

TRUTH ABOUT TOBACCO

Short-Term Effects of Smoking

Teacher Resource

Students are very conscious of the short-term effects of tobacco use because they can see them immediately. Short-term effects have a great impact on the decision whether or not to use tobacco.

Short-term health consequences include:

- Addiction.
- Bad breath, smelly skin, hair and clothes.
- Decreased temperature in hands and feet.
- Cavities, gum disease.
- Cough, itchy throat.
- Narrowed blood vessels.
- Dilated eyes.
- Yellow teeth and yellow fingers.
- Increased blood pressure and heart rate.
- Suppressed immune system
- Dizziness, less oxygen, shortness of breath.
- Slowed cilia.
- Decreased sense of taste and smell.
- Irritated eyes.

Long-term health effects include:

- Risk of ALL cancers increases with tobacco use.
- Chronic bronchitis, emphysema.
- Hardening of the arteries, heart disease, stroke.
- Asthma in people who breath in secondhand smoke.
- Damage to voice box.
- Smoking is the number one cause of death in the U.S., killing nearly 1,500 people per day, or over 400,000 people per year.
- Addiction.
- Lung cancer.
- Sudden Infant Death Syndrome (SIDS).
- Fetal smoking syndrome.
- Circulatory deficiencies.

Social effects include:

- Bad breath; smelly skin, hair, and clothes.
- Premature wrinkles.
- Yellow teeth.
- Financial burden on society.
- Tobacco use is expensive! People who smoke a pack of cigarettes a day spend \$1,500 a year.
- Fires.
- Secondhand smoke is proven harmful to all ages.
- Smokers are restricted to designated smoking areas at worksites, restaurants, and some amusement parks.



TRUTH ABOUT TOBACCO

Long-Term Effects of Smoking

Lung Disease

1. Smoking accounts for about 80-90 percent of all chronic obstructive pulmonary disease, such as emphysema, chronic mucus secretion, and chronic air flow blocks.
2. Smoking is involved in 85 percent of all lung cancer deaths.
3. An individual with chronic bronchitis, which can be caused by smoking, is more likely to get a bacterial infection if he/she is a smoker.
4. Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke.
5. Animal studies suggest that the cancer-causing agents in smokeless tobacco can cause lung cancer, even though they do not enter the body through the lungs.
6. Teenage smokers suffer from shortness of breath and produce phlegm.
7. Cigarette smokers have lower-level lung function than those persons who have never smoked.
8. Smoking reduces the rate of lung growth.
9. A smoker gets more nose and throat inflammations, respiratory infections, and chronic bronchitis than non-smokers.

Heart Disease

1. Cigarette smoking accounts for 30 percent of all heart disease deaths.
2. Carbon monoxide found in cigarette smoke increases the amount of cholesterol that clogs the arteries.
3. Smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke.
4. The resting heart rates of young adult smokers are two to three beats per minute faster than non-smokers.
5. Smokeless tobacco may play a role in cardiovascular disease and stroke by increasing blood pressure and causing an irregular heartbeat. One major study has shown that smokeless tobacco use doubles the risk of dying from cardiovascular disease.
6. Smoking causes a stiffness in the walls of the arteries, which is harmful to the artery and increases the risk for the artery to rupture.
7. The nicotine in cigarettes can raise your blood pressure, heart rate, and the oxygen demand of muscles, especially the heart – the heart is a muscle.
8. A coronary spasm may occur during smoking, which may lead to chest pain and a heart attack.
9. Blood clots more readily in smokers than in nonsmokers.

Cancer

1. Cigarette smoking is the major cause of cancer of the lips, tongue, salivary glands, mouth, larynx, esophagus, and middle and lower pharynx.
2. The development of stomach cancer can be directly associated with smoking.
3. Smoking is known to cause bladder cancer.
4. Cigarette smoking has been linked to cancers of the renal pelvis (part of the kidney), uterine cervix, and pancreas.



CAMPAIGN for TOBACCO-FREE Kids®

THE TOLL OF TOBACCO IN UTAH

Tobacco Use in Utah

- High school students who smoke: 7.3% [Girls: 7.3% Boys: 7.2%]
- High school males who use smokeless tobacco: 4.9%
- Kids (under 18) who try cigarettes for the first time each year: 7,700
- Additional Kids (under 18) who become new regular, daily smokers each year: 3,500
- Packs of cigarettes bought or smoked by kids in Utah each year: 2.9 million
- Kids exposed to second hand smoke at home: 100,000
- Percentage of workplaces that have smoke-free policies: 83.9%
- Adults in Utah who smoke: 12.0% [Men: 14.0% Women: 9.9% Pregnant Females: 7.0%]

Nationwide, youth smoking has declined since 1997, but remains at high levels. The 2002 National Youth Tobacco Survey (YTS) found that 22.9% of U.S. high school kids smoke and 10.8% of high school males use spit tobacco. U.S. adult smoking has decreased gradually since the 1980s, and 22.5% of U.S. adults (about 45 million) currently smoke.

Deaths in Utah From Smoking

- Adults who die each year in Utah from their own smoking: 1,200
- Annual deaths in state from others' smoking (secondhand smoke & pregnancy smoking): 150 to 270
- Utah kids who have lost at least one parent to a smoking-caused death: 1,600
- Kids alive in today who will ultimately die from smoking: 30,000 (given current smoking levels)

Smoking kills more people each year than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from spit-tobacco use and other tobacco-related causes (but there currently are no good state-specific estimates of these other tobacco deaths). For every person in Utah who dies from smoking approximately 20 more state residents are suffering from serious smoking-caused disease and disability, or other smoking-caused health problems.

Tobacco-Related Monetary Costs in Utah

- Annual health care expenditures in the Utah directly caused by tobacco use: \$273 million
- Total Utah Medicaid program payments caused by tobacco use: \$81 million
- Citizens' state/federal taxes to cover smoking-caused gov't costs: \$333.2 million (\$443 per household)
- Smoking-caused productivity losses in Utah: \$244 million
- Smoking-caused health costs and productivity losses per pack sold in Utah: \$6.43

Other non-health costs caused by tobacco use include direct residential and commercial property losses from smoking-caused fires (more than \$500 million nationwide); the costs of the extra cleaning and maintenance made necessary by tobacco smoke and tobacco-related litter (about \$4+ billion per year for commercial establishments alone); and additional work productivity losses from smoking-caused work absences, on-the-job performance declines, and disability during otherwise productive work lives (in the tens of billions nationwide) [productivity loss amount above is from smoking-death-shortened work lives, alone].

Tobacco Industry Advertising and Other Product Promotion

- Annual tobacco industry marketing expenditures nationwide: \$12.7 billion (\$34+ million per day)
- Estimated portion spent in Utah each year: \$55.1 million

Published research studies have found that kids are three times more sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage

THE TOLL OF TOBACCO IN UTAH

experimentation with smoking is attributable to tobacco company marketing.

Utah Government Policies Affecting The Toll of Tobacco in Utah

- Utah 2004/05 tobacco prevention spending from state tobacco settlement and tobacco tax revenues: \$7.0 million (National rank: 14)
- Utah cigarette tax per pack: 69.5¢ (National rank: 26th) [States' average is 84.0¢ per pack]

Sources

Youth smoking. 2003 Youth Risk Behavior Survey (YRBS). A 2001 Youth Risk Behavior Survey (YRBS) found that 8.3% of high school students smoked.. Current smoking = smoked in past month. The 2002 National Youth Tobacco Survey <http://www.cdc.gov/mmwr/PDF/wk/mm5245.pdf>. The 2001 Youth Risk Behavior Survey (YRBS), with a different methodology than the YTS, found that 28.5% of U.S. high school kids smoke and 14.8% of high school males use spit tobacco. Male Youth smokeless. 2003 YRBS. A 2001 YRBS found that 6.7% of high school males used spit tobacco.. Female smokeless use is much lower. New youth smokers. Estimate based on U.S. Dept of Health & Human Services (HHS), "Summary Findings from the 2000 National Household Survey on Drug Abuse" (2001), <http://www.samhsa.gov/oas/nhsda.htm>, with the state share of the national number allocated through the formula in CDC, "Projected Smoking-Related Deaths Among Youth — United States," Morbidity and Mortality Weekly Report (MMWR) 45(44): 971-74 (November 8, 1996) [based on state young adult smoking rates, and as updated in CDC, State Highlights 2004: Sustaining State Programs for Tobacco Control, 2004, <http://www.cdc.gov/tobacco/datahighlights/index.htm>]. Smokefree workplaces. Shopland, D., et al., "State-Specific Trends in Smoke-Free Workplace Policy Coverage: The Current Population Survey Tobacco Use Supplement, 1993 to 1999," Journal of Occupational & Environmental Medicine 43(8): 680-86 (August 2001). Kids exposed to secondhand smoke. CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke — United States, 1996," MMWR 46(44): 1038-43 (November 7, 1997). Packs consumed by kids. Estimated from DiFranza, J. & J. Librett, "State and Federal Revenues from Tobacco Consumed by Minors," American Journal of Public Health (AJPH) 89(7): 1106-08 (July 1999) & Cummings, et al., "The Illegal Sale of Cigarettes to US Minors: Estimates by State," AJPH 84(2): 300-302 (February 1994), and Utah's youth population & smoking rates. Adult smoking. In state, 2003 Behavioral Risk Factor Surveillance System (BRFSS) <http://www.cdc.gov/mmwr/PDF/wk/mm5344.pdf> National rate, 2002 National Health Interview Survey (NHIS) <http://www.cdc.gov/mmwr/PDF/wk/mm5240.pdf> Pregnant Females. "Smoking During Pregnancy — United States, 1990-2002, Morbidity and Mortality Weekly Report (MMWR) 53(39): 911-15 (October 8, 2004) <http://www.cdc.gov/mmwr/PDF/wk/mm5339.pdf>

Adult deaths from smoking. CDC, State Highlights 2002: Impact and Opportunity, April 2002, <http://www.cdc.gov/tobacco/StateHighlights.htm>. CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs — United States 1995-1999," MMWR, April 11, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>. See, also, U.S. General Accounting Office (GAO), "CDC's April 2002 Report on Smoking: Estimates of Selected Health Consequences of Cigarette Smoking Were Reasonable," letter to U.S. Rep. Richard Burr, July 16, 2003, <http://www.gao.gov/new.items/d03942r.pdf>. Lost Parents. Leistikow, B., et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30(5): 353-360, May 2000, and state-specific data from author. Projected youth smoking deaths. CDC, State Highlights 2004, 2004. See, also, CDC, "Projected Smoking-Related Deaths Among Youth — United States," MMWR 45(44): 971-974, November 11, 1996, www.cdc.gov/mmwr/mmwr_wk.html. Secondhand smoke deaths. National Cancer Institute, Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency, Smoking and Tobacco Control Monograph no. 10, NIH publication no.

99-4645 (1999) [see, also, CDC, MMWR, April 11, 2002; CEPA, http://www.oehha.org/air/environmental_tobacco. Other. Hall, JR, Jr., Nat'l Fire Protection Assoc., The U.S. Smoking-Material Fire Problem, April 2001.

Health and productivity costs caused by tobacco use. CDC, State Highlights 2002: Impact and Opportunity, April 2002, <http://www.cdc.gov/tobacco/StateHighlights.htm> and CDC, State Highlights 2004, 2004, <http://www.cdc.gov/tobacco>. CDC, MMWR, April 11, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>. See, also, GAO, "CDC's April 2002 Report on Smoking: Estimates of Selected Health Consequences of Cigarette Smoking Were Reasonable," July 16, 2003, <http://www.gao.gov/new.items/d03942r.pdf>. Utah-federal tobacco-health tax burden. The Utah taxpayers' pro-rata share, based on adult population, of all federal and state government tobacco-caused costs. See above sources and Zhang, X et al., "Cost of Smoking to the



THE TOLL OF TOBACCO IN UTAH

Medicare Program, 1993," Health Care Financing Review 20(4): 1-19, Summer 1999; Office of Management and Budget, The Budget for the United States Government - Fiscal Year 2000, Table S-8, 1999; Leistikow, B., et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30(5): 353-360, May 2000 – with non-Medicaid Utah-paid tobacco-health costs taken to equal 3% of all tobacco-health costs in Utah. CDC, "Medical Care Expenditures Attributable to Smoking — United States, 1993," MMWR 43(26): 1-4, July 8, 1994.

Other non-health tobacco-related costs. U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (1998); Chaloupka, F.J. & K.E. Warner, "The Economics of Smoking," in Culyer, A. & J. Newhouse (eds), The Handbook of Health Economics (2000); CDC, MMWR 46(44) (November 7, 1997); CDC, Making Your Workplace Smokefree: A Decision Maker's Guide (1996); Mudarri, D., The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434), U.S. Environmental Protection Agency report submitted to the Subcommittee on Health and the Environment, Committee on Energy and Commerce, U.S. House of Representatives (April 1994); Brigham, P. & A. McGuire, "Progress Toward a Fire-Safe Cigarette," Journal of Public Health Policy 16(4): 433-439 (1995); Hall, J.R., Jr., op. cit.; Leistikow, B.N., et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30: 353-60 (2000).

Tobacco industry marketing. U.S. Federal Trade Commission (FTC), Cigarette Report for 2002, October 22, 2004 [data for top six manufacturers only], <http://www.ftc.gov/reports/cigarette/041022cigaretterpt.pdf>; FTC, Federal Trade Commission Smokeless Tobacco Report for the Years 2000 and 2001, August 2003 <http://www.ftc.gov/os/2003/08/2k2k1smokeless.pdf>. [top five manufacturers]. State total a prorated estimate based on cigarette pack sales in the state. See, also Campaign fact sheet, Increased Cigarette Company Marketing Since the Multistate Settlement Agreement Went into Effect, <http://tobaccofreekids.org/research/factsheets>. Tobacco marketing influence on youth. Pollay, R., et al., "The Last Straw? Cigarette Advertising and Realized Market Shares Among Youths and Adults," Journal of Marketing 60(2):1-16 (April 1996); Evans, N., et al., "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking," Journal of the National Cancer Institute 87(20): 1538-45 (October 1995). See also, Pierce, J.P., et al., "Tobacco Industry Promotion of Cigarettes and Adolescent Smoking," Journal of the American Medical Association (JAMA) 279(7): 511-505 (February 1998) [with erratum in JAMA 280(5): 422 (August 1998)]. See, also, Campaign fact sheet, Tobacco Marketing to Kids (2001).

Utah spending to reduce tobacco use and ranking. Campaign for Tobacco-Free Kids, et al., A Broken Promise To Our Children: The 1998 State Tobacco Settlement Six Years Later (December 2, 2004), <http://tobaccofreekids.org/reports/settlements>. Utah cigarette tax and rank. Orzechowski & Walker, The Tax Burden on Tobacco (2003) [industry-funded annual report], with updates from state agencies and media reports.

Other major source of State tobacco-related data: CDC, state-specific tobacco information, <http://www.cdc.gov/tobacco/statehi/statehi.htm>.

All CDC MMWR's available at <http://www.cdc.gov/mmwr>. Abstracts of many of the cited articles at PubMed, <http://www.ncbi.nlm.nih.gov/entrez>.

Related Campaign for Tobacco-Free Kids Fact Sheets, available at <http://www.tobaccofreekids.org> or <http://tobaccofreekids.org/research/factsheets>:

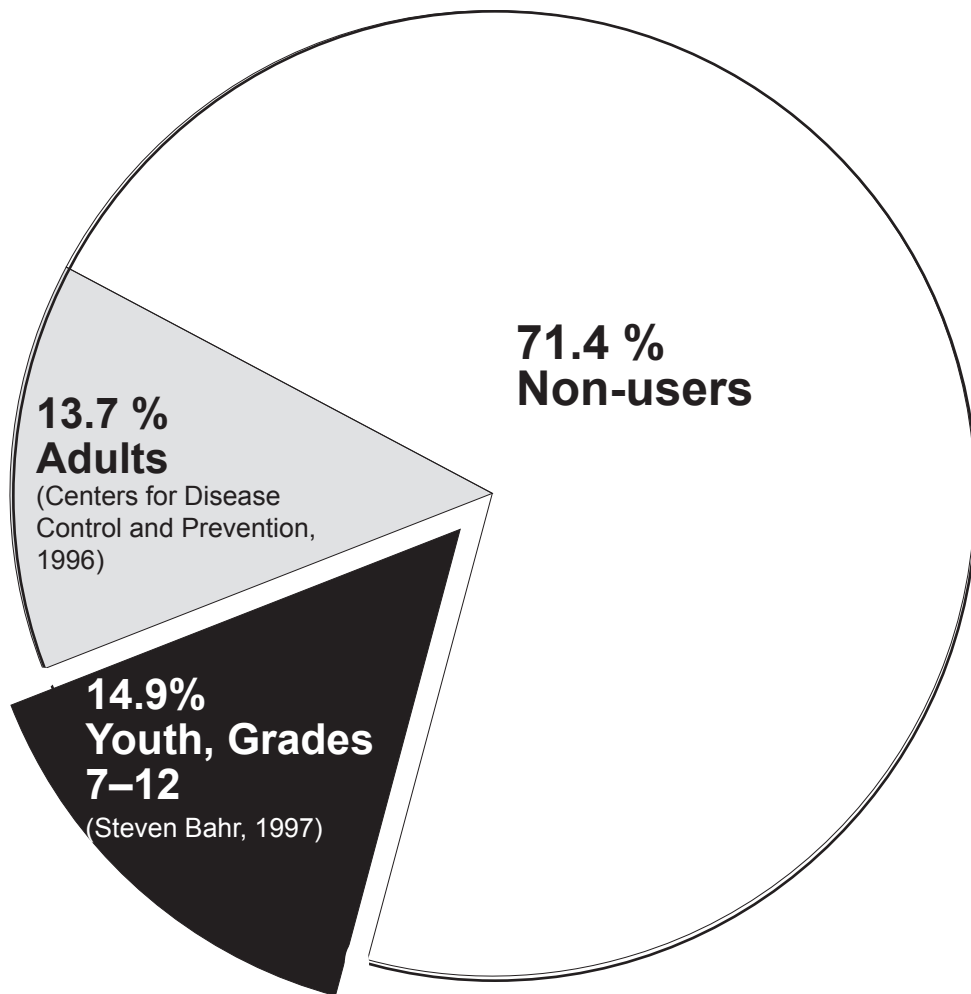
- Toll of Tobacco in the USA
- Comprehensive State Tobacco Prevention Programs Effectively Reduce Tobacco Use; and State Tobacco Prevention Programs Save Money
- Raising State Tobacco Taxes Always Increases State Revenues and Reduces Tobacco Use

National Center for Tobacco-Free Kids, 1.7.05, www.tobaccofreekids.org/ Eric Lindblom / January 7, 2005



TRUTH ABOUT TOBACCO

Cigarette Use Data

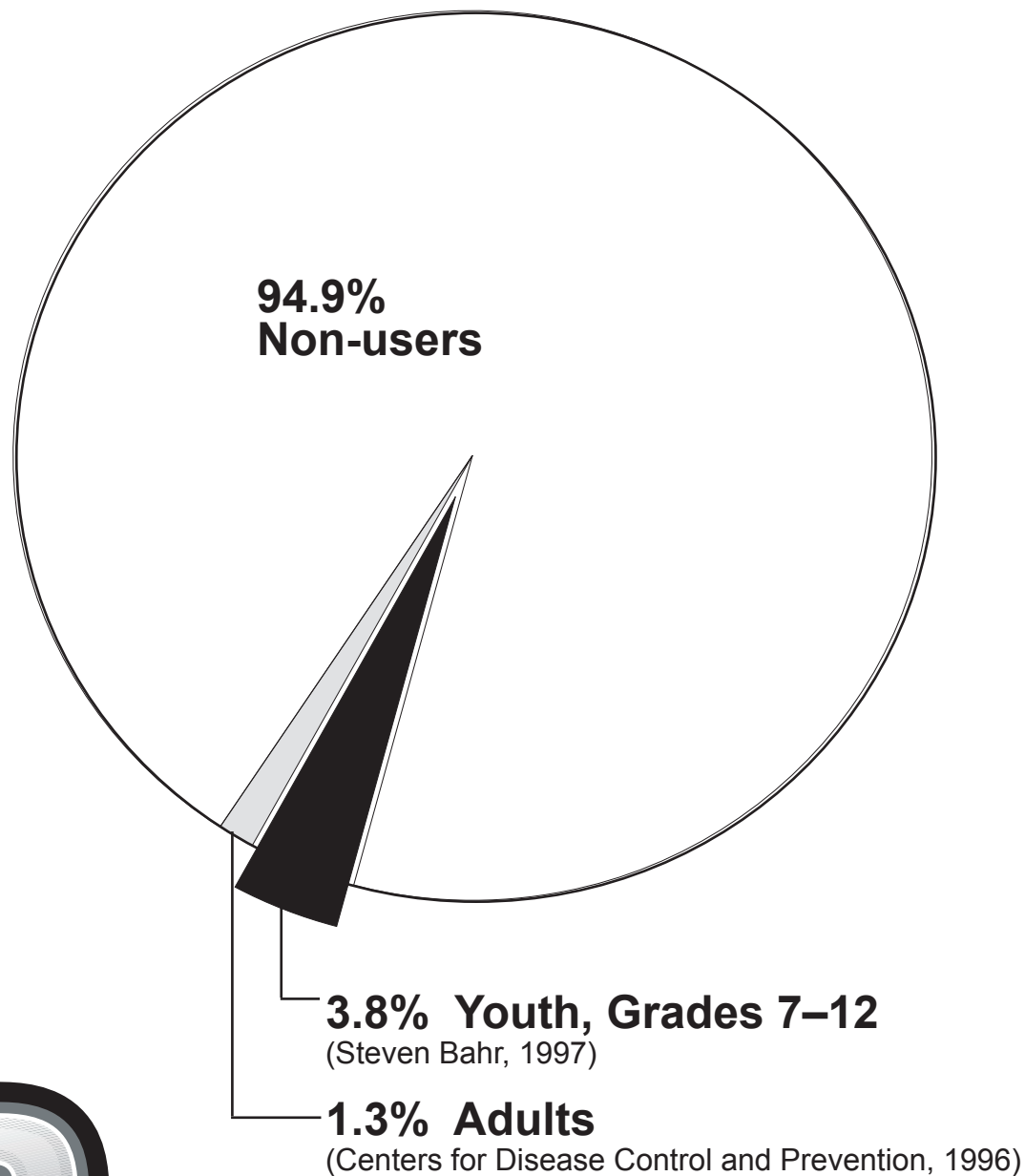


PREVENTION DIMENSIONS



TRUTH ABOUT TOBACCO

Smokeless Tobacco Use Among Utahns



PREVENTION DIMENSIONS



TRUTH ABOUT TOBACCO

How the Tobacco Industry Influences Youth

Cigarette advertising in magazines with high youth readership increased 33 percent in 1999, the year after tobacco companies agreed not to market to kids.

Eight-six percent of underage smokers who purchase their own cigarettes purchase the three most heavily advertised brands: Marlboro, Camel, and Newport.

Tobacco products are among the most heavily advertised products in the U.S., second only to cars and trucks.



The tobacco industry spends \$15.4 billion per year on advertising and promoting cigarettes and smokeless tobacco.

Tobacco advertising expenditures have increased more than 1,500 percent between 1970 (the year before television and radio advertising were banned) and 1992.

A 1992 Gallup survey found that half of adolescent smokers and one-quarter of adolescents who do not smoke owned at least one tobacco promotional item such as a t-shirt, cap, sporting good, or lighter. These kids become “walking billboards” for Big Tobacco.

Sponsorship of events such as tennis tournaments, car races, and rodeos provides a way for tobacco brands to be advertised on TV despite the broadcast-advertising ban.

A former tobacco company employee quoted a tobacco executive as saying, “We don’t smoke it. We just sell it. We reserve that for the young, the black, the poor, and the stupid.”

A Philip Morris vice president stated, “Today’s teenager is tomorrow’s potential regular customer...the smoking patterns of teenagers are particularly important to Philip Morris.”

