Tobacco Control Programs Need Adequate Funding and Continued Investment

Tobacco is still the number one cause of preventable death nationwide yet the current funding levels for tobacco control programs is not sufficient to prevent and address tobacco-related disparities. The U.S. Centers for Disease Control and Prevention (CDC) recommends that states annually spend 12% of funds from tobacco taxes and lawsuits on tobacco control programs. However, the reality is that in fiscal year 2022 on average states allocated only 21.7% of the CDC recommended funding levels nationwide, with state spending varied widely. Preventing youth and young adults from becoming addicted to tobacco products and helping individuals who currently use these products quit requires sustained and increased funding in comprehensive tobacco control programs.[i]

Youth Use

- Youth smoking rates are now at an all-time low. Despite this progress, in 2021 approximately 6.6 million middle and high school students reported using a tobacco product.[ii]
- Unfortunately, due to their attractive flavors and easy to conceal designs youth and young adults are the primary users of e-cigarettes.
- A 2019 study concluded that youth who use e-cigarettes are more than 4 times as likely to try cigarettes and nearly 3 times as likely to currently smoke cigarettes than those youth who never tried e-cigarettes.[iii]

New Tobacco Products

- Tobacco manufacturers continue to sell a variety of addictive tobacco products, from menthol flavored cigarettes to new emerging tobacco products, such as e-cigarettes, nicotine pouches, and heated tobacco products.

Tobacco use is responsible for:

Nearly a **half million deaths each year**, more than one-third of which are premature deaths due to cancer, among adults ages 35 or older.[iv]

More **than $240 billion annually in U.S. health care spending**[v] and nearly $185 billion in lost productivity in 2018.[vi]

Total lost earnings among individuals in the U.S. aged 25 to 79 years old of **$20.9 billion in 2019.** This was mainly due to cigarette smoking-attributable cancer deaths.[vii]

Tobacco Industry Influence

- The tobacco industry has a history of engaging in deceptive marketing strategies to target individuals specifically by their socioeconomic status (SES), race/ethnicity, educational level, gender, sexual orientation, and geographic location, which has contributed to higher rates of the tobacco-related diseases among these populations.

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Continual Investment in Evidenced-Based Tobacco Control Interventions Saves States Money

Historically, states that have continually invested in their comprehensive tobacco control programs have greater savings. These states have experienced reduced cigarette sales, declining smoking rates among youth and young adults, and smoking-attributable health care expenditure savings. **For every $1 spent on comprehensive tobacco control programs, states receive up to $55 in savings from averted tobacco-related health care costs.**[viii]

The Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs (2014)*[ix] outlines evidence-based recommendations and funding levels for the required components of effective state tobacco control programs. Investing in Comprehensive Tobacco Control Programs is proven to:

- Prevent initiation among youth and young adults;
- Promote quitting among adults and youth;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

Health Equity is an Essential Aspect of Tobacco Control Programs

Fully funding and implementing best practice tobacco control programs is critical to continued monitoring of tobacco use and implementation of tailored strategies and policies to reduce the effects of inequitable conditions that could further aid in reducing disparities in tobacco use.[x]

Comprehensive tobacco control programs are working to identify and eliminate tobacco-related disparities by:

- integrating efforts to eliminate tobacco-related disparities in all chronic disease prevention areas;
- identifying and developing culturally competent materials and interventions;
- educating partners and key decision makers about tobacco-related disparities;
- reducing exposure to targeted tobacco industry advertising, promotion, and sponsorship;
- obtaining comprehensive Medicaid coverage for tobacco dependence treatments; and
- evaluating intervention efficacy and refine efforts as appropriate.

The CDC Recommends Comprehensive Tobacco Control Programs Include the Following Five Components and Per Person* Funding Levels:

1. **State and community interventions** include supporting and implementing programs and policies to influence societal organizations, systems and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms. $3.41*

2. **Mass-reach health communication** interventions deliver strategic, culturally appropriate and high-impact messages through sustained and adequately funded campaigns. Typically, effective health communication interventions and counter-marketing strategies employ a wide range of paid and earned media. $1.69*

3. **Cessation interventions** can focus on three broad goals: (1) promoting health systems change; (2) expanding insurance coverage or proven cessation treatments; and (3) supporting state quitline capacity. $4.05*

4. **Surveillance and evaluation** to monitor the attitudes, behaviors and health outcomes over time as well as to assess the implementation and outcomes of the program, increase efficiency and impact over time, and demonstrate accountability. $0.92*

5. **Infrastructure administration and management** requires adequate funding to implement. An adequate number of skilled staff enable programs to plan their strategic efforts, provide strong leadership and foster collaboration between the state and local tobacco control communities as well as provide program oversight, technical assistance and training. $0.46*

* Recommended per person funding level based on total state populations included in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs (2014)*.[xi]

ACS CAN Supports Fully Funding Tobacco Control Programs

The American Cancer Society Cancer Action Network (ACS CAN) challenges states to combat tobacco-related illness and death by sufficiently funding comprehensive tobacco control programs at CDC recommended levels or higher; implementing strategies to continue that funding over time; and applying the specific components delineated in the CDC's best practices guide. When considering tax increases on cigarettes and other tobacco products, states should always dedicate a portion of the funds to state tobacco control programs. The cost to fully fund state tobacco control programs is tiny compared to the cost of tobacco-caused diseases and the potential tobacco-caused health care cost savings states stand to gain in the long-term.

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