FACTS

Reducing the Burden of Tobacco

Establishing Sustainable Funding for Tobacco Prevention and Cessation Programs

OVERVIEW

Cigarette smoking continues to be the leading cause of preventable disease and death in the U.S., claiming approximately 480,000 lives prematurely every year.[1] In the last 50 years, 20 million Americans have died prematurely due to tobacco-caused illnesses.[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 develop coronary heart disease compared to a nonsmoker.[2]
- Individuals who smoke a package of cigarettes a day are at double the risk of having a heart attacked compared to individuals who never smoked.[2]
- Prolonged exposure to secondhand smoke increases the risk of a stroke by 20-30%.[2]
- Smokeless tobacco has been linked to greater incidence of fatal heart attacks and strokes.[3]

Smoking costs the U.S. economy nearly $330 billion per year, including workplace productivity losses of $157 billion, and direct medical expenditures of $175 billion.[1] Tobacco control efforts by the American Heart Association have contributed to a decline in U.S. cigarette consumption by nearly 24% since 1965.[1] However, the decline in smoking rates has flattened out since 2007.[1] In fact 25% of men and 19% of women in the U.S. still smoke.[1] Additionally, 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.[2] Eighty-eight million nonsmokers are still exposed to secondhand smoke, especially in the home where children are disproportionately affected.[4]

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 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, since 2010 eight states have increased excise taxes on cigarettes, generating millions of dollars in new revenue. These tax increases have significantly lowered tobacco use prevalence. [5]

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 and Alaska currently fund their tobacco prevention programs at CDC recommended levels. 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.[6]

- In 2013, it is 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.[7]
- 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 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.[7]

HEALTH RISKS OF TOBACCO USE AND IMPACTS OF QUITTING

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 kreteks (clove cigarettes).[8]
- Unfortunately the use of these products among young adults (ages 18-25) is alarmingly high at 31.8%.[1]
- 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.[9]
- 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.[10]
- One study showed that if regular tobacco cessation counseling was offered to smokers, more than 70,000 lives could be saved per year.[11]Quitting smoking by age 40 can eliminate the increased risk of cardiovascular disease caused by smoking.[1]

INVESTMENT IN TOBACCO PREVENTION AND CESSATION: REDUCED HEALTH EXPENDITURES

- A study conducted by the University of California found that from its launch in 1989–2008, California's tobacco control program reduced healthcare costs by $134 billion, far more than the $2.4billion spent on the program.[12] The Medicaid Tobacco Cessation Program in Massachusetts led to over $3 in medical savings per every $1 spent.[13]
- 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.[14]
- Quitting tobacco also leads to increased productivity at work, less disability and chronic disease, and less medical expenditures.[15]
- 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.[16] The review also found strong economic evidence that these interventions are cost-effective.

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.

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