Matthew L. Myers

Campaign for Tobacco-Free Kids
President and CEO

Matthew L. Myers is President and CEO of the Campaign for Tobacco-Free Kids, a privately funded organization established to reduce tobacco use and its devastating consequences in the United States and around the world. Over the last 25 years, Mr. Myers has participated in virtually every major national tobacco-related legislative effort and has worked with state tobacco prevention advocates and officials around the country. In 1999, Mr. Myers was asked to serve on the first advisory committee established to advise the Director General of the World Health Organization on tobacco issues. The following year, Mr. Myers was named by President Clinton to co-chair a Presidential Commission to examine the economic problems being experienced by tobacco farmers and their communities and recommend possible solutions. In October 2004, the Harvard School of Public Health bestowed its highest honor, the prestigious Julius B. Richmond award, on Mr. Myers for his work as an advocate in preventing tobacco industry marketing to children.

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CAMPAIGN for TOBACCO-FREE Kids

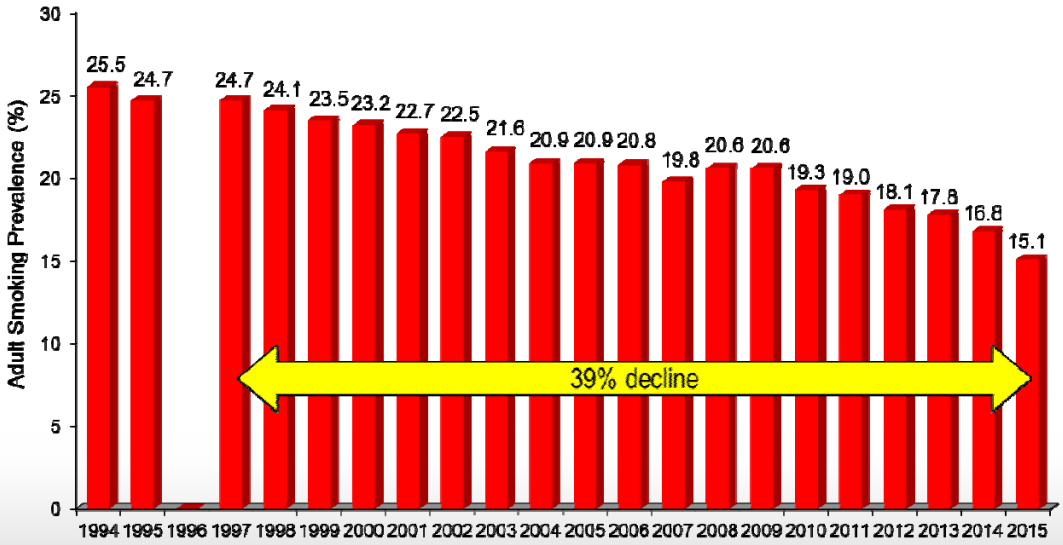
The Progress We Have Made Is Extraordinary: It Shows That We Can Surmount the Challenges that We Now Face

March 2017

1

Campaign for Tobacco-Free Kids www.tobaccofreekids.org

US Adult Smoking Trends, Twenty Years Of Progress



Source: National Health Information Survey, 1994-2015

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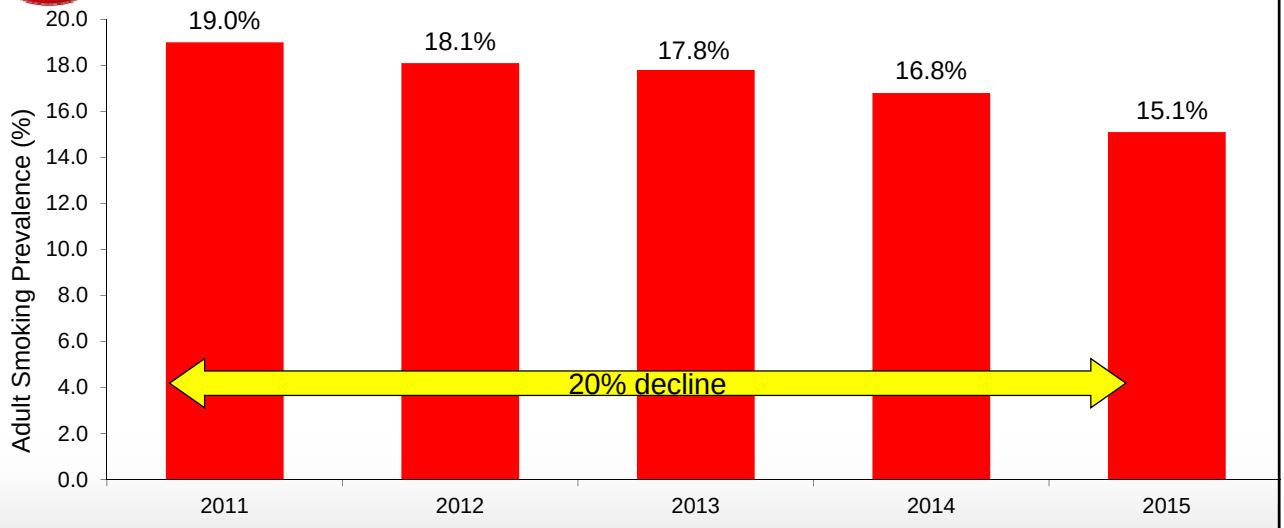
US Adult Smoking Trends, 2011-2015



Source: National Health Information Survey, 2011-2015

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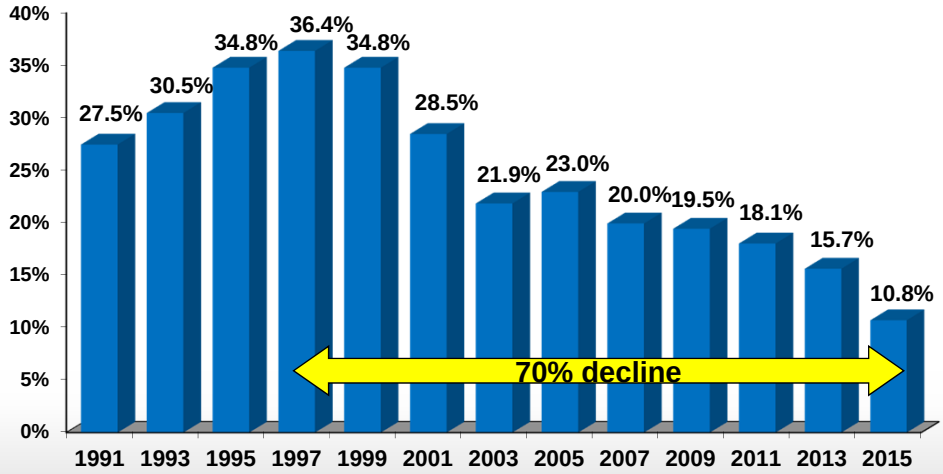
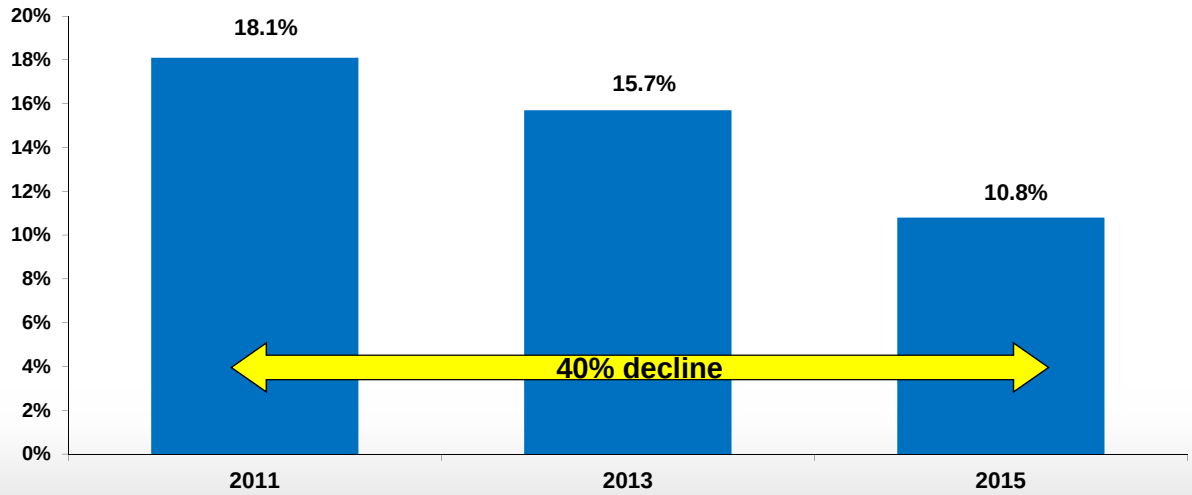
20 Year US High School Smoking Trends: Progress that was Unimaginable



Source: Youth Risk Behavior Surveillance Survey, 1991 - 2015

US High School Smoking Trends, 2011 - 2015



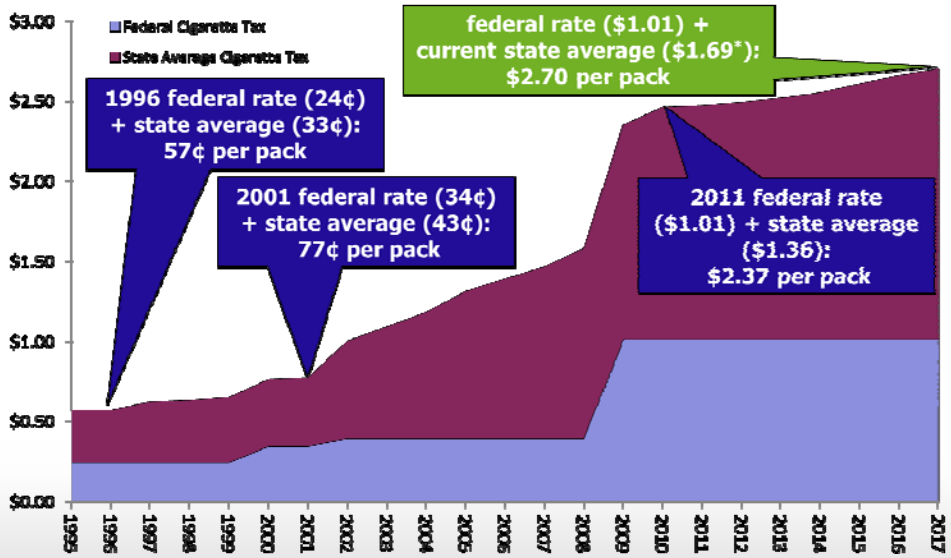
Source: Youth Risk Behavior Surveillance Survey, 2011 - 2015

This Change Did Not Just Happen

We Know What Works

From 1997 until 2009 The Major Changes Were Driven by Change at the State and Local Level

Federal Cigarette Excise Tax + Average State Cigarette Tax, 1995-2017



* Includes state cigarette tax rates in effect as of April 1, 2017.

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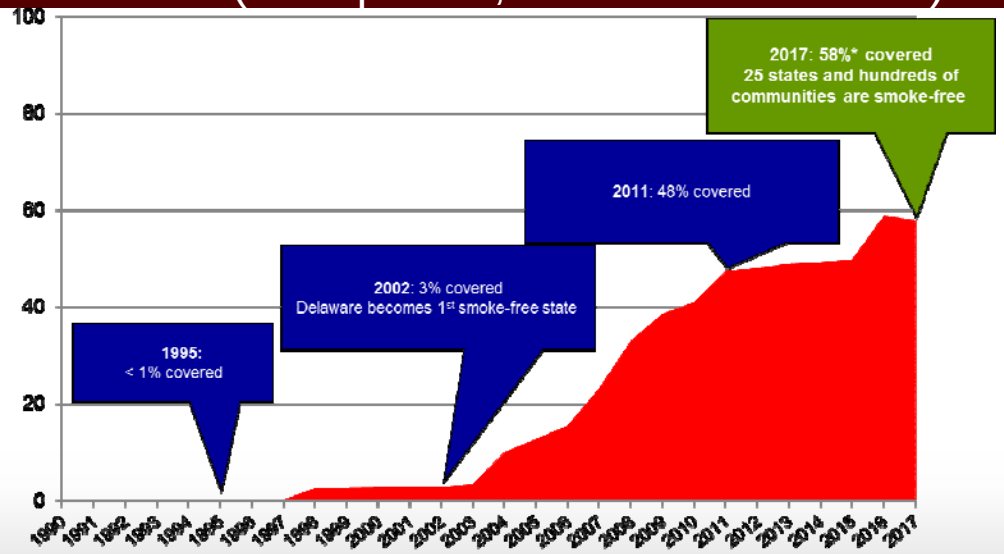
Percent of Population Covered By Smoke-Free Laws (Workplaces, Restaurants & Bars)



*Includes state and local laws in effect as of January 2, 2017 Source: American Nonsmokers' Rights Foundation
Change from 2016 to 2017 represents update in population figures and not a decrease in overall smoke-free coverage

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Total Annual State Tobacco Prevention Spending, FY1999 - FY2017

Only 3 states – AZ, CA and MA - spent any money on tobacco prevention prior to 1999. Settlement payments to states began in 1999. All states were receiving payments by 2001. Funding amounts only include state funds.
* State spending for FY16 includes $13.7 million for Pennsylvania that was not available for the 2015 Broken Promises Report.

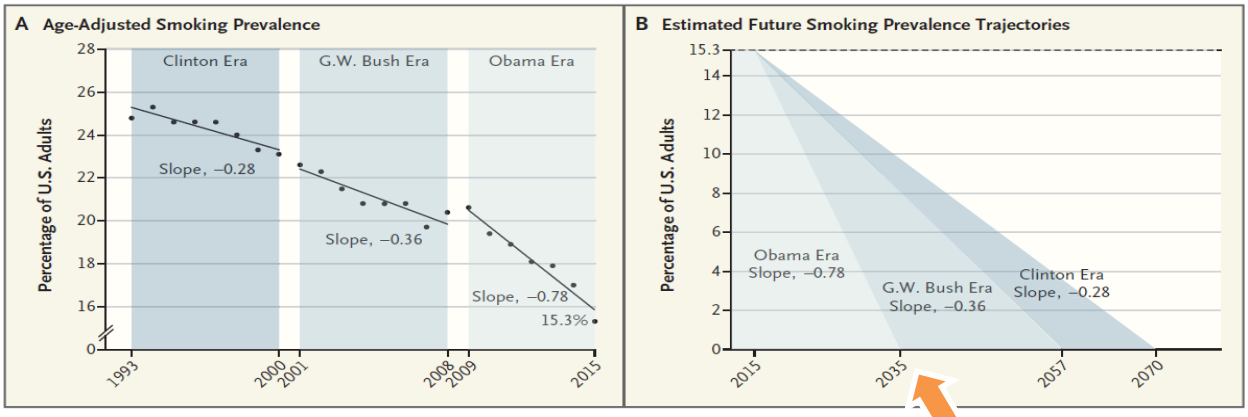
Beginning in 2009, Action at the National Level Accelerated

- 2009 Tobacco Control Act – limited marketing, banned flavored cigarettes, increased youth access enforcement, etc.
- 2009 - $.61.5 increase in the excise tax
- 2009 – PACT Act – limited mail order and internet sales
- Unprecedented Mass media – each of which produced measurable and meaningful results
  - CDC – Multi-Year *Tips From Former Smokers* campaign
  - FDA – Real Cost and other mass media campaigns
  - TRUTH Initiative – re-invigoration of Truth mass media campaigns

The NEW ENGLAND JOURNAL of MEDICINE

Tobacco Control in the Obama Era — Substantial Progress, Remaining Challenges

Michael C. Fiore, M.D., M.P.H., M.B.A.



Trends in Smoking Prevalence among U.S. Adults.

Panel A shows age-adjusted prevalence by year, from 1993 through 2015. Data are from the National Health Interview Survey.[1] Panel B shows the estimated trajectories, which are based on the slopes from relevant past periods, from 2015 forward.

High School Tobacco Use – Proof of What is Possible

- In Each the Greatest Decline Was Since 2008/2009

	Cigarette Use		
	2000 – 2001 High School Rate	2014 – 2016 High School Rate	Percent Decline
New York	27.1%	4.3%	**84%**
Rhode Island	24.8%	4.8%	**81%**
Florida	22.6%	5.2%	**77%**
Wisconsin	32.9%	8.1%	**75%**
Massachusetts	26%	7.7%	**70%**
Nevada	25.2%	7.5%	**70%**
Minnesota	32.4%	10.6%	**67%**
California	21.6%	7.7%*	**64%**
US	28.5%	10.8%	**62%**

NY, FL, WI from Youth Tobacco Survey. MA, NV, RI, US from Youth Risk Behavior Survey (YRBS)

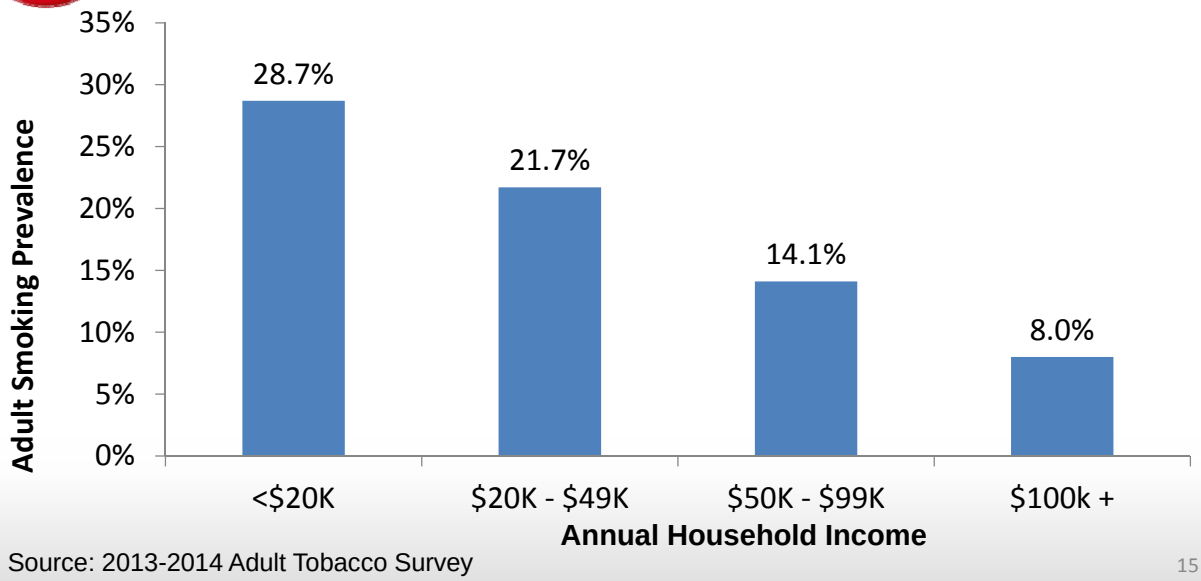
*CA data from different surveys: 2000 data from CA Student Tobacco Survey, 2015 data from YRBS

BUT The Challenges that Remain are Substantial

Three Broad Categories

1. **Who Smokes Has Changed – with Real Consequences**
2. **The Emerging Threat of Other Tobacco Products and Poly Tobacco Use**
3. **Today We will Need to Make Progress in the Wake of the New Political Realities**

Who Smokes? The Poor



Source: 2013-2014 Adult Tobacco Survey

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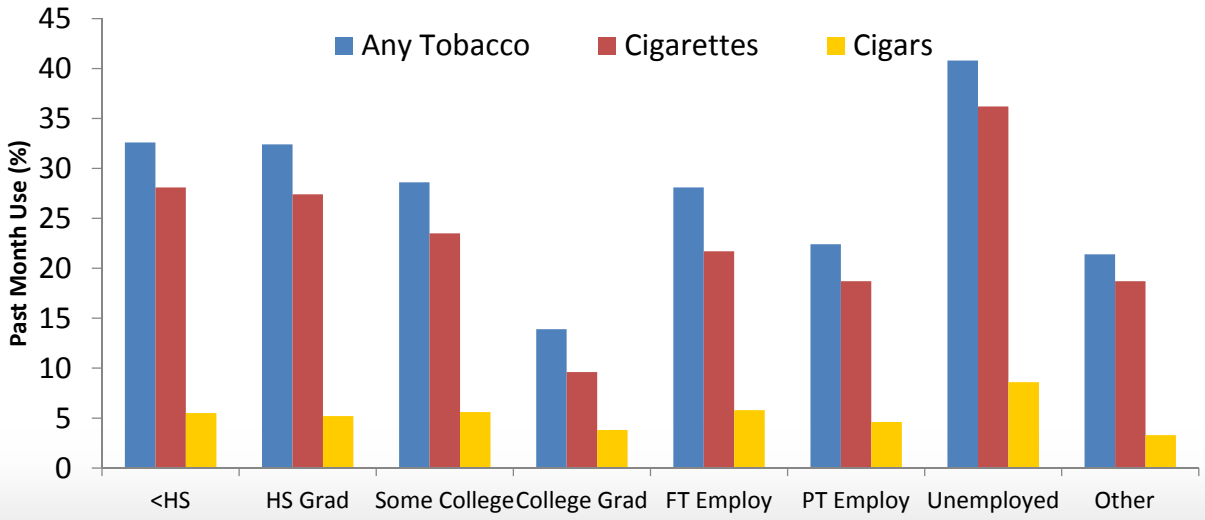
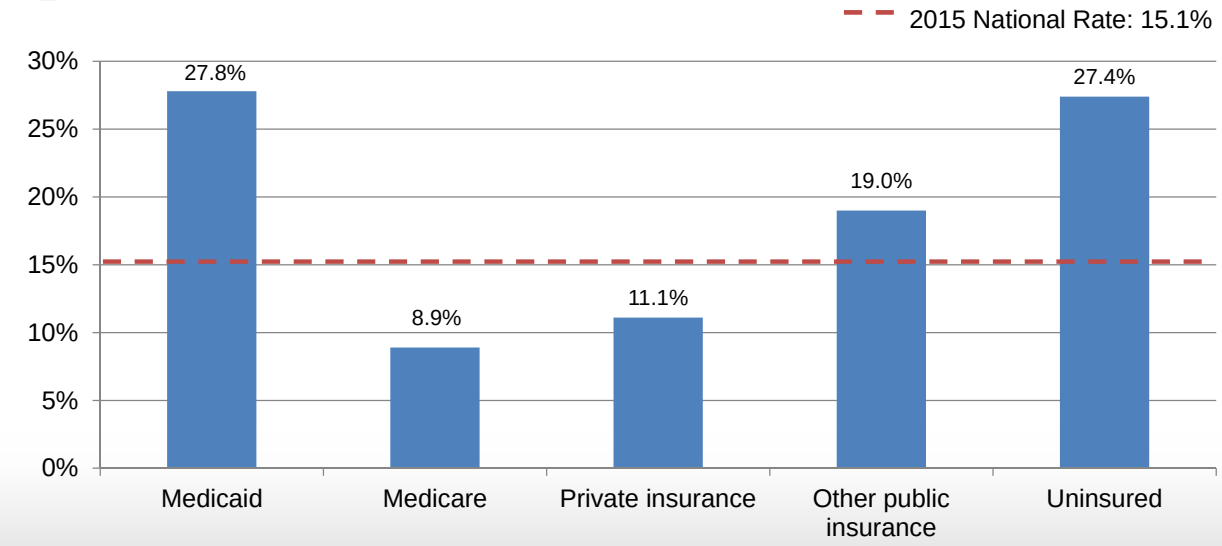
Education and Employment Are Critical



SOURCE: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 16

US Adult Smoking by Health Insurance Type, 2015



Source: National Health Information Survey, 2015 17

Medicaid Enrollees Are Not Being Provided Tobacco Cessation Services

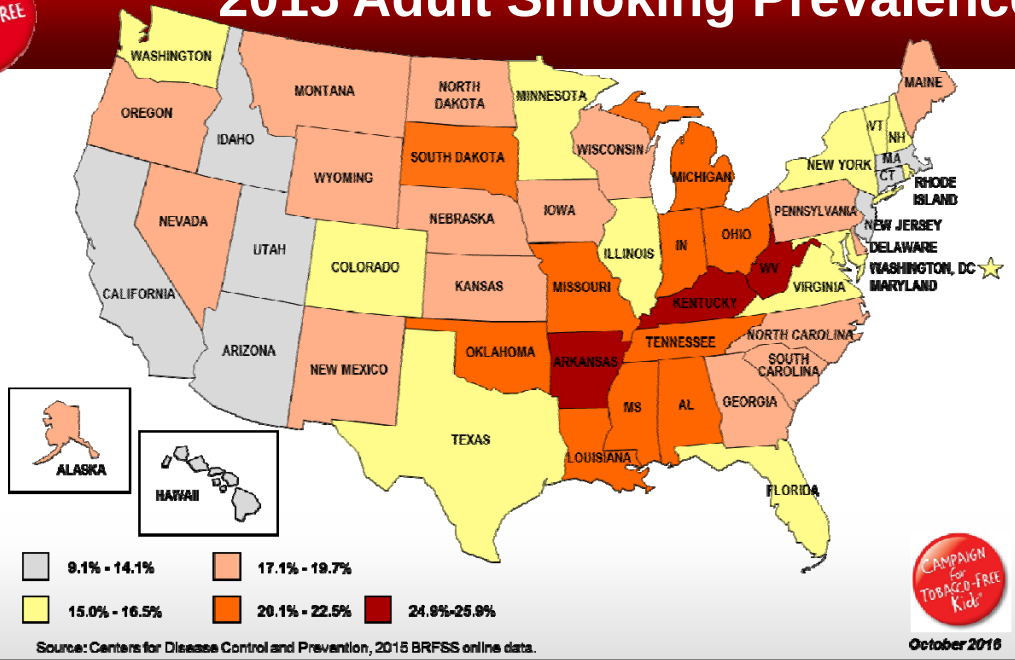
By Leighton Ku, Brian K. Bruen, Erika Steinmetz, and Tyler Bysshe

Health Affairs

Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit

- Smokers with Medicaid coverage do not receive help in quitting even though cessation benefits are covered
- In 2013 only 1 in 10 current smokers with Medicaid received cessation medications despite the fact that it has been proven that when Medicaid agencies collaborate with PH agencies, physician groups, healthcare advocacy orgs and others to promote tobacco cessation to Medicaid population, it works

2015 Adult Smoking Prevalence



Disparities in Policy Progress Translate into Disparities in Use

There are dramatic differences between states.

While the national adult smoking rate has dropped to 15.1% (2015 NHIS) and the youth smoking rate to 10.8% (2015 YRBS)

- 8 states have adult smoking rates below 15% BUT
- 13 states have adult smoking rates over 20%

- 19 states have youth smoking rates under 10%, and
- 7 states are already under 8% BUT
- 7 states have youth smoking rates over 15%

State Adult Smoking Prevalence, 2015 – The Power of Taxes and Smoke-Free Air

Lowest Prevalence

1. Utah (9.1%)
2. California (11.7%)
3. New Jersey (13.5%)
3. Connecticut (13.5%)
5. Idaho (13.8%)
6. Massachusetts (14.0%)
6. Arizona (14.0%)
8. Hawaii (14.1%)
9. Washington (15.0%)
10. Maryland (15.1%)
10. Illinois (15.1%)

- Average Cigarette Tax: $2.50*
- States with Smokefree Restaurants and Bars: 10 out of 11

Highest Prevalence

1. Kentucky (25.9%)
2. West Virginia (25.7%)
3. Arkansas (24.9%)
4. Mississippi (22.5%)
5. Missouri (22.3%)
6. Oklahoma (22.2%)
7. Louisiana (21.9%)
8. Tennessee (21.9%)
9. Ohio (21.6%)
10. Alabama (21.4%)

- Average Cigarette Tax: $0.88*
- States with Smokefree Restaurants and Bars: 1 out of 10

Source: CDC, 2015 BRFSS **Taxes in effect as of 4/1/17*

Smoking Disparities Contribute to the Growing Health Disparities in Health And Life Expectancy In the United States

Growing Life Expectancy Gap Between the Rich and the Poor Coincides with Growing Gap in Who Smokes

The New York Times

Disparity in Life Spans of the Rich and the Poor Is Growing

By SABRINA TAVERNISE FEB. 12, 2016

- Researchers at Brookings: there is a growing disparity in life expectancy between high-income and low-income individuals
- A study in JAMA also concluded that inequality in life expectancy based on wealth has increased over time.
- These changes occur at the same time as the growing disparity in tobacco use between the rich and the poor.
- Researchers at Duke and CDC calculated that **disparities in smoking rates account for as much as a quarter to a third of the gap in life expectancy by educational level.**

If You are Poor: Where You Live Impacts How Long You Will Live

- Where you live matters for the poor: Life expectancy among low-income individuals varies by where you live – but there is little or no difference where you live if you are wealthy
- If you are poor, your smoking rate also varies based on where you live. The smoking rates of the wealthy are similar wherever they live.
- Poor people have lower smoking rates when they live in an environment where the government invests in a safety net
- Disparities in life expectancy are not inevitable. There are communities throughout the US, where differences in life expectancy are relatively small.

Source: Chetty, R, et al., "The Association Between Income and Life Expectancy in the United States, 2001-2014," *JAMA*, published online April 10, 2016.

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Least Healthy States & Adults Smoking Rates

8 of Least Healthy States are in 10 Highest Smoking Prevalence States

Least Healthy*

1. Mississippi
2. Louisiana
3. Arkansas
4. Alabama
5. Oklahoma
6. Kentucky
7. Tennessee
8. West Virginia
9. South Carolina
10. Georgia

Highest Smoking Prevalence‡

1. Kentucky (25.9%)
2. West Virginia (25.7%)
3. Arkansas (24.9%)
4. Mississippi (22.5%)
5. Missouri (22.3%)
6. Oklahoma (22.2%)
7. Louisiana (21.9%)
8. Tennessee (21.9%)
9. Ohio (21.6%)
10. Alabama (21.4%)

*America's Health Rankings 2016 Annual Report
‡ Behavioral Risk Factor Surveillance System, 2015

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The Least Heart Healthy States Have the Highest Adult Smoking Rates

8 of Least Heart Healthy States are in 10 Highest Smoking Prevalence States

Least Heart Healthy*	Highest Smoking Prevalence‡
1. Mississippi	1. Kentucky (25.9%)
2. West Virginia	2. West Virginia (25.7%)
3. Kentucky	3. Arkansas (24.9%)
4. Louisiana	4. Mississippi (22.5%)
5. Alabama	5. Missouri (22.3%)
6. Tennessee	6. Oklahoma (22.2%)
7. Arkansas	7. Louisiana (21.9%)
8. South Carolina	8. Tennessee (21.9%)
9. Oklahoma	9. Ohio (21.6%)
10. Indiana	10. Alabama (21.4%)

*Based on CDC data excess heart age, smoking rates & obesity prevalence data (http://conditions.healthgrove.com/stories/6140/states-healthiest-hearts)
‡ Behavioral Risk Factor Surveillance System, 2015

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States with Highest Proportion of Cancer Deaths Attributable to Smoking and Adult Smoking Prevalence

8 States with Greatest Smoking-Attributable Cancer Deaths are in 10 Highest Smoking Prevalence States

Proportion of Cancer Deaths Attributable to Smoking*	Highest Smoking Prevalence‡
1. Kentucky (34.0%)	1. Kentucky (25.9%)
2. Arkansas (33.5%)	2. West Virginia (25.7%)
3. Tennessee (32.9%)	3. Arkansas (24.9%)
4. West Virginia (32.6%)	4. Mississippi (22.5%)
5. Louisiana (32.6%)	5. Missouri (22.3%)
6. Alaska (31.4%)	6. Oklahoma (22.2%)
7. Missouri (31.3%)	7. Louisiana (21.9%)
8. Alabama (31.3%)	8. Tennessee (21.9%)
9. Oklahoma (31.1%)	9. Ohio (21.6%)
10. Nevada (30.9%)	10. Alabama (21.4%)

* Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," *JAMA Internal Medicine*, published online October 24, 2016.
‡Behavioral Risk Factor Surveillance System, 2015

27

The Continued Presence of Menthol

Despite later initiation and smoking fewer cigarettes/day on average, African American men have 18% higher incidence rates and 20% higher death rates for lung cancer.

The Question is WHY?

There is no certain explanation. Possible reasons:

- While adult smoking rates are nearly equal to whites, African Americans quit smoking at lower rates. African Americans use tobacco cessation medications at a lower rate than Whites and are less likely to receive advice to quit from a health professional
- The vast majority of African Americans smoke menthol cigarettes which masks the harshness of smoke and is associated with greater addiction and reduced cessation.

Garrett, et al., *Nicotine & Tobacco Research*, 2016; Alexander, et al., *Nicotine & Tobacco Research*, 2016; Roberts, et al., *Nicotine & Tobacco Research*, 2016; Kulak, et al., *Nicotine & Tobacco Research*, 2016; Holford, et al., *Nicotine & Tobacco Research*, 2016; American Cancer Society, 2016; Alexander, *Nicotine & Tobacco Research*, 2016; FDA TPSAC Report on Menthol

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The Emergence of Other Tobacco Products and Poly Tobacco Use

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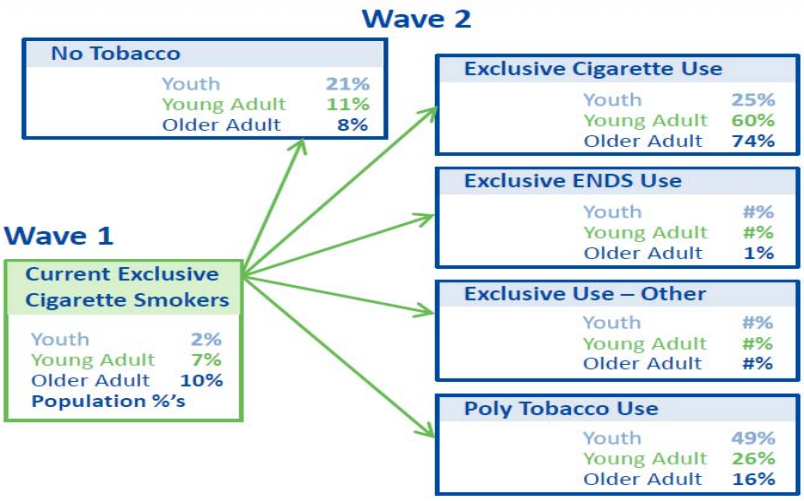
Exclusive and Poly Use Among Any New Tobacco Users at Wave 2

Any New Tobacco User – Never used a tobacco product in Wave 1, past 30-day use of any tobacco product at Wave 2; Older Adult estimates suppressed because statistically unreliable; based on a sample size of less than 50, or the coefficient of variation of the estimate is larger than 30 percent.

PATH Population Assessment of Tobacco and Health — A collaboration between the NIH and FDA | NIH National Institute on Drug Abuse | FDA

What Happens to Wave 1 Current Exclusive Cigarette Smokers at Wave 2?



Wave 2

Any Cigarette	Youth	72%
	Young Adult	86%
	Older Adult	90%
Any ENDS	Youth	28%
	Young Adult	17%
	Older Adult	12%

Estimate suppressed because statistically unreliable; based on a sample size of less than 50, or the coefficient of variation of the estimate is larger than 30 percent. **Any Current Use** – For youth: Any past 30-day use of each product; For adults: cigarettes smoked at least 100 cigarettes in lifetime and now smoking everyday or somedays; hookah, now using everyday, somedays, or monthly; All other tobacco products, use at each wave defined as now using everyday or somedays; **No Tobacco Use** – No current tobacco use at Wave 2; **Exclusive Use** – Current use of only that one single tobacco product; does not currently use any other tobacco product; **Poly Use** – Currently uses more than one tobacco product.

The 5 boxes with arrows going into them sum to ~100%; the box on the far right provides added data about Wave 2 use.

PATH Population Assessment of Tobacco and Health — A collaboration between the NIH and FDA | NIH National Institute on Drug Abuse | FDA


MORE HIGH SCHOOL BOYS
SMOKE CIGARS THAN CIGARETTES
14%
smoke cigars
STRAWBERRY
PEACH
SWISHER SWEETS
SWISHER SWEETS
11.8%
smoke cigarettes
Source: CDC 2015 Youth Risk Behavior Survey
Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

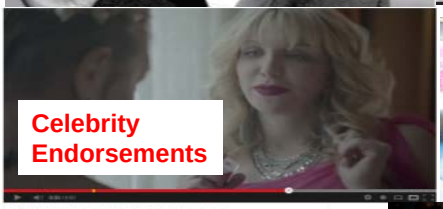

Fresh
2 CIGARS FOR 99¢
game
WATERMELON
GARCIA Y VEGA
2 CIGARS FOR 99¢
game
LEAF
WILD BERRY
GARCIA Y VEGA
2 CIGARS FOR 99
White Owl
TROPICAL TWIST
SLOW BURN
SAVE
2 CIGA
SWISHER SWEETS
2 CIGARS FOR 99
White Owl
SLOW BURN
2 CIGARS FOR 99
game
LEAF
SWEET AROMATIC
GARCIA Y VEGA
SURGEON GENERAL WARNING:
Tobacco Smoke Increases The Risk Of Lung Cancer And Heart Disease, Even In Nonsmokers.
Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

E-Cigarettes Marketing Mimics the Worst of Cigarette Marketing

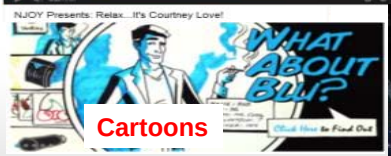

TV Ads

Kid-Friendly Flavors

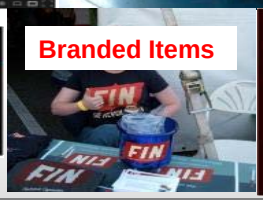
Music Sponsorships


Celebrity Endorsements

NASCAR Car Sponsorships



Cartoons



Branded Items


"Cigarette Girls"

Countertop Displays

Source: Journal of the American Medical Association

8 out of 10 kids who currently use tobacco used a flavored product in the past month.

tfk.org/flavortrap

The Threats to Tobacco Progress Are Real: The Need to Protect the Engines of Change

- Proposals to Weaken FDA authority over tobacco products
- Proposed Cuts to Funding for the Office on Smoking and Health at CDC threatens the TIPS media campaign, state quitlines and state tobacco prevention programs
- ACA mandates coverage of tobacco cessation treatment for individuals in private plans and many on Medicaid – What will Happen If the ACA is Repealed?
- The Department of Housing and Urban Development's regulations to make public housing smoke-free just went into Effect – Will They be Challenged?

Three Threats are Immediate

- *Congress curtailment of FDA Authority*: Efforts to undercut the legislative authority of the FDA related to cigars, e-cigarettes and other tobacco products during the Appropriations process
- *Congressional Budget Attack on CDC-OSH*: Proposed Budget cuts to CDC's Office on Smoking and Health would cut budget by more than half
- Congressional/Industry Attacks to NNN Proposed Standard – Would prevent FDA from moving forward on its first product standard

The Trifecta Works: Building on the Momentum Already Created

It is Also a Time to Advocate for Innovative State & Local Policies

- Raising the Tobacco sale age to 21
- Restrictions on flavored tobacco products other than Cigarettes
- Innovative Approaches to curtailing Menthol Products
- Coupon and discounting bans
- Minimum price laws
- Tobacco-free retailers

NCTOH

2017 National Conference on Tobacco or Health

Opening Plenary

March 22, 2017 // Austin, Texas

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