Taxes, restrictions have done the job to reduce smoking
By Anthony Biglan, Edward Lichtenstein and Jennifer Webster For The Register-Guard

If you are older than 50 and are holding The Register-Guard in your hand, there is a good chance that you remember when you used to smoke.

In 1960, about 58 percent of American men smoked. Women’s smoking peaked in 1955, at 45 percent. We have come a long way since the 1960s, when smoking happened everywhere — in homes, offices, restaurants, public places and even some movie theaters.

But thanks to a nationwide effort to inform people about how harmful smoking is and because of programs and policies to help combat smoking, only about 20 percent of American men and women now smoke. In Oregon the rate of smoking is 17 percent. As a result of this huge change in our culture, millions of people who would have died prematurely will live along lives.

Besides the educational campaigns emphasizing the role of smoking in causing cancer and heart disease, two major policy initiatives have been the key drivers of this huge change in smoking prevalence.

One is the sharp rise in the price of cigarettes as a result of increases in federal and state taxes. For every 10 percent increase in the price of cigarettes, there is a 4 percent reduction in consumption. And this price effect is especially strong among young, more vulnerable smokers.

The second policy thrust has a distinctly local slant: The advent of major restrictions on indoor smoking in virtually all public spaces, including bars and restaurants. These policies are firmly based on science showing the harmful health effects of secondhand smoke.

The awareness that smoking harms both smokers and those around them has helped to stigmatize smoking and motivate quitting. The increased availability of evidence-based cessation assistance — notably medications such as nicotine gum, the nicotine patch and free telephone quit lines — also has played an important role.

At the local level, Lane County Public Health Department staff members, along with American Cancer Society and American Lung Association volunteers, have led education efforts and advocated for smoking control policies.

One of the heroes of the effort to reduce smoking in Lane County is Stephanie Young Peterson, who served two stints as Lane County’s staff member providing education about effective policies and programs to reduce smoking. She provided community leaders and officials with the tools and knowledge to create and implement our policies restricting indoor smoking.

Readers of this essay may, understandably, think that smoking largely has been eliminated. Few people reading this are smokers, and they are unlikely to work or socialize with smokers.

Unfortunately, smoking is still very much with us, especially in certain segments of the population. Smoking
rates are especially high among the relatively less educated, disadvantaged citizens in our community. Recent surveys of Lane County’s Medicaid population revealed a 34 percent prevalence rate overall, and a 30 percent to 35 percent smoking rate among pregnant women.

Lane County Public Health and the Trillium Coordinated Care Organization have identified smoking — and especially smoking among pregnant women — as one of the highest priorities for improving health in Lane County.

Women who smoke during their pregnancy are three times more likely to have babies with low birth weight. As a result, their babies are three to four times more likely to die of sudden infant death syndrome. They also have a much higher risk of respiratory problems, including infections.

In addition, smoking during pregnancy increases the risk of preterm labor, premature rupture of membranes and conditions in which the placenta detaches during pregnancy.

For these reasons, Trillium has developed a comprehensive plan to reduce smoking among Lane County’s low-income population. The plan includes both primary prevention and intensive cessation efforts.

In June, Trillium paid to train 36 tobacco treatment specialists who will work with both pregnant women and people seeking treatment for mental health conditions or substance abuse (another population with high rates of smoking).

This month, an innovative project began to provide monetary incentives to pregnant smokers who want to quit.

In the coming months, as many as 60 first-grade and kindergarten teachers will receive training in the Good Behavior Game, a classroom management tool that, among other things, has been shown to decrease the initiation of tobacco use in 15- to 18-year-olds by as much as 25 percent.

And with the partnership among the Lane County Public Health Department, the Trillium Community Health Plan, PeaceHealth Medical Centers and the United Way, one focus of Lane County’s Community Health Improvement Plan will be to continue to seek the implementation of policies that have been demonstrated to reduce tobacco use.

Citizens can support laws that further protect nonsmokers from tobacco smoke and increase the tax on tobacco. In its recent session, the Oregon Legislature passed a law that makes it illegal to smoke in cars when children are present. (It will be enforced in connection with other violations.)

The Legislature also allocated — for the first time — some funds from the master settlement agreement with the tobacco companies for tobacco education and control. However, the Legislature failed to pass a bill that would have enabled counties to set their own tobacco taxes.

If you know any smokers, you can remind them gently that there are evidence-based treatments that can help them stop and suggest they call the Oregon Quitline toll-free at 800-784-8669. We stress gently. Most smokers want to quit, but like most other people, they don’t like being lectured or being told what to do.

And many smokers hesitate to try stopping because they are afraid they will fail. In our work in smoking cessation, we have learned that it often takes several tries to succeed.

Every time smokers try to quit, they learn some new skills. More practice will put a smoker over the top eventually. The only way a smoker really can fail is to not try at all.

Oh, and the next time you visit your doctor, observe whether anybody asks you if you smoke.

If they do, congratulate them for checking. If they don’t, remind them it’s good practice to do so.
This is the fifth in a series of essays by Anthony Biglan, senior scientist at the Oregon Research Institute, on evidence-based efforts to improve the well-being of Lane County residents. Ed Lichtenstein of ORI is one of the nation’s leading researchers on smoking cessation, and Jennifer Webster is the community health analyst for Lane County Prevention.