



Talking Points:

Comprehensive Smoking Prevention Programs

✓ What Are the Effects of Smoking?

- Smoking results in an estimated 438,000 deaths a year from diseases such as cancer, heart disease and stroke. For every person who dies, there are 20 more who live with a smoking-related disease.
- The U.S. annually spends \$75 billion on smoking-related health care and experiences \$92 billion in lost productivity.
- Each year, the effects of secondhand smoke cost an estimated \$10 billion in excess medical care, premature death and disease—costs the economy would not be forced to bear if secondhand smoke were eliminated. An estimated 3,000 nonsmokers die each year from lung cancer and tens of thousands die from heart disease.

✓ What Are the Benefits of Tobacco Prevention and Control Programs?

- The states with the best funded and most sustained tobacco prevention programs during the 1990s reduced cigarette sales more than twice as much as the country as a whole.
- States could prevent nearly 2 million of today's youth from becoming smokers and save more than 600,000 of them from premature, smoking-caused deaths by funding tobacco prevention programs at the minimum levels recommended by the Centers for Disease Control and Prevention (CDC).
- Lifetime health care costs for smokers total at least \$16,000 more than nonsmokers, on average. For every 1,000 youth averted from smoking, future health care costs would decline by roughly \$16 million, and for every 1,000 adults prompted to quit, future health care costs drop by roughly \$8.5 million.

✓ Why Should State Legislators Be Concerned?

- After years of decline, youth smoking rates appear to have stalled and may be increasing.
- There was no observed change in adult smoking rates between 2004 and 2005.
- Tobacco companies' marketing spending increased by 123 percent from 1998 to 2003.
- State tobacco prevention and control funding is down from a peak of \$749 million in 2002 to \$595.4 million in 2007.
- CDC recommends minimum state spending of \$1.6 billion on tobacco prevention. Current spending for states as a whole in FY 2007 is only 37 percent of that.



What Disparities Are Associated with Smoking?

- Smoking levels vary widely among different ethnicities, with American Indians/Alaska Natives having the highest prevalence (32 percent are smokers, compared to 20.9 percent for the nation as a whole).
- Cigarette smoking is more common among adults who live below the poverty level than those living at or above it.
- Smoking is also more common among men than women.
- Smoking is a primary factor in the three leading causes of death among minorities (heart disease, cancer and stroke).
- Minorities often have less access to primary health care providers who would encourage smoking cessation.
- Tobacco companies target minorities, especially the African-American and Hispanic communities, in their marketing efforts.
- Kids are more susceptible to cigarette advertising and marketing than adults. Four out of five smokers age 12 to 17 prefer Marlboro, Camel and Newport—three of the most heavily advertised brands of cigarettes. Only 54 percent of those over age 26 prefer these brands.
- Nearly 90 percent of people who smoke begin at or before age 18.



What Can State Legislators Do?

- **Demonstrate leadership.** Support adequate funding for evidence-based, effective, comprehensive tobacco control programs.
- **Prevent tobacco use among young people.** Vote to increase cigarette taxes. Price increases are an effective deterrent to youth smoking. Increasing the unit price of tobacco also decreases consumption and increases cessation among adults and youth. Legislators can also support statewide media campaigns to prevent smoking. And they can support and seek to strengthen community enforcement of youth tobacco sales restrictions.
- **Promote smoking cessation.** Expand the services available through statewide quit lines to include behavioral counseling and nicotine replacement therapy and make them available for free or at a reduced cost.
- **Eliminate exposure to secondhand smoke.** Ban smoking in public places and workplaces to protect nonsmokers from secondhand smoke and encourage cessation among smokers.
- **Identify and eliminate health disparities related to tobacco use.** Support efforts to prevent the tobacco industry from using cigarette marketing campaigns that target specific groups. Legislators can also ensure that anti-tobacco programs have sufficient capacity to serve all populations.

For more detail, see the Legislator Policy Brief, “Comprehensive Smoking Prevention Programs,” by visiting: <http://www.healthystates.csg.org/Publications/>.

If you would like more information, references, or to explore this topic in greater depth, please:

- send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or
- call the CSG Health Policy Group at (859) 244-8000.

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