 _ years of the law's implementation.

- In 2000, over 73% of California bar patrons said they approve of the smoke-free bar law.

Youth Exposure to Secondhand Smoke

- In 2001, almost 75% of youth reported that during the previous 7 days, they had not been exposed to secondhand smoke in a car.

- In 2001, 64% of youth reported that during the previous 7 days, they had not been exposed to secondhand smoke by being in the same room with someone who was smoking.

Smoke-Free Homes

- In 2001, over twice as many smokers prohibited smoking in their home than in 1994.

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- From 1994 to 2001, the percentage of nonsmokers who prohibit smoking in their home increased by 25%.

Smoking cessation, as we know, is a complex and often extended process. It starts with an individual considering trying to quit and in some cases, proceeds to repeated quit attempts until successful. Because social norms have shifted away from the acceptability of smoking and cigarette prices have increased substantially, more smokers than ever are trying to quit.

Desire to Quit

- More than three out of every four California smokers say that they would like to stop smoking.

Intention to Quit

- More than 70% of California adult current smokers report that they are thinking about quitting within the next 6 months, and more than a third report that they are thinking about quitting within the next 30 days.

- The percentage of smokers who state that they are thinking about quitting within the next 30 days has increased since 1995. Similarly the percentage of those who are thinking about quitting within the next 6 months has also increased.

Quit-Attempts and Success Rates

- 61.5% of smokers made a quit attempt in 1999 that lasted one day or longer. This is a 25.7% increase over the 1990 rate of 48.9%.

- The rate of successful quitting, defined as 90 or more days of abstinence, has not changed since 1990.

Nicotine Replacement Therapy as a Cessation Aid

- From 1997-2001, the use of nicotine replacement therapy to assist in quitting increased from 10.8% to 22.9%.

- The use of self-help materials also doubled over this period.

- The percentage of those who were assisted by counseling advice fluctuated.

- The majority of smokers making a quit attempt used no assistance.

Smoking during pregnancy in California.

The Health and Economic Burden of Smoking during Pregnancy

- Cigarette smoking has been identified as a significant and modifiable risk factor for both low birth weight and pre-term delivery. Maternal smoking during pregnancy has also been implicated in sudden infant death syndrome.

- Women who stop smoking during pregnancy have shown to give birth to heavier infants than those who continue to smoke throughout pregnancy.

- Significant economic costs are associated with the adverse health effects of maternal smoking. Smoking has been estimated to add over \$700 in neonatal costs for each live birth from a smoking mother.

- Each year in the U.S., smoking attributable neonatal costs are estimated to be \$367 million, varying from less than \$1 million in smaller states, to over \$35 million in California.

Smoking During Pregnancy

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- In 2000, 9.8% of pregnant women in California smoked cigarettes during their first and/or third trimester.

Smoking During Pregnancy by Maternal Demographic Characteristics

- In 2000, the prevalence of smoking during pregnancy declined with increasing age. Smoking prevalence was significantly higher in the 15-24 group (12.8%) than in the 35 and older age group (7.9%).

- Smoking during pregnancy was highest among African American women, followed by Non-Hispanic White, Hispanic, and Asian/Pacific Islander women.

Smoking Prevalence and Educational Attainment and Income

- Pregnant women who have less than a high school degree were 2.5 times more likely and women with a high school degree/GED were 2.4 times more likely to have smoked during the first and/or third trimester than were women with a college degree or more.

- Women with an income between 0-100% of the 1999 Federal Poverty Level(FPL) had 2.8 times the smoking rate of women with an income over 400% of the 1999 FPL.

Smoking During Pregnancy and Prenatal Care

- Women who initiated prenatal care during their second or third trimester had significantly higher smoking prevalence rates than women who initiated prenatal care during their first trimester (15.3% and 8.5%, respectively).

- Smoking during pregnancy differs by insurance type. Pregnant women who had Medi-Cal insurance during their pregnancy had the highest smoking prevalence rates (12.8%), followed by uninsured women (11.3%), and women with private plan/other insurance (7.1%).

This concludes the California Department of Health Services 2001 findings. From here, we move onto the level of education as it relates to smokers, older adult smokers, and the international use of tobacco. Lastly, we will conclude with the future of smoking.

Level of Education

Overall adults, aged 18 and older, who had earned a GED or a high school diploma had the highest smoking prevalence (36.7%) while persons with a bachelors, masters, professional, and doctoral degrees had the lowest prevalence (11.9% in 2001).

Table 6 documents the trend in cigarette smoking for persons 25 years of age and older by the level of educational attainment. Data is displayed from 1974 through 2000 by race and sex. The overall prevalence of smoking declines with increasing years of education.

Refer to: Trends in Tobacco Use, June 2003

Older Adult Smokers (June 2002)

Older adults began smoking before its harmful effects were well understood. This generation of Americans is now experiencing the health consequences of an average of 40 years of smoking. An estimated 440,000 Americans die each year from diseases caused by smoking. Smoking is responsible for an estimated one in five U.S. deaths and costs the U.S. at least \$150 billion each year in health care costs and lost productivity.

- Close to 13 million Americans over the age of 50 smoke, accounting for over 27 percent of all adult smokers. Older smokers are significantly less likely than younger smokers to believe that smoking harms their health.

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- All the major causes of death among the elderly are associated with smoking and secondhand smoke. One of every three deaths among older men who smoke more than a pack of cigarettes a day is related to smoking.
- High nicotine brands of cigarettes are popular with older smokers, with 58 percent smoking brands with estimated nicotine levels of 1.0 mg. Older smokers are highly nicotine dependent as measured by the need to smoke within 30 minutes of waking.
- Older smokers aged 50 to 74 are less likely to have tried to quit than smokers aged 21 to 49.
- Smokers who think they can quit are two and a half times more likely to be contemplating quitting than other smokers. Self help and formal smoking cessation treatments for older adults must emphasize strategies to overcome high levels of nicotine dependence and lifelong psychological dependence on smoking.
- Each day 1,205 people die in the United States from diseases related to smoking. Smoking is estimated to be responsible for 87 percent of lung cancer cases, 21 percent of deaths from heart disease, 18 percent of deaths from stroke, and 82 percent of deaths from chronic obstructive pulmonary disease (emphysema and chronic bronchitis).
- Men 65 or older who smoke are twice as likely to die from a stroke, and women smokers are about one and a half times as likely to die from a stroke than their nonsmoking counterparts. The risk of dying from ischemic heart disease is 60 percent higher for smokers than nonsmokers 65 or older.
- Cigarette smokers are more than twice as likely as non-smokers to develop Alzheimer's disease.
- Quitting smoking has proven health benefits, even at a late age. When an older person quits smoking, circulation improves immediately, and the lungs begin to repair damage. In one year, the added risk of heart disease is cut almost in half, and risk of stroke, lung disease, and cancer diminish.
- Of those who have quit, more than 90 percent have done so on their own, citing these reasons for quitting: to maintain good health, to take control of their lives, and to avoid the unpleasant smell of cigarettes.

International Tobacco Use (June 2002)

Tobacco is a risk factor for some 25 diseases, and while its effects on health are well known, the scale of its impact on global disease may not be fully appreciated. Tobacco as a risk factor is expected to make a greater claim on health than any single disease. It is estimated that tobacco kills about 4 million people globally a year, and the death toll is expected to rise to 10 million per year by 2030, with 7 million deaths occurring in developing countries.

The World Health Organization estimates that there are approximately 1.1 billion regular smokers in the world, which is one-third of the global population aged 15 years and older. Globally, roughly 47 percent of men and 12 percent of women smoke.

Tobacco kills more than half a million women per year worldwide. This number is expected to double by 2020. Internationally, women are increasingly targeted by tobacco marketing.

In recent years tobacco use has been declining in many countries in North America and Western Europe but increasing in many others, especially in Asia. Over 25% of the world's smokers live in China. Cigarette consumption in China is equivalent to U.S. levels seen in 1950.

According to the World Bank, for every 10 percent increase in the price of tobacco products, use declines by about 4 percent in high-income countries and by about 8 percent in low and middle income countries. A 10 percent increase in price will cause about 42 million smokers to quit and prevent a minimum of 10 million tobacco-related deaths. Price is an especially important factor among adolescents and those of lower socio-economic states. The average price of a pack of cigarettes in U.S. dollars in 2001 was:

\$3.71 in the U.S.

SMOKY STATS

\$3.40 in Canada

\$6.24 in the United Kingdom

\$2.81 in Germany

\$0.98 in Russia

\$1.55 in Kenya

\$1.24 in India

\$1.30 in Saudi Arabia

\$1.90 in Ecuador

\$0.85 in Brazil

\$2.34 in Japan

For each 1,000 tons of tobacco produced, about 1,000 people eventually will die. Lifelong smokers on average have a 50 percent chance of dying from tobacco-related illnesses, with half of these dying before the age of 70.

In at least several countries people are starting to smoke at younger and younger ages; the median age of initiation is less than 15 in many countries. This has been specifically identified as an issue in France, Spain and China. Starting to smoke at younger ages increases the risk of smoking-related death and makes quitting more difficult.

Every day, worldwide, there are between 82,000 and 99,000 young people starting to smoke and risking rapid addiction to nicotine.

Manufactured cigarettes and various types of hard-rolled cigarettes, such as Bidis, account for 85 percent of all tobacco consumed worldwide. Alternate tobacco products include:

- cigars
- briar, slate, and clay pipes
- water pipes

There are also several types of smokeless tobacco, such as:

- pan - betel quid
- chewing tobacco; plug, loose-leaf, twist
- snuff; nasal snuff (dry) and oral snuff (moist)

While tobacco consumption in developed countries declines, it continues to increase in developing countries. This will lead to very substantial future increases in the social costs of smoking, and particularly in the public expenditure costs. Effective tobacco control policies should be implemented as early as possible in order to minimize future smoking costs.

The future prospects for the impact of smoking on developing countries are discussed by Mackay and Crofton (1996).

"With the decrease in smoking prevalence in developed countries, the multinational tobacco countries are now moving massive resources to boosting sales in developing countries. In some

SMOKY STATS

developing countries, indigenous tobacco production and consumption present major problems. Many people and governments in these countries are not yet fully aware of the risks and lack the resources to counter ruthless marketing by the industry. If not prevented, there will be an appalling future increase in tobacco-related disease, disability and death." This increase will inevitably lead to a similar increase in the social costs of smoking.

Although many developing nations face a lack of basic epidemiological information on the impact of smoking, it is clear that smoking patterns are very different in developing and developed countries. In general, more men (50-60%) smoke in developing countries but fewer women (2-10%). On average, in developed countries approximately 25-30% of both men and women are smokers (Mackay and Crofton, 1996).

The United Nations Food and Agricultural Organization (FAO) has estimated that, between the years 1984 and 2000, tobacco consumption in developed countries will decrease by 11% while in developing nations it will increase by 10%. As a result, the developing nations' share of global tobacco consumption will steadily increase.

Mackay and Crofton predict that the number of smokers in developing nations will increase for the following reasons:

- The inevitable increase in the population of the developing world;
- An increase in smoking prevalence, especially among the young and in towns;
- A likely increase in smoking among women as a result of intensive tobacco marketing and of a decrease in the social taboo of smoking for women;
- Ignorance of the health risks of smoking;
- Lack of funding for tobacco control measures and the difficulty of implementing these particularly in rural areas; and
- Energetic marketing by tobacco companies.

Increases in smoking prevalence and tobacco consumption do not lead immediately to higher levels of social costs. In general the morbidity and mortality effects are only felt after prolonged periods of smoking. Thus, many developing nations face the prospect of high future social costs, the full impact of which is not currently appreciated. As developing nations experience economic growth and achieve higher per capita incomes, the quality of public health services will inevitably improve. The result is that a higher proportion of the health costs of smoking will be borne by the public sector. Public expenditures attributable to smoking are likely to rise at a rate even higher than the rate of increase of social smoking costs overall.

One implication of these long lead times, however, is that cessation of smoking can, over a period of time, reverse some of the health impacts of prior smoking. If developing nations fail to implement effective measures to reduce smoking prevalence, they face heavy future costs attributable to the smoking epidemic. If effective measures are introduced, future smoking costs can be substantially reduced (although not totally eliminated). It is never too late to implement tobacco control measures. The earlier tobacco control measures are introduced the greater will be the reduction in the proportion of future smoking-related morbidity and mortality and concomitant costs.

Programs offered to help in quitting smoking

The California Tobacco Control Section funds a variety of county, community, regional, and statewide projects.

- County/City Local Health Departments: Each of the 58 county and 3 city health departments are

SMOKY STATS

designated as "Local Lead Agencies" (LLAs). As the lead tobacco control agency at the community level, the LLA is responsible for coordinating information, referral, outreach and education activities within their respective health jurisdiction. Each LLA fosters and involves a community coalition to engage in grass roots community mobilization activities that promote social norm changes, educate the public about health issues related to tobacco use and tobacco industry strategies that promote tobacco use. In general, LLAs take the lead on local community policy development, facilitation of enforcement of tobacco control laws and local provision of tobacco cessation services.

- Competitive Grant Program: The competitive grant program funds a variety of local, regional, statewide and pilot projects. The agencies funded through this program are non-profit agencies and include community-based organizations, voluntary health organizations, health clinics, ethnic organizations, alcohol and drug centers, labor organizations, youth organizations and universities. Approximately 90 projects are currently funded.

- Community-Based Projects: These account for approximately 75 percent of the projects funded through the competitive grant program. The majority of projects focus on reaching special populations such as local ethnic groups, youth, college students, labor, etc. They conduct grass roots advocacy and education campaigns that focus on changing community norms around tobacco use.

- Regional Community Linkage Projects: Eleven region projects are funded that encompass multiple local health jurisdictions. Through a regional coalition, they coordinate media and advocacy campaigns that cross traditional political and geographic boundaries; provide technical assistance and training to Local Lead Agencies and community-based projects to support their policy and program activities; and they administer a mini-grant program, awarding grants up to \$5,000.

- Ethnic Networks: Four statewide ethnic network projects funded to address California's African American, American Indian, Asian Pacific Islander and Hispanic/Latino populations. Through their statewide advisory committees and membership they conduct culturally specific educational and advocacy campaigns, address tobacco cessation through creating system-level changes, administer a mini-grant program and provide technical support to the State, LLAs, regions, and community-based organizations on how to effectively reach and work with California's multicultural population.

- Statewide Projects: A variety of projects are funded to create statewide impact and to provide technical assistance and training to support local programs. These projects include: provision of tobacco cessation services free of charge; an educational materials clearinghouse; education and advocacy work around smoke-free bars; education and outreach to the entertainment industry and the arts; education and outreach to key opinion leaders; education and outreach to organized labor; studying tobacco marketing strategies; and technical support related to adoption of local policies and media/public relations activities.

- California Smokers' Helpline: The Helpline provides intensive tobacco cessation counseling for those who are ready to quit via the telephone in English, Spanish, Korean, Mandarin, Cantonese, Vietnamese and for the hearing impaired. Tailored counseling services are provided for adults, teens, pregnant women and chew tobacco users. The Helpline also provides self-help materials and a referral list to other tobacco cessation programs. The services provided by the Helpline are free of charge.

SMOKY STATS

Future of Smoking

Smoking is an addiction which leaves a negative effect on your future. Cigarette smoke has been called "slow-motion suicide" because of the well-documented relationship between smoking and a number of serious causes of death. Smoking traditionally refers to the habit of inhaling smoke from burning tobacco in a cigarette, cigar, or pipe. When tobacco burns it produces tar which not only leaves dark marks on the fingers, and teeth, but also on the lungs. Absorbed by smoking, nicotine raises blood pressure and impairs the heart and nervous system.

As a young adult, we often do not think about our future and not being healthy. Smoking at an early age causes many problems as you get older. When teens and young adults smoke they are too worried about fitting in and doing things they think are fun. Who wants to be worried about lung cancer when they get older because of something they did as a young adult. Surveys indicate that most young people are aware of the hazards of cigarette smoking, yet approximately 1 million adolescents begin smoking each year. Young adults typically have two attitudes that make them more susceptible to using tobacco: believing they are immortal and being more concerned with the present than with the future.

As young adults, we come to realize that adults who do smoke are not dying immediately and many adults who smoke do not get cancer. The future is often not that big of a concern to them or not an immediate need. Adolescents just cannot imagine dying from a disease that may happen 30 years from now. That is the problem with young adults. Everything you do has an affect on your future. Researchers have found that for every cigarette that is smoked, five minutes of that life is taken away.

Smoking alters many things that a young adult does in life. It cuts down on fitness and slows down lung growth and reduces lung function. Smokers also suffer from shortness of breath almost 3 times as often as those who do not smoke. We often don't realize that little things like this affect our lives forever.

Smoking is responsible for about 30% of all cancer deaths in the U.S. The older you get the higher your risk for death if you smoke. The more you smoke, the greater your chances of dying. The sad thing about lung cancer is that patients often do not develop symptoms until the cancer is in the advanced stage. Since it is diagnosed at such a late stage, only 10% of the patients are cured. When you read and hear all these statistics-is smoking really worth all this?

The risk of developing lung cancer is 8-20 times greater in smokers compared to people who have never smoked. Symptoms of lung cancer include coughing, shortness of breath, bloody sputum, chest pains, wheezing or pneumonia. Smoking can harm the body in just so many ways that it is just not worth it. Cancer spreads very easily, and as it spreads you start to develop symptoms such as difficulty in swallowing, and swelling of the face, arms, and neck.

Currently, surgery is the only treatment which may offer a complete cure. Unfortunately, only one-half of the patients with lung cancer are surgical candidates. If the spread of cancer to the lymph nodes is found at the time of removal of the lung cancer, the chances of the cancer recurring is quite high. Are all of these problems in life really worth it? If a smoker sat down and figured out how much money they spent on cigarettes, they would realize how much money they have lost. Think of all the other things one could spend money on.

Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides and fires-combined! The sad part is that smoking is the single most preventable cause of death. Not smoking and stopping smoking are the two most important things we can do for ourselves and our loved ones. The longer you have quit, the more benefits you receive. There are just so many ways to quit smoking. No method will work unless the smoker truly wants to quit. Even quitting cold turkey will only work if the smoker is truly motivated to quit. Quite frankly, the smoking lifestyle is just not upbeat, healthy or productive. So remember the next time you see the

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Surgeon General's Warning-"Smoking causes Lung Cancer, Heart Disease, Emphysema, and may complicate Pregnancy" think of what you are doing to yourself and to others.

Please also refer to the attached document, 96 reasons to quit smoking.

http://users.ipfw.edu/shannon/Future_smoking.htm

LaserTouch can help you quit forever. Laser therapy is ground breaking! Not to mention, pain-free, drug-free and risk-free. Just read the testimonials. If you're ready, celebrate success, accentuate the positive and encourage support with LaserTouch. Let us help you to restore your future by yanking smoking out by the root for good and create a lifetime of smoke-free living. Please visit us at www.lasertouch.com

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