FACT SHEET

American Heart Association.

Reducing the Burden of Tobacco

Establishing Sustainable Funding for Tobacco Prevention and Cessation Programs

OVERVIEW

Tobacco use continues to be one of the leading causes of preventable disease and death in the U.S., claiming over 480,000 adults over the age of 35 per year.[1] Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke. The bottom line is that no tobacco product is safe to use.

A very strong link between tobacco use and cardiovascular disease[1]
• Smokers who smoke fewer than five cigarettes a day may show early signs of cardiovascular disease
• Cigarette smoking accounts for 1 in 4 CVD related deaths every year
• Prolonged exposure to secondhand smoke increases the risk of stroke by 20-30%
• More than 33,000 U.S. CVD deaths are caused by secondhand smoke every year

Smoking-related illness costs the U.S. economy more than $300 billion per year, including productivity losses of $190 billion and direct medical expenditures over $200 billion.[2] Tobacco control and prevention efforts by the American Heart Association and national partners have contributed to a decline in U.S. cigarette consumption to reach an all-time low at 11.5% in 2021.[3] Despite this progress, 13.1% of men and 10.1% of women in the U.S. still smoke.[3] The outcomes of our efforts have stalled in the several years, especially for people living below the poverty line and for those with low educational attainment. An estimated 58 million nonsmokers are still exposed to secondhand smoke, including 14 million children.[4]

To help save these lives, the Association advocates for sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed the Centers for Disease Control and Prevention's (CDC) recommendations. Tobacco control and prevention programs should be comprehensive, in accordance with CDC recommendations, constructed intelligently, staffed appropriately, and administered effectively. CDC's best practices incorporate community programs to reduce tobacco use and make smoking not the norm, statewide programs, cessation programs, counter marketing efforts, including paid broadcast and print media, media advocacy, public relations, public education, and health promotion activities, surveillance and evaluation, and administration and management.

THE HISTORY AND WHERE WE ARE NOW

In 1998, the four largest U.S. tobacco companies and the attorneys general of 46 states signed the Tobacco Master Settlement Agreement (MSA), settling the states' Medicaid lawsuits against the tobacco industry for recovery of their tobacco-related health care costs. Under the agreement states received up-front payments of $12.74 billion with the promise of an additional $206 billion over the next 25 years.

Ideally, states are to use the MSA and/or other tobacco tax revenue to fully fund tobacco control programs that follow CDC best practices. 25 years later, states continue to underfund tobacco control and prevention programs. Unfortunately, only Utah, Oklahoma, Delaware, Oregon, North Dakota, Hawaii, Alaska, and California currently fund their tobacco prevention programs over 50% of the CDC recommended levels.[5] The majority of states and the District of Columbia are spending less than 25% of what the CDC recommends, and 19 of these states provide <10%.[5] Revenue generated from increased state tobacco taxes and appropriations from general revenue can serve as an additional source of funding for state tobacco cessation programs.

- In fiscal year 2024, it is estimated that states will collect $25.9 billion in revenue from the tobacco settlement and tobacco taxes but will spend only 2.8% of it - $728.6 million – on tobacco prevention and cessation.[5]
- Tobacco companies spend $8.6 billion per year to market their products. This equates to $12 to market their products for every $1 states spend on tobacco reduction.[5]

PUBLIC HEALTH IMPACT OF TOBACCO USE AND BENEFITS OF QUITTING

- In a 2023 survey among students, an estimated 800,000 middle school students and 1.97 million high school students reported that they were current users of any tobacco product.[6] More than 75% of current youth tobacco product users use e-cigarettes, which is more than 2.25 times the current use of any combustible products (of which in 2023 cigarettes were the most used by 430,000 current youth users); and about 940,000 current youth users report using two or more products.[6]

- Almost 35% of current youth e-cigarette users (39.7% of high school and 20.7% of middles school e-cigarette users) report almost daily use. (20 or more days in the previous 30 days).[6]
- Smokers lose up to one decade of life expectancy compared to those who have never smoked.[7] Smokers who quit before the age of 40 reduce the risk of mortality from a smoking-related disease by 90%.[7,8]
- Young brains are particularly susceptible to the addictive properties of nicotine, and about 27% of current youth users report cravings for tobacco products with almost 20% reporting wanting to use within 30 minutes of waking.[9] Approximately 3 out of 4 high school smokers end up smoking into adulthood.[8]

INVESTMENT IN TOBACCO PREVENTION AND CESSATION: REDUCED HEALTH EXPENDITURES

- According to the CDC, for every $1 states spend in comprehensive tobacco control programs, there is a $55 return on investment.[10]
- A study conducted by the University of California found that from its launch in 1989–2008, California's tobacco control program reduced healthcare costs by $134 billion, far more than the $2.4 billion spent on the program.[11] California's well-funded tobacco prevention programs have helped bring its high school cigarette smoking rate down to 1.2% and e-cigarette use to 5.6%.
- In July 2006, the Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population. In just over two years, 26% of MassHealth smokers quit smoking and there has been a decline in the utilization of other costly healthcare services (38% decrease in hospitalizations for heart attacks, 17% drop in emergency room and clinic visits due to asthma, and a 17% drop in claims for adverse maternal birth complications, including pre-term labor).[12] The comprehensive coverage led to a net savings of $10.5 million, or a $3.07 return on investment for every dollar spent.[13]
- A national study found that if smokers quit before experiencing smoking-related diseases, approximately 70% of smoking-attributed expenditures could be avoided.[14] A study by the American Lung Association showed that economic benefits to states offering comprehensive smoking cessation therapy to their employees in their public health programs or in their tobacco control programs can save $0.97-$2.76 in health care expenditures and productivity for every dollar spent.[15]
- The U.S Surgeon General Report of the health benefits of smoking cessation programs: raising the price of cigarettes, adopting comprehensive smoke-free policies, implementation of mass media campaigns, and maintaining comprehensive statewide tobacco control programs are all examples of successful smoking cessation strategies.[2]

THE ASSOCIATION ADVOCATES

The American Heart Association advocates for sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed CDC recommendations. Tobacco control programs should be comprehensive in accordance with CDC recommendations, staffed appropriately, and administered effectively with periodic evaluation.

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