



October 27, 2010

Regina Benjamin, MD
United States Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857

Dear Surgeon General Benjamin:

We applaud the National Prevention and Health Promotion Council for agreeing on a framework for developing a national prevention and health promotion strategy and for recognizing the importance of reducing tobacco use.

The health harms of tobacco use are enormous. It is the leading preventable cause of death in the United States and is responsible for more than 400,000 deaths each year, including about one in five deaths from coronary heart disease and nearly one in three deaths from cancer. A person who dies prematurely from his or her tobacco use loses an average of 13 to 14 years of life. More than 8 million Americans are currently suffering from a tobacco-related disease. Tobacco-related diseases are responsible for \$96 billion in health care costs and \$97 billion in lost productivity each year in the United States.

As the Council uses this framework to identify actionable proposals, we urge you to consider sources such as the Centers for Disease Control and Prevention's Best Practices for Tobacco Control Programs and the Community Preventive Services Task Force's Guide to Community Preventive Services for identifying ways to achieve "tobacco-free living." Population-wide initiatives that have proven to be effective at reducing tobacco use include:

- Raising the price of tobacco products through excise taxes;
- Implementing smoke-free laws;
- Conducting public education media campaigns to counter marketing by the tobacco industry;
- Funding state and community-based tobacco control programs; and
- Supporting proactive telephone cessation support services (quitlines).

Tobacco control programs that incorporate these types of initiatives have successfully reduced tobacco use. In California, adult smoking rates were reduced by 43 percent (from 22.7 percent in 1988 to 12.9 percent in 2009) after implementation of its Tobacco Control Program, saving an estimated \$86 billion in personal health care costs between 1989 and 2004. Other states with well-funded tobacco control programs, such as Maine and Washington, have also successfully reduced their smoking rates. Since Maine implemented its comprehensive tobacco control program in 1997, smoking among Maine's high school students has declined a dramatic 54 percent (from 39.2 percent in 1997 to 18.1 percent in 2009).

Prior to launching its comprehensive tobacco control program, Maine had one of the highest youth smoking rates in the country. Washington State has cut adult smoking by about a third and youth smoking by half since its program began in 2000. While tobacco prevention programs work, they have been chronically underfunded. In Fiscal Year 2010, only one state funded these programs at the level recommended by the CDC, and taken together states are spending less than 20 percent of what the CDC recommends for these programs.

We also urge you to emphasize clinical tobacco cessation services as you develop actionable proposals for “high impact, quality clinical preventive services.” Tobacco cessation services, which include counseling and FDA-approved medications, received an A grade from the Preventive Services Task Force and are recommended in the Public Health Service’s Clinical Practice Guideline for Treating Tobacco Use and Dependence. Yet use of these services remains relatively low. The National Commission on Prevention Priorities estimates that 42,000 lives would be saved each year if utilization of recommended cessation services increased to 90 percent. Use of clinical tobacco cessation services could be increased by:

- Increasing health insurance coverage of cessation services in public programs and private health plans;
- Removing barriers to accessing these benefits, such as eliminating cost-sharing requirements and ensuring availability of providers of these services;
- Prompting clinicians to ask patients about tobacco use and provide cessation services; and
- Educating the public about the availability of cessation services and how these services can increase one’s chance of quitting successfully.

As the Council continues its work on the national prevention strategy, we also urge you to recognize the value of setting priorities. Establishing too many strategic directions and subcategories, even for worthy prevention initiatives, risks diluting attention and resources. We urge you to establish priorities among the ten strategic directions identified in the draft framework based on the following criteria:

- Disease burden: What is the mortality and morbidity attributable to the disease or diseases to be prevented?
- Effectiveness: Are there interventions that have been proven to be effective at preventing or reducing the disease or diseases?
- Unmet need: Are there proven interventions that have not been adequately implemented or funded?

By prioritizing strategic directions that target the most harmful diseases and support interventions that have been proven to be effective, the Council would enhance the ability of the national prevention strategy to maximize benefits to public health. Reducing tobacco use meets these criteria and merits receiving a high priority in the national prevention strategy. As the CDC has noted in its Best Practices for Comprehensive Tobacco Control Programs, “The tobacco use epidemic can be stopped. We know what works, and if we were to fully implement the proven strategies, we could prevent the staggering toll that tobacco takes on our families and in our communities.”

Establishing a National Prevention and Health Promotion Strategy is an important step in creating a health system that values the prevention of disease as much as treatment. We are pleased with the work the Council has conducted so far and appreciate the opportunity to comment on the draft framework.

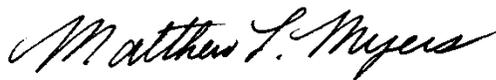
Sincerely,



Christopher W. Hansen
President
American Cancer Society Cancer Action Network



Charles D. Connor
President and Chief Executive Officer
American Lung Association



Matthew L. Myers
President
Campaign for Tobacco-Free Kids



Cheryl Healton
President and Chief Executive Officer
Legacy



Rob Gould
President and Chief Executive Officer
Partnership for Prevention