



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

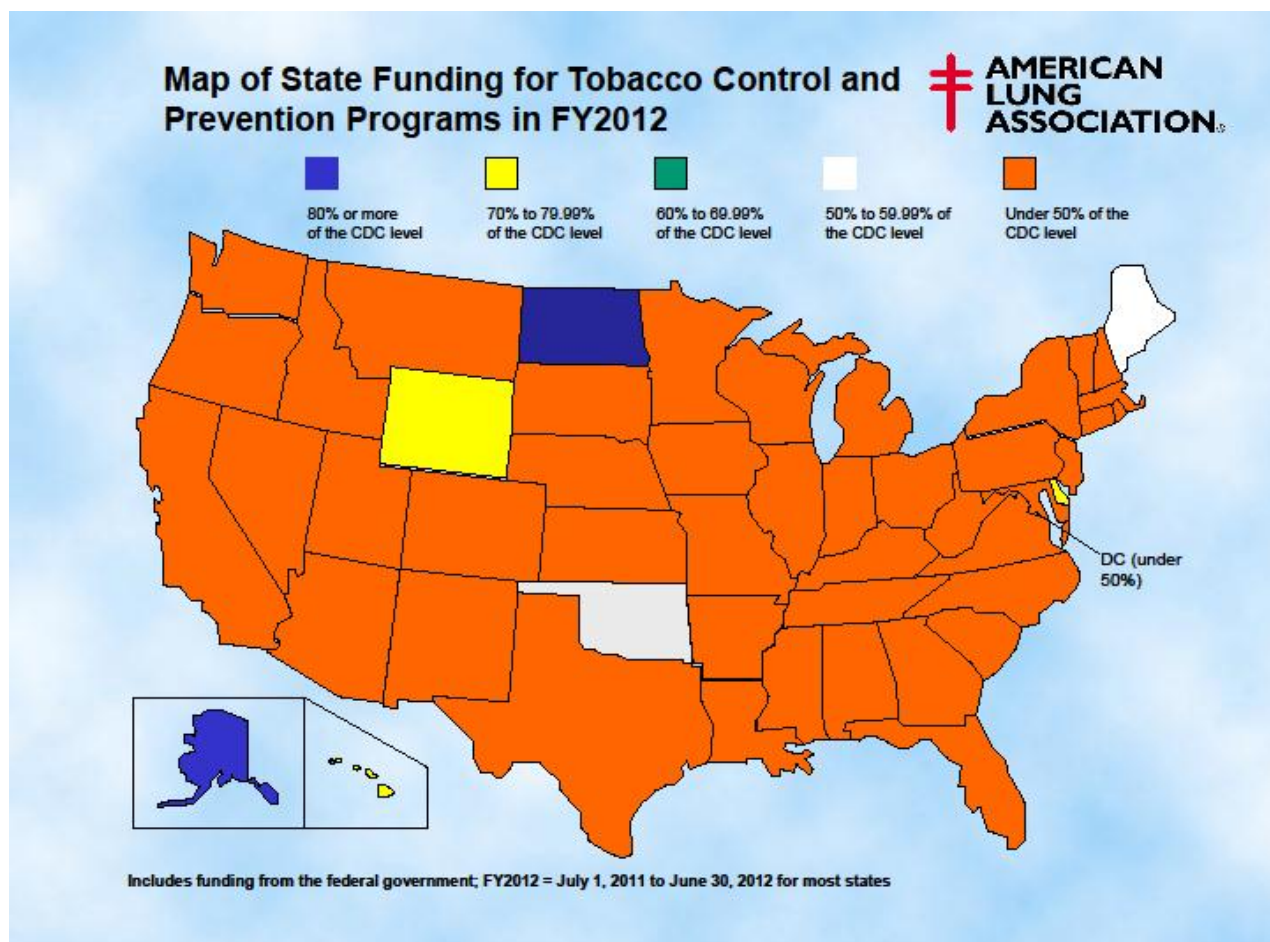
Tobacco use is the number one preventable cause of disease and death in the United States. Thousands of illnesses and deaths from tobacco use could be prevented, and billions of dollars in medical expenses saved, if all states invested in long-term comprehensive tobacco prevention and cessation programs at levels recommended by the Centers for Disease Control and Prevention (CDC). However, only one state – Alaska – funded its tobacco control program at or above CDC-recommended levels in FY2012 (July 1, 2011 to June 30, 2012 for most states), as shown on the map below.

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

- In FY2012, states overall invested \$477.1 million in tobacco prevention and cessation programs. This is a decline from \$533.7 million in FY2011. Two states – Nevada and New Hampshire – and the District of Columbia spent no state dollars at all on these vital public health programs.
- In FY2012, 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:**

- Tobacco prevention and cessation programs are very cost effective. A recent study published in the *American Journal of Public Health* showed that Washington's program saved the state \$5 in tobacco-related hospitalization costs for every \$1 spent from 2000 to 2009.<sup>1</sup>
- 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>2</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>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 [www.lungusa2.org/slati](http://www.lungusa2.org/slati).

Last updated: June 1, 2012; updated annually.

<sup>1</sup> Dilley JA, Harris JR, Boysun MJ, Reid TR. Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program. *Am J Public Health*. Published online ahead of print. December 15, 2011: e1–e7.

<sup>2</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>3</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.