FACT SHEET

American Heart Association.

Reducing the Burden of Tobacco

Establishing Sustainable Funding for Tobacco Prevention and Cessation Programs

OVERVIEW

Tobacco use continues to be a leading cause of preventable disease and death in the U.S., causing the deaths of over 480,000 adults over the age of 35 per year. [1] Further, nearly a third of all coronary heart disease deaths are attributable to smoking and secondhand smoke exposure.[1] Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke. The bottom line is that no tobacco product is safe to use.

There is a very strong link between tobacco use and cardiovascular disease. [2]

- Someone who smokes is two to four times more likely to suffer a stroke compared to a nonsmoker.[3]
- Risk for heart attack increases by nearly 6% for every cigarette smoked.[4]
- Prolonged exposure to secondhand smoke increases the risk of a stroke by 20-30%.[5]
- Smokeless tobacco has been linked to greater incidence of heart attacks.[6]

Smoking costs the U.S. economy nearly $300 billion per year, including workplace productivity losses of $67.5 billion, premature death at $117 billion, and direct medical expenditures of $116 billion.[7] Tobacco control efforts by the American Heart Association and our public health partners have contributed to a significant decline in U.S. cigarette consumption, however, 16.7% of men and 13.6% of women in the U.S. still smoke.[4] Outcomes of our efforts have stalled in recent years, especially for people living below the poverty line and for those with low educational attainment.[1] E-cigarette use is on also on the rise in epidemic proportions in youth and adolescents.[8]

As an important approach to achieving the tobacco endgame, the American Heart Association advocates for sustainable funding for state tobacco cessation and prevention programs to levels that meet or exceed CDC recommendations. CDC's best practices incorporate community programs to reduce tobacco use and make smoking not the norm, 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. Payments continue and are made annually to states in perpetuity.

Additionally, since 2002, helped by the advocacy efforts of the American Heart Association and public health partners, 48 states and the District of Columbia have increased their cigarette tax rates 136 times with 35 of those states and DC passing multiple tax increases.[9] By themselves, these tax increases have significantly lowered tobacco use prevalence.[10]

Ideally, states should 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, no states are currently funding tobacco prevention programs at or above the level recommended by CDC.[11] Revenue from the MSA and tobacco taxes continues to flow toward other parts of state budgets despite the fact that state tobacco control program expenditures have been shown to be independently associated with overall reductions in smoking prevalence. [12]

- In 2013, it was estimated that states collected $25.6 billion in revenue from the tobacco settlement and tobacco taxes but spent only 1.8% of it — $456.7 million — on tobacco prevention and cessation.[13]
- States are sacrificing long-term health benefits and health care cost savings for short-term budget fixes. If all states had funded their tobacco control programs at the optimal levels recommended by the CDC since the Master Settlement Agreement, there could have been 7.7 million fewer smokers just over a decade later.[7]

FACT SHEET: **Sustainable Funding for Tobacco Cessation Programs**

HEALTH RISKS OF TOBACCO USE AND BENEFITS OF QUITTING

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

- During 2017-2018 alone, e-cigarettes use rose by 78% in high school students and 48% in middle school students and they are using other tobacco products including cigars, smokeless tobacco, water pipes (hookah), bidis and kreteks (clove cigarettes).[14]
- 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.[15]
- A recent study suggests that kids can initiate a lifelong dependence on nicotine by inhaling from only one cigarette.[16] 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.[16]
- One study showed that if regular tobacco cessation counseling was offered to smokers, more than 70,000 lives could be saved per year.[16]

INVESTMENT IN TOBACCO PREVENTION AND CESSATION: REDUCED HEALTH EXPENDITURES

- A study conducted by the University of California found that from its launch in 1989 to 2008, California's tobacco control program reduced healthcare costs by $134 billion, far more than the $2.4billion spent on the program.[17]
- 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).[18] The comprehensive coverage led to a net savings of $10.5 million, or a $3.07 return on investment for every dollar spent. [19]
- 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.[20]
- A national study based on American Productivity Audit data of the U.S. workforce found that tobacco use was one of the greatest causes of lost worker production time, greater than alcohol consumption, family emergencies, age, or education.[21]
- The Community Preventive Services Task Force recently updated their recommendations on reducing tobacco use and secondhand smoke exposure. Based on a rigorous review of evidence-based interventions, the Task Force found strong evidence that quitlines, lower treatment costs, and mass-reach health communication interventions are effective in decreasing the prevalence of tobacco use; increasing cessation and use of available services; and decreasing initiation of tobacco use among young people.[22]

THE ASSOCIATION ADVOCATES

As one important approach to achieving the tobacco endgame, the American Heart Association advocates for sustainable funding for state tobacco cessation and prevention programs to levels that meet or exceed CDC recommendations. These programs should be comprehensive in accordance with CDC recommendations, staffed appropriately, and administered effectively with periodic evaluation.

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