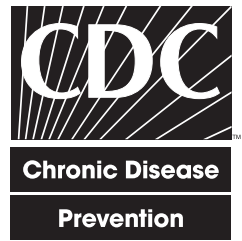


Preventing Chronic Diseases: Investing Wisely in Health



Preventing Tobacco Use

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

The Reality

- Tobacco use is the single most preventable cause of death and disease, causing approximately 440,000 premature deaths in the United States each year.
- Smoking harms nearly every organ in the body and can cause chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, bladder, cervix, pancreas, and kidneys.
- Nearly 70% of the more than 45.4 million American adults who smoke cigarettes want to quit.
- Approximately 80% of adult smokers started smoking before the age of 18. Every day, more than 2,000 young people under age 18 become daily smokers.
- If current smoking patterns in the United States persist, an estimated 6.4 million of today's children will die prematurely of tobacco-related diseases.

The Cost of Tobacco Use

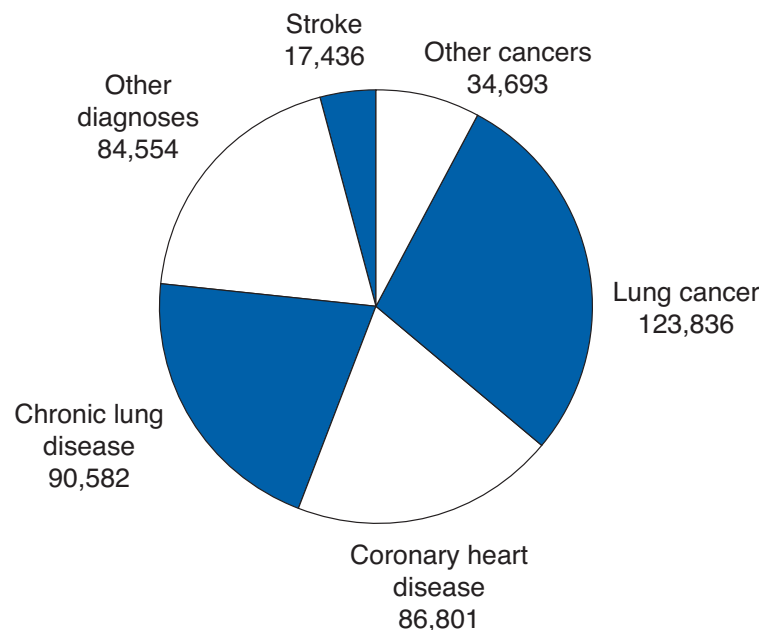
- Direct medical expenditures attributed to smoking total more than \$75 billion per year. In addition, smoking costs an estimated \$92 billion per year in lost productivity.
- About 14% of all Medicaid expenditures are for smoking-related illnesses.
- Approximately 20 billion packs of cigarettes were sold in the United States in 2002. Each pack cost the nation an estimated \$8.61 in medical care costs and lost productivity.

How Tobacco Control Saves Lives

- A *New England Journal of Medicine* report noted that the California Tobacco Control Program was associated with 33,000 fewer deaths from heart disease from 1989 through 1997. During this time, rates of lung cancer among men declined more rapidly in California than in other parts of the country, and rates of lung cancer among women in California declined, while they continued to increase elsewhere.
- Following the establishment of the Massachusetts Tobacco Control Program, state rates of smoking during pregnancy dropped sharply, from 25% in 1990 to 13% in 1996. Eliminating smoking during pregnancy may lead to a 10% reduction in all infant deaths and a 12% reduction in deaths from perinatal conditions.

Average Annual Number of U.S. Deaths Attributable to Cigarette Smoking, 1997–2001

(Total average number: 437,902)



Source: CDC. Annual smoking-attributable mortality, years of potential life lost, and productivity losses—United States—1997–2001. *MMWR* 2005;54(25):625–8.

How Tobacco Control Saves Money

- Stopping the use of tobacco is the most cost-effective method of preventing disease among adults. Each smoker who successfully quits smoking reduces the anticipated medical costs associated with heart attack and stroke by an estimated \$47 in the first year and \$853 during the following 7 years.
- An economic assessment found that a health care plan's annual cost of covering treatment to help people quit smoking ranged from \$0.89 to \$4.92 per smoker, whereas the annual cost of treating smoking-related illness ranged from \$6 to \$33 per smoker.

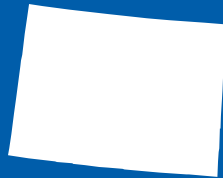


Effective Strategies

- CDC's *Best Practices for Comprehensive Tobacco Control Programs*, based on effective strategies from states with comprehensive approaches, provides guidelines and funding estimates to help states establish highly effective tobacco control programs.
- These guidelines are further supported by the independent Task Force on Community Preventive Services, which strongly recommends increasing the price of tobacco products, conducting mass media campaigns, developing multicomponent cessation interventions, reducing out-of-pocket costs for treatment, and instituting smoking bans and restrictions to reduce exposure to environmental tobacco smoke in public places.
- Funding comprehensive programs—as Arizona, California, Florida, Massachusetts, Oregon, and Washington have demonstrated—produces measurable progress toward meeting statewide tobacco control objectives, including declines in adult and youth smoking and per capita cigarette consumption, as well as declines in rates of exposure to secondhand smoke.
- 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.

State Program in Action:

Colorado Voters Step in to Strengthen Funding, Secure a Future for the State Tobacco Control Program



In 2002, Colorado had a well-established tobacco control program that received \$15 million in funding from state settlement funds as well as federal and nongovernmental support. However, in 2003 and again in 2004, the Colorado legislature drastically reduced tobacco settlement funds for the State Tobacco Education and Prevention Partnership. By 2004, Colorado was spending far below the minimum funding level recommended by CDC.

These funding cuts prompted various partners concerned about the health of Colorado citizens to come together and conduct a campaign to educate the public and decision-makers about the health and economic costs of tobacco use and the need to increase funding for tobacco prevention and control. The campaign was a success. In 2004, voters passed an excise tax increase of 64 cents per pack of cigarettes—from 20 cents, one of the lowest tax rates in the country, to 84 cents. Voters also approved an increase in taxes on other tobacco products—from 20% of the manufacturer's list price to 40%.

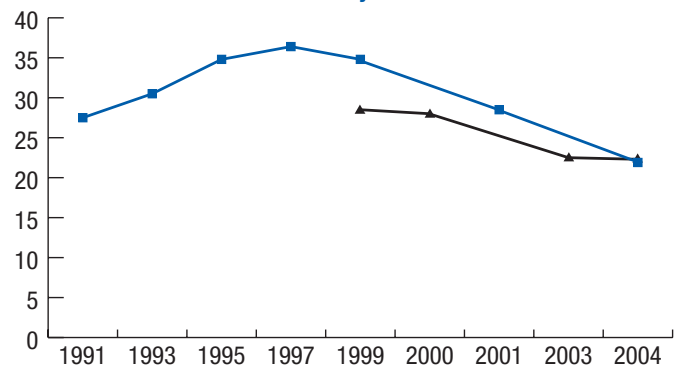
The tax revenues, all earmarked for health initiatives, now include 16% of expected revenue to support chronic disease programs that will address cancer, heart disease, and lung diseases; 16% for tobacco prevention and treatment; 46% for the expansion of Medicaid and the Children's Health Insurance Program, 19% for Community Health Centers, and 3% to bolster the Old Age Pension Fund.

This support brings Colorado to the CDC-recommended minimum funding level for its comprehensive tobacco control program. Also, because the tax increase and use of the funds have been incorporated into the Colorado Constitution, funds cannot be reallocated without a vote of the people.

Hope for the Future

A mere 8% of the total available annual income from tobacco excise taxes and tobacco settlement payments would allow all state programs to be funded at CDC's minimum recommended level. If states spent the minimum amount recommended by CDC on tobacco prevention and control, youth smoking rates would be reduced by an estimated 3% to 13.5%.

Percentage of High School Students Who Currently Smoke Cigarettes,* United States, 1991–2004



— Youth Risk Behavior Survey — National Youth Tobacco Survey

*Smoking one or more cigarettes during the previous 30 days.

Sources: CDC. Cigarette use among high school students—United States, 1991–2003. *MMWR* 2004;53(23):499–502. CDC. Youth tobacco surveillance—United States, 1998–1999. *MMWR* 2000;49(SS-10):1–94. CDC. Youth tobacco surveillance—United States, 2000. *MMWR* 2001;50(SS-04):1–84. CDC. Tobacco use access and exposure to tobacco in media among middle and high school students—United States, 2004. *MMWR* 2005;54(12):297–301.

For more information and references supporting these facts, visit www.cdc.gov/nccdphp. For additional copies of this document, E-mail ccdinfo@cdc.gov.