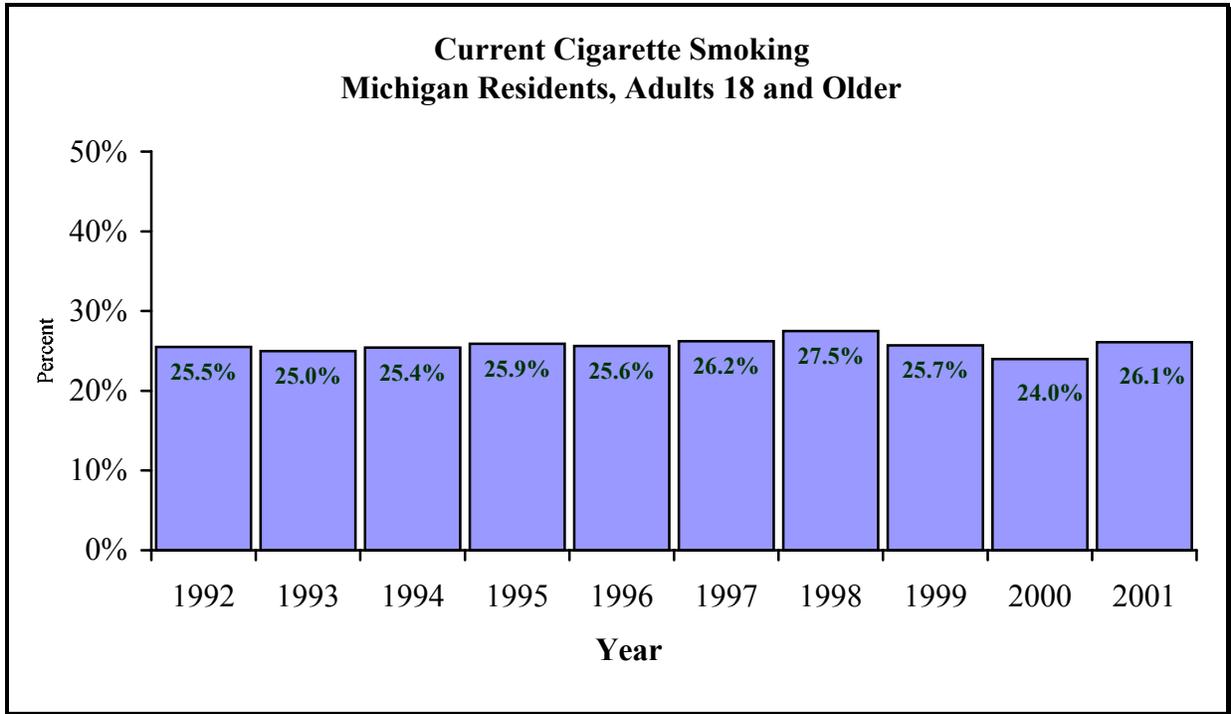


Focused Indicators
Health Risk Behaviors
Cigarette Smoking



Source: Bureau of Epidemiology, MDCH

How are we doing?

Cigarette smoking is the single most preventable cause of premature death. It contributes to:

- heart disease, stroke, and chronic obstructive pulmonary disease, emphysema
- cancer of the lung, larynx, mouth, esophagus, cervix, bladder, breast; and
- low birth weight babies.

An estimated 16,000 Michigan residents die each year from tobacco-caused illnesses. On average, smokers die almost seven years earlier than nonsmokers.

The 2001 Michigan Behavioral Risk Factor Survey (BRFS) indicates that 26.1 percent of Michigan adults are current smokers. Smoking rates among Michigan adults have fluctuated since 1992 when the smoking prevalence was 25.5 percent, but remained rather consistent.

In the Michigan Women, Infants, and Children's (WIC) program, 43.4% of women smoked prior to pregnancy, and 30.3% smoked during pregnancy (*2001 Pregnancy Nutrition Surveillance System [PNSS] data*), although 36.8% of women reported that they had stopped or decreased smoking during their pregnancy.

How does Michigan compare with other states?

In 2001, there was a statistically significant difference between Michigan and the nation in the prevalence of adult smokers. The percent of adults smoking in Michigan was 26.1% while the median among all the states was 22.8%.

Though smoking prevalence has remained relatively steady over the past 10 years, cigarette consumption in Michigan has dropped almost 22 percent since 1993. In 2002, Michigan increased its tobacco tax to \$1.25 per pack. It is currently the sixth highest rate in the nation.

How are different populations affected?

Respondents with less than a high school education were almost 2.8 times more likely to report being a current cigarette smoker than those respondents who graduated from college. In addition, the proportion of current cigarette smokers tended to decrease with household income levels and older age groups beginning with the age group 45-54. There is no significant difference between the prevalence of current smokers among African-Americans and Caucasians.

Children of smokers are 40% more likely to be born low birth weight and experience much higher rates of asthma than non-smokers (*PNSS 2001 data*).

What other information is important to know?

The nicotine in tobacco is one of the most addictive substances available, much more addictive than alcohol and most of the illicit drugs commonly used today. Of current daily smokers in Michigan, more than half reported that they had tried to quit smoking in the past year.

Smoking during pregnancy increases the risk of infant mortality, low birth weight, and the adverse outcomes associated with low birth weight. Estimates from the 2000 Michigan PRAMS survey indicated that 24.7 percent of respondents smoked cigarettes during the three-month period before they became pregnant, 15.5 percent during the last three months of pregnancy, and 21.3 percent during the three-month period immediately following delivery. Information from the Centers for Disease Control (CDC) PNSS data indicates that among women enrolled in WIC, smokers had 40% more low birth weight infants.

Smoking greatly exacerbated other chronic diseases such as diabetes and heart disease.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease the use of tobacco. Programs to reduce tobacco use include: promoting strong public and voluntary policies to increase the awareness of the dangers of tobacco use and secondhand smoke; to prevent the sale and promotion of tobacco to youth; and to provide a statewide media campaign with prevention, cessation, and secondhand smoke messages.

Tobacco program initiatives include offering free self-help cessation kits, expectant mother quit kits, and tobacco-related information. One statewide project focuses on promoting smoke-free hospital campuses and in-patient cessation programs and follow-up. Legal assistance is offered to businesses and individuals regarding smoke-free policy development along with research and information on tobacco-related laws. The legal project also promotes and assists municipalities and counties in developing smoke-free policies. A statewide task force was developed to assist communities with clean indoor air regulation/ordinance development. The task force was instrumental in the passage of the recent Ingham County and Washtenaw County smoke-free business regulations. Additionally, the Prenatal Smoking Cessation Program is designed to train and support prenatal care providers and staff to assess the stages of readiness to quit in pregnant women. The model delivers positive, clear, concise, and consistent messages direct to the women's stage of readiness to quit.

The Pregnancy Risk Assessment Monitoring System (PRAMS) supplements data for planning and assessing perinatal health program planning to design interventions to reduce adverse pregnancy outcomes. PRAMS monitors smoking in the prenatal population and measures the impact of services and other factors that influence smoking.

Women, Infants and Children (WIC) program enrollees are counseled on the dangers to themselves and their families from using tobacco products.

A new college initiative offers training and materials to promote colleges to initiate stronger policies against tobacco use including smoke-free dorms and campuses, prevention messages, and promotion of cessation to students.

Many agencies serving communities of color are funded to educate their communities about the dangers of tobacco use and secondhand smoke and to promote smoke-free public places and businesses. A new faith-based initiative is also being piloted this year. Cultural resource networks provide culturally and linguistically appropriate tobacco-related materials for the five principle minority groups in the state of Michigan. The network is also actively promoting smoke-free homes. A CDC funded disparities pilot project has created a statewide strategic plan to reduce tobacco-related disparities in Michigan. The plan will be marketed to other organizations in 2003.

A network of 60 local tobacco reduction coalitions focus on raising awareness of tobacco issues, mobilizing communities to support tobacco free policies and decrease the social acceptability of smoking.

Local prosecuting attorneys and other law enforcement agencies continue activities related to the Youth Tobacco Act. In this effort, the department conducts annual, random, unannounced inspections to ensure compliance with existing laws regarding illegal tobacco sales to youth. This continues to be an effective tool in reducing the extent to which tobacco products are available to individuals under the age of 18.

A Youth Tobacco Survey is conducted biannually to determine youth tobacco use rates and trends. This year an Adult Tobacco Survey will be conducted in conjunction with CDC to assist with program planning and evaluation efforts. For more information on youth and substance abuse, see *Critical Health Indicators* chapter 2: Adolescent use of Alcohol, Tobacco and Other Drugs.

A smoke-free schools manual was created to assist schools with the adoption and enforcement of 24/7 smoke-free school policies and tobacco-related education.

Efforts are also underway to initiate a statewide cessation quit-line pilot project.

For more information about adult health risk behaviors and/or tobacco control efforts, visit the Michigan Department of Community Health website at www.michigan.gov/mdch.

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