

# Higher taxes, smoke-free policies are reducing smoking in moms-to-be

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It's estimated that almost 23% of women enter pregnancy as smokers and more than half continue to smoke during pregnancy, leading to excess healthcare costs at delivery and beyond. In one of the first studies to assess smoking bans and taxes on cigarettes, along with the level of tobacco control spending, researchers have found that state tobacco control policies can be effective in curbing smoking during pregnancy, and in preventing a return to smoking within four months on average, after delivery. The results were published online today in advance of the July issue of the *American Journal of Preventive Medicine*.

"This is one of the first studies of pregnant women's smoking in the new era of more restrictive state tobacco control policies," says lead investigator E. Kathleen Adams, PhD, Department of Health Policy and Management, Emory University. "We found that a \$1.00 increase in cigarette taxes increases the quit rate among pregnant women from 44.1% to 48.9%, a sizable effect. Moreover, tax policies appear to be effective in keeping these women from relapsing in the first few months postpartum, and the implementation of a full workplace smoke-free policy also increases quits."

Researchers from Emory University and the Centers for Disease Control and Prevention examined cigarette smoking among 225,445 women with [live births](#) from 2000-2005 in 29 states plus New York City. Data on smoking status (pre-pregnancy smoking; quitting during pregnancy; and remaining quit 4 months after delivery) were merged with cigarette price data, including federal, state, and local cigarette excise taxes, data on

state tobacco control spending for the period, and the existence of full or partial bans of worksite or restaurant smoking.

Investigators determined that a \$1.00 increase in taxes and prices increases the probability of quitting by the last three months of pregnancy by 4.8 percentage points. The probability of having sustained nonsmoking four months after delivery is increased by 4.2 percentage points or from 21.3% to 25.5%, with a \$1.00 increase in real taxes. A full ban on smoking at private worksites increased the probability of quitting [smoking during pregnancy](#) by 4-5 percentage points.

The findings did not indicate that cumulative tobacco control spending affects smoking among pregnant women. "Insignificant results on tobacco control spending may indicate that such spending needs to reach a minimum threshold recommended by the [Centers for Disease Control and Prevention](#)," notes Dr. Adams. "If additional tobacco tax revenues were used by states to support implementation of smoke-free and other effective policies, then tax policy could have additional effects on prevalence of smoking and in turn, help improve birth outcomes, and reduce [healthcare costs](#) at delivery."

**More information:** "Reducing Prenatal Smoking: The Role of State Policies," by E.K. Adams, PhD, S. Markowitz, PhD, V. Kannan, MPH, P.M. Dietz, DrPH, MPH, V.T. Tong, MPH, A.M. Malarcher, PhD, MSPH ([DOI: 10.1016/j.amepre.2012.02.030](https://doi.org/10.1016/j.amepre.2012.02.030)). It appears in *The American Journal of Preventive Medicine*, Volume 43, Issue 1 (July 2012)

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