



## THE IMPACT OF REDUCTIONS TO STATE TOBACCO CONTROL PROGRAM FUNDING

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States that have implemented comprehensive tobacco prevention and cessation programs have achieved significant reductions in tobacco use among both adults and youth; however, many state tobacco control programs, even the model ones, have recently experienced drastic reductions in funding. Cuts to program funding are taking their toll – reductions in youth smoking have stalled, and sales of tobacco to youth and youth susceptibility to smoking are on the rise.

Even more alarming is how quickly progress can be slowed or reversed. Minnesota experienced an increase in youth susceptibility to smoking just months after funding for its Target Market program, the linchpin of the state's tobacco control program, was eliminated.

### California

The California Tobacco Control Program has dramatically reduced adult and youth smoking rates and cigarette consumption in California, however the program produced much larger smoking reductions in the early years of the program, when the program was funded at its highest levels, than during subsequent years, when program funding was substantially reduced. When the state program's funding was cut in the mid 1990s, its progress in reducing adult and youth smoking rates stalled, but it got back on track when program funding was partially restored.<sup>1</sup> Progress also halted between 2002 and 2005, following significant cuts to program funding in FY 2003.<sup>2</sup>

- When California's program was cut back beginning in 1992, the diminished effectiveness of the program was associated with 8300 more deaths than would have been expected had its initial effectiveness been maintained.<sup>3</sup>
- Once funding was partially restored, California began to experience additional reductions in smoking. From 1996 to 2003, smoking declined by more than 60% among eighth grade students and by more than half among tenth grade students. From 2000 to 2003 alone, smoking prevalence decreased by more than 30 percent among twelfth grade students.<sup>4</sup> Unfortunately, when funding was cut in FY2003, smoking among high school students increased (from 13.2% in 2004 to 15.4% in 2006).<sup>5</sup> Additionally, the percentage of youth who perceived a benefit to smoking increased to 56.7 percent in 2005, similar to the 1993 level.<sup>6</sup>
- Following significant cuts to program funding in FY2003, declines in cigarette consumption came to a virtual standstill between 2002 and 2005.<sup>7</sup>

### Massachusetts

In 1992, Massachusetts took aggressive action to lower tobacco use among adults and youth in the state by significantly increasing the state's cigarette tax and using some of the new tax revenues to fund the Massachusetts Tobacco Control Program (MTCP), one of the nation's first comprehensive tobacco prevention and cessation programs. The state's early investment in the program paid off – the MTCP achieved considerable success when it was well-funded and comprehensive.

- Between 1992 and 2003, per capita cigarette consumption declined by more than 47 percent in Massachusetts, compared to just 28 percent nationally.<sup>8</sup>
- From 1995 to 2001, current smoking among Massachusetts high school students dropped by 27 percent, while the nationwide rate dropped by 18 percent.<sup>9</sup>

Despite the considerable success achieved in Massachusetts, funding for the state's tobacco prevention program was cut by 95 percent – from a high of approximately \$54 million per year to just \$2.5 million in FY 2004. This drastic reduction in funding took its toll in Massachusetts – cigarette consumption actually increased, reductions in youth smoking stalled, and sales of tobacco to youth dramatically increased.

- While youth smoking in Massachusetts declined significantly throughout the 1990s, declines in youth smoking stalled between 2003 and 2005 after funding was significantly reduced in FY 2003 and FY 2004. Smoking among Massachusetts high school students declined from 35.7 percent in 1995 to 20.9 percent in 2003 but remained virtually the same in 2005 at 20.5 percent.<sup>10</sup>
- Between 1992 and 2003, per capita cigarette consumption declined at a higher rate in Massachusetts than it did in the country as a whole (47% v. 28%). However, from 2003 to 2006, Massachusetts' per capita cigarette consumption declined a mere seven percent (from 47.5 to 44.1 packs per capita), while the U.S. average cigarette consumption declined by ten percent (from 67.9 to 61.1 packs per capita). Between 2005 and 2006, Massachusetts' per capita cigarette consumption *increased* by 3.2 percent (from 42.7 to 44.1 packs per capita), while nationwide, per capita consumption *declined* by 3.5 percent (from 63.3 to 61.1 packs per capita).<sup>11</sup>
- Between 2002 and 2003, cigarette sales to minors increased by 74 percent, from 8 percent to 13.9 percent in communities that lost a significant portion of their enforcement funding. Over the same time period, cigarette sales to minors increased by 98 percent in communities that lost all of their local enforcement funding.

## **Florida**

With funding from its 1997 settlement with the tobacco industry, the state of Florida funded a comprehensive tobacco prevention program modeled on the programs in California and Massachusetts but targeted at youth. The program produced substantial early success in preventing and reducing smoking among kids, but despite the program's steady success, program funding was under consistent attack.<sup>12</sup> Originally funded at \$78 million, the program's funding was reduced to \$38.7 million in the 1999-2000 legislative year, then to \$7.1 million. By 2003, Florida's governor and legislature had virtually eliminated this highly successful program which halted the program's early progress, especially among younger kids.

- Cigarette use among middle school and high school students decreased far faster between 1998 and 2000 than between 2002 and 2004. In the first few years of the Florida program, from 1998 to 2000, current smoking declined by 40 percent among middle school students (from 18.5% to 11.1%) and by 17.5 percent among high school students (from 27.4% to 22.6%). From 2002 to 2004, current smoking declined by 15 percent (from 9.2% to 7.8%) among middle school students and by 2.8 percent (from 17.8% to 17.3%) among high school students.<sup>13</sup>
- Following termination of a successful youth counter-marketing campaign in Florida in 2003, large reductions in youth smoking rates observed during the campaign stalled, and then began to reverse (i.e., increase). By 2006, for youth aged 16 years or older, the rate of smoking increased by 21.2 percent.<sup>14</sup>
- After increasing steadily between 1998 and 2000, the percentage of middle school students who were "committed never smokers" remained unchanged between 2001 and 2002. Similarly, the percentage of Florida high school students who were committed never smokers rose to 41.8 percent in 2001, but remained virtually unchanged at 43.2 percent in 2002.<sup>15</sup>
- A study that examined the impact of the FY 2004 funding cuts found that as a result of the program budget cuts, awareness of tobacco counter-marketing campaigns and exposure to comprehensive tobacco prevention programs and anti-tobacco youth organizations decreased significantly. Researchers suggest that these types of budget cuts could have a significant impact on individual smoking behavior and attitudes among teens.<sup>16</sup>

Funding for the Florida tobacco prevention program was restored to \$58 million in FY 2008 following a constitutional amendment approved by voters to require that the state spend 15 percent of its annual tobacco settlement revenue on tobacco prevention. Funding for the program has remained stable at approximately \$60 million since FY2008. Because of this investment, Florida is once again driving down youth smoking rates. Between 2007 and 2011, current smoking among middle school students declined by 42 percent (from 6.1% to 3.5%) and by 18 percent among high school students (from 14.5% to 11.9%).<sup>17</sup>

## **Indiana**

In 2000, Indiana implemented a comprehensive tobacco prevention and cessation program with revenue received from the state's tobacco settlement. The Indiana Tobacco Prevention and Cessation (ITPC) program

contributed to significant declines in smoking among both adults and youth in Indiana, but in FY 2004 state leaders cut funding for the highly effective program by almost 70 percent. Subsequently, progress in reducing smoking rates stalled.

- Behavior Risk Factor Surveillance System data show that adult smoking rates in Indiana declined by more than 10 percent between 2002 and 2004, but declines reversed after funding was cut in FY 2004. Indiana's adult smoking rate is now one of the nation's highest at 26.1 percent.<sup>18</sup>
- Smoking among Indiana high school students declined by 32.5 percent between 2000 and 2004, from 31.6 percent to 21.6 percent, but actually increased in 2006 to 23.9 percent.<sup>19</sup>

## Washington

Washington State has been a leader in tobacco prevention and cessation for many years, cutting the adult smoking rate by about one-third and the youth smoking rate in half since the comprehensive program was implemented in 2000. In recent years, however, funding for this highly successful program has been cut dramatically – from \$27.2 million in 2009 to \$13.4 million in FY2011, and the program was nearly eliminated in FY2012. As a result, declines in adult smoking have slowed and the most recent data show a slight uptick in the state's adult smoking rate – from 14.9 percent in 2009 to 15.2 percent in 2010.<sup>20</sup>

## Ohio

Established in 2000, Ohio's tobacco prevention program was once a national leader in innovative and effective tobacco control programming. Tobacco prevention and cessation programs contributed to smoking declines among both adults and youth. However, since funding for Ohio's state tobacco control program was cut dramatically in 2009, Ohio's adult smoking rate has increased – from 20.2 percent in 2008 to 22.5 percent in 2010.<sup>21</sup>

## Minnesota

Although Minnesota's program was successful right from the start, program funding was reduced from \$23.7 million to \$4.6 million in July 2003, and the Target Market campaign, the linchpin of the program, was eliminated. Just six months afterward, awareness of the Target Market campaign among 12-17 year olds had already declined from 84.5 percent to 56.5 percent and youth susceptibility to smoking increased by 22 percent.<sup>22</sup>

### Campaign for Tobacco-Free Kids, January 4, 2012 / Meg Riordan

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<sup>1</sup> Pierce, JP, et al., "Has the California Tobacco Control Program Reduced Smoking?," *Journal of the American Medical Association* 280(10):893-899, September 9, 1998.

<sup>2</sup> Al-Delaimy, WK, et al., *The California Tobacco Control Program: Can We Maintain the Progress? Results from the California Tobacco Survey, 1990-2005*. Tobacco Control Section, California Department of Health, 2008  
<http://www.cdph.ca.gov/programs/tobacco/Documents/CTCP-CTSReport1990-2005.pdf>.

<sup>3</sup> Fichtenberg, CM & Glantz, SA, "Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease," *New England Journal of Medicine* 343(24):1772-7, December 14, 2000.

<sup>4</sup> California Department of Health Services, Tobacco Control Section, *Evaluation of the In-School Tobacco Use Prevention Education in California 2001-02*, <http://www.cdph.ca.gov/programs/tobacco/Documents/CTCPTupeReport01-02.pdf>.

<sup>5</sup> California Student Tobacco Survey.

<sup>6</sup> Overview of Evaluation in the California Tobacco Control Program.

<sup>7</sup> Al-Delaimy, WK, et al., *The California Tobacco Control Program: Can We Maintain the Progress? Results from the California Tobacco Survey, 1990-2005*. Tobacco Control Section, California Department of Health, 2008  
<http://www.cdph.ca.gov/programs/tobacco/Documents/CTCP-CTSReport1990-2005.pdf>.

<sup>8</sup> Data from Orzechowski & Walker, *Tax Burden on Tobacco 2006* [an industry-funded report]. Per capita cigarette consumption is measured as per capita cigarette pack sales.

<sup>9</sup> High school smoking data are from the Youth Risk Behavioral Surveillance System.

<sup>10</sup> U.S. Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey, 1995-2005.

<sup>11</sup> Data from Orzechowski & Walker, *Tax Burden on Tobacco 2006* [an industry-funded report]. Per capita cigarette consumption is measured as per capita cigarette pack sales.

<sup>12</sup> Florida Department of Health, *2002 Florida Youth Tobacco Survey Comprehensive Report*

[http://www.doh.state.fl.us/disease\\_ctrl/epi/FYTS/2002FYTS\\_Comprehensive\\_Report.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/FYTS/2002FYTS_Comprehensive_Report.pdf).

<sup>13</sup> 2004 Florida Youth Tobacco Survey. [http://www.doh.state.fl.us/disease\\_ctrl/epi/FYTS/2004\\_FYTS.htm](http://www.doh.state.fl.us/disease_ctrl/epi/FYTS/2004_FYTS.htm).

<sup>14</sup> Dietz, N, et al., "Changes in Youth Cigarette Use Following the Dismantling of an Antitobacco Media Campaign in Florida," *Public Health Research, Practice, and Policy* 7(3):1-4, May 2010. See also, Neidereppe, J, et al., "Consequences of dramatic reductions in state tobacco control funds: Florida, 1998-2000," *Tobacco Control* 17(3), June 2008.

<sup>15</sup> Florida Department of Health, *2002 Florida Youth Tobacco Survey Comprehensive Report*

[http://www.doh.state.fl.us/disease\\_ctrl/epi/FYTS/2002FYTS\\_Comprehensive\\_Report.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/FYTS/2002FYTS_Comprehensive_Report.pdf).

<sup>16</sup> Davis, KC, et al., "The Impact of State Tobacco Control Program Funding Cuts on Teens' Exposure to Tobacco Control Interventions: Evidence from Florida," *American Journal of Health Promotion* 25(3), January-February 2011.

<sup>17</sup> Florida Department of Health, *2011 Florida Youth Tobacco Survey Reports*,

[http://www.doh.state.fl.us/disease\\_ctrl/epi/Chronic\\_Disease/FYTS/2011\\_FYTS/FS1-CigaretteUse.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/2011_FYTS/FS1-CigaretteUse.pdf).

<sup>18</sup> CDC, "State-Specific Secondhand Smoke Exposure and Current Cigarette Smoking Among Adults - United States, 2008," *Morbidity and Mortality Weekly Report (MMWR)* 58(44):1232-1235, November 13, 2009,

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5844a3.htm>.

<sup>19</sup> Indiana Youth Tobacco Survey, [http://www.in.gov/itpc/files/youth\\_fact\\_sheet\\_Jan08.pdf](http://www.in.gov/itpc/files/youth_fact_sheet_Jan08.pdf).

<sup>20</sup> Adult data are from the CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*; See also, Washington State Department of Health, Tobacco Prevention and Control Program, Progress Report, March 2011,

<http://www.doh.wa.gov/tobacco/program/reports/2011ProgReport.pdf>.

<sup>21</sup> Adult data are from the CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*.

<sup>22</sup> Sly, D., et al., "Effect of Ending an Antitobacco Youth Campaign on Adolescent Susceptibility to Cigarette Smoking – Minnesota, 2002-2003," *Morbidity and Mortality Weekly Report*, 53(14):301-304, 2004. <http://www.cdc.gov/mmwr/PDF/wk/mm5314.pdf>