



The Colorado Legislative Tobacco Prevention Promise

American Cancer Society Cancer Action Network Mission:

ACS CAN is committed to the mission of eliminating cancer as a major health problem. Ending cancer as we know it in this country is as much a matter of public policy as it is medical science and discovery.

Tobacco and the Public's Health

The toll of tobacco use in Colorado remains high. According to the U.S. Centers for Disease Control and Prevention, tobacco use remains the single largest preventable cause of death and disease in Colorado. Cigarette smoking kills some 5,100 Coloradans each year. Indeed, the proportion of Colorado cancer deaths alone attributable to smoking is 25.7%, or approximately 2,056 lives.

The annual projected total health costs incurred in our state resulting from tobacco use will be approximately \$1.891 billion; including \$386.3 million in Medicaid costs. Colorado residents' state and federal tax burden from smoking-caused government expenditures amounts to \$692 per household. Smoking-related productivity losses in Colorado total \$1.27 billion per year. While the State of Colorado spends approximately \$24 million per year on tobacco control, prevention and cessation efforts – just 45.7% of CDC recommended levels – Big Tobacco spends over \$130 million marketing their deadly products in Colorado per year.

Clearly, the human and fiscal cost of cigarette and other tobacco product use is far too high. We all have a role to play in tobacco control, especially youth prevention.

In doing my part toward this end, I promise to:

Modernize the Colorado Clean Indoor Air Act of 2006

- Include e-cigarettes in the Act
- Remove outdated small business exemption
- Remove outdated DIA exemption
- Remove outdated assisted living center exemption

Establish statewide tobacco retail licensing & enforcement.

- Repeal outdated local preemption statute
- Establish comprehensive penalties and enforcement

Raise the legal age for sale of all tobacco products, including e-cigarettes, to 21.

Fully fund tobacco education, prevention and cessation to CDC recommended levels.

Increase the price of all tobacco products, including e-cigarettes, statewide.

- Ensure that all tobacco products are taxed and regulated equally
- Modernize the definition of tobacco products, increasing tobacco taxes
- Eliminate tobacco product discounts, coupons, and giveaways
- Implement tobacco minimum pricing
- Increase the tobacco excise tax by an amount that puts Colorado in the top 25% of the country

Signed:

Date:

For more information, or to return this signed promise,
contact R.J. Ours at 303.748.7357, or at rj.ours@cancer.org

COLORADO TOBACCO FACTS

As reported by the Campaign for Tobacco-Free Kids: <https://www.tobaccofreekids.org/problem/toll-us/colorado>

The Toll of Tobacco in Colorado

High school students who smoke	8.6% (24,300)
Male high school students who smoke cigars (female use much lower)	11.0%
High school students who use e-cigarettes	26.1%
Kids (under 18) who become new daily smokers each year	2,200
Adults in Colorado who smoke	15.6% (667,500)
Proportion of cancer deaths in Colorado attributable to smoking	25.7%

Deaths in Colorado from Smoking

Adults who die each year from their own smoking	5,100
Kids now under 18 and alive in Colorado who will ultimately die prematurely from smoking	91,000

Smoking-Caused Monetary Costs in Colorado

Annual health care costs in Colorado directly caused by smoking	\$1.89 billion
Medicaid costs caused by smoking in Colorado	\$386.3 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$692 per household
Smoking-caused productivity losses in Colorado	\$1.27 billion

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property.

Tobacco Industry Influence in Colorado

Estimated portion spent for Colorado marketing each year	\$130.1 million
--	-----------------

Published research studies have found that kids are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.

SOURCES (*Facts obtained from documents compiled by the Campaign for Tobacco Free Kids):

Smoking and smokeless rates, deaths, and other state tobacco-related information Adult smoking from CDC 2016 BRFSS online data; 2016 BRFSS rate is not comparable to years prior to 2011; youth tobacco use from state YRBS, YTS, or other state-specific surveys. New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), "Results from the 2016 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.

State proportion of cancer deaths attributable to smoking from Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," *JAMA Internal Medicine*, published online October 24, 2016. National adult smoking rate from the 2015 National Health Interview Survey. National High school smoking and smokeless rates from the 2015 Youth Risk Behavior Survey.

State proportion of cancer deaths attributable to smoking from Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," *JAMA Internal Medicine*, published online October 24, 2016.

National adult smoking rate from the 2016 National Health Interview Survey. National High school smoking rates from the 2016 National Youth Tobacco Survey. State estimates of smoking-attributable deaths: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*. Youth projected to die prematurely: *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, 2014.

Smoking-caused health expenditures, productivity losses, tax burdens CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014. See also, CDC, *Data Highlights 2006*; CDC's Smoking Attributable Mortality, Morbidity and Economic Costs, SAMMEC, average annual smoking attributable productivity losses from 2000-2004 (updated to 2009 dollars). State Medicaid program expenditures are before any federal reimbursement. State and federal tax burdens equals state residents' federal & state tax payments necessary to cover all state government tobacco-caused costs plus the residents' pro-rated share, based on state populations, of all federal tobacco-caused costs. See Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *Am J Prev Med*, 2014, with other state government tobacco costs taken to be 3% of all state smoking-caused health costs, as in CDC, "Medical Care Expenditures Attributable to Smoking—United States, 1993," *MMWR* 43(26):1-4, July 8, 1994. *To make all of the cost data more comparable, they have been adjusted for inflation and updated to 2009 dollars.*

Additional information on tobacco-related costs U.S. Department of the Treasury, *The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation*, 1998; F.J. Chaloupka & K.E. Warner, "The Economics of Smoking," in J. Newhouse & A. Culyer (eds), *The Handbook of Health Economics*, 2000.

Tobacco industry marketing U.S. Federal Trade Commission (FTC), Federal Trade Commission (FTC). *Cigarette Report for 2015, 2017*. See also, FTC, *Smokeless Tobacco Report for 2015, 2017*. State total is a prorated estimate based on cigarette pack sales in the state. For tobacco marketing influence on youth, see Pollay, R., et al., "The Last Straw? Cigarette Advertising and Realized Market Shares Among Youths and Adults," *Journal of Marketing* 60(2):1-16, April 1996; Evans, N., et al., "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking," *Journal of the National Cancer Institute* 87(20): 1538-45, October 1995; Pierce, J.P., et al., "Tobacco Industry Promotion of Cigarettes and Adolescent Smoking," *Journal of the American Medical Association (JAMA)* 279(7): 511-505, February 1998 [with erratum in *JAMA* 280(5): 422, August 1998].

**For more information, or to return this signed promise,
contact R.J. Ours at 303.748.7357, or at rj.ours@cancer.org**