The Critical Need to Adequately Fund Federal Tobacco Control Programs

Sustained, dedicated federal investment in tobacco control through the Centers for Disease Control and Prevention's Office of Smoking and Health (OSH) is necessary to prevent initiation of tobacco products, monitor tobacco product use, identify tobacco related disparities, and promote effective strategies to help individuals who use tobacco products to successfully quit. This is especially important since **tobacco use is one of the primary drivers of cancer-related health disparities** because its use disproportionately impacts people based on race, ethnicity, sexual orientation, gender identity, disability status, mental health, income and education levels, and geographic location.[i,ii,iii] Our ability to continue to make progress against cancer relies on sustained and increased funding in comprehensive tobacco control programs.[iv]

Tobacco use is responsible for:

- **Nearly a half million deaths each year, more than one-third of which are premature deaths due to cancer.[v]**
- **An estimated $891 billion loss to the economy in 2020 due to cigarette smoking alone.[vi] These losses include both health care costs and lost productivity.**
- **An estimated $20.9 billion in total lost earnings among individuals in the U.S. aged 25 to 79 years old due to cigarette smoking-attributable cancer deaths.[vii]**

Office of Smoking and Health (OSH)

Fortunately, there are effective measures to reduce tobacco use and exposure to secondhand smoke. Working in partnership with local, state, and national leaders, OSH develops, conducts, and implements strategies to:

- Expand the scientific base of effective tobacco control;
- Build sustainable capacity and infrastructure for comprehensive tobacco control programs;
- Communicate timely, relevant information to constituents, policy makers, and the public;
- Coordinate policy, partnerships, and other strategic initiatives to support tobacco control priorities; and
- Foster global tobacco control through surveillance, capacity building, and information exchange.

Examples of the evidence-based support OSH provides include:

- ❖ Dollars to state quitlines that provide counseling and, in some states, FDA-approved medications to the hundreds of thousands of tobacco users who call every year for help in quitting. In FY2021, OSH provided more than $15 million to help fund quitlines in states and territories.
- ❖ Vital surveillance and evaluation programs, such as the National Youth Tobacco Survey, that provide invaluable data and information that is used to inform programs and policies to effectively address tobacco use in the U.S. and globally.

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Impact of Tobacco Control Program Funding

Tobacco use remains the number one cause of preventable death nationwide. Tobacco manufacturers continue to create and sell a variety of new and emerging tobacco products, such as e-cigarettes, nicotine pouches, and heated tobacco products. Unfortunately, youth and young adults are the primary targets of the industry for these addictive products, with their attractive flavors and easy to conceal designs. 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]

National Tobacco Control Program (NTCP)

OSH is the only federal agency to provide tobacco control financial resources and technical assistance to grantees in all 50 states, the District of Columbia, 8 territories, 26 tribes/tribal organizations, and 8 national networks territories and tribes through the National Tobacco Control Program (NTCP). Initially started in 1999, the NTCP goals are to prevent initiation, promote quitting, reduce exposure to secondhand smoke, and identify and eliminating tobacco-related health disparities.

Currently, over 80% of OSH's budget supports state and local tobacco control through NTCP.[viii] Two examples of how NTCP's funding has supported state tobacco control programs include:

In FY 2021, the NTCP provided over $96 million and technical assistance to grantees to support their work. OSH's evidence-based guide, *Best Practices for Comprehensive Tobacco Control Programs, 2014*, outlines key components of an effective program:

1. State and community interventions;
2. Mass-reach health communication interventions;
3. Cessation interventions;
4. Surveillance and education; and
5. Infrastructure, administration, and management.

- While tobacco use in Indiana has declined in recent years, many Indiana residents are still not covered by comprehensive smoke-free policies and encounter secondhand smoke in public places and at work. Secondhand smoke causes more than 1,300 deaths in Indiana each year and costs the state $2.1 billion in medical expenses and premature death each year.[ix] Supported by CDC funding, Indiana's tobacco control program and community partners use various strategies to educate citizens and decision-makers about the problem, reduce secondhand smoke exposure, and support people who want to quit using tobacco.[x]

- Annually, tobacco use and secondhand smoke exposure kills more than 8,800 Kentuckians and costs more than $1.2 billion in Medicaid and Medicare treatment costs.[xi,xii] Supported by CDC funding, Kentucky's tobacco control program built strategic partnerships to help all Kentuckians access tobacco cessation counseling and FDA-approved medications. As a result, Kentucky has increased access to cessation medications and counseling to help Kentuckians quit using tobacco products.[xiii]

Comprehensive Tobacco Control Programs Address Disparities

All people should have a fair and just opportunity to live a longer, healthier life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, disability status, or where they live. 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.

OSH created the *Best Practices User Guide: Health Equity in Tobacco Prevention and Control (2015)* to assist tobacco control programs on how to use evidence-based best practices to identify and eliminate tobacco-related disparities. Working towards health equity by addressing tobacco-related disparities is an essential component of tobacco control programs and some successful strategies outlined in the guide include:

- Developing and integrating partnerships and coalitions with disparate populations groups and community-based organizations;
- Promoting tailored mass-reach health communication messages to reach populations historically targeted by the tobacco industry;
- Promoting smoke-free environments and effective cessation services and counseling programs in languages other than English, known to help individuals who smoke successfully quit;
- Improving data collection efforts to identify disparities and evaluate the effectiveness of program component strategies reaching affected population subgroups; and
- Ensuring programs have the required infrastructure, capacity, and cultural competency training to support state and community health equity related prevention and control efforts.

Mass-Reach Public Education Campaigns — *Tips From Former Smokers® (Tips®)*

The *Tips from Former Smokers®* campaign is the first paid national tobacco public education campaign. Launched by OSH in 2012, the evidence-based smoking cessation messages have featured real people who smoke telling the stories of the consequences they have experienced because of smoking or exposure to secondhand smoke. The campaign has also highlighted the impact to family members who have cared for loved ones living with a smoking-related disease or illness.

The targeted TV, print, radio, and digital ads focus on cancer (lung, throat, head and neck, and colorectal), heart disease, stroke, preterm birth, and diabetes, among other health effects of smoking. In 2022, the campaign began promoting a new national texting portal to offer cessation services using text-messaging to reach individuals less likely to call a quitline. **The campaign is also a "best buy" for public health costing less than $400 per life saved.** From 2012–2018, CDC estimates the impact of the *Tips®* campaign has:

- ✓ Helped 16.4+ million people who smoke attempt to quit;
- ✓ Resulted in more than 1 million people successfully quitting smoking for good;
- ✓ Prevented an estimated 129,000 early deaths; and
- ✓ Saved an estimated $7.3 billion in smoking related healthcare costs.

ACS CAN's Position

ACS CAN is pursuing evidence-based policies to reduce tobacco-related disparities and improve health outcomes for all individuals**. ACS CAN urges Congress to provide $310 million - a $63.5 million increase - in funding for the OSH and opposes any cuts to its budget.** Any cuts to the program could have devastating consequences to our progress on reducing the suffering and death caused by tobacco use, especially since cigarette smoking still causes about 30% of all cancer deaths.[xiv,xv]

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