

Sustaining State Funding



for Tobacco Control

T H E F A C T S



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Tobacco control programs play a crucial role in the prevention of many chronic conditions, such as cancer, heart disease, and respiratory illness. Evidence continues to mount supporting the critical role that comprehensive state and local tobacco control programs play in keeping young people from starting to smoke, increasing the number of people who successfully quit, and decreasing nonsmokers' exposure to secondhand smoke. Although we know how to address these problems, funding for tobacco control programs continues to be sorely inadequate.

Tobacco Use Continues to Be the Leading Cause of Preventable Death, Disease and Excess Health Care Costs

- Each year approximately 440,000 people die of a smoking-related disease in the United States.¹
- For every death, there are 20 people living with tobacco-related disease.²
- Each year in the United States, cigarette smoking results in \$157 billion in direct and indirect medical costs, or more than \$3,300 per person.¹
- An estimated 47 million U.S. adults (23%) are current smokers—25% of men and 21% of women.³
- Each day approximately 4,400 young people ages 12–17 start smoking in the United States, and many of them will become life-long smokers.⁴
- 70% of U.S. adult smokers want to quit smoking.⁵

Comprehensive Tobacco Control Programs Work

- Recent research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact.⁶
- Investments in state tobacco control programs have a strong effect that grows as programs continue to dedicate resources to curbing tobacco use over many years.⁶
- An evaluation of 17 states involved in the National Cancer Institute's American Stop Smoking Intervention Study (ASSIST) showed that statewide tobacco control programs reduce smoking.⁷
- Following the establishment of a comprehensive tobacco control program in Arizona in 1995, smoking prevalence dropped significantly, from 23% in 1996 to 18% in 1999. In addition, there was an increase in the proportion of adults who were asked about tobacco use and advised to quit by health care providers and dentists.⁸
- Cigarette sales dropped more than twice as much in states that invest heavily in comprehensive tobacco control programs than in the United States as a whole. Between 1990 and 2000, sales fell an average of 43% in four key states that dedicated significant funding to tobacco control efforts—Arizona, California, Massachusetts, and Oregon—compared with 20% for all states.⁶
- Smoking-attributable Medicaid costs averaged \$1.31 per pack of cigarettes sold in the United States in 2002.⁹

Comprehensive Tobacco Control Programs Save Lives

- California has shown that as a result of its ongoing tobacco control program, 33,000 fewer people died from heart disease over an 8-year period than would have been expected.¹⁰
- Comprehensive statewide tobacco control programs also have been shown to reduce lung cancer deaths. Between 1988 and 1997, the incidence of lung cancer in California declined significantly compared with rates in other parts of the country.¹¹
- In 33 states, declining rates of lung and bronchus cancers in young adults between 1990–1994 and 1995–1999 were associated with state tobacco control efforts.¹²
- As a result of the decline in adult tobacco use, California's overall incidence rates for cancers linked to tobacco use decreased 12% among men and 8% among women from 1988 to 1999. In 1999, six of nine tobacco-related cancers had a lower incidence rate in California than in the rest of the United States.¹³

Funding for Comprehensive Tobacco Control Programs Is Inadequate

- The amount of money states are now spending on tobacco control has dropped by 28% in the last 2 years. Spending is now down to \$541.1 million—less than 3% of the potentially available \$19 billion that the states received in 2003 from tobacco excise taxes and tobacco settlement money.¹⁴
- As of January 2004, only four states were spending the per capita amount that CDC recommends for tobacco control programs. Currently, the overall average funding for tobacco control is \$1.22 per person, far below CDC's minimum recommended level of \$5.98.¹⁴
- States can dramatically reduce the health and economic burden of tobacco use.¹⁵ However, combined Master Settlement Agreement payments and securitized proceeds have been reduced from 6% in fiscal years 2000 and 2001 to 2% in 2004.¹⁶
- According to a November 2003 report released by the Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society, and American Lung Association, states were expected to collect more than \$19 billion in tobacco-generated revenue in 2003, and it would take just 8.2% of this amount for every state to fund tobacco prevention programs at the minimum CDC-recommended level.¹⁴

Without Adequate Funding for Tobacco Control Programs, Positive Trends Will Reverse

- The U.S. Task Force on Community Preventive Services strongly recommends using the following four population-based interventions to reduce tobacco-related illness and death: banning or restricting smoking in public places; increasing the unit price for tobacco products; conducting mass media campaigns combined with other interventions; and offering patient telephone support (quitlines).¹⁷
- In Minnesota, annual funding for tobacco control programs was reduced from \$23.7 million to \$4.6 million in July 2003, ending the Target Market™ campaign that focused on young people. As a result, the percentage of adolescents who were aware of the TM campaign declined from 85% in July and August 2003 to 57% during November and December 2003, and the percentage of adolescents susceptible to cigarette smoking increased from 43% to 53%.¹⁸
- Data recently released by the Tobacco Free Massachusetts program indicates communities that have experienced a dramatic reduction in tobacco control funding have seen an average 74% increase in the illegal sales of cigarettes to minors. Data from communities that have completely lost their local programs shows an even higher increase.¹⁹

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