FACTS
Reducing the Burden of Tobacco
Establishing Sustainable Funding for Tobacco Cessation and Prevention Programs

OVERVIEW
Cigarette smoking continues to be the leading cause of preventable disease and death in the U.S., claiming approximately 443,000 lives prematurely every year. Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke. Smokeless tobacco has been linked to greater incidence of fatal heart attacks and strokes. The bottom line is that no tobacco product is safe to use.

Smoking costs the U.S. economy more than $301 billion per year, including workplace productivity losses of $67.5 billion, premature death at $117 billion, and direct medical expenditures of $116 billion. Tobacco control efforts by the American Heart Association have contributed to a decline in U.S. cigarette consumption by nearly 21% since 1998. Despite this progress, 21.3% of men and 16.7% of women in the U.S. still smoke. The outcomes of our efforts have stalled in the last five years, especially for people living below the poverty line and for those with low educational attainment. Smokeless tobacco use is on the rise, is highest in young men between the ages of 18 and 24, and is especially prominent in the southeastern U.S. Eighty-eight million nonsmokers are still exposed to secondhand smoke, especially in the home where children are disproportionately affected.

To help save these lives, the association advocates for sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed Centers for Disease Control and Prevention (CDC) recommendations. Tobacco control programs should be comprehensive, in accordance with CDC recommendations, constructed intelligently, staffed appropriately, and administered effectively. CDC’s best practices incorporate community programs to reduce tobacco use and make smoking not the norm, robust school programs, enforcement of existing regulations and laws, statewide programs, cessation programs, counter marketing efforts, including paid broadcast and print media, media advocacy, public relations, public education, and health promotion activities, surveillance and evaluation, and administration and management.

THE HISTORY AND WHERE WE ARE NOW
In 1998, the four largest U.S. tobacco companies and the attorneys general of 46 states signed the Tobacco Master Settlement Agreement (MSA), settling the states’ Medicaid lawsuits against the tobacco industry for recovery of their tobacco-related health care costs. Under the agreement states received up-front payments of $12.74 billion with the promise of an additional $206 billion over the next 25 years.

Additionally, in 2010 and 2011, eight states increased excise taxes on cigarettes, generating millions of dollars in new revenue. Unto themselves, these tax increases have significantly lowered tobacco use prevalence.

Ideally, however, states would use the MSA and/or tobacco tax revenue to fully fund tobacco control programs that follow Centers for Disease Control and Prevention best practices. Unfortunately, only North Dakota currently funds its tobacco prevention programs at the minimum or optimal levels recommended by the CDC since the Master Settlement Agreement. There could have been millions of fewer smokers just over a decade later.
HEALTH BENEFITS

The negative impact of tobacco use on public health is overwhelming.

- In a 2011 survey among students, 7.1% of middle school students and 23.2% of high school students reported that they were current users of tobacco products, and 4.3% of middle school students and 15.8 of high school students smoked cigarettes. The tobacco products include cigars, smokeless tobacco, pipes, bidis and kretekts (clove cigarettes).  

- Unfortunately the use of these products among young adults (ages 18-25) is alarmingly high at 40.8%.  

- Smokers lose up to one decade of life expectancy when compared to those who have never smoked. Although the greatest benefit was seen among smokers who quit between the ages of 25-34, those who quit at older ages could gain 4-6 years in life expectancy.  

- A recent study suggests that kids can initiate a lifelong dependence on nicotine by inhaling from only one cigarette. The study found that 10% of sixth-graders showed signs of tobacco dependence within two days of first inhaling from a cigarette and 50% by the time they were smoking only 7 cigarettes per month. 

- In July 2006, the Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population. In just over two years, 26% of MassHealth smokers have quit smoking and there has been a decline in the utilization of other costly healthcare services (38% decrease in hospitalizations for heart attacks, 17% drop in emergency room and clinic visits due to asthma, and a 17% drop in claims for adverse maternal birth complications, including pre-term labor). The comprehensive coverage led to a net savings of $10.5 million, or a $3.07 return on investment for every dollar spent.  

- In 2007 a study by the American Lung Association showed that economic benefits to states offering comprehensive smoking cessation therapy to their employees in their public health programs or in their tobacco control programs can save $1.10-$1.40 in health care expenditures and productivity for every dollar spent. 

- Quitting tobacco also leads to increased productivity at work, less disability and chronic disease, and less medical expenditures. 

- One study showed that if regular counseling was offered to smokers, more than 70,000 lives could be saved each year. 

THE ASSOCIATION ADVOCATES

The American Heart Association advocates for sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed CDC recommendations. Tobacco control programs should be comprehensive in accordance with CDC recommendations, staffed appropriately, and administered effectively with periodic evaluation.


8. Tynan MA, Promoff GR, MacNeil A. Office of Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 

9. Terry Pechacek, PhD, Office of Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 

10. The inability to quit in the first 6 months is associated with an increased risk of relapse. 

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