

Protecting Oregonians from Tobacco in a Modernized Public Health System

The role of public health

The Centers for Disease Control and Prevention (CDC) provides expert guidance for what works in tobacco control, based on more than 50 years of research. The state and local public health system plays a critical role in implementing CDC's recommended comprehensive approach to preventing tobacco use and helping people quit and live tobacco-free. Public health does this by providing:

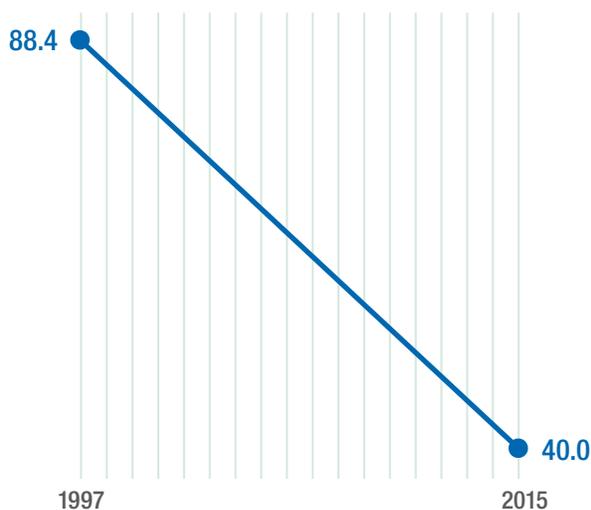
- **State and community interventions** to create environments where tobacco is less available, less affordable and less heavily promoted
- **Mass media health communications**
- **Cessation interventions**, such as the Oregon Tobacco Quit Line
- **Data and evaluation** to ensure we are making progress

Getting results

In 2017, Oregon Health Authority's Tobacco Prevention and Education Program (TPEP) marks 20 years of tobacco prevention.

- Cigarette smoking among adults declined 17 percent from 1997 to 2015.(1)
- Cigarette smoking among 11th-graders declined 64 percent from 1997 to 2015.(2)
- Per capita cigarette consumption decreased more than 50 percent from 1997 to 2015.(3)

Per capita cigarette pack sales in Oregon, 1997 and 2015



Since TPEP started, Oregon's per capita cigarette pack sales have declined by more than 50%.

Source: Tobacco Prevention and Education — Expanding our reach for a healthier Oregon Program Report 2015–2017

Gaps persist

Cigarette use has declined over time, but disparities persist and emerging tobacco products continue to attract new users. The most current data available show:

- The adult cigarette smoking rate was **18 percent in 2015**.⁽¹⁾
- The 11th-grade cigarette smoking rate was **9 percent in 2015**, and the use of e-cigarettes alarmingly increased by **750 percent** between 2011 and 2015.⁽²⁾
- The smoking rate among adults enrolled in the Oregon Health Plan was **29 percent** in 2016.⁽⁴⁾

These high rates of tobacco use come back to Oregon in the form of a staggering \$2.5 billion in lost productivity and medical costs from tobacco use each year.⁽⁵⁾

The CDC recommends an adequate baseline funding level to carry out a fully effective tobacco program. Oregon is funded at **25 percent of CDC's recommendation**. The state and local public health system is taking a comprehensive approach to tobacco prevention by engaging a wide array of private and public sector partners, including coordinated care organizations (CCOs). Public health is working with CCOs to ensure coverage of comprehensive cessation benefits and create effective referrals to the Oregon Tobacco Quit Line. Public health is also engaging local decision-makers, employers and other sectors with health system partners to create more tobacco-free environments around the state and protect people from exposure to tobacco.

Tobacco use is still Oregon's **#1 cause of preventable death**. Public health is already using a comprehensive, evidence-based approach to address tobacco prevention and cessation through systems and environmental change. We can achieve much more under a modernized public health system.

Endnotes

1. Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. Oregon Behavioral Risk Factors Surveillance System. 2015. Unpublished data.
2. Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. Oregon healthy teens. 2015. Unpublished data.
3. Pack sales data from Orzechowski B, Walker R. The tax burden on tobacco. Historical compilation Vol 50 2015. Fairfax and Richmond, Virginia; Oregon and US population data from National Center for Health Statistics, National Vital Statistics Section. Available from: http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm. Accessed Jan. 31, 2017.
4. Oregon Health Authority. Oregon Health Plan CAHPS 5.0 Medicaid survey banner book report. Available from: <https://www.oregon.gov/oha/analytics/CAHPS%20documents/State%20Banner%20Book%202015.pdf>. Accessed Feb. 27, 2017.
5. Department of Health and Human Services. US smoking-attributable mortality, morbidity, and economic costs (SAMMEC). Adjusted for inflation for Oregon, 2013. Unpublished data.



PUBLIC HEALTH DIVISION

healthoregon.org/modernization

<https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention>

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