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Save young lives by raising the cigarette tax

By Bill Holt

The death certificate said the cause of death was lung cancer but that misses the point. This patient has been smoking since he was 16 years old and smoking cigarettes is the reason he died prematurely at age 50.

In 1993, former Centers for Disease Control Director William Foege and colleague Michael McGinnis published a paper in the Journal of the American Medical Association titled, "Actual causes of death in the United States." This paper represented a breakthrough in thinking by looking at causes of deaths in terms of behavior rather than medical diagnosis. The No. 1 killer behavior is smoking cigarettes.

Each year 450,000 Americans die from cancers, heart diseases, lung diseases and strokes caused by smoking cigarettes. That's 18 percent of all deaths in this country. Compare that with 3 percent of deaths caused germs, 2 percent by car crashes, 2 percent by toxins or 1 percent by firearms.

If smoking is that bad, why do people smoke? The simplest answer to that question is we smoke because we got addicted after we started. And 90 percent of us started smoking as impressionable teenagers because we saw people we liked smoking.

Tom Farley and Deborah Cohen in their book, "Prescription for a Healthy Nation," point out that we have done a good job educating Americans on the hazards of smoking, but education does little to stop smoking. Humans, especially teenaged humans, are social learners. Our behaviors are shaped more by copying what we see than applying what we know.

Teenagers see friends at school smoking. They see heroes in movies smoking. They see independent cowboys and sleek women in advertisements smoking. And they smoke, knowing full well that smoking is hazardous. Education has changed ignorant smokers to guilt-ridden smokers.

Those opposed to governments discouraging smoking with taxes often maintain that such interventions interfere with our right to make lifestyle choices. Sounds good, except that we aren't as free as we think to make the decision to smoke or not.

Every day I counsel adult patients to stop smoking but they don't. They try to exercise their right to choose to stop but they can't because they're addicted. They wish they had never started as teenagers, but it's too late.

Teenagers think they are free to choose to smoke or not smoke. But they don't realize how much they are influenced by the images they see of people smoking. The cigarette industry spends billions of dollars each year making sure we see lots of normal, desirable people smoking. Meanwhile the likes of the CDC, the American Cancer Society, the American Lung Association and state governments have only millions to spend to show that smoking is neither normal nor desirable.

South Carolina ranks dead last in trying to make that point to its citizens. In the South Carolina referendum amongst teenagers to smoke or not to smoke, the cigarette industry is running nearly unopposed.

But smoking can be discouraged without spending billions. Cigarette taxes, which vary from \$2.75 a pack in New York to 7 cents a pack in South Carolina, can influence behavior. Farley and Cohen relate that in states that have raised their cigarette taxes, each 10 percent increase in the price of cigarettes results in a 3-5 percent decrease in cigarette smoking, 7-8 percent among teens who have less cash. A 25-cent hike in California's cigarette tax in 1989 resulted in a 6 percent drop in smoking and a 20 percent drop in lung cancer a decade later. Efforts to reduce smoking through education have been much less effective.

Readers can be proud that The Greenville News has twice in recent months endorsed another effort to pass a significant increase in our state's cigarette tax to fund anti-smoking activities. We must remember, though, that what is most effective in altering smoking behavior is the tax, not the anti-smoking educational programs.

Tobacco interests that profit when we smoke know that cigarette taxes hurt them. Anti-smoking programs are good, but planning to use new cigarette tax revenues for anti-smoking programs in a state where the governor will veto tax increases plays right into the hands of tobacco interests. If the governor threatens to veto the increase again unless it is made tax revenue neutral, then we should make it tax revenue neutral. The primary goal of a cigarette tax is to reduce smoking, not fund anti-smoking programs.

We owe it to the health of the next generation of South Carolinians to increase our cigarette tax.

Additional Facts

Dr. Bill Holt practices medicine with Gastroenterology Associates. He earned his undergraduate degree from Princeton University and his medical degree from Columbia University.
