FACT SHEET

American Heart Association.

Reducing the Burden of Tobacco

Establishing Sustainable Funding for Tobacco Prevention and Cessation Programs

OVERVIEW

Cigarette smoking continues to be one of the leading causes of preventable disease and death in the U.S., claiming over 480,000 adults over the age of 35 per year. [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.[1]

- Smokers who smoke fewer than five cigarettes a day may show early signs of cardiovascular disease [2]
- Cigarette smoking accounts for 1 in 4 CVD related deaths every year.[2]
- Prolonged exposure to secondhand smoke increases the risk of stroke by 20-30%[1]
- More than 33,000 U.S. CVD deaths are caused by secondhand smoke every year.[2]

Smoking-related illness costs the U.S. economy more than $300 billion per year, including productivity losses of $190 billion and direct medical expenditures over $200 billion.[3] Tobacco control and prevention efforts by the American Heart Association and national partners have contributed to a decline in U.S. cigarette consumption to reach an all-time low at 13.7% in 2018.[4] Despite this progress, 15.6% of men and 12% of women in the U.S. still smoke.[4] 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.[5] An estimated 58 million nonsmokers are still exposed to secondhand smoke, including 14 million children.[6]

To help save these lives, the Association advocates for sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed the Centers for Disease Control and Prevention's (CDC) recommendations. Tobacco control and prevention 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, 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.

Ideally, states were to use the MSA and/or other tobacco tax revenue to fully fund tobacco control programs that follow CDC best practices. Over 20 years since the MSA settlement, states continue to underfund tobacco control and prevention programs. Unfortunately, only Alaska, California, and Maine currently fund their tobacco prevention programs near CDC recommended levels, providing more than 70% of the recommended funding.[7] The majority of states and the District of Columbia are spending less than 20% of what the CDC recommends.[7] Revenue generated from increased state tobacco taxes and appropriations from general revenue can serve as an additional source of funding for state tobacco cessation programs.

- In 2020, it is estimated that states will collect $27.2 billion in revenue from the tobacco settlement and tobacco taxes but spent only 2.7% of it - $739.7 million – on tobacco prevention and cessation.[7]
- Tobacco companies spend $9.1 billion per year to market their products. This equates to $12 to market their products for every $1 states spend on tobacco reduction.[7]

HEALTH RISKS OF TOBACCO USE AND BENEFITS OF QUITTING

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

- In a 2019 survey among students, 12.5% of middle school students and 31.2% of high school students reported that they were current users of any tobacco product, and 2.3% of middle school students and 5.8% of high school students smoked cigarettes. [8] The tobacco products include cigars, cigarettes, smokeless tobacco, pipes, e-cigarettes, and hookah .

Smokers lose up to one decade of life expectancy compared to those who have never smoked. Smokers who quit before the age of 40 reduce the risk of mortality from a smoking-related disease by 90%. [8]

- Young brains are particularly susceptible to the addictive properties of nicotine. As a result, approximately 3 out of 4 high school smokers end up smoking into adulthood. [9]

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 $2.4 billion spent on the program. [10] California's well-funded tobacco prevention programs has helped bring its high school cigarette smoking rate down to 2.0% [7]
- 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 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). [11] The comprehensive coverage led to a net savings of $10.5 million, or a $3.07 return on investment for every dollar spent. [12]
- A national study found that if smokers quit before experiencing smoking-related diseases, approximately 70% of smoking-attributed expenditures could be avoided. [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]
- The U.S Surgeon General Report recently released findings on the health benefits of smoking cessation programs. Raising the price of cigarettes, adopting comprehensive smoke-free policies, implementation of mass media campaigns, and maintaining comprehensive statewide tobacco control programs are all examples of successful smoking cessation strategies.[3]

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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