

Making a Difference in Tobacco-Related  
Health Disparities Science:

## State Policy and Health Disparities

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October 25-26, 2010

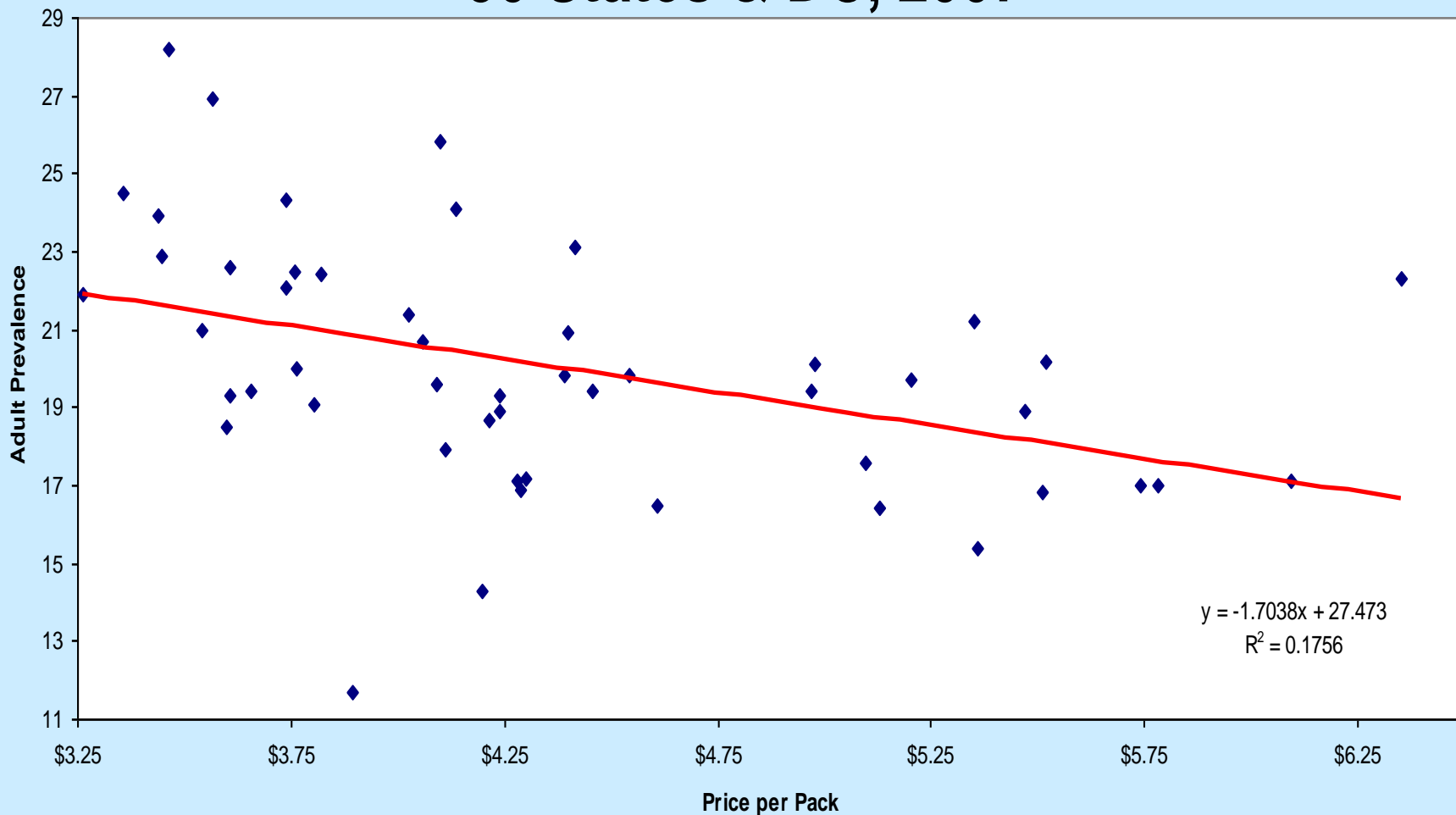
# The Big Three: Evidence Based Policies Tobacco Prevention and Control

Policy impact = reach x effect

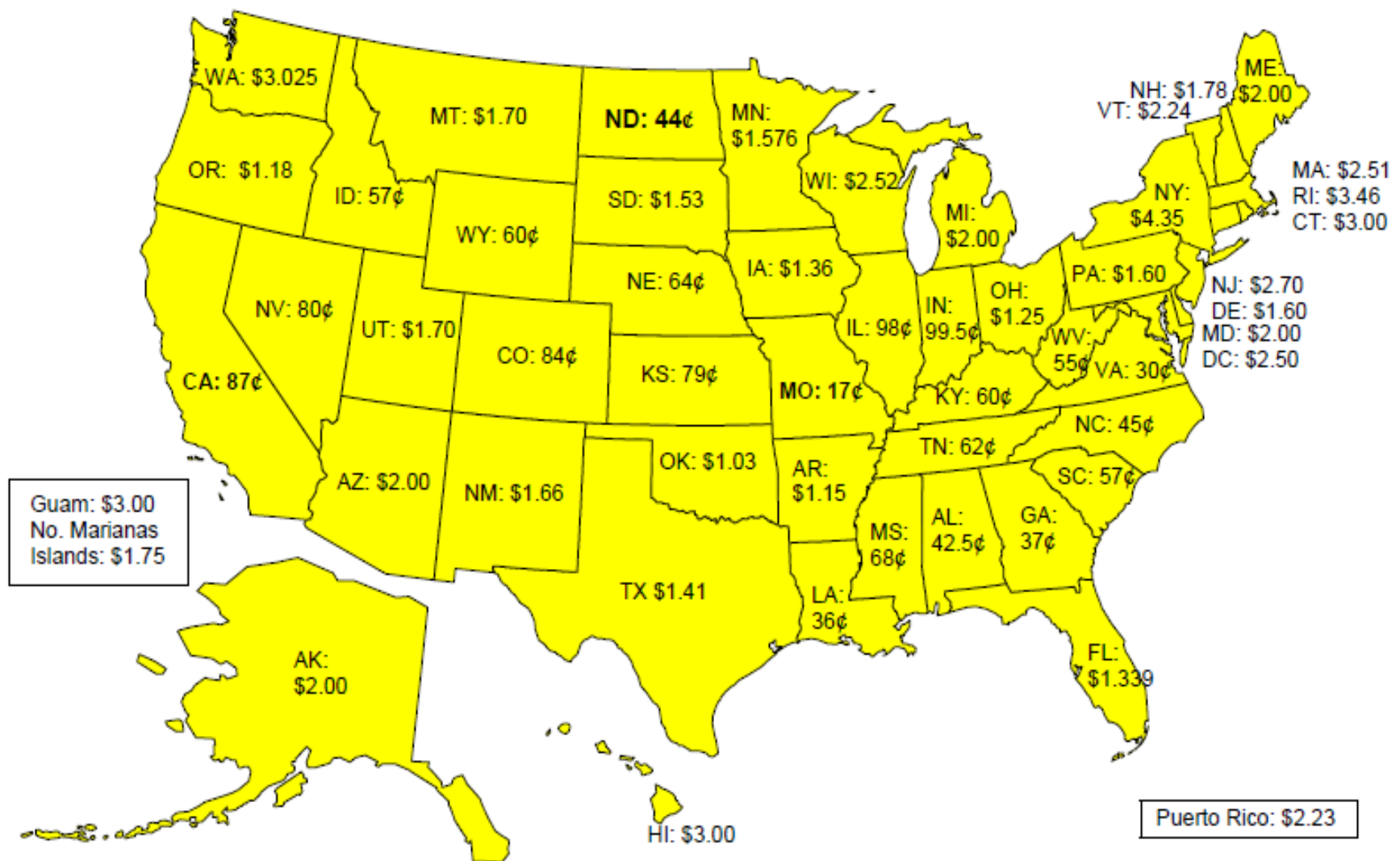
The biggest population impact on the leading preventable cause of death comes from:

- ✓ Increased Price/Taxes on Cigarettes
  - ✓ Price/Taxes on other tobacco products
- ✓ Comprehensive Smoke free laws
- ✓ “CDC Best Practices” Funding for Comprehensive Tobacco Control Programs

# Cigarette Prices and Adult Prevalence, 50 States & DC, 2007



# State Cigarette Taxes in the US, 2010



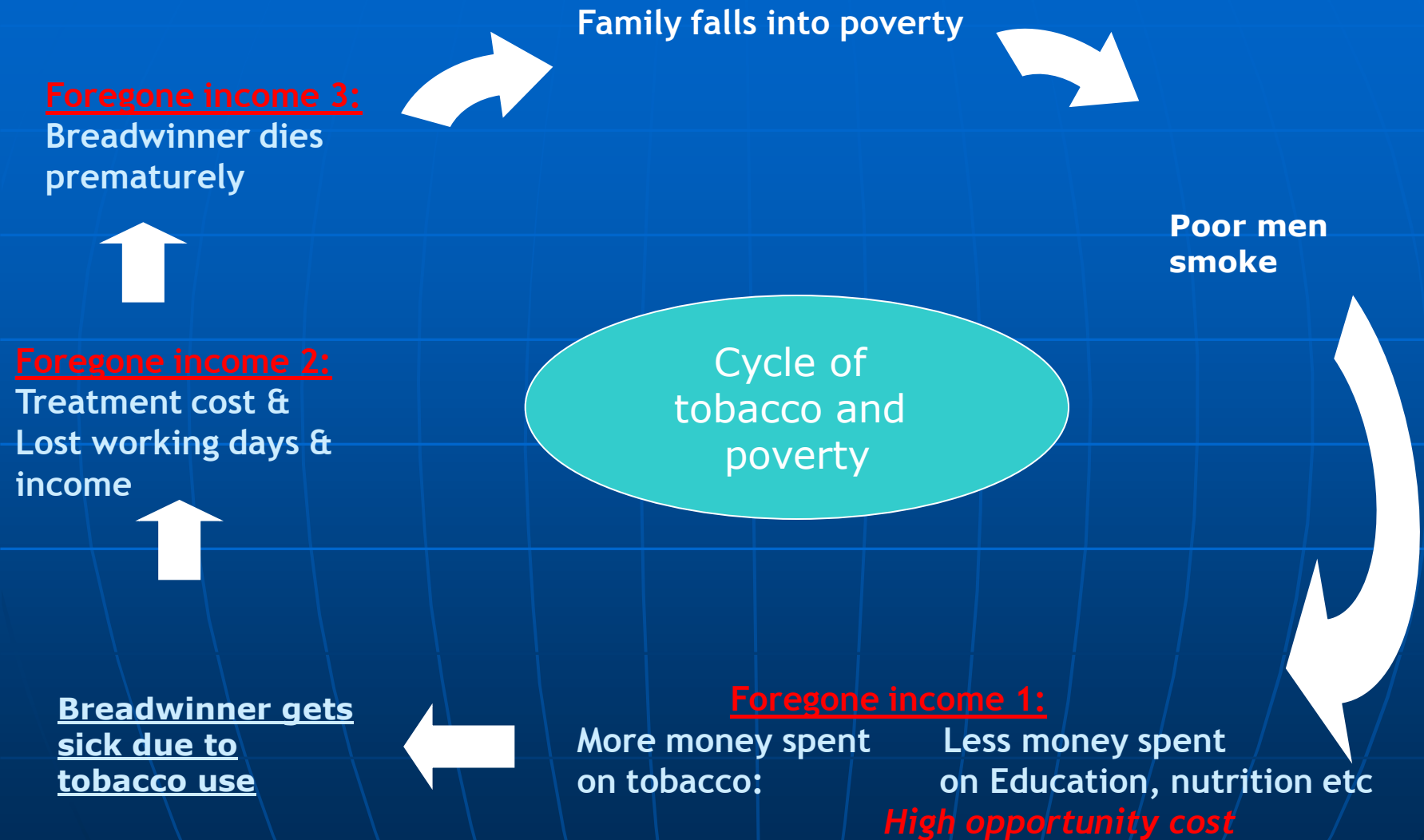
Source: Campaign for Tobacco-Free Kids, 2010

# Price Inequality: Cigarettes and Other Tobacco Products (OTPs)

- Currently, OTPs are taxed at a much lower rate than cigarettes in the U.S.
- Raising state tax rates on other tobacco products (OTPs) to parallel the increased cigarette tax rate will bring the state more revenues, public health benefits, and cost savings (and promote tax equity).
- With unequal rates, the state loses revenue each time a cigarette smoker switches to cigars, Roll your own (RYO), or smokeless.
- For example, in NC, the NC Institute of Medicine (NCIOM) calls for increasing the cigarette tax to the national average of \$1.45, and a comparable tax rate on other tobacco products, which are currently taxed at a much lower rate.
  - If the NC General Assembly were to comply with the NCIOM recommendation, in order to parallel a \$1.45 per pack cigarette tax, the state's new OTP tax rate should be 50%-55% of wholesale price with minimum tax rates for each major OTP category linked to the state cigarette tax rate on a per-package or per-dose basis.

– Source: Campaign for Tobacco Free Kids

# Tobacco and Poverty



# WHO “Best Practices” for Tobacco Excise Taxes

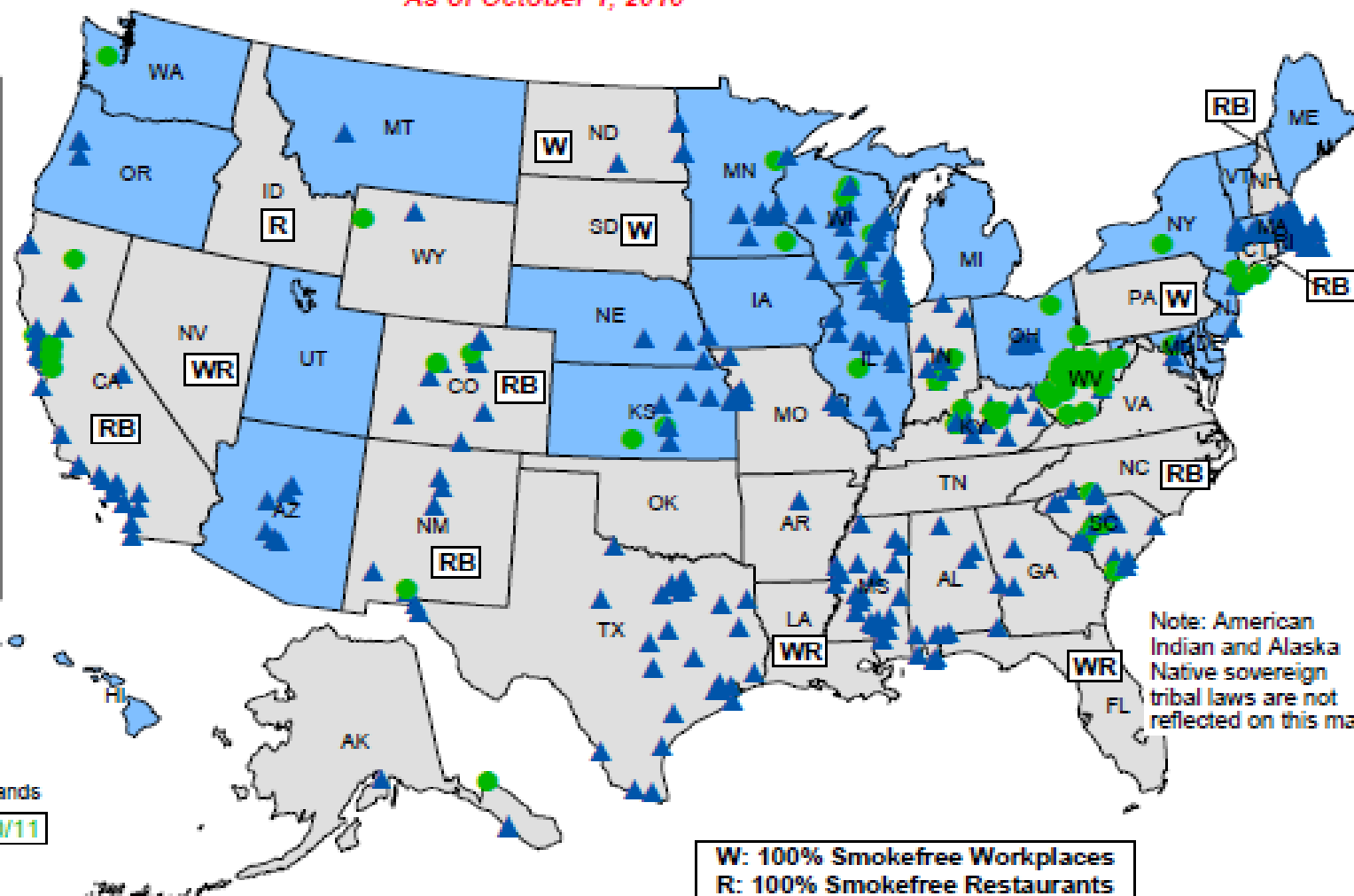
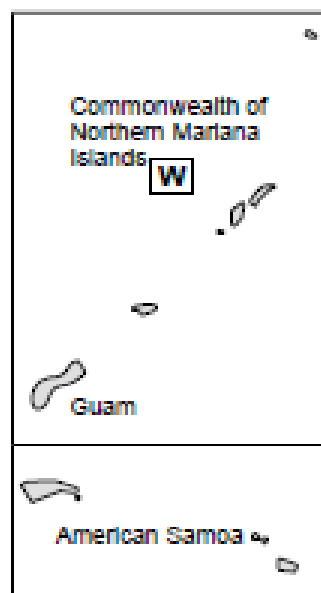
- *Do not allow concerns about the regressivity of higher tobacco taxes to prevent tobacco tax increases*
  - Regressive impact often overstated; concerns about impact on the poor can be offset by using new revenues to support efforts to help poor tobacco users quit, health promotion efforts targeting poor and/or other poverty alleviation programs

# U.S. 100% Smokefree Laws in Workplaces AND Restaurants AND Bars

American Nonsmokers' Rights Foundation

*As of October 1, 2010*

Territories and  
Commonwealths

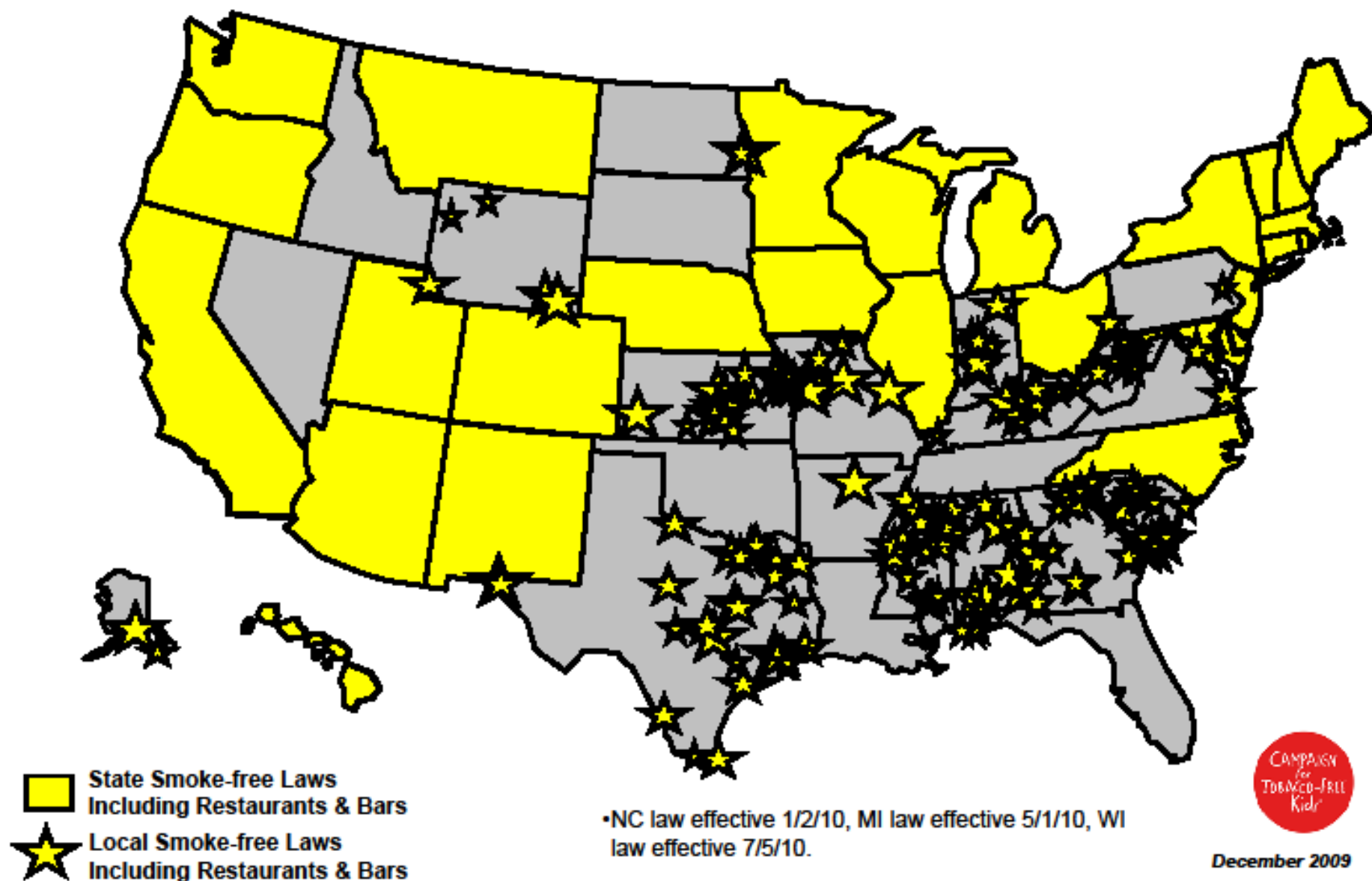


Locality Type with a 100% Smokefree WRB Law

- ▲ City
- County

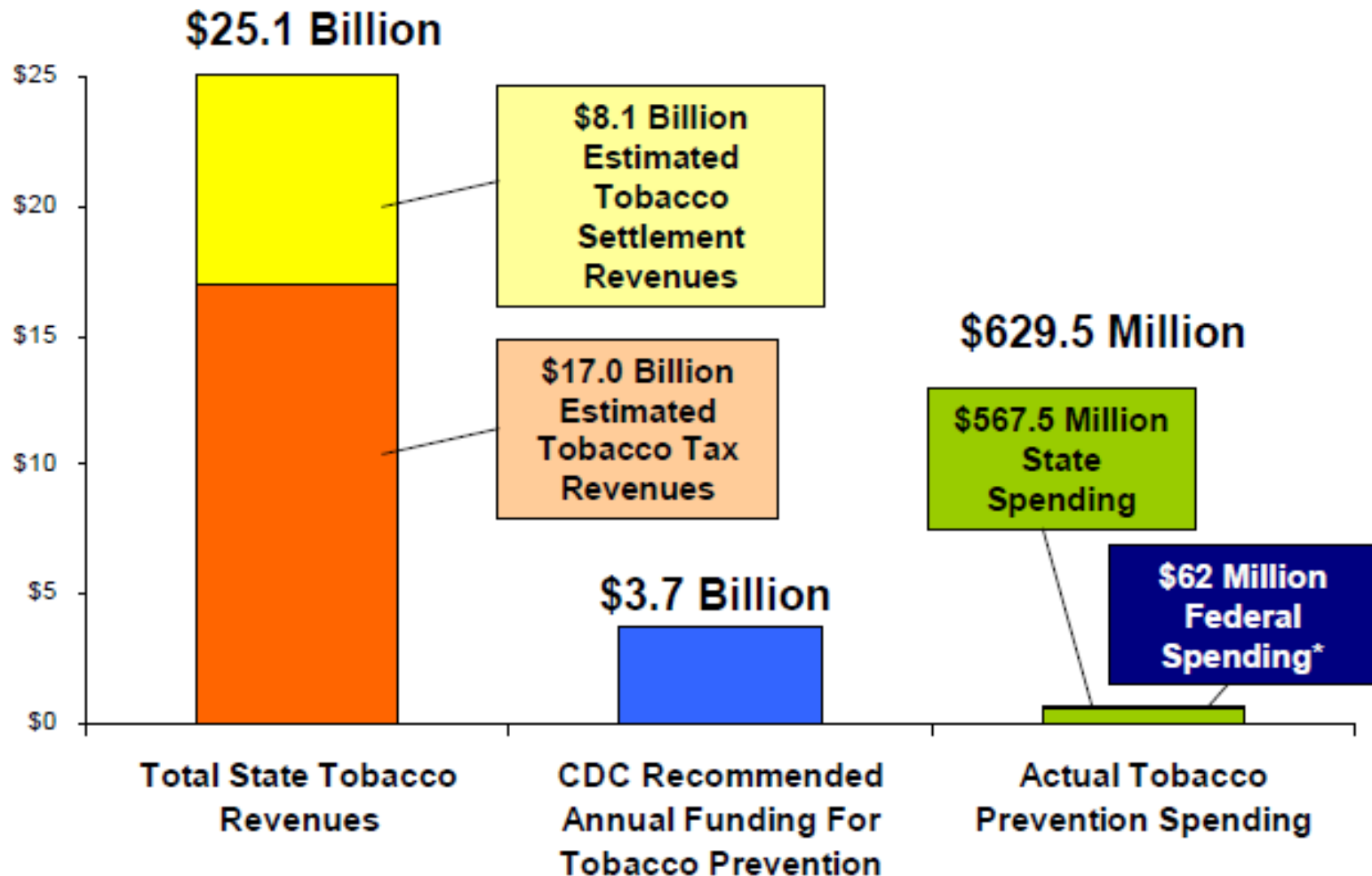


# Smoke-Free Restaurant and Bar Laws

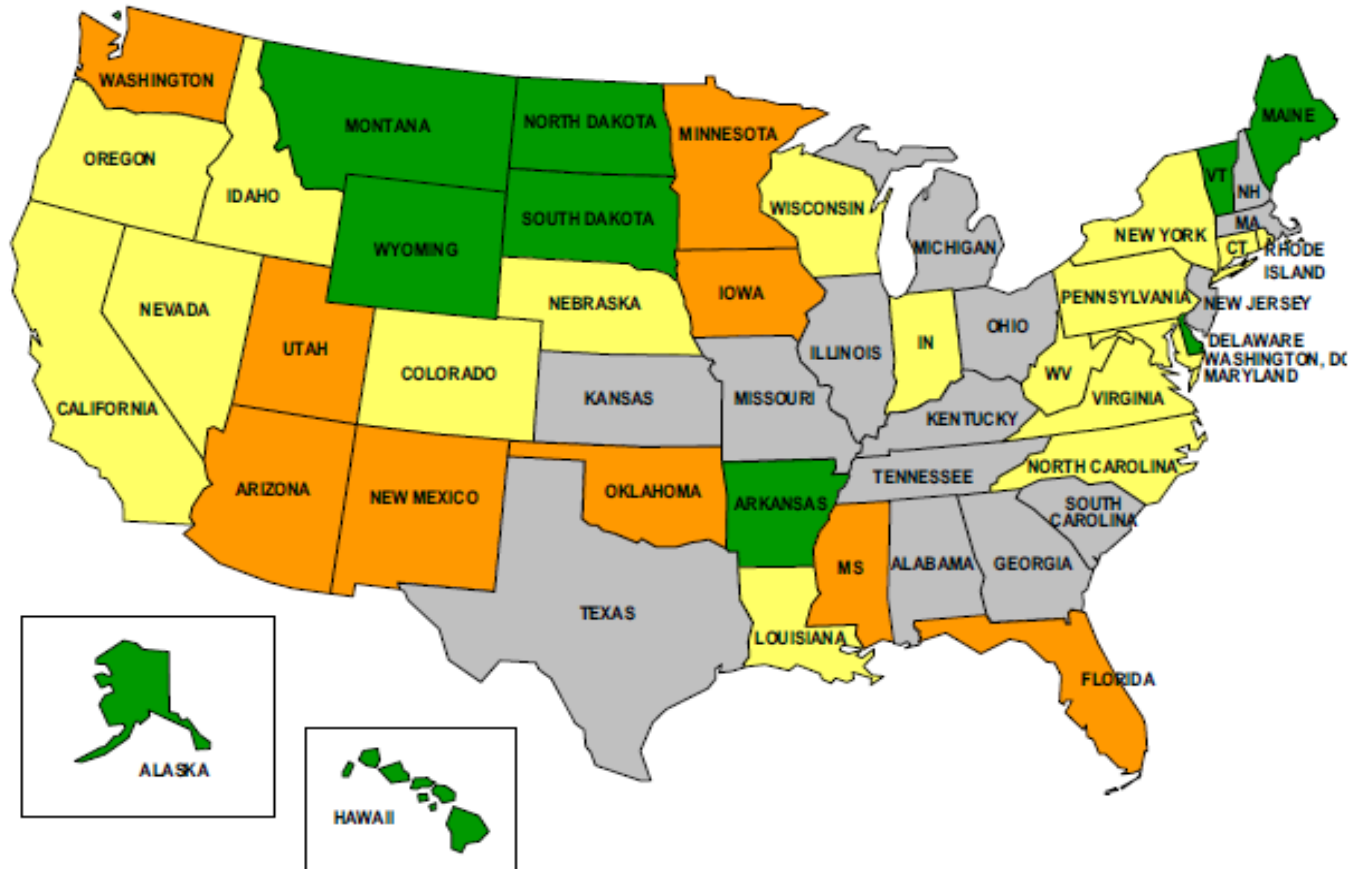






# Comprehensive Programs

FY 2010 tobacco revenues and funding



## FY2010 Funding for State Tobacco Prevention Programs



- |   |  |   |  |
|---|--|---|--|
|  | States that are spending 50% or more of CDC recommendation on tobacco prevention programs. |  | States that are spending 10% - 24% of CDC recommendation on tobacco prevention programs.     |
|  | States that are spending 25% - 49% of CDC recommendation on tobacco prevention programs.   |  | States that are spending less than 10% of CDC recommendation on tobacco prevention programs. |