Executive Summary

• Exposure to secondhand smoke is a cause of stroke;
• Smoking increases the risk of dying from cancer and other diseases in cancer patients and survivors;
• Smoking is a cause of diabetes mellitus; and
• Smoking causes general adverse effects on the body including inflammation and it impairs immune function. Smoking is a cause of rheumatoid arthritis.

Progress has been made in tobacco control. During the 50 years since the 1964 report, approaches have moved from single measures, such as small text-only pack warnings, to implementing comprehensive control programs, including indoor smoking bans, support for cessation, restrictions on advertising and promotion, media campaigns, and tax hikes to raise prices (Chapters 2 and 14). Smoking rates have declined, as have mortality rates for some diseases caused by smoking, such as heart disease and lung cancer for which smoking is the major cause. Nonetheless, between 2005–2009, smoking was responsible for more than 480,000 premature deaths annually among Americans 35 years of age and older (Chapter 12). More than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease were attributable to smoking and exposure to secondhand smoke. Additionally, if current trends continue 5.6 million U.S. youth who are currently younger than 18 years of age will die prematurely during adulthood from their smoking (Chapter 12).
Major Conclusions from the Report

1. The century-long epidemic of cigarette smoking has caused an enormous avoidable public health tragedy. Since the first Surgeon General’s report in 1964 more than 20 million premature deaths can be attributed to cigarette smoking.

2. The tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which has deliberately misled the public on the risks of smoking cigarettes.

3. Since the 1964 Surgeon General’s report, cigarette smoking has been causally linked to diseases of nearly all organs of the body, to diminished health status, and to harm to the fetus. Even 50 years after the first Surgeon General’s report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.

4. Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.

5. The disease risks from smoking by women have risen sharply over the last 50 years and are now equal to those for men for lung cancer, chronic obstructive pulmonary disease, and cardiovascular diseases.

6. In addition to causing multiple diseases, cigarette smoking has many adverse effects on the body, such as causing inflammation and impairing immune function.

7. Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.

8. Since the 1964 Surgeon General’s report, comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use. Further gains can be made with the full, forceful, and sustained use of these measures.

9. The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.

10. For 50 years, the Surgeon General’s reports on smoking and health have provided a critical scientific foundation for public health action directed at reducing tobacco use and preventing tobacco-related disease and premature death.

The 2014 Surgeon General’s report is presented in three sections:

   Section 1: Historical Perspective, Overview, and Conclusions;
   Section 2: The Health Consequences of Active and Passive Smoking: The Evidence in 2014; and
   Section 3: Tracking and Ending the Epidemic.

The following is a summary of the contents of each section.
achievements have been made during the past five decades. In fact, historic success in tobacco control is considered one of the top public health achievements of the twentieth century (Centers for Disease Control and Prevention [CDC] 1999; Ward and Warren 2007). Today, in the United States there are more former smokers than current smokers, and success rates for quitting have been increasing among recent birth cohorts (Chapter 13). Interest in quitting is high across all segments of society. Patterns of tobacco use are also changing, with more people smoking intermittently and smoking fewer cigarettes; however, there is an increase in the use of tobacco products other than cigarettes, often concurrent with cigarettes.

The burden of smoking-attributable disease and premature death and its high costs to the nation will continue for decades unless smoking prevalence is reduced more rapidly than the current trajectory. The evidence in this report shows that the nation may fail to achieve the Healthy People 2020 objective of reducing the prevalence of smoking among adults to 12%. Model estimates suggest that if the status quo in tobacco control in 2008 were maintained, the projected prevalence of smoking among adults in 2050 could still be as high as 15% (Chapter 15). Trends in smoking rates among youth and adults show progress, but the prevalence of current smoking among youth and adults is only slowly declining and the actual numbers of adults and young adults starting to smoke has increased since 2002 (Figure 3). Additionally, the use of multiple tobacco products is increasingly common, especially among young smokers. Concerns remain that use of these new products may increase initiation rates among youth and young adults, delay quitting, and prolong the smoking epidemic.

The tobacco industry continues to position itself to sustain its sales by recruiting youth and young adults and by maintaining current smokers as consumers of all their nicotine-containing products including cigarettes (see Chapters 13, 14, and 15). As reviewed in Chapter 14, U.S. District Judge Gladys Kessler entered her final opinion and order on August 17, 2006, and found that the tobacco industry defendants violated the Racketeer Influenced and Corrupt Organizations (RICO) Act by lying, misrepresenting, and deceiving the public “including smokers and the young people they avidly sought as ‘replacement smokers,’ about the devastating health effects of smoking and environmental tobacco smoke” (U.S. v. Philip Morris 2006:852). The Tobacco Control Act incorporates as congressional findings of fact Judge Kessler’s determinations that “the major United States cigarette companies continue to target and market to youth,” that the companies sought to “encourage youth to start smoking subsequent to the signing of the Master Settlement Agreement.

Table 2 Percentage of tobacco product use in the past month among persons 18 years of age and older, 2002–2012

<table>
<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total tobacco products</td>
<td>30.8b</td>
<td>30.2b</td>
<td>29.6b</td>
<td>29.9b</td>
<td>30.1b</td>
<td>29.2b</td>
<td>28.8b</td>
<td>28.1</td>
<td>27.8</td>
<td>26.9</td>
<td>27.3</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>25.8b</td>
<td>25.2b</td>
<td>24.7b</td>
<td>24.7b</td>
<td>24.8b</td>
<td>24.1b</td>
<td>23.7b</td>
<td>23.0d</td>
<td>22.6</td>
<td>21.7</td>
<td>22.0</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>3.5</td>
<td>3.4</td>
<td>3.1b</td>
<td>3.3</td>
<td>3.5</td>
<td>3.3</td>
<td>3.6</td>
<td>3.5</td>
<td>3.6</td>
<td>3.3</td>
<td>3.6</td>
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<tr>
<td>Cigars</td>
<td>5.5</td>
<td>5.5</td>
<td>5.8</td>
<td>5.8</td>
<td>5.7</td>
<td>5.5</td>
<td>5.5</td>
<td>5.4</td>
<td>5.4</td>
<td>5.2</td>
<td>5.4</td>
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<tr>
<td>Pipe tobacco</td>
<td>0.8</td>
<td>0.7b</td>
<td>0.8d</td>
<td>0.9</td>
<td>1.0</td>
<td>0.8</td>
<td>0.8d</td>
<td>0.8</td>
<td>0.9</td>
<td>0.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Cigarettes or cigars</td>
<td>28.5b</td>
<td>27.9b</td>
<td>27.6b</td>
<td>27.7b</td>
<td>27.7b</td>
<td>27.0b</td>
<td>26.4b</td>
<td>25.8d</td>
<td>25.5</td>
<td>24.6</td>
<td>24.8</td>
</tr>
<tr>
<td>Cigarettes, cigars, or pipe tobacco</td>
<td>28.8b</td>
<td>28.2b</td>
<td>27.9b</td>
<td>28.0b</td>
<td>28.0b</td>
<td>27.3b</td>
<td>26.7b</td>
<td>26.1</td>
<td>25.8</td>
<td>24.9</td>
<td>25.2</td>
</tr>
</tbody>
</table>

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2012.

aTobacco products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
bDifference between estimate and 2012 estimate is statistically significant at the 0.01 level.
cPast month cigarette use is defined as smoking during the 30 days preceding the survey and smoking 100 cigarettes or more in a lifetime. Respondents with an unknown lifetime number of cigarettes smoked were excluded from the analysis.
dDifference between estimate and 2012 estimate is statistically significant at the 0.05 level.
• Former WHO Director General Gro Brundtland was correct in 1999 in stating the need to evaluate current action from the perspective of our grandchildren and their children (Asma et al. 2002). As future generations look back on our current actions and knowledge of the tobacco epidemic, will current efforts show the commitment to public health and social justice set forth in our national plans and objectives?

This nation’s decades-long battle against the tobacco epidemic has successfully prevented millions of premature deaths that would otherwise have occurred—an historic achievement by any measure. On the fiftieth anniversary of the landmark 1964 Surgeon General’s report, this nation must rededicate itself not only to carrying forward the successful tobacco control efforts that have long been under way, but also to expanding and accelerating those efforts in full recognition of the challenge that remains.