



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 – funded their tobacco control program at or above CDC-recommended levels in FY2015 (July 1, 2014 to June 30, 2015 for most states), as shown on the map below.

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

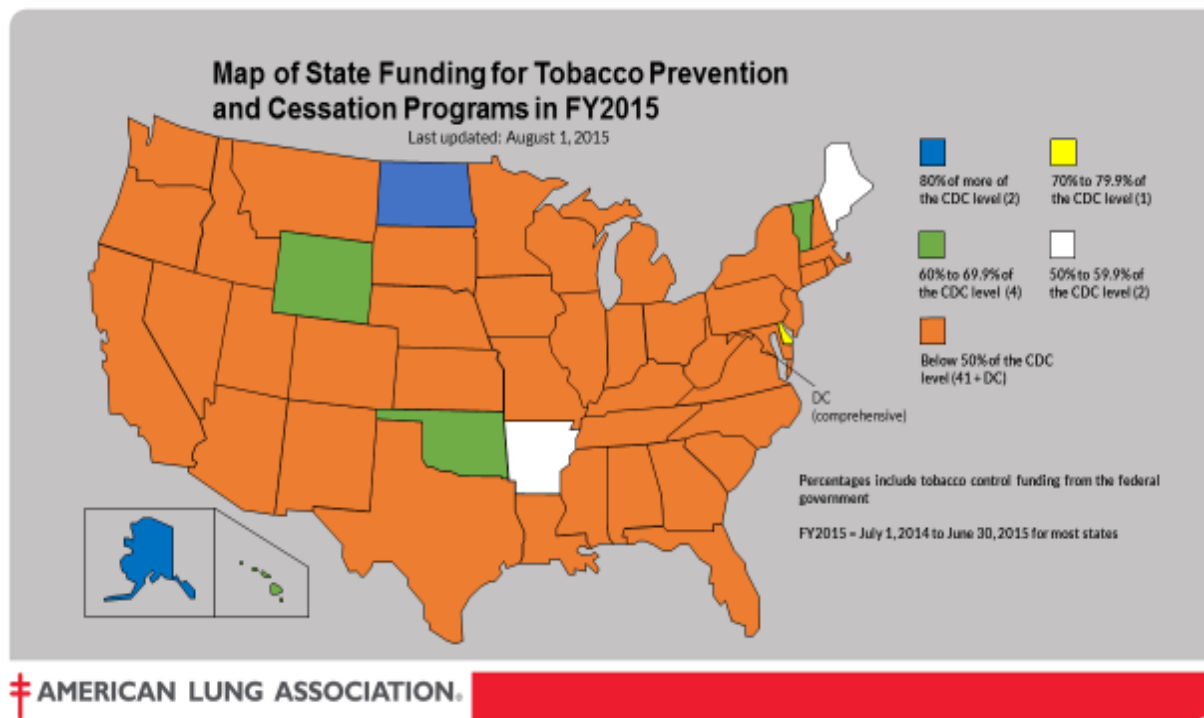
- In FY2015, states overall invested \$493 million in tobacco prevention and cessation programs. This is less than two cents of every dollar of the \$25.6 billion in revenue received by all states from tobacco settlement payments and tobacco taxes in FY2015.
- New Jersey was the only state that did not spend any state dollars at all on these vital public health programs in FY2015.
- In FY2015, North Dakota 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 January 2014, 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 2013 published in the journal *PLoS One* found that California's tobacco control program saved over \$55 in health care cost savings for every \$1 invested from 1989 to 2008.¹ A 2011 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 2009.²
- 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.³

- 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.⁴



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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.lung.org>.

Last updated: May 2015; updated annually.

¹ Lightwood J, Glantz SA (2013) The Effect of the California Tobacco Control Program on Smoking Prevalence, Cigarette Consumption, and Healthcare Costs: 1989–2008. *PLoS ONE* 8(2): e47145

² 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.

³ 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.

⁴ 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.