News Briefs

STUDIES SHOW CLEAR SUCCESS OF ANTI-TOBACCO PROGRAMS

State programs aimed at cutting tobacco use are having a positive impact and need to be adequately funded, according to several recent studies.

Writing in the *Journal of the National Cancer Institute* (2003;95:1,681–1,691), researchers from the Johns Hopkins Bloomberg School of Public Health and colleagues reported that adult smoking prevalence dropped more in the 17 states that took part in the federally-funded American Stop Smoking Intervention Study (ASSIST) than in other states. ASSIST provided $128 million to participating states to implement antismoking programs over eight years (1991 to 1999).

The researchers calculated that if all 50 states and the District of Columbia had participated in ASSIST, there would be about 278,700 fewer smokers in the United States today.

They also determined that states with the strongest anti-tobacco programs and with greater ability to implement programs had bigger reductions in smoking prevalence.

“Our research emphasizes the importance of strong tobacco control programs and effective policies,” said lead author Frances A. Stillman, EdD, Professor of Epidemiology at the Bloomberg School.

Thomas Glynn, PhD, Director of Science and Trends for the American Cancer Society (ACS), agreed. “This study is a clear mandate for states to put their tobacco settlement dollars back into tobacco control programs because these programs reduce tobacco use, and reducing tobacco use saves lives,” he said. The ACS was heavily involved with the ASSIST trial. ACS staff helped design many of the interventions used by the states and provided advocacy support for the states’ anti-tobacco initiatives. “ASSIST was one of the signature ACS tobacco control activities of the 1990s,” Glynn said.

Stillman’s report bolsters the findings of an earlier study, published in the *Journal of Health Economics* (2003;22:843–859), which found that cigarette sales dropped more than twice as much in states with strong anti-tobacco programs as they did in the United States as a whole between 1990 and 2000.

The most recent statistics on prevalence of adult and youth smoking from the Centers for Disease Control and Prevention
also add weight to the argument that comprehensive tobacco control programs are helping. Cigarette smoking prevalence declined from 25.0% of the adult population in 1993 to 22.8% in 2001 (MMWR 2003;52:953–956), while cigarette use among high school students dropped from 28.0% to 22.9% between 2000 and 2002 (MMWR 2003;52:1,096–1,098).

But many public health officials fear that ever-steeper cuts to the funding for comprehensive anti-tobacco programs could jeopardize the progress that has been made. “We need to think about reinvigorating our commitment to what we know works,” said Corinne Husten, MD, a medical officer with the CDC’s Office on Smoking and Health. “It costs a huge amount of money to do nothing. It costs far less to implement the proven strategies and prevent those costs.”

Indeed, the CDC estimates that 440,000 Americans die from smoking-related illnesses each year (150,000 from cancer), resulting in $75 billion in direct medical costs and $82 billion in lost productivity (MMWR 2003;52:842–844).

Implementing tobacco prevention strategies would cost a fraction of that, according to a report presented to Congress in November by the Campaign for Tobacco-Free Kids. The group estimated it would take $1.6 billion for all states to fund tobacco control measures at the levels recommended by the CDC.

Yet over the past two years, the states have cut total annual funding for tobacco control by 28% ($209 million), the report said. Just four states–Maine, Delaware, Mississippi, and Arkansas–fund tobacco prevention programs at CDC-recommended levels, while 33 states spend less than half of what the CDC recommends, the report said.

“The amount the states are spending on tobacco prevention today pales in comparison to the enormity of the problem,” Matthew Myers, President of the Campaign for Tobacco-Free Kids, said in a statement to a congressional hearing on the use of funds from the 1998 Master Settlement Agreement.

Glynn agreed. “State officials and legislators have, unfortunately, made decisions in recent years which divert Master Settlement Agreement funds from their originally intended use—the support of tobacco prevention and cessation programs,” he said. “Unless these decisions are corrected, the ASSIST data suggest that millions of lives may be lost from completely preventable tobacco-caused disease.”

A recent study suggests whole tomatoes offer better protection from prostate cancer than lycopene supplements alone. The research, published in the Journal of the National Cancer Institute (2003;95:1,578–1,586), found that rats that were fed tomato powder (including seeds and skins) had a lower risk of dying with prostate cancer than rats fed either a control diet or the control diet supplemented with lycopene.

Several epidemiologic studies have suggested that lycopene-rich tomato products have a protective effect against prostate cancer. But the question of whether lycopene acts alone or in concert with other components of tomatoes has been difficult to ascertain.

Researchers from Ohio State University and the University of Illinois, Urbana-Champaign addressed this question with a rat model of prostate carcinogenesis. They randomized 194 male rats treated with the carcinogenic regimen of N-methyl-N-nitrosourea and testosterone into six diet groups. The first three groups had unrestricted access to their food; one group received a control diet, the second and third groups received an otherwise identical diet containing either lycopene (161 mg lycopene/kg diet) or whole tomato powder (13 mg lycopene/kg diet). The other three groups