Fact-Based Tobacco Control Policies

How Does Your State Measure Up?

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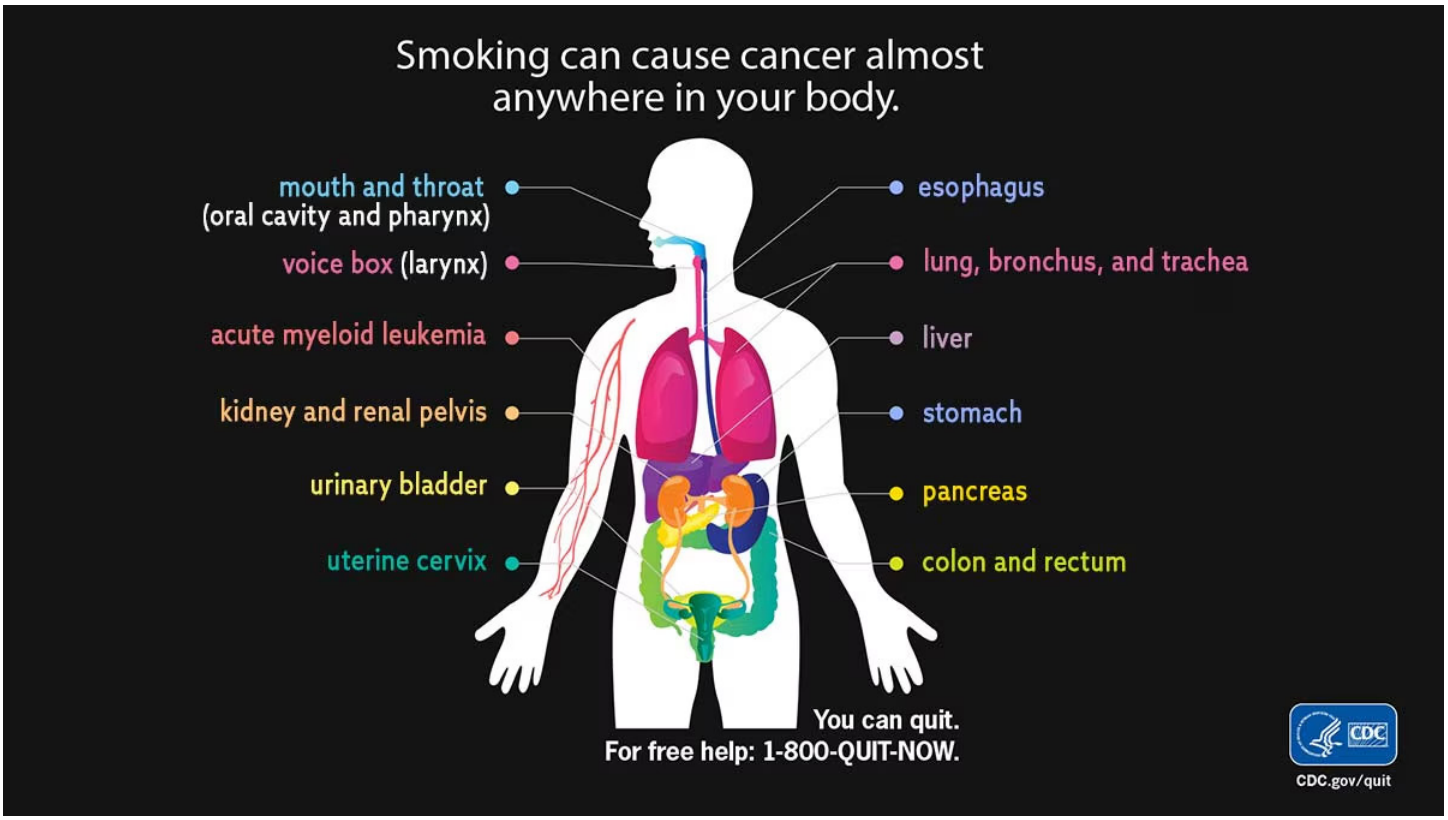
INTRODUCTION

Despite proven health risks, **tobacco use remains the most preventable cause of cancer occurrence and death in the United States.**[1] Cigarette smoking still causes about 30% of all cancer deaths[2,3] and as much as 40% in parts of the South and Appalachia, despite decades of declining smoking rates.[4] Tobacco use has been found to be 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 level, education level, and geographic location.[5, 6, 7] Achieving health equity relies heavily on eliminating tobacco use.

Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer prevention and care. The American Cancer Society Cancer Action Network (ACS CAN) pursues fact-based policies at the local, state, and federal levels that aim to reduce disparities and improve health outcomes for everyone, including:

- Regularly and significantly increasing tobacco excise taxes on all tobacco products;
- Adequately funding tobacco prevention and cessation programs in accordance with recommendations from the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs (2014);
- Increasing access to state Medicaid coverage of tobacco cessation;
- Enacting comprehensive smoke-free laws that cover all workplaces, including restaurants, bars, and gaming facilities;
- Ending the sale of menthol cigarettes and all other flavored tobacco products; and
- Preserving local control of public health policies.



While cigarette smoking has declined, the personal and economic toll of tobacco on our communities remains high. Nearly one in five adults used tobacco products in 2021.[8] In 2023, 6.21 million middle and high school students reported ever using a tobacco product.[9] Tobacco costs the U.S. over $241 billion in health care expenditures and more than $365 billion in lost productivity each year.[10] And the tobacco industry shows no signs of slowing down, spending $8.6 billion annually marketing its products nationwide.[11]

CURRENT ADULT USE, 2021[12]

NEARLY 1 IN 5

U.S. ADULTS CURRENTLY USE ANY TOBACCO PRODUCT.

EVER USE MIDDLE AND HIGH SCHOOLERS[13]

OVER 1 IN 5

U.S. MIDDLE AND HIGH SCHOOL STUDENTS REPORT EVER USING ANY TOBACCO PRODUCT.

Among those who ever used an e-cigarette, nearly half (46.7%) reported current use, suggesting that many who try e-cigarettes continue to use them.

CURRENT USE, ALL TOBACCO PRODUCTS, 2023[14]

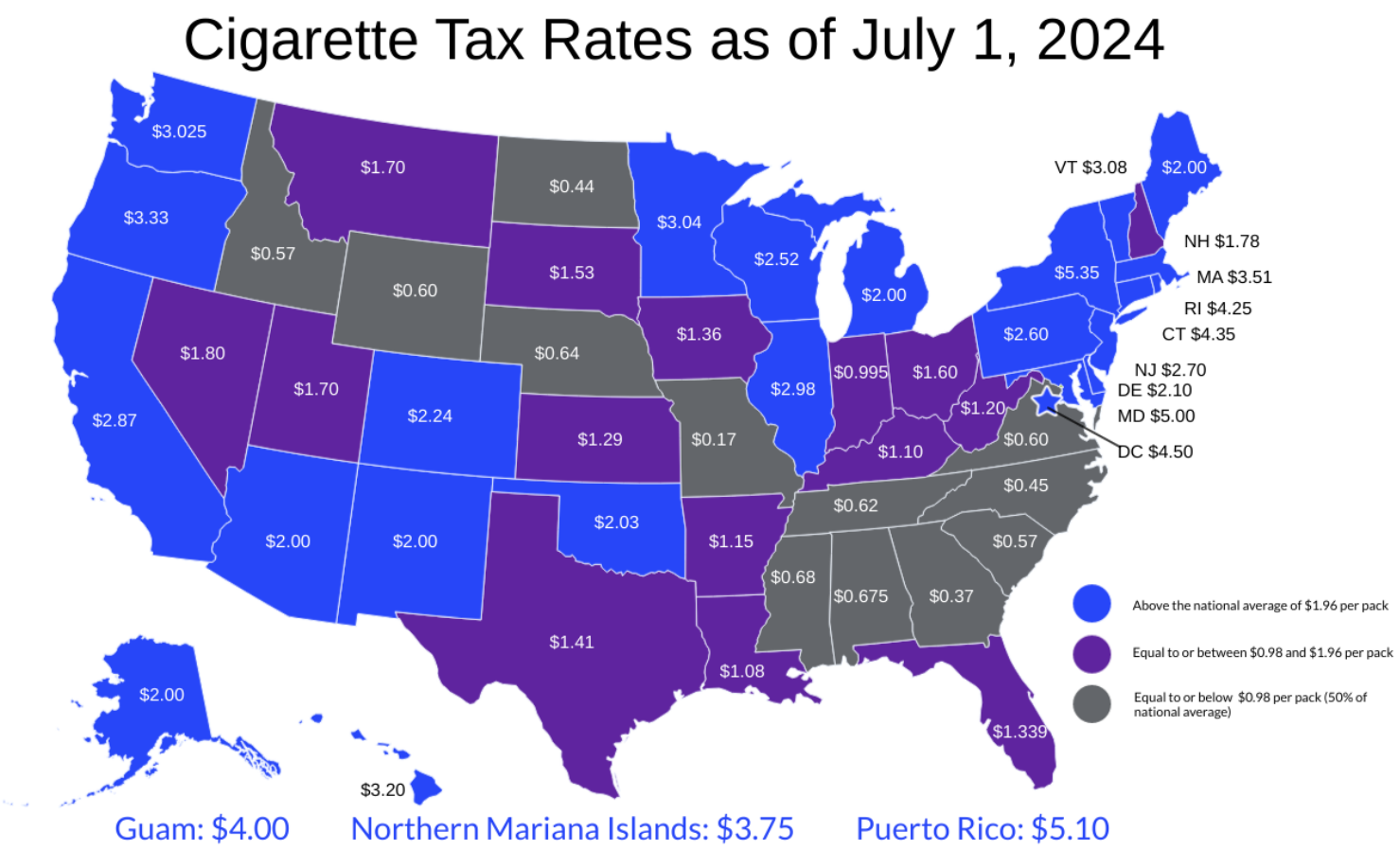
1 IN 10

U.S. MIDDLE AND HIGH SCHOOLERS USE TOBACCO PRODUCTS.

For the 10th year running, e-cigarettes were the most commonly used tobacco product among all students.

TOBACCO EXCISE TAXES

RAISING THE PRICE, SAVING LIVES



The Challenge

The personal and economic toll of tobacco on our communities is high. This deadly product costs the U.S. economy billions of dollars in health care costs and lost worker productivity annually; tobacco use drives around $241.4 billion in public and private health care spending each year.[15] In fact, smoking-related health costs and productivity losses in the U.S. amount to roughly $51.52 per pack of cigarettes sold.[16] Yet the average retail price of a pack of cigarettes in the U.S. remains only $8.39.[17]

Research shows increasing taxes regularly and significantly on cigarettes and all other tobacco products, including e-cigarettes, is one of the most effective ways to reduce tobacco use, save lives, and lower health care costs. Furthermore, tax increases on tobacco products generate much-needed revenue for states.

As of July 1, 2024, the average state cigarette excise tax was $1.96 per pack, but state cigarette excise tax rates vary widely, from a low of 17 cents per pack in Missouri to a high

of $5.35 in New York. Since 2000, all but two states—Missouri and North Dakota—have raised their cigarette taxes in more than 150 separate instances.[18]

However, progress in increasing cigarette and other tobacco products' tax rates has stalled. In the past three years, only Maryland (July 2024) and New York (September 2023) have increased their tax on cigarettes by $1 or more per pack.

Current adult use of any commercial tobacco product in 2021, by subgroup:

28.4%	**Uninsured adults**
28.1%	**Adults insured by Medicaid**
24.2%	**Adults with a disability**
22.1%	**Adults living in the Midwest**
26.2%	**Adults living in rural areas**
39.0%	**Adults whose highest level of educational attainment was a General Educational Development certificate (GED)**
24.7%	**Adults with low incomes**
27.4%	**Adults identifying as lesbian, gay, or bisexual**
37.6%	**Adults experiencing serious psychological distress**

Increasing tobacco taxes is one of the most effective ways to reduce tobacco use, especially among kids, and the tobacco industry knows it. Low tobacco taxes, and therefore, low prices on tobacco products, are one major way for the industry to protect its bottom line, addict people with cheap products, and keep them addicted. The tobacco industry works hard to keep taxes low, at times proposing small tax increases that they know are too insignificant to have any effect on tobacco sales or consumption, or even going so far as proposing tax reductions on some products.

The low price of tobacco products makes it easy for youth to afford to start and continue to use tobacco products and to keep adults addicted. It also does little to defray the societal cost for state and federal governments.

The Solution

ACS CAN **recommends regularly increasing cigarette taxes by a minimum of $1.00 per pack with a parallel tax on all other tobacco products, including e-cigarettes,** to have a meaningful public health impact. It is important that when considering an excise tax increase on any tobacco product, the tax should be increased on all tobacco products at an equivalent rate to encourage people to quit rather than switch to a cheaper product

and prevent youth from starting to use any tobacco product. Additionally, dedicating tobacco tax revenues to tobacco prevention and cessation programs, along with other programs that help prevent cancer and benefit cancer patients, can help amplify the benefits of a tax increase and further reduce suffering and death from tobacco-related diseases.

ACS CAN, in partnership with the Campaign for Tobacco-Free Kids and Tobacconomics, has developed a model to estimate the public health and economic benefits produced by meaningful increases in state cigarette excise taxes. State-specific projections, as well as technical assistance in the development of strong tax policy, are available by contacting ACS CAN staff.

Everyone Benefits from Tobacco Tax Increases

Regular increases of $1.00 per pack or more in the tax of cigarettes—and parallel increases in the tax on other tobacco products—have a meaningful, measurable track record of success for states.

SAVES LIVES

Regular and significant tobacco tax increases are one of the most effective ways to reduce tobacco use and, therefore, suffering and death from tobacco-related diseases like cancer.

SAVES MONEY

Significant increases to cigarette and tobacco taxes result in substantial revenue increases for states and health care cost savings.

VOTERS APPROVE

National and state polls consistently have found overwhelming public support for tobacco tax increases. In fact, many polls have shown voters are more likely to support a candidate who supports increasing the price of tobacco.

Success Story

Maryland

In 2024, House Appropriations Chair Ben Barnes introduced a bill to increase the state cigarette tax by 75 cents per pack. While this proposal was well intentioned, a small tobacco tax increase like this is simply not enough to have a significant public health impact.

ACS CAN Maryland staff and volunteers worked in partnership with other health groups to educate lawmakers as well as the public about why a tax increase of $1.25 per pack was the better option to generate revenue, protect kids, and save lives. Ultimately, the legislature listened and passed the $1.25 per pack cigarette tax increase, with it taking effect on July 1, 2024.

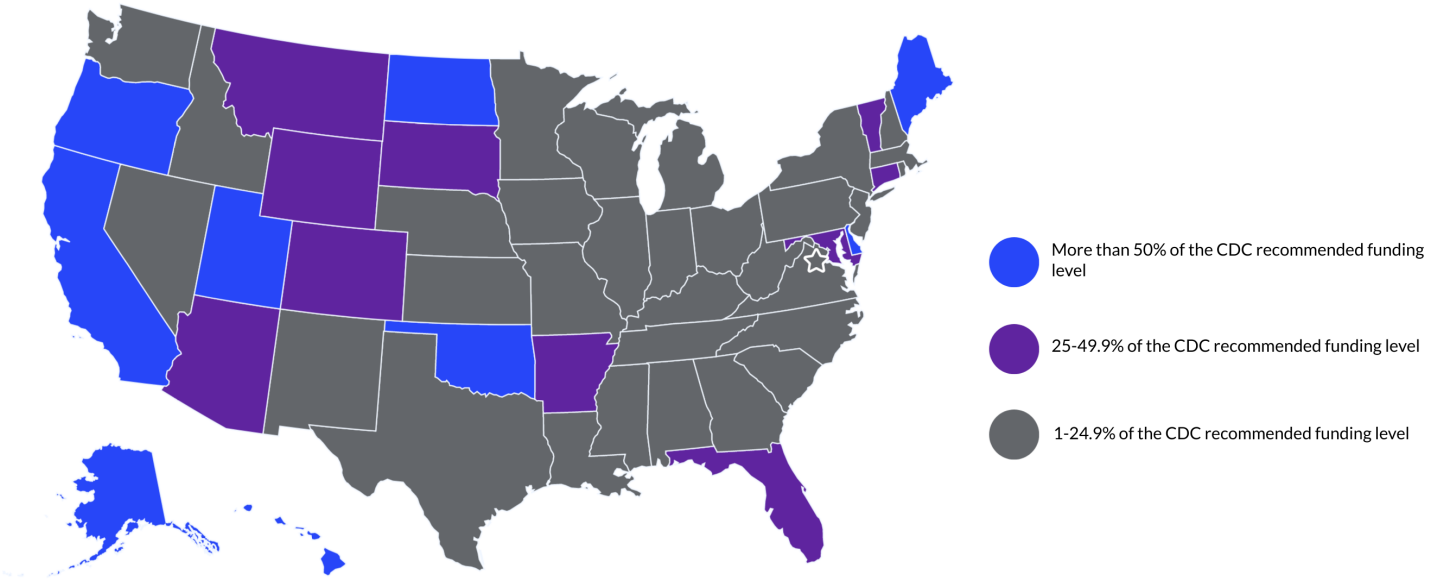
Our organization is thankful for the Maryland lawmakers' work, especially Chair Barnes, House Ways & Means Chair Vanessa Atterbeary, and Senate Budget & Taxation Chair Guy Guzzone.

The $1.25 per pack cigarette tax increase will prevent 2,800 kids from becoming adults who smoke, help 12,400 adults who smoke quit, and save 3,800 lives.

TOBACCO CONTROL PROGRAM FUNDING

PREVENT TOBACCO USE AND SUPPORT PEOPLE WHO ARE TRYING TO QUIT

Tobacco Control Program Funding FY24



Fiscal Year 2024 Tobacco Control Funding by State[19]

State	FY2024 Current Annual Funding (millions)	CDC Annual Recommenda-tion (millions) §	FY2024 Percent of CDC's Rec-ommendation	Current Rank
Maine	$15.90	$15.90	100.00%	1
Utah	$15.40	$19.30	80.00%	2
Oklahoma	$32.60	$42.30	77.00%	3
Delaware	$9.70	$13.00	74.30%	4
Oregon	$28.80	$39.30	73.30%	5
North Dakota	$6.10	$9.80	61.80%	6
California	$208.10	$347.90	59.80%	7
Hawaii	$7.50	$13.70	54.90%	8
Alaska	$5.40	$10.20	53.20%	9
Maryland	$21.20	$48.00	44.30%	10
Florida	$83.80	$194.20	43.10%	11
Colorado	$22.40	$52.90	42.30%	12
Connecticut	$12.60	$32.00	39.50%	13
Montana	$5.70	$14.60	38.90%	14
South Dakota	$4.50	$11.70	38.50%	15
Vermont	$2.70	$8.40	32.00%	16

State	FY2024 Current Annual Funding (millions)	CDC Annual Recommendation (millions) §	FY2024 Percent of CDC's Recommendation	Current Rank
Arkansas	$11.00	$36.70	30.00%	17
Wyoming	$2.50	$8.50	29.00%	18
Arizona	$18.00	$64.40	28.00%	19
Idaho	$3.70	$15.60	24.00%	20
Mississippi	$8.70	$36.50	23.80%	21
New York	$46.70	$203.00	23.00%	22
Minnesota	$12.00	$52.90	22.70%	23
New Mexico	$4.40	$22.80	19.50%	24
District of Columbia	$1.90	$10.70	17.80%	25
Nebraska	$3.70	$20.80	17.60%	26
Iowa	$4.30	$30.10	14.20%	27
North Carolina	$13.30	$99.30	13.40%	28
Indiana	$9.20	$73.50	12.50%	29
Pennsylvania	$16.40	$140.00	11.70%	30
Virginia	$10.70	$91.60	11.70%	30
Wisconsin	$6.70	$57.50	11.70%	30
South Carolina	$5.00	$51.00	9.80%	33
Massachusetts	$6.30	$66.90	9.40%	34
New Jersey	$9.00	$103.30	8.70%	35
Illinois	$11.80	$136.70	8.60%	36
Louisiana	$4.60	$59.60	7.60%	37
Kansas	$1.90	$27.90	7.00%	38
Washington	$4.20	$63.60	6.60%	39
Ohio	$7.80	$132.00	5.90%	40
Kentucky	$2.90	$56.40	5.10%	41
Missouri	$2.90	$72.90	3.90%	42
New Hampshire	$606,841	$16.50	3.70%	43
Rhode Island	$429,205	$12.80	3.40%	44
Tennessee	$2.60	$75.60	3.40%	44
Nevada	$950,000	$30.00	3.20%	46
Alabama	$1.70	$55.90	3.10%	47
Texas	$6.00	$264.10	2.30%	48
Georgia	$2.10	$106.00	2.00%	49
Michigan	$1.80	$110.60	1.60%	50
West Virginia	$451,404	$27.40	1.60%	50

The Challenge

One of the most effective ways to reduce death and disease from tobacco use is to prevent addiction in the first place. **A well-funded, fact-based tobacco control program is needed to counteract the $8.6 billion per year that tobacco companies are spending on marketing their deadly and addictive products in the United States.**[20] As Big Tobacco has been working hard to addict future generations with e-cigarettes and other tobacco products, the need for funding for tobacco prevention programs has never been greater. It's imperative that steps are taken to ensure programs are in place to protect the next generation from a lifetime of addiction.

The 2014 U.S. Surgeon General's report on tobacco concluded that comprehensive statewide and community tobacco prevention and cessation programs reduce tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.[21] The report called for states to fully fund these programs at levels recommended by the CDC as part of a comprehensive strategy to accelerate progress in eliminating death and disease caused by tobacco use. Unfortunately, only one state, Maine, currently funds tobacco prevention programs at the CDC-recommended level.

Although states are estimated to collect $25.9 billion in tobacco taxes and Master Settlement Agreement (MSA) payments in fiscal year 2024, they are slated to spend only 2.8% of that revenue on programs to reduce tobacco use.[22] **It would only take 12% of existing annual state tobacco tax and settlement revenue to fund all state programs at CDC-recommended levels.**

The Solution

Comprehensive and adequately funded tobacco prevention and cessation programs reduce tobacco use and related diseases, resulting in lower health care costs. To help states implement effective tobacco prevention and cessation programs, the CDC laid out its evidence-based recommendations for state investment in tobacco control in *Best Practices for Comprehensive Tobacco Control Programs.*[23] The goals of a comprehensive tobacco prevention and cessation programs are to:

1. Prevent initiation of tobacco use among youth and young adults.
2. Promote tobacco cessation among both adults and youth.
3. Eliminate exposure to secondhand smoke.
4. Identify and eliminate tobacco-related disparities among population groups.

ACS CAN challenges states to combat tobacco-related illness and death by funding comprehensive tobacco control programs at CDC-recommended levels or above, 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 resulting funds to state tobacco prevention and cessation programs.

Did You Know?

The more states spend on comprehensive tobacco control programs, the greater the reductions in tobacco use. The longer states invest in such programs, the greater and quicker the impact and the more cost savings experienced. Cost savings result from tobacco control program investments in the form of reductions in smoking-caused pregnancy and birth complications, smoking-triggered asthma and respiratory illness, including those caused by secondhand smoke, and other smoking-caused diseases such as strokes, heart disease, and cancer.[24]

- A 2024 study found that New York's tobacco control program saved $13.2 billion from 2001 to 2019 in smoking-attributable health care expenditures, and combined with the economic benefits of lives saved, the total return on investment for the program in this time frame was nearly 160-to-1.[25]
- Historically, states that have continually invested in their comprehensive tobacco control programs have greater savings. California has a long history of investing in tobacco control. A 2023 study found that the program has produced a 231-to-1 return on investment when you combine both the long- and short-term effects of the tobacco control program.[26]

Missed Opportunity

Connecticut

Governor Lamont proposed suspending funding for the tobacco control program in his fiscal year 2025 budget revision proposal. The ACS CAN Connecticut team, along with other public health partners, worked hard throughout the legislative session to educate lawmakers on the need to maintain funding for the program to reduce taxpayer costs, protect kids, and save lives.

Unfortunately, the final budget failed to include any funding for the tobacco control program. Connecticut receives $433.6 million in tobacco revenue annually from tobacco settlement payments and taxes combined,[27] yet it will be investing $0 toward tobacco prevention and cessation from those funds in fiscal year 2025.

A well-funded, fact-based tobacco control program is needed to counteract the $57.3 million per year that tobacco companies are spending to market their deadly and addictive products in Connecticut.

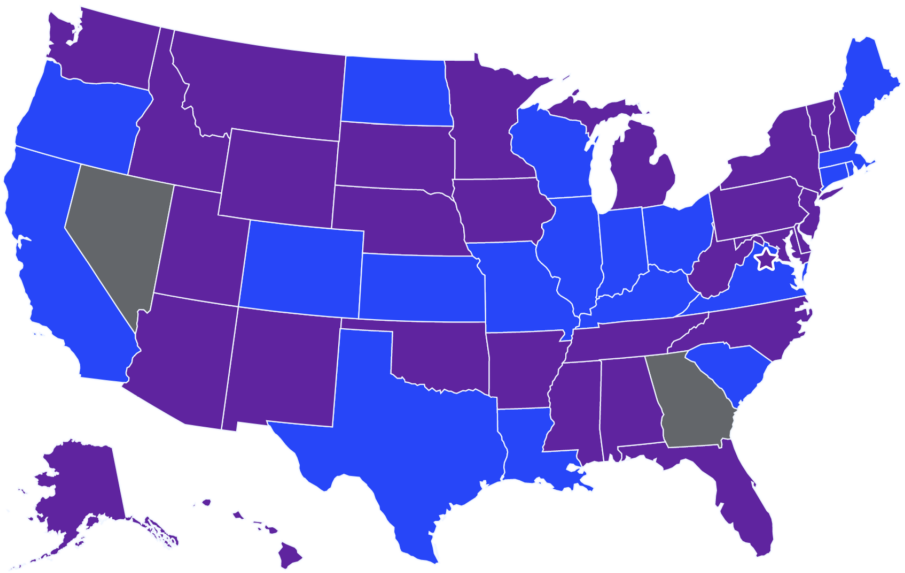
STATES ARE FALLING BEHIND

Despite the well-established link between comprehensive tobacco prevention and cessation programs and reductions in tobacco use, most states are falling behind when it comes to adequately funding these programs.

TOBACCO CESSATION SERVICES IN MEDICAID

CLOSING THE GAPS IN COVERAGE

Traditional Medicaid Cessation Coverage as of June 30, 2024



- Individual, group, and telephone counseling and all 7 FDA-approved cessation medications covered for all enrollees
- At least 1 type of counseling (individual, group, or telephone) **and** at least 1 FDA-approved tobacco cessation medication covered for all enrollees
- No type of counseling (individual, group, or telephone) or no FDA-approved tobacco cessation medication covered for all enrollees

Source: American Lung Association. State Tobacco Cessation Coverage Database. June 2024.

Comprehensive Cessation Benefits Should Include Coverage for:

- ☑ Individual counseling
- ☑ Group counseling
- ☑ Phone counseling
- ☑ Nicotine Replacement Therapy (NRT) gum
- ☑ NRT patch
- ☑ NRT lozenge
- ☑ NRT inhaler
- ☑ NRT nasal spray
- ☑ Bupropion
- ☑ Varenicline

A Comprehensive Cessation Benefit Does Not Include These Barriers to Accessing Services:

- ⊘ Co-payments
- ⊘ Prior authorization requirements
- ⊘ Limits on treatment duration
- ⊘ Yearly or lifetime dollar limits
- ⊘ "Stepped Care" therapy
- ⊘ Counseling required for medications

The Challenge

There are proven strategies to prevent children and adults from using tobacco products and to help people who currently use tobacco to quit—but quitting isn't easy. While nearly 68% of adults who smoke report they want to quit, many of those on Medicaid have limited incomes and are unable to pay for this lifesaving treatment out of pocket.[28] Many Medicaid enrollees can successfully quit if they have access to a comprehensive tobacco cessation program with no barriers to accessing care. For many people, it takes multiple attempts to successfully quit smoking, and access to proven treatments and resources is critical to their success.

The smoking rate for adults on Medicaid is 22.7%, which is more than double the 9.2% of individuals who smoke with private insurance or the overall 12.5% of adults who smoke.[29] Many individuals on Medicaid have limited incomes and studies have identified that they are unable to pay out of pocket for this lifesaving treatment.[30] Medicaid enrollees are more likely to need cessation support given their economic status and higher likelihood of tobacco use, yet not all Medicaid plans provide a comprehensive tobacco cessation benefit. Anyone who uses tobacco, including those enrolled in Medicaid, needs access to a range of treatments to determine which cessation tools work best for them. **Research shows that the most effective tobacco cessation treatments combine cessation counseling and medications** approved for that purpose by the Food and Drug Administration (FDA).

While Medicaid programs in all 50 states and the District of Columbia provide access to some tobacco cessation coverage, many gaps in coverage exist. Nineteen states provide a comprehensive tobacco cessation benefit that includes coverage for all three types of counseling and seven types of medication for all enrollees. Conversely, enrollees in two states do not have access to even one type of counseling. **Changes in coverage are needed to ensure Medicaid enrollees in all states have access to a comprehensive tobacco cessation benefit.**

Even when state Medicaid programs cover cessation services, there are often co-pays or limits on treatment duration that can hinder a patient's access to the medications and counseling they need to quit. People who use tobacco and who have access to more cessation medication and counseling options are more likely to be able to take advantage of these proven cessation services.

The Solution

Federal law requires Medicaid expansion plans, marketplace plans on state or federal health insurance exchanges, and non-grandfathered private plans, including employer-offered plans to cover—without cost-sharing—tobacco use screening and cessation services. Traditional Medicaid programs must cover these services for pregnant persons only. Thus, coverage and cost to the patient varies by state. States are incentivized to cover the comprehensive benefit for all enrollees through a 1% increase in their federal matching rate, if the state covers all services rated A or B by the United States Preventive Services Task Force (USPSTF).

Given the great need for cessation services, and to reduce health disparities, ACS CAN advocates that Medicaid programs provide a comprehensive cessation benefit that covers individual, group, and telephone-based counseling and all FDA-approved tobacco cessation medications without cost-sharing or other barriers to accessing care.

Ensuring that everyone who uses tobacco on any health plan, especially those enrolled in Medicaid, has coverage for tobacco cessation services is critical to reducing tobacco use, saving lives, and ultimately reducing health care spending. In addition to covering all FDA-approved tobacco cessation medications and all three types of counseling, ACS CAN advocates that state Medicaid programs reimburse state quitlines for the telephone counseling services they provide to their patients. Ensuring that Medicaid covers phone counseling provided by quitlines increases the capacity of a state's quitline and provides an added layer of sustainability, insulating it from state budget cuts. Having a centralized state quitline is part of a comprehensive tobacco control program; it ensures the quality of services and allows for effective surveillance and evaluation of these services. Additionally, state Medicaid dollars receive a federal match, so allocating Medicaid dollars to reimburse quitlines means more funding for this vital service.

Why Should Medicaid Cover Group Cessation Counseling?

Group cessation counseling is one of the core components of a comprehensive cessation benefit that ACS CAN advocates all state Medicaid plans cover. A systematic review of over five dozen studies on the effectiveness of group counseling for tobacco cessation concluded group counseling is an effective component of tobacco cessation, finding that behavior therapy programs that were delivered in a group format aided smoking cessation.[31]

- 13 studies compared group cessation counseling to self-help programs and found that group counseling increased cessation by 50% to 130%.[32]
- An overall benefit was also found in 14 studies that compared group cessation counseling to brief counseling from health care professionals.[33]
- Six studies compared group to individual counseling, finding them equally effective.[34]
- Group cessation counseling may also cost less per enrollee than individual counseling.[35]

The bottom line is that group counseling is an effective and cost-effective tobacco control intervention, and everyone deserves a fair and just opportunity to access the cessation resources that will work best for them.

Success Story

Louisiana

With leadership from the Louisiana Department of Health, tobacco control partners in the state were successful in expanding the state's Medicaid cessation coverage to be comprehensive for all enrollees. This happened through a state plan amendment (SPA) process with the Centers for Medicare and Medicaid (CMS), which was ultimately approved.

ACS CAN is grateful for the Department of Health's leadership in pursuing a comprehensive cessation benefit for all enrollees, as well as engaging partners to educate on the availability of the new benefit.

Did You Know?

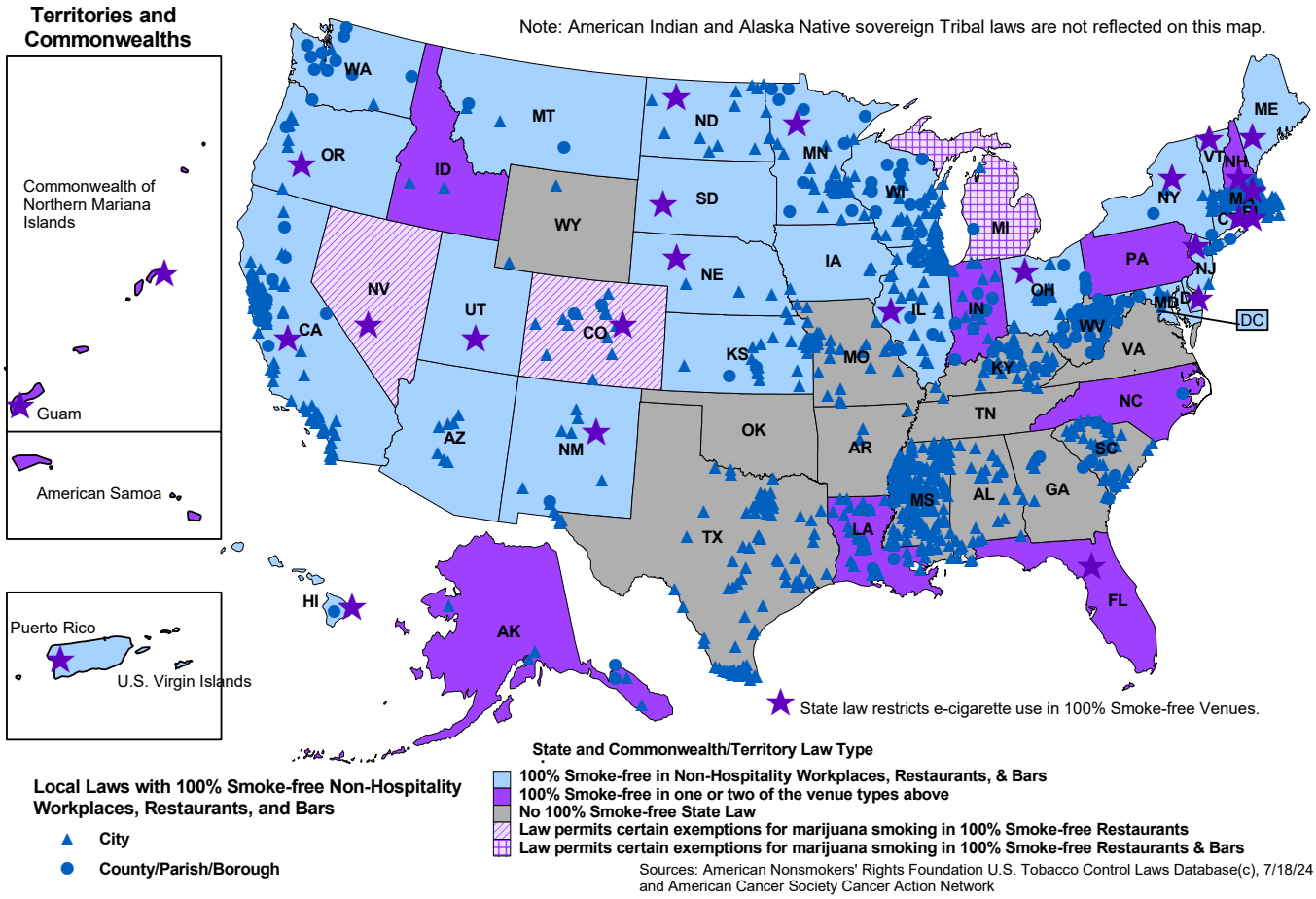
Tobacco-related diseases cost Medicaid approximately $72.7 billion annually in the U.S.[36]

SMOKE-FREE LAWS

EVERYONE HAS THE RIGHT TO BREATHE SMOKE-FREE AIR

Smoke-free Legislation at the State, County, and City Level

In effect as of July 1, 2024



Sources: American Nonsmokers' Rights Foundation U.S. Tobacco Control Laws Database(c), 7/18/24 and American Cancer Society Cancer Action Network

The Challenge

According to the U.S. Surgeon General,[37, 38] there is no safe level of exposure to secondhand smoke, which contains approximately 70 known or probable carcinogens and more than 7,000 other toxic chemicals, including formaldehyde, arsenic, cyanide, and carbon monoxide.[39, 40]

Each year in the United States, secondhand smoke causes nearly 42,000 deaths among people who do not smoke, including up to 7,300 lung cancer deaths.[41] It can also cause or exacerbate a wide range of other health issues, including cardiovascular disease, stroke, respiratory infections, and asthma. The lack of comprehensive tobacco control laws contributes to tobacco-related health disparities or worse health outcomes that include various types of cancers, disease, disability, and premature death.[42]

As of July 1, 2024, **28 states**, **Puerto Rico, the U.S. Virgin Islands, the District of Columbia, and 1,208 municipalities across the country have laws in effect that require 100% smoke-free workplaces, including restaurants and bars.**[43]

Twenty-one states, as well as Puerto Rico and the U.S. Virgin Islands, have laws in effect that require all state-regulated gaming facilities to be 100% smoke-free. One Sovereign Tribal Nation, the Navajo Nation, has a law requiring all non-hospitality workplaces, restaurants, bars, and casinos to be 100% smoke-free indoors. Nationwide, **62.7% of the U.S. population lives in a place with a comprehensive smoke-free law covering workplaces, including restaurants and bars.**[44]

ACS CAN advocates for everyone's right to clean, smoke-free air so that no one is forced to choose between their health and a paycheck. However, certain segments of the population, such as hospitality and gaming facility workers in states or communities without comprehensive laws, continue to be denied their right to breathe smoke-free air.

The Solution

Secondhand smoke exposure continues to disproportionately burden communities of color and people with limited incomes and/or educational opportunities.[45] Prevalence of secondhand smoke exposure among non-Hispanic Black people who do not smoke (50.3%) is much higher compared with non-Hispanic White people (21.4%) and Americans of Mexican descent (20.0%).[46]

The only way to reduce exposure to secondhand smoke is to make all public places, including workplaces, restaurants, bars, and gaming facilities, 100% smoke-free. Smoke-free laws reduce exposure to secondhand smoke, encourage and increase smoking cessation success among adults trying to quit, and reduce health care, cleaning, and lost productivity costs.[47] Smoke-free laws also have been proven to reduce the incidence of coronary events among people under the age of 65.[48] Research has also shown that comprehensive smoke-free laws covering restaurants and bars are associated with reductions in smoking among youth and young adults.[49]

ACS CAN urges state and local officials to pass and protect comprehensive smoke-free laws in all workplaces, including restaurants, bars, and gaming facilities, to protect the health of all employees and patrons. These laws should include all forms of smoking,

including but not limited to cigarettes, e-cigarettes, cigars, hookah, pipes, and cannabis. Lawmakers are encouraged to reject legislation that weakens smoke-free laws or preempts local governments from passing smoke-free laws.

Did You Know?

Smoke-free laws are good for business.

Cigarette smoking and secondhand smoke cost the United States an estimated $891 billion in 2020, including both health care costs and lost productivity.[50, 51, 52] An estimated $20.9 billion in total lost earnings among individuals in the U.S. aged 25 to 79 years old was due to cigarette smoking-attributable cancer deaths.[53, 54, 55]

Business owners that allow smoking in the workplace increase their costs of doing business. Employers pay increased health, life, and fire insurance premiums, make higher workers' compensation payments, incur higher worker absenteeism, and settle for lower work productivity.[56, 57, 58, 59, 60, 61, 62] Other costs associated with permitting smoking in workplaces are increased housekeeping and maintenance costs.

Research published in leading scientific journals has shown consistently and conclusively that smoke-free laws have no adverse effects on the hospitality industry.[63, 64]

Include Cigars in Smoke-free Laws

Regular cigar smoking increases the risk of cancers of the lung, oral cavity, larynx, and esophagus.[65] In fact, people who smoke cigars are four to 10 times more likely to die from laryngeal, oral, or esophageal cancers than people who do not smoke.[66] Heavy cigar smoking also increases the risk of developing lung diseases, such as emphysema and chronic bronchitis.[67] Cigars also produce secondhand smoke, which is dangerous for people who do not smoke. Cigars contain nicotine, which can induce dependence and harm health.[68] And unfortunately, young people who use tobacco products are more likely to become addicted than adults.[69]

By allowing cigar bars, we increase the visibility of cigar smoking, cigar advertising, and promotional activities, and make cigars seem safe enough to smoke indoors, all of which normalize cigar smoking and undo years of work by our public health experts. Tobacco companies promote cigar smoking as pleasurable, a symbol of status, wealth, and class. This should not be the aspirational social norm we ingrain in the next generation.

Normalizing cigar smoking in our community sends the wrong message to our young people and provides tobacco companies with the continued opportunity to aggressively market their deadly and addictive products.

Secondhand smoke from cigars poses significant health risks to people who smoke and those around them and should be included as part of any smoke-free law. This includes prohibiting cigar use in cigar and tobacco shops, bars identified as "cigar bars," gaming facilities, and wherever else smoking is prohibited.

Include Hookah in Smoke-free Laws

Hookah smoke is associated with increased risk of disease, including cancer, heart disease, lung disease, and adverse effects during pregnancy.[70] Smoking hookah, as well as breathing secondhand smoke from hookah, is at least as harmful as exposure to cigarette smoke.[71] Hookah users are exposed to higher levels of many of the same toxic compounds as cigarette users.[72] Hookah smoke, like cigarette smoke, contains significant amounts of cancer-causing ingredients, such as arsenic, cobalt, chromium, lead, and carbon monoxide.[73, 74, 75]

Hookah smoke should be included in smoke-free laws. **Secondhand smoke from hookah poses significant health risks to users and those around them and should be included as part of any smoke-free law.** This includes prohibiting tobacco use in hookah and tobacco shops, bars identified as "hookah bars," gaming facilities, and wherever else smoking is prohibited.

Include E-cigarettes in Smoke-free Laws

E-cigarette aerosol can contain:[76]

- Nicotine, a highly addictive chemical that can harm adolescent brain development;
- Cancer-causing chemicals;
- Heavy metals, such as nickel, tin, and lead;
- Volatile organic compounds;
- Ultrafine particles that can be inhaled deep into the lungs; and
- Flavorings such as diacetyl, a chemical linked to a serious lung disease. Some flavorings used in e-cigarettes may be safe to eat but not to inhale because the lungs process substances differently than the gut.

To further protect the public's health, **26 states and 1,061 localities** have restricted the use of e-cigarettes in smoke-free venues.[77]

The use of e-cigarettes in workplaces, including restaurants, bars, and gaming facilities, undermines the public health benefits of smoke-free laws. People who use e-cigarettes will not experience the health benefits of quitting, and people who do not use e-cigarettes can be exposed to their secondhand aerosol.

Additionally, business owners can face difficulty in enforcing smoke-free laws if e-cigarette use is permitted.

Prohibiting the use of e-cigarettes in workplaces, including restaurants, bars, and gaming facilities, can protect public health by preventing people who don't use e-cigarettes from being exposed to nicotine and other potentially harmful chemicals in these products.

Include Marijuana in Smoke-free Laws

Marijuana is the name given to the dried buds and leaves of the cannabis plant. It goes by many names, including pot, grass, cannabis, weed, hemp, and others.

Marijuana smoke, like tobacco smoke, is a lung irritant and can pose significant risks to people who use it and to those in close proximity to its use. Marijuana smoking affects lung function, including inflammation of the large airways, increased airway resistance, and lung hyperinflation.[78] Marijuana smoke contains the same fine particulate matter found in tobacco smoke that can cause heart attacks,[79] contains many of the cancer-causing substances found in tobacco smoke,[80] and has been shown to cause testicular cancer.[81, 82]

ACS CAN supports the prohibition of smoking or aerosolizing marijuana and other cannabinoids in public places because the cancer-causing substances found in marijuana smoke pose numerous health hazards to the individual using and to others in their presence. Allowing the smoking or aerosolizing of marijuana in public places undermines the effectiveness of 100% smoke-free laws.

ENDING THE SALE OF FLAVORED TOBACCO PRODUCTS

The Challenge

For decades, tobacco companies have used flavors, in cigarettes, cigars, e-cigarettes, and hookah, to lure and target youth and young people and expose them to a lifetime of nicotine addiction, disease, and premature death. Flavors, especially menthol, are known to improve the ease and use of a product by masking the tobacco's harsh effects. **Tobacco industry documents confirm the intended use of flavors has been to target new youth users. According to the 2021 National Youth Tobacco Survey, among middle and high school students who used tobacco products, 79.1% reported using a flavored tobacco product.**[83] Eliminating the sale of all flavored tobacco products, including menthol cigarettes, is the only way to maximize the public health impact by preventing the industry from luring children into a lifetime of addiction.

The Solution

Comprehensive policies to end the sale of flavored tobacco products must include all tobacco products, all flavors, and all tobacco retailers. **Effective policies to end the sale of flavored tobacco products cannot exempt or exclude any flavors.** ACS CAN believes no flavored tobacco product can meet the standard of "appropriate for the protection of the public health," and therefore any flavored tobacco product should be denied premarket review by the FDA.

Did You Know?

While hundreds of municipalities have enacted laws restricting the sale of flavored tobacco products, only two states—Massachusetts and California—have enacted statewide laws restricting the sale of menthol cigarettes and other flavored tobacco products.

PRESERVE LOCAL CONTROL OF PUBLIC HEALTH POLICIES

The Challenge

Many important public health policies are often developed and passed at the local level. Communities are also able to advance health equity when they can pass specific public health policies aimed at addressing local health disparities. **But preemption—when a higher level of government revokes local authority—restricts local policymakers' ability to pass, implement, and enforce innovative and proactive public health policies.** In fact, Big Tobacco has labeled preemption its "first priority."[84]

The Solution

ACS CAN supports each level of government's ability to implement policies to protect the public's health. **To effectively reduce suffering and death from cancer, the right of local governments to pass public health policies that are stronger than state and federal laws must be preserved.**

Conclusion

Increasing tobacco taxes, increasing tobacco control funding, improving Medicaid coverage of proven cessation interventions, smoke-free laws, ending the sale of flavored tobacco products, and preserving local authority over public health laws have all proven to reduce tobacco use and exposure to secondhand smoke. Each of these policies works in conjunction with the others, and all are necessary to successfully reduce tobacco use, reduce disparities, and improve health outcomes for everyone.

Tobacco companies have violated civil racketeering laws and defrauded the American public by lying for decades about the health effects of smoking, manipulating their products to make them more addicting, marketing products directly to children, and more. Letting tobacco companies draft the solution to reduce tobacco use is shortsighted. ACS CAN urges lawmakers to protect public health, not Big Tobacco's profits, by passing comprehensive tobacco control policies that apply to all tobacco products.

About ACS CAN

The American Cancer Society Cancer Action Network (ACS CAN) advocates for evidence-based public policies to reduce the cancer burden for everyone. We engage our volunteers across the country to make their voices heard by policymakers at every level of government. We believe everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer. Since 2001, as the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality, affordable health care, and advanced proven tobacco control measures. We stand with our volunteers, working to make cancer a top priority for policymakers in cities, states, and our nation's capital. Join the fight by visiting www.fightcancer.org.

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