

The Need to Invest in Tobacco Control to Reduce Taxpayer Costs, Protect Kids, and Save Lives

While the Master Settlement Agreement (MSA) provided the opportunity for states to invest in programs to reduce tobacco use and the related health care costs to states, most states used funds from that settlement for unrelated issues leaving the MSA in many states as an unfulfilled promise. The impact of decades of tobacco industry lies and deceit persists in so many communities.

In Fiscal Year 2024, the states collected \$25.9 billion from the tobacco settlement payments and tobacco taxes. But they will spend just 2.8% of it – \$728.6 million – on tobacco prevention and cessation programs.ⁱ This funding amounts to less than a quarter (22%) of the total funding recommended by the Centers for Disease Control and Prevention (CDC).ⁱⁱ We can and must do better.

It is vital that fact-based programs are in place to reduce tobacco use and reduce taxpayer-funded health care costs. As the tobacco industry is continually evolving to addict new customers and keep those already addicted coming back, states can't combat tobacco use with the same resources. More funding is needed to combat a constantly evolving tobacco epidemic.

Investment in the Future

Increased funding is a vital first step to protect our youth from tobacco. With increased funding, states can invest in programs such as the following examples tobacco control programs around the country in order to create cleaner, safer, healthier communities.

- In Arkansas, youth leaders are addressing tobacco product use across the state. Arkansas' Project Prevent is an extracurricular program that focuses on youth-led tobacco prevention in schools. As of April 2024, Project Prevent had 92 chapters covering 50 of Arkansas' 75 counties. Project Prevent holds annual conferences and events that promote further education for youth so that they can become leaders focused on addressing tobacco product use in their regions.
- Florida's "TheFactsNow" prevention media campaign shared participants' stories with youth and young adults on how tobacco addiction can have serious effects on people's lives, even as young adults. The campaign was featured on television, radio, social media, and digital platforms. All ads were tagged with www.thefactsnow.com. The website had over 603,000 users and over 187 million social media impressions in 2022.
- Louisiana launched the LA Youth Advisory Board in May 2022 which is completely youth-led. They launched a new Youth Brand, Unfiltered Facts, and its online promotions received more than 8.5 million impressions in the first month.

Everyone Deserves a Fair and Just Opportunity to Prevent Cancer

Increased funding is needed to give everyone a fair and just opportunity to prevent cancer. With increased funding, states can invest in innovative programs such as the following examples to reduce tobacco use in populations that have been targeted by Big Tobacco.

- Alaska's Tobacco Quit Line enhanced quit line service for individuals experiencing qualifying mental health and behavioral health conditions. In 2023, almost half of Alaska's Tobacco Quit Line enrollees reported at least one behavioral health condition. In 2020, Alaska's Tobacco Quit Line launched an enhanced quit line service for individuals experiencing qualifying mental health and behavioral health conditions, promoted

through community grants, conferences, and partner updates. The Alaska Tobacco Quit Line increased reach to people with behavioral health conditions by 9.5% between FY22 (733 enrollments) and FY23 (803 enrollments). Additionally, enrollments in the enhanced quit line program by eligible callers increased from 223 to 373 between FY22 and FY23, an increase of 67%

- Washington contracted with the state Department of Veterans Affairs, Veterans Training Support Center, to support veterans throughout Washington. The Veterans Training Support Center is focused on developing a foundation of knowledge on veterans and commercial tobacco dependence treatment to disseminate to various veteran-serving organizations across the state. Activities have included hosting webinars and trainings and establishing opportunities to promote tailored services for Veterans through Washington's statewide cessation app, 2Morrow Health. The organization has formed a coalition, launched in March 2023, and as of December 2023, includes 25 member organizations.
- West Virginia. Since 2021, with support from the Centers for Disease Control and Prevention, West Virginia funds the WV African American Tobacco Prevention Network, a faith-based network of churches and other community entities throughout the state. The network provides training to church representatives to educate their congregations on tobacco-related issues including clean indoor air laws and regulations, WV Quitline services, the dangers of menthol tobacco product use, and tobacco education and cessation services. The network has grown within the first 2 years with 20 churches representing 20 counties.

Expanded Promotion of Cessation Services

Well-funded, fact-based tobacco control programs are 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.ⁱⁱⁱ With increased funding, states can maximize their counter-marketing campaigns. Here are some innovative examples that other states have recently done to maximize the reach of Tips from Former Smokers[®] in their states.

- Arkansas included Tips[®] campaign messaging in utility bills.
- Pennsylvania recently shared Tips[®] ads with their state department of transportation to put in the state welcome centers.
- North Carolina's Tobacco Program shared Tips[®] ads with their colleagues in the state's Asthma Program, who decided to place Tips[®] ads as part of their program's paid efforts.
- Nebraska placed Tips[®] billboards to support implementation of HUDs smokefree public housing rule.
- Rhode Island took Tips[®] to the ballpark, featuring materials and messaging at a variety of fan nights at the Pawtucket Red Sox park.
- A partnership with NACCHO lead to local health departments using Tips[®] materials in clinic waiting and patient rooms in Georgia, Illinois, Kansas, Kentucky, Nebraska, Ohio and Utah. With a Tips[®] foot in the door, they also educated staff on evidence-based cessation and free resources like the state Quitlines.
- Mississippi worked with partners to place Tips[®] posters in community settings like churches, barber shops and hair salons.
- West Virginia took a page from the tobacco industry marketing book and painted Tips[®] ads on barns – and managed to generate a whole lot of earned media coverage while at it.

Recommendation

Increased funding for programs to prevent youth from starting to use tobacco and help those already addicted to quit is crucial. ACS CAN urges states to increase funding for vital fact-based tobacco control programs to reduce taxpayer costs, protect kids, and save lives.

ⁱ Campaign for Tobacco-Free Kids, American Heart Association and American Stroke Association, American Cancer Society Cancer Action Network, American Lung Association, Americans for Nonsmokers' Rights, Robert Wood Johnson Foundation, and The Truth Initiative. A report entitled *Broken Promises to Our Children: A State-By-State Look at the 1998 State Tobacco Settlement 25 Years Later*. January 2024. Available on-line at: <https://www.tobaccofreekids.org/what-we-do/us/statereport>.

ⁱⁱ Ibid.

ⁱⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in the United States. Updated 8.28.24. <https://www.tobaccofreekids.org/problem/toll-us>

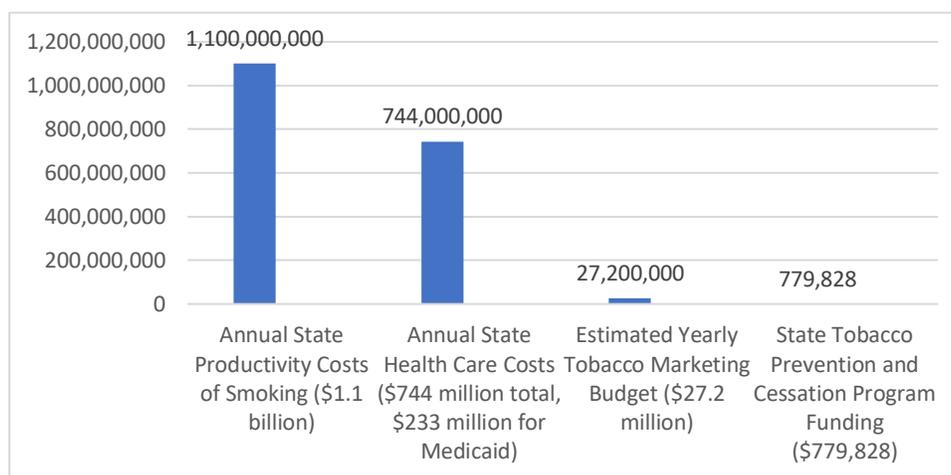
Federal Cuts Threaten the Health of Rhode Island

The drastic cuts to the Department of Health and Human Services' workforce and the elimination of CDC's Office on Smoking and Health (OSH) will have devastating consequences for the nation's health. OSH plays a critical role in preventing youth tobacco use and helping people who use tobacco to quit, especially right here in the Ocean State.

Health & Economic Costs of Tobacco to Rhode Island

Tobacco is an addictive and deadly product. Smoking harms nearly every organ in the bodyⁱ and remains the number one cause of preventable death. In Rhode Island:

- 9.5% of adults smoke cigarettesⁱⁱ and 17.3% of high school students use tobacco products.ⁱⁱⁱ
- 31.3% of cancer deaths are caused by smoking.^{iv}
- Smoking is estimated to cost Rhode Island \$744 million in direct health care costs, including \$233 million in Medicaid costs annually.^v Additionally, smoking costs the state \$1.1 billion in productivity costs annually.
- These costs far outpace the \$157.9 million in annual tobacco revenue the state receives from tobacco settlement payments and tobacco taxes.
- On average, Rhode Island residents pay \$1,134 per household in state and federal taxes from smoking-caused government expenditures, whether they smoke or not.



A well-funded, fact-based tobacco control program is needed to counteract the \$27.2 million per year that tobacco companies are spending to market their deadly and addictive products in Rhode Island.^{vi}

Recommendation

OSH plays a critical role in preventing youth tobacco use and helping adults quit. Ending this program will increase the number of people who become ill and die from a tobacco-caused disease. OSH funding for the Rhode Island Tobacco Control Program helps to support vital programs that help adults quit and prevent youth from starting, such as the RI Nicotine Helpline (QuitNowRI.com) and QuitWorks-RI.

Through the elimination of CDC OSH funding, Rhode Island will lose \$1.75 million dollars annually as more kids grow up to become addicted to deadly tobacco products.

ACS CAN is asking lawmakers to increase state funding by at least \$1 million for tobacco control programming in order to make up for the severe federal funding cut of \$1.4 million.

ⁱ Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated April 28, 2020. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

ⁱⁱ Centers for Disease Control and Prevention (CDC). 2022 Behavioral Risk Factor Surveillance System. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

ⁱⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in South Carolina. Updated 08.16.24. <https://www.tobaccofreekids.org/problem/toll-us/southcarolina>

^{iv} Islami, F, Marlow, EC, Zhao, J, et al. Person-years of life lost and lost earnings from cigarette smoking-attributable cancer deaths, United States, 2019. *Int J Cancer*. 2022; 151(12): 2095- 2106. doi:[10.1002/ijc.34217](https://doi.org/10.1002/ijc.34217)

^v Campaign for Tobacco-Free Kids. The Toll of Tobacco in South Carolina. Updated 08.16.24. <https://www.tobaccofreekids.org/problem/toll-us/southcarolina>

^{vi} Campaign for Tobacco-Free Kids. The Toll of Tobacco in South Carolina. Updated 08.16.24. <https://www.tobaccofreekids.org/problem/toll-us/southcarolina>



Burden of Tobacco/Nicotine Use in Rhode Island

Tobacco use remains the leading preventable cause of death and disease in the United States and in Rhode Island. Approximately 490,000 deaths each year are attributed to smoking and other tobacco use in the United States, with 1,800 deaths in Rhode Island annually and 31.3% of cancer related deaths attributable to smoking.¹ Tobacco-related disparities negatively impact health equity.² No tobacco products, including e-cigarettes, are safe.³

An estimated 1,100 youth in Rhode Island will try smoking cigarettes for the first time this year.¹ Nearly 9 out of 10 (90%) adults who currently smoke cigarettes started using tobacco/nicotine products by age 18, and 99% started by age 26.⁴ Flavored e-cigarettes and nicotine pouches are the most used tobacco/nicotine products among youth and young adults. In Rhode Island, 95% of high school students who use e-cigarettes use flavored products,⁵ and the most common flavors used nationwide are fruit, candy, mint, and menthol.⁶ Most e-cigarettes and nicotine pouches contain nicotine, which is highly addictive. Nicotine can harm the parts of an adolescent’s brain that control attention, learning, mood, and impulse control.⁷ Aerosol from e-cigarettes can contain harmful and potentially harmful substances.³ There is currently no e-cigarette or nicotine pouch approved by the FDA to help people quit smoking.⁸

Rhode Island Youth Tobacco Use Behaviors

High School, 2023 ⁵	Percent (%)
Ever tried e-cigarettes	32.4
Flavored e-cigarette use	15.6
Ever tried cigarettes	11.9
Purchased e-cigarettes from store/shop †	23.3
Obtained e-cigarettes by other means (i.e., other individuals, friends, or family) †	75.1

† among current high school e-cigarette users

Rhode Island Current Tobacco Use

High School, 2023 ⁵	Percent (%)
E-cigarettes	16.5
Daily e-cigarette use	3.9
Cigars, cigarillos, or little cigars	4.0
Cigarettes	3.1
Smokeless tobacco products	2.8
Middle School, 2023 ⁵	Percent (%)
E-cigarettes	6.7
Adults, 2024 ⁹	Percent (%)
Cigarettes	9.9
E-cigarettes	7.0
Menthol cigarettes*	40.1

*among current adult cigarette users

Rhode Island Department of Health Tobacco Control Program:

health.ri.gov/tobacco/tobacco-control-program

Reducing Tobacco/Nicotine Use Burden with Treatment:

Most people who smoke want to quit.¹⁰ Rhode Island offers free, effective, customized, and confidential help for adults and youth interested in quitting or reducing tobacco/nicotine use:

QuitNowRI

The Rhode Island Nicotine Helpline

- Recommended for adults ages 18+
- To learn more, scan or visit:

QuitNowRI.com

QuitNowRI



My Life, My Quit™

- Recommended for youth ages 13 to 17
- To learn more, scan or visit:

mylifemyquit.com

MY LIFE MY QUIT.



Smoking-Caused Monetary Costs for Rhode Island per Year¹

\$744 million

Annual healthcare costs

\$233.0 million

Medicaid costs

\$1.1 billion

Losses in productivity

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- 3 Centers for Disease Control and Prevention. [Smoking and Tobacco Use](#).
- 4 Centers for Disease Control and Prevention. [The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General](#).
- 5 Rhode Island Department of Health. Center for Health Data Analysis. [2023 Youth Risk Behavior Survey](#).
- 6 Park-Lee E, Jamal A, Cowan H, et al. [Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024](#).
- 7 Centers for Disease Control and Prevention. [E-Cigarette Use Among Youth](#).
- 8 U.S. Food & Drug Administration. [Want to Quit Smoking? FDA-Approved and FDA-Cleared Cessation Products Can Help](#).
- 9 Rhode Island Department of Health. Center for Health Data Analysis. [2024 Behavioral Risk Factor Surveillance System](#).
- 10 Babb S, Malarcher A, Schauer G, Asman K, Jamal A. [Quitting Smoking Among Adults—United States, 2000–2015](#).

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 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.

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}

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.

American Cancer Society Cancer Action Network | 655 15th Street, NW, Suite 503 | Washington, DC 20005

 @ACSCAN |  @ACSCAN | fightcancer.org

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