



## **State Funding for Tobacco Prevention & Cessation Programs**

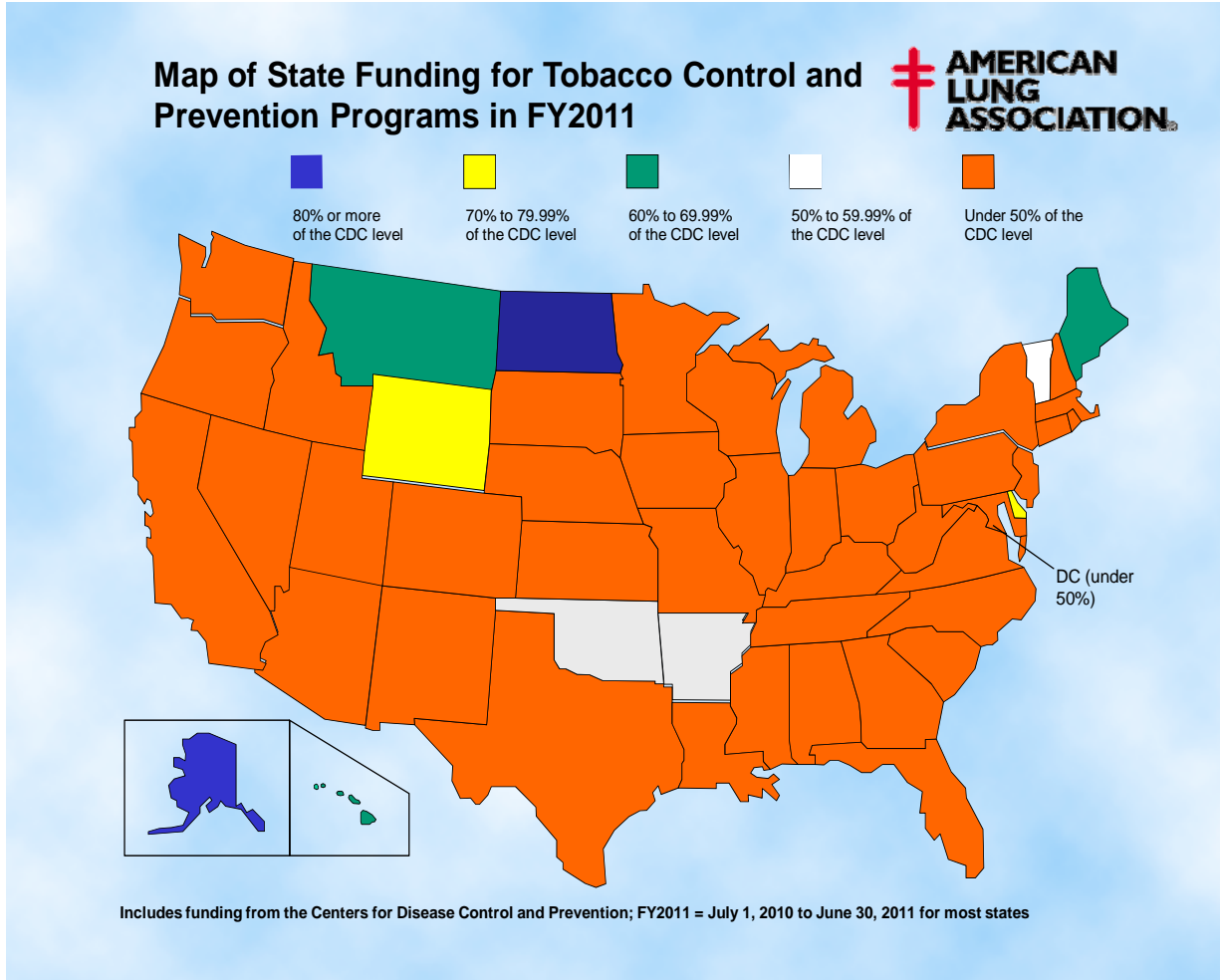
Tobacco use is the number one preventable cause of disease and death in the United States. Thousands of illnesses and deaths from tobacco use could be prevented, and billions of dollars in medical expenses saved, if all states invested in long-term comprehensive tobacco prevention and cessation programs at levels recommended by the Centers for Disease Control and Prevention (CDC). However, only two states – Alaska and North Dakota – have funded their tobacco control programs at or above CDC-recommended levels in FY2011 (July 1, 2010 to June 30, 2011 for most states), as shown on the map below.

### **Action/Key Facts about Funding for Tobacco Prevention and Cessation Programs:**

- Only eight states – Alaska, Hawaii, Illinois, Kentucky, Missouri, Oklahoma and South Carolina and Wyoming – increased their funding for tobacco prevention and cessation programs by a significant amount in FY2011.
- In FY2011, Alaska spent the most money as a percentage of its CDC-recommended level on tobacco prevention and cessation programs among all 50 states and the District of Columbia.
- In October 2007, the CDC released an updated version of its [\*Best Practices for Comprehensive Tobacco Control Programs\*](#), which discusses how a tobacco control program should be structured, and recommends a funding level for each state's tobacco control program based on state-specific characteristics such as smoking prevalence, media market costs and a state's uninsured population.

### **Why Fully Funding Tobacco Prevention and Cessation Programs is Important:**

- Fewer young people would smoke. A study published in the *American Journal of Public Health* concluded that if states spend just the minimum amount recommended by the CDC, youth smoking rates would be 3 percent to 14 percent lower nationwide.<sup>1</sup>
- Fewer adults would smoke. A study published in the *American Journal of Public Health* in January 2008 concluded that if states had spent just the minimum amount recommended by the CDC between 1995 and 2003, there would have been between 2.2 million and 7.1 million fewer smokers.<sup>2</sup>
- More evidence showing the effectiveness of tobacco prevention and cessation programs came from a study tracking cigarette sales, published in the *Journal of Health Economics*. Between 1990 and 2000, cigarette sales fell an average of 43 percent in states with large tobacco control investments – Arizona, California, Massachusetts and Oregon – compared with only a 20 percent drop in all other states.<sup>3</sup>



For more information on state funding for tobacco prevention and cessation programs, check out the American Lung Association's Tobacco Policy Project/State Legislated Actions on Tobacco Issues (SLATI) website at <http://slati.lungusa.org>.

Last updated: March 1, 2011; updated annually.

<sup>1</sup> Taurus JA, Chaloupka FJ, Farrelly MC, Giovino GA, Wakefield M, Johnston LD, O'Malley PM, Kloska DD, Pechacek TF. State Tobacco Control Spending and Youth Smoking. *Am. J. Public Health.* 2005 Feb.; 95(2): 338-44.

<sup>2</sup> Farrelly MC, Pechacek TF, Thomas KY, Nelson D. The Impact of Tobacco Control Programs on Adult Smoking. *Am J Public Health.* 2008 Feb.; 98(2): 304-9.

<sup>3</sup> Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. *J. Health Econ.* 2003; 22:843-859.