

## II. Harms Caused by Smoking and Other Tobacco Use and their Impact on Tobacco States and Tobacco-Farming Communities

In 1964, the Surgeon General first documented the harmful effects of smoking in *Smoking and Health: Report of the Advisory Committee of the Surgeon General of the Public Health Service*, which summarized the state of the science knowledge regarding tobacco use at that time. Research conducted since the release of that Report has established that smoking and other forms of tobacco consumption cause enormous health problems and suffering. Smoking kills more than 400,000 people each year in the United States. It is the leading preventable cause of death in the United States and causes a wide variety of serious illnesses.

***Smoking and Cancer.*** Approximately 30 percent of all cancer cases are caused by smoking. Smoking is responsible for 87 percent of lung cancer cases, and 28 percent of deaths attributable to smoking involve lung cancer. Smoking is also a risk factor for cancer of the larynx, oral cavity, esophagus, bladder, kidney, pancreas, stomach and cervix.

***Smoking and Respiratory Diseases.*** Twenty-six percent of smoking attributable deaths come from respiratory diseases. Smoking is the cause of most cases of emphysema and chronic bronchitis.

***Smoking and Heart Disease and Heart Attacks.*** More men and women in the United States die each year from cardiovascular disease attributed to smoking than cancer or any other single cause. Approximately 18 percent of strokes are attributable to active cigarette smoking. As many as 30 percent of all coronary heart disease deaths in the United States each year are attributable to smoking.

***Spit Tobacco Use.*** Smokeless tobacco use causes gum disease, oral cancer and increases the risk of cardiovascular disease.

***Harms from Pregnant Women Smoking.*** Smoking by pregnant women increases the risk of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth. It also increases the risk of birth complications and respiratory disorders among newborns.

***Secondhand Smoke Harms.*** Children exposed to secondhand smoke, particularly children of parents who smoke, face a higher risk of such health harms as SIDS, acute and chronic respiratory disease, asthma, and middle ear infections. Research has also established that secondhand smoke exposure increases the risk of disease, including lung cancer and chronic coronary heart disease in otherwise healthy adults.

***Smoking Addiction Starts Early.*** The peak years for first trying to smoke are the sixth and seventh grades, or between the ages of 11 and 12, with many kids starting even earlier. Within weeks or days of first starting to smoke occasionally, young smokers show numerous signs of nicotine addiction; and more than a third of all kids who ever try smoking a cigarette will become regular, daily smokers before they leave high school.

## Smoking Harms in the Tobacco States

Those states and communities with the highest smoking rates and largest per-capita cigarette consumption suffer much higher rates of smoking-caused disease and related harms. Because of the importance of tobacco farming and manufacturing in the tobacco states, their residents have been slower to accept the link between smoking and health harms. These states have fewer health programs to keep kids from smoking or help adults quit. In addition, cigarette prices are considerably lower than the national average in the tobacco states because of lower state cigarette tax rates. As a result, the tobacco-growing states also tend to have higher-than-average smoking rates, and suffer disproportionately from smoking-caused harms.

The economic costs to the tobacco states caused by smoking are enormous. The smoking-caused health care costs, alone, in the major tobacco states range from more than \$760 million per year for South Carolina to more than \$1.7 billion per year in Georgia. Nationwide, annual smoking-caused health care expenditures total at least \$89 billion, including smoking-caused Medicaid payments of about \$17 billion per year.

***“The tobacco industry has led the Kentucky farmer down a primrose path. It is time for us to prepare for a new future for agriculture in the Bluegrass, however, it is also time to finally acknowledge that tobacco is more than just an economic issue related to agriculture in Kentucky. Kentucky spends between \$800 million and \$1 billion every year related to the treatment and care of sick smokers .”***

Mike Kuntz,  
Chairperson, Kentucky ACTION  
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The experiences of those states that have initiated comprehensive tobacco control programs establish that effective measures exist which can prevent tobacco initiation among youth and help adults who want to quit. Comprehensive tobacco control programs – consisting of community-based initiatives, school-based programs, counter-marketing, public education, programs to help people quit, and vigorous enforcement of state laws

**Table 1. Tobacco States’ Tobacco Use Rates and Associated Harms**

Major Tobacco States	Youth Smoking	Adult Smoking	Male Youth Smokeless	Smoking Deaths Per 100,000
Georgia	35.3%	23.7%	21.7%	364
Kentucky	41.5%	29.7%	27.8%	444
North Carolina	31.6%	25.2%	14.3%	368
South Carolina	36.0%	23.6%	13.8%	378
Tennessee	32.4%	24.9%	24.3%	390
Virginia	29.6%	21.2%	19.0%	360
Other States’ Averages	32.3%	22.8%	15.9%	343

forbidding tobacco sales to kids and protecting nonsmokers from secondhand smoke – prolong lives, reduce disease and secure healthcare savings.

For more details on health related tobacco issues, see the following websites: Campaign for Tobacco-Free Kids, [www.tobaccofreekids.org](http://www.tobaccofreekids.org); U.S. Centers for Disease Control and Prevention, Office of Smoking and Health, [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco); American Cancer Society, “Tobacco & Cancer,” [www.cancer.org/tobacco](http://www.cancer.org/tobacco); and American Heart Association, “Cigarette Smoking, Cardiovascular Disease, and Stroke,” [www.americanheart.org/Scientific/statements/1997/119702.html](http://www.americanheart.org/Scientific/statements/1997/119702.html).