



Tobacco

Tobacco-related diseases are the leading cause of preventable death in Colorado and nationwide. Cigarette smoke contains more than 7,000 chemicals, 69 of which are known to cause cancer.¹ It harms nearly every organ in the body and can cause lung cancer, chronic obstructive pulmonary disease, coronary heart disease, stroke and a host of other cancers and diseases.² Smoking during pregnancy accounts for 20-30 percent of low-birth weight babies, as many as 14 percent of preterm deliveries and about 10 percent of all infant deaths.³ Statewide expenditures attributable to smoking were estimated at more than \$1.3 billion in 2004 and Colorado employers lose approximately \$1 billion each year from smoking-related decreases in productivity.⁴ Despite recent downward trends in tobacco use, 18.3 percent of adults and 15.7 percent of adolescents in Colorado smoke and nearly 8 percent of pregnant women smoked during the last trimester of pregnancy.⁵

Smoking is most common among low socioeconomic status (SES) populations, which includes people whose income falls below 200 percent of the federal poverty level, have no health insurance, do not have a high-school diploma or are disabled or unable to work. Smoking rates are at least two times higher for these populations. Colorado is employing numerous proven strategies to combat tobacco use and reduce secondhand smoke exposure, especially among youth, low SES populations and pregnant women. To learn more, see the *Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012–2020*.

STATEWIDE GOAL: Reduce the burden of tobacco use in Colorado by reducing the number of Coloradans who initiate and use tobacco products.

LONG-TERM OUTCOME MEASURES:

- By 2020, reduce the percent of adolescents who smoke to 10 percent, down from a baseline of 15.7 percent in 2011. (Data Source: Healthy Kids Colorado Survey)
- By 2020, decrease the percent of straight-to-work population ages 18-24 years who report ever using tobacco to 20 percent, down from a baseline of 28.3 percent in 2012. (Data Source: TABS)
- By 2020, reduce the percent of adults who smoke to 12 percent, down from a baseline of 16.0 percent in 2010. (Data Source: BRFSS)
- By 2020, decrease the percent of pregnant women who smoke during pregnancy to 6 percent, from a baseline of 7.8 percent in 2011. (Data Source: PRAMS)

STRATEGIES:

1. **Implement a multi-pronged approach that includes public education, positive youth development skills, policy development and dissemination targeted at youth younger than 18 years and the straight-to-work population ages 18-24 years.**

Objective 1: By 2020, increase cessation attempts among the 18-24 age group by 30 percent. (Data Source: TABS)

Objective 2: By 2020, increase the cessation success rate among the 18-24 age group by 20 percent. (Data Source: TABS)

Coordinating agency: CDPHE

Partners in implementation: American Lung Association, Boys and Girls Club of Metro Denver, RMC Health, University of Colorado – School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

2. **Establish, promote and enforce laws prohibiting the sale and restricting the marketing of tobacco products to minors.**

Objective 1: By 2020, reduce the percent of youth in grades 6 – 12 that report “very easy” or “pretty easy” access to get cigarettes to 26 percent.

Baseline: 53.1 percent of youth in 2008

Objective 2: By 2020, reduce the percent of Colorado high school smokers who were not asked for proof of age when purchasing cigarettes to 22 percent.

Baseline: 44.7 percent of high school smokers in 2008

Objective 3: By 2020, reduce the percent of underage Colorado high school students who were sold cigarettes to 30 percent.

Baseline: 60.7 percent of students in 2008

Coordinating agency: CDPHE

Partners in implementation: American Lung Association, Boys and Girls Club of Metro Denver, RMC Health, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

3. Develop, implement, monitor, protect, strengthen and expand policies that protect populations from secondhand smoke exposure at home, work and in multi-unit housing.

Objective 1: By 2020, decrease the percent of children who live with a smoker in the home who are exposed to secondhand tobacco smoke to 28 percent.

Baseline: 30.9 percent of children in 2012

Objective 2: By 2020, decrease exposure to secondhand smoke at work to 1 percent.

Baseline: 5.2 percent of people exposed in 2008

Objective 3: By 2020, decrease exposure to second-hand smoke in multi-unit housing to 26 percent.

Baseline: 54.4 percent people exposed in 2011

Coordinating agency: CDPHE

Partners in implementation: American Lung Association, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

4. Implement media campaigns with anti-smoking and cessation promotion messaging to increase the number of quit attempts and successes among smokers in Colorado, focusing on low-socioeconomic status adults.⁶

Objective 1: By 2020, increase cessation attempts among adult smokers to 75 percent.

Baseline: 65.6 percent cessation attempts among adult smokers in 2008

Objective 2: By 2020, increase the percent of smokers who attempted and successfully quit tobacco to 15 percent.

Baseline: 9.3 percent of smokers in 2008

Objective 3: By 2020, increase the percent of smokers who have heard of the Colorado Quit-Line to 85 percent.

Baseline: 73.9 percent of smokers in 2008

Objective 4: By 2020, increase the percent of low-socioeconomic status smokers who attempted and successfully quit to 11 percent.

Baseline: 7.6 percent of low-socioeconomic status smokers in 2008

Coordinating agency: CDPHE

Partners in implementation: SE2, InLine Media, WebbPR, National Jewish – Quitline, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, Community Tobacco Grantees, including LPHAs

5. Expand access to and utilization of tobacco cessation services and treatment among all Coloradans, particularly Medicaid clients, through interventions focused on health care delivery.

Objective 1: By 2020, increase the percent of smokers who were advised to quit smoking by a health care provider to 80 percent.

Baseline: 62.6 percent of smokers in 2008

Objective 2: By 2020, increase the percent of smokers who saw a health care provider and who were referred to cessation treatment to 50 percent.

Baseline: 38.6 percent of smokers in 2008

Objective 3: By 2020, increase the percent of smokers who report ever having used the Colorado QuitLine to 22 percent. (Data Source: TABS)

Baseline: 20.2 percent of smokers in 2012

Coordinating agency: CDPHE

Partners in implementation: National Jewish – Quitline, Health and Hospital Authority (E-Referral System), University of Colorado Hospital Authority, Colorado School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

6. Increase access to and utilization of tobacco cessation services tailored for pregnant and postpartum women.

Objective 1: By 2020, decrease percent of pregnant women who smoke three months before pregnancy to 17 percent. (Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS))

Baseline: 22.3 percent of pregnant women who smoke in 2010

Objective 2: By 2020, decrease the percent of women who relapse into smoking after delivery to 10 percent. (Data Source: PRAMS)

Baseline: 13 percent of women who relapse into smoking after delivery in 2010

Coordinating agency: CDPHE

Partners in implementation: Rocky Mountain Health Plan Foundation, Denver Health and Hospital Authority (E-Referral System), University of Colorado – School of Public Health, Community Epidemiology and Program Evaluation Group, community tobacco grantees, including LPHAs

- 1 U.S Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General, 2010.
- 2 U.S Department of Health and Human Services. Health Consequences of Smoking: A Report of the Surgeon General, 2004.
- 3 U.S Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General, 2001.
- 4 The Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Retrieved from website: <http://apps.nccd.cdc.gov/statesystem/HighlightReport/HighlightReport.aspx?FromHomePage=Y&StateName=Colorado&StateId=CO#ReportDetail>
- 5 Colorado Department of Public Health and Environment, Health Statistics Section. 2011 Colorado Youth Risk Behavior Survey; Colorado Behavioral Risk Factor Surveillance System; Colorado Pregnancy Risk Assessment Monitoring System. Denver, CO.
- 6 Low SES means uninsured, income below 200% of federal poverty level, no high school diploma (may have GED), or disabled/unable to work.