

Setting a National Tobacco Control Agenda

Advocacy and Position Statements

THE ASSOCIATION OF BLACK CARDIOLOGISTS (ABC)

The Center for Disease Control (CDC) reports that cancer will surpass heart disease in 2010 as the leading cause of death in the world largely due to tobacco use. Smoking which remains a massive public health problem for this and future generations continues to be the leading preventable cause of death in the United States. (1)

People who smoke cost the Nation's Medicaid program approximately \$10 billion or 5.6 percent of total expenditures; one state Virginia's Medicaid program spends \$401 million annually on health care related to tobacco use. (2)

The deleterious risks associated with smoking disproportionately affect racial and ethnic minority communities. Research has revealed that African American women are less likely to have a successful quit attempt following a cessation intervention than counterpart females. (3)

ABC strongly supports the authorization of the US Food and Drug Administration to have regulatory control over tobacco. Congress should approve and the president should sign the Family Smoking Prevention and Tobacco Control Act (S. 625/H.R.1108) (2007/2009) which amends the FDA Cosmetic Act to provide for the regulation of tobacco. Leading advocates in the Senate are Edward Kennedy (D. MA.) and in the House Rep. Henry Waxman (D. CA.). The legislation is awaiting full action in the senate. (4)

ABC strongly supports the appointment of a senior advisor for tobacco control to the Obama Administration. The president should identify a tobacco control leader with high-level access to senior officials in the administration to serve as the government's point person on tobacco.

Tobacco sales should be banned in all pharmacies in the United States. Pharmacies derive income from selling medications to counter the effects of tobacco including but not limited to: Statins for atherosclerosis, Phosphodiesterase type 5 inhibitors for impotence and smoking cessation technologies as the Nicotinic Acetylcholine Receptor Agonist. Succinctly, selling tobacco in pharmacies is inherently a conflict of interest. (5)

As we enter an era of health care reform in the United States, The **ABC** strongly endorses cost effective value based strategies to improve smoking cessation, these include but are not limited to the below:

- National trials of Pay-For-Performance (P4P) as a hi value way to create incentives for smoking cessation. (6)
- National trials involving the Patient Centered Medical Home (PCMH) as a hi value way to enhance smoking cessation. (7)
- Tobacco dependence is a chronic disease that often requires repeated intervention and quit attempts. It is essential that clinicians consistently identify and document tobacco use status and treat every tobacco user seen.
- Finally, **Comparative Effectiveness (CER)** strategies should be used to evaluate cessation therapies. This is essential in reducing health care disparities in the Underserved Patient (UP); ie, racial and ethnic minorities, women and the elderly. (8)

- 1) JAMA; March 11, 2009---Vol 301, No 10 pp. 1058-1060.
- 2) Washington Post, 2/9/09 pp. 4-5.
- 3) Journal of the National Medical Association; Vol. 100, No 10, OCT. 2008, pp. 1199-1206.
- 4) <http://internalmedicineweb.com>, 8/15/07, pg 5.
- 5) JAMA; Sept. 24 2008-VOI 300, No 12 pp. 1451-1453.
- 6) Arch Intern Med.; Feb. 9, 2009, Vol 169. No 3, pp. 230-235.
- 7) JAMA; May 20, 2009---vol 301, No 19, pp. 2038-2040.
- 8) New York Times; May 7, 2009, pg B4.