**Recent Trends in Cigarette Smoking and Smokeless Tobacco in Wisconsin**

**By Griffin Smith**

Despite a decrease in the overall cigarette smoking prevalence in Wisconsin, there has been no significant change in the prevalence of smokeless tobacco use and concurrent use of cigarettes and smokeless tobacco in recent years. Recent findings show cigarette smoking and the use of smokeless tobacco cause substantial morbidity and premature mortality. The prevalence of smokeless tobacco use and concurrent use of cigarettes and smokeless tobacco in Wisconsin highlights the importance of evidence-based targeted interventions to reduce the use of alltobacco products. And yet, in 2015 the proposed level of funding of comprehensive tobacco-control programs in the United States will be less than 15% of the level recommended by the Center for Disease Control (CDC).

In a study published in *Morbidity and Mortality Weekly Report* in May of 2015, Kimberly Nguyen and other researchers documented the prevalence of cigarette smoking and smokeless tobacco use in the United States. In alignment with 26 other U.S. states, there was a statistically significant decline in cigarette smoking in Wisconsin during 2011-2013. In 2011, the prevalence of cigarette smoking among adults aged 18 and over was 20.9%. The prevalence dropped to 20.4% in 2012 and 18.7% in 2013. The relative percentage change from 2011-2013 was 10.5%. During the same period, there was no statistically significant change in the prevalence of smokeless tobacco use or concurrent use of cigarettes and smokeless tobacco.

The authors found that cigarette smoking and the use of smokeless tobacco cause substantial morbidity and premature mortality. Further, the concurrent use of cigarettes and smokeless tobacco increases nicotine dependence and may increase the risk for tobacco-related disease and death. Individuals who report using both products are less likely to plan to quit nicotine products compared to those who exclusively smoke cigarettes. The authors stress the importance of sustained comprehensive state tobacco-control programs funded at CDC-recommended levels to further reduce tobacco use and tobacco-related disease and deaths. In the past, evidence-based statewide tobacco-control programs have been shown to reduce smoking rates and tobacco-related diseases and deaths.

To reduce the use of all tobacco products, the authors propose the implementation of proven interventions including increasing the price of tobacco products, implementing comprehensive smoke-free policies and mass media campaigns, restricting tobacco advertising and promotion, controlling access to tobacco products, promoting cessation assistance for tobacco users to quit, and federal regulation of the manufacturing, distribution, and marketing of tobacco products. Unfortunately, despite the combined revenue of more than $25 billion from settlement payments and tobacco taxes, in 2015 the United States will spend only $490.4 million (1.9% of revenue) on the implementation of interventions and comprehensive tobacco-control programs. This proposed level of funding, which represents less than 15% of the CDC-recommended level of funding, is not able to do enough to prevent tobacco use and tobacco-related disease and deaths.

The Community Advocates Public Policy Institute is proud to administer the City of Milwaukee Tobacco-Free Alliance, which is working on many of these important issues. To get involved or for more information, please contact our new coordinator Deb Heffner (welcome Deb!) at (414) 270-4655 or dheffner@communityadvocates.net.